



The Pulmonary Paper

November/December 2010

Dedicated to Respiratory Health Care

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Santa's Little Helper!

Also inside:

Calling Dr. Bauer

Sharing the Health

The Pulmonary Paper

Dedicated to Respiratory Care

Volume 21, No. 6

November/December 2010

On the cover: Sir Stephen Rule of The Villages, FL, is ready to take on elf duties this Christmas!

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Pulmonary Paper's Associate Editor, Dom Coppola, left, finished the NYC Marathon in under 4 hours! Shown at right is fellow marathoner, Dan Butler.

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The Pulmonary Paper is a membership publication. It is published six times a year for those with breathing problems and health professionals. The editor encourages readers to submit information about programs, equipment, tips, or services.

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"I am only one, but I am one.

I cannot do everything, but I can do something.

And I will not let what I cannot do interfere with what I can do."

— Edward Everett Hale



Stephen's daughters, Peggy, left, and Kate, right, appear to be ready for the holidays!



My own family would like to wish you happiness and inner peace now and through the new year.

One person can make a big difference. That person doesn't have to be alone. World COPD Day was held on November 17. In the United States, COPD is now the fourth leading cause of death. If we can teach people how to avoid getting lung disease, we may also be able to make a difference to our country. A new report from Canada details the economic time bomb the disease presents to their country while COPD costs the United Kingdom 1.5 billion pounds annually. This makes us a member of a worldwide family and we are here to strengthen those bonds. Thank you for allowing us to be a part of your lives!

We need more research dollars!

Nearly One Quarter Million Americans Are Diagnosed Annually

On the front page of the *Orlando Sentinel* recently, Eric Gray recounted how he had been the head of the local American Lung Association chapter for four days when a woman demanded to know, “What the hell are you doing about lung cancer?” He knew he had his work cut out for him.

Now five years later, he is still working on changing the public’s awareness of lung cancer. Almost a quarter of a million Americans will be diagnosed this year. Lung cancer claims more lives each year than colon, prostate, ovarian, lymph and breast cancer *combined*. While the lowest amount of research money spent per person is for lung cancer, this disease has the highest incidence and mortality rate.

Who gets the federal funding?

The amount of medical research dollars for cancer deaths per year is:

- Breast Cancer. \$27,000
- Prostate Cancer \$14,000
- Colon Cancer. \$6,500
- Lung Cancer \$1,200

The allocation of federal research dollars needs to change. People with COPD and lung cancer are assumed to have brought it upon themselves by smoking. The stigma of lung cancer is that 80% of those diagnosed smoked cigarettes but 10% to 20% have never smoked and about two-thirds of those that haven’t are women. Cancer incidence among women who have never smoked is one of the fastest growing of all cancers. The naturally occurring hormone estrogen could be a reason why the women are affected. Secondhand smoke increases your risk of lung cancer.

An estimated 21,000 cases of lung cancer each year result from chronic exposure to radon, a radioactive gas in dirt and rocks that can make its way to the air inside homes, offices and schools. Asbestos exposure is another potential risk. Air pollution is a relatively minor threat. Genetics may also play a part in who gets lung cancer.

Rob Densen, whose wife has been diagnosed with lung cancer, writes, “It is as if there is a serial killer loose in our community and everyone is looking the other way.”

Breast cancer has specific guidelines for detection with self-exams and mammograms. There are no recommended

screenings for lung cancer. Many times, lung cancer is discovered when people go to their physician about another complaint.

The most common type of lung cancer – nearly 85% of all cases – is Non-Small Cell lung cancer which includes Adenocarcinoma, Squamous Cell Carcinoma and Large Cell Carcinoma. It will be categorized into four stages (I, II, III and IV) and is based on the size of the primary tumor and if and where the cancer has spread.

The other category is Small Cell lung cancer which tends to spread quickly to other parts of the body.

Once you are diagnosed through scans and biopsy, what will be the course of treatment? Surgery may be a possibility where a wedge resection (removal of the tumor as well as a small amount of normal tissue); a lobectomy (an entire lobe of the lung) or a pneumectomy (removing the entire right or left lung) would be done.

Lung cancer claims more lives each year than colon, prostate, ovarian, lymph and breast cancer combined.

Instead or in addition to surgery, your physician may order:

- Chemotherapy: This treatment uses chemicals that kill rapidly growing cancer cells.
- Radiation Therapy: The aim is to kill or shrink the cancer cells at the site of the tumor or to prevent them from spreading.
- You may also opt to enter clinical trials doing research into possible new cures for lung cancer.

For more information on lung cancer, you may visit

- Lung Cancer Alliance, www.lungcanceralliance.org 1-800-298-2436
- National Lung Cancer Partnership, www.nationallungcancerpartnership.org, 1-608-233-7905
- Lungevity Foundation, www.lungevity.org, 1-312-464-0716
- Uniting Against Lung Cancer, www.unitingagainstlungcancer.org, 1-212-627-5500
- Bonnie J. Addario Lung Cancer Foundation, www.lungcancerfoundation.org, phone unavailable

Internet Sources for Information about COPD

For those of you who use a computer, *RT* magazine recently listed these internet sites as sources for people with chronic lung disease to learn about their disease.

- www.goldcopd.com (*Global Initiative for Chronic Obstructive Lung Disease*)

The GOLD guidelines outline the recommended diagnosis, classification and treatments for COPD they would like to see health professionals follow. You will also find education and management tools.

- www.nhlbi.nih.gov (*National Heart, Lung, and Blood Institute*)

The site offers information about heart and lung disease.

- www.airnow.gov (*AirNow*)

This site contains local and national air quality conditions and forecasts.

- www.healthcare.gov (*Hospital Compare*)

This Web site helps find information on how well hospitals care for patients with certain medical conditions or surgical procedures. The results came from a survey of patients about the quality of care they received during a recent hospital stay.

New information and tools have been added that will make the health insurance market easier to understand. Price estimates for private insurance policies are available, allowing consumers to easily compare health insurance plans – putting consumers not their insurance companies in charge – by providing one-stop shopping and taking the guesswork and confusion out of buying insurance.

- www.yourlunghealth.org (*Your Lung Health*)

This is a Web site for people with pulmonary disease sponsored by the American Association for Respiratory Care.

- www.lungusa.org/lung-disease (*American Lung Association*)

Find information specific to COPD, clinical information and links to Better Breathers clubs. You can also register for email bulletins.



- <http://patients.thoracic.org> (*American Thoracic Society*)

The American Thoracic Society (ATS) aims to provide useful information and Web links to those who have an interest in lung, sleep, or critical care problems, treatment, and prevention. The ATS covers various topics for children and adults, and new topics and updates are added regularly.

- www.healthfinder.gov (*Healthfinder®*)

This is a gateway consumer health information Web site whose goal is “to improve consumer access to selected health information from government agencies, their many partner organizations, and other reliable sources that serve the public interest.” The developer and sponsor of this site is the Office of Disease Prevention and Health Promotion, Department of Health and Human Services.

- www.nlm.nih.gov/medlineplus (*MEDLINEplus*)

You will find an alphabetical list of health topics consisting of more than 300 specific diseases, conditions, and wellness issues. Each health topic page contains links to information on that subject. Additional resources include physician and hospital directories, several online medical dictionaries, and consumer drug information available by generic or brand name.

- www.centerwatch.com (*Clinical Trials*)

This site directs patients and doctors to any clinical trials taking place.

- copdnewsoftheday.com (*COPD News of the Day*)

You will be able to subscribe to receive a daily email with COPD news from Karen Bastille, a person with chronic lung disease.

November Is National COPD Awareness Month

Chronic obstructive pulmonary disease is the fourth leading cause of death in the United States. The National Heart, Lung and Blood Institute tells us the disease kills more than 120,000 Americans each year—that's one death every four minutes—and causes serious, long term disability. The number of people with COPD is increasing. More than 12 million people are diagnosed with COPD and an additional 12 million likely have the disease and don't even know it. The more we are able to raise awareness, the more people we can help. For those who have been diagnosed, we encourage you to stay active!



Florida dignitaries present Nick Jones, center, with a proclamation declaring November to be COPD month!

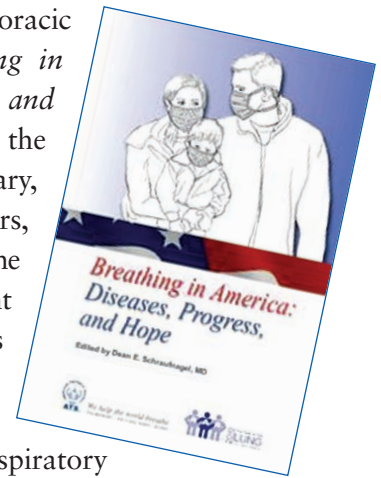
Lung Valves Have Some Benefits for Emphysema

Results of the VENT study – Endobronchial Valve for Emphysema Palliation Trial – showed people with advanced emphysema received modest improvements in lung function and exercise tolerance after implantation of an Zephyr endobronchial valve. Researchers reported the findings in a recent issue of the *New England Journal of Medicine*, although editors noted it is premature to recommend the routine use of endobronchial valves in patients with COPD.

Zephyr valve therapy involves placement of one-way valves in the lung to prevent air flow into that part of the lung, while allowing trapped air and fluid to escape. The valve is produced by Pulmonx Corp. of California, formerly Emphasys Medical.



In 2010, the American Thoracic Society published *Breathing in America: Diseases, Progress, and Hope*, a book that explores the nature and causes of pulmonary, critical care and sleep disorders, their prevalence and burden, the benefits research has brought and the research challenges that remain. It tells where we are on our path to curing or controlling 23 different respiratory conditions. The book is a compilation of basic facts about lung disease in America and describes the role that research must play in advancing its prevention, treatment and management.



The online version is available for free at <http://www.thoracic.org/education/breathing-in-america/index.php>. If you would like a copy of the 268-page book mailed to you, please call 1-800-247-6553. The cost is \$22.95 plus \$5.00 for standard shipping.



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Calling Dr. Bauer ...



*Happy holidays from
Dr. Michael Bauer and family!*

Want more information about Sarcoidosis?

Foundation for
Sarcoidosis Research
122 South Michigan Ave.
Suite 1700
Chicago, IL 60603
Tel: 312-341-0500
www.stopsarcoidosis.org

Another online source:

www.sarcoidosisonlinesites.com

Dear Dr. Bauer,

I was recently diagnosed with sarcoidosis – can you tell me a little bit about it?
Emily Barnes, Schenectady, NY

I would bet that most of our readers have never heard of a lung disease called Sarcoidosis. Although not common, lung specialists see many patients with this lung condition.

Sarcoid results when scar-like tissues (the medical term is ‘granulomas’) invade parts of the lung. We don’t know the cause. Some think it might be an infection, or allergy or reaction to something in the environment. It is not a cancer. Sarcoid (scar) reactions most often invade the lymph glands in the central location of the lung. This will only occasionally cause symptoms such as cough and is often found as an incidental finding on a chest x-ray. Sarcoid can become more aggressive and involve the lung tissues themselves. This results in fibrosis or interstitial lung disease. Severe cases cause reduced oxygen levels, restrictive lung disease and difficulty breathing.

Sarcoid is occasionally a multi-system organ disease. This means that for reasons we don’t understand, sarcoid scars can invade skin, liver, heart or other organs. Fortunately, this is uncommon.

The other good thing about sarcoid is that it will often “disappear” without treatment. Patients certainly like to hear that news. If it doesn’t go away by itself, progression can be very slow over years or decades. Sometimes we prescribe prednisone for this disease. We have been studying and treating sarcoidosis for years, yet it still remains a mystery.

I wish you all a very happy and healthy 2011!



Question for Dr. Bauer? You may write to him at The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175 or by email at info@pulmonarypaper.org.

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Ask Mark ...



Happy holidays to all the Pulmonary Paper people from Mark Mangus and family



Judy from Arizona asks Mark how do you avoid getting pulmonary hypertension.

Mark replies, Pulmonary hypertension (PH) is abnormally high blood pressure in the arteries of the lungs. The right side of your heart is forced to work harder to push the blood through abnormally constricted vessels in your lungs. Primary pulmonary hypertension occurs for no apparent reason. When you have a known medical condition, such as a chronic lung disease with prolonged low oxygen levels, it is called secondary pulmonary hypertension. Both types of PH behave the same and negatively affect the right side of the heart. Neither responds easily to treatments.

PH occurs in many people as their COPD advances. Worrying about it now will not help you. Being aware that it can happen is your best preparation and defense to be ready to tackle it, if and when it hits. When your oxygen saturation becomes an issue, get on supplemental oxygen early and use it! That will go farther than anything to keep your chances of developing pulmonary hypertension minimized.

Rose Ann from Missouri asks Mark's opinion about her being told having lung volume reduction surgery would not be worth the risk.

Mark replies, It can make good sense that a candidate is not ready for the procedure because of the risk outweighing the benefit. In my opinion, you should not undergo the procedure until and unless you cannot manage daily tasks without extreme shortness of breath during exertion. Your FEV1 (Forced Expiratory Volume in one second) usually needs to be well under 30% of your predicted values while your TLC (Total Lung Volume) must be greater than 130% of predicted. While the physician doesn't think you're ready for it now, it doesn't mean you won't decline in future years to where the benefit will outweigh the risk.

Eleanor from New York has gained 25 pounds in the past year and wonders if she can blame the Advair she is taking!

Mark explains, Even extreme response to inhaled steroids would not cause you to gain 25 pounds in a year. It may be attributed to a lack of physical activity. The likely culprit is you are not exercising a reasonable amount to burn the calories you consume. Take a look at other aspects of your lifestyle before pointing your finger at the Advair and the potentially trouble-causing effects you could experience were you to try other medication combinations.

At the very worst, ask your doctor to prescribe a long-acting beta-agonist by itself (which is one-half of the Advair mixture and the most important part of it in the first place) and simply stop taking the inhaled steroid. If you can get along without the steroid component, then you didn't need it.

Rick from Texas asked Mark if it is true that if you have a lung transplant, you are not allowed to have pets or plants in your house.

Mark tells us, On a personal note, it has been three years since my daughter had a second lung transplant. We have had four cats and many plants. She had her two cats with her when she had her first transplant. The only thing the doctors at Barnes-Jewish Hospital in St. Louis, Missouri, told her, was not to kiss the cats or rub them too closely to her face while she was severely immune-suppressed for the first several weeks after transplant. She is not allowed to clean the cat box or would have to wear gloves and an N-95 mask to clean the box in her own home.

She has been cautioned about being careful if she does any gardening or working with plants as pseudomonas is often present in the soil. Doctors were most concerned about her not eating at buffet restaurants, especially salad bars. She has now eaten at many over the years after both transplants and has never had any infection from them. In the nearly seven years of being a transplant patient, she has had two pseudomonas infections for which she was given oral and nebulized antibiotics for short periods. Doctors think she might have caught the infection from exposure to patients at doctors' offices.



Mark Mangus RRT, BSRC, is a member of the Medical Board of EFFORTS (the online support group, Emphysema Foundation For Our Right To Survive, www.emphysema.net). He generously donates his time to answer members' questions.

Fibrosis File

Pirfenidone Now Available in India

Pharmaceutical company, Cipla, has introduced pirfenidone in India under the brand name Pirfenex, for the treatment of IPF (Idiopathic Pulmonary Fibrosis). Until now there was no approved treatment for IPF. Pirfenidone has been shown to slow down progression of the disease and stabilize lung function.

Earlier this year in the United States, the Pulmonary-Allergy Drugs Advisory Committee voted to recommend the Food and Drug Administration (FDA) approve pirfenidone to reduce decline in lung function in patients with IPF, but the FDA subsequently issued a Complete Response letter requesting an additional clinical trial to support the efficacy of pirfenidone in IPF. InterMune Inc., hopes to have the drug approved, which will be known as Esbriet, after completing the additional requirements of the FDA.

New Pulmonary Fibrosis Treatment

ImmuneWorks, Inc. recently partnered with the University of Chicago to conduct a clinical trial for a new IPF treatment. IW001 is an oral solution of a naturally occurring protein in the human body. The Phase I clinical trial will evaluate the safety, tolerability, and biologic effects of three doses of IW001 and its ability to influence the ongoing immune response in IPF.

The clinical trial is expected to enroll approximately 30 patients at eight research centers in the United States. In addition to Chicago, research centers expected to participate in the trial are:

- Indiana University, Indianapolis, IN
- Medical University of South Carolina, Charleston, SC
- Ohio State University, Columbus, OH
- University of Alabama-Birmingham, Birmingham, AL
- University of Louisville, Louisville, KY
- University of Michigan, Ann Arbor, MI
- University of Vermont, Burlington, VT

For more information, visit their website at www.ImmuneWorks.com.

TLR9 May Indicate Type of IPF

Researchers at the University of Michigan have discovered a receptor in the immune system that may serve as a marker for a rapidly progressing form of IPF, which causes the body to produce excess fibrous tissue in the lungs. TLR9, which stands for Toll-like receptor number 9, causes an increase in the growth of fibrotic tissue in the lungs when it recognizes a particular type of DNA frequently found in bacteria and viruses.

More than just signaling which patients have the more aggressive form of IPF – a disease that claims about as many lives each year as breast cancer – the researchers hope that targeting the TLR9 receptor may lead to new treatments that could slow or stop progression of the illness. The findings were published in the November issue of *Science Translational Medicine*. Higher amounts of TLR9 were found in patients with rapidly progressing IPF than in those with slowly progressing IPF.

PFREA Update

The Pulmonary Fibrosis Foundation, (www.pulmonaryfibrosis.org; Tel: 888-733-6741) tells us legislative protocol requires that bills failing to pass a session of Congress in its current term need to be re-introduced in the next term. The Pulmonary Fibrosis Research Enhancement Act (PFREA) proposed to authorize \$16 million to establish the first national patient registry for pulmonary fibrosis, establish a national advisory board, and call for a national education and awareness plan for this deadly disease. The PFREA would also encourage the National Institutes of Health to expand, intensify, and coordinate the activities of the Institute with respect to research on pulmonary fibrosis, as appropriate.

Unfortunately, PFREA was not brought to a vote in this year's Congress, which adjourned for the year in



October. In 2011, the PFREA will be assigned a new bill number in both the House and the Senate.

Bring on the new year!

Support Your Pulmonary Rehab!

Pulmonary rehabilitation programs are closing around the country. Bill HR 6376 has been introduced in Congress that will, if passed, overturn a ruling by the Centers for Medicare and Medicaid (CMS) that is hurting these outpatient programs. The ruling has been effective since January 1, 2010. CMS has mandated that only physicians may direct pulmonary and cardiac rehab programs. Many hospitals that cannot afford a physician's salary are forced to close their programs.

HR 6376 is legislation that will change the CMS ruling and allow other non-physician practitioners, such as physician assistants and nurse practitioners to supervise the programs. There is a strong possibility that HR 6376 could be included as part of a larger "physician fee fix" bill that Congress will need to adopt to forgo major cuts to physician payments slated for later this year.

Please send an email or letter to your House Representative asking for your member to co-sponsor HR 6376.

Right: Jane Moore, left, and Caroline Blackwell are proud members of the Northwest Texas Hospital's Pulmonary Rehabilitation Program in Amarillo, Texas.



*Above:
T-shirt back
spells it out!*



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What Is in Some Supplements?

Santa's little helper on our front cover, Stephen Rule, of The Villages, FL, reports that the September 2010 issue of *Consumer Reports* magazine contains a discussion of various supplements. The following three fall under the category of "Supplements You Should Avoid."

1. Supplement name: Coltsfoot

(aka: coughwort, *farfarae folium leaf*, foalswort)

Purported uses: Cough, sore throat, laryngitis, asthma, bronchitis

Possible dangers: Liver damage, cancer

Consumer Reports comments: Likely unsafe

2. Supplement name: Country mallow

(aka: heartleaf, *Sida cordifolia*, silky white mallow)

Purported uses: Nasal congestion, allergies, asthma, weight loss, bronchitis

Possible dangers: Heart attack, heart arrhythmia, stroke, death

Consumer Reports comments: Likely unsafe. Possible dangers linked with its ephedrine alkaloids banned by the FDA in 2004

3. Supplement name: Lobelia

(aka: asthma weed, *Lobelia inflata*, pukeweed, vomit wort)

Purported uses: Coughing, bronchitis, asthma, smoking cessation (possibly ineffective)

Possible dangers: Toxicity—overdose can cause fast heartbeat, very low blood pressure, coma, possibly death

Consumer Reports comments: Likely unsafe. The FDA warned in 1993 that it was linked to serious adverse events.

Bronchitis and/or asthma are listed as reasons for using all three. *Consumer Reports* also listed aconite, bitter orange, chaparral, colloidal silver, comfrey, germanium, greater celandine, kava and yohimbe as supplements to avoid.

Good News for People with Pulmonary Hypertension!

Doctors at the Canadian Heart and Stroke Foundation recently discovered an early warning system in a protein called PIM-1. Dr. Sébastien Bonnet has established that PIM-1 cells can be used as markers of pulmonary hypertension. Physicians found the greater the PIM-1 levels, the more severe the pulmonary hypertension. With blood tests to look at these levels and blocking the PIM-1 protein, a cure might be possible!

Marie Mynatt of Knoxville, TN, says she tries to avoid infections at any cost but sometimes well meaning visitors to her home bring germs with them. She posted a notice to her front door: "I am very vulnerable to cold germs and other infections. I would love to see you but if you think you may be coming down with something, let's reschedule your visit. A sincere thank you for understanding!"



Marie tends to her lawn before it is covered with snow!

A sincere thank you for understanding!"

Kathy in Florida writes, "With the holidays coming up, we are sure to be in the kitchen and around stoves. For those who cook with gas heat and wear oxygen, put the tubing so it is tightened behind your head and not under your chin. As long as you don't get close to the flame or touch the hose to it, you will be safe! For every day dinners, try a slow cooker. You can also get liners for them so that you only need to wipe the crock pot out with a damp sponge and put it away when done. This is a good option for anyone—whether wearing oxygen or not. You can put the meal together in the morning before leaving and when you come home, you open the door to delicious aromas of dinner cooking!"



I cope with COPD with an irreverent sense of humor. I began using oxygen in 2004 and changed my license plate to read 'HOZ NOZ' – pronounced hose nose. My hairdresser also greets with me, "Hello, Hose Nose" and people tell him he's terrible to do so, but we just laugh. When I was diagnosed with lung cancer ten years ago, the reaction of others was a sharp intake of breath – which made me really uncomfortable. I would say, "Oh, I'll just change my email address to be OneLungLow and got a t-shirt from the gym that says 'Outta Breath'."

I love being on oxygen! It's so much easier than struggling for breath. Thank you for all the information you have been imparting. It's a small club and I am proud to be a member!
Barbara Harrod, Juno Beach, FL

Hildegard Kowai recommends caftans for ladies to stay warm this winter. They are easy to put on, you can dress them up and there is no restriction of movement. If you can't find them at a local store, she has ordered them online at www.VermontCountryStore.com. You may request a catalogue at 1-802-776-5730. Light weight thermals are also good for keeping warm all day long.



More than 50 years ago, I was a student nurse. I was assigned a gentleman with asthma who began to cough and wheeze. The head nurse told me to get a large glass of the hottest water that I could get from the tap and have the patient drink it all down at once. This stopped the spasms and his symptoms were immediately relieved. I have used this trick for many years for myself and it may be helpful to those of you who are wheezing or affected by mucus that cannot be coughed up.

Will Anne Ricer, New Mexico

Gloria from California recommends that you do not flush medication that you no longer need to avoid harm to the ecosystem. If you put old medication in the garbage, it may also cause problems in the land fill. Simply return it to your local pharmacy to dispose of. Your pharmacy will have a procedure that will be safe for you and the environment!



Have You Had Your Flu Shot?

If you are over 6 months old, you should have gotten your annual flu vaccine by now! For those with chronic lung disease, getting both the flu and pneumococcal vaccinations can markedly reduce the risk (by 35%!) of stroke, heart attack, pneumonia and death. Now that's worth a shot!

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Traveling News

Helpful Travel Tips for This Holiday Season!

When traveling by air, rather than dragging your luggage to the airport and paying for checking the bags, why not consider shipping the bags ahead? It will cost about the same but it will save you energy and time at the airport. If the suitcase weighs more than 50 pounds, it will probably cost less to ship than the airlines charge for overweight bags. When taking a cruise, ask if a luggage service is offered. Some cruise lines will take your luggage from your stateroom door the night before you leave the ship, right to the airport and you won't have to worry about claiming it at the port.

At the airport, "Swallow Your Pride and Take the Ride!" Wheelchair assistance will get you to the front of the security lines and allow you to board the plane first—then you have extra time to get settled.

If traveling with oxygen, make sure you know all the airline rules and regulations and travel with your laminated oxygen prescription and an extension plug to share outlets. Newer planes are offering outlets in coach that you will be able to plug into, although the current might not be sufficient to power a portable oxygen concentrator. It is usually easier for you to sit in an aisle seat.

Take all your medication and maybe a lightweight change of clothes in your carry-on luggage—just in case your suitcases don't arrive with you!

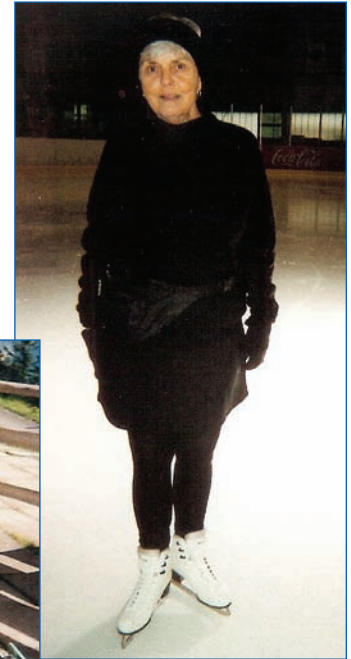
The SeaPuffers go casual for cocktail hour!



Move Aside, Margaret's Coming Through!

I recently spent two weeks in Switzerland and despite having emphysema, I went hang gliding (strapped to an instructor), ice skating and rode in a luge. I will not allow COPD to slow me down!

Margaret Eaton, Palm Coast, FL



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7-Day Cruise: Roundtrip from Ft. Lauderdale

The Western Caribbean! March 13–20, 2011

Cruise to exciting ports aboard Holland America's *Nieuw Amsterdam!* Beginning in Ft. Lauderdale, we will visit Half Moon Cay, Bahamas; Grand Turks, Turks and Caicos; Georgetown, the Cayman Islands; and Costa Maya, Mexico. Group hotel reservations include transfers, free parking and breakfast.



Join the Airheads from The Villages, FL!

10-Day Cruise: Roundtrip from Ft. Lauderdale

The Panama Canal! April 4–14, 2011

Cruise to exotic ports aboard the *Holland Princess!*



Beginning in Ft. Lauderdale, we will cruise and visit Aruba; Catagena, Columbia; Panama Canal, Panama; Limon, Costa Rica; and Ocho

Rios, Jamaica. Group hotel reservations include transfers, free parking and breakfast.

Guest speaker on this cruise!

Respiratory Therapist Jane Martin is the founder of the web site www.Breathingbetterlivingwell.com and author of *Breathe Better, Live in Wellness and Live Your Life With COPD*, which will be available early next year. You will be able to ask Jane any questions you have when she speaks to our group. Jane also writes for Health Central at www.COPDconnection.com.

You will always get the lowest possible price available at time of booking with Get Up & Go2! Each person will receive shipboard credit as well as other surprises!

11-Night Cruise: Roundtrip from Copenhagen, Denmark

Scandinavia & Russia! June 4–15, 2011

Cruise this beautiful part of the world aboard the *Emerald Princess*. Beginning in Copenhagen, Denmark, we will visit Oslo, Norway; Aarhus, Denmark; Berlin Germany; Tallinn, Estonia; St. Petersburg, Russia; Helsinki, Finland; and Stockholm, Sweden. Private group shore excursions are available at every port! You will see the Little Mermaid in Copenhagen and have a guided tour of the best sections of the Hermitage in St Petersburg too.



8-Day Cruise: Roundtrip from Seattle, Washington

Alaska's Tracy Arm Fjord July 1–8, 2011

Celebrate the Fourth of July in style cruising to Alaska aboard Celebrity's *Infinity*. Beginning in Seattle, Washington, we will cruise to Ketchikan, Alaska; visit Tracy Arm Fjord and Juneau, Skagway and the Inside Passage before cruising back to Seattle by way of Victoria, British Columbia.



Become a fan or 'Like' our Get Up and Go2 featuring Sea Puffer Cruises Facebook page! You'll be able to keep up on our latest news, including daily blogs during our trips!



Visit www.seapuffers.com or call 1-866-673-3019 to join the fun!

FST: ST36334



Dedicated to my 36-year-old niece, Melitta Hunter, who just received her second lung transplant after her first transplant rejected about two years after they were installed. She is *my* Lance Armstrong.

John R. Goodman
BS RRT

Just One Good Day

What would I give for one good day, a sail across a sky blue bay?
 A rainbow stretching cross' the sky, a lone tear from a newborn's eye.
 A drop of early morning dew, a cricket's chirp in evening too.
 A Christmas tree with all the lights, a thousand dipping, diving kites.
 Fireworks on the 4th of July, the magic of your lover's sigh.
 A picture taken in the park, fireflies dancing in the dark.
 Ice cream melting in the sun, a day at the beach just having fun.
 Your favorite movie, song, or book, your rocking chair, your kitchen nook.
 The first lips that you ever kissed, the senior prom you almost missed.
 Starfish in a tidal pool, the first day that you went to school.
 All the music ever heard, the plaintive cry of the Mockingbird.
 One less gentle rain in spring, one less diamond in your ring.
 One less Christmas treat to eat, one less record left to beat.
 One less traveled path to take, one less cherry pie to bake.
 One less night on feathered bed, one less apple, oh so red.
 One less fight that has no cause, one more kiss to put on pause.
 To tell your love just one more time, that I am yours, and you are mine
 Of loved ones here, and loved ones gone, somehow, someway, life goes on.
 All these things and so much more, I'd give them up and that's for sure.
 I'd gladly give them all away, if I could have ... just one good day.

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Respiratory News

The FDA announced recently that it has taken enforcement action against five electronic cigarette companies for violations of the Federal Food, Drug and Cosmetic Act, including unsubstantiated claims and poor manufacturing practices.

An international study looking at DNA from over 26,000 people has identified several genetic variants that substantially increase susceptibility to asthma. The findings, published in the *New England Journal of Medicine*, help scientists focus their efforts to develop better therapies for the illness. Your DNA also influences how much you smoke and whether you will develop lung cancer or COPD, according to a team of researchers.

Physicians from Japan report people who have trouble taking Spiriva with the Handihaler did well with a nebulized form of the drug. The contents of an 18 microg capsule of tiotropium were dissolved in 5 ml saline and nebulized via a nebulizer.

The FDA has approved ceftaroline fosamil (Teflaro), an injectable cephalosporin antibiotic, to treat adults with community-acquired bacterial pneumonia and acute infections such as MRSA.

Researchers at the University of Oxford found Vitamin D directly influences over 200 genes in your body and a lack of it plays a strong role in the susceptibility to all sorts of diseases, even cancer.

An unexpected discovery may provide a more effective way to restore free breathing during asthma attacks. Experiments with mice and human tissues revealed that the receptors, like those found on the tongue, respond to bitter substances by signaling constricted muscles in the lungs to relax, reopening tight airways in seconds. The findings, published in the online journal *Nature Medicine*, could lead to the development of the first new class of asthma inhalers in 50 years.

