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# Vitalink

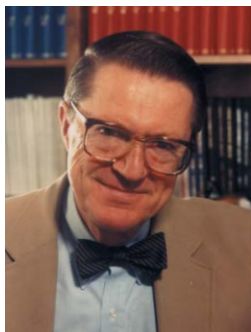
SPRING 2005

THE GOLD STANDARD IN RESPIRATORY TECHNOLOGY

## Make Your Goal Early Detection

By Dr. Thomas L. Petty, MD, FCCP

It's an unfortunate state that current knowledge and technology could change the outcome of lung cancer, yet no major medical organization recommends any form of screening for lung cancer. For this reason, most cases of lung cancer are not diagnosed until they are symptomatic – usually in advanced and incurable stages.



DR. THOMAS L. PETTY, MD, FCCP

In other cancers such as breast and prostate gland, early screening is a standard practice, thus improving survival. Extensive evidence indicates that late stage diagnosis is not the correct approach to this most common fatal malignancy in men and women. Clinical objectives should be the same for lung cancer. Detection and treatment when it is less invasive and, most likely, less virulent can only improve the outcome.

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## Guidelines for COPD Emphasize Spirometry Testing

The statistics are staggering. Chronic Obstructive Pulmonary Disease (COPD) is the fourth leading cause of death worldwide and is predicted to climb to the number three spot by 2020.

American Lung Association figures put COPD deaths in the U.S. at more than 120,000 every year. The association estimates the annual cost of the disease at a minimum of \$32 billion and this is for the 11.2 million diagnosed adults only. There are approximately 24 million other Americans with evidence of impaired lung function.

COPD is often referred to as the “forgotten disease” because it goes undetected so often. Sufferers, usually smokers or ex-smokers, are quick to discount early symptoms as “smokers cough” or a cold. They are unaware of the seriousness of the warning signs and do not seek medical attention until the disease advances to a stage where treatment may be too late.

Our objective is clear. Awareness needs to be increased among smokers, ex-smokers and physicians to routinely consider COPD as a possible cause of breathlessness or chronic cough.

The European medical community provides a model. There, awareness-building campaigns among physicians, caregivers

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# SafeTway® Mouthpieces Reduce Cross-Infection Risk

The risk of cross-infection getting a foothold in clinics is always present. Keeping it at bay requires vigilant cleaning of equipment between patients and can eat up valuable time.

You can reduce the odds of cross-infection among patients with Vitalograph SafeTway mouthpieces. They protect patients against cross contamination by preventing them from inhaling directly from the equipment. This eliminates the need to clean the equipment between patients and saves money. At only 42 cents per test, SafeTway mouthpieces are the ideal alternative to the bacterial/viral filter for expiratory testing only.

SafeTway mouthpieces have low resistance. The patented, one-way valve allows expired air to enter into the measuring system, but not back to the patient. They fit most pulmonary function equipment including peak flow meters and adapters are available.

Vitalograph also manufactures Mini SafeTway mouthpieces for pediatric use and with older patients. The 22mm diameter mouthpiece is ideal for patients who have difficulty comfortably fitting their mouths around the standard SafeTway units.



SafeTway mouthpieces may also be customized by adding the logo of a clinic or practitioner for that personal touch.

There's an easier and less expensive way to keep cross-infection in check. Visit us at [www.vitalograph.com](http://www.vitalograph.com) to find which SafeTway mouthpiece is right for your clinic. ✧

## New Guidelines for COPD

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and the general public are more proactive than in the U.S. Spirometry testing among smokers and ex-smokers is gradually becoming a regular part of every office, hospital and clinic visit. Spirometry is critical to making a firm diagnosis of COPD. Routine testing should be our goal.

The National Heart and Lung Association and the World Health Organization have an ongoing campaign to focus on COPD assessment and monitoring, risk factor reduction and management of stable and acute exacerbations of the disease. Named the Global Initiative for Chronic Obstructive Lung Disease (GOLD),

its goal is to help practitioners recognize COPD in its early stages. GOLD encourages physicians to suspect the disease in all patients with chronic cough and sputum production and confirm diagnoses with spirometry.

When spirometry is used with the presence of symptoms, it helps determine the stage of COPD severity and can serve as a guide to specific treatment steps.

Not only is spirometry testing key to early diagnosis of COPD, it helps benchmark COPD severity and monitor patient's response to treatment. Spirometry is also an effective tool for distinguishing between COPD and asthma that sometimes has similar symptoms.

COPD is irreversible. It gets progressively worse causing sufferers to breathe harder as they perform every day activities. Yet more than 51 percent of smokers are unaware of the disease. It's time to make spirometry testing as routine as blood pressure testing. ✧

### Classification of COPD

<b>Stage 0: At Risk</b>	<i>Normal spirometry, chronic cough and sputum production, lung function is still normal.</i>
<b>Stage I: Mild COPD</b>	<i>Mild airflow limitation (<math>FEV_1/FVC &lt; 70\%</math> but <math>FEV_1 &gt; 80\%</math> predicted), and usually, but not always, chronic cough and sputum production.</i>
<b>Stage II: Moderate COPD</b>	<i>Worsening of airflow limitation (<math>50\% &lt; FEV_1 &lt; 80\%</math> predicted), and usually the progression of symptoms, with shortness of breath typically developing on exertion.</i>
<b>Stage III: Severe COPD</b>	<i>Further worsening of airflow limitation (<math>30\% &lt; FEV_1 &lt; 50\%</math> predicted), increased shortness of breath and repeated exacerbations which have an impact on patients' quality of life.</i>
<b>Stage IV: Very Severe COPD</b>	<i>Severe airflow limitation (<math>FEV_1 &lt; 30\%</math> predicted) or <math>FEV_1 &lt; 50\%</math> predicted plus chronic respiratory failure. Patients may have very severe (Stage IV) COPD even if the <math>FEV_1</math> is <math>&gt; 30\%</math> predicted, whenever these complications are present.</i>

# Have a Question? Just Ask Reta!

The best way to describe Vitalograph customer service manager Reta Locke is, “the Energizer bunny with a Swiss army knife.” She keeps on going and going and she can do it all.



Many Vitalograph customers may not realize it, but they already know Reta. She’s the voice at the end of the telephone, the signature at the bottom of the quotation

and the “reply to” button on the e-mail.

A typical day for Reta is anything but typical. She begins the day with her accelerator on the floor reviewing overnight e-mails and faxes. Next on her agenda is returning customer voice messages and making sure literature requests are fulfilled. From here she shifts gears to entering orders, preparing quotations. And, with no time to waste, Reta moves on to writing up pick tickets for the warehouse, printing packing slips and generating invoices.

And if this isn’t enough, Reta spends the rest of the day following up on product inquiries and fielding customer telephone calls.

“I get to talk with everyone – physicians, nurses, clinic office managers, hospital purchasing agents, home health care directors and pharmacy managers,” she says.

Reta polished her uncanny ability to make the people and products connection as a personnel manager for K-Mart. Her warehouse savvy was learned at a distribution center for a

“ I know the operator’s manual inside and out ... So I’m usually able to answer most questions about the operation of our spirometers or how to set up the software on computers. ”

major pharmaceutical company. She honed her product knowledge with training at the Vitalograph factory and she puts it to use every day.

“I know the operator’s manual inside and out,” she says. “So I’m usually able to answer most questions about the operation of our spirometers or how to set up the software on computers.” On the rare occasions Reta doesn’t have the

answer at hand, she puts customers directly through to a technician or finds the solution quickly and returns the call.

Until recently, when bad knees caught up with her, Reta also worked the Vitalograph trade show exhibit. “I’m going to miss chatting with customers in person about the reliability and quality of Vitalograph products,” she beams. “But I still get to enjoy making customers happy and satisfying their needs on the telephone.”

When she’s not on the job, Reta enjoys spending time with two children, five grandchildren and three great grandchildren. She also keeps busy with her hobbies, shooting black powder rifles and her newest passion, quilting.

Reta is a one-person whirlwind of activity and customer service. And with the exception of those trick knees, there’s no slowing her down.

Have a question about Vitalograph products? Need to place an order? Just call Reta at 800-255-6626. ♦

## Have You Calibrated Your Spirometer Today?

The American Thoracic Society (ATS) guidelines recommend you check the calibration of your spirometer each day prior to performing tests.

Daily calibration checks assure spirometer accuracy as well as check other functions of the instrument. It is important to remember that both the spirometer and the calibration syringe should be at room temperature before calibrating.

For more information regarding calibrating your spirometer, consult your user or operator’s manual or call Vitalograph at 800-255-6626. ♦



## Upcoming Exhibitions

May 21-24  
*American Thoracic Society (ATS)*  
SAN DIEGO, CALIF.

June 30-July 1  
*British Thoracic Society (BTS)*  
GATESHEAD/  
NEWCASTLE, ENGLAND

# Make Your Goal Early Detection

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## Aggressive Testing Must Be Adopted

More than 10 years ago I proposed that lung cancer screening be performed in high-risk patients as a standard practice. Since most lung cancers are first discovered through Chronic Obstructive Pulmonary Disease (COPD) screening, airflow obstruction measured by spirometry is an effective early detection method. High-risk patients include smokers, previous lung cancer patients, individuals with a strong family history of the disease and those with significant occupational exposure, such as asbestos workers.

Research shows other effective early detection tools include, low-radiation, high-resolution computed tomography (CT) and sputum cytologic testing.

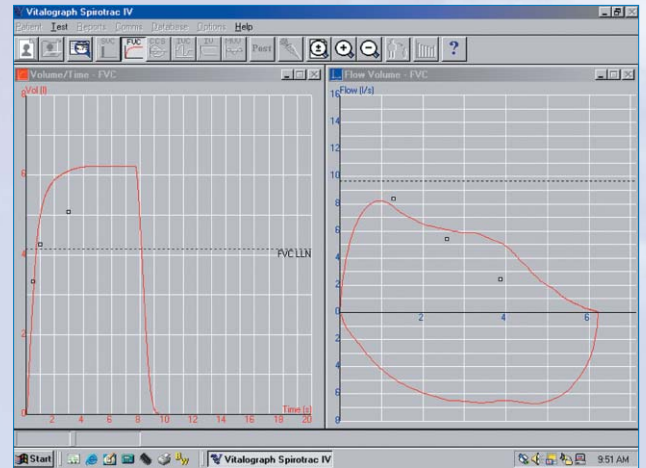
## National and International Societies Agree

Unfortunately, the majority of high-risk patients with incipient stages of lung cancer

never see a pulmonologist or medical specialist. However, a large percentage do see a physician every year for various reasons. The National Lung Health Education program and the Global Initiative for Chronic Obstructive Lung Disease (GOLD) encourage all primary care practitioners to perform spirometric testing in smokers older than 45 years and anyone with cough, dyspnea, wheeze or mucus hypersecretion.

## Make COPD Screening a Standard Practice

Now is the time to screen for early stage lung cancer by using spirometry for airflow obstruction, CT for peripheral lesions and sputum cytologic testing for central lesions. If physicians make it a standard practice, we can begin to reduce the high cost of curative treatment and the unnecessary mortality of lung cancer. ♦



*Dr. Thomas L. Petty is professor of Medicine at the University of Colorado Health Sciences Center in Denver and Rush-Presbyterian-St. Luke's Medical Center in Chicago. He is an international authority on respiratory diseases and has published more than 850 articles in medical journals and authored or edited 43 books. He is chairman emeritus of the National Lung Health Center Education Program.*



*Vitalink* is a quarterly publication produced for the customers and friends of Vitalograph Inc.

Your questions and comments regarding this newsletter are welcome.

Please address them to:

VITALOGRAPH INC.  
13310 W. 99TH STREET  
LENEXA, KS 66215  
(913) 888-4221  
WWW.VITALOGRAPH.COM

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13310 W. 99th Street  
Lenexa, KS 66215