

## September 1<sup>st</sup>, 2009 Ninth Annual Members' Meeting

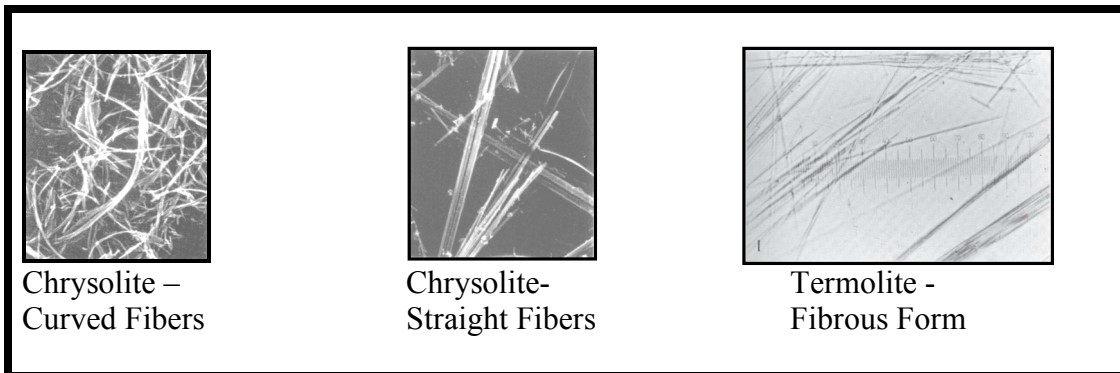
The ninth annual Libby Medical Program (LMP) members' meeting occurred on Tuesday September 1<sup>st</sup>, 2009 at the Libby Memorial Center in Libby, Montana. There were seventy- nine members in attendance of the day long conference, lunch was provided.

Guest speakers include:

1. **Dr. Eric Garshick**, from the Channing Laboratory and Harvard Medical School
2. **Paul Scalon**, Director of the Pulmonary Function Laboratory at the Mayo Clinic, Rochester, MN
3. **Bonnie Marrow** from the Montana Athletic Club joined us to celebrate the 5<sup>th</sup> anniversary of the LMP sponsored exercise program.

### Dr. Garshick's Highlights

**D**r. Garshick spoke to the members about pleural plaques and pleural thickening.

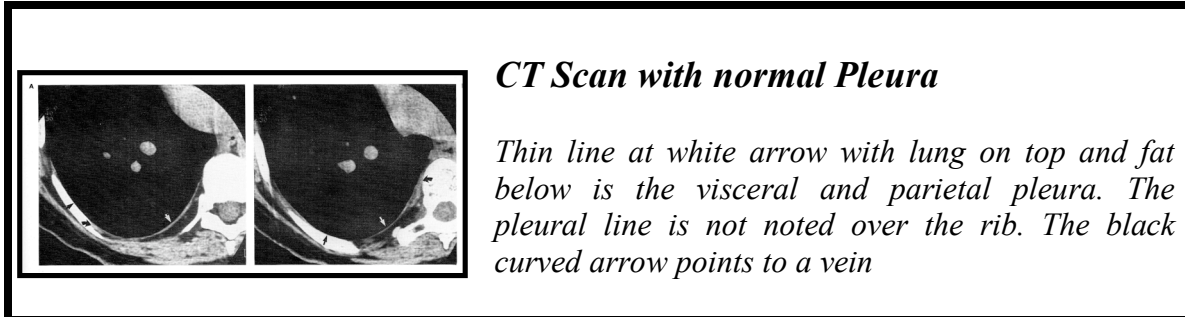


He discussed the different types of asbestos fibers found in nature, such as chrysolite curved fibers, chrysolite straight fibers and tremolite fibrous form. He explained that after inhalation the curved fibers are more likely to land in the larger airways and that the straight fibers can penetrate further down the airways.

Fibers that gain access to spaces between the air sacs can lead to scarring called asbestosis. Fibers that penetrate the lining of the lung (to the pleural surface) can lead to pleural plaques and pleural thickening.

Dr. Garshick showed many normal CT films pointing out normal landmarks that could be mis-read as pleural plaques or pleural thickening.

He defined parietal pleural plaques as a circumscribed area of thickening made up of collagen, it may calcify and that adhesions with the overlying visceral pleura are uncommon, and that there are no inflammatory cells in plaques.



Visceral pleural thickening is not circumscribed and is more diffuse and also there are no inflammatory cells.

Benign asbestos pleural effusion (fluid) is relatively rare, has varying degrees of inflammation, usually has no symptoms, but may cause discomfort and last for several months.

Dr. Garshick commented on the Libby Medical Program member's pleural changes noted by radiology reports, mostly by CT.

**1158 members have some form of pleural changes**

<b>138</b>	<b>12% have single or unilateral pleural plaques</b>
<b>165</b>	<b>14% have small pleural plaques (more than 1)</b>
<b>130</b>	<b>11% have more extensive pleural plaques</b>
<b>630</b>	<b>54% have bilateral pleural plaques (not extensive)</b>
<b>95</b>	<b>8% have plaques and some degree of diffuse pleural thickening</b>
	<b>Mild: 41</b>
	<b>Moderate: 23</b>
	<b>Extensive: 12</b>
	<b>Not described in detail: 19</b>

A comparison of 79 members with CT scans greater than 4 years apart (average 5.2 years) revealed the following:

- 28 had no change
- 51 had mild changes – no rapid changes observed

A comparison of 15 members with CT scans less than 4 years apart (average 1.1 years) showed:

- 4 with no change
- 11 with mild increase in plaque thickness and calcification.

Dr. Garshick spoke about the diagnostic pitfalls that could occur with the miss reading of CTs and or CXRs.

**Differential diagnosis**

**Previous pleural inflammatory disease resulting in pleural scarring/calcification**

**Misdiagnosis associated with obesity**

**Pleural fat can be misread as pleural thickening**

**Assumption that plaques are causing serious symptoms requiring specific therapies**

**In Summary**

1. BMI can effect x-ray interpretation
2. CT scans will pick up more true pleural changes than x-ray – but has a radiation risk.
3. Make sure symptoms of disease are fully investigated before attributing them to pleural changes, particularly in the absence of diffuse pleural thickening.
4. Pleural changes when observed in the Libby Health Plan appears to evolve very slowly.

**Dr. Scanlon’s Highlights**

**D**r. Scanlon presentation asked the question:

**“What is Asbestosis?” And how does it relate to other lung condition?**

Dr. Scanlon explained the possible health consequences of asbestos exposure. He broke them down into non-malignant and malignant.

<b><i>Non-Malignant:</i></b> <ul style="list-style-type: none"><li>• Pleural plaques,</li><li>• Diffuse pleural fibrosis,</li><li>• Pleural effusion,</li><li>• Rounded atelectasis</li><li>• Asbestosis.</li></ul>	<b><i>Malignant:</i></b> <ul style="list-style-type: none"><li>• Lung cancer</li><li>• Mesothelioma</li><li>• Possibly GI cancers.</li></ul>
---	--

Dr. Scanlon emphasized that “Asbestos Related Disease” is **not** a diagnosis and has no meaning for an individual patient.

Libby Medical Program Radiologists peer reviewed:

1. 1275 members summarized 2000-2009

Pleural Plaques	1158	90.8%
Pleural Thickening	95	7.5%
Possible Asbestosis	137	10.8%
No Asbestos Findings	117	9.2%
Incidental Nodule	101	7.9%

2. Possible Asbestosis 137

By CT	108	8.5%
By CXR	28	2.2%
With Plaques	111	8.7%
With Pleural Thickening	17	1.3%
No Pleural Abnormality	9	.7%

3. Evidence of progression 18 1.4%

CT (14)	CXR (4)
---------	---------

Dr. Scanlon reported on the rationale for using PFT's for early detection of lung disease.

1	COPD and asthma are under-diagnosed and treatable
2	Smoking and related lung conditions are common in Libby
3	Obesity affects dyspnea and lung function
4	Smoking intervention in COPD – most effective for early disease
5	Spirometry is only way to detect COPD early
6	Many primary care practitioners do not use spirometry, high false positive and false negative diagnosis of COPD
7	Therapy for COPD is effective – improves survival, lung function, exercise tolerance and quality of life, reduces exacerbations, cardiovascular events and hospitalizations

**Treatment does prevent lung disease. How?**

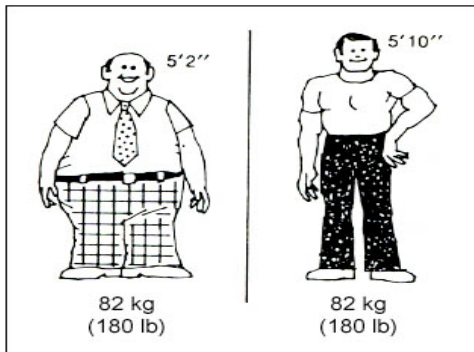
- Smoking cessation
- Weight control
- Flu and pneumonia immunization
- Medication
- Oxygen if appropriate

**A word for Libby residents:**

- A pleural plaque, by itself, does not indicate high risk
- Asbestosis is a more serious condition, but relatively uncommon in Libby and mostly mild.
- Libby residents, with or without plaques, have a modest increase in risk of other lung diseases.
- General preventive health care guidelines are most important.

**W**e broke at 12 noon for a delicious lunch provided by Treasure Mountain Casino consisting of sausage and peppers, lasagna and salad with cookies for dessert.

**M**aria Farley, RN, Case Manager for the LMP spoke to the members after lunch regarding obesity and how it affects the members of the LMP.



Obesity is a growing problem in the US as well as in Libby. Obesity has been the topic of many articles and studies just in the past few months. Nearly 10% of healthcare spending is related to obesity and treating weight related disease costs the US \$147 billion dollars.

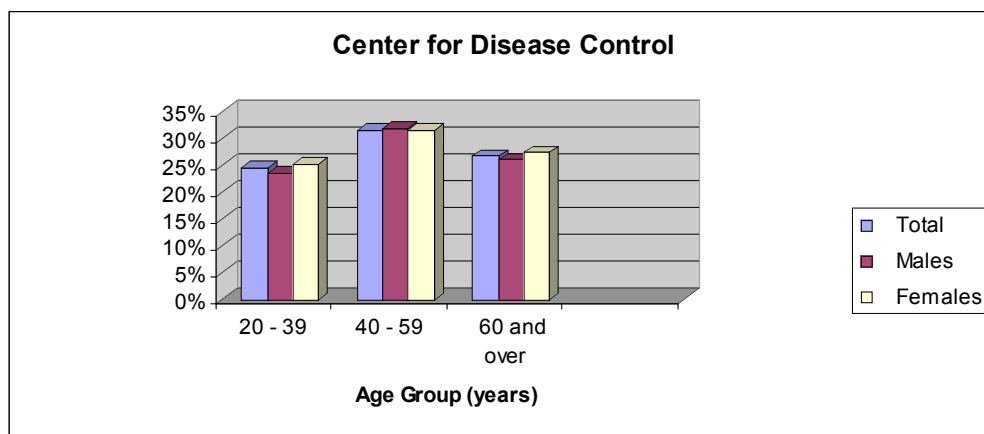
<b>Obesity can lead to:</b>	<ol style="list-style-type: none"><li><b>1 Hypertension</b></li><li><b>2 Diabetes</b></li><li><b>3 Increased insulin levels</b></li><li><b>4 Abnormal lipid profile</b></li><li><b>5 Abdominal obesity- belly fat</b></li></ol>
-----------------------------	---

These conditions can lead to metabolic syndrome and coronary artery calcification which in turn can lead to cardiovascular deaths and unexpected sudden death.

Our records indicate that 48% of the LMP members have a BMI equal to or greater than 30, which is considered obese.

A study done by the CDC, Center for Disease Control, found that:

- 26.6% of people 60 years old and older had BMIs greater than 30.



- LMP records found that 75% of LMP members over 60 years old are obese with BMIs greater than 30. That is 3 times the national average.
- 231 LMP members have gained on average 28.8 pounds over the last 6.7 years. Of these 186 or 80% went from normal or over weight to obese or morbidly obese.
- 80 members lost weight on average 24.3 pounds over the last 7.1 years. 45 of these members have taken advantage of the LMP sponsored exercise program at the Montana Athletic Club.

We are proud to announce that this year marks the 5<sup>th</sup> anniversary of our partnership with the MAC. The LMP believes in keeping our members active and will continue to sponsor memberships at the MAC and other local fitness centers.

**B**onnie Marrow spoke at the meeting about the benefits of exercise and presented 5<sup>th</sup> Anniversary T-shirts to those members present who participate in the LMP sponsored program.

Bonnie spoke of the fun special events that members enjoy thought out the year, such as pot luck dinners, contests and dress up days, such as, beach day, crazy hat day and motivational programs. Seminars are hosted at the MAC by St. John’s Lutheran Hospital professional staff dealing with nutrition and physical health.



LMP members were asked ***“What does exercise at the MAC do for you?”***

The following are a few of their comments.

- “It keeps my artificial knees and hips mobile.”
- “It makes me feel better.”
- “MAC is a great place. It helps keep my diabetes and lung problems manageable. The MAC staff is very helpful which makes exercise fun.”
- “Helps me stay strong and healthy. I especially like the senior strength class.”
- “Helps with respiration.”
- “It helps me to move and live.”
- “It keeps me on my feet.”
- “Going to MAC has gotten me off my butt and in a lot better shape.”
- “It’s saving my life.”
- “Without exercise I would be in a wheelchair now.”

Maria Farley concluded the meeting with some LMP updates.

- 1493 applications have been received from 2000-2008,
- 1275 or 85% were accepted,
- 218 were denied as there were no radiographic findings of asbestos exposure noted.

Currently we have

- 1275 accepted applicants
  - 1091 or 85% active and
  - 184 deceased as of December 2008

In 2008, 96 applications were processed which includes

- Seventy-four (74) new applications of which seventy-three meet the eligibility requirement.
  - Forty-six or 62% of the seventy-three were accepted and
- Twenty-two (22) applicants re-applied in 2008
  - 7 were accepted and
  - 15 were found to still be without radiographic findings of asbestos exposure.

The LMP membership has grown from 812 in 2002 to 1110 in 2008, with a constant 70% male and 30% female ratio. When we look at the ages of our members we see that in 2002, 454 of our members were 65 years old or older. In 2008, 630 of our members are 65 years old or older.

**Financial highlights.**

Over the past 8 and half years the LMP has paid over 2 million dollars per year for medical and pharmacy claims. At the end of 2008 16.5 million dollars has been paid.

**New Concern for 2009** is the Novel Influenza A (H1N1) Vaccine, (swain flu).

This vaccine is due to be release this fall by the Department of Health and Human Services (HHS) as a response to a national health emergency declared by HHS. The cost of the vaccine will be covered by the US Government.

**H1N1 does not replace seasonal flu vaccine. Members still need to get their annual “flu shot”.**

Per CDC guidelines published 7/29/09 the following groups are recommended to receive the H1N1 vaccine.

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Healthcare and emergency services personnel
- Persons between the ages of 6 months through 24 years of age, and
- People ages 25 through 64 years of age who are at higher risk for novel H1N1
- Because of chronic health disorders or compromised immune systems

Please see your primary care physician for further information.

Thank you to all those members who attended this years meeting and we hope to see you back again in 2010.