



CARD NEWS

Center for Asbestos Related Disease

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ARE YOU READY TO GET INVOLVED WITH RESEARCH?

- The MARF research project needs volunteers
- Libby residents **with and without** asbestos exposure
- Read the BIG CARD NEWS for more details...

Understanding ARD Language

-Tanis Hernandez,
CARD Social Worker

With all of the mixed messages being sent out lately, I thought it was important for all CARD patients to truly understand the medical language of asbestos related diseases, often called ARD. ARD is a term that refers to the category of respiratory problems that result from asbestos exposure.

When we talk about ARD related to Libby amphibole asbestos, we need to remember that it is a distinct type of asbestos fiber different than many other types of asbestos, both structurally and chemically. Because of this the diseases associated with Libby amphibole also seem to present differently than the diseases associated with the more commonly used commercial asbestos called chrysotile.

When we talk about ARD, it is helpful to think of two different categories. The first category of ARD, which is what many people are experiencing after being exposed to Libby amphibole asbestos, is pleural fibrosis. To understand this term we need to know that our lungs have a lining that surrounds them. This lining is called the pleural lining and is a stretchable sac -like a balloon- that expands when you breathe. The term fibrosis means scarring. Thus pleural fibrosis is scarring of the lining of your lungs. Based on the mineralogical features of Libby amphibole asbestos, this lining is what is most often impacted as the fibers actually migrate out of the lungs through the tissue and/or they travel in body fluids to the lung lining which is what causes serious health impacts.

To further understand pleural fibrosis you

need to know that this scarring occurs on a continuum. At one end are pleural plaques which are spots of scar tissue that form on the pleural lining and they can be non-calcified or calcified (with calcium in them). At the other end of the spectrum is pleural thickening which is when the lining around your lungs actually becomes thicker due to the formation of scar tissue along the lining itself. The term bilateral pleural thickening means that this scarring along the lining is occurring on both sides of your lungs.

Pleural plaques and pleural thickening reduce the flexibility of your pleural lining which can limit your ability to breathe deeply. Just as the degree of fibrosis occurs on a continuum, so do the symptoms people experience.

Continued on page 2...

ARD Language continued...

Some people experience great impairments in their ability to breathe which impacts their daily life and can even be terminal while other people may have very few symptoms. This is why it is important for people to work closely with their doctor who provides their ongoing medical care.

The second category of ARD, which is much less common in Libby but still seen in some people, is scarring inside or on the lungs themselves. This has many names. It can be referred to as parenchymal fibrosis. Parenchyma is the main part of an organ that contains the functioning cells and it can be used in reference to any organ. In our situation it refers to the lungs themselves that are experiencing the scarring. The word interstitial refers to the tissue between the

air sacs at the end of the lungs. Interstitial disease refers to a change in that tissue. And, finally the term asbestosis has historically only been used in reference to scarring of the lungs themselves. This is why some people may say someone does not have asbestosis (because technically the person may have pleural fibrosis resulting from asbestos).

I hope this helps you understand some of the complex medical words that are being thrown around our community related to ARD. I think one of the most important things to know is that if you have questions about medical information you are receiving, talk with your local medical provider and above all listen to your own body. In many ways you are one of the most informed people on what is happening with your body regardless of what terms are being applied to your asbestos related health condition.

FLU SEASON IS BACK!

HOW THE FLU SPREADS

Flu viruses spread in respiratory droplets caused by coughing and sneezing. They usually spread from person to person, though sometimes people become infected by touching something with flu viruses on it and then touching their mouth or nose. Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 days after becoming sick. That means that you can pass on the flu to someone else before you know you are sick, as well as while you are sick.

HOW THE “FLU SHOT” WORKS

The “flu shot” – an inactivated vaccine (containing killed virus) is given annually for prevention of influenza. About two weeks after vaccination, antibodies develop that protect against influenza virus infection. Flu vaccines will not protect against influenza-like illnesses caused by other viruses.

WHEN TO GET VACCINATED

October or November is the best time to get vaccinated, but getting vaccinated in December or even later can still be beneficial. Flu season can begin as early as October and last as late as May.

Did you receive an HNA audit letter?

Many CARD patients received a letter from Health Network America (HNA) who administers W.R. Grace’s voluntary medical plan. The letters, dated September 6, 2005, explained your personal results of the HNA audit of Grace Libby Medical Program Members. The CARD is happy to help you understand what these letters mean regarding your personal situation. In addition, if you received one of these letters, your doctor at CARD would like to see your letter and include it as part of your medical record. Please stop in with your letter and the attached reports or you can drop a copy of these items in the mail.

If you did not receive a letter in the mail, do not be concerned. It just means that your acceptance on the Grace sponsored medical plan occurred after the date that their personalized peer review was put in place.

CARD Patients are Special People but you are all considered “high risk” when it comes to getting influenza. Therefore, make it a priority to: GET YOUR FLU SHOT!!!

Typically available at: community clinics, your primary care providers, and the CARD...as shots become available.

The Great American Smoke-out

-by Ashley Day,
CARD Respiratory Therapist

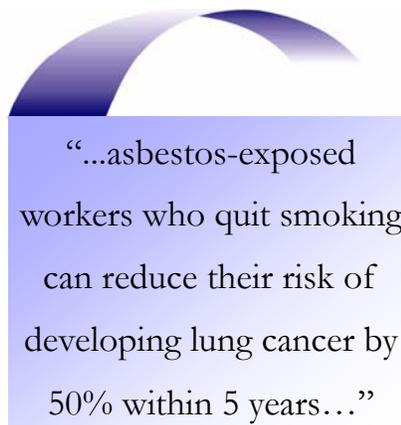
November 17th is the "Great American Smoke-out"! All across the nation people will be putting cigarettes out for the day with hopes of quitting forever. November 17th is the day to bring back the taste buds and sense of smell. This is the day to encourage tobacco users to stop using tobacco, and start using alternatives such as oral substitutes like sunflower seeds, sugarless gum, hard candy, or raw vegetables. Embrace your favorite hobby and leave stress behind!

Smoking is the single most preventable cause of death in the U.S. The average cigarette smoker is 10 times more likely to develop lung cancer than the general public, and someone exposed to asbestos has about a 5 times greater chance. Most significantly, people who have been exposed to asbestos and smoke cigarettes have a very high risk of developing lung cancer, 50-90 times greater the general public. The National Cancer Institute states there is evidence that asbestos-exposed workers who quit smoking can reduce their risk of developing lung cancer by as much as 50% in 5 years of quitting.

Smoking has been shown to have harmful effects on all parts of the digestive system, contributing to such common disorders as heartburn and peptic ulcers. It also

increases the risk of Crohn's disease and possibly gallstones. Smoking also seems to affect the liver, by changing the way it handles drugs and alcohol. There appears to be enough evidence to stop smoking merely on the basis of digestive distress.

Quitting tobacco use is no easy task. Therefore, we have provided some useful tips to help you overcome your smoking habit. One is to set a quit date, and tell family and friends that you plan to quit. Remove all tobacco products from home, car and workplace. Use strategies that have helped in the past, and anticipate challenges along the way. Do things you enjoy to keep your mind occupied. Write down your reasons for quitting and decide that smoking any tobacco is not an option!



"...asbestos-exposed workers who quit smoking can reduce their risk of developing lung cancer by 50% within 5 years..."

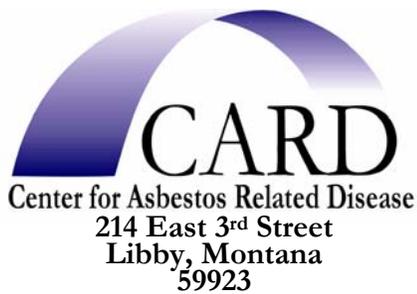
When a smoker quits smoking they will begin to reap some of the benefits within 20 minutes of quitting. Blood pressure, pulse rate, and temperature all return to normal within that first 20 minutes! In 8 hours the oxygen and carbon monoxide level in the blood return

to normal, and in 24 hours your chance of heart attack decreases! Lung function will start to improve in the first couple months, and over the course of the next 15 years the risk for cancers, stroke, and coronary heart disease will also continue to decrease.

There are lots of things available these days to help you quit smoking. There are several over the counter items such as nicorette gum and commit lozenges that can help curb your nicotine cravings. It can also be beneficial to talk to your doctor as there are many medications that can assist you in quitting. If you're a member of the Grace Libby Medical Program they will cover all smoking cessation products through their prescription benefit. The Montana Tobacco Quit Line (1-866-485-QUIT) also offers free; patches, gum, and phone counseling to help you quit using tobacco.

During the "Great American Smoke-out" You can find information about ways to quit smoking at the library, MAC, and various restaurants in town. St. Johns Lutheran Hospital will be hosting a "Getting Ready to Quit" class on November 15th. This class will feature ways to quit, and ways to stay quit in preparation for the "Smoke-out". If you would like to participate please contact KC Hoyer at 293-0106. There will also be a booth at Rosauers on November 16th and 17th containing information and bags of goodies for those trying to "kick the habit".

If you have questions or comments about this newsletter, or would like to receive it by mail:
Contact Tanis Hernandez at the CARD: tanis@libbyasbestos.org or 406-293-9274 x29.



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THE BIG CARD NEWS **RESEARCH VOLUNTEERS NEEDED!**

The newest research project is ready for your help. This two year study is funded by **MARF** (Mesothelioma Applied Research Foundation) to standardize a newly released test for the detection of mesothelioma. Mesothelioma is a malignant tumor that aggressively invades the linings of the lungs or abdomen. Elevated levels of a protein (SMRP) appears to be closely related to the presence of mesothelioma. This project will be using the blood and urine samples from community members, with and without asbestos exposure, to identify levels of SMRP. The study in Libby will allow researchers to standardize normal levels.

A test for the presence of SMRP has been available in Australia since 2004 and in Europe since spring of 2005. This research project will help the test be approved for use in the United States. Contact Pat Cohan (293-9274 ext. 27) or stop in the CARD for more information.