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Alpha-1 Nor'Easter

Regional Support Group Newsletter (November 2009)

MAIL SPONSORS: We thank **Baxter, CSL** and **Talecris** for providing funds to the Alpha-1 Association who in turn pays for postage and copying services to produce this document

The NY/NJ Alpha-1 Support Group (not this newsletter) is endorsed by the:

Alpha-1 Association



UPCOMING ALPHA EVENTS

(see "SUPPORT GROUP NEWS " for more info)

DATE	TOPIC	PLACE	CONTACT	
Sat 11/14	Celebrate Vicki Joseph	Elms College, 291 Springfield St., Chicopee, MA,	Angela McBride	1-888-825-7421
Thur 12/10	Holiday Party	Westgate Nursing Home, Needham, MA	Sue Binnall	1 (617) 916-9805
Mon 12/21	Holiday Dinner	Harbour Lights Restaurant, South Street Seaport, NYC	Lori Tartell	1 (212) 523-5471

Alpha-1 Nor'Easter a Support Group Newsletter (November 2009)

Serving the North Eastern US for the most part!

There are two Alpha-1 Support Group Holiday Parties (that I know of) planned for December. One in Massachusetts the other Manhattan. See details in the "Support Group News" section.

We would hope and recommend that everyone receiving this notice is a member of the Alpha-1 Association (A1A) and has enrolled in the Alpha-1 Foundation (A1F) Registry. Likewise, if you don't receive the A1F Research Registry Update you are NOT part of the cure for Alpha-1 (shame! shame!). Even if you receive a copy of the Alpha-1 News you are NOT necessarily a member of A1A. Call them just to be sure. 1 (800) 521-3025 Another great publication is the Alpha1 to One magazine contact the Alpha-1 Foundation to get a copy. If interested contact me (Joe) as shown at the end or look at our phone list.

IMPORTANT PHONE NUMBERS: if all these numbers confuse you give me a call 201-444-7839

Alpha-1 Association (A1A)	1 (800) 521-3025	www.alpha1.org	Support
A1A Genetic Counselor	1 (800) 785-3177	courtesy of A1A	Family Concerns
Alpha-1 Foundation	1 (888) 825-7421	www.alphaOne.org	Research
Alpha-1 Coded Testing (ACT)	1 (877) 886-2383	AlphaOne@musc.edu	Free coded (anonymous) testing
Alpha-1 Registry	1 (877) 886-2383	http://www.musc.edu/	Be part of the cure
Baxter Healthcare	1 (800) 423-2090	www.Baxter.com/Aralast.com	Aralast
Talecris Biotherapeutics	1 (800) 243-4153	www.Prolastin.com	Prolastin
CSL Behring	1-866-936-2472	www.Zemaira.com	Zemaira
Accredo	1 (866) 625-7421	www.Accredotx.com	Aralast/Zemaira
AlphaNet	1 (800) 577-2638	www.AlphaNet.org	Prolastin/Zemaira
Prolastin Direct	1 (800) 305-7881	www.ProlastinDirect.com/	Prolastin
Coram Healthcare	1 (866) 367-2174	www.CoramHealthcare.com	Aralast

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SUPPORT GROUP NEWS

Massachusetts Support Group Meeting

DATE: Thursday, December 10, 2009
TIME: 7pm to 9pm
OCCASION: Holiday Party **Yankee Swap** (\$10 gift)
PLACE: Wingate Nursing Home
 589 Highland Ave.
 Needham, MA
 (Italian Menu) **Friendship** (Just enjoy)
Food
RSVP: Susan Binnall 617-916-9805
 or sbinnall@comcast.net
 Sheila Favazza 978-468-7704
 slfavazza@yahoo.com

NY/NJ Alpha-1 Support Group Meeting

WHAT: NY/NJ Alpha-1 Holiday Dinner
WHEN: Monday December 21, 2009 at 6:30 PM
WHERE: Harbour Lights Restaurant
 Pier 17, 3rd Floor, South Street Seaport
 New York, NY. 10038 Tel: 212-227-2800
DRESS CODE: Casual neat
CUISINE: American, Contemporary & Seafood
WEB SITE: Http://www.HarbourLts.com
SPONSORS: Accredo, Baxter, Coram, CSL Behring and Talecris
RSVP: By November 30th to
 Lori Tartell 1 (212) 523-5471 LTartell@chnpnet.org

Lori has done it again! She has found a great restaurant for us to celebrate the holidays. Lori tells me it has a great view of the Brooklyn Bridge (be sure to bring cameras) and I am certain the food will be exquisite.

Most importantly we need a head count on the number of people to expect.

Celebration of Vicki Joseph's life planned Nov. 14; playwright, attorney and Alpha-1 Foundation board member

A celebration of the life of Vicki Joseph, whose budding career as a playwright and novelist was cut short when she died of

chronic rejection of her transplanted lungs, will be held Saturday, Nov. 14.

Victoria "Vicki" T. Joseph, who had two of her plays performed for the first time this year and was elected this past spring to the board of the Alpha-1 Foundation, died Aug. 2.

"Join us to celebrate Vicki's extraordinary journey and achievements through the memories of family, friends and colleagues, images from her life, and her own words," reads the event invitation. The celebration, beginning at 7:30 pm at Elms College, 291 Springfield St., Chicopee, MA, will include a live performance of her short play *Objection*.

Joseph, 54, needed a lung transplant because of chronic lung disease related to Alpha-1 Antitrypsin Deficiency. She died at the Cleveland Clinic in Cleveland, OH, where she had received her double lung transplant in November, 2006.

She is survived by her husband, David Brown of Agawam, MA, father Victor, brother Stephen, and stepdaughters Harriet and Alexa.

"Vicki packed three successful careers into her short life and was taking confident steps into a fourth at the time of her death," said her husband.

Joseph was a librarian, an attorney and a college professor before taking a leave of absence at the beginning of 2009 to concentrate on her writing.

Admission to the event is free. The celebration is also an awareness and fundraising event for the Alpha-1 Foundation. For more information, Fred Walsh. 1 (800) 791-3194 FCWalsh@alphanet.org

GOOD NEWS

Anthony Orrigo had a successful transplant! We received this note from Lorraine:

Lori & Joe: Anthony and I had a wonderful time on Sunday September 20 at Vento's. The talk was very informative and the food and company were the height! Thanks for everything.

I wasn't sure if you knew this already but Anthony had his double transplant on Weds. Oct. 7 at Columbia. Everything seems to have gone smoothly. Just wanted you to know - thanks for everything. Lorraine

We wish only the best for Anthony and Lorraine!

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 Thanks to Meredith Bain (and our Alpha Angel Ed) our support group
 print date: Wednesday, November 11, 2009

now has a portable concentrator, approved for air travel. Gary McCarthy has graciously volunteered to take custody. It is a Sequel Eclipse. It has both a conserve (pulsed) mode and a continuous up to 3 LPS mode. It weighs about 17 pounds. To check availability or particulars contact Gary. 1 (631) 846 6754 McCartG@msn.com

Here is a note to me from Gary:

I picked up the Sequel concentrator from Meredith Bain that was Ed's. It didn't have a manual, but I found it on line for the newer Model. I had some problems getting it going initially but it is working on AC power fine, and I'm testing the batteries strength/duration as I type. I would like to use it in January for a Florida trip by car. Anyone else in the group who is interested can contact me (or you) to make arrangements. The machine weighs 17 + lbs and has a little wheeled cart.

EXTRA DRUGS (still)

I have come across some extra drugs:

Advair 250/50	Albuterol Sulfate solution for nebulizer
Spiriva	Atrovent MDI expired 9/09
anti-rejection drugs	Boniva and Colace

If you need any of these drugs and are in financial bind contact me (Joe) and I will connect you appropriately. There is only a small amount so it is first come first serve.

SAD NEWS

Unfortunately it is my duty to inform everyone that Gordon Bronstein died. Gordon was a long time member of the NY/NJ Alpha-1 Support Group. Actually, Gordon was part of this group when I was diagnosed in 1991. Gail Hanna founded the group some time in the mid to late nineteen-eighties. Gordon took over the group from Gail around 1993 and passed the baton to me in mid 1994. Gordon remained very active attending many meetings. About three years ago Gordon suffered a cerebral hematoma. After that he was never the same. He recently broke his hip and finally his lungs failed. Gordon surely will be missed. Below is his obituary:

BRONSTEIN Gordon, age 78, of Ridgewood, NJ, formerly of Emerson, NJ, passed away on Tuesday, November 3, 2009. Beloved husband of Mariette Bronstein, devoted father of Michele Bronstein and her husband Jeffrey Jacobs of San Mateo, CA and Lisa Ontiveros and her husband Anthony of Ridgewood, NJ, proud grandfather of Sarah, Simone and Cameron Jacobs and Nicholas, Zachary, Alec and Jack Ontiveros, dear brother of Suzanna Cohn of Forrest City, AR. Prior to his retirement, Gordon was a textile executive at Reeves Bros. in New York City and served in the U.S. Army during the Korean War. Arrangements are by Louis Suburban Chapel, Fair Lawn, NJ.

Published in The Record and Herald News on November 5, 2009

Carmel Casella has been a member of the NY/NJ Alpha-1 Support Group for over four years. I believe we all met Carmel at the George Washington Bridge Walk this year. Carmel was accompanied by a large contingent of her loving family. We send our condolences to the Casella family. Carmel like Vicki Joseph was a Pi(null)(null)

Carmel family is talking about doing the Bridge Walk this year in her memory. Here is the obituary:

CASELLA Carmel (nee English), of Northvale, formerly of the Bronx, on Sunday, November 8, 2009, after a long illness. Beloved wife of Joseph. Cherished mother of Carmel Jean and Richard Schutte of Dumont, Donna Polles of Westwood, Stephanie Casella of Northvale, and Denise and William Boyle of Oradell. Adoring grandmother of eleven grandchildren and one great-grandson. She is also survived by one brother and two sisters. Mrs. Casella was a parishoner of St. Anthony's R.C. Church in Northvale, but mostly, a devoted, caring, and loving wife and mother. A Funeral Mass is scheduled for Thursday at 10AM at St. Anthony's Church in Northvale with interment to follow at Tappan Cemetery, Tappan, NY. Visiting hours are Tuesday 7-9 PM and Wednesday 2-4 and 7-9 PM at the Anthony R. Pizzi Funeral Home, 120 Paris Avenue, Northvale (201-767-3050). In lieu of flowers, contributions may be made in her memory to Alpha-1 Foundation, 2937 SW 27th Avenue, Suite 302, Miami, FL 33133.

Published in The Record and Herald News on November 10, 2009

WORLD WIDE WEB

Most of the following information was gathered at the ALPHA-1 MAILING LISTS. As with everything else in this meeting notice take it with a grain of salt. Remember We do edit some of these E-mail posts and We select which to print. There is much more on the lists. Some of which is very interesting. If you have any questions contact me <JoeReidy@Verizon.net>. Alpha-1 International Support Groups are email networks which Alphas use to rapidly exchange information, support, suggestions, questions, plans, activities; nearly anything that comes to our minds. Many of us have had to reduce our activities and contacts; the Alpha1 contacts are a great way to maintain contact with others. It is also a big psychological boost to know that we are not alone. Here is a list of the E-mail groups to which I (Joe) subscribe:

#	Mailing List	enrollment	owner(s)	TO JOIN: E-mail to:
1	Alpha-1 International	open to most interested in Alpha-1	Connie Storey	ALPHA-1-REQUEST@home.ease.lsoft.com
2	Alpha-1 LIVER	restricted mostly liver affected Alphas & family	Nancy Cropper	ALPHA-LIVER-REQUEST@home.ease.lsoft.com
3	Alpha-1 Lungs & Life	open to all interested in Alpha-1	Sally Turner	Alpha_Lungs_and_Life-subscribe@yahoo.com

ALPHA-1 SPECIFIC TOPICS

(Found on the Alpha-1 Foundation Web Site - (AlphaOne.org))

From: Joe Reidy <JoeReidy@VERIZON.NET>

Date: October 26, 2009 12:00:07 PM EDT

Subject: [ALPHA-1] COST OF AUGMENTATION THERAPY

Maybe I am not the only one who thinks the cost of AAT augmentation therapy is too high?

<http://www.theage.com.au/business/hospitals-in-queue-to-sue-csl-20091025-her7.html>

Hospitals in queue to sue CSL ELI GREENBLAT Oct. 26, 2009

A MULTIMILLION-dollar class action lawsuit against CSL has dramatically expanded after 11 US hospitals signed up as plaintiffs against the blood plasma company and its chief rival Baxter, claiming Australia's biggest health-care company engaged in cartel behaviour.

Documents lodged with the Illinois Northern and Pennsylvania Eastern federal courts reveal an acceleration of litigants stepping forward since September to accuse CSL of involvement in a conspiracy to fix the prices of plasma products.

The burgeoning case has led to some Australian institutional investors participating in a phone hook-up recently with a lead lawyer handling the suit, where they questioned him about the veracity and extent of the class action. One leading US investment bank invited a lawyer and anti-trust expert to present on the issue.

The US hospitals, which include Northwest Iowa, St Luke's Methodist, Detroit Medical Centre and Trinity Regional Medical

Centre, are asking for more than \$A100 million in damages and demanding a trial by jury.

Their case against CSL, its key plasma business CSL Behring, and Baxter will rely heavily on untested allegations made by the US Federal Trade Commission in June when the powerful regulator blocked CSL's \$US3.1 billion takeover bid for Talecris Biotherapeutics.

At the time the FTC made a string of accusations against CSL and players in the plasma industry, revolving around the operation of a "tight oligopoly" that was engaged in market rigging and limiting the supply of life-saving therapies to push up prices. These allegations were never tested in court.

Hospital plaintiffs in a civil action are represented by Jeffrey Kodroff of Spector Roseman Kodroff & Willis, which specialises in class action suits.

The firm represented four of the lead plaintiffs - all big European institutional investors - in the Parmalat class action and was nominated by pension funds in 2007 and 2008 for the "class action law firm of the year" award, given by Global Pensions magazine.

Mr Kodroff did not return phone calls to businessday.

Pemiscod Memorial Hospital, which services several counties in south-east Missouri, became the first client for the class action in July and was quickly followed by Solaris Health System, operator of the JFK Medical Centre.

In the last month the number of plaintiffs pushed over 10 and mainly includes hospitals in the US Midwest states of Iowa and Michigan. There is also a handful of hospitals in the American territory of Puerto Rico.

A spokeswoman for CSL said: "Essentially our position on the civil action remains unaltered ... It is unsurprising that a number of additional plaintiffs have joined the case as this is a feature of the American legal system. We will continue to defend the action

vigorously."
THE KEY POINTS

Litigants say CSL conspired to fix prices.
They seek \$A100 million in damages.
Case relies on untested allegations.

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National Institutes of Health Director Francis Collins is an Alpha-1 carrier, he tells conference on "personalized medicine"

WASHINGTON—National Institutes of Health Director Dr. Francis S. Collins, MD, is an Alpha-1 carrier, he said this week. During a conference Monday on "personalized medicine" sponsored by the American Association for the Advancement of Science, Collins said he had his own DNA analyzed by three commercial services.

"I found out I was a carrier of the gene for Alpha-1 Antitrypsin Deficiency," Collins said. "I didn't know that before."

Collins said he surprised himself by altering his own behavior as a result of the genetic testing. He said he began to exercise and lost 20 pounds after finding out he has a genetic predisposition to diabetes.

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Brazil approves Kamada augmentation therapy for Alpha-1

Israeli pharmaceutical specialty company Kamada Ltd. has obtained approval from Brazil's National Health Surveillance Agency (Anvisa) for its Alpha-1 Antitrypsin (AAT) protein for the treatment of Alpha-1 Antitrypsin Deficiency (Alpha-1). Kamada estimates Brazilian sales of AAT at over \$1 million in 2010.

Kamada is awaiting approval from the US Food and Drug Administration to market its AAT product in the United States. When approved, it would be the fourth intravenous augmentation therapy for Alpha-1 in the US.

Anvisa granted the approval after visiting Kamada's plant and reviewing the registration file. The approval was the final step before marketing AAT in Brazil. Kamada will market AAT through a local distributor.

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Baxter announces room-temperature storage, anti-tampering features in Aralast NP

Baxter Healthcare Corporation has announce FDA approval for room-temperature storage of ARALAST NP [Alpha1-Proteinase Inhibitor (Human)] therapy.

ARALAST NP therapy will have the following storage requirements: Store at temperatures not to exceed 25°C (77°F). Do not freeze.

Baxter also introduced anti-counterfeiting enhancements to discourage tampering with the packaging. Baxter has implemented the following enhancements to the ARALAST NP therapy vial label and packaging:

- Each vial label will contain the Baxter word-mark (logo) in a horizontal stripe of turquoise/blue color-shifting ink. This allows for visual vial label authentication.
- Security slits will be placed around the perimeter of the vial label. This feature causes part or the entire vial label to be destroyed if removed from the bottle, rendering the vial label unusable for counterfeiting.
- Covert features which allow Baxter to confirm the authenticity of the vial label in the field, should it be necessary, will also be included. These features are not visible to everyone.

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LUNG DISEASE NEWS

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From: Dutt's Logger <pdlogger@WINDSTREAM.NET>

Date: October 28, 2009 4:30:20 PM EDT

Subject: [ALPHA-1] FYI: PATCH ME UP 10/28/2009

New method to fix transplant lungs

A pioneering new technique can patch-up normally discarded damaged lungs and make them suitable for transplant patients, scientists have shown.

The two-step procedure, which involves gene therapy, has been successfully tested on pig and human lungs.

In future it could double the number of donor organs available to transplant patients, say the Canadian scientists. They believe it may be possible to treat other transplant organs, such as kidneys and hearts, the same way.

Clinical trials are now planned in which consenting, critically-ill patients will be given the "refurbished" lungs if no other organs are available.

More than 80% of potential donor lungs suffer inflammation and injury as a result of brain death and intensive care complications

that render them unsuitable for transplantation, according to the researchers.

Damaging inflammation, caused by an over-active immune response, also commonly occurs after transplant surgery.

The new approach involves first preserving the lungs at normal body temperature inside a protective "dome" and pumping a solution of oxygen, proteins and nutrients over the damaged tissues.

The technique, known as the Toronto XVIVO Lung Perfusion System, allows the injured cells to begin repairing themselves and prepares them for stage two in the treatment process.

Next, a common cold virus is used to carry a gene called IL-10 into the lungs. This has the effect of significantly improving blood flow and the lungs' ability to carry out the all-important function of gas exchange - taking in oxygen and getting rid of carbon dioxide.

The "IL-10 effect" lasted for 30 days in human lungs, the scientists found. Helping the organ to function better at the start should lead to more predictable, safer outcomes, shorter periods of mechanical ventilation, and less time spent in intensive care units, they said.

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From: Dutt's Logger <pdlogger@WINDSTREAM.NET>

Date: November 4, 2009 8:56:35 AM EST

Subject: [ALPHA-1] FYI: THE FUTURE - PERHAPS 11/4/2009

FYI: Around the world with the D'MAN.

|||||
Experimental Stem Cell Therapy Raises Hope for Pulmonary Fibrosis Patients

A bold new approach using adult stem cell therapy has created an international medical first and raised the hope of patients with pulmonary fibrosis, a life threatening disease with as yet no known cure.

Hong Kong - A bold new approach using adult stem cell therapy has created an international medical first and raised the hope of patients with pulmonary fibrosis, a life threatening disease with as yet no known cure.

I hope it works for me, as it will give hope to the thousands of terminal sufferers around the world who cannot get a lung donor

Sixty-five year old Spyros Kanelos, a pulmonary fibrosis sufferer who also has emphysema, was given stem cell treatment on the 8th of October in a pioneering 'direct administration' method directed by Professor Demosthenes Bouros at the University Hospital of Alexandroupolis in Greece.

Having tried all available therapies over the past two years and unable to find a suitable donor for a transplant, the patient read of reports of the success of stem cell therapy by Hong Kong based Adistem, a biotechnology company that develops proprietary stem cell technologies for administration that are shared with qualified medical practitioners. Mr Kanelos was especially interested to learn of clinical trials in Asia involving the use of stem cells extracted from the patient's own abdominal fat. Although lung disease was not the subject of the trials, he noted that improvement in the emphysema of seven of the trial patients was observed.

After he contacted Dr Bill Paspaliaris, director of Adistem, the patient was able to arrange for treatment by Professor Demosthenes Bouros, Director of Pulmonary Medicine at the University Hospital of Alexandroupolis and Professor George Koliakos, a stem cell expert from Aristotle University. Initially, the medical team in Greece gave Mr. Kanelos intravenous therapy of his own adipose-derived stem cells.

When a slight improvement was seen in the patient's pulmonary function tests Professor Bouros suggested administering the stem cells directly into the lungs, a previously untried method, but one which might give even better results. After receiving institutional ethics approval, the ten minute direct administration procedure was later successfully carried out by bronchoscopy with the patient under local anesthesia.

Mr Kanelos is now back home with his family in Athens awaiting results of the stem cell therapy due in a few months. Upon interview, Mr. Kanelos said "I hope it works for me, as it will give hope to the thousands of terminal sufferers around the world who cannot get a lung donor". There are five million people worldwide that are affected by idiopathic pulmonary fibrosis. There are over 500,000 patients in the USA alone, where lung transplants are more easily available, and of these, more than 40,000 die from the disease annually.

Said Brian Dardzinski, Adistem Business Manager, "This imaginative approach by Professor Bouros and his team represents another important step forward in adipose-derived stem cell therapy. For pulmonary fibrosis patients around the world it offers the possibility of a life saving procedure. For medicine, it offers a new and possibly effective avenue of treatment for a host of life threatening conditions."

For further information and business queries, please visit
"www.Adistem.com"

FLU

From: Dutt's Logger <pdlogger@WINDSTREAM.NET>
Date: November 4, 2009 10:11:38 AM EST
Subject: FYI: DON'T PUT THE SWINE OFF LIGHTLY 11/4/2009

H1N1 Flu: Hitting the Young, but Riskier for the Old By Alice Park
As the number of H1N1 cases continues to climb in the U.S., researchers are collecting more and more data on the spread of the pandemic flu and getting a clearer picture of its victims — who is most vulnerable to H1N1, how the most severe cases progress and which risk factors tend to contribute to life-threatening disease. That data is now helping public-health officials identify some critical H1N1 trends, which may enable them to treat patients more effectively and hopefully control the disease as it peaks in the coming months. (See the Top 5 swine-flu don'ts.)

The latest study, published this week in the Journal of the American Medical Association, offers a snapshot of 1,088 H1N1 cases in California that were severe enough to require hospitalization — or resulted in death — between April 23 and Aug. 11 of this year. Experts at the California Department of Public Health, who led the study, say their findings are largely in line with the growing body of data on the worldwide pandemic flu, confirming, for instance, that the 2009 H1N1 flu disproportionately affects younger patients. The California research team found that the median age of hospitalized H1N1 patients was 27, much lower than the median age of seasonal-flu sufferers.

While H1N1 infection results in mild or moderate disease in most patients — indeed, the most severe cases account for a small proportion of overall infections — a subset of patients are harder hit, the data show. And in those patients, the disease can often quickly become life-threatening. "The major point of our findings is that there has been a lot of perception that this is a mild disease, and a lot of people may be ambivalent about vaccination," says Dr. Janice Louie, a public-health medical officer at the California Department of Public Health and the study's lead author. "But for those patients who were hospitalized, 30% required intensive care. This is something that clinicians should be aware of when patients walk into their clinic or office with signs of flu."

Among hospitalized patients in the study, 118 died — an overall 11% fatality rate. Although the rate of hospitalization was highest among infants under 2 months old, the rate of death was highest in patients over age 50; H1N1 was least likely to turn fatal in patients under age 17. Yet with all the focus in the media on the vulnerability of younger patients to infection, the elderly may have been somewhat dangerously overlooked, says Louie. Although older patients may not be at high risk of getting infected in the first place (thanks to their residual immunity to the virus from previous outbreaks of H1N1), their risk of death from the disease may be higher than that of younger patients, primarily because of their higher rates of underlying conditions, such as heart disease, reduced lung function, diabetes and emphysema.

Indeed, the state's data suggest that chronic underlying conditions are among the main risk factors for developing H1N1 disease severe enough to require hospital care. In both young and old patients who were hospitalized for swine flu (741 cases in total), ailments that complicate the flu were common: some 60% of children and 72% of adults had conditions including high blood pressure, high cholesterol and gastrointestinal disease. (See how to prevent illness at any age.)

The California data also reveal a potentially new risk factor for H1N1: obesity. Obese individuals were disproportionately represented in the state's sample of hospitalized cases — 58% of adults age 20 or older registered as obese, and 43% of these morbidly so. Those with excessive body-mass-index measurements tend to have other medical conditions related to weight that may put them at risk of suffering more severe infection with H1N1. Being overweight can increase sleep apnea and reduce lung function, for example, both of which can impair a heavier person's ability to overcome a respiratory infection like influenza. Among the 156 obese adults in Louie's sample, 66% had underlying diseases known to complicate the flu, including chronic lung disease, heart disease and diabetes.

But what's baffling, say the study's authors, is that obesity does not stand out as a risk factor in severe cases of seasonal influenza. "A lot of us are puzzling over this, because this is not a trend with seasonal influenza in the limited studies that have been

done in that area," says Louie. "It may be that H1N1 does cause more aggressive viral pneumonia, and some pathologic studies suggest this [H1N1] virus does have an affinity for receptors in the lower lung, but nobody really knows."

"Obesity has doubled in adults and tripled in children over the past couple of decades," Dr. Thomas Frieden, director of the Centers for Disease Control and Prevention, said in response to the study during a briefing with reporters. "We still need to understand what the consequences of that are. Increased susceptibility to infection is one. Reduced respiratory reserve is another. But it's something we still need to learn more about."

For now, Louie urges continued vigilance as flu season wears on. "This is not in my mind a disease to be taken lightly at all," she says. "Especially if you have risk factors."

OXYGEN (all DME)

From: Dutt's Logger <pdlogger@WINDSTREAM.NET>
Date: October 21, 2009 5:00:52 PM EDT
Subject: THE GUV & PLACE YOUR BID PLEASE 10/21/2009
Medicare to make wheelchair, equipment providers jump through hoops again
By Stephen Koff, The Plain Dealer
WASHINGTON, D.C. -- Taxpayers may or may not like it. Companies that make or sell wheelchairs will hate it.

Though expected for several months, the Centers for Medicare and Medicaid today formally announced the re-start of a program that medical equipment companies serving Cleveland and Cincinnati have dreaded. In order to get the right to be paid by Medicare for providing durable medical equipment in these areas, providers will have to submit bids.

The lowest qualified bids will win CMS's blessing. As for the highest, those companies might have to look for new lines of business, because Medicare says it is tired of over-paying for power wheelchairs, home oxygen suppliers, walkers, hospital-style beds and mail-order replacement diabetic supplies.

Round One of the program will start in nine markets across the country, including the Cleveland-Elyria-Mentor metropolitan area and Cincinnati. CMS agreed to drop only one market, Puerto Rico, from its earlier list of ten Round One markets.

CMS tried to start the program last year but aborted it after complaints from providers and members of Congress. Among the complaints: An out-of-state firm whose main business is power scooters and wheelchairs won a bid to provide oxygen services in Cleveland, even though it was not licensed by the Ohio Respiratory Care Board.

Yet a local company, Miller's Rental and Sales of Akron, was rejected on a technicality, as were many other local businesses. Companies said they spent a lot of money last year to provide detailed financial statements to prove their ability to stay in business and service customers, only to be rejected because CMS summarily decided their information was incomplete.

CMS says it has fixed the problems.
"Competitive bidding is an essential tool to help Medicare beneficiaries pay appropriately for high quality health care items and services furnished by Medicare-approved suppliers," said a statement from Jonathan Blum, director of CMS' Center for Medicare Management. "We worked closely with stakeholders and members of the Program Advisory and Oversight Committee, which represents beneficiaries, manufacturers and suppliers, to help us implement the program with benefits for patients, taxpayers, and the entire health care system."

CMS says it has already been working to make sure companies that want to participate are accredited for the equipment and servicing they wish to provide. The companies now have 60 days to submit bids, and CMS will announce winners in 2010, with the winners set to provide service in 2011. Medicare beneficiaries won't need to do anything before that occurs, CMS says.

Thank you,

Joe Reidy

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JoeReidy@Verizon.net