



# *Thoracic Society News*

*Volume 19, Issue 4, December 2009*

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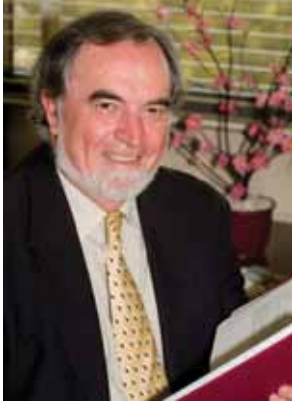
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## Message from the President, Professor Philip J Thompson



*Phil Thompson*

Welcome to our final Newsletter for 2009. I am sure for most of you it has been a very busy and at times, momentous year and you will be looking forward to enjoying time with family and friends in the weeks ahead.

Over the last few months I have had the pleasure of attending the State Annual Scientific Meetings in Western Australia and in Tasmania, and a Victorian Branch meeting. The ASMs highlighted to me that research and support for thoracic medicine is alive and well and that each Branch had its own unique and important contribution to make. I was particularly impressed by the enthusiasm and talent amongst our younger members which bodes well for the Society's future. The Victorian Branch meeting provided a great opportunity to hear from individual members what concerns they have at a day to day level and flushed out a number of issues relating to advanced trainees in particular. As a direct consequence of these discussions the Executive, through Tara McKenzie and Paul Reynolds, have committed to establishing a national educational program for advanced and basic trainees. A number of other issues raised at the meeting have been registered with the Executive to consider.

I was also able to attend the ASM of the Asian Pacific Society of Respiriology (APSR) in Seoul. Although the outside temperature never rose above 5°C and we were farewelled by a flurry of snow, this was compensated for by a meeting of the highest standard. The scientific content was the best yet and showed an increasing maturity of our regional international meeting. A number of our members figured prominently in the meeting but in a particular, Judy Black who was recognised for the excellence in respiratory research by giving the Ann Woolcock memorial lecture.

This issue of the Newsletter is a special Special Interest Group (SIG) issue, and heralds our desire to raise the profile and the role of our SIGs. In the future we are keen to see the SIGs take on a greater role in the issues that arise between our annual meetings and to increasingly contribute to our decision making processes.

The Estate of Janet Elder, one of the founding chest physicians of Western Australia, has been used to establish travelling fellowships for younger physicians and researchers. The awards will be generated from investing the capital provided thereby ensuring long term support for the award. In testimony to the importance of assisting our younger members we have received a record number of applicants for these awards. I cannot think of a better way for an individual's commitment to respiratory medicine to be continued in perpetuity.

My congratulations to Tara McKenzie on being elected President of the NSW Branch and we warmly welcome Eli Dabscheck as advanced trainee representative on the Executive and also Edmund Lau, his deputy for this role.

The year has passed quickly and I would very much like to express my appreciation for all the hard work that many of you have undertaken on behalf of the TSANZ and on behalf of respiratory medicine broadly. I would like to wish you all a very relaxing, enjoyable and safe Christmas – New Year and look forward to an exciting 2010.

**Phil Thompson**

## Central Programme Sub-Committee



*Cradle Mountain, Tasmania*

### Scientific Meetings Update

By **Richard Wood-Baker**

Chair of the CPS

#### *2009 ASM - Darwin*

The 2009 Annual Scientific Meeting (ASM) was a first for the Society, venturing to the Northern Territory capital of Darwin. Despite the travel involved, the conference was well supported with 596 delegates and 140 exhibitors attending. Flight schedules necessitated modification of the usual program, which started on Sunday morning with two shared sessions with the Australian & New Zealand Society of Respiratory Science (ANZSRS) and finished on Wednesday morning with a single plenary on Ethics and presentation of prizes over morning tea. Another change to recent programs saw academic activities suspended on Monday afternoon in favour of healthy activities organised by the Australian Lung Foundation.

In keeping with the conference location, the overall theme of the program was indigenous health, which was expertly covered by the Society's invited speakers Dr Rosalyn Singleton (USA) and Dr Ramon Pink (New Zealand), as well as the Wunderly Orator, Dr Alex Brown (Baker Institute, Alice Springs). The program included 20 local speakers participating in major plenary or breakfast sessions and 15 Society members presenting in Special Interest Group (SIG) Oral Sessions, testament to the strength of the Society. Three hundred and eighteen abstracts were accepted for the meeting, six for the Young Investigator Award, 74 for oral and 220 for poster presentation. A single major space was booked to house the posters so that these could be located in a single area. Activities held in conjunction with the ASM included the Advanced Trainees course, the Nurses SIG and an Asian Pacific Society of Respirology (APSR) Educational Software Acquisition Program (ESAP). Special thanks go to Paul Reynolds for his enormous effort as chair of the Local Organising Committee (LOC), as well as the team at Festival City Conventions for their usual high standard of organisation.

#### *2009 Advanced Course – Cradle Mountain*

In contrast to the ASM, the advanced course was held in the deep south of Tasmania at the start of the Overland track. The topic of the course was statistics, and despite a generous subsidy to lower income members, attendance was disappointing. Twenty-six hardy souls eventually arrived from the mainland, many subject to the vagaries of travel with Jetstar. Three solid days of lectures and practical sessions covering t-tools, Z-tools, ROCs, LOAs, Analysis of Variance (ANOVA), Poisson regression and normal errors linear mixed model for continuous data and delegates emerged as experts. The free afternoon allowed delegates to take in some of the visual splendour of the surrounding wilderness, or for the more timid provided an opportunity to relax and recuperate. All too soon the roads were cleared of the snow that fell during the course, and delegates were en-route home to put their newly acquired skills to work. Thanks go to the course faculty from the Menzies Research Institute in Hobart; Leigh Blizzard, Steve Quinn and Petr Otahal, as well as the ever helpful Emma Wundersitz of Festival City Conventions (FCC).

#### *2010 ASM – Brisbane*

As only 6.2% of delegates returned an evaluation form in Darwin, the Central Programme Committee (CPC) take this as a vote of confidence in their organisation of the ASM. The 2010 meeting to be held in Brisbane will commence on Saturday 20 March, and has as invited speakers Professors Stephen Holgate (Southampton), Jeff Whittsett (Cincinnati) and Kalpalatha "Kay" Guntupalli (Baylor) contributing to three plenary sessions. The Australian Lung Foundation Healthy Activity in 2010 will take place first thing on Monday morning and will be followed by the Young Investigator and Awards sessions. A joint session with ANZSRS is scheduled and as always, there will be ample opportunity for Society members to present their work in oral or poster sessions.

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As feedback on the poster sessions from Darwin was highly variable, changes are planned to these sessions for 2010. Delegates remain concerned about large groups traipsing around crowded posters, so we plan to adopt a format similar to ATS/BTS with an initial one-hour manned viewing, followed by an hour of discussion facilitated by poster mentors. We are unable to provide a reduced registration without food as was requested in feedback, due to costing imposed by conference facilities.

I look forward to seeing you in Brisbane to enjoy the program put together by the LOC chaired by Geoff Eather.



## Membership Subscriptions

### Subscription Reminder – from the TSANZ office

Membership subscriptions for the 2010 calendar year are payable on 1 January. The TSANZ office will shortly be posting and emailing annual subscription invoices to all members. You are asked to pay your subscription within fourteen days of receiving the invoice. The subscription rates for 2010 remain unchanged.

The options for paying subscriptions are:

- online, via the TSANZ website, at [www.thoracic.org.au](http://www.thoracic.org.au) or
- by phoning your credit card details to the TSANZ office, on ++ 61 2 9256 5441, or
- by posting a cheque or money order to the TSANZ office at 145 Macquarie St, Sydney NSW 2000, Australia

Please note that the online payment facility has only recently been added to the website, and you are encouraged to use this method of payment as it will keep to a minimum the Society's administrative costs.

Many thanks, in anticipation of your payment.



**Brisbane 2010**

**20-24 March 2010**  
**TSANZ**  
**Annual Scientific Meeting**  
Brisbane Convention & Exhibition Centre  
Brisbane, Queensland - Australia

## Report from the Executive Committee

Below is a dot point summary of the important issues discussed and/or actioned at the November 2009 Executive meeting. Please note the list does not include administrative or confidential matters discussed.

- *President Elect, Treasurer, and Chair of the Education & Research Subcommittee*
- These were reviewed. Call for nominations for the first two in this Newsletter. John Upham appointed Chair of Education and Research Subcommittee, from 21 March 2010, for one year.
- *Income from Sponsorship*
- Task force formed to review ethical issues and commercial company sponsorship; working group to propose options
- *Review of TSANZ Rules*
- Richard Wood-Baker, Dick Ruffin and David Hillman agreed to join the task force
- *BTS Pleural Disease Guidelines*
- BTS is about to release new Pleural Disease Guidelines. Gary Lee is a member of this committee. The Executive noted the substantive work and goodwill that has occurred with respect to preparing the guidelines. The TSANZ will commend the guidelines when released in the new year
- *TSANZ Media Release*
- A TSANZ media release was issued on 20 November 2009 which called for more resources to address lung health problems in Indigenous children
- *Research Surveys*
- The Executive decided to prepare guidelines that will govern the distribution of research surveys to members via broadcast emails from the TSANZ office
- *Swine Flu*
- The Executive noted correspondence between the TSANZ's Swine Flu Task Force and the Australian Government's Chief Medical Officer, regarding vaccination plans; success with NH&MRC grants; and a publication for the Blue Journal
- *OLIV Special Interest Group*
- The Executive appointed Peter Hopkins as Co-Convenor of the Orphan Lung Disease / Lung Transplantation / Interstitial Lung Disease / Pulmonary Vascular Disease SIG
- *New Zealand Branch ASM*
- The Executive noted that the New Zealand Branch held a successful ASM in October; the theme being the integration of care, both primary and secondary
- *Advanced Trainees*
- A discussion of all matters relating to Advanced Trainees will be scheduled for the January meeting of the Executive
- *STC*
- The Specialty Training Committee in Respiratory & Sleep Medicine will be aiming to have the new (adult) curriculum ratified by the time of the 2010 ASM.
- *Accreditation Fees*
- The fees for accreditation of respiratory laboratories to be increased to \$4,000, from 1 January 2010 and will apply to applications received after that date.



*Immediate Past President Christine Jenkins (left) and President Phil Thompson (right)*

- *Spirometry fees*
- The Executive has formed a task force that will prepare a submission to the Australian Department of Health and Aging, concerning reimbursement of Spirometry related fees.
- *Bronchoscopy Guidelines*
- A draft Guideline for Bronchoscopy/ Interventional Pulmonology is presently being reviewed by the CCRS; to be finalised in the new year.

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## Associate Professor Raffaele Scicchitano 1949-2009



It is with deep regret that we acknowledge the recent passing of Associate Professor Raffaele Scicchitano, following a myocardial infarct whilst in Italy. Prof Scicchitano had a major influence on many careers and had been a long-time friend, mentor, supporter and respected colleague. He was an outstanding intellect and a truly unique character.

Prof Scicchitano graduated from the University of Adelaide in 1973 and undertook basic FRACP training at the Royal Adelaide Hospital (RAH). In 1978 he moved to Brisbane for advanced training in Thoracic Medicine and completed the FRACP in 1981. He then completed a PhD in airway immunology at the University of Newcastle, NSW. From 1984-87 he worked as a

Post-Doctoral Fellow in the Molecular Virology and Immunology Program, McMaster University Canada.

In 1987, Prof Scicchitano commenced work in the Department of Thoracic Medicine, RAH as a Senior Consultant Physician. Our department is diminished by the loss of Prof Scicchitano, who contributed greatly at many levels, during his 22 years of service at this institution. Raffaele was not without his eccentricities. He had a quirky sense of humour which was a source of many hilarious anecdotes and much laughter and bonding in our department, and which will never be replaced.

He was a leading clinician and respected clinical teacher. He was a driving force in the establishment of the Lung Research Laboratory, and a member of the Hanson Institute from its inception. He established a robust program investigating the immune and neural basis of inflammatory airways diseases. He mentored many young researchers to positions of national prominence. He established the highly productive Respiratory Clinical Trials Unit and his input was frequently sought by national committees and advisory boards on airways disease. His research and clinical talents were highly regarded amongst his peers in the Thoracic Society of Australia and New Zealand. He took on these challenges without the need for self promotion, and readily handed over the reins to others when he saw these programs established, so he could take on new challenges, most recently an enthusiastic, exciting and energetic army career.

In recent years, Prof Scicchitano had been highly active in the Army Reserve and did several tours of duty as a medical officer to Pakistan, Afghanistan and Iraq, and was to be deployed again later this year. This was a remarkable and courageous career move for someone in their early 50s and further testament to his extraordinary adaptability and talents.

Prof Scicchitano leaves a lasting legacy in respiratory medicine, both through his direct work in the understanding of the immunology of airways disease, and through his mentorship of young clinicians and researchers, as well as the establishment of local research infrastructure. He was an impressive, unique and endearing character with a sense of honesty and decency, who challenged medical dogma when needed, and always stood behind his principles, gaining the respect and admiration of all who knew him well. He will be sadly missed. Our condolences go to his family, especially his wife, Jan, and their four children, Beatrice, Madeleine, Eleanor and Bart.

**Chien-Li Liew, Paul Reynolds and Mark Holmes**

## 2010 Annual Scientific Meeting

*The 2010 TSANZ Annual Scientific Meeting will be held in  
Brisbane, Queensland on 20-24 March 2010.*

### Wunderly Orator

*Professor Warwick Britton, NSW*

Warwick Britton is a clinical immunologist who is recognised as an international authority on the immunology of infectious diseases. Professor Britton has made extensive contributions to the study of mycobacterial infections over the last 20 years. After graduating from the University of Sydney, he trained in Sydney,



*Prof Warwick Britton*

Melbourne and Liverpool before working in a rural hospital in Nepal, where he became fascinated by leprosy and tuberculosis. After completing a PhD on the immunology of leprosy, he established the Mycobacterial Research Laboratory in Kathmandu from 1986-89 for the study of human immune responses to *Mycobacterium leprae*. This continues as a major field centre for the study of leprosy. He then joined Faculty of Medicine and is currently the Bosch Chair of Medicine and the Head of the Disciplines of Medicine and Infectious Diseases & Immunology in the Central Clinical School. Over the last 15 years, he has been the Head of the Mycobacterial Research Group at the Centenary Institute, with an emphasis on the study of *M. tuberculosis* infection over the last 10 years. His studies have spanned the definition of mycobacterial antigens, including the first *M. leprae* specific protein, the first isolation of a mycobacterial heat shock protein 70, and the major membrane protein of *M. leprae*, the cloning and manipulation of mycobacterial genes, the characterisation of human and mouse host responses to mycobacterial infections, including the roles of the cytokines, LT<sub>α</sub> and TNF, in mycobacterial infections, and the development of recombinant mycobacterial, viral and DNA vaccines against tuberculosis and leprosy. He has recently edited the Immunology volume of a new definitive Handbook of Tuberculosis with Professor SHE Kaufmann, Max Plank, Berlin. He has additional research interests in the cellular immune responses in allergic disease, and the epidemiology of asthma. In 2002-03 he was recipient of one of two Fulbright Senior Scholar Awards for Australia to work at the National Institutes of Health in Bethesda MD. This has led to a number of ongoing collaborative research projects. In 2004 he was the recipient of the RPAH Research Foundation medal for medical research.

### Keynote Speakers

*Professor Kay Guntapalli, USA*

Professor Kalpalatha k. "Kay" Guntapalli, MD, is Professor of Medicine, Section Chief of Pulmonary, Critical Care and Sleep Medicine, and Director of the Pulmonary & Critical care fellowship program at Baylor College of Medicine, USA. Her research interests are acute respiratory distress syndrome (ARDS), severe asthma, mechanical ventilation, tobacco control and postgraduate education.



*Prof Stephen Holgate*

*Professor Stephen Holgate, UK*

Stephen Holgate is Medical Research Council Clinical

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Professor of Immunopharmacology at the University of Southampton, UK. His clinical and research interests are in the mechanisms and treatment of asthma and allied disorders. This has spanned epidemiology, immunology, pharmacology, experimental medicine and genetics. Notable contributions have been in defining inflammatory and remodelling processes in asthma as they relate to different clinical phenotypes, identification of *ADAM33* as the first novel asthma susceptibility gene and the mechanisms of acute exacerbations and the use of novel biologicals in therapy. On a broader front, he Chairs the Population and Systems Medicine Board of the Medical Research Council (MRC), and is a member of the MRC's Strategy Board and the UK Government's Translational Medicine Board. He has a particular interest in promoting Respiratory and Allergy Research, in increasing the translation of scientific discovery into patient benefit and the impact of the environment on human health.



*Prof Kay Guntapalli*

*Professor Jeffrey Whitsett, USA*

Jeffrey A Whitsett, MD, is Executive Director of the Perinatal Institute, and Chief of the Section of Neonatology, Perinatal and Pulmonary Biology at Cincinnati Children's Hospital Medical Center in Cincinnati, USA. Dr. Whitsett's research focuses to various aspects of pulmonary medicine. He made seminal contributions in identification of surfactant proteins and elucidation of their structures, functions, genes and their regulation. His research interests include elucidation of the signaling and transcriptional mechanisms determining lung morphogenesis, structure and function in health and disease. He has contributed to the identification of mutations in genes causing lung disease in newborn infants and children, including those regulating surfactant function and clearance. These genes are also involved in the pathogenesis of pulmonary fibrosis, and pulmonary alveolar proteinosis.

**Invited Australasian Speakers**

Dr Annette Dent, QLD

Dr David Fielding, Royal Brisbane Hospital, QLD

A/Professor Kwun Fong, The Prince Charles Hospital, QLD

Paul Guy, Monash Medical Centre, Vic

Dr Peter Hopkins, The Prince Charles Hospital, QLD

Dr Fiona Kermeen, The Prince Charles Hospital, QLD

Dr Dan Penny, VIC

Professor Peter Sly, Telethon Institute of Child Health Research, WA

Dr Martin Phillips, Sir Charles Gairdner Hospital, WA

Dr Rachel Thomson, The Prince Charles Hospital, QLD

Professor John Upham, Princess Alexandra Hospital, QLD

Dr Ian Yang, The Prince Charles Hospital, QLD

**TSANZ and ANZSRS 2009 ASM Homepages**

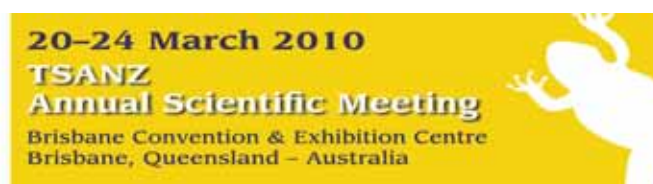
For further meeting information and updates as final program details are confirmed, visit the TSANZ homepage at: [www.thoracic.org.au/asm2010](http://www.thoracic.org.au/asm2010) or the ANZSRS website at [www.anzsrs.org.au](http://www.anzsrs.org.au)



*Prof Jeffrey Whitsett*

If you do not have access to the internet, please contact the ASM Secretariat on 08 8363 1307 and request a hard copy.

Early bird registrations close on 15 February 2010 and accommodation bookings will not be accepted after **8 February 2010**.



## 2009 Research Medal Winner - Peter Bye

*Peter Bye was the winner of the 2009 TSANZ Research Medal and instead of reproducing his speech, Peter has preferred to provide an up to date summary of the use of hypertonic saline in Cystic Fibrosis which figured strongly in his Research Medal presentation.*

### **Hypertonic saline as a therapy for dysfunctional mucus clearance**

*Peter Bye, Mark Elkins*

Nebulised hypertonic saline was established as being beneficial for people with cystic fibrosis in 1996.<sup>1</sup> However, it was not until 2006 that hypertonic saline was shown to be safe and effective as a long-term maintenance therapy in this population.<sup>2</sup> This article will consider subsequent progress that has been made in refining the use of this therapy and future research directions. This research can be grouped into three themes: tolerability, additional applications in cystic fibrosis, and use in other disorders of mucus clearance.

### **Tolerability of hypertonic saline in cystic fibrosis**

If hypertonic saline is inhaled without premedication with a bronchodilator, immediate and marked airway narrowing can occur in people with cystic fibrosis.<sup>3,4</sup> The potential for airway narrowing should therefore be considered when hypertonic saline is used. This response may be particularly prevalent among people with cystic fibrosis who also have a history of symptoms of asthma,<sup>3</sup> although a direct comparison with those who do not describe asthma has not been performed. A policy to only premedicate those with a history of asthma does not seem appropriate, however, given the recognised difficulty of defining asthma in cystic fibrosis.<sup>5</sup> We therefore recommend that all patients with cystic fibrosis receive a bronchodilator prior to hypertonic saline. We caution that a small proportion of patients (about 8%) will develop airway narrowing despite premedication.<sup>6</sup> Therefore we recommend that the first dose is inhaled with supervision and spirometric monitoring. We also recognise, at the other end of the spectrum, that there are some patients in whom such premedication neither improves their spirometry from baseline nor changes their immediate response to hypertonic saline. Where this has been clearly demonstrated, a reasonable argument could be made for an individual patient not to premedicate.

Not all intolerance is due to airway narrowing. In 3% patients excessive coughing



*Peter Bye (left), Christine Jenkins (right)*

makes hypertonic saline intolerable, and in another 5% intolerance is due to other symptoms such as throat irritation. A group of researchers in Italy have recently demonstrated that the addition of 0.1% hyaluronic acid to 7% hypertonic saline significantly improves its tolerability in terms of cough, throat irritation



and perceived saltiness.<sup>7</sup> However, cough clearance is one (of several) mechanisms of benefit of hypertonic saline in cystic fibrosis. Therefore we are in agreement with the Italian research group that their formulation should be reserved for those patients who are unable to tolerate standard hypertonic saline. Further avenues of research into improving tolerability will be to examine strategies such as gargling with fresh water during or after a dose and taking a dose intermittently instead of continuously.

#### **Additional applications in cystic fibrosis**

The eligibility criteria for the long-term trial of hypertonic saline for cystic fibrosis included: lung function of at least 40% of predicted; age 6 years or older; and stable clinical state at commencement of the therapy.<sup>2</sup> Subsequent research has examined the use of hypertonic saline in patients with cystic fibrosis who were excluded on these criteria. With regard to patients with more severe disease, two independent research groups have demonstrated that hypertonic saline is safe and generally well tolerated by patients with lung function ( $FEV_1$ ) as low as 19% predicted.<sup>8</sup> With regard to younger patients, Dellon and colleagues demonstrated that hypertonic saline was well tolerated by children aged 4 to 7 years.<sup>9</sup> Also, Subbarao and colleagues demonstrated that hypertonic saline was well tolerated in infants.<sup>10</sup> The Infant Study of Inhaled Saline (ISIS) trial is now underway in the USA, which will provide evidence of safety and efficacy in younger patients. With regard to patients with unstable disease, we have commenced a clinical trial of hypertonic saline during hospitalisation for acute exacerbation of cystic fibrosis. This will examine its effect on length of stay and degree of clinical improvement.

#### **Other disorders of mucus clearance**

Hypertonic saline has the potential to work in non-CF bronchiectasis, with most of the mechanisms of action identified in cystic fibrosis being transferrable. However, to date, no adequately powered trials have examined hypertonic saline in non-CF bronchiectasis on a long-term basis. Preliminary research is, however, promising.<sup>11</sup>

#### **Conclusion**

This inexpensive therapy has a mildly beneficial effect on lung function and markedly reduces exacerbations. Further work in optimising dosing and delivery could result in increased adherence and additional benefit. In particular, further trials are needed to determine efficacy and tolerability for those below the age of 6 years and those with very severe disease. Also, adequately powered trials in patients with bronchiectasis are strongly indicated.

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## South Australia Branch

The main focus of the SA Branch 2008-2009 has been education and training. We have worked to streamline the process of recruitment and retention of advanced trainees and optimise training, recognising the diverse areas of strength of each of the respiratory and sleep units in our state. We have progressed towards a centralised selection process for the first time, a modified model of the system already occurring in the eastern States. This has been very successful in ascertaining the wishes of trainees, minimising duplication of interviews and offers, and maintaining the collegiate atmosphere between the thoracic departments at the three major teaching hospitals in SA. In SA there is now an exciting training program available for all SA advanced trainees. There is a newly created TB Fellow position, a State-wide CF/ Lung Transplant Fellow position, as well as a rapidly evolving interventional pulmonology program, world-class lung research laboratory, internationally recognised Sleep institute, and NIV models. With the move towards state-wide training, exposure to these areas should improve the level of education and training possibilities.

From the SA Respiratory Nurses Special Interest Group (SIG), led by Mary Young, workshops have been established to provide clear direction for nurses involved in respiratory education, to guide professional development and promote the highest quality and standards of patient care in management of respiratory disease. Previous workshops have attracted delegates from acute and primary care health care across metropolitan and country health sectors. Community representation has included Domiciliary Care, Disability SA, Royal District Nursing Service, Palliative Specialist Care and representation from residential care organisations. The workshop will offer hands-on opportunities for gaining experience with CPAP, NIV, spirometry and tracheostomy care.

A number of educational meetings were held. The Annual Scientific Meeting was held in July with a focus on Sleep Medicine. Once again, this was a successful cross-disciplinary meeting, catering to the interests of medical, scientific and nursing members of the society. There were excellent presentations of clinical and basic research from the Adelaide Institute for Sleep Health (AISH) and the Women's and Children's Hospital. Multidisciplinary surgical / dental approaches were also discussed. The Advanced Trainee "interesting case" presentations and the upcoming Young Investigator Awards are annual presentation sessions which enable the junior researchers and advanced trainees to actively participate in the society.

On a more personal note, we have been saddened by the sudden passing of Professor Raffaele Scicchitano, a respected colleague, friend, mentor and teacher to many; he will be greatly missed (see his Obituary in this edition of TSANZ news).

We thank the outgoing SA branch President (A/Prof Mark Holmes) and secretary (Dr Huw Davies) and look forward to further TSANZ developments in the year ahead.

**Hugh Greville, SA Branch President**  
**Chien-Li Liew, SA Branch Secretary**



*Hugh Greville (left),  
Chien-Li Liew (right)*

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2009 to this point has been a year of significant activity within the Queensland Branch of the TSANZ/Thoracic Society of Queensland (TSQ). The major activities have included the annual Winter Scientific Meeting, regular Trainee Inter-hospital Meetings and TSQ Dinner Meetings, with the Trainee Physiology Meeting and Annual Scientific Meeting, which was held in late November.

The meeting details are as follows

- 1. Winter Meeting – Immunology for the Pulmonary Physician** (19-20 July 2009): O'Reillys Rainforest Retreat, CanungraOur guest speaker for the annual winter meeting was Dr Margaret Wilsher from Green Lane Hospital in Auckland. Margaret gave a fantastic overview of sarcoidosis and a second presentation entitled 'The lung in connective tissue disease'. Margaret's contribution to the meeting was exemplary, not just in her presentations but also in providing expert commentary and discussion for the remainder of the meeting. Other contributions were made by local Immunologists, Rheumatologists and Thoracic Physicians. They covered a variety of topics including immunosuppressive therapies, vasculitis, lupus and difficult asthma. Attendance was high and the venue provided a beautiful backdrop with spectacular views across to the border ranges, Mt Lindsay and Mt Barney. Delegates attended with their families, in keeping with one of the major aims of this meeting in providing a quality educational meeting combined with an enjoyable, family-oriented weekend for members of the society.
- 2. Advanced Trainee Inter-hospital Meetings:** These meetings were re-formatted for this year, moving from our old system of two meetings per month, to less frequent dinner meetings (six meetings for the year). The trainee presentations have been case-based, interactive, well-presented and very well-attended. This new format has rejuvenated this valuable meeting and maintained it as an extremely worthwhile component of the advanced trainee program.
- 3. Thoracic Society of Queensland Dinner Meetings:** Three dinner meetings have been held this year which covered the topics '*Medicine in the Sudan*' (Dr Andrew Burke), '*Assessment of Pulmonary Nodules*' (Dr Steven Leong) and '*NTM disease – Are we getting anywhere?*' (Dr Rachel Thomson). These meetings have been very well attended. The final meeting for the year is scheduled for early December when Dr John Armstrong and Dr Bill Oliver will present on their own retrospective views on the development of thoracic medicine in this state.
- 4. Physiology Trainee Meeting and Annual Scientific Meeting:** The Thoracic Trainee Physiology meeting this year is planned to cover the topic '*Understanding cardiopulmonary exercise testing*'. Dr Bhajan Singh from Sir Charles Gairdner Hospital in Perth is our guest mentor. Bhajan will then open the Annual Scientific Meeting on the following day. 29 abstracts have been submitted for oral presentation this year, a number that is unprecedented in the history of the Thoracic Society of Queensland/TSANZ-Q ASM. This meeting is a format for presentation of local project work and research, with a particular focus on Thoracic Trainee participation.

The Thoracic Society of Queensland/TSANZ-Q is also heavily involved with the local organising committee for the TSANZ Annual Scientific Meeting, to be held in Brisbane in March 2010.

2009 has been a successful year in providing a variety of educational activities for trainees and other society members, combined with enjoyable opportunities for social interaction among members. The TSQ/TSANZ-Q has also been very involved in refining and supporting an effective and fair selection process for thoracic trainees, both at initiation of training and in subsequent years.

**Geoff Eather, QLD Branch President**

**Michelle Murphy, QLD Branch Honorary Secretary/Treasurer**



# Brisbane 2010

TSANZ & ANZSRS  
Annual Scientific Meetings



Brisbane Convention &  
Exhibition Centre  
19–24 March 2010



The Thoracic Society of  
Australia and New Zealand



The Australian and New Zealand  
Society of Respiratory Science Inc.

[www.thoracic.org.au/asm2010](http://www.thoracic.org.au/asm2010)  
[www.anzsrs.org.au](http://www.anzsrs.org.au)

*Thoracic Society News*

## Member Profile: Mr Emil Dan



### **Mr Emil Dan- Winner of the Pharmaceutical Society of Australia (PSA) Lifetime Achievement Award**

*By Heather Hunter*

The TSANZ would like to congratulate Mr Emil Dan on winning the PSA Lifetime Achievement Award of Excellence. The PSA Lifetime Achievement Award provides a prestigious recognition for significant contributions to innovative practice, lifting practice standards, and to the Australian Pharmacy Industry. It has been awarded by the Pharmaceutical Society of Australia and was announced by the National PSA President, Warwick Plunkett.

Emil is a current member of TSANZ, and recently retired as Chief Executive of the Australian Asthma and Respiratory Educators' Association (AAREA). He has a career spanning 50 years as a pharmacist and he has made many achievements in asthma, allergy and respiratory education throughout this time.

Emil has been active in continuing to promote the role of pharmacists in the community, particularly in relation to asthma, allergy and respiratory education; and he has also been involved in marketing asthma and allergy products ethically through the establishment of Allerseach. His recognition of the importance of house dust mite in allergy and asthma, and the need for preventative measures contributed to the development of various protective products, nebuliser systems, and monitoring devices. Emil's organisation developed a portable peak flow meter and Emil responsibly and always in consultation with clinicians, promoted their use to objectively monitor and manage asthma away from the clinic.

Emil's lead in expanding the professional role of the pharmacist in asthma support some 30 years ago, has since been researched and furthered into other disease states.

Asthma and allergy research has considerably benefited from Emil's work, including the design and production of evidence-based products for allergy. In addition, Emil was involved in unifying state-based asthma education bodies into a national body. This allowed asthma programs to be coordinated and delivered throughout Australia. Additionally, he conceptualised the valuable program "Standards of Asthma in Pharmacy Practice" (SOAPP).

Emil Dan has also active in the development and planning of a number of community organisations throughout his life, ranging from Lions, Coastguard, Migrant integration, St George Art Society, and recently retired as long term President of St George Cathedral.

Asthma patients have benefited significantly from Emil's lifetime support, commitment and involvement, and he is a worthy recipient of the Award. This Award and Education grant has been sponsored by Symbion.



*"Emil Dan (left) and Wes Green (right),  
Examination of dust samples from  
bedding 1987- development of allergen  
denaturants."*

## TSANZ Special Interest Groups

*Dear Colleagues,*

*It gives me great pleasure to write this introduction to the special SIG supplement in this edition of the TSANZ Newsletter. As many of you will recall from the TSANZ AGM in Darwin, the National Executive is committed to the important roles that the Special Interest Groups (SIGs) play in the Society. One of the new and important responsibilities of the National Honorary Secretary is to act as liaison between the Convenors of the SIGs and the National Executive.*

*I have invited the Convenors of all our SIGs to provide information to members of our Society in this special supplement. The aim is to allow each SIG the opportunity to inform members of their aims, goals and recent work.*

*Members of the Society who would like to nominate membership of one or more SIGs are very welcome to do so, through Jenny Bridge at the TSANZ office.*

*As always, I look forward to working with other members of the TSANZ to promote the roles of the SIGs.*

*Tara Mackenzie*



### **Asthma and Allergy Special Interest Group**

The main area of activity for the Asthma and Allergy Special Interest Group (SIG), is involvement in organising oral and poster sessions at the yearly Annual Scientific Meeting (ASM). There are usually 80-90 posters which are themed into three sessions broadly covering basic research and clinical areas. At least two mentors for each poster session are invited, and there are resolute efforts made to conduct interactive and constructive sessions. At the last meeting an overlap session was arranged with the Paediatric SIG; this was successful and brought together interested researchers from both groups.

One oral session with a theme is usually presented. In 2008 it was *Viral exacerbations in Asthma* and in 2009: *Epidemiology and Asthma*. The format of these sessions varies from a lecture format, multiple short presentations and a mixture of lecture style and oral presentations. In 2010 it is planned to have a session on *Severe Asthma* in which the keynote speaker will be Prof Stephen Holgate.

The Asthma SIG may also be involved in a breakfast session and in 2009 this was *Asthma behaving badly* presented by Philip Bardin. This session was sponsored by the National Asthma Council (NAC).

The SIG committee is also involved in judging posters for relevant awards- TSANZ and NAC Asthma Best Poster Prizes.

It is noteworthy that at least two (and often three) of the Satellite Symposia at the TSANZ



ASM will be on topics related to Asthma. It is hoped that closer interaction with the relevant pharmaceutical companies will allow some of the invited international speakers to be incorporated into the main body of the Asthma and Allergy program.

Finally, convenors of the Asthma and Allergy SIG are expected to provide advice to the Executive and Standing subcommittees of the TSANZ, Australian Lung Foundation (ALF) and associated consultative groups.

*Thoracic Society News*



Areas for future improvement and discussion that we would like to propose are likely to include:

- Some slightly disparate areas are grouped together in the poster sessions for logistic reasons; however, if members felt that more focussed parallel groups would be advantageous this could be attempted.
- Several of the SIGs have overlapping interests and in the case of Asthma and Allergy this includes Cell Biology/Immunology, Chronic Obstructive Pulmonary Disease and Paediatrics (as well as others). Continued overlap sessions are likely and will make it difficult for members to attend parallel sessions of interest.
- Provision of seminal review articles, eg one every two months which could be posted onto the TSANZ website.
- A reliable pathway to provide a list of relevant activities in Allergy, Ear, Nose and Throat (ENT) and other areas of interest on a national and State basis.

**Janet Rimmer (Convenor)**

Email: [jrimmer@optusnet.com.au](mailto:jrimmer@optusnet.com.au)

**Philip Bardin, John Wilson (Co-Convenors)**

Emails: [philip.bardin@southernhealth.org.au](mailto:philip.bardin@southernhealth.org.au)  
[johnwilson@med.monash.edu.au](mailto:johnwilson@med.monash.edu.au)



## Cell Biology and Immunology Special Interest Group

This Special Interest Group (SIG) brings together and represents many of the basic and clinician scientists within the Thoracic Society of Australia and New Zealand. We provide an avenue for communication between basic research in cell biology and immunology to other scientists and clinicians, and endeavour to present stimulating sessions that attract a broad range of interests at the Annual Scientific Meeting. Our members have interests in fields related to many other SIGs within the Society, and we encourage the establishing of links and collaborations both within our SIG and the Society in general as a way to enhance and strengthen respiratory science within Australia. We believe this affords an important venue for the exchange of ideas and opportunity to embrace the true “bench to bedside” nature of our Society.

We are currently looking at developing a mentor mentee program within our SIG to enhance the quality and opportunities to do basic respiratory science within Australia and New Zealand.

An important date for our members’ diaries will be the **16th International Colloquium on Lung & Airway Fibrosis**, which will be held at Abbey Beach Resort, Busselton, Western Australia from 30 October to 3 November 2010.

This conference will gather together world experts and young scientists in basic science and clinical practice who share common interests in areas of lung and airway injury, repair and fibrosis at the cellular and molecular levels. For further details please contact Steve Mutsaers at [mutsaers@liwa.uwa.edu.au](mailto:mutsaers@liwa.uwa.edu.au)

**Janette Burgess and Steve Mutsaers (Co-Convenors)**



*Eirene Hadimoeljono examining airway protein expression using immunohistochemistry*

## TSANZ Special Interest Groups (continued)

### Chronic Obstructive Pulmonary Disease (COPD) SIG

(a) **Role:** The TSANZ Chronic Obstructive Pulmonary Disease (COPD) Special Interest Group (SIG) encompasses a broad range of research and clinical interests in COPD, with the aim of improving outcomes for our patients. We aim to showcase high quality COPD research at the TSANZ Annual Scientific Meeting, covering research themes as diverse as pathogenesis, diagnosis, management, pulmonary rehabilitation and treatment of exacerbations.

(b) **Current issues:** Improving clinical standards through guidelines is a major initiative of the COPD SIG. This TSANZ SIG has a strong partnership with the Australian Lung Foundation's (ALF) COPD Evaluation Committee, pioneered by the COPD SIG and ALF leadership in conceiving the first Australian clinical guidelines (COPDX), and continued currently with representation in the national guideline writing and approval committees.

(c) **Future issues:** To leverage on our clinical strengths, we wish to foster a collaborative approach to clinical research in COPD. The Australasian COPD Research Network (ACORN) continues to formulate ideas for COPD research, and we will seek input from COPD SIG members about feasibility of ideas for multicentre research projects. Members of the COPD SIG are investigators in the Burden of Obstructive Lung Disease (BOLD) project which is collecting data on the prevalence in Australia. Centres in Tasmania (Bass & Denison), Western Australia (Bussleton & Kimberly), Melbourne and Sydney are currently enrolling or have completed their target of 600 participants at each.

(d) **Other information:** Our aim is to continue national and international networking, to share ideas and improve clinical outcomes for our COPD patients. As well as networking between research centres in our region, we have been privileged over the years to have invited international guests who contribute to our COPD SIG sessions at the TSANZ Annual Scientific Meeting, e.g. recently Professor Jorgen Vestbo and Professor James Hogg. We collaborate closely with other SIGs in joint sessions e.g. a recent Tobacco Control/COPD oral session featuring presentations on pathophysiology of smoking-related lung disease and smoking cessation. Our COPD SIG hopes to continue this broad and collaborative approach to improving the prevention, diagnosis and management of this common chronic disease.

**Ian Yang (Convenor) and Richard Wood-Baker (Co-Convenor)**





## **Interventional Pulmonology Special Interest Group**

The Interventional Pulmonology Special Interest Group (IPSIG) was formed in 2007. The main aim of the group is to encourage the development of relatively new procedural techniques amongst society members, including training in those techniques. These include among others EBUS, medical thoracoscopy (pleuroscopy) and autofluorescence bronchoscopy. We are also concerned with developing more detailed guidelines for existing older techniques, as well as including stents, rigid bronchoscopy and laser. The SIG aims to continue hands on training courses, both during the year as well as at each Annual Scientific Meeting (ASM).

At the 2009 ASM the main focus was on discussion of proposed training guidelines for these techniques. The meeting was well attended and the draft guidelines have been submitted to the Clinical Care & Resources Subcommittee (CCRS). The SIG seeks to continue to standardise training in these techniques and promote a knowledge of where each specific technique is being practised in Australasia as well as overseas, to allow training opportunities. Our connections to Asia are particularly relevant in this regard given the world class expertise there. We seek to make the IP website integral to the TSANZ website, with seamless access. This will include access to basic reference tools including CT anatomy, as well as case reports illustrating aspects of the new procedures.



**David Fielding (Convenor)**

**Martin Phillips (Co-Convenor)**

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## **Orphan, Lung transplant, Interstitial, Vascular (OLIV) Special Interest Group**

This, the newest of the Special Interest Groups (SIGs), is also one of the more popular – 72 members and great attendance at the oral and poster sessions at the TSANZ meetings. The SIG encompasses a diverse range of special interests: interstitial lung disease, lung transplant, pulmonary hypertension and a range of orphan lung diseases. As such we have joined forces with the Australian Lung Foundation Pulmonary Interstitial Vascular Organisational Taskforce (PIVOT) team to develop Australasian Registry Network for Orphan Lung Disease (ARNOLD) (yes we like acronyms in this SIG). The purpose of ARNOLD is to capture basic information in a voluntary patient register that clinicians can refer to for clinical trials and to provide website information for patients, families and the lay public. The ARNOLD website ([www.arnold.org.au/whowere.php](http://www.arnold.org.au/whowere.php)) is now active, and becoming populated with information on specific diseases. Once ethical approvals have been secured for both countries, physicians will be able to notify the website of patients with any of the 18 orphan lung diseases.

The SIG has a very active membership with 33 posters and 6 oral presentations at the last TSANZ. Next year we will, for the first time, host the Actelion International Travel Award. This prestigious award, with a grant of \$5000 to support travel to an international conference, will be awarded for the best oral presentation at the TSANZ Annual Scientific Meeting in the areas of orphan lung disease, lung transplantation, interstitial lung disease and pulmonary vascular disease.



OLIV is keen to assist physicians in Australia and New Zealand develop professional networks, build research collaborations and support training in areas where expertise is often limited to a small number of clinical experts – a consequence of the rarity of some of the diseases we are interested in. We also look forward to improving the understanding of and the standard of care for patients with rare lung diseases.

**Margaret Wilsher, Auckland (Convenor)**

**Dan Chambers, Brisbane (Convenor)**

## TSANZ Special Interest Groups (continued)

### Physiotherapy Special Interest Group (SIG)

The TSANZ Physiotherapy SIG provides a forum for physiotherapists across Australia and New Zealand to exchange information and research ideas relating to lung disease. The Annual Scientific Meetings enable physiotherapists to showcase their research and interact with other health professionals with similar areas of interest.

Research by members of the Physiotherapy SIG is presented at oral and poster sessions run by SIGs within the Society. In this way our professional contribution to research across a number of areas is highlighted rather than being isolated within our SIG. At the 2008 and 2009 Scientific Meetings, members of the Physiotherapy SIG had presentations in the Cystic Fibrosis, Asthma/Allergy, COPD, OLIV and Sleep & Physiology SIG poster and oral sessions. Our members have also been well represented in awards, with Kylie Hill winning the Young Investigator Award in 2005, Robin Fowler presenting in the Young Investigator Award and Rosemary Moore winning the best presentation in COPD in 2009.

Collaboration with the Australian Lung Foundation has been a significant contribution of our group. An example of this collaboration is the establishment of the 'Pulmonary Rehabilitation Toolkit' (web-based guidelines for setting up and conducting pulmonary rehabilitation: [www.pulmonaryrehab.com.au](http://www.pulmonaryrehab.com.au)), lead by Jennifer Alison. Also, Sue Jenkins is a representative on the Australian Lung Foundation COPD Evaluation Committee and an author of COPD-X.

Another project discussed at TSANZ meetings and supported by Physiotherapy SIG members is the Consensus Statement for Physiotherapy in Cystic Fibrosis (CF), edited by Anne Holland. This statement was endorsed by the TSANZ in 2008 and can be accessed on the TSANZ website. This statement had contributions from physiotherapists in all CF centres across Australia and will be evaluated in 2010 and updated in 2012.

Currently the Physiotherapy SIG hopes to improve the contribution of physiotherapists to the TSANZ by representation on the Education and Research Subcommittee (Chaired by Anne Holland).

**Nola Cecins (Convenor)**

**Kate Smith (Co-Convenor)**



*The winner of the best presentation on Physiotherapy at this year's meeting, Robin Fowler (left), with Phil Thompson (right)*



## **Respiratory Nurses Special Interest Group (SIG)**

### **Membership**

Nurses SIG members continue to actively promote and advance respiratory health care in their specialty, including regional strategic planning and national forums, and teaching at undergraduate and postgraduate programs. Our total membership numbers remain low with a total of 125 across Australia and New Zealand. Recruitment to the SIG is high on our agenda however access to professional development funds is becoming tighter.

### **SIG Symposium Darwin 2009**

As there are no Northern territory members, a virtual organising committee organised the annual meeting which was attended by over 80 nurses. Interactive and informative sessions of original research and quality activities demonstrated the excellence of nursing leadership and scholarship amongst the delegates and presenters, including several by New Zealand members. Guest presenters included Erik Tikoft-Respiratory Nurse Educator, Alice Springs Hospital who presented original local research '*Chronic Suppurative Lung Disease – A Central Australian Indigenous Perspective*' and Professor Sandra Dunn Professor in Nursing Charles Darwin University on '*Implementing NP roles in remote settings*'.

### **Changes to Research Grant and Awards**

- There have been some changes made for awards available to the Nurses SIG members:
- There are a number of travel awards available for associate and full members at \$500 each with a salary cap of \$A66,500
- One \$500 oral or poster award (each SIG has one each)
- The Australian Lung Foundation (ALF) Lung Cancer Post graduate Grant-In-Aid of \$A5000 and Undergraduate Grant-In-Aid of \$A2500 (available to all members including nurses)
- The SIG are currently negotiating with the Chairs of the Education Research Subcommittee (ERS) and TSANZ for a new '*Respiratory Nursing Research Award*' to replace the Eli Lilly Cancer Nursing Award, which has not been awarded for several years.

### **Respiratory Nursing 'Skills and Knowledge Framework'**

The New Zealand section of the SIG and the Respiratory Nurses Section of the NZ Nurses Organisation have now completed the national 'Skills and Knowledge Framework' for respiratory nursing. The framework has already been used successfully in a number of regions in New Zealand, and the Australian branch of the SIG plan to utilise it in developing Australia-wide respiratory nursing standards.

The framework provides a measurable means of evaluating practice, guides the development of individual nurses, orientation programs, position descriptions and curriculum for education programs.

**Victoria Perry (Convenor)**

**Tod Adams (Co-Convenor)**



## TSANZ Special Interest Groups (continued)

### Sleep and Physiology Special Interest Group (SIG)

The Sleep and Physiology SIG is co-chaired by Bruce Thompson and Greg King. This Special Interest Group is, as the name suggests, a combined one and we have the aim of bringing together both physiology in the many different areas of respiratory and sleep medicine, and sleep research at the TSANZ meeting.

The task of the SIG is predominantly programming the TSANZ Annual Scientific Meeting (ASM), which includes symposia, poster sessions and oral presentations. The Symposium alternates between sleep and physiology each year and at the 2010 ASM in Brisbane, the symposium is physiology. Last year, there was a highly successful debate, partnered with the Australian and New Zealand Society of Respiratory Science (ANZSRS) on the value of keeping the FEF25-75 in the Pulmonary Function Test (PFT) report. The Sleep symposium was a discussion on phenotyping sleep apnoea, and the Masterclass was on static lung volumes. The symposia and Masterclass are aimed to be relevant to both practicing doctors, nurses, physiotherapists and scientists, as well as to researchers. As such, we have aimed at having a mix of scientists and clinicians in the presentations, and this formula seems to have worked so far. We also aim to highlight areas of particular growth and interest in Sleep and Physiology through both oral presentations and the symposia. Two recent areas of interest are the pathophysiology of small airways and imaging the lower and upper airways.

It has been pleasing to see increasing activity in pulmonary and sleep physiology, areas in which Australian research has traditionally been strong and internationally recognised through researchers such as John Reid, Ann Woolcock, Colin Sullivan, John Colebatch and John West. It has also been satisfying to see continued strengthening of physiology research in recent years across all centres in Australia and New Zealand. We may have been quiet for a while but there is definitely a renaissance of sorts, perhaps facilitated by the technology revolution. The evolution of sleep medicine is obvious to all but those living in a cave for the last 10 years. There is a challenge for Sleep and Physiology to continue to interest and inspire younger and new society members to this area of study. The TSANZ annual meeting has been a highly successful forum for fostering ideas and hopefully more collaboration between centres conducting research in sleep medicine and physiology and we hope that we continue to see growth in activity in our SIG.



We welcome any input, feedback and suggestions relating to the SIG's program and hope you will contact us with your ideas. We look forward to seeing you all in Brisbane in 2010.

**Greg King (Convenor)**

**Bruce Thompson  
(Co-Convenor)**



## Primary Care Special Interest Group

Primary care, which includes general practice, allied health, pharmacy and community / healthcare support, encompasses a wide range of practice within respiratory and sleep medicine in adults and children.

The interest demonstrated at the 2009 Annual Scientific Meeting (ASM), focused on the important issues of delivering timely accurate diagnosis and evidence based management of the common chronic respiratory conditions Chronic Obstructive Pulmonary Disease (COPD) and asthma, communicating a diagnosis in rare respiratory conditions, smoking cessation, preventative medicine and palliative care.

The role of this SIG is to promote and support ongoing research and development of all practitioners working in a primary care context, to recognise their contributions and encourage dissemination of results of research through the Primary Care SIG sessions at the TSANZ Annual Scientific Meeting.

**Wai Kuen Chow (Convener) and Julia Walters (Co-Convener)**



## Tobacco and Related Substances Special Interest Group

We like to think of the Tobacco and Related Substances (TAR) SIG, formerly known as Tobacco Control, as the moral conscience (in a secular sense) of the Society. The TAR SIG plays an important role in keeping the Society active in anti-smoking advocacy and, hopefully, helps to maintain a focus on smoking cessation as a primary strategy for reducing respiratory disease. Despite the continuing decreases in smoking rates, it remains the primary preventable cause of respiratory disease.

At each Annual Scientific Meeting (ASM), TAR aims to provide members with the opportunity to listen to presentations from expert speakers in the area of tobacco control and tobacco control advocacy. We feel it is imperative that each member of the Society is aware of the ongoing importance of our combined and individual role in reducing smoking related respiratory disease. Reducing smoking rates should remain one of the main goals of the Society.

One of the roles of the TAR SIG is to help prepare a response on behalf of the Society for tobacco related issues. These include submissions to parliament in support of anti-tobacco legislation, advice on tobacco policy and position statements and support for legitimate anti-tobacco campaigns. We also regularly release our own position statements to continually reflect the Society's view on tobacco related disease. This is generally done at each conference. Currently the SIG is preparing a position paper on tobacco smoke exposure of children.



An area where it is important for the Society to be more active is in indigenous health. Smoking remains a major contributor to poor health in indigenous populations of Australia and New Zealand. Smoking rates in Aboriginal and Maori communities far exceed those of the rest of the population in Australia and New Zealand and every effort should be made to reduce these.

The TAR SIG has an important role in representing the Society in smoking related issues. Through our activities we hope that the Society is seen to be active, and vocal, in anti-tobacco activities.

**William Musk (Convener) and Peter Franklin (Co-Convener)**

## From the TSANZ Office

### Executive Officer's Report



#### Welcome Edwina

I am very pleased to welcome Edwina Tohi to the staff of the TSANZ. Edwina started with us on 30 November, and she will be working on membership services (inquiries, applications, renewals, and general support) and also in the very important finance area (banking, bookkeeping, branch meetings, and many other aspects of the Society's finances).

Edwina comes to us with 22 years of experience working for a non-governmental organisation, with a focus on office management and bookkeeping.

Importantly, she has lots of experience with MYOB, the accounting software we use. Edwina also brings a "sunny disposition" to the day to day operations of the office.

#### Accreditation

Processing applications for the accreditation of respiratory laboratories is progressing gradually; we are presently working on 27 applications for initial accreditation. Five site visits have taken place over the past six weeks, and dates are presently being negotiated for a further three visits. As the site visit occurs near to the end of the application process, it is anticipated that these eight laboratories will all be accredited within the next two or three months.

#### Monthly e-Bulletin

As I've mentioned in the past, the monthly e-Bulletin was launched in August with the aim of streamlining communication within the TSANZ, and in particular, reducing the number of email broadcasts going to members. From the perspective of the office, the system seems to be working well. We would be interested to hear from members who may have thoughts and ideas concerning the e-Bulletin, both positive and negative.

#### TSANZ website

Please note that a facility for paying TSANZ membership subscriptions online is now available on the website (at [www.thoracic.org.au](http://www.thoracic.org.au)), and we are also now providing a user friendly "forum" facility that offers easy communication between the members of Special Interest Groups.

#### The office

The TSANZ office will be closed over the Christmas break, between Christmas and the New Year. The last working day of 2009 will be Thursday 24 December, and the first working day of 2010 will be Monday 4 January. "Seasons greetings" to all of our members, on behalf of the office staff (Edwina, Heather, Jenny and myself), and we wish you an enjoyable and safe holiday.

**David Begg**



*New staff member:  
Edwina Tohi*

*Thoracic Society News*



## Jenny's Corner

The much anticipated changes to the TSANZ website will be rolled out in December, and may be in place by the time you are reading this Newsletter. Members will, among other things, be able to make their payments online, update their own information more readily and comprehensively than before, and share information with other members via the forum facility.

I will also be setting up a forum for questions and answers about the website and aim to progressively put in various pieces of "Help" and "How-To" information for the website into this forum. Please refer to this area for help using the website features, and feel free to post any questions you may have about issues I have not already addressed, any difficulties you may be experiencing and any items you would like to see added.

Members who have received registration or RSVP forms via email from the office recently may have noticed that they have been presented as Adobe Acrobat Forms which give you the option of filling them in right on your computer screen before you print and fax it back to the RSVP contact. Unfortunately the filled-in form cannot be saved to a new document and emailed back unless you happen to have PDF writing software on your computer. I will post some more information about this topic on the Help forum on the website. It is helpful if you do fill the form in on-screen so that the resulting faxed document is clear and legible.

Adobe Acrobat Forms may also be set up so that the information you fill in is submitted back automatically to the recipient over the internet. This is a bit more complex to set up but I would like to use it in future, particularly for forms that need to collect a lot of information. I will keep members posted on this issue.

One or two members have reported some difficulty opening these Adobe Acrobat forms. It is possible that older versions of Adobe Reader may not be able to open the forms, so please make sure you have the latest version of the software on your computer. It may be downloaded for free by going to [www.adobe.com](http://www.adobe.com) and clicking on "Get Adobe Reader".

For this edition's TSANZ database trivia, I looked at our records of which members have been most prolific at proposing and seconding new members since 2006. (This information has only been recorded in the database for new members since 2006, so I apologise for its lack of historical accuracy!)

1. Phil Thompson: 13 New members (9 proposals and 4 seconds)
2. Peter Gibson: 13 New members (6 proposals and 7 seconds)
3. Peter Wark: 11 New members (4 proposals and 7 seconds)
4. Richard Wood-Baker: 10 New members (7 proposals and 3 seconds)
5. Paul Reynolds: 10 New members (6 proposals and 4 seconds)

**Jenny Bridge**

### CALL FOR NOMINATIONS

Nominations are hereby called for the TSANZ positions of President Elect and Honorary Treasurer. Elections for these two positions will be held at the Annual General Meeting on 21 March 2010.

Please forward written nominations to the TSANZ Office. Nomination for the office of President Elect must be received by **Wednesday 20 January 2010**. Additionally, pursuant to TSANZ by-law number (iii), nominations for this position shall be by the petition of at least 15 financial Ordinary Members.



## TSANZ Members

### New Members

The Executive Committee would like to welcome the following new members, who were elected at the last Executive Committee meeting on 27 November 2009

#### Ordinary

Tanya Buckland, SA  
Siobhain Mulrennan, WA  
Ling Ling Tsai, NSW  
Saleela Ruwanpura, VIC  
Bahareh Badrian, WA  
Karla Mettrick, TAS  
Srinivasareddy Gangireddy, NSW  
Markus Weckmann, QLD  
Janet Shaw, QLD  
Juliet Foster, NSW  
Annette Dent, QLD  
Ai Ling Tan, WA  
Moya Vandeleur, VIC  
Tanja Effing, SA

#### Student

David Krimmer, NSW  
Catherine Boylen, WA  
Joanne Thomas, QLD  
Li Whye Cindy Ng, WA  
Hui Ling Lau, WA  
Eugene Roscioli, SA  
Rebecca Forbes, NSW  
Santiyagu Savarimuthu, QLD  
Pamela Martin, VIC  
Vanessa Kelly, VIC  
Melanie Dunn, WA  
Ai Ling Tan, WA

#### Associate

Catherine Rudolph, NSW  
Marc Remond, QLD  
Kate Jones, NZ  
Kugathan Mutalithas, QLD  
Michael Lim, WA  
Alvin Tung, Hong Kong  
James Geake, TAS  
Emma Ball, WA  
Victoria Smith, QLD  
Hui Min Cheah, WA  
Christina Mans, NZ  
Shankar Siva, VIC  
Sally Watts, NSW  
Toby Hunt, SA  
Kyaw Myo Thu, NSW  
James Trauer, NT  
Xiaohua Shen, QLD  
Simon Dalton, NZ  
Kak Ming Ling, WA

# The Australian Lung Foundation Update

## 2010 Membership

Following consultation with the TSANZ Executive, The Australian Lung Foundation (Lung Foundation) resolved to align its membership year with that of the TSANZ. Consequently, we are now offering an opportunity to apply and pay for Lung Foundation membership at the same time as the TSANZ subscription. Financial membership of the Lung Foundation provides an opportunity to add your voice to the only charity promoting lung health for all Australians.

## Your chance to win a Volkswagen Golf

The Lung Foundation is included in the ASX Thomson Reuters Charity Foundation program again this year. There are some glittering art union prizes on offer. The first prize this year is a Volkswagen Golf 18TSI Comfortline. Please find enclosed a ticket order form.

## Industry collaboration

The Lung Foundation Management continues their quest to seek opportunities for rationalisation in the lung health space. We have recently been active with representatives from the Asthma Foundations of Australia and the National Asthma Council Australia, in a joint strategic planning initiative.



"When you can't breathe...  
nothing else matters"™

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E: enquiries@lungfoundation.com.au  
W: www.lungfoundation.com.au

We are also working with Cancer Australia in a joint initiative to develop a lung cancer patient information resource. Our strategic liaison with the Peter MacCallum Institute for Medical Research is also flourishing, with a lung cancer educational DVD shortly to be released.

## Research awards

We have been delighted by the record number of responses to our 2010 Australian Lung Foundation Awards. The successful applicants will be announced at the TSANZ Annual Scientific Meeting in March 2010.

## Indigenous Lung Health

The Lung Foundation *Breathe Easy Walk Easy* project continues with pilot projects in both Alice Springs (NT) and Griffith (NSW). The current project *Better Health in Rural and Remote Australia* is due for completion in May 2010.

## 2010 Year of the Lung

The Lung Foundation is pleased to be one of the main protagonists for Australian involvement in the international Year of the Lung in 2010.

## Lung Health Awareness Month

To reflect the increasing breadth of the Lung Foundation activities, it has been decided to consolidate the various respiratory recognition 'days' and designate November as *Lung Health Awareness Month*. The following activities have been successfully undertaken in 2009.

- Launch of the Lung Health Checklist and microsite ( www.lungfoundation.com.au)
- Lunches for lung cancer at venues such as Kirribilli House (Sydney) and the Sebel Citigate (Brisbane).
- Corporate River Run
- World COPD day
- Triumph for Breath

If you would like copies of the Lung Health Checklist, please contact us at the Lung Foundation.

## Australian Lung Cancer Conference

Planning is well advanced for the Australian Lung Cancer Conference

2010 in Melbourne (7-10 October). Abstracts can be submitted from 1 February 2010 and registration opens on 1 March (www.alcc.net.au). Please register early as places are limited. Enclosed with this addition of your TSANZ News is a calendar showing thoracic dates for 2010!

## COPD X Guidelines ... Important Endorsements

The COPD X Guidelines Evaluation Committee has been delighted to receive endorsement of the guidelines by the both the Royal Australian College of Physicians and the Asthma and Respiratory Foundation of New Zealand.

## Breath of Life Music Festival Tasmania

The Breath of Life Music Festival to raise funds for research into pulmonary fibrosis will be held in Devonport, Tasmania on 27 March 2010. Jimmy Barnes and Mark Lizotte (Diesel) have agreed to donate their time to the concert. They will be supported by Troy Cassar-Daley, Kasey Chambers & Band, Deni Hines, Beccy Cole and Amber Lawrence. Please contact The Lung Foundation to learn more.

## Vacancy: The Australian Lung Foundation National Council

There are currently a number of vacancies on the National Council of The Australian Lung Foundation. To learn more about the roles, please contact William Darbishire (Williamd@lungfoundation.com.au).

## ARNOLD now live!

The Lung Foundation's PIVOT group has now signed off on the Australasian Register of Orphan Lung Diseases (ARNOLD). If you would like to register your interest, please visit [www.arnold.org.au](http://www.arnold.org.au), and click on the 'contacts' tab.

## Greetings from all at The Australian Lung Foundation

Please accept all the very best wishes from the Lung Foundation's National Office Staff to all TSANZ Newsletter readers and their families for the Christmas Season and a prosperous 2010.

Thank you also to the TSANZ Secretariat and all TSANZ members for the incredible amount of help you have given the Lung Foundation so unselfishly during 2009.

Without your help, we could never achieve any of the steps forward we make in our battle to advocate for those burdened with lung disease.





## National Asthma Council Update

### *Airways Schools Asia Pacific*

In July and August, the National Asthma Council Australia (NAC) conducted its first three Airways Schools Asia Pacific in Melbourne, two for General Practitioners (GPs) or GP equivalents, and one for junior pulmonologists from Asia Pacific countries. Focusing on best-practice respiratory management, the evidence-based curriculum was developed to meet the specific needs of doctors from the Asia-Pacific region.

The overall objective was to ensure participants have the knowledge, practical skills and tools to implement best-practice Chronic Obstructive Pulmonary Disease (COPD) and asthma management in their own countries, and the courses focused on:

- Best-practice medical and non-medical management of COPD and asthma
- Practical skills such as inhaler device technique and lung function tests
- Analysis of real-life examples and case scenarios
- How to implement this knowledge into routine practice

Each course went for approximately three and a half days, with an interactive approach to achieve the best results for adult learning. Participants came from Korea, Malaysia, Taiwan, Thailand, the Philippines, and Vietnam.

By demand, a variety of respiratory subjects were covered in each course - allergy, allergic rhinitis, asthma, COPD, pulmonary rehabilitation, spirometry, device use, smoking cessation, patient-centred care and general discussions on epidemiology, healthcare systems and treatment in each of the countries involved. Case studies were an important part of the sessions, some Australian and some presented by participants. Each course included a GP practice visit or a visit to the Asthma and Allergy Department of The Alfred Hospital, depending on the participants

The GP courses were accredited by the International Primary Care Respiratory Group and were accredited for Continuing Professional Development (CPD) points by the Royal Australian College of General Practitioners (RACGP), as some participants were international members.

An international Advisory Faculty of GPs and respiratory physicians, chaired by A/Prof Ron Tomlins advised on course content; and TSANZ members, Christine McDonald, Frank Thien and Colin Robertson were all involved. TSANZ members who were presenters included Jonathon Burdon, Andrew Tai, Judi Wicking, Jo Douglass, Chris Worsnop and Anna Berkelmans. Asthma educators, GPs and respiratory scientists were also presenters, and each GP course had a GP facilitator. Cultural briefs were prepared for the presenters, as well initial briefings for participants on the interactive nature of the courses.

Evaluation by participants had good results, and there will also be a post-course self reflection survey to assess longer term changes to practice. Discussions are now underway for the 2010 courses, with a number of countries showing interest.

### *Asthma Management Program*

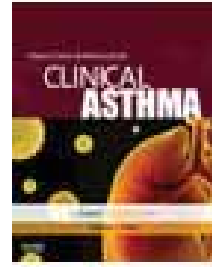
The NAC has been advised by the Department of Health and Ageing that it has funding to continue its A-Team and spirometry workshops in Divisions of General Practice, as well as practice nurse seminars, a new spirometry refresher course and Indigenous Health Worker workshops, for the next four years.



*Thoracic Society News*

## CLINICAL ASTHMA: EXPERT CONSULT

By Castro  
Published: April 2008  
ISBN-13:9780323042895  
Price: A\$249.00  
Mosby



Reviewed by Dr Tommy Tsang

### Clinical Asthma by Mario Castro and Monica Kraft

This is a very detailed textbook which covers all aspects of both childhood and adult asthma from diagnosis, investigations, and management of difficult asthma. It also provides remarkably up to date overviews of Churg-Strauss syndrome, ABPA and the role of immunotherapy.

#### Pros:

- The pathophysiological and diagnosis chapters are concise and informative. The chapter on the role of bronchoprovocation tests in asthma is exceptionally good.
- All aspects of asthma are discussed, including differential diagnosis such as vocal cord dysfunction, occupational asthma, GORD, sinus disease and the management of asthma in pregnancy.
- Use of colourful and informative graphs, tables and pictures. Very easy to read.
- All chapters include a CLINICAL PEARLS SECTION which provides a good summary.

#### Cons:

- This is a very American text:
  - Majority of research quoted comes from America and Canada. There is a brief mention of the Busselton Health study in the epidemiology chapter.
  - The treatment chapters refer to the use of epinephrine, albuterol, levalbuterol and prednisone. It would be a much better text if these chapters were adapted to Australian/New Zealand clinicians.
- Price. This is not a cheap book

This book is available from:

*Elsevier Australia*

*Ph: 02 9422 8500*

*or 1800 263 951*

*Website: [shop.elsevier.com.au](http://shop.elsevier.com.au)*

*Or your medical bookshop*

### NATIONAL HEART AND LUNG INSTITUTE

*in collaboration with*

**Royal Brompton and Harefield NHS Foundation Trust**

***Advances in Respiratory Medicine***

**26 - 30 April 2010**

**Course Organiser: Professor Margaret Hodson**

An annual five-day course designed for clinicians to learn about the growing edge of respiratory medicine - covering a wide range of topics over the week.

Contact: Karina Dixon, Events Office, Education Centre,  
Imperial College London,

Dovehouse Street, London SW3 6LY UK

Email: [k.dixon@imperial.ac.uk](mailto:k.dixon@imperial.ac.uk)

Tel: +44 (0)20 7351 8172 Fax: +44 (0)20 7351 8246

[http://www1.imperial.ac.uk/medicine/about/divisions/nhli/nhi\\_events/shortcourse/](http://www1.imperial.ac.uk/medicine/about/divisions/nhli/nhi_events/shortcourse/)



## Calendar of Events

<b>January</b>	<b>26-27 January 2010</b> 9th Advanced Techniques in Bronchoscopy Imperial College London, UK <a href="http://www3.imperial.ac.uk/">http://www3.imperial.ac.uk/</a>
<b>March</b>	<b>19-24 March 2010</b> TSANZ ASM Brisbane Convention Centre, QLD <a href="http://www.thoracic.org.au/">http://www.thoracic.org.au/</a>
	<b>20-25 March 2010</b> RACP Congress Melbourne, VIC <a href="http://congress.racp.edu.au/">http://congress.racp.edu.au/</a>
<b>May</b>	<b>14-19 May 2010</b> American Thoracic Society (ATS) International Conference New Orleans, Louisiana <a href="http://www.thoracic.org/">http://www.thoracic.org/</a>
<b>September</b>	<b>18-22 September 2010</b> European Respiratory Society (ERS) Congress Barcelona, Spain <a href="http://www.erscongress2010.org/">http://www.erscongress2010.org/</a>
<b>November</b>	<b>22-25 November 2010</b> Asian Pacific Society of Respirology (APSR) 15th Congress Manila, Philippines <a href="http://www.apsresp.org/congress/2010.php">http://www.apsresp.org/congress/2010.php</a>

# Professor of Medicine



**UNSW**  
THE UNIVERSITY OF NEW SOUTH WALES  
SYDNEY • AUSTRALIA

- Faculty of Medicine, South Western Sydney Clinical School, UNSW
- Bankstown-Lidcombe Hospital, Sydney South West Area Health Service

Applications are invited for appointment to the position of Professor of Medicine in the South Western Sydney Clinical School (SWSCS), based at Bankstown-Lidcombe Hospital. The successful applicant will have a distinguished clinical and academic career in Medicine, in a discipline relevant to the School, the Hospital and the Area Health Service. This could include areas such as gastroenterology, respiratory medicine, medical oncology, aged care or cardiology.

SWSCS and Bankstown-Lidcombe Hospital have a strong tradition of commitment to alignment of teaching and research in ways that respond to and are enhanced by the health needs of the socio-economic and culturally diverse population of south western Sydney. The successful applicant will be expected to foster this approach in leading and developing the clinical services of the Hospital and the Sydney South West Area Health Service. Bankstown-Lidcombe has a strong commitment to high level care and is a busy major referral centre for medicine. The successful applicant would be expected to contribute to and enhance the medicine service in the areas of teaching, research and clinical practice. Participation in the on call roster may be required.

To be successful, you will be eligible for medical registration in New South Wales, have a PhD or MD in a relevant field, FRACP or equivalent, together with a distinguished record of scholarship and excellent academic leadership. Additionally, you will have a record of excellent achievement in teaching and supervision at undergraduate / postgraduate levels, clinical and administrative leadership in a tertiary hospital setting and successful interaction with relevant professional organisations.

This is a full time continuing position with the University of New South Wales. The successful applicant may be required to undertake a criminal record check. Professor salary is A\$142,957 per annum plus 17% employer superannuation and leave loading plus clinical loading of A\$25,084 per annum.

The successful candidate will also receive supplementary funding under the relevant award from Sydney South West Area Health Service. Subject to the terms of University's Paid Outside Work Policy, an appointee with medical qualifications registrable in NSW may be able to undertake a limited amount of private practice.

Women and EEO groups are encouraged to apply. The University reserves the right to fill the position by invitation or not to fill the position.

**For confidential enquiries regarding this position, please contact Wayne Bruce, Ccentric Health Executive Search, on +61 407 245 799, or wayneb@ccentrichealth.com quoting reference No. 6731 in any correspondence.**

Formal applications preferred by 8th January 2010.



[www.ccentrichealth.com](http://www.ccentrichealth.com)

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MFES008

# SPIRIVA. Adding life to their years!..



SPIRIVA impacts the clinical course of COPD,<sup>†</sup> helping to change the way patients live with their disease.<sup>5,6</sup> By improving airflow,<sup>4</sup> reducing breathlessness<sup>4</sup> and preventing exacerbations,<sup>7</sup> SPIRIVA helps patients do more<sup>8</sup> and get more out of life.<sup>1</sup>



**SPIRIVA**<sup>®</sup>  
(tiotropium)

PBS Information: Restricted benefit. Long-term maintenance treatment of bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease.

SPIRIVA is not indicated or PBS listed for the treatment of asthma in the absence of co-existing COPD.

Please review Product Information before prescribing. Full Product Information is available on request from Boehringer Ingelheim Pty Limited. †The clinical course of COPD is characterised by the following clinical outcomes: airflow limitation,<sup>2</sup> air trapping,<sup>3</sup> breathlessness,<sup>4,5</sup> inactivity,<sup>6</sup> exacerbations<sup>7</sup> and disability.<sup>3</sup>

Indications: Long-term maintenance treatment of bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease (COPD). Prevention of COPD exacerbations. Contraindications: Hypersensitivity to atropine or its derivatives, or to any component of SPIRIVA. Precautions: Acute bronchospasm, immediate hypersensitivity reactions, renal impairment, hepatic impairment, narrow-angle glaucoma, prostatic hyperplasia, bladder-neck obstruction, micturition difficulty, urinary retention, children, pregnancy, lactation. Avoid powder entering eyes. Interactions: Co-administration with anticholinergic drugs. Adverse Reactions: Dry mouth, urinary difficulty, urinary retention, constipation, throat irritation, paradoxical bronchospasm. Dosage: Inhale the contents of one capsule, once daily using the HandiHaler<sup>®</sup> device, at the same time each day. Presentation: Cartons containing blister packs of 30 capsules. PBS dispensed price: \$75.62. For expert medical information on SPIRIVA call 1800 116 113. Boehringer Ingelheim Pty Limited, ABN 52 000 452 308, 85 Waterloo Road, North Ryde NSW 2113. Pfizer Pty Limited, ABN 50 008 422 348, 38-42 Wharf Road, West Ryde NSW 2114. \*Sponsor. 1. Price D. Expert Rev. Pharmacoeconomics Outcomes Res 2006;6(4):391-405.

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