

Winter Newsletter

2015



Asbestos Related Disease Support Society QLD Inc.

16 Campbell Street, Bowen Hills, QLD 4006

PO Box 280, Spring Hill, QLD 4004

Phone: 1800 776 412 asbestoshelp@asbestos-disease.com.au www.asbestos-disease.com.au

Awareness Events

- 20 – 21 June – Ipswich Home Show
- 10 – 11 August - Pine Rivers Senior Expo
- 14 – 16 August – Wide Bay
- 28 – 30 August – Brisbane Home Show

2015 Date Claimers

16 July	Turner Freeman Seminar Wynnum RSL
20 August	Turner Freeman Seminar Logan Diggers RSL
9 September	Charity Race Day Doomben Race Course
16 September	Annual General Meeting 16 Campbell St, Bowen Hills
24 September	Turner Freeman Seminar Ipswich Civic Centre
4 November (TBC)	Symposium
27 November	Ecumenical Service St Stephens Cathedral



Cover photo and above photo: Teachers and children from Springsure State School raising money for ARDSSQ

Brisbane North Social Support Group

Meets on the 1st Wednesday of the month from 9.30am

Please note the July meeting will be held at Chermside Library 375 Hamilton Road Chermside and all remaining meetings for 2015 will be held at the North Regional Business Centre, 960 Gympie Road Chermside. The remaining dates are:

- 1 July
- 5 August
- 2 September
- 7 October
- 4 November

Brisbane South Social Support Group

Meets on the 2nd Friday of the month from 9.30am at the Sunnybank Hills Library, Ground floor, Sunnybank Hills Shopping Centre, corner of Compton and Calam Roads Sunnybank.

The remaining dates are:

- 10 July
- 14 August
- 11 September
- 9 October
- 13 November

Please call the office on 1800 776 412 if you require further information on either support groups



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ASBESTOS RELATED DISEASE SUPPORT SOCIETY QUEENSLAND INC.

Notice of Annual General Meeting

Wednesday 16th September 2015 At 10:30 am at 16 Campbell Street, Bowen Hills 4006

Agenda

- Management Committee's Report
- Financial Statement & Auditor's Report
- Rule amendments
- Election of Management Committee
- Appointment of Auditor

Please RSVP to 1800 776 412 for catering purposes

Please note the Constitution and Rules are currently under review by the Management Committee which may lead to changes that may impact on the election of Management Committee. Members will be given forward notice of any proposed changes.

Secretary's Report

Amanda Richards



As you may have noticed there is no President report in this newsletter, Helen Colbert is taking a well-deserved break and will be back with us in mid July. New referrals and support calls are being covered by Eileen Stagg, Di Ellis and myself.

Later in the Newsletter you will see two articles relating to current research for those diagnosed with Mesothelioma. The research as it applies to Mesothelioma is still in its early stages. The drug Keytruda is available in Australia but is not on the pharmaceutical benefits scheme and is expected to cost approximately \$150 000 per year.

In March of this year the Committee of Management worked together to develop a three year **strategic plan** for ARDSSQ. The Committee has set four goals for ARDSSQ:

1. Sound Corporate governance and Compliance
2. Sound and sustainable finances
3. Sound support arrangements for sufferer's
4. Strengthen engagement with community, government, business and other Societies

In particular I want to talk to you about the strategies to be implemented for our third and fourth goals.

Services will continue as they are for now, but in the near future ARDSSQ will organise for our members to be surveyed in order that we maintain our services in line with your needs.

Looking to the future (approx. six months), we will be organising for **dietician services** to be made available to our members. ARDSSQ will go through a tender arrangement to work with a dietician practice. The aim is that the dieticians will be given specific training on asbestos related diseases so that they understand the specific needs of asbestos related diseases. They will

then be available to give advice to our members similar to the occupational therapy services that we provide, in many cases it may be able to be done over the phone.

We have also commenced our planning for undertaking a series of regional visits around Queensland over the next three years. The aim of this program is to raise awareness of the services provided by the Society and raise awareness of the dangers of asbestos exposure.

The Strategic plan is available upon request to the office.

We are also reviewing our rules with the assistance of Turner Freeman Lawyers, we hope to have these ready to present for the **Annual General Meeting** on September 16. Should anyone wish to discuss the rules or any proposed changes please do not hesitate to contact me.

I would note that all members are invited to attend the Annual General Meeting in order to get a first-hand update on the workings of the society and ask questions of the office bearers. The meeting will also be the forum for the election of the new office bearers.



April 28th was **Workers Memorial Day**, this day is one of commemoration for workers who have been injured, fallen ill or died due to their work. ARDSSQ was invited to participate in this event this year. This includes the laying of

a white flower for each person who has died in the previous year of an asbestos related disease. Sadly we laid 107 white flowers in memory of our members who left us in 2014.

As I write this article it is **Volunteers** week. The society has a small group of regular helpers who give willingly of their time to assist us carry out our role. We could not survive without them and they have all become part of our extended family. We thank them very much for their tireless efforts over the year.



And speaking of volunteers didn't they work hard in helping us feed all the CFMEU members and their families on **Labour Day**. They made hundreds of burgers and sausages on rolls, with little complaint. For all of you who think that Thady Blundell is a very quiet person – Wrong! He was the noisiest of the lot as he turned over masses of cut onions on the barbecue with the help of his daughters.

By now you should have all received a letter and a renewal of **membership** form. If you have not already paid we encourage you to do so to give weight to our voice as the old adage "Strength in numbers" is correct, even for a Society such as ours.

The ripples from the work of **Trevor Gillmeister** continue to have their affect with fund raising activities being held across the state inspired by his *Walk for Asbestos*. Trevor continues to have regular contact with ARDSSQ and joins in our lobbying on issues that prevent exposure to asbestos. Trevor is the Queensland Government's "Ambassador for Asbestos", working tirelessly in between his football commitments.

Springsure State School held a walkathon prior to Easter which raised a significant amount of

money for ARDSSQ. Well done to the students, teachers and members of the community who supported us.

At this stage ARDSSQ continues to receive **grant money** from Queensland Health until the end of this year, whilst we are in a good financial position, should this grant not be continued into the future, it will have a longer term impact on the Society.

Over the next few months we will be out and about. We

will have a stand at the **Ipswich Home Show** 20 & 21 June so come along and say hello if you are attending. We will also be at the **Pine Rivers Seniors Expo** on the 10 & 11 August.

The ARDSSQ **Charity Race Day** will be held on 9 September and will hopefully build on the successes of previous years. This is our major fund raising event of the year and relies on the continuing support of the trade union movement and the construction industry.

In conjunction with Turner Freeman we will also be participating in a series of seminars for people who suffer from an asbestos related disease and their family or carer. They are booked in for:

16 July	Wynnum RSL
20 August	Logan Diggers RSL
24 September	Ipswich Civic Centre

If you live in these areas please book to come along. We are planning to cover other areas of Brisbane in 2016.



As a member you are entitled to:

- Receive information on Asbestos Related Diseases
- Receive support via telephone as a sufferer, family member, carer or widower
- Receive a free occupational therapy assessment in order to maintain the best quality of life at home
- Advice on medical services that specialise in asbestos related diseases
- Attend our morning tea groups (extending to the regions in 2015/16)
- Receive our quarterly Newsletter
- Free legal consultation from the Societies Lawyers
- From time to time ARDSSQ is able to assist individuals in other areas as well eg accommodation, travel

ARDSSQ also

- Lobbies at various level of government around asbestos related matters
- Runs awareness raising activities at hospitals, home improvement stalls and home shows
- Responds to media inquiries on asbestos related matters
- Responds to community inquiries on asbestos exposure matters
- Educates the medical and hospital staff on our services

Another way that ARDSSQ raises funds is through bequests, our new Brochure is included in this newsletter.

Your membership provides only a small part of our funding base, but having members gives us a larger voice on matters that have impact on asbestos exposures and asbestos related diseases, and therefore is very important.

ARDSSQ is largely funded through government grants, profits from Race Day, sponsorships and donations.

ARDSSQ has gift recipient status through the Australian Taxation Office, this means that donations of \$2 or over are tax deductible. This money is deposited into a designated "Gift Account".

ARDSSQ will soon have the capacity to take donations from people at any time over the internet, through the Commonwealth Bank.



ARDSSQ will continue to register with Everyday Hero.

Did you know that there are many events such as the Bridge to Brisbane that people can register their charity of choice and any monies received from their sponsorship will come to ARDSSQ.



Article by Brad Crouch Medical Reporter Advertiser

A WORLD-FIRST study by researchers at Flinders Medical Centre has pinpointed the spice turmeric as a vital ingredient in the fight against deadly mesothelioma.

The Flinders' team has used the peppery spice to slow the growth of mesothelioma tumours in human patients' cells.

Its active ingredient curcumin has anti-inflammatory properties and research has indicated some anti-carcinogenic properties.

Researchers at Flinders have been checking whether this can be used alone or in conjunction with standard therapies to treat malignant mesothelioma, an aggressive cancer caused by the inhalation of asbestos.

Malignant mesothelioma is a tumour of the thin membranes that surround the lungs, heart and abdominal internal organs. Currently there is no effective treatment for the cancer.

Lead researcher associate professor Sonja Klebe, from the Department of Anatomical Pathology at Flinders Medical Centre said average survival after diagnosis of malignant mesothelioma was less than a year, and current therapies to treat the cancer could make patients ill.

"Standard chemotherapy shows only limited success, and radical surgery is only available to few patients, and success is not guaranteed," Professor Klebe said.

"Previous research has been successful in inhibiting the growth of mesothelioma tumour cells in animal model cells in a laboratory setting using curcumin, and recently we have been able to repeat that success — but with the use of patients' cells," she said. "Importantly, this breakthrough allows us to predict if a certain patient is likely to benefit from therapy.

"In addition, we also found that curcumin may affect blood supply to the tumour, and we know that adequate blood supply is essential to maintain tumour growth."

The work was done on fluid drained from patients' chests which is normally discarded as medical waste.

The work indicates curcumin could be taken orally in strong doses or applied directly to an open chest during surgery.

"Curcumin has virtually no side effects, and could be used alone in patients too unwell to tolerate other therapies, or in conjunction with other drugs," Prof Klebe said.

"It may improve treatment response and allow reduction of standard drugs, improving quality of life. It's very exciting research."

Prof Klebe noted turmeric has been used in India where it originates for centuries as a health product and said it is likely to have applications for other cancers.

"We've seen a very dramatic response to it, and it appears it can be tailored for individual patients," she said.



Picture: CALUM ROBERTSON

www.adelaidenow.com.au/news/south-australia

Night Sweats and Mesothelioma

Keith Horwood MBBS (Hons) FRACP –Medical Oncologist

Whilst many of the symptoms caused by mesothelioma such as chest pain, shortness of breath and cough can be easily explained by where mesothelioma is located, many patients have more general symptoms such as fatigue, weight loss and night sweats. “Night sweats” refers to excessive, unexplained sweating, often at night and needing the patient to awake and change their pyjamas and sheets. Research suggests that 15-25% of patients with advanced cancer have this problem to varying degrees. Some types of cancers such as mesothelioma, lymphoma and leukaemia are more likely to be associated with this distressing symptom but in the majority (85-90%) the patients do not have a fever.

Sweating is a normal, healthy process. It allows the body to cool by the moisture on the skin’s surface evaporating and allowing heat to escape. Usually excessive sweating only occurs in circumstances where the body’s temperature is increasing (eg. with exercise or a high fever caused by infection). The body has a built in thermostat, called the hypothalamus, to control body temperature around 37 degrees Celsius because all of the bodily processes function best at that optimal temperature. In cancer there may be excessive production of chemicals called cytokines or “endogenous pyrogenes” that cause the body to respond like there is a high fever even though it is not required to. Consequently the thermostat becomes faulty and in fact many patients have a body temperature lower than normal and feel inappropriately cold.

It is important to manage the sweating because it can be exhausting and distressing. Firstly it is a good idea to take note of the frequency, pattern and severity of the sweating and to take the temperature at day and at night. If there is a fever (over 38 degrees Celsius) then it is much more likely that there is infection and antibiotics may be necessary. Symptoms such as coughing sputum, redness around wounds, urinary symptoms and sore throat are important. The sweats should be discussed with your doctor. In my experience some patients notice sweats temporarily after the procedure called “pleurodesis” where talc is flushed into the chest cavity to stop fluid reaccumulating there. This is because that process causes inflammation in the pleural cavity and seals the space where fluid is generated by the mesothelioma.

Changing some lifestyle factors may reduce night sweats. For example, minimising alcohol, coffee and spicy foods may help. Keeping a fan on at night to circulate air, wearing cotton pyjamas, using cotton sheets and thinner blankets on the bed are other ideas. Increasing fluid intake to 2-3 litres per day to make up for sweat losses and having cold water and sponges by the bed may help too.

Various medications may be tried to reduce night sweats. In the majority of cases the most useful approach is to treat the mesothelioma with chemotherapy. Other medications such as paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs) can help. Unfortunately NSAIDs

“Changing some lifestyle factors may reduce night sweats. For example, minimising alcohol, coffee and spicy foods may help.”



do not prove beneficial all of the time or the benefit diminishes, in which case changing to another one, such as from naproxen to indomethacin, maybe a good idea. Corticosteroids (eg. dexamethasone and prednisone) which are often prescribed to mesothelioma patients to improve appetite or energy levels may occasionally help night sweats also. There are a number of other medications (eg. some anti-depressants) can be tried but they often have other side-effects such as dry mouth or low blood pressure.

In conclusion, night sweats can be a distressing symptom of mesothelioma that should be discussed with your doctor. Treating the mesothelioma is often the best solution but there are simple lifestyle changes and some medications that may reduce their severity and help improve quality of life.

Keith Horwood MBBS (Hons) FRACP
Medical Oncologist

Australian Mesothelioma Registry

Have you been diagnosed with mesothelioma? We need your help!

Have you or someone you know been diagnosed with mesothelioma? The Australian Mesothelioma Registry (AMR) needs your help. The registry is a national, government funded database that collects information about people diagnosed with mesothelioma from 1st July 2010. The information collected assists with the development of health policies to best deal with the asbestos still present in Australia’s buildings and environment and to help prevent mesothelioma in the future.

Currently less than one fifth of mesothelioma patients take part in the AMR. We’re

aiming to increase participation to 80% but need your help to get there. If you’ve been affected simply contact the registry for a confidential discussion with one of our friendly staff. All information is useful and you will be taking part in something that really makes a difference. Let’s work together towards the prevention of mesothelioma.

For more information about the AMR and how you can take part please contact us on our Helpline (toll-free): 1800 378 861 or Email: amr@cancerinstitute.org.au.

Or click the ‘self-notify’ button on our website: www.mesothelioma-australia.com

2015

2016

JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1 We	1 Sa	1 Tu	1 Th	1 Su	1 Tu	1 Fr	1 Mo	1 Tu	1 Fr	1 Su	1 We
2 Th	2 Su	2 We	2 Fr	2 Mo	2 We	2 Sa	2 Tu	2 We	2 Sa	2 Mo	2 Th
3 Fr	3 Mo	3 Th	3 Sa	3 Tu	3 Th	3 Su	3 We	3 Th	3 Su	3 Tu	3 Fr
4 Sa	4 Tu	4 Fr	4 Su	4 We	4 Fr	4 Mo	4 Th	4 Fr	4 Mo	4 We	4 Sa
5 Su	5 We	5 Sa	5 Mo	5 Th	5 Sa	5 Tu	5 Fr	5 Sa	5 Tu	5 Th	5 Su
6 Mo	6 Th	6 Su	6 Tu	6 Fr	6 Su	6 We	6 Sa	6 Su	6 We	6 Fr	6 Mo
7 Tu	7 Fr	7 Mo	7 We	7 Sa	7 Mo	7 Th	7 Su	7 Mo	7 Th	7 Sa	7 Tu
8 We	8 Sa	8 Tu	8 Th	8 Su	8 Tu	8 Fr	8 Mo	8 Tu	8 Fr	8 Su	8 We
9 Th	9 Su	9 We	9 Fr	9 Mo	9 We	9 Sa	9 Tu	9 We	9 Sa	9 Mo	9 Th
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11 Sa	11 Tu	11 Fr	11 Su	11 We	11 Fr	11 Mo	11 Th	11 Fr	11 Mo	11 We	11 Sa
12 Su	12 We	12 Sa	12 Mo	12 Th	12 Sa	12 Tu	12 Fr	12 Sa	12 Tu	12 Th	12 Su
13 Mo	13 Th	13 Su	13 Tu	13 Fr	13 Su	13 We	13 Sa	13 Su	13 We	13 Fr	13 Mo
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Some Common Misconceptions About Asbestos Exposure And Disease



Asbestos disease is a complex area of medicine because exposure to asbestos can cause various diseases and the amount of asbestos exposure required to cause the diseases can vary. Also development of one disease doesn't guarantee development of another.

Some of the misconceptions about asbestos exposure and disease that we come across frequently are as follows:-

Single Fibre Theory - Mesothelioma

There is a medical theory that exposure to a single asbestos fibre can cause mesothelioma. Mesothelioma is an asbestos caused cancer generally of the lining of the lung (pleura) and sometimes of the lining of the abdomen (peritoneum).

It is generally accepted that there is no safe minimum dose that cannot cause mesothelioma and it has been speculated that exposure to a single asbestos fibre can cause mesothelioma. There is some uncertainty though about whether this is the case but in reality it is virtually impossible to be exposed to just one asbestos fibre. If for instance a person is cutting or demolishing asbestos containing fibre there would be literally thousands if not millions of asbestos fibres in a person's breathing environment. Therefore whether or not a single asbestos fibre can cause mesothelioma is somewhat irrelevant. The fact of the matter is a brief exposure, which would result in potentially thousands of asbestos fibres lodging in the lung, can cause mesothelioma in a

susceptible person. Thankfully though most exposed to asbestos will not develop mesothelioma.

Single Fibre Theory- Asbestosis

While very brief exposure to asbestos can cause mesothelioma other asbestos conditions such as asbestosis (non cancerous scarring to the lung tissue itself) and lung cancer are associated with much heavier doses of asbestos. Generally speaking to establish that asbestos has caused fibrosis of the lung (asbestosis) or a lung cancer there needs to be prolonged asbestos exposure over a considerable period of time, often in the workplace. Asbestosis and lung cancer are not associated with brief exposures to asbestos.

Asbestosis

Asbestosis specifically refers to fibrotic scarring of the lung tissue itself. What asbestosis does is destroys the lung's ability to take oxygen from the air and put it into the bloodstream.

However asbestosis can be mistakenly used as a generic term to refer to all asbestos disease and it is not unusual to see someone with pleural plaques described on an x-ray or CT scan report as having a "history of asbestosis". This can cause confusion because the person does not actually suffer from asbestosis, just pleural plaques.

Again as indicated above asbestosis is associated with prolonged asbestos exposure usually in the workplace. It is generally seen as a progressive condition but the rate of progression varies greatly from person to person.

Pleural Plaques - First Stage of Mesothelioma

It is common to think of diseases in terms of stages and pleural plaques which are a marker of past asbestos exposure, as the first stage of asbestos disease. They are scarring on the outside of the lung (the pleura) which are non cancerous. They often calcify over time. They are very apparent on chest x-ray and CT scan and most persons who have worked with asbestos for a significant period of time will develop some pleural plaques. Generally they do not cause symptoms but can sometimes if extensive interfere with lung function and can sometimes cause chest pain.

The fact is though pleural plaques are not the first stage of an asbestos cancer-mesothelioma, or any other asbestos disease. A pleural plaque will not transform into a mesothelioma or indeed any other type of asbestos disease but they evidence the fact that there has been significant asbestos exposure and it is the fact of that exposure that gives rise to a risk of mesothelioma and other asbestos disease.

There Are Safe Types of Asbestos

Generally speaking there were 3 commercial types of asbestos that were mined and used in manufacturing. These are Crocidolite (blue asbestos), Amosite (brown asbestos) and Chrysotile (white asbestos).

It is sometimes stated that white asbestos is safe and does not cause disease and in fact still continues to be mined in and exported from certain countries.

General medical and compensation opinion in Australia is that all commercial types of asbestos including white asbestos are dangerous to health and can cause the various asbestos diseases. There have been successful claims made in respect of mesothelioma resulting from exposure to just white asbestos. It is generally thought that white asbestos is the commercial type of asbestos least associated with mesothelioma. Brake linings for example generally tended to just contain Chrysotile or white asbestos.

However in terms of dealing with current asbestos exposure and ascertaining a risk from being in contact with or working with materials that contain asbestos, asbestos should be looked at generically and not as to whether it is a particular type of asbestos that one is being exposed to. All asbestos should be considered dangerous.

Thady Blundell
SOCIETY LEGAL ADVISER



Occupational Therapy for the Asbestos Related Diseases Support Society, QLD (ARDSSQ)

Occupational Therapy for the Asbestos Related Diseases Support Society, QLD (ARDSSQ).

WRITTEN BY BETH DERMER
(OCCUPATIONAL THERAPIST).

Did you know you may be eligible for a free Occupational Therapy assessment through ARDSSQ?

Occupational-what?! What is Occupational Therapy?

Occupational Therapists (known as OTs) are Allied Health clinicians with four years of University training. Their key focus is to promote, improve and maintain an individual's health and wellbeing. The idea being that if you cannot achieve a skill (developmentally), or you are impacted by illness or injury which affects how you used to achieve a task, OTs can help you to either a) rehabilitate to achieve it again, or b) help you compensate for not being able to do it.

The use of the word 'occupation' in our world does not relate to a job or career. It is anything that 'occupies' you. This can be as simple as getting out of bed, brushing your teeth or making dinner and as complex as

doing the shopping, banking, driving and having the skills to work. (It's really not the best name for a profession as broad as ours!)

The role of Occupational Therapy

The primary role of an OT is to enable people to do their everyday activities (what we call your activities of daily living, or ADL) and achieve maximum independence. This is done by improving your ability to complete your ADL or by modifying the environment (usually your home) to support you doing it.

OTs have a broad education and are trained to understand how the physical, cognitive (memory, planning, processing), psychological (mood) and social (cultural, religious, family, community) elements in our lives affect us and how they are impacted by changes to our health and wellbeing. Poor health has an impact on all of these aspects of a person's life, creating barriers to participation in ADL.

Being unable to participate in your own life in the way that you want to, affects your quality and enjoyment of life.

Lung disease

How does lung disease affect your life? We know the obvious physical effects of lung disease. You experience shortness of breath, sometimes pain, and you feel tired. You can't do as much as you used to do. This is when it starts to affect the other aspects

of your life. Your mood may be affected – feeling frustrated or depressed that you can no longer play golf, work, or run with the grandkids. Your ability to feel a part of the household and community changes as you have to withdraw from some things. Poorly managed shortness of breath can also affect your cognition (memory). Shortness of breath also reduces your mobility safety (getting up out of bed and chairs and walking) and can put you at risk of falls.

When do I need an OT?

Occupational Therapy can start helping you from the very beginning - from diagnosis.

In our experience with ARDSSQ, we see that people who have only just been diagnosed are already experiencing fatigue and energy loss even when other disease-related symptoms are not immediately obvious. Energy loss (fatigue) affects all aspects of life including mobility, performance in ADL, concentration, motivation and emotional balance. We know that fatigue is strongly (statistically significant) associated with satisfaction with quality of life. Part of our role is to maximise your potential to achieve a satisfactory (and better!) quality of life.

Energy loss can affect your stability when walking. One in four Queenslanders over 65 years old fall every year, sustaining an injury. The risk of falling is heightened with illness.

The sooner we can meet you, the sooner you can learn the principles of Energy Conservation which are vital in making the most of the breath and energy you do have. We can help determine your falls risks and change them. We talk through the kind of help (home changes, equipment and services) you may need into the future and

where to find it. This ensures that you and your family are not having to work things out for yourselves as the disease progresses.

Many QARDSS member have accepted an OT assessment only after they fall due to reduced mobility, or when they are very unwell. Don't leave it that long. We can help you a long time before then when you feel well enough to make decisions and plan for your future. We look forward to meeting you!



Powerful Skin Cancer Drug Stops Mesothelioma Tumor Growth



Apr 27, 2015

REPRODUCED WITH THE PERMISSION
OF THE AUTHOR TIM POVTAK

A groundbreaking immunotherapy drug that effectively treats skin cancer stopped tumor growth in 76 percent of patients diagnosed with malignant pleural mesothelioma, a recent study shows.

Researchers at the University of Pennsylvania School of Medicine reported their findings involving pembrolizumab, a drug marketed under the brand name Keytruda, earlier this week at the American Association of Cancer Research (AACR) annual meeting in Philadelphia.

Twenty-five patients with mesothelioma whose disease had progressed after receiving first-line or standard chemotherapy participated in the study.

Researchers administered pembrolizumab as a second-line treatment.

Results were impressive: Seven patients experienced tumor shrinkage, and 12 reported no tumor growth. Only four patients experienced tumor growth after taking the drug, and two others were not assessed at time of analysis.

"The 76 percent disease control rate is very promising and represents a signal of efficacy in the treatment of this disease," lead study researcher Dr. Evan Alley said in a press release. "The study has provided an early glimpse of the potential benefits."

The University of Chicago Medical Center also recently opened a phase II clinical trial involving pembrolizumab and malignant mesothelioma and currently is recruiting new patients.

Patients will receive the drug every 21 days for up to 24 months in the absence of disease progression. Researchers are hoping for an estimated 65 patients, including those whose disease has progressed following standard chemotherapy. The trial is expected to conclude March 2018.

No FDA Approved Second-Line Therapy

U.S. Food and Drug Administration regulators have not approved mesothelioma treatment that progresses after first-line therapy, which typically includes a combination of surgery, chemotherapy and radiation.

However, the FDA did approve pembrolizumab in 2014 for the treatment of metastatic melanoma, a rare form of skin cancer. The drug now is being tested on a variety of other cancers, including mesothelioma.

Patients in the University of Pennsylvania study received pembrolizumab every two weeks. Researchers assessed their progress every eight weeks.

The U.S. National Institutes of Health shows there are currently 88 clinical trials testing pembrolizumab.

In addition to announcing the success of using pembrolizumab, AACR officials reported the drug's success in treating lung cancer. It stopped cancer growth in 19 percent of 495 lung cancer patients, according to Dr. Edward Garon of the UCLA Medical Center.

Pembrolizumab works by inhibiting the ability of PD-1 and PD-L1, which are gene mutations that allow the tumor cells to grow undetected by the body's immune system.

The drug unmasks the tumor cells and activates the immune system to destroy the foreign cells. Last year, it became the first FDA approved, anti-PD-1 drug on the market.

Immunotherapy Key to Future Cancer Treatment

Pembrolizumab is part of a broad, immunotherapy trend in cancer treatment today. Most researchers and oncologists agree the future of cancer care will involve more immunotherapy and less toxic chemotherapy and radiation.

Unlike chemotherapy, immunotherapy has few serious side effects. UPenn researchers reported that none of the 25 subjects of their study left because of side effects. Reports of fatigue and rash are typical of immunotherapy.

"We managed all adverse events without discontinuing treatment," Alley said. "It was very encouraging."

A year ago, Spanish researchers identified PD-1 and PD-L1 as being especially susceptible to pembrolizumab, but also emphasized less than 25 percent of mesothelioma patients have those mutations at high levels. Patients with those mutations have shorter survival times, according to that Spanish study.

It was unclear whether the patient selection process for the UPenn study was based on first identifying PD-1 and PD-L1 levels, which would have given researchers a much clearer target.

Report on Geneva

Andrew Ramsay

I was given the honour of representing the CFMEU, and ARDSSQ at the recent 2015 Rotterdam Convention. The Rotterdam Convention is a Multilateral Treaty to promote shared responsibilities into the importation of Hazardous chemicals and carcinogenic substances and has been held every year since 2004. Also in attendance were fellow Australian union and asbestos activists, Andrew Dettmer, National President of the AMWU, and Barry and Kate Robson. Barry is the President of the Asbestos Diseases Foundation of Australia. The convention was held at the United Nations in Geneva, between the 12th and 15th May. The idea of the convention is for all the countries attending, to discuss the listing of toxic substances on the Annexure 3 (listing on Annexure 3 is ban of the use or importation of toxic substance by countries who attend the Rotterdam Convention)



Of course of main interest to us, was the current widespread mining of White asbestos (Chrysotile) and the manufacturing of many products using the this deadly mineral. I soon caught on that many of the countries who were in attendance, chose to produce propaganda that Chrysotile

was some sort of “safe asbestos”! No surprises that in the opinion of the pro asbestos countries, Australia and other anti-Asbestos countries were telling lies and fear mongering about chrysotile. The pro Chrysotile countries, claimed there was no proven or known dangers by exposure to Chrysotile, or Chrysotile containing products! According to Russia who just happens to be the world’s biggest miner of asbestos, with some one million tonnes per year being produced, there is no awareness amongst the Russian people. They simply have no problems at all with sending their workers to mine Chrysotile. Please see the photos of the Russian Propaganda, that was proudly on display with crazy quotes under the heading of **NEGATIVE SOCIO-ECONOMIC CONSEQUENCES OF THE CHRYSTILE BAN**. They were even handing out little flags emblazoned with “CHRYSTILE FOREVER” on them.

The Russians claim that they mine Chrysotile safely. Russia does not register cancers or asbestos related diseases, and choose to protect the big mining companies instead. A quick breakdown on how some of the countries voted is as follows. Russia, Kazakhstan, India, Kyrgyzstan, Pakistan, Cuba and Zimbabwe voted against the listing of Chrysotile on Annexure 3. Canada remained silent, the USA was only present as an observer, but supported the idea of putting Chrysotile on the Annexure 3 list. Ukraine did not oppose the listing, Benin, Congo, and the Democratic Republic of Congo, Nigeria, Niger, Liberia, all supported the listing of Chrysotile. Cameroon, Kenya,



and Equatorial Guinea, also indicated their support of the listing. Brazil who mines some 300,00 tonnes of asbestos a year, and Columbia, Mexico opposed the ban, however the other South American countries, Argentina and Uruguay, supported the listing of Chrysotile on Annexure 3.

I was very proud, when Australia’s representatives, spoke loudly and made a strong statement about the inclusion of Chrysotile on Annexure 3, as did New Zealand, and the European Community.

India who currently manufactures many ACM products including Super Six style corrugated roofing, is in complete denial as well! Sharad Vitthal Sawanta, a retired Indian worker who worked with Chrysotile making brake parts for the giant Hindustan Ferodo, the Indian equivalent of Hardie Ferodo, who used to make brake parts with asbestos many years ago in Australia. Sharad spoke about how he and his wife both suffer from Asbestosis. His message to the congress was simple. I suffer from Asbestosis, so does my wife. More than 400 of my colleagues have received a diagnosis of asbestos disease. I have come to ask you

to include Chrysotile Asbestos on banned list at the Rotterdam Convention. Of course, India does not keep records about asbestos related diseases. It is business as usual for many Indians to be working with Chrysotile day in day out. They have no other means to support themselves.

I personally believe that the Chrysotile scourge will be around for many many years into the future. In my opinion, the consensus vote that applies at the Rotterdam Convention, needs to be changed to a majority vote. But even if Chrysotile was totally banned at the convention by majority rules, many of the pro Chrysotile lobby, would do as they please anyway. As some of the pro Chrysotile supporters said to me, how else can we feed our families? Sadly, I couldn’t answer that.



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