



Lung Surgery: Complex treatment for COPD

Lynda Holsworth, Research Coordinator – Department of Allergy, Immunology and Respiratory Medicine, The Alfred Hospital, Melbourne

The term COPD (chronic obstructive pulmonary disease) is the umbrella term often used to refer to chronic bronchitis and emphysema, common long-term lung conditions which are characterised by shortness of breath. Whilst each condition can occur on its own, many people have a mixture of the two. The focus of this article is on the emphysema element of COPD, which can be treated with lung surgery. Chronic bronchitis cannot be treated with surgery.

What is emphysema?

Emphysema is a chronic, progressive disease characterised by destruction of the air passages and alveoli (the air sacs in the lungs where oxygen exchange takes place). This destruction results in permanent enlargement of the air sacs and a loss of elasticity. As the damaged air sacs enlarge, they push on the diaphragm (the main breathing muscle), making it more difficult to breathe. Despite best medical management, many patients remain very breathless with a poor quality of life. Although complicated, lung transplantation and lung volume reduction surgery are well-established surgical treatments for emphysema.

Lung Transplantation

Lung transplantation has been available as a treatment for severe lung disease in Victoria since 1990. In 2007, 35 lung transplants were performed in Victoria, and 25% of these patients had emphysema. At present, around 90% of recipients are expected to live more than one year and around 40% more than 10 years, with a significant improvement in their quality of life. Nevertheless, lung transplantation is not suitable for all patients due to the presence of other medical problems and the potential side effects of the drugs necessary to prevent organ rejection and infection. Understandably, transplant organs are scarce and there are far more patients waiting for the organs than will ever receive them. For some, the waiting time can be as long as five years.

Lung Volume Reduction Surgery (LVRS)

LVRS is a surgical procedure in which the top third of the lung is removed. This is usually done through a cut in the chest but can also be done by keyhole surgery using telescopes inserted through the chest wall. By removing the over-inflated upper portion, normal tissue in the lower lobes can expand and the diaphragm works more efficiently, making breathing easier. The operation works best in people with emphysema in the upper portion of the lungs, providing improvements in lung function of up to 50% with better exercise capacity, lasting an average of three years. Generally the operation will take three months from which to fully recover. However, as with any surgical procedure, there can be significant risks and complications.

Novel Bronchoscopic Lung Volume Reduction (BLVR)

In response to the relatively high complication rate of traditional LVRS and the small number of suitable patients, a number of bronchoscopic techniques have been developed. These techniques aim to achieve improvements in lung function and exercise capacity with a lower risk of complications. Bronchoscopic means that the procedures are performed via a tube inserted through the mouth into the lungs, avoiding surgical cuts, drainage tubes and associated pain. Three of these approaches, which are under study in Australia are:

- One-way valves inserted into the most diseased parts of the lungs allow air to flow out of over-inflated areas thus reducing lung volume
- Delivery of heated water vapour to areas of particularly emphysematous lung is a newer technique which it is hoped will result in reduction in size and volume
- Creation of new passages that bypass the diseased airways allow free flow of air to deflate the lungs. This particular technique is the only form of lung reduction currently available for people with emphysema spread widely throughout the lungs

These newer techniques are simpler and safer than either lung transplantation or LVRS but at the moment are unproven and available only as part of clinical trials. Participating in a clinical trial involves commitment to frequent hospital visits and lung function tests. Not everyone will be suitable for any of these procedures. Talk to your lung specialist if you would like to find out more.

New Sleep Apnoea Booklet

The Australian Lung Foundation is delighted to announce the publication of the 3rd edition of *Snoring, Sleep Apnoea and Other Sleep Problems* by Associate Professor Matthew Naughton and Professor Rob Pierce.

Please call 1800 654 301 if you would like further details.



Murray Wheezers Nomads



LungNet member and COPD patient, Alison Hall and her partner Jim Austin who are members of the “Murray Wheezers” patient support group in Albury/Wodonga are currently undertaking another of their adventures in their Winnebago. Having driven from their home in Albury, they made their way up to the Northern Territory where they linked up with the Northern Territory “Breatheasy S.T.A.R.R.S.” in Darwin. Before they set off on their trip, Alison & Jim had the ALF leaves and the name “Murray Wheezers Nomads” emblazoned on the van to attract attention as they travelled and armed themselves with plenty of ALF brochures to give out on the way. We wish them all the best for the remainder of their trip.

Editor’s Note: If anyone is planning a trip around Australia and would like to touch base with a local support group, please call us on the 1800 number to obtain details.

Roy Martin Runs for His Life and Lungs

Karen Wright, Project Officer – The Australian Lung Foundation

COPD (chronic obstructive pulmonary disease) can hold some people back but Roy Martin from Plumpton in NSW hasn’t let his recent diagnosis stop him getting on with his life.

Having smoked around 35 cigarettes a day for some 40 years, Roy, who has always led an active lifestyle, found himself feeling breathless while playing softball with his family. Having ignored his symptoms for several years, Roy finally consulted his doctor and was subsequently diagnosed with COPD or emphysema in November 2007. He quit smoking by going “cold turkey” the very next month.

Faced with the prospect of managing his disease in a community with a limited understanding and knowledge of his condition, Roy contacted The Australian Lung Foundation. The ALF advised Roy about the support services available to him in his area. These included the local patient support group, the “Wheezing Westies” and a pulmonary rehabilitation program run by Mount Druitt Hospital. Due to his full time work commitments, Roy was unable to attend the support group’s monthly meetings, or the pulmonary rehabilitation program. However, he was already running up to 4kms several times per week and, on further consultation with the coordinator of the pulmonary rehabilitation program, he was told that he could make no real gains from attending.

Roy continues to exercise on a regular basis to assist with the management of his condition. On 10th August, Roy, his wife Debbie and children Lauren and Daniel competed in the Sun Herald “City 2 Surf” fun run in Sydney. Roy and his family were supported by The ALF and wore green singlets displaying a message about COPD. Members of several of the Sydney-based support groups offered their support, gathering at the finish line to cheer on Roy and his family.



Roy is a great example of how taking charge of your condition and undertaking regular exercise can assist with managing COPD and improving your lifestyle. For more information about COPD visit www.lungnet.com.au or call us on 1800 654 301.

Australian COPD Task Force Update

Bill Scowcroft, Patient Task Force Co-Chair, Canberra

Formed in November 2007, The ALF’s COPD Patient Task Force (PTF) meets monthly by teleconference. Co-chaired by myself and Bryan Clift (SA), the PTF has 13 members representing all states and territories. Our members are concerned with promoting awareness about COPD in Australia. The teleconference meetings bubble with enthusiasm – our members are committed to bettering the quality of life of those with COPD.

During the past few months, we have made contact with members of government at all three levels – Federal, State/Territory and local. The PTF complements actions by

The ALF to increase political and public advocacy in order to increase pulmonary rehabilitation programs and to provide an equitable supply of domiciliary oxygen for patients with lung disease. Working in conjunction with The ALF, the PTF provides additional support to the annual World COPD Day events to be held Australia-wide in November.

The ALF’s website provides further information about COPD. Additional information about the PTF and involvement at the state or territory level can be obtained by contacting Karen Wright at The ALF on 1800 654 301.



Putting Clinical Trials into Context – The Drug Development Process

Glenda Colburn, Clinical Operations Manager – The Australian Lung Foundation

A clinical trial is a research study designed to test the safety and/or effectiveness of drugs, devices, treatments or preventive measures in human participants.

In this article, I will explain how a new medicine is developed and the process involved in it becoming approved for use in humans. Devices, treatments and procedures are developed in a similar way but are usually less risky than new medicines and typically take less time. I would probably need a whole LungNet News issue to try and cover every aspect pertaining to clinical trials.

The development of new medicines is a long, risky and extremely expensive process. It begins in a research laboratory and will take 10-15 years before the new medicine is granted approval. Estimates of the costs involved in bringing a new medicine through development, manufacture, pre-clinical and clinical research, regulatory approvals and training is about \$1 billion.

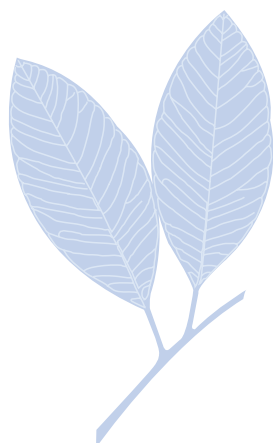
In the laboratory, scientists discover thousands of molecules that may be helpful in treating a particular disease. These molecules, through rigorous testing, are narrowed down to approximately a dozen that might be worth further development and testing in animal models of a disease. Animal models are used to conduct safety tests and demonstrate how the compound is processed in the body and whether it will have a therapeutic effect – this shows if the compound is toxic and what doses might be safe for humans. This is the pre-clinical phase and usually takes 4–8 years.

After animal tests are complete and the data shows that the compound may be safe and it is ethical to proceed, only then will human trials begin. This is the clinical phase and usually takes 5–8 years.

The progression of human clinical trials is usually distinguished by four phases (phase: I, II, III & IV). A Human Research Ethics Committee (HREC) reviews the scientific, ethical and regulatory data which was collected during the pre-clinical phase and only gives approval for a phase I trial to begin when satisfied there is enough data. Phase I trials, also known as first time in human, are used to confirm what dose is safe and how the drug is best given, and how often. A decision is made at the end of every trial phase as to whether to continue testing the new medicine; a clinical trial submission must be submitted to a HREC and approval given before each trial phase can begin.

Difference between phase I, II, III, & IV trials

Phase I	<ul style="list-style-type: none"> • First time in human – looks at safety only • Performed in hospital/clinic – patient monitored very closely, medical support on hand • Small number of patients included, around 20 – 80 • Low dose to confirm drug is safe, then a higher dose given • Used normally in healthy volunteers, except when a treatment is potentially toxic (such as a cancer drug)
Phase II	<ul style="list-style-type: none"> • Patients with the disease are treated for the first time • Checks to confirm the drug is effective and works • Monitoring of safety, side effects, problems associated with dose • Number of patients included, around 100 – 500 • Approximate therapeutic dose is identified
Phase III	<ul style="list-style-type: none"> • Important for drug registration/ approval • Looks for definitive evidence of both safety and effectiveness • Larger patient numbers required, around 500 – 5000+ • Identifies side effects, contraindications, interactions with other drugs • Risk versus benefit analysis
Phase IV	<ul style="list-style-type: none"> • Post-registration development • Safety surveillance is carried out, incidence of side effects monitored • Inclusion of specialised patient populations excluded from previous trials e.g. paediatrics • Checks for potential new indications – what other disease could this drug be used for?



On average, 1–5 new medicines will make it through the above clinical trial phases and be submitted to a regulatory authority for approval. In Australia, it is the Therapeutic Goods Administration (TGA) who will review the application and hopefully grant approval to market the drug. The TGA carries out a range of assessment and monitoring activities to ensure therapeutic goods available in Australia are of an acceptable standard, with the aim of ensuring that the Australian community has access, within a reasonable time, to therapeutic advances.

The last step of the drug development process is to make the drug available on prescription in Australia. To achieve this, an application must be made to the Pharmaceutical Benefits Advisory Committee (PBAC) with supporting evidence for the proposed price. If approved, the drug will then be listed on the Pharmaceutical Benefits Scheme (PBS-listed).

If you would like more information about drug development or the clinical trial process, please visit:
 Therapeutic Goods Administration (TGA): www.tga.gov.au
 National Health & Medical Research Council (NHMRC): www.nhmrc.gov.au





From the CEO's Desk

Dear LungNet News Readers!

Welcome to the August issue of LungNet News. The last three months have been a very busy and interesting

period for The Australian Lung Foundation (ALF).

The most spectacular piece of news is that The ALF has won the bid to host the 2013 World Conference on Lung Cancer. The Conference, to be held at the Sydney Convention and Exhibition Centre is one of the most prestigious medical conferences on the international calendar, and will attract up to 8000 international experts. The Australian bid was led jointly by ALF representatives, Associate Professor Kwun Fong from The Prince Charles Hospital in Brisbane and Associate Professor Michael Boyer, Sydney Cancer Centre Director, and was actively supported by the New South Wales Government and the Sydney Convention and Visitors Bureau.



ALF representatives and Members of International Association for the Study of Lung Cancer conducting Sydney site visit prior to announcement of successful bid for World Conference on Lung Cancer

Interest surrounding the 2nd Australian Lung Cancer Conference being held at the Gold Coast, Queensland from 21st to 24th August is very high with approximately 200 registrations sold. A satellite workshop for nurses working in the lung cancer area has received an overwhelming response, selling out months prior to the event.

The Australian Doctors' Orchestra, which gives an annual charity performance, has identified The ALF as the beneficiary of their 2008 Concert. They will perform at Bond University on the Gold Coast on 24th August from 2.30pm with proceeds going to The ALF, so please come along and enjoy the Concert.

The COPD Economic Case Statement is in the process of being updated with a planned release in October. The Statement will focus on the overall costs of COPD, both direct (hospital admissions, GP visits, pharmaceutical usage, diagnosis etc) and indirect (lost productivity, cost to carers etc) and the costs of under-diagnosis or misdiagnosis of COPD. From this information, a number of recommendations for State and Federal Governments will be developed. These recommendations will then form the basis for the continued advocacy by The ALF to governments on the impact of COPD.

In partnership with the Asthma Foundations of Australia, the National Asthma Council and the Australian Respiratory Council, The ALF is planning an Indigenous Lung Health Summit in Sydney. The purpose of this Summit is to assess and develop ways in which lung disease within the Indigenous community can be alleviated.

The Department of Veterans' Affairs has engaged The ALF to assist with a health campaign to enhance the quality of

life for veterans with COPD. The focus will be an awareness-raising campaign to encourage veterans to see their GP for a lung function test; piloting of a supervised exercise training program for veterans with chronic conditions (including respiratory illness); and development and distribution of a patient handbook – "Living with COPD".

The "Breathe easy, walk easy" pulmonary rehabilitation project in the NT and WA was completed in May and has created a great deal of interest. Based on The ALF Pulmonary Rehabilitation Toolkit, this rural and remote pulmonary rehabilitation training package, provides health practitioners with the resources to run effective and efficient education sessions for fellow workers to enable them to establish their own programs.

We are delighted to announce that The ALF has secured funding from Queensland Health for the next two years to underpin our work assisting patients, carers and their families living with chronic lung disease in Queensland.

ASX Reuters has included The ALF in its annual fundraising drive. Events include an October Regatta Day, a golf day in February 2009 and an art union which will commence in late August and be drawn in March next year. We will be looking for the assistance of volunteers for both events!! The Australian Securities Exchange (ASX) and Reuters Australia joined forces in 1999 to form a Charity Foundation with the objective of helping Australian-based children's and medical research charities by organising fundraising events in conjunction with the financial markets.

News from within The ALF is the appointment to the team of Kerrie Callaghan who has taken over from Ailsa Wilson as Projects/Communications Coordinator. Kerrie will further develop the great work initiated by Ailsa on the Kylie Johnston Lung Cancer Network (KJLCN). We are currently working on the 2009-2012 ALF Strategic Plan which will be available on the ALF website after approval from the National Council in August.

Yours Aye
William Darbishire

Diary Dates 2008

Lung Cancer Nurses Satellite Workshop, Surfers Paradise, Qld	20 August
Australian Lung Cancer Conference, Surfers Paradise, Qld	21-24 August
The Australian Doctors Orchestra Charity Concert, Gold Coast, Qld	24 August
LungNet Education Day Qld	3 September
LungNet Education Day Tas	6 September
LungNet Education Day NSW	25 September
LungNet Education Day SA	3 October
LungNet Education Day Vic	24 October
Lung Cancer Awareness Month	November
Australian Lung Cancer Day	6 November
World COPD Day	19 November
Interstitial and Orphan Lung Disease Day	24 November
Asbestos Awareness Week	23-29 November



The Kylie Johnston Lung Cancer Network (KJLCN) Update

Kerrie Callaghan, Projects/Communications Coordinator – The Australian Lung Foundation

ALF farewells Alisa Wilson

After three years of dedicated and passionate work with The ALF, Ailsa Wilson, the KJLCN Business Development Manager has taken a career break. It would be impossible to cover the breadth of patient-focused service Ailsa delivered in her time at The ALF. However, to reflect on the past year, Alisa has successfully launched and promoted the KJLCN initiative; created its website; and established the “Lunch for Lung Cancer” event. Her professionalism, thoughtfulness and humanity will be missed by all of us and we wish her all the best for continued success.

As The ALF’s recently appointed Projects/Communications Coordinator, I am joining the KJLCN Management Committee with a commitment to delivering a patient/carer network that is meaningful and responsive to the needs of consumers. My background is in marketing, public relations and event management in the not-for-profit sector.

“Lunch for Lungs”

The ALF will actively promote our “Lunch for Lungs” event throughout Lung Cancer Awareness Month in November, and what better time to have a charity lunch than Melbourne Cup Day when guests are generally more than happy to contribute a little of their punting money to a worthy cause? Your “Lunch for Lungs” event can be as large, or as intimate as you want to make it. You can register your lunch, or find out more information by visiting our website, www.kjlcn.org.au and clicking on the **Fundraising** menu.

All funds raised from the 2008 “Lunch for Lungs” event will go towards the long-term goal of appointing a clinical nurse to provide support and practical advice to patients with lung disease, their family and carers.

Corporate “Lunch for Lungs”

The ALF has approached a number of corporate sponsors to support a corporate, or staff “Lunch for Lungs” event to tie in with their employee/corporate Melbourne Cup lunches. So if your workplace traditionally hosts an internal Melbourne Cup lunch, why not think about having a fundraising “Lunch for Lungs”? We would be very happy to present a sponsorship proposal to your workplace management team, so please contact me should you wish to discuss your involvement further.

Patient Resource

We are in the midst of “incubating” the design for a patient resource to provide patients with a single portfolio in which to store all their medical and financial information including medical records/CDs, bills and receipts and important referral contact names and numbers. We aim to launch the booklet during Lung Cancer Awareness Month in November, to commemorate Kylie Johnston’s work in raising awareness of lung cancer and the needs of lung cancer patients in Australia.

Lung Cancer Nurses Satellite Workshop

The Nurses’ Workshop in August will provide KJLCN with a wonderful opportunity to gather professional advice from nurses working with lung cancer patients on a user-friendly design and relevant content for the booklet.

Should you have any ideas about the design or content of this booklet, or if you have any other questions regarding KJLCN, please contact me on 07 3622 2355 or email kerrie@lungnet.com.au

Lung Awareness Month - November

As you may be aware, November is a very busy month for The Australian Lung Foundation with World COPD Day on Wednesday 19th November, Australian Lung Cancer Day on 6th November and Lung Cancer Awareness Month. This year, we have decided to go a step further and have designated November “Lung Awareness Month”. There are many activities planned for November, which you will read about elsewhere in the newsletter, in the enclosed flyer, or on our website, www.lungnet.com.au

LungNet Lifestyles

Bryan Clift, COPD Patient, South Australia

Hello!

Bryan Clift is my name, and I have COPD. The whole of my working life was spent in private enterprise, toiling in manufacturing and consultancy, in both wholesale and retail fields until 1991, when I was diagnosed with severe angina followed by heart surgery. This brought an end to working in gainful employment. I was then in my 64th year. It was while I was in the Navy in 1945 that I took my first cigarette. I smoked for the next 30+ years and kicked the habit more than 30 years ago but did not escape COPD. I was first diagnosed in 1994 with asthma then in 1998, it was confirmed as emphysema.

Like most of us, I wrestled with breathlessness, medication and infection until I attended a pulmonary rehabilitation course. GPs and respiratory specialists are generally working against the clock, therefore they are unable to educate each and every patient and that is where pulmonary rehabilitation programs fill the void. I found the program interesting and full of information and practical knowledge to help me understand the many uncertainties which had arisen during the four years prior. For instance, medications, the anxiety, exercising effectively and the mechanics of breathing, also what causes our breathlessness and how to self-manage and monitor one’s day-to-day health.

I will celebrate my 81st birthday this October. To do that I have practiced the teachings of the rehabilitation program, followed medical instructions and have continued to exercise – at a nearby gym twice a week. I also walk a couple of times weekly, tend to the garden and cut the lawns.

I enjoy the challenge of working with, and assisting others to establish ways of regaining fitness and achieving the best possible quality of life.



Patient Support around Australia

ACT

The "Canberra Lung Life Support Group" (CLLSG) meets on the second Thursday of each month at the Weston Club, Cooleman Court precinct, Weston. As well as conducting business matters and socialising, the group invites guest speakers who have addressed topics such as: dynamic approaches to exercise; respecting patients' choices; pulmonary rehabilitation programs; and a personal experience of managing lung disease. The CLLSG embarks on a social event every month, visiting exhibitions at a Canberra venue. These visits have included the "Legends of Rugby" display at the National Museum, the "Monet to Turner" exhibition at the National Gallery and a guided tour of Old Parliament House. For more information about the CLLSG, contact Caroline (cscowcroft@bigpond.com) or Bill (billscowcroft@bigpond.com) or phone 02 6282 6408.

NSW

We are delighted to report that "Hunter Airways Respiratory Patient Support Group" in Newcastle is celebrating its 10th anniversary. The group celebrated with a morning tea and guest speakers at Club Med, The John Hunter Hospital on 28th July 2008 at 11am – this was the anniversary of the exact date and time of its inaugural meeting. Started by three patients/carers, two nurses and a physiotherapist at The John Hunter Hospital, the group has grown from strength to strength. If you are interested in joining the group, please contact John Essex on 02 4958 3975.

Some sad news to report is that "Lung Savers" in Fairfield has had to close due to lack of new members. We would like to thank David Koslover and all members of the Committee, past and present, for their hard work over the last 11 years.

North Coast Area Health Service Respiratory Services is holding a Lung Education Day at Coffs Coast Ex-Services Club, Vernon St, Coffs Harbour on Friday 19th September 10.00am to 3.00pm. To book a place, please contact Deb Foote on 02 6656 7820 before 11th September.

We are sorry to report the passing of Kevin Bennett, a member of the "Blue Mountain Airs" in March. Kevin was a wonderful source of inspiration and was always willing to assist the group. He will be sorely missed.

QLD

Unfortunately, due to some unexpectedly inclement Brisbane winter weather, the second annual "Picnic in the Park" planned for Wednesday 16th July at Riverdale Park in Logan, was postponed. Watch this space for details of the rearranged date...

SA

As reported in the May 2008 LungNet News, "WestAir" recently applied for a Community Development Grant from City of Port Adelaide Enfield Council. We were delighted to hear from Treasurer, Kay Harrison that the group has now been awarded the grant, which will allow it to embark on more activities in the local area. To kick things off, the group had a joint meeting with the "South Coast Breathless Buddies" on 18th July, and they also plan to get active in the gym, and use the local council pool to undertake water aerobics.

The Australian Lung Foundation would like to congratulate "Whyalla Happy Lung Support Group" on achieving its 10th birthday. Here's to the next 10!

The date for the LungNet Education Day has now been set, and will take place on Friday 3rd October at Fullarton Park Centre.

VIC

Some great news from Glen Waverley is the formation of the "Waverley COPD Support Group". The group had its first meeting on 27th May and will meet on the last Tuesday of the month from 1pm-3pm at Brandon Park Community Centre, Ferntree Gully Rd, Glen Waverley. For more information, please call Neilla Wall on 03 9560 0853.

TAS

Planning is well under way for the Tasmania LungNet Education Day on Saturday 6th September at The Grange in Campbell Town. Places are limited to 45, so please call the LungNet Information & Support Centre on 1800 654 301 without delay to book your place.

NT

Thelma Nicholson from "NT Breatheasy S.T.A.A.R.S. Inc" reports that pulmonary rehabilitation is now up and running in Darwin. The much-needed program commenced at the Royal Darwin Hospital on 3rd June. If you are interested in finding out more, please contact Thelma on 08 8988 9235.

WA

The third WA LungNet Education Day took place on Friday 18th July and was a huge success attracting around 100 people. In addition to the great presentations from Dr Martin Phillips, WA ALF State Chairman, and physiotherapist, Nola Cecins, five people living with a lung condition spoke about their personal experiences and the WA support group leaders also presented on the benefits of support groups. Thanks to WA State Coordinators, Louise Ganderton and Sarah Jones for their help with this event.

We are delighted to report the formation of a new support group in Bunbury. Named "SWILS" (South West Impaired Lung Support), the group had its first meeting on Friday 11th July. Please contact Graeme Richmond on 08 9721 9852 for more information.



Members of the "Pink Panters" receiving their NSW Seniors Week Achievement Award

2008 NSW Seniors Week Achievement Award

Congratulations to the "Pink Panters" based at the Prince of Wales Hospital in Sydney for being awarded a 2008 NSW Seniors Week Achievement Award in the category of Health and Wellbeing. The "Pink Panters" were nominated by A/Prof David McKenzie, Head of Respiratory and Sleep Medicine, and Renae McNamara, Respiratory Physiotherapist and Pulmonary Rehabilitation Coordinator, for the inspirational work they do in providing physical, social and emotional support to people living with chronic lung disease. The group is run by a dedicated committee of 12 volunteers (all of whom are living with chronic lung disease). Members of the group participate in social outings and educational events on a monthly basis and also provide a visiting and support service to each other during hospital admissions or periods of illness. Committee members collected their award in the presence of Kristina Keneally, Minister for Ageing, at an awards ceremony during NSW Seniors Week.



The Lighter Side

by Larry Emdur



Hello everyone,

I hope you are well.

I know it's getting cold now so I've found a wonderful love story to warm your heart and a whole bunch of jokes to get you smiling and give those facial muscles a big workout.

I recently read in the paper about 90 year old Mamerta Cabale and her husband Sadas, aged 102. They eloped 75 years ago but have now decided to get married again and this time they are going to do it properly.

The dress, the limousines, the reception, the family and friends, the cake, maybe a bit of dancing and wait for it... they've even invited the Pope to join them.

It was a great story and made me think, health permitting, these two could be married for another hundred years or so. They would know absolutely everything there is to know about each other, they would know the real definition of true love and commitment, of "through thick and thin" and "in sickness and in health" and "til death do us part".

There would be nothing in this whole wide world that could bother them, unless of course the Pope accepted their invitation. What would you feed him? Now that would be a heck of a challenge for the caterers.

So, who knows, perhaps Mamerta and Sadas will read this column and need to hear a few great marriage jokes as they re-launch a life of wedded bliss.

At a cocktail party, one woman said to another, "Aren't you wearing your wedding ring on the wrong finger?" "Yes, I am. I married the wrong man."

A lady inserted an ad in the classifieds: "Husband Wanted" Next day she received a hundred letters. They all said the same thing: "You can have mine."

When a woman steals your husband, there is no better revenge than to let her keep him.

A little boy asked his father, "Daddy, how much does it cost to get married?" Father replied, "I don't know son, I'm still paying."

A young son asked, "Is it true Dad, that in some parts of Africa, a man doesn't know his wife until he marries her?" Dad replied, "That happens in every country, son."

Then there was a woman who said, "I never knew what real happiness was until I got married, and by then, it was too late."

If you want your spouse to listen and pay strict attention to every word you say – talk in your sleep.

Just think, if it weren't for marriage, men would go through life thinking they had no faults at all.

First guy says, "My wife's an angel!" Second guy remarks, "You're lucky, mine's still alive."

Remember I'm always looking for your good stories, great yarns or beaut jokes.

Take care and remember there's always a lighter side.

Larry

We look forward to receiving more of your stories for the next issue of LungNet News – without them we wouldn't be able to have a column. Please share them with us and send to:

Larry Emdur
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Email: enquiries@lungnet.com.au



Donations to The Australian Lung Foundation (ALF) are Tax Deductible for Income Tax Purposes.

Please complete and return this section to: **ALF National Office, Reply Paid 847, LUTWYCHE QLD 4030**
Phone: 07 3357 6388 Fax: 07 3357 6988 Email: enquiries@lungnet.com.au

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Signature: _____

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Amount: \$ _____

OR

Please find enclosed my cheque made payable to:
The Australian Lung Foundation





New Alpha1 Antitrypsin Deficiency Brochure

We are delighted to announce that we have recently re-developed the educational brochure *Alpha-1 Antitrypsin Deficiency and Lung Disease*.

If you would like to receive a copy, please contact us on 1800 654 301. We would like to thank Dr David Hart, Respiratory Physician at St Vincent's Hospital in

Melbourne, and Mr Steven Knowles from the Alpha-1 Association of Australia for their assistance with reviewing the content.

Website

As previously reported in LungNet News, The ALF launched its new website www.lungnet.com.au earlier this year. It is now possible to register on the site and obtain your own log-in. We encourage you to register when you visit the site as this will help us obtain important statistical information relating to the use of the site. Please be assured that we will not pass your details onto third parties. You can also make a donation via our secure online payment form.

News from the World of Orphan Lung Disease

Juliet Brown, LungNet Information & Support Centre Coordinator & Executive Officer of The Australian Lung Foundation's PIVOT Group



Pulmonary Interstitial Vascular Organisational Taskforce

As LungNet News goes to press, the next meeting of the PIVOT (Pulmonary Interstitial Vascular Organisational Taskforce) Group is scheduled for Wednesday 23rd July by teleconference.

Since the last PIVOT report, I am delighted to announce that we have now published another two new educational brochures – *Adult Interstitial Lung Disease*, which replaces the old *Interstitial Lung Disease* “greenie” and *Paediatric Interstitial Lung Disease*. If you would like to receive copies of these brochures, please call the LungNet Information & Support Centre toll-free on 1800 654 301.

Plans are also progressing for the establishment of a registry of orphan/rare lung diseases in both adults and children, and we will have further information on this in the November issue of LungNet News.

If you would like any further information about PIVOT, please call Juliet on 1800 654 301.

World COPD Day 2008

Karen Wright, Project Officer – COPD National Program, The Australian Lung Foundation

World COPD Day for 2008 is November 19 – please note your calendars!!

The Australian Lung Foundation will be continuing the theme from last year and encouraging all support groups, pulmonary rehabilitation programs, patients, carers, families and friends to participate in the “Catch your breath... walk for COPD”. We are encouraging everyone to get out and about to demonstrate that a diagnosis of COPD doesn't mean you have to be house-bound, inactive or isolated.



Resources will be available again this year, including t-shirts, balloons, posters and educational materials, to assist groups with their events. If coordinating a walk is out of your reach, perhaps consider a static display in your local shopping centre, library, pharmacy or hospital foyer. Should you wish to coordinate an event and require further information or assistance, please contact Karen Wright on 07 3622 2300 or projects@lungnet.com.au to register your interest.

Read it and pass it on!

The ALF continues to strive to get our name more widely known, and one of the best vehicles for promotion is LungNet News. Once you've finished with your newsletter, you could consider passing it on to a friend or neighbour, or your local doctor's surgery so that other people get to hear about us and can find out about the services we can offer. If you would like to keep your copy, don't worry. You can call us toll-free on 1800 654 301 for another complimentary copy.

Moving?

Don't forget to let us know if you change address or telephone numbers to ensure that your newsletter can find you.

About the LungNet News

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