



Our April Newsletter is Sponsored by:

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Office hours are now 9am – 4pm Monday - Friday



NSW WELCOMES LOAN AGREEMENT WITH COMMONWEALTH TO GIVE CERTAINTY TO ASBESTOS VICTIMS

Tuesday 7 December, 2010

Premier Kristina Keneally today welcomed the Federal Government's decision to sign an agreement to ensure security of payments to asbestos victims and their families.

The agreement between the Federal and State Governments will ensure victims will continue to receive payments from the Asbestos Injuries Compensation Fund (AICF).

The AICF was set up in 2005 after a landmark agreement negotiated with James Hardie by the NSW Government, Bernie Banton and the Australian Council of Trade Unions.

The agreement, announced today by Prime Minister Julia Gillard, will see the Commonwealth provide a loan of up to \$160 million to the NSW Government.

These funds will be matched by the NSW Government – creating a loan facility of up to \$320 million to meet a funding shortfall to the AICF.

The shortfall was created by the Global Financial Crisis and its impact on James Hardie.

Without the loan, it was projected the AICF would be exhausted within twelve months.

“This agreement between the NSW and Federal Governments will provide certainty for asbestos victims and their families,” Ms Keneally said.

“This loan facility, jointly funded by the Commonwealth and NSW Governments, will ensure up to three years of compensation payments at current claim rates.

“Our action will ensure sufferers of asbestos related diseases continue to receive compensation on time and in full.”

NSW Attorney General, John Hatzistergos, said this is about helping James Hardie to meet its obligations to asbestos victims.

“We maintain that James Hardie has a moral and legal obligation to meet its commitments to asbestos victims,” Mr Hatzistergos said.

“This loan facility recognises the impact of the Global Financial Crisis on James Hardie's ability to meet their obligations in the short term.

“Today's decision will give peace of mind to asbestos victims and their families.

“The Australian Government and NSW Government expect James Hardie will resume making substantial and regular contributions to the fund as the US economy recovers.”

Ms Keneally said the NSW Government has a proud history of working with asbestos victims to support their access to justice and compensation.

“The NSW Government's advocacy for asbestos victims in relation to James Hardie is well known,” Ms Keneally said.

“Five years ago the Government with Bernie Banton and the ACTU negotiated the landmark agreement with James Hardie to establish the Asbestos Injuries Compensation Fund.

“In addition, the NSW Government recently represented the interests of asbestos victims in relation to CSR's proposed demerger then sale of its sugar and renewable energy business.

“This Government has a proud history when it comes to representing the rights of asbestos victims and their families, and we will continue to fight to ensure they get a fair go.”

For more information on asbestos, its health effects, and the legal requirements for asbestos removal, go to www.workcover.nsw.gov.au / www.workcover.qld.gov.au

April 2011 NEWSLETTER



Sponsored

By Thady Blundell

President's Report

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WORKERS MEMORIAL DAY 28th April 2011

The Workers Memorial day is a special time each year when the Society, Unions, Workers and all levels of Government join together to recognise those workers who have paid the ultimate price through injury or illness.

This is a time to remember our loved ones, close friends, work mates, and their families whose lives have been forever changed.

Asbestos Disease causes more work related deaths than any other single cause, because asbestos exposure is spread across a greater number of workplaces and industries even into the family home.

The actual number of deaths related to Asbestos disease is difficult to quantify, however leading medical and legal opinion is that about 500 people each year die from Asbestos Related Diseases in Queensland alone.

This is easy to believe when the Society's own records show that 84 members have died from asbestos disease in the past 12 months. It should be noted that these figures do not take into account the total number of deaths related to Asbestos Disease due to the emotional turmoil families are going through at this time and do not realise that they have not notified the society. To put these numbers into perspective 500 deaths is the equivalent of one and a half times the Queensland State road toll for the year 2010.

Whilst these figures will remain at this level or even higher for the foreseeable future, they will not decline until we all work together to create the changes necessary to reduce or eliminate the unnecessary exposures in the work place, the community and in the home. To achieve this we must work with all levels of Government, Unions, Trade Organisations and Employer Groups for a greater awareness and accountability when handling and disposing of Asbestos products.

It is the accountability that is lacking. The system fails when it comes to the removal and disposal of asbestos products. Some progress is being made in this area but it is slow and a great deal of improvement is required in these areas.

Please turn over for further details and R.S.V.P.

With your support we will continue to campaign strongly for stringent regulations and stricter enforcement of compliance.

I would like to **invite you** to join with us at the **Workers Memorial Day Ceremony**, and at the **Morning Tea** which will follow the main ceremony.

As numbers are limited please **RSVP by 24th April 2011** by calling the office on **1800 776 412** to register your attendance. I look forward to seeing you on this occasion.

Format for Workers Memorial Day 28th April 2011

Where: Emma Miller Park - Roma Street Forum – *alongside the Holiday Inn at Roma Street Railway Station*

10.00am: Welcome by Andrew Ramsay CFMEU WPH&S and Society Committee Member

Guest Speaker The Honourable Cameron Dick

Relatives of Deceased Workers

Placing of the Helmets and reading the Role of Honour

Laying of Flowers

10.45am: Close

11am: Morning Tea - Holiday Inn on Level 5 **(You must be registered to attend the Morning Tea)**

The Holiday Inn is located next to Roma Street Forum



Photos taken 'Workers Memorial Day 2010'

FROM THE DESK OF THE SOCIETY'S LEGAL OFFICER – Mr Thady Blundell

QUEENSLAND FLOODS, CYCLONE AND ASBESTOS THE LESSONS LEARNT



The recent Queensland floods and Cyclone Yasi have been horrible disasters for Queensland. Lives have been lost and properties destroyed. Of course there have been inspirational stories of heroic acts by individuals and the community uniting to help those affected by these natural disasters.

Much of the focus of course of the floods and cyclone has been the immediate impact of lives lost, homes destroyed and businesses disrupted. Lurking below all that though is the ever present spectre of asbestos exposure. The Society, since its founding, has been alerting the community of the dangers of asbestos which is present in houses and other buildings. Over the years the Society has dealt with countless enquiries from individuals concerned about asbestos present in their homes and which might be disturbed through renovation and building.

There is still of course large amounts of asbestos still present in our community. Asbestos was used particularly in building materials right into the 1980's and many homes and commercial premises in Queensland contain asbestos materials particularly in the form of "fibro" sheeting. It is unfortunately the case that unsafe practices are still carried out in respect of working on and disposing of existing asbestos containing materials. Not only the Society but the Queensland Government has been vigorous in its prosecution of recklessly dealing with asbestos materials. Educational efforts are also being made.

The recent floods and cyclone were extreme events. In a short space of time thousands of buildings potentially containing asbestos were damaged and required clean up. The community and Government response to the disaster was extremely swift with thousands of volunteers helping thousands of home and business owners with cleaning up. Now that the initial clean up has occurred we can look back and consider the response and see what lessons can be learnt from this recent disaster to assist us in preventing asbestos exposure in the future.



Floods - Toowoomba area

Floods & Cyclone

The recent floods and cyclone were an incredible sequence of events that made many in Queensland no doubt think "what's next". It seemed as if extraordinary natural disasters were affecting one area of Queensland after another. First, the Bundaberg and Rockhampton region was flooded and this flooding was so extreme that it gathered worldwide media attention. Shortly thereafter in early January 2011 we had a devastating tsunami-like

flooding in Toowoomba and then this was quickly followed up by the Grantham and Lockyer Valley floods spreading down to Ipswich and Brisbane by Thursday, 13 January 2011.



Flooding in Brisbane

The community and Government response was swift, particularly in terms of clean up, and by the weekend of Saturday, 15 January 2011, when waters had receded, steps were taken to mobilise more than 7,000 volunteers to help with the clean up. Thousands of buildings were affected by the floods, many of which contained asbestos materials.

Cyclone Yasi crossed the North Queensland coast about midnight on 2 February 2011 and whilst its effects were not as devastating as first feared, again many asbestos containing structures were damaged.



Volunteers line-up ready to help out those affected by the floods

Potential Asbestos Exposure

It is impossible to say how many or what proportion of the homes and buildings damaged in the floods and cyclone contained asbestos but as a rule of thumb it should be assumed that any building built prior to 1990 is likely to contain some asbestos material.



Cyclone Yasi off the coast of Queensland

The Queensland Asbestos Related Disease Support Society was founded in 1989 and since then the Society has worked to increase public awareness about the dangers of exposure to existing asbestos containing materials. It is worth noting though that the Society is a volunteer organisation. It has no powers of enforcement and cannot venture onto worksites or building sites and stop people from recklessly dealing with asbestos containing materials. One of the aims of the Society though is to raise awareness about the dangers of asbestos. To that end

the Society has developed a close working relationship with the Queensland Government and is often consulted by Government departments when an asbestos issue arises.

The main body in the Queensland Government dealing with asbestos issues is Workplace Health and Safety Queensland, within the Department of Justice and Attorney-General. Over the last several years this department has stepped up its compliance and enforcement activities in relation to unsafe asbestos practices and tried to raise awareness including through the publication of an asbestos handbook for home renovators developed jointly with Queensland Health and The Queensland Asbestos Related Disease Support Society Inc.

In December 2010 a special unit within the department was created called the "Asbestos Unit". The creation of this unit was very timely given the impending floods and cyclone however the main objective of the unit was to focus resources in relation to asbestos over the next 50 years. The aim of the unit is to assist the public and the workforce on asbestos issues and increase the knowledge and skill of the inspectors who work for Workplace Health and Safety Queensland (WHSQ) and deal with asbestos in the workplace, on building sites and in the community.

The efforts of the Society over the last 20 or so years and the increasing vigilance of the Queensland Government allowed a swift response to the asbestos danger posed by these natural disasters.

When the clean up began after the floods in the Bundaberg and Rockhampton region a press release was issued by the Queensland Government regarding the asbestos risk in the flood clean up. This was picked up by media outlets including the Courier Mail. The Society was involved in this process.

As the disaster widened to include Toowoomba and then spread down the valley towards Ipswich and Brisbane a fact sheet regarding asbestos dangers was issued by WHSQ.



As soon as the waters subsided and the volunteers were mobilised to begin cleaning up numerous steps were taken to raise awareness about asbestos issues and prevent exposure.

Army trucks head through the devastated streets of Chelmer in Brisbane, to transport destroyed possessions. (Photo: Carolyn Barry)

Some of the steps taken were as follows:-

- WHSQ inspectors visited flood damaged areas advising on asbestos hazards plus a range of other health hazards.

- WHSQ updated a fact sheet dealing with the presence of asbestos in homes which was distributed by the inspectors to volunteers and others involved in the clean up and was also loaded onto the Department's website. This sheet demonstrated in picture form where asbestos materials were commonly located.
- At the volunteer centres (which were largely co-ordinated by Councils) the home owners and tradesperson's guide to handling asbestos materials was distributed to volunteers as were information sheets and posters were prominently displayed regarding asbestos dangers.
- In flood affected areas inspectors were handing out plastic bags and asbestos warning stickers to be used when asbestos debris was encountered.
- In the Grantham area, which was devastated by the flood, a seminar was held for home owners regarding asbestos containing materials. The WHSQ Asbestos Unit assessed the asbestos debris and risk in the area.
- The Society issued a special newsletter alerting its members to potential asbestos exposure during clean up.
- As Cyclone Yasi hit, WHSQ inspectors were sent north to be ready to assist inspectors in the North Queensland area as soon as clean up started.

Lessons Learnt

It is impossible to prevent all asbestos exposure following natural disasters of the scale that hit Queensland in late 2010 and early 2011. Unless we can remove asbestos from all buildings there will be some asbestos exposure in the future – the issue is keeping it to an absolute minimum.

Government response to the asbestos exposure following the floods and cyclone was swift and effective as no doubt most of the exposure to asbestos that could have occurred was prevented. There was substantial media coverage regarding the dangers of asbestos and regular detailed attempts to educate the public about the asbestos hazard.

The presence of inspectors "on the ground" in flood affected areas was also very effective.

The Society can take some credit for the swift response. The Society's efforts over the past 20 years has no doubt raised awareness about the dangers of asbestos and focused Government attention on this issue. The lesson learnt from the recent disasters is that only by ongoing and continued awareness programs can the Government and community be ready to deal with the asbestos hazard posed by natural disasters.

Whilst most of the clean up has taken place there is still much more to be done and the situation demands continuing vigilance and an ongoing awareness campaign.

Thady Blundell
Society Legal Officer

Please see insert, titled: Queensland flood, storm and natural disaster recovery.

How to select an asbestos removalist

While many people in the community are aware of the risks associated with asbestos, it is important to consider how removing asbestos can be done safely.

In Queensland, there are a number of legal requirements for asbestos removal within the workplace and the removal of asbestos by homeowners. Homeowners carrying out asbestos removal work on their own property must comply with the *Public Health Regulation 2005*.

Bonded asbestos (asbestos containing material which includes a bonding compound reinforced with asbestos fibres, such as asbestos cement sheeting) can only be removed by a homeowner if less than 10m² is removed. If more than 10m² of bonded asbestos is being removed, then it must be done by a person who holds either an 'A' class or 'B' class asbestos removal certificate issued by Workplace Health and Safety Queensland.

Homeowners can undertake the appropriate training and apply for a 'B' class certificate. The training covers the safe practices and procedures for removing bonded asbestos and focuses on minimising the risk to you, your family and neighbours. All 'B' class certificate holders are expected to follow the necessary safety precautions when removing any bonded asbestos containing material.

Friable asbestos (asbestos containing material that can be easily crumbled by hand pressure) must be removed by a business holding an 'A' class asbestos removal certificate issued by Workplace Health and Safety Queensland. It is illegal for homeowners to remove friable asbestos containing material.

Many homeowners engage a contractor to remove asbestos from their property. If a contractor carries out work at a domestic premise, the part of the home where work is being carried out is deemed a workplace and the contractor must comply with workplace health and safety legislation requirements for asbestos, including having the appropriate certificate.

Before engaging an asbestos removalist:

- Ask to see the person's certificate issued by Workplace Health and Safety Queensland that authorises asbestos removal.
- Obtain a written quote which clearly identifies the scope of asbestos removal work and clean-up procedures and verification that it will be done by the appropriate certificate holder.
- Ask the asbestos removalist if they know that they have to comply with the *National Code of Practice for the Safe Removal of Asbestos* 2nd ed.
- Ask what arrangements they will have for disposing the asbestos waste properly. Local councils can be contacted for more information about the disposal of asbestos in your local area.
- For significant asbestos removal jobs, ask for the details of any previous clients, so you can contact them to find out about the work performed by the contractor and whether they were satisfied with the job done.

Home renovators and trades people performing minor work in domestic buildings can find out more information on how to handle, remove and dispose of asbestos safely and legally by referring to *Asbestos: A home renovator's and tradesperson's guide for minor work in domestic buildings*, or online at www.worksafe.qld.gov.au or at www.health.qld.gov.au.

If you have any concerns about asbestos removal work being carried out by contractors, contact Workplace Health and Safety Queensland on 1300 369 915.

All questions about the disturbance of asbestos by homeowners on their own property should be directed to the relevant local council.

***A Safety practice is to ask for the dumping slip prior to payment and then you will know your asbestos has been disposed of in the appropriate manner.**

Malignant Mesothelioma

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Abstract: Malignant mesothelioma (MM) is an aggressive tumour that commonly affects the mesothelial surfaces of the pleural and peritoneal cavities, and occasionally, the tunica vaginalis and the pericardium. Formerly a rare tumour, MM is increasing in incidence in Australia due to the heavy nationwide use of asbestos from 1940 until the 1980's. The incidence is expected to peak in Australia in the next decade, mirroring the long latency period between asbestos exposure and development of MM. Diagnosis of MM can be difficult. Definitive pathological diagnosis is required and it often requires an experienced pathologist to differentiate MM from other benign or malignant processes. Treatment of MM requires a multidisciplinary approach, regardless of palliative or curative intent. Treatment options, such as surgery, chemotherapy, radiotherapy and active symptom control or a combination of these, may be used. Further research is needed to advance the therapeutic options for MM, and strategies to realise personalisation of therapy through discovery of predictive markers. In the Australian society where asbestos contamination of the built environment is very high, education and stringent public health measures are required to prevent a second wave of increased MM incidence.

Introduction

Malignant mesothelioma (MM) is an aggressive neoplasm that arises from the mesothelial surfaces of the pleural and peritoneal cavities, the tunica vaginalis, or the pericardium. Formerly rare, MM is increasing in incidence in the industrialized world, with Australia having the highest incidence. Recent media interest in this man-made disease has increased awareness, and to some extent anxiety, among the public, health professionals and government bodies. This is evident through the strong Federal government commitment with

increased research funding opportunities through the National Health and Medical Research Council, the Bernie Banton Asbestos Research Fellowship and the Centre of Research Excellence into Asbestos Related Diseases. There has been the establishment of numerous not-for-profit foundations, such as the Asbestos Diseases Research Foundation and the Biaggio Signorelli Foundation for MM research, and the Asbestos Diseases Foundation of Australia and Bernie Banton Foundation that aims to provide support for MM sufferers and their families. In this article, we aim to review MM with emphasis on the Australian context, stressing the epidemiology, asbestos burden in Australian society, diagnosis and treatment of MM, and important future research directions.

Pathogenesis and epidemiology

The main risk factor in developing MM is asbestos exposure. Asbestos refers collectively to a group of naturally occurring hydrated mineral silicate fibres that include two major forms: serpentine, represented by chrysotile (white asbestos); and the amphiboles, including crocidolite (blue asbestos), amosite (brown asbestos), anthophyllite, actinolite and tremolite. Crocidolite fibres are regarded as the most oncogenic type of asbestos because they are long and thin, and are believed to persist longer in the pleura, but the exact way in which asbestos induces the development of MM is still not well understood. Inflammation appears to play a critical role as following asbestos exposure *in vivo*, recruitment of mononuclear phagocytes (which differentiate into macrophages that in turn phagocytize asbestos) was observed, resulting in the release of tumour necrosis factor-alpha (TNF- α) by the phagocytes and mesothelial cells. Exposure to asbestos can also lead to the accumulation of DNA damage in

mesothelial cells through interaction with reactive nitrogen and oxygen species, which coupled to the activation of the NF-KB pathway by TNF- α perpetuates the survival of the DNA-damaged mesothelial cells.

The first documented MM case in Australia was in 1947 in Victoria with the first case diagnosed in Wittenoom in 1960. Between 1980 and 1985 Australia led the world in keeping a comprehensive medical record of MM patients, recording the full occupational and environmental histories of all MM cases through the Australian Mesothelioma Surveillance Program. Coupled with epidemiological studies of the workers of the Wittenoom crocidolite industry and residents of Wittenoom, Western Australia (WA), the epidemic of MM was well documented. Currently, Australia has the world's highest national incidence of MM (approximately 700-750 cases per year in a population of 21 million) and its increasing incidence lagged asbestos production and importation by 20-30 years. It is estimated that the incidence will continue to rise over the next 15 years, with a peak incidence around 2014-2021.

Asbestos burden

Australia

Asbestos was mined in Australia for over a hundred years until 1983 when the chrysotile mine in New South Wales (NSW) was closed. Crocidolite was mined in Wittenoom from 1937 to 1966. In addition to domestic production, Australia imported asbestos and asbestos-containing products, such as cement articles, cord and fabric, and friction materials. Australia had the highest per capita use of asbestos in the 1950s with over 3000 different manufactured products containing asbestos, making it a near-ubiquitous presence in the Australian building environment. Use of asbestos in Australia peaked in 1975 at 70 000 tonnes/year.

Despite strict prohibition of asbestos use, the legacy of the cement manufacturing industry remains in the form of older 'fibro' houses and

water and sewerage piping. There is evidence that the policies and standards for asbestos management in place since 1980 are not always adhered to in the Australian workplace. In the Heads of Workplace Safety Authorities report, compliance with asbestos removal regulations was only 73.3%. A report based on focus groups among the tradespeople conducted by the Australian Capital Territory Asbestos Task Force showed that although most tradespeople understood the dangers of asbestos exposure, some knowingly proceeded without necessary precautions due to time constraints or increased cost associated with adherence to asbestos management policies. This shows not only continuing occupational exposure to asbestos but also potential environmental exposures to which the general public may be subjected.

In addition to the near ubiquitous presence of asbestos in the Australian built environment, asbestos is present in natural rock formations. It is estimated that asbestos-bearing rocks account for about 0.2% of the land area of Eastern Australia, and thus strategies of reducing the likelihood of unplanned disturbance of naturally occurring asbestos need careful consideration by government authorities and private enterprises. The established link between environmental exposure to asbestos and the development of MM as shown for a cohort of Wittenoom residents make the built and environmental sources of asbestos a continued risk for the Australian public.

Developing countries

Although asbestos use is banned or restricted by stringent control in most developed nations, countries such as Russia, China, Kazakhstan and Brazil continue to produce large amounts of asbestos. In several countries in Asia, such as India, Indonesia, China and Vietnam, there seems to be a limited understanding of the dangers of asbestos exposure and in the absence of restricting legislation, these countries advocate the importation of asbestos-containing materials due to its low cost and durability' leading to predictions that there will be a significant

increase in the global MM burden in the decades to come.

Diagnosis

According to the WHO classification of tumours of the lung and pleura, there are four major types of MM: epithelioid, sarcomatoid, desmoplastic and biphasic. However, the diagnosis of MM can be difficult both clinically and pathologically. The clinical manifestations of MM usually develop insidiously and often include dyspnoea and chest pain. Occasionally, patients present with symptoms of malaise, night sweats and weight loss. Often a unilateral pleural effusion with inconclusive other initial investigations is the first sign of disease. Despite the suspicious symptoms, typical chest X-ray or computed tomography (CT) findings of a unilateral pleural effusion or thickening, and a history of asbestos exposure, definitive diagnosis cannot be made without a pathological diagnosis. When MM is suspected, thoracoscopy with biopsy including adjacent or underlying adipose tissue is the best method to obtain a definite histopathological diagnosis, as the results of cytologic examination of pleural fluid or fine needle aspirations are often equivocal.

MM can mimic benign pleural disease or other primary neoplasms in the lung and pleura depending upon the morphology and these may include adenocarcinoma, sarcomatoid carcinoma or synovial sarcoma. A wide panel of immunohistochemical stains which include both mesothelial markers (calretinin, CK5/6 and WT-1) and adenocarcinoma markers (CEA, CD15, BerEP4 and B72.3) is used to differentiate the neoplastic cells as being either of mesothelial or epithelial in origin. If the cells are mesothelial in origin, the presence of invasion into adjacent adipose tissue or skeletal muscle indicates MM, and in the absence of true invasion, one cannot exclude the possibility of mesothelial hyperplasia. It is therefore recommended that the pathology be reviewed by a pathologist experienced in MM in order to ensure a definitive and accurate diagnosis.

Treatment

The prognosis of MM is poor with an almost invariably fatal course with few long-term

survivors. Consequently, significant therapeutic nihilism exists among health professionals. Nevertheless, progress has reshaped the clinical landscape in the treatment of MM in recent years. In this section, we review the advances that have impacted on clinical practice in Australia and the difficulties and controversies that continue to exist. The European Respiratory Society and the European Society of Thoracic Surgeons recently have published guidelines on the management of MM after a systematic review of the literature. Guidelines have also been produced by the British Thoracic Society and European Society of Medical Oncology.

Surgery

Both palliative and radical surgical procedures are used in the treatment of MM. Palliative surgery includes talc pleurodesis with video-assisted thoracoscopic surgery (VATS) and debulking pleurectomy/decortication, and aims to relieve local symptoms. Recurrent pleural effusion often causes troublesome dyspnoea and VATS pleurodesis aims to eliminate the potential pleural space so that re-accumulation of fluid will be prevented. Radical surgery is exemplified by extrapleural pneumonectomy (EPP), which involves *en bloc* removal of tissues in the hemithorax (including the pleura, lung, mediastinal lymph nodes, diaphragm and pericardium) in order to remove all gross disease. In experienced centres, the mortality rates with EPP have decreased to around 4%; however, morbidities remain significant. The role of EPP in the management of MM remains controversial due to the lack of randomized evidence and because the eradication of all microscopic disease is theoretically unattainable. Despite a radical surgical approach, EPP alone frequently does not prevent local recurrence, and in a direct retrospective comparison, the pleurectomy/decortication combination with various multimodality treatment was found to provide equal survival benefit compared with EPP. Similarly, a retrospective analysis of 36 patients referred for radical surgery in WA showed comparable median survival of patients that underwent EPP and non-EPP patients (20.4 vs 20.7 months).

In Australia, pleurectomy/decortication is advocated for patients with inadequate cardiopulmonary reserve,

older age, anatomic constraints, or with very limited disease. EPP is generally reserved for a carefully selected subgroup of patients. To ensure that the extent of the disease is limited to the ipsilateral hemithorax with no transdiaphragmatic, transpericardial or extensive chest wall involvement extra staging procedures are performed preoperatively. In NSW, staging procedures are limited to chest X-ray, chest and upper abdomen CT scan and positron emission tomography. In WA, the group advocates further surgical staging, including bilateral thoracoscopy, mediastinoscopy and laparoscopy in addition to radiological staging. They report that this additional surgical staging resulted in upstaging of 16% of potential EPP candidates in their centre.

The 30-day operative mortality rate after EPP in Australia ranges from 5.7% to 12.5%, which is consistent with international results. The median survival in patients undergoing EPP in major Australian centres is 20 months.

In an effort to reduce both local recurrence and distant relapse, trimodality treatment involving chemotherapy and adjuvant radiotherapy (RT) has been adopted by some centres. This approach should be considered experimental and ideally should take place in the context of a clinical trial, until the outcome of randomized trials becomes available.

Radiotherapy

RT has an important role in the palliation of symptomatic disease, but its use is limited by the potential damage caused to the surrounding lung tissue. Currently, RT is used in three ways: prophylaxis post-surgical biopsies; palliation of symptomatic disease; and as adjuvant therapy following EPP.

RT to the procedural site is often used as prophylaxis due to the risk of needle track seeding (up to 50%) in post-surgical biopsies. Three small randomized trials comparing prophylactic RT with no radiation to the procedural site yielded inconsistent results, and it remains controversial whether prophylactic RT use is warranted after invasive procedures.

Palliative RT with the goal of relieving pain may be considered in cases of painful chest wall infiltration or nodules although the evidence from literature is limited. Two prospective studies involving 69 participants showed some efficacy of pain relief following RT, but it was usually of limited duration.

Alternative techniques such as intensity-modulated radiotherapy (IMRT) in which local control aims to protect organs at risk such as the heart or liver have been used in the adjuvant setting. However, a fatal pneumonitis that occurred in 46% of 13 patients in one study shows that IMRT is not ready yet for routine adjuvant use.



Pyjama Foundation - Pyjama Drive

It's a sad fact that around 7,500 children and young people in Queensland won't get to spend the night at home because it is not safe.

When children enter a foster home they can arrive with little – or nothing – but the clothes they're wearing. Buying a new pair of pyjamas is an everyday occurrence for so many of us, but for these children it can make a real difference.

People who would like to donate to this wonderful cause are asked to drop off a new set of girls' or boy's pyjamas, sized between 0000 and adult, to our office at 16 Campbell Street Bowen Hills or post to PO Box 280 Spring Hill QLD 4004.

I know, from experience, how generous our local community is towards those who are in need. By promoting this charity drive, you will be helping to brighten the lives of our most vulnerable children and young people. For further information about the Pyjama Foundation and/or the charity drive, go to www.pyjamafoundation.com/ or phone our office on 1800 776 412.



**** Members who would like to receive a free \$10 GO Card, please call the office on 1800 776 412. We have a limited number of Adult, Concession and Senior Go cards to give out to our members. First in, first served. ****



Article from BAN ASBESTOS NETWORK CANADA

VOICES COMMUNICATION FROM THE LABOUR UNIONS AND ACTIVISTS OF BAN ASBESTOS CANADA

March 2011

Dear friends,

In recent postings regarding the struggle to ban asbestos use and export in Canada and abroad, there has been some confusion regarding the positions taken by Canadian trade unions and the role we have played in the struggle to ban asbestos.

Let us assure you that the support from unions in Canada for the international struggle against Canadian production and export of asbestos is very strong and growing daily.

Canadian workers have fought to protect themselves from asbestos caused disease ever since the seminal strike of asbestos workers in Quebec in 1949. They struck over the right to union protection, and a key demand was a clean up of the polluting asbestos mines. In 1972 asbestos workers in Cassiar BC staged wildcat strikes over asbestos contamination, and in 1978 workers in Baie Vert Newfoundland struck for 15 weeks against Johns Mansville for the basic right to have separate lockers for their asbestos laden clothing.

Since the 1980's Labour federations fought to have asbestos use banned in their provinces and workers in many parts of Canada invoke their right and duty to refuse unsafe work if asbestos is found in their workplaces.

More recently, our efforts were instrumental in bringing the policies of CLC, the CCS, and the federal NDP in line with and in support of the call to end asbestos use and export in Canada.

The struggle against asbestos mining in Quebec is a complex one, and the many political, historical, cultural and organizational issues that must be addressed too complex to properly explain in a short note here. (We recommend Prof. John Calvert's excellent analysis in the recent edition of CLRNews No.4/2010 www.clr-news.org (<http://www.clr-news.org/>).

BAC

Four Policy Pillars- Asbestos (2007)

The focus of the Canadian campaign concerning asbestos is based on the World Health Organization call for member countries to eliminate all asbestos caused disease through the elimination of use of all forms of asbestos. The scientific basis for this is well established, and all forms of asbestos, including chrysotile asbestos, have been proven to be potent carcinogens. Asbestos caused cancers continue to raise dramatically, both in Canada and abroad. Downstream users, particularly in developing countries, and in Canada, in the construction trades, are particularly at risk. Exposures to asbestos cannot be adequately eliminated, even in the best workplaces. As a result, WHO predicts that over 100,000 asbestos related deaths will occur annually.

In Canada, we support worker and community right to know. This forms a basis for Canadian health and safety legislation. Internationally, Canada has blocked listing chrysotile asbestos under the UN Rotterdam Convention, which is the right to know convention for importing countries. Yet it continues to purport to support "safe use" strategies. The Canadian government position has been developed by the asbestos industry. The government is in full collusion with that industry. By not wanting chrysotile listed as a harmful substance, it make it clear that Canada does not want worker's to know the hazard of the material it is exporting. This is unacceptable.

1. Therefore the first policy pillar is for all parties to call for federal government support for the listing of chrysotile asbestos under the Rotterdam Convention.

In Canada, more workers die of asbestos caused cancer than any other occupational disease. Documentation from Cancer Care Ontario, the province of Quebec, and the BC Cancer Control Agency, demonstrate that fewer than half those workers dying are compensated, nor registered.

2. Therefore the second pillar is to support and call for the establishment of a national asbestos disease and exposure registry, and that a national compensation plan for victims and their families be established.

Asbestos exposures in manufacturing industries, maintenance, and construction cannot be controlled. In Quebec, the Department of Social Services and the government Asbestos Advisory Committee have concluded that it cannot be used safely. The only way to eliminate asbestos caused cancers in both Canada and internationally is to phase out all use and export of this carcinogen. Over 40 countries have joined WHO and successfully accomplished this. For example, France has banned all import and use, and has established a registry and national compensation scheme.

3. Therefore the third pillar is for all party support for the WHO call to work towards the elimination of use and export of all forms of asbestos. In Canada, the Canadian Cancer Society, the National Occupational & Environmental Exposures Committee, a growing list of national unions and provincial federations of labour, have endorsed this call.

In Quebec, nothing has been done to address the needs of workers and communities who have already seen 80% of the asbestos mining jobs disappear. Despite massive layoffs, the industry and the provincial and federal governments have not intervened with funding for transition programs. More federal dollars have been spent promoting a dying industry, which is facing bans around the world, than would be needed to support every mining family affected in Thetford and Asbestos Quebec.

4. Therefore the final and fourth pillar is for federal party support for federal and provincial just transition programming and funding to assist mining communities in Quebec.

Canadian Labour Congress Policy on Asbestos April 2008

The Executive Council of the Canadian Labour Congress adopted a policy statement calling on the Government of Canada:

- to develop a fair and just transition program in consultation with the Quebec Federation of Labour and the United Steelworkers for the workers in the asbestos industry and communities which may be affected;

and

- to adopt a comprehensive policy to phase out the production of asbestos in Canada.

Here is the text of the motion:

The Canadian Labour Congress calls on the federal government to:

1. Adopt a comprehensive asbestos strategy, phasing out both the use and export of asbestos as communities are transitioned;
2. Ensure there is a fair and just transition plan developed in consultation with the United Steel Workers and the Québec Federation of Labour for communities affected by changes;
3. Ensure that workers and communities affected have resources to ensure ongoing financial stability;

4. Work with individual Canadians, labour unions, producers, manufactures, and other levels of government to ensure that solutions meet local needs.

CLC Comments August 2010:

1. Article 10 of ILO Convention 162 for a total prohibition of the use of asbestos

The CLC has taken note of the CEACR's 2006 direct request to the Government of Canada for information on measures it envisages to curb rising levels of asbestos related injuries and fatalities in the country. We are also concerned by the rise of asbestos-related injuries and fatalities that take place abroad by virtue of Canadian exports of asbestos to other countries, primarily to developing countries.

The CLC is convinced by the compelling body of evidence showing the most efficient way to eliminate asbestos-related diseases is to stop producing and using it. Consistent with a motion adopted by our Executive Council in May 2008 (see Appendix), the CLC calls on the Canadian government to invoke Article 10 of ILO Convention 162 for a total prohibition of the use of asbestos or products containing asbestos in work processes within the country and we further call for the phasing out of asbestos exports.

Canadian Building Trades Policy Conference 2010 - Asbestos Resolution

Whereas the Federal Conservative Government blocked efforts at the 2009 United Nations Rotterdam Convention to list chrysotile asbestos as a hazardous substance,

And whereas the Federal Conservative Government continues to ignore positions adopted by the World Health Organization, the Canadian Cancer Society and the Canadian Medical Association based on rigorous scientific evidence linking asbestos exposure to mesothelioma and other carcinomas,

And whereas the Federal Conservative Government continues to support the Chrysotile Institute financially and those that promote the export of chrysotile asbestos from Quebec to developing nations in the face of International condemnation,

And whereas the Federal Conservative Government continues to support the façade of a “safe use” policy endangering the lives of workers and their families through their support for the export of chrysotile asbestos to developing nations,

And whereas the Federal Conservative Government will not respond to the pleas of both domestic and international workers affected and dying from exposure to chrysotile asbestos,

Therefore be it resolved that the Canadian Building Trade Affiliates mount a National Building Trades campaign to convince the Federal Conservative Government to:

- stop its financial and promotional support of the Chrysotile Institute
- sign on to the protocol listing chrysotile asbestos as a hazardous substance at the next UN Environmental Convention
- introduce legislation to ban the mining, processing, manufacturing, sale and export of asbestos within and from Canada
- financially support a just transition strategy for the communities and workers employed in the mining of asbestos

- establish a leadership role with the Provinces to institute a national asbestos disease and cancer tumor registry
- establish a leadership role with the Provinces to institute a national contaminated building registry with a containment and removal strategy

The Official Position of the New Democratic Party on Asbestos April 2008

Noting that:

1. the World Health Organization recommends that countries adopt a “national plan of action for the elimination of asbestos-related diseases”;
2. the Institute national de santé du Québec has concluded that “chrysotile asbestos is a proven human carcinogen and causes asbestosis.”
3. the Canadian Cancer Society believes that “Canadians must be safe from exposure to asbestos around mines and industries, in their communities, at home, and at work,” and the Society calls for “the Federal Government to adopt a comprehensive strategy addressing all aspects of the asbestos issue, including the eventual phasing out of use and export of asbestos.”

Therefore the NDP calls on the federal government to adopt a comprehensive policy on asbestos, which would include the following measures:

After consultation with communities and workers, the federal government will invest in community economic development for communities being negatively affected by the crisis in the asbestos industry and develop a Just Transition Program to help mitigate the effect on workers now employed in the asbestos industry, including but not limited to measures such as:

- a. early retirement, retraining and other bridging measures to accommodate re-entry to the workforce;
- b. inclusion of workers not employed directly in the asbestos industry but whose jobs still depend on the industry; and,
- c. broadening disability compensation to include all victims of asbestos related diseases in Canada.
- d. Implement a pan-Canadian asbestos abatement program to test for and safely remove asbestos when found in residential, commercial, institutional, and industrial buildings, including on military bases and reserves
- e. In light of the World Health Organization’s conclusion that “there is no evidence for a threshold for the carcinogenic effect of asbestos” and that “the most efficient way to eliminate asbestos-related diseases is to stop the use of all types of asbestos,” the government should apply the precautionary principle and proceed to a ban on asbestos through phasing out the use and export of asbestos
- f. Remediation and clean up of asbestos-laden sites that pose a risk to human health or the environment
- g. End the Canadian government’s attempts to block improved international health and safety conventions, such as the Rotterdam convention
- h. Work with provinces to develop a national asbestos disease registry

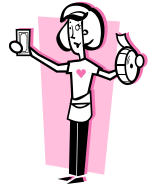
Secretary's Report



We have relocated to 16 Campbell Street, Bowen Hills. Thanks to the CFMEU, we have very comfortable, affordable, modern offices, located a short walk from Bowen Hills Railway Station and we are directly opposite Air Liquide Healthcare. *See Directions & Map over page.*

Our Thanks and Appreciation must go to the **CFMEU Delegates** who started work very early and worked tirelessly to move us from Wickham Terrace to Campbell St Bowen Hills. They had to have everything out of Silverton Place before 8am. (This included all the furniture from five offices). Tremendous effort guys, **Thank You and Congratulations on a job well done.**

Annual Raffle and Membership renewal enclosed



In this edition of your newsletter there is a book of Raffle tickets and a Membership renewal form. The money raised from the raffle and membership renewal is used to assist members who may be experiencing hardship whilst they are awaiting their compensation, so please help us to help you and newly diagnosed Asbestos Disease Sufferers by either buying or selling your raffle tickets and renewing your membership. Remember a Society is only as strong as its membership. Please remember **No Cash In The Mail**. You can pay both of these electronically by calling the office on 1800 776 412. If paying by cheque or money order please post to **PO Box 280 Spring Hill QLD 4004.**

Raffle Prizes

- 1st** 5 Night Dolphin Getaway Package for 2 people at Tangalooma Island Resort. This includes accommodation in a hotel deluxe room, your return launch transfers, buffet breakfast daily, and a wild dolphin feeding experience on one night of your stay. Value of prize is \$2,000.
- 2nd** Luxury Weekend Getaway for 2 people at Hunchy Hideaway in Montville. Value of prize \$600.
- 3rd** \$200 Coles Myer Gift Card. This can be used at Coles, Target, Kmart, Myer, Bi Lo, Liquorland, Officeworks.
- 4th** Gift Basket of Assorted Items from Carol's Gift Baskets. Value of prize \$50.



Hunchy Hideaway
609 Hunchy Road, Montville, Queensland, Australia

MAY DAY - 2nd MAY 2011 Calling for Volunteers



We need your help, can you volunteer a few hours of your time to assist us at the May Day BBQ. We need volunteers to cook, prepare salad, serve and clean up for approximately 4 – 5 hours. If you prefer you could sell raffle tickets on the day.

Your reward will be FREE food and drink, good company and a very big thank you from all concerned. Please call the office on **1800 776 412** to register your support, and the area you would like to work in. Thank you.

Ray

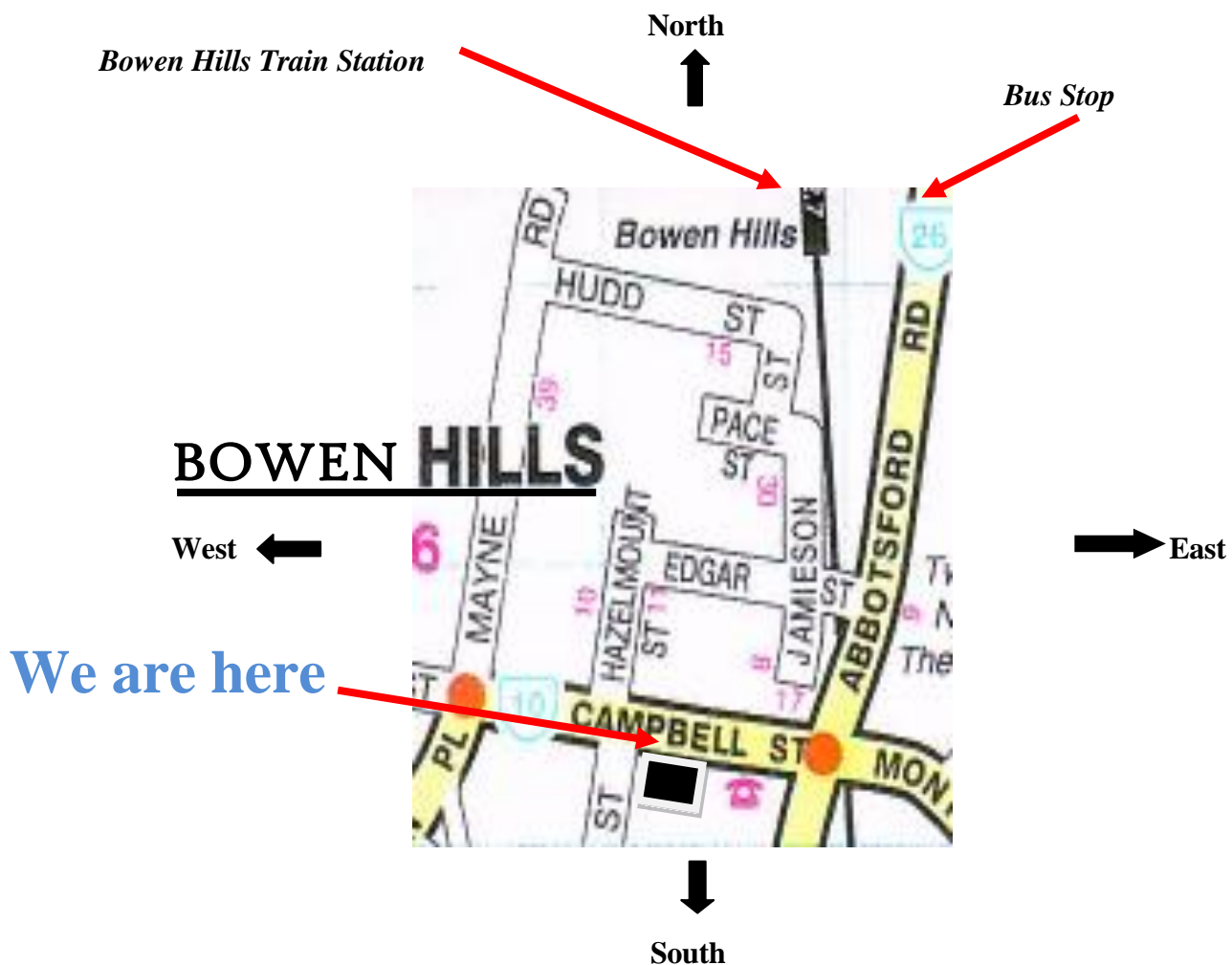
Important notice, as of 1st April 2011 all newly diagnosed Asbestos Disease Sufferers will receive a full Occupational Therapy assessment to ensure their homes are equipped to deal with their changing needs the cost of these assessment will be covered by the Society under the Queensland Department of Health Grant. If you are a current pension card holder these same services can be arranged free through HACC.

Please see insert from DOTS Occupational Therapy for further details.

Last but certainly not least, **WE** must acknowledge the tremendous generosity of Carlo Cortese from Windsor Management. Without Carlo's support the Society would have been homeless for the past 12 months, he personally arranged the donation of the premises we occupied at Silverton Place on Wickham Terrace. Thank you Carlo, we really appreciated your generosity and support.

PLEASE NOTE:

For all correspondence please forward to PO Box 280 Spring Hill QLD 4004 and not our physical address. Thank you!



Above is a general map of the area.

If you are coming into the office by train, Bowen Hills station has lifts and the office is only a short walk from the station (Approx 6 – 8mins). By bus, the bus stop is situation on Abbottsford Road (Bus stop number: 10920) Bus numbers 301,310, 315, 320 & 393 stop at this stop every 15 – 20 mins from the city.(Central Station) The office is then only 6 – 8 mins walk from this stop. Buses back to the city are every 20 – 30 minutes. If you choose to come in by car, there is plenty of street parking (See map above) with a cost of \$1.50 an hour from 7am – 7pm (\$8 for the day)

Please call the office first to make an appointment. 1800 776 412.

SUPPORT THOSE WHO SUPPORT THE SOCIETY

Corporate Sponsors



Your consideration of these organisations would be greatly appreciated - their assistance is invaluable.

Corporate Members

Air Liquide Healthcare Pty Ltd
AMWU - Your Rights at Work
Australian Rail, Tram & Bus Industries Union
Australian Services Union
Aust Federated Union of Locomotive Employees
Beauesert RSL sub-branch
Builders Labourers Federation
CEPU Plumbing Union – Qld Branch
CEPU Electrical Division – Qld Branch
Communication Workers Union

D.O.T.S. Occupational Therapy Services
Liquor, Hospitality & Miscellaneous Union
Logan Funerals
Niagara Therapy
PFG Financial Services
Parsons Brinckerhoff
Queensland Independent Education Union
Queensland Nurses Union of Employees
Safe Work College of Workplace Health & Safety

The contact details for all of our corporate sponsors and corporate members are available by ringing the QARDSS office on 1800 776 412.

**QARDSS is an endorsed charity (ABN 29 150 479 514).
Membership fees and donations of \$2.00 or more are tax deductible.**
We thank all members for their ongoing support.