

Mouthpiece



President's Address

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Welcome to my very first President's report – I only hope I can live up to the standard of our previous President in terms of writing an informative report.

Unfortunately my first duty is not a pleasant one. It is with deep regret that I inform you of the recent passing of Maureen Swanney's husband, Paul Eggermayer. A Research Fellow with Canterbury Respiratory Research Group, Paul was a well-respected member of the TSANZ and a frequent presenter at the American Thoracic Society (ATS). He was invited to speak at this year's ATS meeting and as a mark of respect his presentation will be read at the meeting. In fact it was at the 1996 ATS meeting in New Orleans that I first met him. Paul knew how much time and effort Maureen had put into her term as President of the ANZSRS, and it was at his insistence that Maureen complete her duties at the recent Brisbane meeting. That Maureen was able to complete her duties in the midst of appreciable personal turmoil is a testament to her character, and proof that Paul was indeed a good judge. I'm sure everyone within the Society joins with me in expressing our deepest condolences to Maureen.

I would also like to take the opportunity to thank Maureen and the other 2 members of the recent outgoing Executive, Kevin Gain and John Martin for their outstanding contribution over the past 2 years. They presided over an interesting period with issues such as the Health Insurance Commission Relative Value Study and the Infection Control submission. They also instigated some wonderful initiatives: The Executive Handbook, the Special Society Awards of Life Membership and Society Fellow, and the establishment of Education Scholarships. Maureen, Kevin & John – your hard work has certainly been appreciated.

You may notice we have a new Mouthpiece

Editor. Cecilia Arrigoni has kindly volunteered to take over the role from Belinda Breust. Belinda has done an outstanding job with Mouthpiece and has certainly set the standard. However if anyone is to match or even surpass this level, Cecilia is the person. Judging by her innovative "Energisers" at the recent ASM (remember the bouncing beach balls?), I think we may be in for some editorial surprises! I wish Cecilia well and remind all readers her task will be made so much easier with continual contribution from all members.

I trust everyone who attended the recent Brisbane ASM had an enjoyable time and returned home eager to put their newfound knowledge to good use. Even though I am a little biased, I thought the local organising committee did a fantastic job with both scientific and social content. I was particularly pleased with the support afforded the trade display and the attendance at Sunday's Aerosol Symposium. We have received positive feedback from many of the trade exhibitors who were very pleased with the numbers visiting their stand – to all those who did their bit and supported the trade display – well done. Thank you to those who abided by the "No Jackets – No Ties" informality of the meeting – one only wonders what the dress code at next years ASM in Cairns will be!

Congratulations to David Johns and Stephen West for their elevation to ANZSRS Fellowship and ANZSRS Life Membership respectively. This is due recognition for their hard work for the Society over the years. Congratulations to other award winners – Debbie Burton for Best Oral Presentation; Biljana Skoric for Best Poster Presentation; and John Camps for the Young Investigator Award. A collective well done to the 10 recipients of the CRFS Awards. Finally, thank you to the major

(Continued on page 2)

New Zealand Branches of
TSANZ & ANZSRS

Annual Scientific Meeting

August 23-24, 2001

Christchurch, New Zealand.

For more information on this meeting and other topics, visit our website:

www.anzsrs.org.au

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sponsors of the ASM and associated Aerosol Symposium, and to all companies taking part in the Trade Exhibition.

Next year's ASM is in Cairns from March 22-24. One of the aims of the current Executive was to formalise the organisation of ASM's with the creation of a Central Organising Committee (COC). This committee will consist of the Local Organising Committee (LOC) plus 1 member of the previous years LOC, plus 1 member of the Executive. When the venue for the following year's ASM becomes known, a member from that state will be invited to join the COC. At this stage the LOC is to be based in New South Wales. Peter Rogers has kindly "volunteered" to chair this committee. Remember the closing date for abstracts for the 2002 ASM is only 6 months away, so get cracking!

As mentioned at the Brisbane AGM, there has been a suggestion that we look at the current ASM format. Could you all please read the article in this edition of Mouthpiece addressing this issue, then provide us with feedback of your thoughts. Even if it is your wish for no change to the current format – please let us know.

I urge all members to contact the Executive on any issue – either directly, or via the Regional Board Members.

'Til next time,

*Brenton Eckert. CRFS.
President*

From the Secretary

As the new ANZSRS Secretary, I have the great fortune to be taking over from Kevin Gain. He has passed on the secretarial paraphernalia to me in a thoroughly organised and up-to-date state, for which I am very grateful. My first aim as secretary is to try to live up to the standard set by Kevin!

Further from that, I'd like to continue with efforts to update Society records and compile a comprehensive database of members' interests and areas of expertise via the survey form that has appeared in recent issues of Mouthpiece, and is again included at the end of this issue. Currently, 43 members have responded, which is about 1/4 of the current membership - NOT GOOD ENOUGH! This information is vital for ensuring our membership database is current, and is needed to produce the proposed Society Register. Although the exact nature of the Register (ie, will it be on the website,

how should subsequent updating of information be handled, etc) is yet to be decided, we do need to be gathering the information now. So, any of you who haven't yet responded, please do!

Apart from the above, and perhaps most of all, I'll just be trying to keep my head above water!"

*Mike Brown. CRFS
Secretary*

Mike Brown has extra copies of the Brisbane 2000 ASM handbook, if anyone would like a copy.

Treasurer's \$Note\$

It is my great fortune (pun intended) to inherit the treasurer's position at what is appearing to be one of the most financially successful ASM's ever run by our Society. A portion of this financial success is due to profit from the Aerosol's Symposium but even without that, we did fairly well. Congratulations all round to everyone who contributed to that programme and the support from all sponsors. This money will be circulated back to society members in the form of travel grants, study support grants and so on.

I am expecting that my term as treasurer will be preoccupied with ascertaining our status with the Tax Office and resolving any issues related to this. As you will remember from previous meetings, this is still a bit "grey".

By now all who were awarded travel grants to the 2001 ASM should have received their payments. If I have overlooked anyone or if any other payments to members are outstanding, let me know.

Feel free to contact me on any issues regarding the Society or its finances. If I am able to help I will.

Meanwhile it's back to the spreadsheet. Anyone know what a BAS is?

*Geoff Foote. CRFS
Treasurer*

From The *editor*

Well here it is!!!! My first attempt as editor of Mouthpiece. It's a bit rough around the edges but I can honestly say I had an absolute ball putting it together. A quick crash course in Publisher, a few sleepless nights and the rest was trial and error. I am also soooo glad we have email.

My deepest thanks go to Belinda who very kindly donated all her templates and information. She turned Mouthpiece into a very professional publication and I hope I can keep up the trend. I wish her well and yes, she's getting a copy sent too.

I am going to contradict Brenton here and say there are no big changes in this edition...maybe the next. I have however printed the email list as an insert which you can pin on your notice board or keep handy. This will remain a permanent feature in following issues.

Sit back now, with your favourite cuppa and enjoy reminiscing through the pages as we revisit the Annual Scientific Meeting held in Brisbane earlier this year.

Remember, it is my first attempt so I am very keen to get feedback and of course, gentle criticism.

Keep those articles coming!!!

Regards

Cecilia



Future ASM's

At the recent 2001 Board Meeting in Brisbane the issue of the ASM format was raised. Specifically, whether the current alignment with the TSANZ was in our best interest, whether we should look at alignment with another society (the Australasian Sleep Association was mentioned), or even "go it alone". As the current Executive we wish to canvas members as to their thoughts before deciding whether to take the matter further. If you have any comment on this issue please contact any member of the Executive or your Regional Board Member.

Points to consider:

- Our relationship with the TSANZ is very good at present, with ANZSRS now having representation on a number of TSANZ Committees. Would this relationship and representation remain should we decide to no longer run a joint ASM?
- TSANZ ASM is a large meeting, which limits the venues available to large and expensive ones. Holding our ASM at a smaller venue (either by ourselves or with another Society) would reduce the cost of the meeting and allow a wider selection of venues for the ASM. However Sponsorship and Trade Exhibition income would most likely be reduced.
- The weekend format of our Meeting - holding our ASM from Friday evening to Sunday maximises attendance by ANZSRS membership. To date, our ASM has largely been run without any major concurrent TSANZ sessions in opposition, although some TSANZ sessions have encroached onto the Sunday over the past years. If we elect to run a joint ASM with another Society we may well find concurrent sessions in direct opposition to our own. Obviously a stand-alone

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•THE ANZSRS WOULD LIKE TO THANK THE FOLLOWING TRADE EXHIBITORS AT THIS YEAR'S ANNUAL SCIENTIFIC MEETING HELD IN BRISBANE, QUEENSLAND.

- | | |
|-----------------------------------|--------------------------------|
| •Abbott Australasia | •RJ & VK Bird/Tyco |
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| •Edward Keller/Acute Care Systems | •3M/QVAR |
| •Hospital Supplies of Australia | •Essex Pharmaceutical/Schering |
| •Niche Medical | Plough |

WINNING ORAL PRESENTATION

Spirometry screening in country pharmacies: A pilot study

D Burton, P Gissing, M Archer, J Walker, M Simpson, S Bowman and M Burton.
School of Biomedical Sciences, Charles Sturt University, Wagga Wagga, NSW.

We had previously identified high asthma prevalence and poor asthma management practices (particularly spirometry measurement) in the rural Riverina region of NSW. The aim of this study was to examine the potential for spirometry testing in rural pharmacies. Clients purchasing asthma medications or those requesting the service were invited to undertake a pharmacist's medication review and forced expiratory spirometry (test pharmacies) or medication review alone (control pharmacies). Pharmacists performed all spirometry testing using the Spirocard system with disposable pneumotach attached to a laptop computer after being trained in a full day workshop. A respiratory scientist visited pharmacies weekly for ongoing spirometry instruction and quality assessment. Sixty subjects were recruited into the test group and 18 subjects into the control group in the first 8 week trial with results presented below.

(1) Spirometry test quality

Acceptability criteria	% acceptable
Extrapolated volume	92%
Time to PEF	71%
6 sec expiration or obvious flow plateau	76%

42 of 60 tests met all three acceptability criteria and were assessed for reproducibility.

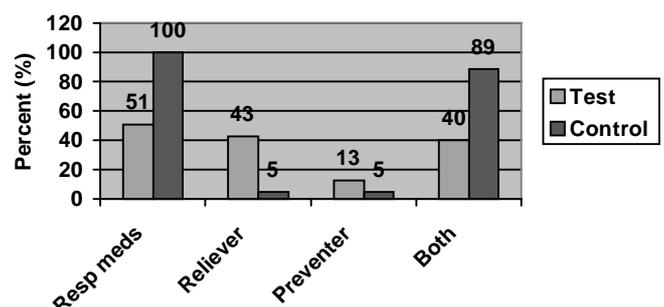
Reproducibility criteria	% reproducible
Best and next best FVC within 200mls	86%
Best and next best FEV1 within 200mls	95%

(2) Lung function results for acceptable and reproducible test

Lung Function	% of acceptable and reproducible tests
Abnormal FEV1/FVC	19% (8 people)
Mild Obstruction	10% (4 people)
Mod/severe Obstruction	5% (2 people)
? Restriction	5% (2 people)

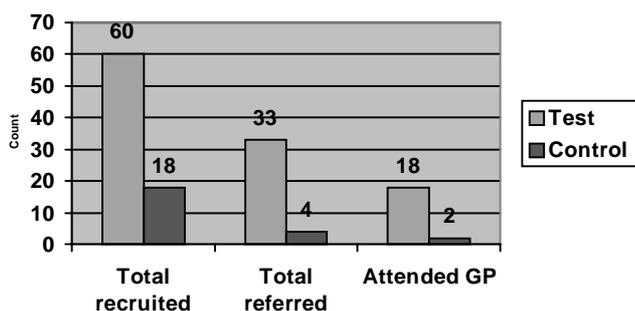
2 of the 4 people with mild obstructive disease had asthma symptoms but this had not previously been confirmed by testing or Dr diagnosis.

(3) Respiratory Medications



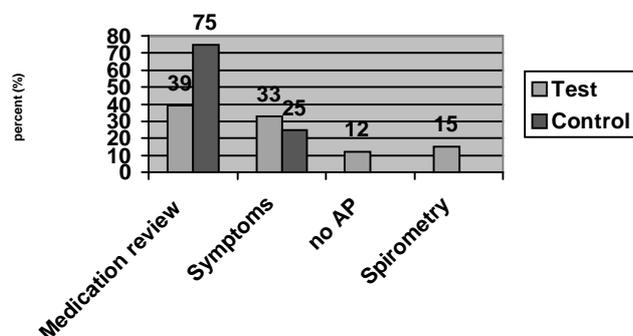
Only 51% of those in the test (spirometry) group were on respiratory medications. We think this is the 'novelty' value of spirometry ~ some of these people had symptoms such as breathlessness, some had previously had asthma and some just wanted to check their lung function. The data from control pharmacies allows us to see we are attracting a different cross section of pharmacy customers by offering spirometry as a screening service in rural pharmacies. It seems that more people using only reliever medication were attracted by the spirometry testing.

(4) Referrals to general practitioners



Fifty four percent of people recruited to the test (spirometry + medication review) group were referred to their general practitioner compared with 22% of the control (medication review) group. Half of those people referred to their general practitioner in both groups had attended within 2 months after their pharmacy visit.

Reason for referral to the general practitioner



When we looked at the reason for referral to the general practitioner it's not surprising that for the control group the most common reason was the need for a medication review. There were only 4 people referred to their general practitioner so we can't infer too much from these results yet.

We concluded:

- ◆ Access to spirometry testing in rural pharmacies attracted more patients to the study than medication review alone.
- ◆ Additional therapeutic value was achieved by
 - ~ increased interaction with the pharmacist about respiratory medication, including those using 'reliever' medication only.
 - ~ increased identification of those who required referral to their general practitioner with spirometry being the trigger for referral in 15% of customers with acceptable tests.

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ANZSRS ASM overcomes any such problems.

I have just touched on a few points concerning this issue. The purpose of this article is to prompt discussion amongst ANZSRS membership. We will use subsequent issues of Mouthpiece to summarise any feedback.

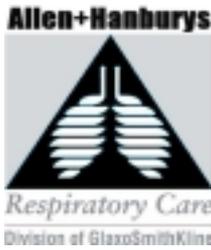
Brenton Eckert.
President

SEE YOU IN CAIRNS IN 2002, MARCH 22-24

ANZSAS 2001 ANNUAL SCIENTIFIC MEETING



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WINNING POSTER PRESENTATION

Variability in the Driving Pressures of Mefar™ Dosimeters May Confound PD₂₀ Comparisons Between ECRHS Centres

RJ Ward¹, DP Johns², B Skoric², C Ward², M Abramson², EH Walters²

Department of Respiratory Medicine, The Alfred Hospital and Monash University Medical School² and CSMCH La Trobe University¹,
Melbourne, Victoria, 3181, Australia.

BACKGROUND

The Mefar™ dosimeter (Brescia, Italy) is used widely throughout the world in studies of airway responsiveness (AR). The European Community Respiratory Health Survey (ECRHS) is a large multicentre longitudinal survey investigating the prevalence of asthma around the world, using the Mefar™ dosimeter to measure PD₂₀ as an indicator of AR. It was used in phase I of the ECRHS and is currently being used in phase II of the study, which involves repeat methacholine challenges.

We have previously established that aerosol output can significantly differ between batches of nebulisers¹ and that differences in the driving pressures developed by different dosimeters also affects aerosol output².

In this study we have evaluated the potential issue of variable driving pressures in a two-part experiment:

Experiment I. We discovered that differences exist in the driving pressure produced by Mefar™ dosimeters used in our department. These differences in driving pressure significantly effect aerosol output and may confound comparisons of PD₂₀ between research centres. In order to assess how much variation exists in the field, we undertook a survey to collect information about operational Mefar™ dosimeter driving pressures of all the research centres participating in the ECRHS.

Experiment II. We evaluated the effect of changing dosimeter driving pressure on the aerosol output of five representative nebulisers

HYPOTHESES

- Although the specifications for the Mefar™ dosimeter state that the driving pressure is set at 180 kPa ($\pm 10\%$), there are significant differences in driving pressures between dosimeters used in the ECRHS research centres.
- Variation in driving pressure across ECRHS centres will affect drug output and consequently measurements of airway responsiveness.

METHODS

Experiment I

We contacted all 30 ECRHS centres that use the Mefar™ dosimeter and asked them to follow a standard protocol we developed and published on our website³ to check the driving pressure generated by their dosimeter.

The static driving pressure generated by the dosimeter was measured with a simple analogue pressure gauge (0-250 kPa) connected to the flow outlet of the dosimeter.

During pressure measurements the dosimeter was programmed with a 6 second delay between activations to allow sufficient time for the gas pressure to build up within the dosimeter holding chamber between activations.

Experiment II

The effect of driving pressure on aerosol output was assessed in five nebulisers dosimeter set sequentially at different static driving pressures (150, 180, 210 and 250 kPa)

Measurements were performed in triplicate and driving pressure was checked in triplicate before and after measurements. Aerosol output was measured using a previously described lithium ion tracer method⁴

RESULTS

Experiment I

Data was obtained from 10 of the 30 centres contacted. Driving pressures were provided for 15 Mefar™ dosimeters. (see Table 1)

The mean (SD, Range) driving pressure for the 15 dosimeters was 207 kPa (± 47 , 70-245 kPa). This was significantly high than the factory specified driving pressure of 180 ($\pm 10\%$) kPa.

Experiment II

Aerosol output was linearly related to driving pressure (see Figure; $r = 0.99$, $p < 0.0001$). The regression equation is:

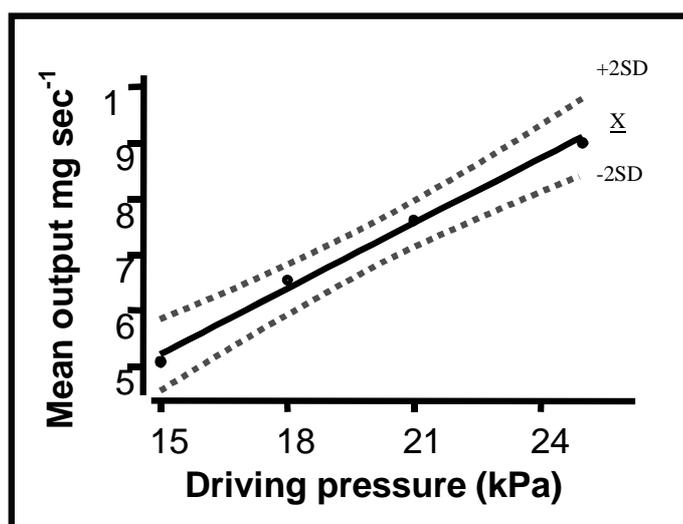
$$\text{Aerosol Output (mg.sec}^{-1}\text{)} = 0.0377 \times \text{Driving Pressure (kPa)} - 0.415$$

Over the range of driving pressures determined from Experiment I, aerosol output ranged

from 5.2 mg.sec⁻¹ (± 0.7) at 150 kPa to 9.0 mg.sec⁻¹ (± 1.3) at 250 kPa.

Table 1- Driving Pressures from research centers

Centre	Driving Pressure (kPa)	
ECRHS Sweden 1	180	(compressor replaced by “medical air” from wall)
ECRHS Sweden 2	210	
Healthwise Australia 1	245	
Healthwise Australia 2	215	
Healthwise Australia 3	220	
ECRHS Australia 1.1	180	
ECRHS Australia 1.2	186	
ECRHS Australia 1.3	207	
ECRHS USA	180	(compressor replace with air tank)
ECRHS UK	174	
ECRHS Spain	70	(subsequently under repair)
ECRHS Spain 2	150	
ECRHS Spain 3.1	210	
ECRHS Spain 3.2	167	
ECRHS Spain 4	70	(subsequently under repair)

Effect of driving pressure on aerosol output**Table 2 - Potential effect of driving pressure on reported PD₂₀**

Actual driving pressure (kPa)	Assumed dose (µg) required to cause 20% ↓ in FEV ₁	Actual dose (µg) required to cause 20% ↓ in FEV ₁	Interpretation of airway responsiveness
150	100	120	Underestimated
180	100	100	True
250	100	72	Overestimated

*Nebuliser aerosol output originally determined for driving pressure of 180 kPa

CONCLUSIONS

We confirmed our hypothesis that there was considerable variation in operational dosimeter driving pressures in the field. The variation in aerosol output due to differences in reported driving pressure is of a magnitude that may confound inter-centre comparison of airway responsiveness in the ECRHS II.

We evaluated the potential for variation in driving pressures to constitute an important determination of dosimeter output and hence AR. In this part of the work we showed that dosimeter output was a linear relationship between driving pressure and aerosol output.

MefarTM dosimeter driving pressures should be carefully monitored in such studies. In particular, this information could be factored into the analysis and interpretation of PD₂₀ measurements between centres.

References

1. Dennis JH, Avery AJ, Walters EH, Hendrick DJ. Calibration of aerosol output from the Mefar dosimeter: implications for epidemiological studies. *Eur Respir J* 1992;5(10):1279-82.
2. Ward RJ, Liakakos P, Leonard RF, Reid DW, Johns DP, Walters EH. A critical evaluation of the MefarTM dosimeter. *Eur Respir J* 1999;14(2):430-4.
3. Dept Respiratory Medicine website: www.med.monash.edu.au/medicine/alfred/research/respiratory_medicine/
4. R.J. Ward, R.W. Reid, R.F. Leonard, D.P. Johns, E.H. Walters. A critical evaluation of the MefarTM dosimeter. *Eur Resp J* 1998; 11:937-941

Profiler

Debbie Burton

Debbie Burton was born circa 1960 and attended Chiron College in Birchgrove Sydney. Debbie then attended the University of New England in Armidale and completed a BSc (Hons) in 1981, majoring in physiology and psychology, with a thesis on the "Effects of castration on blood pressure in normotensive and renal induced hypertensive rats". Despite this threatening topic of study, Debbie met and married husband Mark and they now have two teenage offspring, Rory and Gemma. Debbie continued at UNE as a full-time research assistant in the Department of Physiology until moving to the Clinical Research Unit at the Baker Medical Institute in Melbourne in 1983. The family then emigrated to Perth in 1986 where Debbie initially took up a part-time position as a research assistant in the Department of Medicine at the Royal Perth Hospital and then as an ECG Technician at Sir Charles Gairdner Hospital. It was after this that Debbie began her career in respiratory science as a Respiratory Technologist at Princess Margaret Hospital for Children, with a particular interest in establishing quality assurance procedures. Debbie also became involved in research into the optimisation of aerosolised respiratory medications, respiratory system compliance measurement and equipment validation.

The family then headed back east to Wagga Wagga in NSW to become rural landholders and university academics. Debbie started in the School of Biomedical Sciences at Charles Sturt University as a consultant for the development of respiratory science courses and then became a Teaching Fellow and now Lecturer in Human Anatomy and Physiology. Debbie was also instrumental in establishing the postgradu-



ate program in Asthma Education, now running in parallel with the postgraduate and undergraduate Respiratory Science programs. Debbie is currently in the 5th year of her PhD studies on the epidemiology of asthma prevalence in NSW, particularly its triggers and the spatial distribution with respect to rural/urban variations. This has included a steep learning curve in geographical information systems (GIS) to integrate asthma data sources and model regional variation. Debbie's research interests also include medical management and intervention in asthma and allergy, and targeted drug delivery to the lung. Debbie successfully passed the exam to become an ANZSRS Certified Respiratory Function Scientists in 1998 and maintains her clinical skills by conducting bronchochallenge (saline and histamine) and plethysmography testing for the local respiratory physician.

Debbie is currently a member of the Australian and New Zealand Society for Respiratory Science (ANZSRS), the Thoracic Society of Australia and New Zealand (TSANZ) and the NSW Asthma Foundation. In her spare time, Debbie likes to exercise her green thumb and nurturing skills for stock, native fauna and children (not in specified order) on their 100 acre farmlet.

Thanks to Bruce Graham at Charles Sturt Uni for this article.

Survey Database

For those members who have not yet filled in a survey form, please complete the details below and send to Mike Brown.

Name _____

Laboratory _____

Hospital/Institution _____

Street Number/Name _____

Suburb/Town _____

State/Country _____ Postcode _____

Phone Number _____

Fax Number _____

EMAIL _____

**The Australian and New Zealand Society
of Respiratory Science Inc**

Please send or fax your Survey Form to:

Mike Brown (Secretary)
Dept of Thoracic Medicine
Royal Brisbane Hospital
Herston Rd
Herston QLD 4209
Ph: 07 3636 7633
Fax: 07 3636 5651
Email: Mike_Brown@health.qld.gov.au

CRFS Qualification (please tick) YES NO

Highest tertiary qualification attained:

Assoc. Dip. Bachelor Degree Masters PhD

Other, please explain; _____

Do you have one, or more area(s) of interest/ expertise? (please tick)

Instrumentation Methodology Physiology Education Computers Administration

Other, please explain; _____

On what subjects have you had publications? _____

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CRFS Examination

A reminder, the next CRFS examinations will be held on *July 20th* and *November 23rd*. Best of luck to all candidates about to sit the exams.

Congratulations to Christine McLachlan (Dunedin Hospital, NZ) and Patricia Lyell (Monash Medical Centre, Vic) in successfully obtaining CRFS status!!.

For details of the examination and application forms, please contact:

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You are invited to contribute short articles, meeting reports and calendar details etc.

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