**Carbon Dioxide Retention in Patients with Chronic Obstructive Pulmonary Disease**

Dr Claude Farah, Respiratory and Sleep Physician, Macquarie University Hospital Clinic, NSW

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**What is carbon dioxide?**

Carbon dioxide (CO₂) is a gas in the air that makes up about 0.03% of the earth’s atmosphere. CO₂ is also a “waste gas” and a by-product of the body’s metabolism (biochemical processes occurring in cells and which are required to sustain life). During metabolism, oxygen is used and CO₂ is produced. CO₂ is chiefly removed from the body through the lungs when you breathe out. A high CO₂ level is usually an indication that the lungs are not able to keep up with the body’s needs. In a healthy person, a high CO₂ level can occur suddenly during an acute illness. Some people adapt over time to a new “baseline” where the CO₂ level in the body is higher than in healthy lungs. Some people with stable Chronic Obstructive Pulmonary Disease (COPD) can manage with a higher CO₂ level than people with healthy lungs.

**Effects of high CO₂ levels (hypercapnia)**

The presence of a high CO₂ level in the blood is known as hypercapnia and can cause headaches, lethargy, drowsiness, confusion and, if severe, can lead to coma and death. People with hypercapnia may be flushed and warm to touch, and they may also show a classic “flapping tremor” of the hands. When asked to hold their arms out in front and bend their wrists back, they are unable to maintain the position of the hands, and as a result, the hands will “flap”.

**How does oxygen cause hypercapnia?**

Too much supplemental oxygen can cause or worsen hypercapnia by a number of different mechanisms including:

1. Dramatically changing the relationship between air exchange within the lungs and blood flow within the lungs, resulting in reduced removal of CO₂.
2. Reducing the “drive to breathe”. People with healthy lungs rely on high CO₂ levels to stimulate the brain to breathe. People with COPD and high CO₂ levels may become “less sensitive” to a high CO₂ level. The person then relies more on low oxygen levels to stimulate their breathing. Giving too much oxygen removes this stimulus to breathe, and thus reduces the removal of CO₂ from the lungs.
3. Both oxygen and CO₂ bind to the haemoglobin in the red blood cells. Giving too much oxygen can push the CO₂ from the haemoglobin into the bloodstream, causing CO₂ levels to rise in the blood.

Uncontrolled oxygen therapy, or receiving too much oxygen, can make people who usually have higher CO₂ levels retain more until it reaches dangerous levels.

Some people with low oxygen levels are prescribed supplemental oxygen at home as a long-term treatment for their lung condition. In this instance, the treating physician usually determines the oxygen flow within an acceptable range. It is important that oxygen therapy is used to maintain blood levels within this acceptable range and not in an effort to reduce perceived breathlessness. Breathlessness in COPD is rarely due to low oxygen levels alone. If someone experiences worsening breathlessness they need to see their doctor and address the possible causes. Patients should not increase the oxygen flow simply to treat the symptom of breathlessness.

**How to decrease the risk of hypercapnia with oxygen therapy**

The critical oxygen level is an oxygen saturation of approximately 90% (this is measured by a finger pulse oximeter), equivalent to a blood oxygen level of 55-60 mmHg (this is measured from a blood sample taken from an artery, commonly in the wrist). This blood test is known as an arterial blood gas or ABG. Therefore, controlled oxygen therapy, to maintain oxygen saturation at around 90% (88-92% is an acceptable range) will minimise the risk of hypercapnia. It is important to avoid too much oxygen and minimise the risk of worsening CO₂ levels in this situation. Some patients who are very sensitive to the adverse effects of too much oxygen may choose to wear a medical alert bracelet to alert paramedics about their lung condition in the event of an emergency.

It is important that oxygen therapy is used to maintain blood levels within the acceptable range and not in an effort to reduce perceived breathlessness.
Dear Readers,

I am sure I don’t need to remind you about the significant benefits of pulmonary rehabilitation and ongoing exercise maintenance for those with COPD and other chronic lung diseases. We have been writing about and advocating for wider access to these important programs for many years.

In October, there will be an opportunity for you to voice your support for our efforts to make pulmonary rehabilitation available to all patients who could benefit and we are asking for your help. What we know about pulmonary rehabilitation:

• Reduces breathlessness and other symptoms
• Improves feelings of anxiety and depression
• Improves quality of life
• Keeps people out of hospital
• Helps people live longer

We also know, however, that programs are not available to everyone who could benefit. This is particularly the case for patients who live outside the major metropolitan areas.

As you may have seen in our previous edition of LungNet News, the Lung Foundation has lodged an application with the Government’s Medical Benefits Scheme (MBS) for a Medicare item number. If we are successful, this will mean pulmonary rehabilitation and ongoing specialised exercise (such as Lungs in Action) will be subsidised. This, in turn, will encourage the establishment of new programs in the community where none have existed previously.

How you can help?

We expect the Government will be calling for public submissions on this issue during the month of October. It will be important they hear from as many patients as possible about how important pulmonary rehabilitation is to them, so, we are asking you to write to your local Member of Parliament. Please also send us a copy of your letter and we will make sure that it is submitted as part of the Department of Health’s consultation process. In your letter, describe what it’s like to live with lung disease and how pulmonary rehabilitation has helped or might help you.

Every letter will make a difference. So please take the time to write.

For more information on other ways you can support this important initiative, please call our Information and Support Centre on freecall 1800 654 301.

As this is the last edition of LungNet News for the year, I take the opportunity to wish you, your families and your friends a Merry Christmas. The past year has been a full and exciting one for Lung Foundation Australia and we couldn’t have been as successful without your support, so thank you.

To ensure we keep our costs low and can dedicate more funds raised to our growing and vital services, this year we have found it necessary to move away from the creation of our traditional Christmas cards. We have, however included the gift of our annual Christmas Seals which is a tradition of lung associations around the world. We appreciate your understanding on this decision and invite you to show your support through our annual Christmas Appeal.

This year, our Christmas Appeal shares the story of 50 year old regional fireman and father of seven, Brett Torcetti who was not expecting to be told “you may have lung cancer”, two days before Christmas.

Read more about Brett’s inspirational story within this issue.

Thank you again for your support during 2015.

Heather Allan

In October, there will be an opportunity for you to voice your support for our efforts to make pulmonary rehabilitation available to all patients who could benefit. For more information phone freecall 1800 654 301.

Diary Dates 2015

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Lung Health Patient Education Day, Adelaide</td>
<td>14 October</td>
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<td>Australian Rare Lung Disease Short Course, Sydney</td>
<td>16 – 17 October</td>
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<td>Just One Breath 2015 Annual Gala Dinner, Sydney</td>
<td>17 October</td>
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<td>Lung Health Patient Education Day, Melbourne</td>
<td>23 October</td>
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<td>Lung Health Patient Education Day, Campbell Town, Tasmania</td>
<td>24 October</td>
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<td>Lung Health Awareness Month</td>
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<td>World COPD Day</td>
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<td>Asbestos Awareness Week</td>
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Staff News
Our Lung Foundation Australia team continues to grow. Since our last edition, we have welcomed three new staff members to the team, Kirsten Phillips, Mary Bishop and Dan Jackson.

Kirsten has been appointed as Director, COPD National Program replacing Liz Harper who left in August. Kirsten’s background as an occupational therapist ensures she has a breadth of experience in the health field to take on this important role.

Mary has taken on the new role of Fundraising Manager and will be based in our Sydney office looking after fundraising and events.

Dan was appointed as the new Bronchiectasis Project Manager and is also based in our Sydney office. Dan is currently working alongside the Principal Investigator Group on the Australian Bronchiectasis Registry (ABR) development, with an upcoming launch planned for early 2016.

Farewell to Lung Foundation Friends
Dean Sherry
It is with great sadness that Lung Foundation Australia advises of the passing of Adelaide COPD Patient Advocate Group member Dean Sherry in July. Dean enjoyed his volunteer work and engagement with the Lung Foundation and was excited about his involvement in the COPD advocacy and awareness campaigns. Dean was a fantastic contributor to the CPAG group and will be sorely missed.

It’s Not Too Late to Shine your Light on Lung Cancer this November
Kerrie Callaghan, Project Manager, Lung Cancer, Lung Foundation Australia

November is International Lung Cancer Awareness Month and we encourage you to host a Shine a Light on lung cancer awareness event within your community. This year we are shining a light on the inequalities in lung cancer research funding. In Australia, only 5% of tumour specific research funding is allocated to lung cancer and mesothelioma - yet more Australians die from lung cancer than any other cancer!

Our Shine a Light events bring together survivors, patients, their family and friends, health professionals, clinicians, and researchers as one resilient voice to support more research funding and earlier diagnosis of lung cancer.


For more information or assistance, please email Kerrie at kerrie@lungfoundation.com.au or phone freecall 1800 654 301 and ask for Kerrie.

New Edition of “Let’s Yarn About Lung Cancer” DVD Now Available
The second edition of the indigenous lung cancer DVD “Let’s Yarn About Lung Cancer” is now available. This free DVD provides reliable, culturally sensitive information about lung cancer risks and symptoms and features three patient stories including Australian indigenous singer/songwriter, Archie Roach’s lung cancer survival story.

Contrary to what many people think, breathlessness is not a normal part of ageing. Feeling out of breath is a symptom and may be an important factor in this disease. This research is timely as a recent update of international guidelines for the treatment of IPF recommends the treatment of reflux. With more than 600 patients with IPF now generously providing their information to the Australian IPF Registry, important research using the data collected is being undertaken. If you have Idiopathic Pulmonary Fibrosis you too can help. Please ask your respiratory physician about the Registry during your next visit. Health professionals, please contact the Registry Coordinator in your State to inform them of your IPF patients who are interested in joining the Registry. To find the Coordinator in your State please call Sacha Macansh on 02 9515 3996 or email ipf@lungfoundation.com.au or visit the Lung Foundation website www.lungfoundation.com.au/health-professionals/idiopathic-pulmonary-fibrosis-registry.

Clinical trials for IPF medications in Australia
Apart from creating a unique research platform, the Australian IPF Registry also aims to improve recruitment to clinical trials for new potential medications. A number of clinical trials in IPF are currently being or have recently been undertaken in Australia.

Table 1: Clinical trials for potential IPF medications in Australia.

<table>
<thead>
<tr>
<th>Study</th>
<th>Therapeutic agent</th>
<th>Company</th>
<th>Trial Phase</th>
<th>Progress</th>
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<tbody>
<tr>
<td>ASCEND</td>
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<td>Ongoing recruitment</td>
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<tr>
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<td>Lebrikizumab</td>
<td>Roche</td>
<td>Phase II</td>
<td>Ongoing recruitment</td>
</tr>
<tr>
<td>RISE-IIP</td>
<td>Riociguat</td>
<td>Bayer</td>
<td>Phase II</td>
<td>Ongoing recruitment</td>
</tr>
<tr>
<td>NCT01766817</td>
<td>BMS-986020</td>
<td>Bristol-Myers Squibb</td>
<td>Phase II</td>
<td>Ongoing recruitment</td>
</tr>
</tbody>
</table>

Table 1: Clinical trials for potential IPF medications in Australia.

For further information on these trials, please speak to your respiratory physician.

Help us Raise Awareness for World COPD Day!
Diane Barton, Marketing & Communications Coordinator, COPD National Program, Lung Foundation Australia

This World COPD Day (Wednesday 18 November) we are encouraging all Australians over the age of 35 to take breathlessness seriously and get a lung health check. Contrary to what many people think, breathlessness is not a normal part of ageing. Feeling out of breath is a symptom and is one that should not be ignored. World COPD Day is about raising awareness of the symptoms, risk factors and treatment of COPD and there are many ways you can help us to do that:

- Organise a Catch Your Breath... Walk for COPD event in your community or take part in a walk. Ask event participants to donate a gold coin to help raise funds for the development of resources for patients with COPD to improve their quality of life.
- Health professionals can run a free lung function screening activity and/or display promotional material.
- Ask your local shopping centre/library/community hall to display promotional material or include World COPD Day information in their newsletters*.
- Send your story to the local media*.

*Newsletter information and a media pack are available on our website.

We encourage you to consider fundraising via our Everyday Hero page where you can promote your own activity to help raise funds and awareness for World COPD Day. To create your own World COPD Day fundraising campaign, simply click on the following link: www.everydayhero.com.au/event/COPDhero.

Don’t forget to register your walk or promotional activity at www.worldcopdday.lungfoundation.com.au so we can keep track of all the activities taking place across Australia and to ensure other people in your community can join in the activities listed. Everyone who registers an event gets a free promo pack which includes posters, balloons and various brochures related to COPD. For extra items (like t-shirts) please order them via our online shop. Use this code: WCD15 for free shipping.

We look forward to hearing about your World COPD activity and making this year bigger than ever!
The fifth annual Be Medicinewise Week will be held on 12 - 18 October to promote the safe and wise use of medicines.

“One size doesn’t fit all when it comes to your medicines, and people will use medicines differently at various times in their lives,” says Dr Andrew Boyden, GP and Clinical Adviser at NPS MedicineWise. “This Be Medicinewise Week, NPS MedicineWise is reminding Australians about the importance of being medicinewise at all ages and life stages.”

**Be Medicinewise: When medicines are part of your life**

Most of us take medicines, but too often we take them for granted. When medicines become a part of everyday life, it is time to become ‘medicinewise’. This involves managing your medicines to ensure you take them safely and wisely.

Medicines work wonders on our bodies, but when balancing work, family and social commitments, it can be challenging to maintain a complicated medicine schedule. The good news is that a little organisation goes a long way to help you manage your medicines.

Here are five tips to help you be medicinewise when medicines are a part of your everyday life.

1. **Take your medicines as directed**

Medicines can come in many shapes and sizes such as tablets, liquids, patches, injections or inhalations. How much (the dose) and for how long (the duration) a medicine is needed can vary greatly between individuals. Some medicines might be a one-off treatment, while others may need to be taken on an ongoing basis. For some conditions, medicines may be taken throughout a person’s life.

There are reasons why following direction is important says Dr Boyd, “Taking a medicine incorrectly could mean you end up with too little or too much of the medicine in your body. You either may not get the full benefit, or you increase your risk of side effects and medicine errors.”

Seek clear instructions from your doctor or pharmacist about how to take your medicine correctly. If you are taking multiple medicines, it’s important your healthcare team knows and you stick to the recommended medicine regime.

2. **Don’t suddenly stop taking your medicines**

People sometimes stop taking a prescription medicine without talking to their doctor first, or even against their doctor’s advice. This can be dangerous. If you have concerns about your medicine or think you don’t need to keep taking it, it’s important to discuss this with your doctor before making a decision.

For example, COPD is one of the most common chronic conditions in Australia and non-adherence to medicines contributes to poor COPD control.

Dr Boyd says, “Don’t stop or change how you take your medicines without getting advice from a health professional first, as COPD medicines need to be taken on a regular, ongoing basis to keep well and reduce exacerbations, even when you are feeling well.”

3. **Get to know your medicines**

It’s important to familiarise yourself with your medicines—this will help you understand possible side effects and reduce the risk of interactions with other medicines or particular foods. Get to know your medicines by learning the active ingredients, reading the consumer medicine information leaflets and remembering what the medicine looks like and why you’re taking it.

Sometimes it can take a while to adjust to a new medicine, so make sure you discuss any concerns with your health professional.

Organise your medicines so you remember when and how to take them. The free MedicineList+ smartphone app helps you keep an up-to-date medicines list and set reminders to take medicines at the right time. For more information or to download the app visit [www.nps.org.au/topics/how-to-be-medicinewise/managing-your-medicines/medicines-list/medicinelist-smartphone-app](http://www.nps.org.au/topics/how-to-be-medicinewise/managing-your-medicines/medicines-list/medicinelist-smartphone-app).

4. **Give old medicines the boot**

It’s no surprise that many Australians keep multiple medicines at home. Saving them for a rainy day is not always safe. Regularly review your medicine cabinet and always check the expiry date. Most medicines will slowly deteriorate over time, which can make them less effective and potentially harmful. You can return out-of-date or unused medicines to a pharmacy for safe disposal.

5. **Communication is important**

Medicines don’t just come on prescription—they include over-the-counter medicines from a pharmacy or other store, as well as herbal remedies, vitamins and other supplements. It’s important to tell your doctor or pharmacist about all the medicines you take to avoid risky interactions.

Complementary medicines are readily available and often self-prescribed so people may not always think to tell a health professional they’re taking them which can be problematic. “Herbal, natural and alternative medicines can interact with your prescription or pharmacy medicines,” says Dr Boyd. “Always include these on your list of current medicines and share this information with your health professionals.”

To learn more about Be Medicinewise Week, visit [www.nps.org.au/be-medicinewise-week](http://www.nps.org.au/be-medicinewise-week). If you have questions about your medicines, call the NPS MedicineLine on 1300 MEDICINE (1300 633 424) for the cost of a local call (mobiles may cost more), Monday - Friday 9am - 5pm AEST (excluding public holidays).
Lungs in Action: An Instructor’s Perspective
Emma Gainer, Program Manager, Pulmonary Rehabilitation and Lungs in Action, Lung Foundation Australia

In the next two editions of LungNet News, the Lungs in Action update will focus on the perspective of an instructor and a participant. In this edition, participant Allan Roue will be asking instructor Jane Braund the hard questions. Stay tuned for the next edition when the tables are turned and Jane gets to ask the questions of one of her dedicated participants.

Instructor Name: Jane Braund
Lungs in Action Location: St Clair, NSW
Time as a Lungs in Action Instructor: 18 months

1. Why did you decide to become a Lungs in Action Instructor?
To assist people in improving their fitness and strength and to maintain their independence for as long as possible.

2. You had to complete Lung Foundation Australia’s Lungs in Action training program to become an instructor. What was your experience of the training?
The training was more in depth than I imagined. It gave me an insight into lung disease and how debilitating it can be on a person’s life, as well as the pressure it can put on their loved ones. I was also introduced to a dedicated team in pulmonary rehabilitation at a couple of different hospitals around Sydney who showed me the type of exercise they provide in rehab for their patients. This was very similar to what I provide in my exercise class for my participants. It gave me peace of mind as I’m not in the medical field and initially did worry about whether I was going to provide the correct exercises and not over-exert the participants.

3. What do you like best about instructing a Lungs in Action class?
We have a great group of participants that have challenges every day, yet don’t give up. I enjoy the comradery and the support they offer each other too. The social side and the friendship they have with each other is good to see.

4. What has been your highlight as an instructor?
Seeing the participants’ admissions into hospital decrease over the time they have been regularly exercising.

5. What qualities do you feel are important to have as an instructor?
I’ve been told I’m a people person, and it is important to make everyone feel welcome. You need to have good listening skills, compassion and understanding.

6. Why is ongoing exercise important for those who have completed pulmonary rehabilitation?
Exercise is important for everyone, but especially for people who have had injuries and/or health issues such as lung disorders. Being physically stronger can assist in everyday activities, such as doing the grocery shopping and putting it away, emptying the washing machine, hanging out clothes and other everyday activities. Exercise improves strength, fitness and range of motion, as well as helping to reduce hospital admissions.

7. What exercises do you provide?
We provide a range of exercises, such as cardiovascular and weight training and sometimes we provide boxing fitness which is modified to suit the participant’s ability.

8. Do you have any advice to other exercise professionals interested in running a Lungs in Action class?
If you choose to become a Lungs in Action instructor, you will not only provide fitness benefits to some amazing people, you will give their families a little peace of mind that their loved one is doing their best to maintain their independence. You are offering another service to your community where people benefit from your direction. Your participants will be remarkable people that may teach you something too.

General Comments:
It’s motivational when clients tell me they now find it easier to put their shoes on, reach for a cup in the cupboard, or take an item down from the wardrobe. For me, this means a little more independence has been gained for this person from the classes. It’s also great to see that their admissions to hospital have lessened by half in the past 12 months. This is fantastic for them and their families. These are all things most of us take for granted, but are greatly beneficial to these participants.

For details of your nearest Lungs in Action program, please visit www.lungsinaction.com.au or phone Lung Foundation Australia’s Information and Support Centre on freecall 1800 654 301.

Helping Australia Embrace Its Lung Health

With Lung Health Awareness Month (November) just around the corner, Lung Foundation Australia encourages everyone to take Just One Breath and celebrate the gift of breathing.

Lung health is vital and often overlooked by many Australians. We’re used to thinking about our heart, skin and breast health but our lungs are equally important.

In fact, one in seven Australians die because of lung disease every year, yet many of us continue to ignore the signs or symptoms of lung disease, often not doing anything about it for far too long.

Some of the key dates and activities in November include:
- Shine a Light on lung cancer awareness events (November)
- International Lung Cancer awareness day (17 November)
- World COPD Day awareness walks and events (November)
- Asbestos Awareness Week (23-27 November)

To keep up-to-date with what is happening during Lung Health Awareness Month, please visit www.lungfoundation.com.au/events.
Lung Foundation Australia works all year round to develop and deliver our vital services for both our patient and healthcare communities. Queensland Fire and Emergency Service Auxiliary fire fighter and father of seven, Brett Torcetti knows just how essential these services are after being diagnosed with lung cancer.

“I had a chest infection, or so I thought. My GP gave me some antibiotics and said if my chest didn’t clear in two weeks he would send me for a scan,” Brett said.

“When the specialist told me I had lung cancer, I said ‘Ok, what do we do about it?’ My wife and kids were upset and struggled to come to terms with the diagnosis, thinking I was going to die. But I was determined not to sit around moping about feeling sick. We wanted to understand the situation I was in and what had to happen to fix it.

“It’s important to be informed, but beware of all the misinformation on the net. Check in with a reliable source like Lung Foundation Australia. They have lots of resources and information available and their Information and Support Centre were always willing to chat when we needed them.”

Brett had a lobectomy and during the following months, with his family by his side, he fought the battle of his life.

“Life doesn’t stop because you have lung cancer. For me, having a positive attitude really made a big difference as it prompted me to fight.

“Christmas is a time for being with loved ones and being thankful for what we have. A gift to Lung Foundation Australia’s Christmas Appeal is a gift of hope to a family that needs it.”

“…Check in with a reliable source like Lung Foundation Australia. They have lots of resources and information available and their Information and Support Centre were always willing to chat when we needed them.”

**Pulmonary Hypertension Western Australia (PHWA)**

PHWA is an organisation that offers support, advocacy, referral, information and educational resources about pulmonary hypertension (PH) to patients, carers, family and health professionals in WA. Some of the services provided include support group meetings, guest speakers, patient resources, education and a quarterly magazine.

PHWA is a non-profit charitable organisation focused on helping those with PH to live well.

It recently won a prestigious international award the “PHA USA Tom Lantos Innovation in Community Services Award” which took the form of a grant funded by a pharmaceutical company to develop a project called “We are PHamily”. The aim is to introduce first time educational resources and awareness raising tools to assist patients on their PH journey helping them to better manage their disease.

For further information, please contact PHWA by calling 08 9302 3078 or 0418 930 291; emailing pulmonaryhypertensionwa@gmail.com; via Facebook www.facebook.com/pulmonaryhypertensionWA or online at www.phwa.info.
Lung Foundation Australia has recently been trialling an IPF Patient Peer Support Program comprising a Facebook Group and a telephone Peer Support Program. The Peer Support Program provides an opportunity for patients and carers living with Idiopathic Pulmonary Fibrosis (IPF) to connect with other people who are living with the same disease in order to share experiences and provide each other with moral support.

The feedback from the IPF patients involved, both participants and volunteers, has been very positive and the IPF Peer Support Program continues to gain new members regularly. If you would like to learn more about the IPF Peer Support Program or would like to participate please contact Lung Foundation Australia’s Information and Support Centre on 1800 654 301 or by emailing enquiries@lungfoundation.com.au.

**Bridge to Brisbane Success**

Congratulations to Ross Lloyd, double lung transplant recipient and Chairman of our COPD Patient Advocate Group (CPAG), who ran the Bridge to Brisbane (B2B) on Sunday 30 August. Ross has run the B2B before but this year was extra special because he had the opportunity to run with his donor’s daughter, her husband and their daughter. Ross, his family and friends generously donated the funds raised to both Lung Foundation Australia and DonateLife.

Ross said “I can now see how much Lung Foundation Australia assisted me in getting fit enough for my lung transplant and now maintaining that fitness.”

New Trial for Lung Cancer Opens in Australia

The Australasian Lung Cancer Trials Group (ALTG), working with the National Health and Medical Research Council Clinical Trials Centre (NHMRC CTC) and research groups in other countries has launched the BR.31 trial in Australia. BR.31 is a clinical research study that is testing MEDI4736, a new type of drug treatment for non-small cell lung cancer (NSCLC) that has been completely removed by surgery. The purpose of this study is to find out whether it is better to receive MEDI4736 or no further treatment after surgery (and possibly chemotherapy) for lung cancer. Laboratory tests show that MEDI4736 works by preventing one of the ways that cancer may avoid detection by the immune system (the interaction between PD1 and PDL1). By reactivating the immune response MEDI4736 treatment may help to slow down the growth of lung cancer or cause cancer cells to die. Visit Lung Foundation Australia’s ALTG website www.altg.com.au/altg-14001-br31 for more information about BR.31 and other ALTG studies.