

Branch News – July, 2006.

Executive Musings

Nothing received.

Graham, Rob and Derek.

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Alison and Debbie

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New Zealand

Registration and the application for regulation under HPCAA are moving forward, with the Clinical Physiologists Board (CPB) looking to submitting the application to the Ministry of Health by the end of August, 2006. Now is the time for all Respiratory Scientists in NZ to consider whether they wish to apply for voluntary registration with the CPB. This is also an issue that we will raise at the ANZSRS NZ Branch general meeting (mid October at this stage). The meeting is still in the early planning process so once the date and program are confirmed we will update members with details.



And just in case the Aussie's hadn't caught up with the latest rugby news.....the All Black's beat the Wallabies 32-12 in Saturday night's Bledisloe Cup opener in Christchurch. Go the AB's!

Late breaking news!!

A big "CONGRATULATIONS" to Chris McLachlan from Dunedin who has been awarded a Distinction for her Master's Dissertation:

"Adiposity, Asthma & Airways Inflammation."

Great work Chris! Well done."

Lauren & David

Lauren Wallace

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Congratulations
Congratulations

Queensland

There was great attendance at several very interesting and informative meetings held in June. The TSQ Winter meeting was held over the long weekend and I've included Debbie Murray's recollection of the event below for your enjoyment. Thanks to Dr Michelle Murphy and Dr David Fielding for organising this meeting and giving ANZSRS members the chance to participate. The local QLD branch meeting was held last week and we would like to extend a huge thanks to Dr Fiona Kermeen, Respiratory Physician from the Prince Charles Hospital for her fantastic presentation to the group. Dr Kermeen very generously agreed to speak at short notice following some last minute changes giving a great overview on Pulmonary Hypertension.

There has been much interest and debate lately around the imminent release of Aridol as an innovative bronchoprovocation agent. Thanks to Jodie Curtis and Jo Prior from Pharmaxis who organising a successful training session for QLD members back on the 7th June. They managed to answer a lot of questions posed by the group and provide ample information about the product and its applications.

As promised, a word from Debbie.....

The TSANZ Queensland Winter Meeting on 'Mycobacterial Disease: Practical Issues for the First and Third Worlds' was held at Seaworld Nara Resort over the rainy June long weekend.

Two of the speakers were from PNG, Dr Paul Aia, the National TB Program Manager and Dr Rajendra Yadav, employed by the WHO. Both spoke on the TB epidemic on our doorstep, the scale of the problem and the logistical issues in its management. TB is a curable disease but treatment can last for months or years. Consequently access to medication and non-compliance with the drug regime are major problems in PNG.

Dr Andrew Burke, who worked in Sudan with Medicins Sans Frontiers gave an eye-opening insight on TB through his work at a TB clinic in the Sudan. Patients would live in tents at the clinic for several months to ensure adherence to treatment regimes. Many did not want to leave because they were provided with food. Each patient had an 'Emergency Kit' in case of attack due to the violence in the region. In the pack were enough drugs and food to last for two weeks in hiding. He also introduced the audience to 'Plumpy Nut', not only a great name but a very effective food source for those suffering from starvation, a common finding in patients with TB in Sudan.

Dr Tom Konstantinos, Director of the Specialised Health Services in Brisbane gave us an update on TB here at home. There are approximately 1000 cases of TB diagnosed in Australia annually, 100 in Queensland (mainly North QLD) with higher rates in the Northern Territory. Although uncommon here, TB is still a huge problem worldwide in countries such as China, India, Russia, Africa, South America, Indonesia and PNG.

Because it is predominantly a third world disease, there is very little research on new TB drugs and vaccines. Essentially, pharmaceutical companies can't make money from it, so there has been very little change in drug therapy over the past few decades.

It was an excellent meeting and very well attended.

All is quiet again with little in the pipes until the next branch meeting on the 30th August when Dr Sam Kim will be speaking to the group, more details later!

Leanne & Skye

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South Australia

Nothing received

Donna and Sharla

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Tasmania

Nothing received.

David Johns, CRFS

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Victoria

Well! What a meeting was had on the 5th July! The Austin kindly hosted the meeting with help from Mayo Healthcare, providing the light supper – Thank you! I realise there have been a lot of exclamation marks already, but I thought it was a really great meeting. Danny summarised briefly the first four of the ATS/ERS standardisation of Lung Function documents published last year before describing the interpretation guidelines in more detail. Bruce then presented some difficult to interpret results. Active discussion was had as a result of both presenters' offerings.

A few of the messages that came out of the presentations were:

- Overall, spirometry acceptability and repeatability criteria for acceptable tests have been tightened, while TLCO acceptability criteria have been loosened.
- Recommended methods for lung volume calculations differ to most testing system methods for calculating results. Good that 'linked' volumes are required for calculations ie need to use TGV, ERV, IC and SVC from linked manoeuvres.
- The TLCO document recommends that correction for Hb, COHb, etc, are applied to the predicted TLCO rather than the measured TLCO. It was not explained in the document why this change has been made. This has implications when comparing previous results as the measured TLCO is not standardised and so will need to compare %pred TLCO instead. At present, no laboratories present at the meeting are reporting TLCO in this way.
- Obstruction definition is FEV1/VC ratio <LLN. That is, FEV1 is no longer standardised for volume using FVC and a fixed ratio <0.7 is no longer used to define obstruction. Most labs present are already using LLN as the definition for obstruction and have been for some time, but many labs do not perform VC manoeuvres and implications for laboratories in terms of time may need to be reviewed.
- Important that when multiple tests are performed in a testing session (eg spirometry, TLCO, LV), interpretation takes into account all test results, rather than interpreting individual tests in isolation.

- That the flow chart defining FEV1/VC >LLN, VC<LLN, TLC>LLN as an obstructive defect was questionable. Many of you will be aware that Paul Enright questioned this definition in a letter to the editor. The Alfred interrogated their data base for this criteria and found 2% of subjects having spirometry and LV fitted into this category. The clinical notes or diagnoses of this group were diffuse, and included restrictive defects (26%), Obstructive (14%), Mixed defects (14%), cardiac disease (12%) amongst others. Has anyone else looked at their data?
- Paul Enright also questioned classifying FEV1/VC ratio <LLN, but FEV1>LLN as obstruction and suggested that this should be considered as normal variation. There is data that suggested subjects fitting this category have increased mortality and morbidity, but this data classifies obstruction as FER<0.7 as obstruction, so if reanalysed using LLN, would this change results. Once again, The Alfred interrogated their database and 11% of subjects having spirometry met this criteria. So it is not an insubstantial proportion of subjects that we could potentially be misclassifying. In the clinical environment though, not many subjects present for lung function symptom free.
- Ultimately – the referring physician, in light of all the clinical information, is best placed to interpret the results, as stated in the interpretation document.

Questions that arose:

- How often are the tests interpreted in light of the test performance and cautionary statements used?
- How often are cautionary statements used when predicted values are extrapolated?
- When monitoring lung function (eg clinical notes state “CF for review”), do we need to report spirometry – “there is an obstructive ventilatory defect”, or should we be just comparing results to previous – “ In comparion to previous results, there has been a decline in FEV₁.”
- If the value of KCO is to be taken lightly, how do we determine if TLCO may be reduced due to a reduced VA? Should we mention this as a possibility? Do we need lung volume measurements for patients with reduced VA to help us in the interpretation of the results?
- Do laboratories offer suggestions for further respiratory investigations, when question is not answered by tests performed? In addition, do scientist perform additional tests to help answer the question asked if the tests requested are unhelpful on their own?

We probably finished with more questions than answers as a result of the meeting but, the ‘challenge authority’ motto, brought home from the Canberra ASM, certainly was in action! Ultimately, the statements are guidelines only and, provided rationale for doing so is clear, deviations from the recommendations are possible.

Our next branch meeting is scheduled for Tuesday 12th September at Monash Medical Centre. Put it in the diary – more details to follow next month.

Regards

Bruce and Brigitte

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Brigitte Borg, CRFS

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Western Australia

Clinical Presentation Meeting

‘Flying High: using the simulated altitude test’

Presented by Dr. Justin Waring, Respiratory Physician from ROYAL PERTH HOSPITAL.: This was an excellent presentation that generated much discussion. Justin covered:- The risks of flying; Hypoxia acclimatisation; Development of the HAST, Application of HAST in various lung disease groups; Published guidelines; Clinical application and interpretation. A particularly interesting discussion followed mainly around the twin related issues of: why do ‘we’ keep doing these tests when anecdotal evidence shows there are many patients who ‘fail’ the HAST but fly without any apparent adverse health effects. Justin has kindly made available an electronic copy of his presentation. If you would like a copy of this, please contact Christine Nathan.

The meeting was generously sponsored by Mayo Healthcare with Jane Wedge in attendance.

The next clinical presentation will be given by Bill Smith of Fremantle Hospital. A flyer will be circulated shortly.

ACOSH

Mari Noffsinger is one of the ANZSRS-WA representatives at ACOSH and reported that::

- a) ACOSH has created a new award in honour of the late Dr. Bob Elphick. This will be an annual award in recognition of an individual’s significant contribution to the smoking cessation campaign.
- b) Discussion took place about Winfield’s, dare we say – cynical, response to the recent graphic anti-smoking captions and images that appear on cigarette packages.

CRFS Study Group

The June sessions were hosted by Sally Young and Sharon Lagan. July sessions are scheduled for 6th and 22nd. Please refer to the topic schedule for details. Amanda has circulated the CRFS examination application form and has offered to lodge the applications on behalf of the group. Applications are required to be submitted one month prior to the exam date (August 25th). At the last study group meeting it was proposed to hold the exam at St John of God Hospital, Subiaco, and that a CRFS holder from Royal Perth would be asked to act as exam supervisor. Amanda will confirm exam venue availability. Royal Perth has kindly agreed to provide the exam supervisor. For further information contact: Amanda Piper (Study Group Co-ordinator), Christine Nathan or Sally Young.

TSANZ-WA / ANZSRS-WA ASM

The organisation for this meeting continues. Registration, abstract submission information, and program details will be available shortly. Full details for accommodation options have been circulated. As for previous years, we strongly recommend booking your accommodation early, due to the high demand for that weekend.

A particularly important development for this meeting has been that TSANZ-WA have opened the Janine Panizza Award to nominations from and of ANZSRS-WA members. Previously, this award was open only to TSANZ Associate Members. Information on this award will be circulated along with the Combined Meeting registration details.

The WA-Branch has written to the TSANZ-WA Executive Committee in support of the recent decision to broaden the eligibility criteria for the Janine Panizza Award. Whilst membership of both Societies is encouraged, many respiratory scientists are members of ANZSRS only. Broadening the Award eligibility criteria acknowledges the role and contributions that respiratory scientists can and do play in both the clinical and research arenas. ANZSRS-WA shall be actively promoting and encouraging members to consider nomination of worthy recipients for this award. The opening of the Award represents the ongoing development of the relationship between the two Societies.

For information regarding this meeting, contact Sally Young or Christine Nathan.

Funding Success

The WA-Branch has been successful in securing Regional Funding to offer accommodation subsidies for the Combined meeting. Eligibility criteria include: financial membership of ANZSRS and registration for the full weekend meeting, including Saturday overnight stay. Full eligibility criteria and application forms will be circulated closer to the meeting date.

Book Group:

The monthly order for June has been placed – those who have placed an order will be notified as soon as the books arrive. Closing date for July ordering is Monday July 31st. Please forward orders to either Sally Young or Christine Nathan.

Social Activities

Yes, it is early but planning for the end-of-year/Christmas function is underway. At this stage, the thumbs-up vote has been for a gourmet revisit to 'Sassys-on-the-Swan' however, we welcome any alternative suggestions - please forward to Christine or Sally.

News From Around Town

Maureen Verheggen and colleagues (PMH) are going gangbusters with regard to ongoing success with their 'Fit-To-Fly' research. Maureen has recently won the following:

- Hospital Travel Scholarship (PMH) for attendance at ERS - Munich 2006
- Best Abstract submitted to the Allied Health Professionals Assembly, ERS - Munich 2006.

********Congratulations********

Maureen and colleagues and keep-up the excellent work!

Diary Reminders

August 16th: Clinical Presentation Session (Princess Margaret Hospital)

October 28th/29th: TSANZ-WA / ANZSRS-WA Local ASM, The Vines, Swan Valley

October 30th: WA Respiratory Symposium (3 – 5.30pm)

That's the news from WA.

Chris & Sally

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Sally Young, PhD (SCGH)

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CRFS

The CRFS study guide has been posted. The new file can be found at :

<http://www.anzsrs.org.au/crfsstudyguide.pdf>