



Thoracic Society News

Volume 21, Issue 1, March 2011

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Calendar of Events

April	2-6 April 2011 TSANZ ASM Perth, WA www.thoracic.org.au
April	22-24 April 2011 Japanese Respiratory Congress Tokyo, Japan www.jrs.or.jp/jrs51/index_e.html
May	13-18 May 2011 American Thoracic Society International Conference Denver, Colorado, USA www.thoracic.org
September	22-25 May 2011 RACP Congress Darwin, NT http://www.racpcongress2011.com.au/
September	24-28 September 2011 European Respiratory Society Congress 2011 Amsterdam, The Netherlands http://www.ersnet.org/index.php/congresses/amsterdam-2011.html
October	22-27 October 2011 Chest 2011 Hawaii, USA www.chestnet.org/accp/chest/chest-annual-meeting
November	3-6 November 2011 APSR 2011 Congress Shanghai, China http://www.apsresp.org/congress/2011.php

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**TSANZ
Annual Scientific Meeting**

2 – 6 April 2011

Perth Convention & Exhibition Centre
Perth, Western Australia

**The Thoracic Society of Australia
and New Zealand
Newsletter**

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Message from the President



Phil Thompson


It is difficult to write to you about the Thoracic Society affairs when Australia, New Zealand and now Japan have been in such turmoil. The natural disasters have all been on a scale greater than we have seen before, and are unimaginably overwhelming for those involved. Our capacity to help is small but I have conveyed our willingness to assist where we can. Just as we all have friends and colleagues in Queensland and Christchurch, many of us will similarly have friends and colleagues in Japan such as Toshihiro Nukiwa, a previous President of the Japanese Thoracic Society (and current ASPR Treasurer), who lives in Sendai, and who I am happy to report is safe and well.

On a much smaller scale, a lot has been happening within the Thoracic Society which you will have no doubt heard of by now. We have moved into our new office in Hunter Street and we are settling in slowly but surely. Sometime mid year we will celebrate with a formal opening. We legally became a company structure on 23 February, and this will set the stage for a more disciplined and professional management of the Society. We have now also launched our new online membership renewal facility. This should streamline everyone's renewal process but just as importantly allow us to capture important information. For the first time all of our members' profiles will be in a master database and we will be able to provide accurate information to individuals and to those charged with managing the various aspects of the Society. We continue to support online payment for your Australian Lung Foundation membership.

The Society has entered into a partnership with the Australian Respiratory Council to support Tuberculosis work in Cambodia, and has also provided assistance for Tuberculosis education programs in Vietnam. We have initiated support for an Indigenous nurse from New Zealand and from Australia to attend our ASM, and would like to extend this to other professional groups in the year ahead. The Society is keen to support initiatives that add value to the professional community beyond our own membership base but lacks the resources to do so. We will be launching a 50th Anniversary fund to generate the resources to do so and we are currently applying to the Australian Tax Office (ATO) for deductible gift recipient status.

The Board of the Company has met and appointed Rita Perkons as our Company Secretary and approved a new simplified fee structure that you will see when you renew online. There are now only four levels of payment (plus the Australian & New Zealand Society of Respiratory Science (ANZSRS) discount), replacing up to 28 previous combinations and permutations. We are now in the midst of reviewing and upgrading our Standing Sub-Committees, and have agreed to split the Education and Research Committee into an Education and Training Committee and a Research Committee. We will also have a Strategic and Management Committee, as well as a Finance Committee and a Risk and Audit Committee. The terms of reference of all the Sub-Committees are badly in need of revision, and this is being undertaken as well.

I have had many meetings with the RACP, and we are gradually moving towards a more equitable and transparent relationship. Issues such as resource allocation, responsibilities, indemnity of Society staff, development of shared grants and sharing of Intellectual Property have all been on the table, and in the months ahead we will develop an agreement to cover these issues. Issues such as Continuing Professional Development,



awarding of FRACP, and the potential for changing this, post FRACP training and the high likelihood of recertification have all been subjects of discussion. The Cardiac Society and the TSANZ have also been fostering a collaborative relationship and we should be able to report further on this in the near future. I have previously raised the issue of supporting the awarding of the post-nominals FTSANZ and we are now very likely to go forward with this concept.

I would like to publically congratulate Greg Snell on the awarding of his OAM for services to medicine and transplantation - well deserved and it is nice to see Thoracic Society members being recognised. I would also like to congratulate Craig Mellis, who will receive the John Sand Medal from the Royal Australasian College of Physicians (RACP), for his services to Medicine. His nomination was uniquely put forward by both the Adult and Paediatric divisions of the College. Finally, Richard Tarala has received recognition for his outstanding work in postgraduate teaching receiving an award for the best postgraduate clinical teacher in Australia.

This is my last newsletter before stepping down as President and before our forthcoming ASM, and I would like to thank everyone I have worked with for their loyalty, trust and support- it is greatly appreciated. The ASM is already looking like it will be a great success with a very full program and some talented guest speakers. The constant efforts of Richard Wood Baker, Elisabeth Eaton, Andrew Wilson and their respective teams to innovate, improve and experiment with new ideas can only benefit us all.

See you in Perth

Phil Thompson

Accreditation Update

Congratulations to the following laboratories for receiving accreditation:

- **Frankston Hospital Respiratory Laboratory, VIC**
- **Women's & Children's Hospital, SA**
- **Royal Melbourne Hospital Pulmonary Function Laboratory, VIC**

The TSANZ Executive Committee has agreed to endorse accreditation for Frankston Hospital Respiratory Laboratory, the Women's & Children's Hospital, SA and Royal Melbourne Hospital Pulmonary Function Laboratory. The Assessment Panel congratulates 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:

Frankston Hospital

Mr Jeff Pretto

A/Prof Greg King

Dr Abraham Rubinfeld

Women's & Children's Hospital, SA

Mr Andrew Coates

Dr Yvonne Belessis

A/Prof Philip Robinson

Mr David Schembri

Royal Melbourne Hospital

Prof Iven Young

A/Prof Brendon Yee

Mr Paul Guy



Special Interests Highlighted

Paediatric Special Interest Group

The past 12 months have been busy for the Paediatric SIG. Any year that starts with Prof Stephen Holgate* and Jeffrey Whitsett as the international speakers for the Annual Scientific Meeting is going to be a good year.

In addition to the excellent plenary, we were fortunate to have Prof Holgate present in one Paediatric SIG oral session on “Paediatric Asthma, the Epithelium and Innate Immunity” and Prof Whitsett in the other oral session on “Disorders of Lung Morphogenesis, Maturation, and Function in the Newborn Infant”.

The year is being book-ended by having Prof Harm Tiddens as the invited speaker at the 2011 Annual Scientific Meeting in what promises to be a dynamic meeting.

Over the course of the year, members of the Paediatric SIG have been involved in the recently endorsed TSANZ position paper on the management of paediatric empyema, as well as contributing to the TSANZ report on Respiratory and Sleep Health in Indigenous Australians and the update of the Role of Corticosteroids in the Management of Childhood Asthma.

The TSANZ received an invitation to nominate a representative to serve on the International Relations committee of the Paediatric Assembly of the American Thoracic Society (ATS), and we are very pleased that Prof Peter Sly will be representing paediatrics and TSANZ on this committee for the next two years.

The Paediatric SIG is active in nearly all areas of TSANZ, with representation on most Standing Sub-Committees. It is gratifying to see that every time a position becomes available, we receive expressions of interest from a number of highly qualified individuals.

It is this dedication to advancing paediatric respiratory medicine that will ensure that we can continue to provide the best care for our patients and ensure the next generation of scientists, researchers and clinicians have the best possible opportunities to achieve their potential.

This Annual Scientific Meeting will be our last as Convenors of the Paediatric SIG, and it has been an honour and a pleasure to work with so many of you. We look forward to welcoming the new Paediatric SIG Convenors to the role in 2011.

Graham Hall and James Martin
Co-Convenors

**Prof Holgate was recently awarded Commander of the Order of the British Empire (CBE). More on page 17.*

Special Interests Highlighted

Asthma & Allergy Special Interest Group



Janet Rimmer

There was a lot of interest for members of the Asthma & Allergy Special Interest Group (SIG) at the very successful 2010 Annual Scientific Meeting (ASM) in Brisbane, with both a plenary and symposium sessions on asthma. Notably, Prof Stephen Holgate was very generous with his time and contributions to a variety of SIG sessions, which were well attended and stimulated considerable animated discussion. Joint sessions were held with our Paediatrics and Cell Biology and Immunology colleagues. The National Asthma Council (NAC) was generous with their support of the SIG and Dr Lisa Wood was awarded the NAC prize for the best Asthma and Allergy SIG presentation. In addition, Profs Roland Buhl and Colin Robertson contributed to a most active discussion on the interface between asthma and COPD.

Dr Wood has now generously assisted with planning the SIG's sessions at the 2011 ASM in Perth. The Asthma & Allergy SIG will have a joint symposium with the Cough Group on the Cough-Asthma Interface, two oral sessions

(i. Airway Obstruction and Molecular Mechanisms; ii. From Risk Factors to Management), as well as another joint oral session with Paediatrics, which includes a focus on the association between viruses and childhood asthma. Once more, the poster sessions are the backbone of our scientific presentations, since they are an effective way to convey important new findings and receive feedback. There will be three poster presentation sessions (i. basic mechanisms: genes, infections and disease overlap; ii. clinical: measurement, obstruction and phenotype; iii. clinical: impact of lifestyle choices on asthma and vocal cord dysfunction). As well, SIG members are contributing to an expert panel for a NAC sponsored difficult case drop-in breakfast session, as well as the Cochrane and Tobacco sessions. Overall, scientific support for the meeting has been very good and 57 abstracts were submitted to the SIG for presentation at the 2011 ASM.

Asthma & Allergy is the largest SIG and with the help of TSANZ administrative team, and in 2010 members were surveyed for their views on future directions for the SIG, topics for sessions at future ASMs and how to best serve the diverse needs of our members. The responses received so far are very helpful for our future planning. We remain keen to receive further suggestions and feedback from the membership.

During the year some (mostly clinical) issues were referred to the SIG for input. We are appreciative of the contribution made by members who coordinated responses / provided expert comments when approached.

Involvement in organising the SIG sessions for the ASM is very stimulating and we are impressed by the breadth and depth of asthma and allergy research presented by SIG members. We thank Dr Lisa Wood for her continued contributions to planning the SIG sessions at the 2011 ASM and urge others, especially early career clinicians, to also become involved.

Janet Rimmer, John Wilson, Marg Hughes
Co-Convenors



Marg Hughes

Important Date to Remember for the TSANZ ASM in Perth

TSANZ AGM- Saturday 2 April, 1700-18.30, Meeting Rooms 2/3, Perth WA



In the Spotlight

Company Limited by Guarantee - the changes and challenges

As Phil reported in his article, the TSANZ is successfully registered as a company limited by guarantee. This is the end point to the transition from an incorporated association to a company limited that started under Phil's leadership last year in August.

The main changes

The main activities included reshaping the TSANZ rules into a constitution, having the new constitution and company structure accepted at a Special General Meeting held on 2 December 2010, and then completing the legal paper work and registrations.

The regulator for companies limited by guarantee is the Australian Securities and Investment Commission (ASIC). It is from ASIC and its website that TSANZ will refer to for guidance on legal compliance and reporting requirements. Information on the ACT Council of Social Services website explains that: "Limited by guarantee" means that if the company is wound up, and it is in debt, the liability of members is guaranteed to be a nominal amount (often in the range of \$20 - \$100). (As such, all members on first joining the TSANZ now have to pay a one-off fee of \$5.00 to contribute to the guarantee fund). Directors of a company limited by guarantee will be subject to all of the duties and obligations for a commercial company set out in the *Corporations Act 2001*.

A company limited by guarantee has the following key features:

- it can trade or operate throughout Australia;
- the liability of members is limited;
- there is a cost involved in establishing the company; and
- there are ongoing reporting and administrative requirements."

To reflect this transition and new legal status, the TSANZ name is also different. Legally, it was written as TSANZ Inc. and now requires to be TSANZ Ltd to reflect that it is now a company limited by guarantee.

Overall and most importantly, the business of the TSANZ will continue as usual. Members will receive the same resources and information as before, the advanced training and respiratory laboratory accreditation will be available and the same commitment to advancing respiratory health will grow and strengthen.

The revised objectives in the constitution and the new legal structure will provide the Society with increased opportunity to seek government funding for health promotion and advocacy projects which could be implemented in partnership with other respiratory organisations.

Another positive outcome was clarifying the legal status of the NZ Branch. It is a legally incorporated association in New Zealand and its official title is TSANZ (New Zealand Branch) Inc. Having this status means that the NZ Branch and its members need to comply with New Zealand's legislation and reporting requirements. Regardless of these requirements, the NZ Branch remains a key part of TSANZ and will continue to access all member benefits and opportunities.

The main challenges

The main challenge is having TSANZ legally compliant under the *Corporations Act 2011*. This is a key role of the Executive Officer / Company Secretary to review the legal requirements and then put in place the practices and systems to address them. For example, the Annual Report will change in structure and content to meet reporting requirements, and the financial management and reporting will increase in importance. The TSANZ finance system will need to be compliant with the Australian Accounting Standards and audit requirements.

In the eyes of the law, the Executive Officer / Company Secretary has key responsibility in putting the systems in place and managing their implementation. The Board also has responsibility in a governance role to monitor the compliance, manage the budget and key risks to the TSANZ and develop and maintain the

strategic priorities for the company.

In relation to the Board structure and Directors on the Board, the ACT Council of Social Services website explains: "Officers of the company (i.e. the directors, secretary and those within the definition of officers in the *Corporations Act 2001*) are subject to all the duties and liabilities placed on directors by the Corporations Act and the common law (even where directors are acting in a voluntary capacity). The constitution can include provisions indemnifying officers of the company.

The obligations imposed by the *Corporations Act 2001* on Directors of companies appear more onerous than the obligations imposed on officers of incorporated associations; however, they are more clearly defined", and in common law, are not that different.

These are certainly exciting times and of great change. It would be worthwhile to look back during the 2012 ASM to see how TSANZ has progressed as a company limited by guarantee.

References:

<http://www.actcoss.org.au/oik/infosheets/structureandstrategy/compltd.html> (accessed 24 March 2011)

<http://www.asic.gov.au/asic/asic.nsf/byheadline/Your+company+and+the+law?openDocument> (accessed 25 March 2011)

Rita Perkons
Executive Officer

TSANZ New Members

The Executive Committee would like to welcome the following new members, who were endorsed at the Executive Committee meetings on 3 December 2010 and 4 February 2011:

December 2010

Associate

Felicity Blackstock, VIC
Julie Considine, VIC
Desmond Cox, WA
Leah Epton, WA
Susan Fowler, VIC
Henry Gallagher, QLD
Paul Hamor, NSW
Jennifer Hislop, VIC
Debra Kay, SA
Gunawardhana Lakshitha, NSW
Lorraine Martin, WA
Julie McDonald, VIC
Stephen Milne, NSW
Slavica Miskovich, SA

Associate

Aleisha Nielsen, NSW
Kevin Oreo, NSW
Miranda Paraskeva, VIC
Kirsten Ramsay, NZ
Ranjan Shrestha, WA
Shannon Simpson, WA
Vanitha Visvalingam, NSW

Student

Timothy Kidd, QLD
Richard Kim, NSW
Melisa Lau, VIC
John Mackintosh, QLD
Vicka Oktaria, VIC

February 2011

Associate

Susan Alexander, NZ
Sophie Anderson-James, QLD
Gabrielle McCallum, NT
Peter McLeod, QLD
John Serginson, QLD
Moayid Sherif, NZ
Lissa Spencer, NSW
Christoph Tabeling, Germany
Lesley Versteegh, NT

Ordinary

Moses Muthiah, NZ

Associate Student

Bronwyn Berthon, NSW

From the Secretariat



Rita Perkons

A number of big events have occurred since the December report.

The Thoracic Society office has physically moved from 149 Macquarie Street, and we are now settled in the new office at 5 Hunter Street, Sydney. The unpleasant job of packing boxes and then unpacking them is done, and the staff are settling into their new, spacious environment.

We now have a conference room that seats 14 people and Tara Mackenzie, one of our Board members has already used it for an important planning meeting. This space allows the TSANZ

Board to meet within its own offices, and it is anticipated that other meetings will be held within this space. Let me know if you would like to book the conference room for one of your meetings.

The TSANZ office also has a vacant office of approximately 11 square metres that is available for rent by either a sole operator business e.g. a lawyer, or an organisation run by one staff person that requires a city location. The tenant will have access to the conference room and other office facilities such as the photocopier.

I am the company secretary for the TSANZ which, as Phil reported, is now a company limited by guarantee. The main role of a company secretary is to administer the affairs of the company and the business of the board. This role includes developing corporate governance policies and practices within the company. My main resource to guide development of the new company structure is the *Corporations Act 2001*. The role of company secretary will simply nestle into the roles and responsibilities of the existing Executive Officer role, but I need to be very diligent about TSANZ's compliance to law in its governance and operations.

I am already working on improving the key systems within the Society, with the current focus being on the finance management system. Phil Thompson and Peter Van Asperen have also worked closely on this with me. Up to now, there has been a finance process review to check that we are processing invoices and payments the right way, and a new chart of accounts is also taking shape. This work will improve the level of finance reporting for the new Board, and enhance budget monitoring and management.

The first few months of the year have been occupied with preparing for the ASM in Perth. A lot of my time has been spent processing awards and organising TSANZ meetings to be held during the ASM. I will be at the ASM and look forward to meeting many of you there.

Rita Perkons
Executive Officer

Affiliated Respiratory Organisations

Asthma Australia

Asthma Australia comprises the Asthma Foundations from each Australian State and Territory, working together on national policy, advocacy and programs and promoting research. It is a national, non-government, incorporated body with no political affiliations.



We aim to provide nationally consistent, evidence-based information and education about asthma and linked conditions through telephone and online services, brochures, community education programs and community events.

In 2010, Asthma Australia developed a National Community Information and Resources Policy, which guides the foundation's systematic review and update of community information. Any material with the Asthma Australia logo has been through this national quality assured process.

This work is informed by the very experienced foundation staff, a wide-ranging consumer consultation process, our colleagues across the respiratory health area and our National Medical and Scientific Advisory Committee (MASAC). Many individuals contributing to this work are TSANZ members.

Our most recent resources include:

- *Asthma the basic facts - How people with asthma can stay safe and well* brochure
- *Could it be asthma* checklist
- *Live well with your asthma* checklist

Each of these also includes the Asthma First Aid Plan, reported in the last issue of this newsletter. Also popular is the double-sided checklist of *10 things to ask - and tell - your doctor*. An update of our popular *Medications* brochure is in production as is information for *Under 5s* and *Seniors*.

For more information about these and other resources, people can contact their local Asthma Foundation on ph 1800 645 130 or www.asthmaaustralia.org.au.

One of Asthma Australia's five strategic priorities is to complement the work of treating health professionals and to help people understand and manage their asthma in the community.



Asthma Australia and Livewire's partnership, featured in the last edition of this newsletter, is one avenue through which it continues to support young people and the health professionals providing their care to develop lifelong best practice asthma self-management. A short introduction to the program is available on the Livewire website, www.livewire.org.au

Debra Kay
CEO Asthma Australia

Adolescents with severe asthma

Asthma Australia and Livewire continue the partnership highlighted in the last newsletter. Health professionals working directly with youth (10-21 years) with severe asthma can access a short training package through the Livewire website (www.livewire.org.au). Those who attended the 2011 Australian Asthma Allergy and Anaphylaxis conference in Melbourne on 8-10 March had the option to attend a concurrent presentation on this and other adolescent focused initiatives by Asthma Australia.

Affiliated Respiratory Organisations

Australian Lung Foundation



Lungs in Action is the community based exercise maintenance class for people with stable chronic lung conditions, such as COPD, who have completed pulmonary rehabilitation.

The training and mentoring process we have established ensures that Lungs in Action instructors are well trained and supported by the local pulmonary rehabilitation program.

Accredited exercise physiologists, exercise scientists and personal trainers must meet minimum requirements of 12 months to two years experience working with older adults, depending on their previous education.

Instructors then undergo comprehensive online theoretical training followed by an extensive practical component conducted by their local pulmonary rehabilitation program by a mentoring physiotherapist or exercise physiologist who has a minimum of 12 months clinical experience in pulmonary rehabilitation.

The practical component consists of attending a minimum of two pulmonary rehab sessions, completing a core competency checklist, a written assignment/class design and a practical assessment. This combination of activities and the one-on-one mentoring produces a high calibre instructor.

Lungs in Action programs provide a class format that is complimentary to the local pulmonary rehabilitation program, which has been approved by the referring physiotherapist.

The mentoring process also fosters relationships between the instructors and their local pulmonary rehabilitation program, building physiotherapist/exercise physiologist confidence in the Lungs in Action instructors which helps with the transition of clients into the programs and provides a referral stream for the instructor.

The Australian Lung Foundation is grateful for the generosity of many pulmonary rehabilitation physiotherapists, exercise physiologists and CNCs who have helped to establish the Lungs in Action programs in their communities.

Those programs are conducted in low cost venues or by community-focused organisations and the most successful so far have been those where a strong relationship exists between the physiotherapist and the Lungs in Action program instructors. (Participants have indicated that clients love the programs and become quite loyal to the instructors.)

Lungs in Action programs are being provided nationally and are currently available (and already running) in Cairns, the Gold Coast, Brisbane, Gympie, Grafton, Yamba, Sydney, Canberra, Melbourne, and Geelong. Additional instructors are in training in many of these locations as well as in Port Macquarie and Tasmania. It is hoped that these new programs will begin in the first half of the year.

Referrals are generally by the pulmonary rehabilitation physiotherapist or exercise physiologist, directly from a pulmonary rehabilitation program. However, direct GP/specialist referrals are accepted, provided

Affiliated Respiratory Organisations

the participant has completed a pulmonary rehabilitation program within the last 12 months. For more information about the program and referral pathways for those who fall outside the previous two categories, please visit www.lungfoundation.com.au/our-initiatives/lungs-in-action-program or email Project Manager, Liz Harper at elizabeth@lungfoundation.com.au.

Multi-Centre Clinical Trials Network website

The Australian Lung Foundation recently launched the Multi-Centre Clinical Trials Network (MCTN) website. The MCTN Investigator Community allows medical professionals to register their interest in being a clinical trials investigator. Membership is free so visit www.mctn.org.au and register your interest.



The network mainly assists trials in lung and respiratory disease. Once registered, doctors are able to maintain their own details including their site specifications, search for clinical trials sourcing investigator sites and view trials that are open and actively recruiting patients.

The Lung Foundation will notify suitable investigators of clinical trials that are currently identifying trial sites within Australia and New Zealand.

In response, doctors can either express their interest in being an investigator site and/or potentially a patient referral site. By referring patients, patient recruitment and clinical trial timelines can be met. Also, patients may access treatment which might not otherwise be available to them.

Patients who are interested in participating in clinical trials are also able to register their interest within the MCTN Patient Community. This will allow patients to keep updated with information and view current trials that may be of interest to them. The Australian Lung Foundation provides doctors with free copies of the MCTN patient flyers to distribute to their patients.

For more information on the network or for copies of the MCTN patient flyer, call 1800 654 301, email mctn@lungfoundation.com.au or visit www.mctn.org.au.

Patients are always looking for new ways to improve their quality of life. By participating in a clinical trial, you may be able to assist them in achieving this goal.

National Lung Cancer Telephone Support Group Pilot Project

With support from the Cancer Council NSW, The Australian Lung Foundation are running a national lung cancer telephone support group pilot in 2011, and funding from Cancer Australia.

We would love you to refer lung cancer patients or their carers who are seeking a support group to us - we welcome new group members.

This is a free and confidential service is run by two experienced facilitators who provide participants with information, emotional support and a unique opportunity to connect over the phone with other people who live with lung cancer to discuss and share their experiences.

The patients' group meets on the third Thursday of the month. The carers' group meets on the fourth Thursday of the month.

For more information, call the Information and Support Centre on 1800 654 301

Kerrie Callaghan, Projects Coordinator, Ph 07 3251 3641

Ainsley Ringma, Lung Care Nurse, Ph 07 3251 3647 (Thursday and Friday)

Partnerships Overseas

Australian Respiratory Council



Lunch time TB awareness training session in a Factory

In partnership : The Australian Respiratory Council (ARC) and the Thoracic Society of Australia and New Zealand (TSANZ) and the Cambodian Anti Tuberculosis Association (CATA).

Project: TB Control in elderly and vulnerable groups and in factories in Cambodia

History

CATA is a local Cambodian NGO established and registered by the Ministry of Interior (MoI) in 2003. Its main goal is to assist the National Tuberculosis (TB) Control Program (NTP) in reducing morbidity and mortality among the Cambodian communities, especially the poor and vulnerable caused by tuberculosis and lung disease with the aim to contribute to the socio-economic development and poverty reduction in Cambodia.

Since 2005, CATA has been working with funding from the Japanese Anti- Tuberculosis Association (JATA) under the auspices of the Cambodian National TB Control Program (NTP) to implement Community Directly Observed Treatment (DOT) among elderly/ vulnerable groups in order to raise TB awareness through a pilot project in two health centres. In 2007 CATA extended its activities to pilot a program targeting factory workers commencing in six factories, and expanding to 17 factories in 2010.

The Australian Respiratory Council has been a co-funder with JATA since 2009, and over this period the increased funding has expanded support for ongoing activities as well as increased human capacity of the organisation through the employment of skilled and experienced employees and through much needed capacity building via training of the current staff.

In addition to the existing program, in April 2009 CATA broadened its program reach when the Cambodian National Tuberculosis (TB) Program acknowledged CATA's valued role in delivering TB services and its growing institutional strength by directing to CATA monies through the Global Fund - Round 7. An amount of approximately \$60,000 per annum over five years was awarded to initiate and manage the Community DOTS program in two Operational Divisions, in two outer provinces. The inclusion of a program manager through this program has greatly contributed to CATA's overall program capacity.

In 2011, the Thoracic Society of Australia and New Zealand (TSANZ) and Eli Lilly have joined forces with ARC and made a one year commitment to co-fund, alongside JATA, CATA's annual program.

TB in Cambodia

Despite significant achievements made by the national TB program in the past decade, Cambodia remains one of 22 countries regarded by the World Health Organisation (WHO) as having the highest burden of TB in the world. During the past 10 years, cases of TB notified under the National TB Program (NTP) have increased more than two-fold, up to 40,199 of all cases of all forms in 2009, unfortunately this achievement still falls far short of the 71,000 people who are estimated to suffer from TB each year. In line with the global strategy of TB control (2006-2015), the NTP is working to achieve the WHO's recommendations to increase the annual detection rate of new smear positive cases to 70% and the cure rate to 85%. Cambodia's detection rate currently stands at 62% with the cure rate above target.



TB Awareness poster for the elderly

Partnerships Overseas

CATA's Project Activities

The project has two major components: TB Control in elderly and vulnerable groups; and TB control in factories. The activities include training and capacity building of village health volunteers, health centre staff, national occupational health and safety staff, and factory health centre staff both in clinical skills and importantly, in working with the community; bi-monthly TB awareness campaigns in the villages targeting the elderly, who are the primary carers of small children; quarterly health education sessions on TB in seventeen targeted factories - directly reaching 6,800 workers over 12 months; a peer education trial in seven factories where 15 line leaders are being trained to be peer educators utilising the HIV / AIDS Peer Education model - targeting 12,600 workers in 12 months. The Peer Education Trial will be evaluated at the end of 2011 to provide an evidence based approach for future factory work.



One of the 17 factories in which CATA currently works

CATA's Program Outcomes

CATA deliver a monthly written report to ARC and JATA which supplies narrative and statistical feedback on TB control in the elderly and vulnerable groups and TB control in the factories. The report details process and impact outcomes. In addition, the ARC Program Development Manager has visited the Program annually for the past three years to monitor its progress and work with the CATA team providing technical advice on program design and funding needs.

Table 1 Comparison of Impact of activities for Component 2 TB Control in elderly and vulnerable groups between 2009 and January to August in 2010

Indicator	2009	2010 (8 months)
HC Trained	2	2
No. of villages serviced by HC	21	21
No. of VHSGs trained	42	42
No. of households who received TB info from VHSGs	2310	3096
No. of villages implementing TB awareness campaigns	05	13
No. of people screened for TB	137	193
No. of TB cases detected	32	32

Table 2 Comparison of impact of activities for Component 3 TB Control in factories between January 2009 and January - August 2010

Indicator	2009	2010
No of factories implementing TB Control Project	11	17
No. of factory workers covered by project	8310	21097
TB Awareness campaigns	35	42
No of factories implementing TB awareness campaigns	5	8
No. of factory workers who participated in the TB awareness campaigns	1750	2100
No of factory workers referred by factory health staff	102	60
No of referrals paid for transport (9 factories)	75	42
No. of TB cases detected	10	6
No of factories which referred sputum	4	4

The CATA project has over time demonstrated a positive impact on controlling TB in Cambodia. It is a trusted, transparent and committed TB agency which is providing much needed support to the Cambodian County TB Program. In 2011, the NTP have requested that CATA, whilst performing its regular activities, initiate the role of TB NGO coordination within Cambodia.

Partnerships Overseas

Methods in Epidemiological, Clinical and Operations Research (MECOR) in Vietnam



Prof Guy Marks

The TSANZ has contributed to the success of an important new initiative in improving capacity in lung health research in Vietnam. During the third week of January, the first ATS-MECOR-VIETNAM course was held near Hanoi in Vietnam.

The American Thoracic Society's Methods in Epidemiological, Clinical and Operations Research (MECOR) Program began in 1994 in Latin America. The primary aim of the program is capacity-building for research, based on the concept that individuals with skills in clinical research are needed to describe the burden of disease in their country, then develop, design and carry out studies that evaluate interventions that are likely to be effective in their settings.

Part of this aim includes mentoring local faculty and students to become future faculty in the program, which helps to further increase and sustain research capacity in host countries. MECOR-Latin America, now ongoing for 16 years, has developed into a five-level program ranging from basic research design skills to data analysis, and developing study publications.

Since 2007, the program has expanded beyond Latin America with a series of courses conducted in Africa (Malawi), the Middle East (Turkey) and India. Now MECOR Vietnam has been developed in collaboration with the Woolcock Institute for Medical Research, the University of Sydney (International Office and Sydney Medical School), the Thoracic Society of Australia and New Zealand, the Australian Research Council and the Vietnamese Association against Tuberculosis and Lung Disease.

As with other country models, MECOR Vietnam has begun by offering Level 1, Introduction to Clinical Research Methods, in the initial year. It is planned to offer levels 2 and 3 (together with further level 1 courses) in subsequent years.

The faculty for this course included three Vietnamese faculty members (one from the National Lung Hospital/National Tuberculosis Program, one from the Field Epidemiology Training Program, WHO Country Office, and one from the University of Medicine and Pharmacy in Ho Chi Minh City). There were four faculty from Australia (Michael Abramson, Greg Fox, Christine Jenkins and Guy Marks) and two faculty members from the American Thoracic Society.

There were 25 course participants selected from those who applied. They were selected based on their ability to speak English and their interest in and capacity to undertake research. The participants were mainly respiratory physicians but also included public health workers and scientists. They were mainly from Hanoi and Ho Chi Minh City but some came from other provinces.

The course covered topics including study design and implementation, bias and confounding, accessing and assessing scientific literature, ethics and biostatistics. The format was highly interactive.

A major component of the course was the students working in small groups to design a research protocol. Each group presented on their protocol on the final day.

The students' evaluation of the course was highly positive with nearly all saying they would recommend it to colleagues and most indicating an intention to return for the Level 2 course next year.

Guy Marks



New Year Honour for Renowned Asthma Scientist

Prof Stephen Holgate CBE

A world-leading expert in respiratory disease has been recognised in the New Year Honours list in the UK. Prof Stephen Holgate, whose research focuses on improving our understanding of and finding new treatments for asthma, has been awarded a Commander of the Order of the British Empire (CBE) for services to clinical science.

“I am delighted to have been recognised in the New Year’s Honours list,” comments Professor Holgate, from the University of Southampton. “Although the award is in my name, in reality it recognises the dedication of so many colleagues both from this country and overseas who have contributed so much to our research effort.

“I wish to acknowledge and thank them all as well as this University for creating so many opportunities for us.”

An internationally recognised researcher in immuno-pharmacology, Prof Holgate’s work focuses on the lung’s susceptibility to asthma and how the inhaled environment such as allergens, viruses and pollutants cause and exacerbate the disease. His research is leading to new treatments.

In a distinguished 30-year career, he has published over 900 peer-reviewed papers and scientific contributions to journals and edited 50 books on asthma.

Prof Holgate is a key member and spokesperson of the Medical Research Council, advises the government on a range of issues including air pollution and is an honorary consultant of Southampton University Hospitals’ NHS Trust.

He was also recently appointed by the Higher Education Funding Council to be a main panel chair for the Research Excellence Framework (2013-14), a prestigious role assessing the quality of research in UK universities.

Source:

http://www.soton.ac.uk/mediacentre/news/2010/dec/10_145.shtml



Prof Stephen Holgate

National Tobacco Campaign



On 30 January 2011 the Australian Government launched its largest ever National Tobacco Campaign. This campaign will focus on lung cancer and its presenting symptoms of cough and haemoptysis. Guidelines to assist patients who smoke and their families are available at <http://www.racgp.org.au/guidelines/smokingcessation>.

Research

Acute Hypoxaemia: How low is too low?

By Dr Paul Kelly

In patients with chronic lung disease, acute hypoxaemia is a common occurrence during air travel and during exposure to moderate altitudes. Having studied the effects of acute altitude exposure in patients with respiratory disease over the last five years, I have often considered the question: what is an unsafe level of hypoxaemia, both in absolute terms and in exposure duration? It is unlikely that this question can be answered with any certainty, but I would like to reflect on the first query: how low is too low?

Rightly or wrongly, we have always expressed the degree of hypoxic physiological stress by the arterial oxygen pressure (PaO₂). Xu and LeManna¹ refer to three degrees of hypoxia. Assuming a sufficient red cell volume, a PaO₂ > 50 mmHg is considered mild, as there is usually complete compensation without disruption to physiological function. Moderate hypoxia is described as a PaO₂ between 35-50 mmHg, which can manifest in cognition deterioration. A PaO₂ below 35 mmHg is severe and “unconsciousness results”¹. Medical guidelines for air travel and patients requiring domiciliary oxygen constantly flirt with the notion that PaO₂ should be preserved at a level greater than 50-55 mmHg². However, there is little evidence as to why these thresholds were chosen. To investigate the efficacy of these guidelines, our research group has studied the effect of acute hypoxic stress on arterial oxygenation in four study groups (Table 1).

Group	15% FIO ₂ Mean PaO ₂ (mmHg)	Air travel Mean SpO ₂ (%)	Air travel Nadir SpO ₂ (%)	Resting 2100 m Mean PaO ₂ (mmHg)	Walk 2100 m Mean PaO ₂ (mmHg)
Healthy (n=15) ³	58 ± 4	92 ± 2	88 ± 2	-	-
RLD (n=14) ⁴	51 ± 7	85 ± 9	78 ± 11	-	-
COPD (n=13) ⁵	47 ± 6	86 ± 5	78 ± 6	-	-
COPD (n=18) ⁶	-	-	-	51 ± 6	41 ± 7

Table 1- RLD: Restrictive lung disease. COPD: Chronic obstructive pulmonary disease.

These results highlight the moderate-severe hypoxaemia that can occur in patients with lung disease when exposed to an acute hypoxic stress. Despite these levels of hypoxaemia, breathlessness, cognition and symptoms of hypoxia were minimal. It should be noted that a large

number of participants experienced a PaO₂ < 50 mmHg (during hypoxic stress), with three experiencing a PaO₂ ≤ 35 while exercising at altitude. Interestingly there were no adverse events recorded during the hypoxic stress and up to 48 hours post hypoxic stress, which is consistent with the literature. These findings add some reassurance that patients with lung disease can maintain adequate tissue oxygenation despite the presence of moderate to severe hypoxaemia.



Dr Paul Kelly

A serious flaw in the medical guidelines for air travel is that a PaO₂ < 50 mmHg does not represent a life threatening reduction in oxygen delivery. This arbitrary oxygen threshold is not based on the known consequences of patients with lung disease travelling without oxygen, rather it is a conservative recommendation based on the concern that this level of hypoxaemia would cause in a clinical setting. When considering the oxyhaemoglobin dissociation curve, it is actually designed to protect against tissue hypoxia⁷. On the steep portion of the curve, despite progressively falling oxyhaemoglobin saturation, the oxygen tension remains relatively preserved, allowing for continued delivery to the tissues⁷.

So how low is too low? Perhaps we can reflect on hypoxaemia in extreme environments. Arterial blood gas measures on four mountaineers at 8400m showed a mean PaO₂ of 24.6 mmHg⁸. During static apnoea in a group of nine free divers, the mean end apnoea (281-403 seconds) PaO₂ was 28 mmHg⁹. The Bar-headed goose can fly up to 10 000 m over the Himalayas with a PaO₂ of 28 mmHg¹⁰. These fascinating anecdotes show us that a PaO₂ < 30 mmHg is survivable but does not answer our question. We should consider the 14 published studies on acute altitude exposure in patients with COPD. Of these studies, 6/14 reported a mean PaO₂ < 50 mmHg, and in no studies were there reports of adverse events. Once again, this does not give us a definitive answer, however, I think we can conclude that a PaO₂ of < 50 mmHg, in patients with stable lung disease, is not unsafe.

This is a very fertile area of research. Little is known about the actual physiological adjustments during acute hypoxic stress in patients with lung disease. Future researchers need to consider cerebral blood flow, cognition, pulmonary blood flow, cardiac effects, haematological effects and symptomology.

Dr Paul Kelly,
Sleep Unit, Christchurch Hospital, New Zealand

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Updates

Clinical Care & Resources Sub-Committee (CCRS) Update



John McLachlan

This Sub-Committee has had a modestly busy time in the recent period. By the time you read this, you should be able to find the following papers that have been endorsed on the website: *The Role of Corticosteroids in the Management of Childhood Asthma*, *Standards of Care for Cystic Fibrosis in New Zealand*, *Paediatric Empyema Thoracis: Recommendations for Management*, *New Zealand Adult Respiratory Nursing Knowledge & Skills Framework*.

The CCRS is currently requesting work on several papers relating to the use of oxygen:

- *Adult domiciliary oxygen therapy* (2005) - update
- *Clinical Oximetry* (1993) - update, possibly to include the use of trans cutaneous CO₂ as well.
- *Acute Oxygen Therapy* - new paper, to include hopefully pre hospital,
- Emergency and Inpatient (non-respiratory wards) use of oxygen.

The latter papers will be coordinated by an appropriate SIG, who will convene a working group to research and write these papers.

With the CF SIG, we are looking at a paper addressing the use of inhaled antibiotics in Cystic Fibrosis. If anyone has particular expertise here, I would welcome an email letting me know.

We are reviewing all the past papers endorsed by the Society, and soon we will have a complete database. Many are now outdated, and we will consider whether they require revision or are no longer relevant. If they require revision, we will again work with the appropriate SIG to address this.

I am also working with Jo Healy-North in the office to revise the relevant pages of the website to be able to display and find more readily all the position papers that we have endorsed. They will I hope, be classified into the current, relevant papers; and an archive of past papers. This should make finding the information easier.

At the same time, we now have a defined pathway for papers that require TSANZ endorsement, which I hope will make the process transparent, inclusive and swifter, as there have been process issues over the last few years.

In short, we would encourage those wishing to have a paper endorsed, to do so if possible via the appropriate SIG, to have a representative writing group and inform the CCRS at an early stage. We would be happy to review drafts as they are available, and when the SIG is happy, the CCRS and the Executive will review the paper. If the paper is accepted it will be placed in the members' section of the website for four weeks for TSANZ review, before final endorsement and publication on the website. In general, we would encourage the authors to place the original on the website and make a précis for publication if appropriate.

I would be happy to discuss any aspect of this update. If you wish to do so, please contact me via email: john@mclachlan.co.nz

John McLachlan
Chair, CCRS

Thoracic Society News

New Zealand Branch Update

The TSANZ/ Australian & New Zealand Society of Respiratory Science (ANZSRS) - NZ Branch Annual Scientific Meeting has been confirmed for 25-26 August in Queenstown, with Rydges as the venue once again.

The program consists of a trainee morning on Thursday 25 August, followed by the ASM in the afternoon and on Friday morning. The conference dinner is on the Thursday evening. Hopefully the snow will oblige for those who want to stay on for the weekend.

Kate Jones, an advanced trainee now based in Christchurch, has joined the Executive to represent the need of our trainees throughout New Zealand.

She will co-ordinate the trainees' meeting at the ASM. Trainees are encouraged to contact Kate directly with any requests for this meeting. The Executive would also appreciate feedback from trainees through Kate about Prep AT.

The NZ Branch is hoping to implement the HUBS initiative this year. HUBS are planned as regional meetings for education and the development of collegiality for all local TSANZ members. HUBS leaders have been appointed in the mainland (Richard Laing), and in Wellington (Justin Travers), and Auckland (Chris Lewis).

A list of local members is being compiled, based on TSANZ financial members from the Sydney office. Members should encourage their colleagues in all fields of respiratory medicine to become financial members of the TSANZ and to join in the HUBS meetings.

Finally, all NZ physicians who supervise advanced trainees are reminded that there is a supervisors' workshop at the ASM in Perth on Wednesday 6 April from 2-5pm.

As there is only one flight home on Wednesday in the evening, this should suit most people.

Tanya McWilliams
Hon Secretary NZ Branch

TSANZ Member Benefits

Corporate Rates at the Shangri-La Hotel, Sydney

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Alternatively, you can visit <http://www.shangri-la.com> and enter C11648340528 in the Corporate Rate ID to check your corporate rate availability.

The cost of the accommodation is to be directly met by members. If on TSANZ business, reimbursement can be sought through your usual channels.

TSANZ members will also enjoy the following benefits:

- Complimentary wireless or wired broadband internet access
- Complimentary access to the Health Club with Gymnasium and Pool on level 2
- Family Plan - no additional charge for children under 18 years of age when sharing a room with parents
- Mileage credits with 35 international airline partners worldwide (members only)
- Invitation to join Shangri-La's frequent guest recognition program - Golden Circle

There are also benefits if you stay on the Horizon Club floors (30-35).

Lung Health Promotion Centre at The Alfred

Lung Health Promotion Centre at The Alfred 2011 Course Dates

Course	CPD hours	Dates
Asthma Educator's Course (\$670) EB* (\$603)	21	2 - 4 March 20 - 22 July 9 - 11 November
Presenting & Educating With Confidence (\$245) EB (\$220)	7	5 March 19 July 12 November
Smoking Cessation Facilitators Course (\$560) EB (\$504)	14	10 - 11 March 28 - 29 July 24 - 25 November
Happiness & Positive Strategies For Life & Work (\$245) EB (\$220) 7 CPD hours 7	7	29 June
Paediatric Respiratory Update (\$245) EB (\$220)	7	9 June
Asthma Management Update (\$245) EB (\$220)	7	12 May
Theory & Practice of Non Invasive Ventilation - <i>Bi-Level & CPAP Management</i> (\$245) EB (\$220)	7	24 June
Respiratory Clinical Update (\$245) EB (\$220)	7	30 June
Respiratory Course (\$895) EB (\$805)	35	27 - 29 April / 1 - 2 June 7 - 9 Sept / 12 - 13 Oct
Managing COPD (\$500) EB (\$450)	14	5 - 6 May 1 - 2 September 1 - 2 December
Spirometry Principles & Practice (General \$670 EB - \$603 Public hospitals & universities \$530) EB (\$477)	14	21 - 22 February 19 - 20 May 18 - 19 August 3 - 4 November
Introduction to Spirometry Workshop (1/2 day) (\$125) EB (\$112)	4	12 August

*All course fees are GST inclusive.

* Note EB is early bird paid in full one month prior to the course

For further information or to register for a course, please contact the Lung Health Promotion Centre at The Alfred on (03) 9076 2382, email lunghealth@alfred.org.au or visit www.lunghealth.org.



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