



Improving Lung Health for Western Australians

Lung Foundation Australia submission to the 2026-27 Western Australian Budget

Executive summary

Lung Foundation Australia (LFA) is the only charity and leading peak body of its kind in Australia that funds life-changing research and delivers support services that give hope to people living with lung disease or lung cancer. Since 1990, we have been working to ensure lung health is a priority for all, from promoting lung health and early diagnosis, advocating for policy change and research investment, raising awareness about the symptoms and prevalence of lung disease, and championing equitable access to treatment and care. We are a trusted point-of-call for the 1 in 3 Australians living with a lung disease.

There are more than 30 different types of lung conditions, which are a cause of significant health and economic burden in Western Australia (WA). Lung cancer and chronic lower respiratory diseases are the fourth and fifth leading causes of death in the state¹, respectively. Lung conditions collectively **cost the WA healthcare system \$1.4 billion in 2022-23**, that is 8% of total state health spending on disease².

Lung Foundation Australia have identified **6 priorities requiring government action** to improve the lung health of Western Australians and reduce health system pressure.

Lung Foundation Australia's priorities for the 2026-27 Western Australian Budget

- Invest \$860,000 per year, for 4 years, to increase access to Specialist Lung Cancer Nurses and reduce inequities.
- Invest \$350,000 per year, for 4 years, in the vital Respiratory Care Program.
- Invest \$1.2 million per year, for 4 years, in innovative pulmonary rehabilitation services.
- Free influenza vaccination for the next 3 years and invest \$500,000 per year, for two years, to strengthen vaccination uptake among First Nations peoples in WA.
- Invest \$850,000 in vaping resources for First Nations young people and young adults working in a trade industry.
- Commit \$300,000 to establish a Lung Foundation Australia office in WA.

Lung Foundation Australia's priorities align with several WA policy documents, such as the <u>Sustainable Health Review</u>, <u>WA Immunisation Strategy 2024–2028</u> and <u>WA State Public Health Plan 2025-2030</u>. We seek your action and investment to address these priorities and promote lung health in WA.

We welcome the opportunity to discuss this budget proposal with you further.

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Priorities on a page



Invest \$860,000 per year, for 4 years, to increase access to Specialist Lung Cancer Nurses*



Lung cancer is the leading cause of cancer-related death in WA.



One Lung Foundation Australia SLCN generates >\$1 million in net cost savings and quality-of-life agins.



Invest \$350,000 per year, for 4 years, in the vital Respiratory Care Program*



COPD is a leading cause of potentially preventable hospitalisations in WA.



Our Respiratory Care Program reduces ED presentations and hospitalisations.



Invest \$1.2 million per year, for 4 years, in innovative pulmonary rehabilitation services*



More than 70,000 people in WA have COPD, but there are only ~30 centre-based pulmonary rehabilitation programs.



Mobile pulmonary is clinically effective and cost saving and addresses critical barriers to access.



commit to funding free influenza vaccination for the next 3 years and invest \$500,000 per year, for two years, to strengthen vaccination uptake among First Nations peoples in WA*



Vaccination rates are suboptimal and contributing to avoidable hospitalisations.



Efforts to strengthen vaccination uptake will reduce unnecessary health system pressure.



Invest \$850,000 in vaping resources for First Nations young people and young adults working in a trade industry*



E-cigarette use by young people has increased significantly in recent years.



Resources are needed to empower young people to make healthy decisions.



Commit \$300,000 to establish a Lung Foundation Australia office in WA*



Local knowledge and experience are critical to expanding our impact in WA.



An office in WA will enable local partnerships and provide a base for local services and staff.

^{*}Full budget available on request.

Invest \$860,000 per year, for 4 years, to increase access to Specialist Lung Cancer Nurses*

Partner with Lung Foundation Australia to strengthen lung cancer care in WA

Lung cancer is a significant cause of disease burden in Australia. It is the most common cause of cancer-related death¹ and a leading cause of premature mortality across all diseases³. Of the five most commonly diagnosed cancers, lung cancer has the lowest five-year survival rate⁴.

The pathway to a lung cancer diagnosis is **long, complicated, and fragmented**. To reach a diagnosis, many patients must

Lung cancer is the #1 cause of cancer death in WA

- More than 1,000 people diagnosed in 2021
- More than 800 deaths in 2023
- Over \$140 million in health system costs in 2022-23

undergo multiple complex investigations, often conducted outside of formal cancer services. As a result, it can take **three months or more** to reach a diagnosis, causing delays to potentially lifesaving treatment.

Existing models of care for lung cancer nursing, including the McGrath Foundation model, typically begin support only after a confirmed diagnosis. This leaves people with suspected lung cancer without critical assistance during the pre-diagnosis phase—a period marked by profound uncertainty, clinical complexity, and emotional distress.



The time to address these inadequacies in care is now. The **National Lung Cancer Screening Program** launched in July 2025 and will contribute to a rise in lung cancer cases, particularly at earlier stages when treatment can be more effective. While this is a major step forward in addressing the burden of lung cancer, it will place **additional pressure on respiratory services**, particularly during the diagnostic and staging phases. It is essential that screening efforts are supported by timely and coordinated diagnosis and treatment. Without the right workforce in place, there is a risk that system bottlenecks will undermine the benefits of improved early detection.

^{*}Full budget available on request.

Lung Foundation Australia's Specialist Lung Cancer Nurses

Lung Foundation Australia's specialist lung cancer nurses (SLCNs) are highly skilled, advanced practice registered nurses with expertise in lung cancer. Lung Foundation Australia's evidence-based model of care **uniquely positions SLCNs within respiratory medicine** so that they can support individuals through the **pre-diagnosis period**. As a result of being embedded within respiratory medicine, SLCNs can:

- triage and expedite referrals,
- coordinate timely diagnostic investigations and appointments,
- advocate for patients in lung cancer multidisciplinary teams,
- support patients through uncertainty and complex decision making,
- reduce time to diagnosis and commencement of treatment, and
- maximise the benefits of early detection as part of the new National Lung Cancer Screening Program.

Investment in the SLCN workforce, and in Lung Foundation Australia's model of care specifically, will ensure people with suspected lung cancer receive the support they need **from the moment of suspicion**, **not just at the point of diagnosis**.

Investing in <u>one Lung Foundation Australia SLCN</u> generates <u>>\$1 million</u> in net cost savings and quality-of-life gains[†].



Success in South Australia and Queensland

Lung Foundation Australia have been working with the governments of South Australia and Queensland to deliver on-the-ground SLCNs since late 2023. In this time, the SLCNs have **supported over 3,500 patients in more than 13,000 clinical interactions**. The SLCNs have been embedded within the local lung cancer multidisciplinary teams, advocating for the patients they have supported through the pre-diagnosis period. The SLCNs have also actively led improvements to triaging, referral pathways, and service delivery, enhancing care for patients.

Currently, in WA, there are a small number of specialist lung cancer nurses operating independently within health services. While these nurses provide valuable support to patients, they lack coordinated infrastructure and a consistent national model. This limits their reach, sustainability, and visibility. Lung Foundation Australia seeks to work in partnership with the WA Government to:

- Fund SLCNs working to Lung Foundation Australia's model of care in the hospitals of highest need, based on population health statistics and service demand. We recommend funding
 4x Lung Foundation Australia SLCNs to work in public hospitals in underserved areas, with a dedicated Lung Cancer MDT and Respiratory Medicine Department, across WA.
- Fund Lung Foundation Australia to provide training, mentorship, professional development and national coordination, supported by a national program team and digital infrastructure. This includes access to a community of practice of more than 400 lung cancer nurses.
- Enable Lung Foundation Australia to drive continuous quality improvement through program evaluation.

[†]2025 independent economic analysis of Lung Foundation Australia SLCN model of care. Available on request.

Invest \$350,000 per year, over 4 years, in the vital Respiratory Care Program*

Reduce pressure on WA's healthcare system by investing in our Respiratory Care Program

Chronic obstructive pulmonary disease (COPD) is a term that describes chronic lung diseases characterised by obstructed airflow. These include emphysema, chronic bronchitis, and chronic asthma. Breathlessness is the key symptom. COPD results from long-term exposure to irritants, most often cigarette smoke, but also occupational hazards and air pollution. COPD is a progressive, chronic lung condition that leads to increasing breathing difficulty, disability, and premature death.

The impact of COPD in WA

Prevalence: more than 70,000 people living with COPD in 2022 – second highest rate of all states and territories after adjusting for age

Hospitalisations: more than 5,000 potentially preventable hospitalisations in 2023-24 – now the second-leading cause among chronic conditions

Deaths: cause of more than 600 deaths in 2023 – more than diabetes

Health system costs: more than \$160 million in 2022-23



Although there is no cure for COPD, the condition is inherently treatable. **Early diagnosis and evidence-based interventions can slow the progression of the disease and allow people to live well.** In 2024, Lung Foundation Australia commissioned research to better understand the lived experiences of people living with or caring for someone with a lung condition. Compared to all respondents, people with COPD were significantly more likely to report waiting too long to see a GP and then needing to go to hospital. One in four people with COPD stated that finding a GP with a good understanding of lung disease was a barrier to effectively managing their condition, as was

lack of information and understanding about how to manage their lung disease. People with COPD need clear, practical support—alongside primary care—to take charge of their health and manage their conditions with confidence.

*Full budget available on request.

1 in 4 people with COPD say lack of information and understanding is a barrier to being able to effectively manage their condition.

Lung Foundation Australia's Respiratory Care Program

Our Respiratory Care Program aims to improve patient engagement with their healthcare teams and encourage effective self-management. The service identifies gaps in evidence-based care and provides participants with the information and support required to address these. The program comprises three clinician-led telephone appointments conducted over four to six months, plus a follow-up call 12 months after the final session.

Lung Foundation Australia's Respiratory Care Program is:

- ✓ Free to consumers, providing vital health support without added cost-of-living pressure.
- Evidence based and cost effective, helping to relieve pressure on the health system.
- ✓ Accessible across
 Australia, promoting equitable health outcomes.

Since 2019, 1,500 Australians living with COPD—including 127 people living in WA—have been clients of our Respiratory Care Program. The program is underpinned by a robust data collection protocol to assess its impact. One key measure of success is the uptake of written COPD Action Plans, which are vital self-management tools that help individuals recognise baseline symptoms and respond appropriately to changes. To date, more than 400 participants have completed the program and their 12-month follow-up. Among this group, Action Plan ownership rose from 26% at baseline to 48% post-program, and further to 55% at 12 months. Emergency department presentations dropped, with the proportion of participants reporting zero visits rising from 61% to 77%, and similar improvements were seen in hospitalisation rates. An earlier independent evaluation has also confirmed the program's impact and cost effectiveness⁵.

"I'd say 80% of what I know about my own condition I've learnt from the Lung Foundation".

- Cathy from WA, living with COPD

We recommend the WA Government commit to investing in the vital Respiratory Care Program. Our recommendation aligns with the <u>Sustainable Health Review</u> completed in 2019, particularly Enduring Strategies 4 and 5 which encourage initiatives that support equitable access to

person-centred care and partnering with non-government organisations to reduce pressure on the hospital system. The recommendation also aligns to Quality Statement 3 and 9 from the <u>COPD</u> <u>Clinical Care Standard</u>.

We also note that this modest recommendation of \$350,000 annually amounts to less than 1% of the current health system expenditure on this treatable and manageable chronic condition in Western Australia.

Invest \$1.2 million per year, over 4 years, in innovative pulmonary rehabilitation services*

Invest in innovative models to increase equity of access to pulmonary rehabilitation in WA

Pulmonary rehabilitation is a six- to eight-week program combining exercise, education, and self-management techniques for people with a chronic lung condition. Delivered by a team of health professionals, pulmonary rehabilitation teaches the knowledge and skills to help individuals better manage their condition and to exercise safely.



Pulmonary rehabilitation programs are crucial to people being able to live well with complex and chronic lung conditions, especially COPD^{6,7}. The <u>COPD Clinical Care Standard</u> states that everyone with COPD can benefit from participating in pulmonary rehabilitation. **Participation is especially critical following hospitalisation for a COPD exacerbation as it can reduce the risk of readmission by 52% and improve exercise capacity and quality of life^{7,8}. For these outcomes to be realised, pulmonary rehabilitation should be commenced within 28 days of discharge⁸.**

Despite the well-documented benefits of pulmonary rehabilitation for people with COPD, access to centre-based services remains severely limited due to long waitlists, insufficient funding, and logistical barriers. This is a nationwide issue, and Western Australia is no exception.

Some clinicians report that Category 1 patients are waiting more than 50 days on average to start a class — far exceeding the 28-day limit recommended for clinical effectiveness.

As outlined in the <u>National Pulmonary Rehabilitation Strategy Framework 2023–2026</u>, funding is needed to improve equitable access and increase availability of pulmonary rehabilitation programs across Australia. Lung Foundation Australia estimates that there are only 31 centre-based pulmonary rehabilitation programs available in WA which is inadequate to meet demand and ensure equitable access.

*Full budget available on request.

More than 70,000 people with COPD; only ~30 centrebased pulmonary rehabilitation programs

Pulmonary telerehabilitation for Western Australians with chronic lung conditions

Using telehealth to deliver pulmonary rehabilitation services represents a solution to many of the known barriers to participation. Research has shown that telerehabilitation programs are safe, have high completion rates⁹, and are cost effective^{10,11}.

Advances in technology have expanded the ways telerehabilitation services can be delivered. Mobile health (mHealth) solutions, which use smartphones and other mobile devices to support health outcomes, offer a promising and accessible approach to telerehabilitation¹².

The costs of delivering pulmonary telerehabilitation are very low, and cost savings in the 12 months following participation have been shown to <u>exceed</u> \$10,000 per patient.



Recent Australian research shows that **mobile-based pulmonary telerehabilitation is as effective as centre-based pulmonary rehabilitation** for improving exercise capacity in people with COPD, and may even lead to greater improvements in health status¹². In clinical practice conditions, the mobile health approach has also been associated with lower resource usage costs and less greenhouse gas emissions¹³. Lung Foundation Australia, in partnership with an innovative team of researchers and software partners, recommend investment in this mobile-based pulmonary telerehabilitation program, which can address critical barriers to pulmonary rehabilitation participation in WA.

Funding would provide 900 patients across Western Australia with <u>free</u> access to pulmonary telerehabilitation. The recommended investment will enable successful implementation of this innovative service in WA, providing funding for local health professional services (including training and professional development), administrative support, digital costs, marketing and promotion, and continuous quality improvement.

By investing in alternative pulmonary rehabilitation models, the WA Government will be directly responding to Quality Statement 5 from the <u>COPD Clinical Care Standard</u>. Our recommendation also responds to other key policy recommendations, particularly Enduring Strategy 5 from the <u>Sustainable Health Review</u> which encourages partnerships to reduce pressure on the hospital system.

Tackle WA's low respiratory vaccination rates to improve health and reduce ramping

A) Commit to funding free influenza vaccination for the next three years to provide planning certainty and encourage sustained improvements in coverage

In the year to October 2025, influenza hospitalisations in Western Australia were higher than the previous five-year average¹⁴. While influenza vaccination rates in WA in 2025 slightly improved compared to 2024, they remained sub-optimal for reducing the rate of hospitalisation. We recommend the WA Government commit to funding free influenza vaccination for the next three years to provide planning certainty and encourage sustained improvements in coverage.

B) Invest \$500,000 per year for two years to strengthen vaccination uptake among First Nations peoples in WA*

"More advocacy [needed] to educate the population about the benefits of vaccination, not only to the individual, but society as well."

- WA respondent to LFA Adult Vaccination Survey, 2024 Health peak organisations are well placed to deliver public messaging that explains the benefits of vaccination. With distrust in government health messaging a reality following the COVID-19 pandemic, messaging from consumer-led organisations is vital. Lung Foundation Australia has strong experience in working collaboratively with population groups to co-design activities that work for them.

We recommend the WA Government fund Lung Foundation Australia to work alongside First Nations led groups on codesigned activities aimed at improving vaccination rates among First Nations peoples in WA. This funding will enable culturally safe engagement, build trust through local partnerships, and ensure health messaging is tailored and effective. Lung Foundation Australia have existing relationships with WA Tackling Indigenous Smoking teams, connecting us with health promotion insights for the communities they serve. An example of our capacity to deliver public vaccination messaging is our Protect Your Mobecampaign.



Our recommendation aligns with the <u>WA Immunisation Strategy 2024–2028</u>, particularly Priority Areas 2 and 5, which discuss the need for improved communications with communities and the importance of strong partnerships to improve vaccination uptake. Lung Foundation Australia are eager to partner with the WA Government to improve adult vaccination rates in the state, recognising that most of the vaccinations recommended in adulthood protect against respiratory infection.

^{*}Full budget available on request.

Invest \$850,000 in vaping resources for First Nations young people and young adults working in a trade industry*

The number of people using e-cigarettes has increased significantly over the last few years, particularly among young adults¹⁵. It has also been estimated that First Nations people are 1.5 times more likely to currently use an e-cigarette compared to non-indigenous Australians¹⁶. With ongoing changes in the policy environment and evidence continuing to emerge, it is important that updated information and resources are available to encourage healthy behaviours in young people. Vaping information and resources are lacking for priority young groups in Western Australia, particularly First Nations young people and young adults working in a trade industry.

Lung Foundation Australia have developed a wide range of vaping resources, such as:

- <u>Factsheets</u> for youth, young adults, parents and carers, educators, and health professionals,
- Free vaping e-learning module,
- Animated short videos, posters, and factsheets for First Nations young people, co-designed with communities in New South Wales and Far North Queensland, and
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- <u>Videos, posters, and factsheets</u> for young people who work in a trade industry.

Lung Foundation Australia's e-cigarette resources are in high demand. They have been used and promoted by health departments, education departments, schools, non-government organisations, and more. We are proud to co-design and collaborate with others to produce meaningful and impactful resources that improve knowledge and change behaviour.



Lung Foundation Australia's suite of First Nations vaping resources were co-designed with Na Joomelah, Apunipima Cape York Health Council, and the National Best Practice Unit Tackling Indigenous Smoking. We would like to expand and adapt our existing resources for Western Australian First Nations communities, ensuring culturally appropriate information and resources are available tailored to local needs. In addition, we would like to work in partnership with local stakeholders to develop relevant resources for young tradespeople working in WA, building on the success of our "Ditch the Vape" campaign launched in 2025.

"They [Lung Foundation Australia's vaping videos] provided me [with]

information about things I wouldn't

have known about. It has taught

me a lot about it."

Our recommendation is in line with the priority areas for action to reduce use of tobacco, vapes and related products in WA as outlined in the <u>WA State Public Health Plan 2025-2030</u>.

*Full budget available on request.

Commit \$300,000 to establish a Lung Foundation Australia office in WA*

Provide matched funding to enable localised Lung Foundation Australia support in WA

Lung Foundation Australia are a national organisation dedicated to supporting the one in three Australians living with a lung disease. We work to ensure lung health is a priority for all by raising awareness about the symptoms and prevalence of lung disease, promoting prevention and early diagnosis, advocating for policy change and research investment, and championing equitable access to treatment and care. Lung Foundation Australia is the only charity and leading peak

body of its kind in Australia that funds life-changing research and delivers support services that give hope to people living with a lung condition.

Lung diseases are among the leading causes of death in WA and place significant economic strain on the state's healthcare system^{1,2}. Many lung conditions are chronic and can be attributed to preventable risk factors. By promoting preventive measures and encouraging early diagnosis and

Lung disease in WA:

- Lung cancer is the 4th leading cause of death
- Chronic lower respiratory diseases are the 5th leading cause of death 3rd leading cause of death for First Nations people
- Cost the WA health system \$1.4 billion 8% of total health expenditure in WA

evidence-based care, the burden of lung disease in WA can be substantially reduced.

In 2024, Lung Foundation Australia commissioned research to better understand the lived experiences of people living with or caring for someone with a lung condition. A national survey was conducted, involving more than 100 Western Australian participants. Around one in four (24%) Western Australians stated that Lung Foundation Australia was their most credible source of information, support, and advice about their lung condition.

"Living with COPD is debilitating. I used to be super-woman, nothing was too hard. Now I'm a decrepit barely functioning weakling."

- Consumer with COPD and asthma, WA

We are committed to reducing the burden of lung diseases across Australia but recognise that local knowledge and experience is critical to expanding our reach and impact in the Western Australian community. We recommend that the WA Government commit funding to enable a Lung Foundation Australia office to be established in WA. The office will serve as a local hub, enabling Lung Foundation Australia to

partner with the local community and provide a base for our staff and services in WA. Lung Foundation Australia will match the funding committed by the WA Government.

^{*}Full budget available on request.

References

- 1. Australian Bureau of Statistics. Causes of Death, Australia, 2023. Australian Bureau of Statistics. October 10, 2024. https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release
- 2. Health system spending on disease and injury in Australia 2022–23, Data. Australian Institute of Health and Welfare. November 20, 2024. https://www.aihw.gov.au/reports/health-welfare-expenditure/health-system-spending-on-disease-and-injury-aus/data
- 3. Australian Institute of Health and Welfare. Australian Burden of Disease Study 2024. December 12, 2024. https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2024/contents/summary
- 4. Australian Institute of Health and Welfare. Cancer data in Australia. October 8, 2025. https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/about
- 5. Rana R, Gow J, Moloney C. The Impact and Effectiveness of a Nurse Led Telehealth Education Program for Chronic Obstructive Pulmonary Disease Patients.; 2022.
- 6. McCarthy B, Casey D, Devane D, Murphy K, Murphy E, Lacasse Y. Pulmonary rehabilitation for chronic obstructive pulmonary disease. Cochrane Database Syst Rev. 2015;2015(2):CD003793. doi:10.1002/14651858.CD003793.pub3
- 7. Jenkins AR, Burtin C, Camp PG, et al. Do pulmonary rehabilitation programmes improve outcomes in patients with COPD posthospital discharge for exacerbation: a systematic review and meta-analysis. *Thorax*. 2024;79(5):438-447. doi:10.1136/thorax-2023-220333
- 8. Australian Commission on Safety and Quality in Health Care. Chronic Obstructive Pulmonary Disease Clinical Care Standard. Australian Commission on Safety and Quality in Health Care; 2024. https://www.safetyandquality.gov.au/standards/clinical-care-standards/chronic-obstructive-pulmonary-disease-clinical-care-standard
- 9. Cox NS, Corso SD, Hansen H, et al. Telerehabilitation for chronic respiratory disease. Cochrane Database of Systematic Reviews. Published online 2021. doi:10.1002/14651858.CD013040
- 10. Burge AT, Holland AE, McDonald CF, et al. Home-based pulmonary rehabilitation for COPD using minimal resources: An economic analysis. *Respirology*. 2020;25(2):183-190. doi:10.1111/resp.13667
- 11. Burge AT, Cox NS, Holland AE, et al. Telerehabilitation Compared to Center-based Pulmonary Rehabilitation for People with Chronic Respiratory Disease: Economic Analysis of a Randomized, Controlled Clinical Trial. *Ann Am Thorac Soc.* Published online 2025. doi:10.1513/AnnalsATS.202405-549OC
- 12. Brown SE, Wootton S, Dale MT, et al. Mobile health pulmonary rehabilitation (m-PR): a randomised controlled equivalence trial. Published online September 24, 2025. doi:10.1136/thorax-2024-222823
- 13. Brown S, Cunich M, Wootton S, et al. Cost and carbon footprint comparison of mobile pulmonary rehabilitation (m-PR) and centre-based pulmonary rehabilitation. *European Respiratory Journal (in press)*. Published online 2025.
- 14. Government of Western Australia, Department of Health. Virus WAtch. September 26, 2025. https://www.health.wa.gov.au/Articles/F_I/Infectious-disease-data/Virus-WAtch
- 15. Electronic cigarette use (vaping) in Australia in 2022–2023. Australian Institute of Health and Welfare. July 2, 2024. https://www.aihw.gov.au/reports/australias-health/vaping-e-cigarettes
- 16. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2022–2023: First Nations people's use of alcohol, tobacco, e-cigarettes and other drugs. Australian Institute of Health and Welfare. February 29, 2024. https://www.aihw.gov.au/reports/first-nations-people/first-nations-use-alcohol-drugs

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