



Thoracic Society News

Volume 21, Issue 4, December 2011

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- TSANZ Member Survey Preliminary Results
- Special Interest Groups: Respiratory Nurses, COPD
- European Respiratory Society Congress

Calendar of Events

March	<p>31 March - 4 April 2012 TSANZ Annual Scientific Meeting Canberra, ACT www.fcconventions.com.au/TSANZ2012/index.html</p>
March	<p>30 March - 1 April 2012 European Respiratory Society Lung Science Conference Estoril, Portugal www.ersnet.org/index.php?option=com_flexicontent&view=items&id=4314&Itemid=261</p>
April	<p>20-22 April 2012 The 52nd Annual Meeting of the Japanese Respiratory Society Kobe, Japan www.apsresp.org/archive/jrs-2012-abstracts.html</p>
May	<p>18 May - 23 May 2012 American Thoracic Society International Conference San Francisco, USA conference.thoracic.org/2012/</p>
September	<p>10-12 September 2012 RACP ASM 2012 'Population Health in a Changing World' Adelaide, SA www.conferenceco.com.au/pophealth/</p>

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31 March - 4 April 2012



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Message from the President



Paul Reynolds

As you read this, most of you I expect will be planning for Christmas, so let me take this opportunity to wish all our members a very Happy Christmas.

Since my last report the Board has undertaken a Strategic Planning Day and developed a plan based on this. As I write, this plan is undergoing further fine-tuning with the expectation that this will be finalised at the 2 December Board meeting. We are now also finalising the budget for 2012, which will take account of some

new initiatives arising out of the strategic plan. Although these are difficult times for financial investments, the Society remains on a secure financial footing. The Finance Sub-Committee, under the Chairmanship of the Treasurer Peter Van Asperen, is actively engaged in reviewing our investment strategies to ensure our long-term security.

Following the Strategic Planning Day, I had the pleasure of hosting the 50th Anniversary cocktail party and formal opening of the new office. This event has been covered in other articles, so I won't dwell on it here, except to say that it was both a highly pleasurable and humbling experience to be at such an event with a great many elder statesmen of the Society.

The Asian Pacific Society of Respiriology (APSR) held its annual Scientific Congress recently in Shanghai. I attended this meeting as an executive member and as President of one of the en-bloc member societies. The meeting attracted the largest number of registrants for several years, approximately 3,000. The meeting continues to grow in terms of scientific quality, and attracted a large number of expert invited speakers. The APSR itself has further expanded with the addition of 400 en-bloc members from China, and over 200 from Indonesia, bringing the total membership to something over 13,000. This compares very favourably with the American Thoracic Society (ATS) and the European Respiratory Society (ERS). The APSR Executive is committed to the further development of the APSR, to ensure it complements the activities of ATS and ERS by having a clear focus on issues relevant to the region. The 2012 meeting will be in December in Hong Kong, and it is clear that an excellent program is taking shape. I am well aware that we are all spoilt for choice with the number of international and national scientific meetings that we could potentially attend, but I would strongly encourage you to add the APSR Congress to your calendar for 2012.

One of the major successes of the APSR has been the fostering of the journal *Respirology*, which for many years has had substantial Australian input. The current and immediate past Editors in Chief, Peter Eastwood and Gary Lee respectively, have worked hard to raise the profile and impact factor of the journal, and this is clearly showing benefits. A new sister journal focusing on case reports is now under development.

Plans are now well-advanced for the TSANZ Annual Scientific Meeting in Canberra, with over 300 abstracts having been received. There has been a strong response to the call for applications for the various awards, with the assessment process now already underway. With respect to awards it is very pleasing to announce that we have secured a new sponsor in AstraZeneca (AZ) for the flagship TSANZ Respiratory



Research Fellowship, which will now become the TSANZ/AZ Respiratory Research Fellowship to the value of \$80,000 per year, for two years. Many thanks to Peter Schweikert from AZ for helping to make this happen. Timing is tight for 2012 but we are very keen to make an award at the Canberra Annual Scientific Meeting (ASM), so applications are now being called for.

It was pleasing to see the Federal Government pass the plain packaging legislation for tobacco, albeit with a delayed implementation timetable. Not unexpectedly, tobacco companies have already begun to launch legal proceedings against this. On this issue the government has the support of the TSANZ, as well as other leading advocacy groups for lung health. We hope that the government can stand up to the legal onslaught to come.

In my previous report I alluded to our ambition to develop a more visible “Alliance” between the TSANZ and the consumer advocacy organisations to raise the profile of lung health in the public mind. There remains much to be done, but some progress has been made through a meeting of the various CEOs, and I remain highly optimistic that this plan will continue to gain momentum in coming months.

I would like to thank all the office staff, Rita Perkons, Edwina Tohi and Heather Hunter for their excellent help during the year and Edward Hathway, who has been helping out on a temporary basis. I would also like to welcome to the team our new member services officer, Paula Braden, who will help us to further improve our responsiveness and service to our members.

I hope you all have a great summer, Christmas and New Year.

Paul Reynolds
President



Holiday Wishes

TSANZ wishes all our members a very happy holiday season and new year.



50th Anniversary Celebrations

TSANZ 50th Anniversary Cocktail Party

A Toast to Half a Century of Achievement



From left to right: Diane Pain, Helen Burns, Prof Tony Breslin and Prof Michael Pain

The Thoracic Society of Australia and New Zealand celebrated its 50th anniversary on 7 October with a cocktail party at our new head office in Hunter Street, Sydney.

President Paul Reynolds said the event provided an opportunity to reflect with pride on the Society's achievements to date, but also to recognise the challenges that lie ahead.

"I was grateful to have the opportunity to host this important event and to see the official launch of the TSANZ Benevolent Fund," he said.

"Many senior members who have contributed enormously to the Society over the years were able to attend and it was a real pleasure to be able to reminisce with colleagues, some of whom I have known since my days as an advanced trainee.

"A strong sense of collegiality was apparent, which has always been a characteristic of our Society.

"Most members of our new Board were able to attend after a long day working on a new strategic plan.

"I find it especially gratifying that our 50th anniversary year has seen so many substantial changes and improvements in our Society's operations, meaning we are indeed well-placed to continue the advancement of respiratory health over the next 50 years and beyond."

TSANZ members have a proud record of leading research and clinical outcomes to advance public health in Australia and New Zealand.

Major achievements include public awareness and Government lobbying initiatives regarding tobacco smoking, advances in the treatment of asthma, new work in sleep medicine, improved management of tuberculosis (TB), promoting the benefits of childhood vaccination, advocating healthy workplaces, creation of the Swine Flu Task Force and constant vigilance for the emergence of new infectious diseases.



President Paul Reynolds at the launching of the 50th Anniversary Benevolent Fund

TSANZ has also engaged effectively with other health bodies and Governments to promote lung health as evidenced by testimonials featured in this edition from the Australian Lung Foundation, Asthma Australia and the Australasian Sleep Association.

However, as Paul Reynolds highlighted, there are continuing challenges including:

50th Anniversary Celebrations

- creating greater community and Government awareness of the prevalence, social and economic costs of respiratory illnesses; and
- underlining the need for ongoing research in this field.

The disturbing statistics of respiratory illness in Australia includes the following:

- lung cancer is the most lethal cancer in society and it is overtaking breast cancer in women;
- cystic fibrosis is the most common genetically-based disease in our community;
- asthma continues to affect more than 2.5 million Australians of all ages;
- Chronic obstructive pulmonary disease (COPD)/emphysema is the fourth most common cause of death in Australia;
- pneumonia is still a major cause of death in the elderly and Indigenous populations; and
- a high proportion of Indigenous adults in Australia are living with damaged airways as a result of childhood infection.

Up to half a million Australians are affected by COPD, yet for thousands of people it remains undiagnosed.

Many of these issues will be addressed at the next Annual Scientific Meeting of TSANZ to be held in Canberra from 31 March to 4 April 2012.



TSANZ Board Member Mark O'Carroll (left), with Jane Bourke (right)

Launching the 50th Anniversary Benevolent Fund

The 50th Anniversary Benevolent Fund will be an enduring monument to the half-century milestone of TSANZ and its objective of improving respiratory health care in Australasia and beyond.

Launched at the recent anniversary celebration in Sydney by Immediate Past President Prof Phil Thompson, the charitable fund will primarily raise money to support respiratory health activities in areas where care resources are poor.

From time to time, it will fund other philanthropic purposes, but only if approved by the majority of the TSANZ Board.

It is proposed funds will be raised from donations and bequests from the membership of TSANZ. All donations will be tax deductible and only income from the fund will be used to support projects, thereby preserving the capital base.

TSANZ will not actively compete with other respiratory organisations seeking donations from the broader community.

The Society's Management and Strategy Sub-Committee will be responsible for governance of the fund, while the Finance Standing Sub-Committee will oversee financial management



Immediate Past President Phil Thompson (right), with Paul Reynolds (left)

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50th Anniversary Celebrations



TSANZ Board Secretary Chien-Li Holmes-Liew (left), with her guest Simone Barry (right)

independently from all other financial activities of TSANZ.

Proposals for funding can be received from TSANZ members, non-members, Board representatives and other respiratory organisations.

A TSANZ Board member will be appointed as a liaison person in each funded project, and a progress report will be required every six months.

Project reports may be required at the Society's Annual Scientific Meetings.

It is anticipated the Fund will be operational in 2012.

A Retrospective from Prof Michael Pain

The 50th anniversary of TSANZ has provided an opportunity for a retrospective examination of the Society's growth and strengths.

Past Society President, Professor Michael Pain, said the evolution of TSANZ had been "wonderful to behold."

He divided the past 50 years into three epochs - origins and early development (1960-1970), consolidation (1970-1986) and recent expansion (1987-2011).

"The Society developed from the Laennec Society, which had been formed in 1952, largely through the efforts of Cotter Harvey of the Royal Prince Alfred Hospital and Roger Angove of the Royal Adelaide Hospital," Professor Pain said.

"The precise stimulus for this development is unclear, but it may have followed the example in Queensland where the Thoracic Society of Queensland had been established in 1952 through the enthusiasm of Athol Robertson, Ellis Abrahams and Emmanuel Rathus.



Michael Pain (left) and Paul Reynolds (right) unveiling the new plaque

"The first scientific meeting was held in Perth in 1961 with Geoffrey McManus, the last President of the Laennec Society, becoming the first Thoracic Society of Australia President.

"It was soon realised that the Society needed some formal rules, and in 1965 a committee comprising Maurice Joseph, Geoffrey McManus and John Read was given the task of developing a constitution. This was eventually adopted in 1967 introducing a two-tiered membership.

"Full membership required the holding of specialist qualifications and associate membership was offered to others. Some former members of the Laennec Society did not qualify for full membership, and the Thoracic

50th Anniversary Celebrations

Society of Queensland elected to remain separate to avoid disenfranchising those members. It still remains a separate body although there is a Queensland branch of the TSANZ.

“Presidents were elected annually from the state in which the next scientific meeting was scheduled. This was usually in association with the Royal Australian College of Physicians (RACP) annual meeting. The meetings were one-day affairs with the proceedings summarised by the secretary and published in the Australasian Annals of Medicine.

“By the early 1970s, the Society was functioning smoothly with Federal and State activities. Membership was steadily increasing and a Sub-Committee structure was developed.

“The first was the Education Committee followed by the Professional Standards Committee. An early function of the Education Committee was to organise advanced courses with the first held in Sydney in 1976.

“In the period up to 1987, there were four individuals who instigated measures that fundamentally changed the role of the Society. The first was not a Society member. Bryan Hudson was largely responsible for the introduction of the advanced training scheme with the formation of the Accreditation Boards and Specialist Advisory Committees. The first advanced trainees received their Fellowships under the new scheme in 1977.

“The second is Roy Mills, who served as President from 1977 to 1979. His gentle drive and determination resulted in 1990 in the formation of the Australian Lung Foundation. Its financial support for respiratory research has launched the successful careers of many members.

“The third is Ann Woolcock, whose string of supervised research fellows led to the development of an institute recognised world-wide. Anne largely initiated the current happy relationship the TSANZ enjoys with the Asian Pacific Society of Respiriology.

“The fourth is Colin Sullivan, whose pioneering work on obstructive sleep apnoea resulted in the defining of sleep-related breathing disorders. He created a speciality of sleep medicine and changed the requirement for thoracic advanced training.



The first meeting of the Thoracic Society of Australia, held on 4 May 1961 in Perth, WA



Past President Michael Pain, before the unveiling

“The last epoch can be summarised by highlighting four events. First, the amalgamation with the New Zealand Thoracic Society in 1988 following discussions, which began in 1985, between Michael Burns and Peter Rothwell, the last New Zealand Thoracic Society (NZTS) President.

“Second, the adoption in the mid-1990s of mandatory accreditation of respiratory and sleep laboratories.

“Third, the development of Special Interest Groups

Continued on next page...

50th Anniversary Celebrations

and, finally, the nurturing and strengthening of the relationship with the Australian and New Zealand Society for Respiratory Science.

“From its original membership of 16, the TSANZ now has a membership of over 1,000. Its membership represents all aspects of thoracic medicine, including clinical, scientific, nursing and physiotherapy.

“Its executive and standing committees deal with an increasingly complex range of matters, supporting the membership and acting as a respected advisory body to other organisations.”

Professor Pain said from a research and clinical perspective, thoracic medicine continued to face significant challenges.

“There have been great advances in therapeutics and diagnostic procedures,” he said. “We can manipulate the immune system, allowing organ transplantation. Our improved diagnostics are mainly used to prevent unnecessary surgery for malignancy.

“Molecular biology and genetics have greatly improved our understanding of disease processes but, so far, have had little impact on incidence of disease or therapy.

“There has been limited improvement in the global problem of tuberculosis, the natural history of lung cancer, pulmonary fibrosis or chronic obstructive lung disease.

“This means a lot of work for our colleagues over the next 50 years. No doubt we will see remarkable changes.”



Fun reflection on the various ages of clinical researcher

At the 50th anniversary cocktail function in Sydney, Professor Michael Pain accepted an invitation from TSANZ President, Paul Reynolds, to unveil a plaque commemorating the milestone.

Professor Pain’s speech associated with the unveiling paid tribute to a succession of people who had contributed to the development of the Society. It also provided some amusement about the various career stages of respiratory physicians.

“A few weeks ago, I took part in a symposium for the Melbourne Medical Students’ Society,” he said. “It was designed to outline clinical pathways from several consultants, and one topic was about opportunities for research by active clinicians.

“This led me to contemplate the several ages of a clinical researcher, and I am sure this will resonate with many of you.



Past President Michael Burns (left) with Peter Gianoutsos (right)

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“Initially you decide that you will research in the field of xyz-ology. You are soon familiar with the current literature and the names of those at the cutting edge.

“You will attend symposia where you see these leaders in action and may even meet them socially. After a few years, you have a few publications under your belt and have supervised a couple of post-graduates.

“You are then asked to take part in symposia dealing with xyz-ology. Some international invitations arrive, and you contribute some book chapters.

“Time passes and the invitations change. You are asked to chair sessions at meetings. Eventually these cease and finally you are asked to talk about the history and early development of xyz-ology. Is anything left? Yes, one thing remains ... you are asked to unveil a plaque!

“So Mr President, I am very glad to be here to do this. Indeed, as Peter Rothwell once said, I have reached an age when I am very glad to be anywhere at all!”

Testimonials

On behalf of the Australian Lung Foundation National Council and staff, I congratulate the TSANZ for achieving this terrific ‘half-century’ milestone. TSANZ has provided leadership in lung health for both Australia and New Zealand for decades, hosting crucially important Annual Scientific Meetings and granting research awards and fellowships, bringing together Special Interest Groups comprising an irresistible blend of emerging and established scientific thought-leaders. Our work at the Australian Lung Foundation is strategically woven with that of TSANZ, and we look forward with excitement to collaborating for the next 50 years and beyond.

William Darbishire, CEO, Australian Lung Foundation

People with asthma and linked respiratory conditions rely on excellence in research, clinical practice and health professionals to support better, safer self-management. We congratulate TSANZ on 50 years of excellence in this area. We thank you for our 50-year partnership and look forward to an exciting future working together to help people breathe better.

Debra Kay, CEO, Asthma Australia

The Australasian Sleep Association congratulates the TSANZ on 50 years of outstanding work promoting the importance of respiratory and sleep health in our community. We look forward to working closely with the TSANZ in the future as our organisations both strive to ensure the best outcomes for our patients and continue to produce the high quality research that ensures the

Australasian respiratory and sleep fields remain highly respected on the world stage.

Board of the Australasian Sleep Association

In the Spotlight

TSANZ Member Survey - Preliminary Results

During the month of September, TSANZ conducted a member survey. The purpose of the survey was to collect information that was used for the TSANZ Board's strategic planning workshop on 7 October 2011. New Zealand had a separate survey form, and their data will be used for their 'think tank' being held in February 2012.

The strategic plan is still being finalised by the Board, and will be circulated to members once completed. The survey results also need a further, deeper analysis and what is presented here is a snapshot of the preliminary analysis. Once the full analysis of the results is done, a report will be written up and made available to members.

The response rate was 8.5%, with 95 Australia based TSANZ members participating and 15 in New Zealand - a total of 110 members.

The tables below show the collated responses to the questions around what members would like to see TSANZ achieving over the next five years, and what would be the main challenges.

TABLE 1 - Thinking ahead five years - what are the three things you would like to see TSANZ recognised for?

Leadership & excellence in respiratory health	26
Excellence in RH research	57
Excellence in clinical practice	20
Excellence in education and training	52
Public health debate and advocacy	31
Shaping policy and guidelines in RH	11
Increased community awareness of lung health	7
Workforce development	7
Fostering a multidisciplinary approach	6
Good meetings and conferences	4
Quality improvement	4
Anti-smoking promotion	3
Member support	2
Liaising with other respiratory organisations	2

The blue highlighted rows in Table 1 show the top four activities that members would like TSANZ recognised for, the first being "excellence in respiratory health research", followed by "excellence in education and training". "Public health debate and advocacy" came third and all of this would result in TSANZ being well-known for "leadership and excellence in respiratory health".

TABLE 2: What do you think are the biggest challenges for TSANZ to achieve these goals?

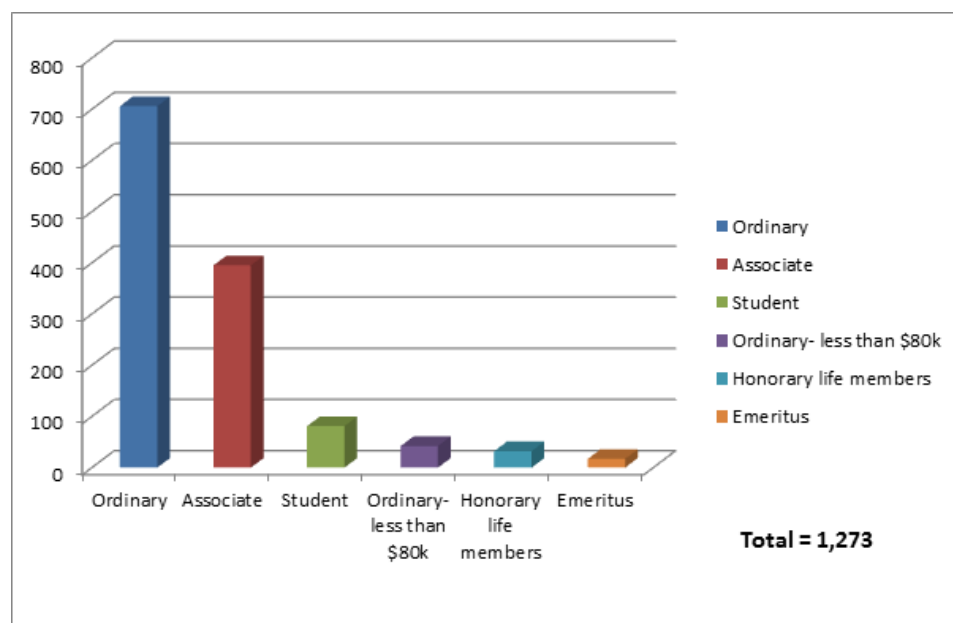
Money/ funding/ resources	51
Improved participation by members	20
Influencing government and public policy	13
Engagement/ relevance	17
Time	13
Membership nos. and commitment	14
Fragmented respiratory sector	20
Relationship with RACP	8
A unified approach/ vision	8
Raising TSANZ's public profile	7
Leadership	9
Coordinated projects	8

Table 2 shows the top four challenges that TSANZ members believe the organisation faces to achieve the objectives highlighted in Table 1. Not surprisingly, “money/ funding/ resources” was seen to be the biggest challenge in being able to implement the initiatives. Equal second came “improving participation by members” and having a “fragmented respiratory sector”. The fourth challenge is “engagement and relevance” of and to TSANZ members of the objectives that TSANZ is striving to achieve.

Finally, Graph 1 shows data generated from the member database and how many of our members belong to which membership category. This type of graph is also being developed for each State and New Zealand, so that we can monitor the membership profile over time. Graphs are also being developed that show how many members have closed and how many have joined by State and in New Zealand, so that TSANZ can target recruitment and retention strategies. The member data being collated now will form the baseline from which future membership changes can be measured.

The above information is only a taste of the data collected through the survey and what is available in the database. I hope that in the coming year we will be able to share with you more of this information.

Rita Perkons,
Executive Officer



GRAPH 1 - Number of Members by Category in 2011

In the Spotlight

The Annual Scientific Meeting - Reflecting back and moving forward

The 2011 ASM in Perth was attended by 600 delegates, sponsors and exhibitors, and included 310 abstracts, both numbers similar to those of the past two years.

Feedback (online) was received from 96 attendees, and was generally complimentary. Strengths included the food, the poster sessions and the clinical content of the program. Weaknesses included the food, the poster sessions and the clinical content of the program (both too much and too little!). Other positives included the standard of the invited speakers, the venue, networking opportunities, the program content and structure, the overall standard of organisation and the Healthy Activities morning. Respondents complained the meeting was too long, but also that there were too many concurrent sessions. Suggestions included shortening the duration, but having more time to network while increasing content/sessions to attract clinicians/scientists. It is difficult for me to see how to fit more in less without having more.

A strong theme from the feedback was the need to achieve more consistency in the poster sessions. The format appeared popular, but enforcing time restrictions and “theming” sessions may lead to a better experience for all. My conclusions from the feedback received are:

- the ASM continues to be well patronised by Society members
- it is difficult, if not impossible, to meet the expectations of all delegates
- we need to continue to work on the conduct of the poster sessions

With this feedback in mind, I would like to advise members of plans for the 2012 meeting in Canberra and encourage you to visit the website (www.fcconventions.com.au/TSANZ2012/index.html) to view the planned program. Next year's conference will feature a total of six international speakers, ensuring a high standard of plenary sessions. Preceding the ASM will be the Advanced Trainees course on the Friday and Saturday, and the biannual Respiratory Scientists course on Saturday. I am most grateful to Andrew Rosenstengel and Jodie Simpson for their hard work in putting these together. The Annual Scientific Meeting itself will commence on Saturday 31 March 2012, with concurrent symposia on Asthma and Interstitial Lung Disease. The advanced trainees and respiratory scientists courses have been scheduled around these to allow attendance at some of the symposia sessions.

Major program features remain similar to previous years; three plenary sessions, multiple concurrent Special Interest Group (SIG) sessions and on Monday 2 April, the Ann Woolcock Young Investigator Awards (YIA) and other award sessions; the latter featuring Major General Paul Alexander as the Wunderly orator, will follow the Australian Lung Foundation (ALF) Healthy Activity. The first Monday session provides an opportunity for delegates to refresh body and mind, support the Australian Lung Foundation and walk-the-walk of health promotion. To assist delegates plan and negotiate their activities at the conference, we hope to have a downloadable app

available, similar to that used at this year's European Radiology Society (ERS) congress. The final day will again be run in conjunction with the Royal Australasian College of Physicians (RACP), so please encourage physicians from other disciplines to attend and discover the delights of respiratory and sleep medicine.

Finally, we have added a number of workshops to that run for the last few years for supervisors of trainees on the final afternoon, Wednesday 4 April. These include sessions on laboratory accreditation, mentoring a poster session and completing a Cochrane systematic review. For further details on these and all other aspects of next year's Annual Scientific Meeting, please follow the link on the TSANZ website. I would like to conclude by thanking all members who have contributed to organization of the 2012 ASM, and look forward to seeing you in Canberra next year.

Richard Wood-Baker
Chair, Central Program Sub-Committee



OFFICE SPACE FOR LEASE



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5 Hunter Street, Sydney, near the corner of George Street.

Suit an organisation with one staff person or a city base for a solo project manager or professional.

Minimum lease per month = \$610/ month (+ GST) (unfurnished office) + \$60/ month (+ GST) towards shared utilities.

If a furnished office is required, the lease will be \$750/month (+ GST) + \$60/ month (+ GST) towards shared utilities.

If access to office support and equipment is required then a service support fee will be charged.

There is access to a modern 14 seat boardroom.

For further information or to make an appointment to view the office space, please contact:

Rita Perkons, Executive Officer on (02) 9222 6205 or email rita.perkons@thoracic.org.au

In the News

European Respiratory Society Report



*Chien-Li
Holmes-Liew*

There was a strong Australian presence at the European Respiratory Society Meeting 2011 in Amsterdam in September, highlighting the Australian respiratory community's diverse range of expertise. The scientific program was high in quality, and brought together the range of disciplines and broad international representation. There were over 100 poster/oral presentations from well-respected Australian centres. Topics included asthma biology, effects of smoking, viral infections, tuberculosis, pleural disease, sleep apnoea, pulmonary imaging, lung cell biology, asbestos-related disease, Cystic Fibrosis, advances in respiratory physiology, and respiratory nursing. Numerous sessions were chaired by Australians: M. Phillips (Perth) co-chaired "Endoscopic lung volume reduction: hype or hope?", thematic poster sessions were chaired by G. Hall (Perth) on "New insights in paediatric respiratory physiology"; "Exacerbations and severe chronic respiratory disease" was chaired by A. Holland (Melbourne); "Inflammation and genes in childhood asthma" chaired by P. Le Souef (Perth) and J. Alison (Killara, Australia) chaired "Challenges in rehabilitation: some old dilemmas revisited with some solutions?".

Christine Jenkins (Sydney) chaired a Lancet/ERS symposium - *New frontiers in COPD*, providing a cutting-edge overview of controversies in treatment of and drug development for COPD; and Bruce Robinson (Perth) chaired and provided the keynote lecture for *Treatment options and tumour biology of malignant pleural mesothelioma*. Twenty Postgraduate Courses were held; the Thoracic Ultrasound for Physicians course provided a useful summary of current data and techniques and generated healthy discussion about the role of ultrasound. For the first time, "Early Morning Seminars" took place during the congress - great for jetlagged Australian delegates! Lunchtime symposia were organised with the British Medical Journal, The Lancet and the New England Journal of Medicine, with some original research papers published online in parallel with their presentation. Meet the editor sessions were held by The BMJ and the European Respiratory Journal. The e-poster platform enabled convenient viewing of abstracts and comments could be posted to authors.

Particular attention to planning and ease of identification of sessions contributed to the success of the meeting, with use of colour-coded tracks and development of a sophisticated and impressive iphone app, which will undoubtedly become a permanent fixture at meetings. The diverse content and carefully planned collaborative symposia melded basic science and clinical utility, leading to a useful and enjoyable learning and networking experience.

Dr Chien-Li Holmes-Liew
TSANZ Secretary

International Paediatric Respiratory Forum - China



From Left: Prof Robert Lemanske, Prof Peter Van Asperen and Prof Kunling Shen

International Paediatric Respiratory Forum (IPRF) Beijing China October 2011

I recently attended the inaugural IPRF organised by the Department of Respiratory Medicine at Beijing Children's Hospital. The current Head of Respiratory Medicine and Vice President of Beijing Children's Hospital (BCH), Professor Kunling Shen, trained with us for nine months in 1998 as a World Health Organisation (WHO) Scholarship holder. We have subsequently had two further trainees from Beijing spend 12 months in our Department, (one focused on asthma and one on sleep medicine), and our hospital has also signed a Memorandum of Understanding (MOU) with BCH to facilitate further interactive collaboration.

Whenever I visit BCH I am impressed by the rapid development of expertise in paediatric respiratory and sleep medicine occurring in the department. Much of the credit for this belongs to Professor Shen, who has established other collaborations with respiratory and virology units around the world including the USA, UK, Sweden and Russia and closer to home, Hong Kong, Taiwan and Korea. This latter interaction has also seen the establishment of an annual Cross-Strait Paediatric Respiratory Congress, hosted by the four local Paediatric Respiratory Societies on a rotating basis. The IPRF was attended by over 200 delegates with invited speakers (representing all these established collaborations) covering common issues such as infection, asthma, cough and sleep related breathing problems and rarer ones such as ciliary abnormalities and pulmonary hypertension.

The forum was a great success and I'm sure it will become a regular event allowing both academic and social interaction between paediatric respiratory physicians and trainees in China and invited speakers from around the world.

Prof Peter van Asperen, TSANZ Treasurer

Acknowledging Tobacco Plain Packaging Achievement

One of TSANZ's objectives in its Constitution is:

"iii) promoting the goal of a tobacco smoke free society" (p6, TSANZ Constitution, March 2011).

TSANZ is one small step closer in seeing this objective become a reality. On 4 November, TSANZ was a co-signatory to a media release issued by Action on Smoking and Health (ASH) which urged all political parties "to ensure speedy passage of the Plain Tobacco Packaging bills through the Federal Parliament this year." The full media release is available through this link: <http://www.ashaust.org.au/mediareleases/111104.htm>

We were pleased to hear on 10 November that the Senate did pass the world-first Plain Packaging of Tobacco Legislation. This means that in one year's time, from 1 December 2012, all cigarettes will need to be sold in plain packs. Now the legislation and its changes need to be voted on by the House of Representatives to be finalised.

The medial release issued from the Hon Nicola Roxon's office is available through this link: www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr11-nr-nr238.htm

A very positive outcome!

Rita Perkons, Executive Officer

Special Interests Highlighted

Respiratory Nurses Special Interest Group



*Tod Adams,
Convenor*

Membership

New Zealand and Australian Nurses Special Interest Group (SIG) members continue to actively promote and advance respiratory health care in their specialty, including nation-wide regional strategic planning and national forums. Members continue teaching at undergraduate and postgraduate programs. Our total membership numbers remain low with 100 total members (78 in Australia and 22 in New Zealand), as at August 2011. Having said that, the Nursing SIG is still the largest of the craft-based SIGs, with many members belonging to more than one SIG.

Recruitment to the SIG is always high on the agenda, however access to professional development funds continues to be a major barrier to both membership and contribution, especially in times of severe financial constraints and job concerns.

Co-Convenor Diana Hart is also on the TSANZ Education and Training Sub-Committee.

The Australian Nurse Practitioner model continues to be developed and promoted, and in New Zealand there is the possibility of respiratory nurses (RN) prescribing being promoted to a wider group of suitably trained RNs. There is considerable interest from senior nurses that Respiratory Nurses should be seen as being considered for both of these roles. The debate would be assisted by support from the TSANZ community.

Respiratory Nursing 'Skills and Knowledge Framework'

The New Zealand 'Skills and Knowledge Framework' for respiratory nursing has been presented to the Nursing Consortium in New Zealand, and will be distributed to relevant health professionals around New Zealand so that credentialing may be undertaken within a National Framework for respiratory nurses across the country. It is also anticipated that the framework will be used to assist the Australian respiratory nurses to develop their complementary process. The Sub-Committee of the Australian Respiratory Nursing Standards needs to re-convene to continue work on initial discussions

Perth ASM April 2011

The Nurses SIG meeting was well attended considering the distance to be traveled and the devastating floods of Queensland, Victoria and the February Christchurch earthquake. The meeting this year combined with the main TSANZ attendees and a joint afternoon was held on Non Invasive Ventilation. Another joint session on Asthma is planned for the Canberra meeting in the afternoon. The Nurses SIG has successfully secured a recurrent A\$10,000 funding package from Maurice and Blackburn to sponsor a nursing speaker with an international reputation to speak at the Nurses SIG at each ASM. Monica Fletcher (Chair of the European Lung Foundation) has agreed to speak and will be a welcome contribution to the Nurses SIG day.

The inaugural winner of the Indigenous Respiratory Nurse Career Development award attended the Perth ASM.

Special Interests Highlighted

Canberra 2012 AGM April meeting

TSANZ/Respiratory Nursing SIG members have been encouraged to attend and submit their abstracts for presentation by the end of October 2011. Tod Adams will be stepping down as convener of the Respiratory Nurses SIG.

The Nursing SIG Convener and Co-Convenor positions are privilege and it is a delight to be able to work with like minded nurses. Nominations are sought from Australian SIG members for election at the 2012 AGM. The Respiratory Nurses SIG AGM will be held at the lunch break on Sunday 1 April 2012.



Diana Hart, Convener

Tod Adams and Diana Hart , Co-Conveners, Nurses Special Interest Group

COPD Special Interest Group

The Chronic Obstructive Pulmonary Disease Special Interest Group (COPD SIG), ran two sessions at the Perth TSANZ ASM meeting, which were well attended. There was much interest in taking on the deputy leadership role in the SIG, with a final decision that three deputies were elected, with respective nursing, medical and scientific backgrounds, highlighting the multi-disciplinary strength of this SIG.

The three newly elected Deputy Chairpersons of the COPD SIG will be:

- Steven Bozinowski
- Vanessa McDonald
- Dimitar Saikov

For the forthcoming Canberra TSANZ meeting, a joint symposium with the Asthma and Cell Biology groups is being prepared in collaboration with Richard Wood-baker's oversight, with the aim of exploring the epigenetics and mechanisms of chronic lung diseases.

Brian Smith, Convener, COPD Special Interest Group

TSANZ New Members

The Board would like to welcome the following new members, who were endorsed in October and December 2011:

Associate

Fiona Aamodt, WA
Chee Choy, VIC
Elizabeth Fellerhoff, NZ
Susan Pitman, SA
Sheila Sivam, NSW
Sharon Sturney, NZ
Faisal Ameer, SA
Julie Cooke, NSW
Cedric Dumas, QLD
Dongni Guo, NSW
Carly Hollier, NSW
Jeneviah Junio, NSW

Terri Kemp, NSW
Toniette Mazzone, SA

Ordinary

Aalia Saleem, NSW
Louise Harkness, NSW
Greg Hodge, SA
Andrew Jarnicki, NSW
Michael Keller, NSW
Norman Morris, QLD
David Stock, TAS
Melanie Toomey, SA
Lisa Walter, VIC

Student

Mohammed Alyami, WA
Chuan Lim, WA
Thomas Losifidis, WA
Md Ullah, NSW
Faizul Addnan, NSW
Fouzia Alqurni, TAS
Chantal Donovan, VIC
Katherine Gee, WA
Christine Keenan, VIC
Tim Rosenow, WA



2012 TSANZ Membership Fees are Now Due

Please remember to renew your membership and pay your membership fees for 2012. This can be done on the TSANZ website www.thoracic.org.au/ All payments must be done through the website, even if you are paying by cheque or direct debit. A receipt is automatically generated after online payment. Please find the list of fees in the table below.

You can also update your details, change your address and choose your Special Interest Group preferences through the TSANZ website.

2012 TSANZ membership fees are due by **31 January 2012**.

TSANZ only membership	
Ordinary	\$369.60 (inc GST)
Ordinary (earning less than \$80,000 p.a.)	\$242.55 (inc GST)
Associate	\$184.80 (inc GST)
Student	\$92.40 (inc GST)
Emeritus	No fee payable
Honorary and associate life members	No fee payable
Combined TSANZ and ANZSRS membership (25% discount)	
Ordinary	\$277.20 (inc GST)
Ordinary (earning less than \$80,000 p.a.)	\$181.92 (inc GST)
Associate	\$138.60 (inc GST)
Student	\$69.30 (inc GST)

New Zealand Branch

The New Zealand (NZ) hub initiative has continued to flourish in the latter part of this year. We had the privilege of hosting Prof Richard Light in New Zealand and during his time he spoke at three hub meetings. His insights into pleural disease were well received, and it was a great way for the South Island hub to get their meetings up and running after an otherwise forgettable year related to the Canterbury earthquakes. It remains the intention of the executive that the hub meetings remain primarily focused on continuing professional development for NZ members for the foreseeable future.

At the Annual General Meeting (AGM) held in Queenstown in August of this year, the NZ Branch members voted unanimously in favour of a new constitution for the NZ Branch. This was re-written in order to ensure consistency with the TSANZ Ltd constitution, following its transition to a company limited by guarantee in early 2011. Feedback from the NZ Annual Scientific meeting held in Queenstown was extremely positive on the whole and the consensus strongly favoured continuation of a similar format and venue in August 2012. Full details of the date will follow in the next update to allow members to plan ahead.

The NZ executive remains active. We would like to extend our deepest gratitude to Dr Alister Neill who stepped down from the executive at the AGM in August this year after many years of service. He has been an active contributor to the NZ Respiratory and Sleep community for many years both in his role with the NZ Branch of the TSANZ and the NZ Specialist Advisory committee in Respiratory and Sleep medicine. He has been replaced on the committee by Dr Nicola Smith from Capital and Coast District Health Board (DHB), who has since attended her first executive meeting. Planning is underway for the 2012 NZ Branch ASM. As discussed at the meeting this year, we welcome the involvement of any willing participants to assist with the organisation of these meetings. I would actively encourage all members to consider being involved in either the ASM or their local hub.

Mark O'Carroll, President NZ Branch

Accreditation Update

Congratulations to the following laboratories for receiving accreditation:

- Flinders Medical Centre, SA
- Southern Health Respiratory Laboratories, VIC
- Newcastle Pulmonary Function Laboratory, NSW

The Board has agreed to endorse accreditation for Flinders Medical Centre, Southern Health Respiratory Laboratories and Newcastle Pulmonary Function Laboratory. The assessment panels would like to congratulate each of the labs on the high standards of their applications, and the quality provided to their clients.

The TSANZ would also like to thank the following accreditation panel members for the significant time and expertise they have provided in these applications:

Flinders Medical Centre

Dr Bhajan Singh
Mr Sean Homan
Dr Michael Chia

Southern Health

Prof Michael Pain
Mr Peter Rochford
Mr Stephen West

Newcastle

Dr Hugh Greville
A/Prof David McKenzie
Ms Sandra Jeffery

From the Secretariat



Rita Perkons

Time has whizzed past and I am already writing for the December issue of the Thoracic Society News. I think all of us are looking down the barrel towards Christmas and wondering how we are going to get all our tasks done before the end of the year.

For us in the central office of TSANZ, things don't slow down over the Christmas/New Year period. As the TSANZ runs on a calendar year financially, we are now gearing up for our end of financial year audit. The auditors need to come in and have a preliminary look at our accounts and compliance documents and then prepare for the final audit which normally occurs in February.

Another big task during this time of year is coordinating the award assessments. This year, TSANZ is also assessing grant applications for the Dust Diseases Board and they need the results early in the new year. The TSANZ and Australian Lung Foundation (ALF) awards also need to have a result by early February so that award finalists and recipients can be informed before the Annual Scientific Meeting (ASM), and have time to prepare their presentations and attendance.

I was fortunate to recruit a new Member Services Officer, Paula Braden, who started on 21 November. Paula brings with her a wealth of experience as a Member Services Officer with other similar organisations. I am looking forward to her being able to assist me in developing a member recruitment and retention strategy and improving the support and information provided to you, our TSANZ members. I know you will make her feel welcome.

With Paula's arrival we have had to say a farewell to Edward Hathway who was with us for eight weeks as a temporary employee. He did a magnificent job keeping up with new member applications and organising the member files so that they are all up-to-date. Thank you Edward for a job well done!

In this issue you will see the photos from our 50th Anniversary cocktail party, which I think was a great success and the feedback I received supports this observation. Thank you to everyone who attended and made it the special event that it was.

Following from that, the 50th Anniversary Benevolent Fund requirements need to be finalised before we can start accepting donations and bequests from TSANZ members. This Fund was launched at the cocktail party and I need to complete the fundraising policy and procedures, plus set up the correct receipting process so that you can declare any donations as a tax deduction.

Finally, let me wish you all a very merry Christmas, happy holiday season and a terrific new year. I look forward to working with you all again in 2012.

**Rita Perkons,
Executive Officer**

Affiliated Respiratory Organisations

Australian Lung Foundation

Stepwise Management of Stable COPD

The Australian Lung Foundation has released a new resource designed for general practitioners managing patients with Chronic Obstructive Pulmonary Disease (COPD).



Stepwise Management of Stable COPD is a one page graphic summary of evidence-based management interventions for COPD according to level of severity. Based on *The COPD-X Plan: Australian and New Zealand Guidelines for the Management of COPD*, this quick reference guide has been developed in response to requests from general practitioners. Dr Kerry Hancock, Chair of the Foundation's General Practitioners' Advisory Group said: "Our aim in developing this resource was not to replace The COPD-X Plan, which is an important source of detailed information, but to provide a summary resource that is more compatible with the realities of daily clinical life in a busy practice". To access this and other COPD resources for general practice, visit www.lungfoundation.com.au/professional-resources

COPD Online

The Australian Lung Foundation is currently testing a new training resource - COPD Online. This online training will increase the knowledge, confidence and skills of primary care nurses working with patients who have COPD.

The training program supports the role that primary care nurses have in the early identification of COPD patients and provides them with the skills and tools necessary to commence a program of disease management. COPD Online translates the COPDX Guidelines into a practical guide for primary care nurses to support their patients.

After 12 months of research and development by a steering committee of clinical experts, the training was completed in October 2011. Over 50 nurses from across Australia are currently participating in a pilot of the training. Following the pilot the training will be updated. COPD Online will become broadly available for users from early 2012.

If you know a primary care nurse that would like to learn more about the online training program they can contact Judy Powell via email judy@lungfoundation.com.au

We're going green!

In order to help the environment and save money, the Lung Foundation will be offering its quarterly newsletter, LungNet News, in an electronic format from February 2012. To register to view LungNet News electronically, please go to www.lungfoundation.com.au/register-for-e-lungnet-news

The Australian National Registry for patients with idiopathic pulmonary fibrosis (IPF)

We are really pleased with the registry's progress and planning to commence recruitment in January 2012. We now have ethics approval for NSW, and the other states are in progress. We have signed a contract with software developer Spot On, and they are in the process of developing the database. We plan to have the final version ready in time for our steering committee meeting in December.

In addition, there are several encouraging developments including two proposals for 'research' questions to be formally submitted at our next meeting. We are also inviting the wider respiratory community to join a special interest group in IPF (AUS-IPFnet) and we will keep this group updated both on the registry and on recent publications/research into IPF.



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