



MTPI ASSEMBLY NEWSLETTER

EDITED BY DAVID L. COHN, MD, ASSEMBLY CHAIRMAN

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MESSAGE FROM THE ASSEMBLY CHAIR

DAVID L. COHN, MD

As Chair of the ATS Assembly on Microbiology, Tuberculosis, and Pulmonary Infections (MTPI), I want to acknowledge the many individuals who put forth the extra effort to make our Assembly activities a success, and to thank you for being a member of MTPI. Of the 12 ATS assemblies we rank 7th in the size of our membership. However, we clearly achieve a high profile through our many sessions at the International Conference, and in our preparation and publication of several guidelines, workshop reports, and statements related to respiratory infections.

MTPI currently has a diverse membership of pulmonologists, infectious diseases specialists, and public health and government officials. We currently have 709 primary members and 1749 total members, with 72% of our membership coming from the United States and 28% from other countries. We should all continue efforts to bring in new

members to our Assembly, especially junior colleagues, by mentoring and encouraging students, residents, and fellows with interests in clinical microbiology, tuberculosis, and pulmonary infections. This process is facilitated by the scholarships provided each year to young investigators to attend the annual meeting, with recognition of the scientific value of their presentations. I strongly encourage your involvement, by volunteering to be on committees, participating on statements and papers, speaking at and attending different venues at the Annual meeting, serving as reviewer for ATS journals, and submitting proposals for future projects.

One of our Assembly's unique features is our desire and ability to work cooperatively with other societies and organizations. We have continued to strengthen our relationship with the Centers for Disease Control and Prevention (CDC), by working to-

gether on revising joint statements related to tuberculosis and through ATS representation on the CDC Advisory Committee for Elimination of Tuberculosis. We have also enhanced our relationship with the Infectious Diseases Society of America (IDSA), through co-sponsorship on statements related to both tuberculosis and pneumonia (see below). MTPI has expanded international representation on all of our committees, reflecting the increasing international composition of ATS membership as well as our areas of interest and expertise.

Because of the hard work of our members, we should all be pleased by the large number of high quality documents and guidelines that our assembly has produced. The completion and publication of the statement "Control of Tuberculosis in the United States" in February 2006 rounds out the revision and expansion of four

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TB-related Statements since 2000, including “Diagnostic Standards and Classification of Tuberculosis in Adults and Children”, “Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection”, and the “ATS/CDC/IDSA Statement: Treatment of Tuberculosis”. Not only do these statements provide updated recommendations, they serve as extraordinary state-of-the-art reference documents with levels of detail far beyond their predecessors. The same can be said for the ATS/IDSA statements related to pneumonia; “Guidelines for the Management of Hospital-acquired, Ventilator-associated, and Healthcare-associated Pneumonia” was published in February 2005, and “Consensus Guidelines for Community acquired Pneumonia” will follow this coming year. These and other important Assembly projects are discussed below.

In addition to all the efforts in planning the International Conference and working on Assembly projects, MTPI was involved in several other activities this past year. These included assistance with ATS communications and responses to queries related to pandemic influenza and tuberculosis, review of and endorsement by the ATS Board of Directors of “International Standards for Tuberculosis Care” (see below), advocacy for the Division of TB Elimination at CDC and for increased funding for tuberculosis research at CDC and NIH, and responses to queries from the ATS Office of Government Relations.

I am grateful for the input and involvement of the MTPI Executive Committee. Our monthly conference calls helped to carry out the business of the Assembly in an efficient manner. Many thanks go to Andy Limper, Chuck Daley, Antoni Tor-

res, David Lewinsohn, Alison Morris, Michael Iademarco, and Fred Gordin for their valuable contributions during the past year. I would also like to thank the ATS Leadership for its continued support of MTPI activities. Peter Wagner has been outstanding as ATS President, and often offered encouragement and fully supported our Assembly.

Many of our members may not realize how essential the ATS staff members are to achieving our goals. Monica Simeonova, Elisha Malanga, Bridget Nance, Judy Corn, and Graham Nelan have been terrific in “making it all happen”. Please extend our thanks when you see them in San Diego. The ATS is also very fortunate to have Carl Booberg as its Executive Director, in that his organizational and interpersonal skills are quite remarkable; we wish him well in his final year as Executive Director.

On a personal note as I end my tenure as Chair of the Assembly, it has been an honor and privilege to serve in several roles and participate in many activities over the years. Since 1983, when I was “shaking in my boots” while giving my first abstract presentation at the ATS conference, much has transpired and been accomplished. The field of pulmonary infectious diseases, including tuberculosis, has witnessed considerable advances over the past two decades, and we anticipate many more in the future. To that end, I look forward to continued work with many of you in Assembly activities that will help to expand the science and knowledge of pulmonary medicine.

ATTENDING THE MTPI ASSEMBLY MEETING

All MTPI Assembly members are encouraged to attend the MTPI Assembly Meeting on Monday, May 22 from 4:30 to 6:30 pm.

The meeting will be held at the Manchester Grand Hyatt Hotel, close to the convention center. The Assembly Meeting allows members to

get up-to-date information on all Assembly activities and projects. In addition, we will be electing a new Program Committee Chair-

Elect, and new members of the Nominating Committee. As usual, we will offer snacks and beverages at the meeting.

ATTENDING THE MTPI ASSEMBLY DINNER

The Assembly on Microbiology, Tuberculosis and Pulmonary Infections (MTPI) dinner will be held Monday, May 22 at 7:30

pm, immediately following the MTPI Assembly Meeting. This year, our dinner will be held at the Horton Grand Hotel at 311 Island

Avenue, about half a mile from the Manchester Grand Hyatt Hotel, where the Assembly Meeting will occur (a map is available on the

MTPI website - www.thoracic.org/sections/about-ats/assemblies/mtpi/images/dinnermap.gif).

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ATTENDING THE MTPI ASSEMBLY DINNER CONT'D

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Please plan on joining us for an enjoyable evening of camaraderie, good food, and beverages. The MTPI Executive Committee particularly encourages junior members of the assembly to attend--this is a great way to interact with your colleagues and to become involved in MTPI activities.

We will also have a brief presentation on "Acute Exacerbation of COPD: Approaches to Antimicrobial Therapy" by Sanjay Sethi, MD, Associate Professor in the Division of Pulmonary and Critical Care Medicine at State University of New York at Buffalo. Sanjay is ATS chair of a recent ATS/

IDSa project addressing this issue.

Because space is limited, please RSVP to Debby Feuerman at the ATS Office in New York (mtpi@thoracic.org) as soon as possible. As in previous years, there are many more people interested in attend-

ing the dinner than we can accommodate. Debby will maintain a waiting list after the main list has filled.

We are very grateful for the generous support of Pfizer and Sanofi-Aventis for funding this exciting evening.

PLANNING COMMITTEE REPORT

CHARLES L. DALEY, MD, CHAIR

The past year has been one of great activity in our Assembly with numerous projects in the final stages of development. Below I will summarize the status of these projects including two newly funded Assembly

projects. However, I would first like to thank this year's committee members for their work, ideas, and enthusiasm. The Planning Committee members included, David Cohn as Assembly Chair, Carol Dukes-

Hamilton, Charles Feldman, Michael Iademarco, David Lewinsohn, Andrew Limper, Richard Menzies, Alison Morris, Patricia Simone, Shawn Skerrett, Antoni Torres, and Grant Waterer. I would also like

to thank the MTPI Assembly membership at large for their ideas and proposals. As we move closer to the next ATS meeting, please begin to think of additional Assembly projects for 2007!

COMMUNITY ACQUIRED PNEUMONIA CONSENSUS GUIDELINES

RICHARD WUNDERINK (ATS)/LIONEL MANDELL (IDSa) Co-CHAIRS

The American Thoracic Society and Infectious Diseases Society of America consensus guidelines are in the final stages of development. These highly anti-

ciated guidelines are currently being reviewed and will then be modified based on the reviewers' comments. The statement will then be submitted to the boards of

both organizations for approval. Publication of the Guidelines is expected later this year or early 2007. Discussions have already begun on implementation strategies

such as a Quick Clinician's guide or PDA-formatted summary.

HEPATOTOXICITY ASSOCIATED WITH ANTI-TUBERCULOSIS TREATMENT

JUSSI SAUKONEN, CHAIR

What began as a workshop on the hepatotoxicity of anti-tuberculosis drugs and treatment regimens has de-

veloped into a statement. After the workshop was held, so much information was revealed that it seemed

more appropriate to develop a statement regarding this subject. The statement has undergone ATS external

review and was approved by the ATS Board in March 2006; it will be published later this year.

DIAGNOSIS, TREATMENT AND PREVENTION OF NONTUBERCULOUS MYCOBACTERIAL DISEASE

DAVID GRIFFITH, CHAIR

Not a week goes by when I am not asked when will the Nontuberculous Mycobacterial Guidelines be published? Since the last revision in 1997, the new guide-

lines have been modified to provide evidence-based recommendations as used in more recent ATS statements. The revised guidelines have recently com-

pleted internal MTPI assembly review and have been submitted for external anonymous review. Once this process has been completed the document will be

submitted to the ATS Board for approval. Publication of these guidelines is expected later this year or early 2007.

RECENT ADVANCES AND FUTURE DIRECTIONS IN PNEUMOCYSTIS PNEUMONIA

LAURENCE HUANG/ANDREW LIMPER/ALISON MORRISON, CO-CHAIRS

A one-day workshop was held in May 2005 that brought together over 40 investigators. The participants included ATS mem-

bers and non-members, U.S. and international scholars, clinicians, and laboratory scientists. Twenty-one speakers presented the latest

advances in the field and these presentations were summarized into a concise report that has been submitted for review by ATS. If

approved, the workshop summary will be published in the *Proceedings of the American Thoracic Society* in the coming months.

FUNGAL TREATMENT AND DIAGNOSIS STATEMENTS

ANDREW LIMPER/SCOTT DAVIES/GEORGE SAROSI, CO-CHAIRS

The MTPI Fungal work group convened at the May 2005 ATS meeting in San Diego, to continue work on the new statement entitled "Treatment of Fungal Infections." The project is charged with developing a concise statement covering the essential components of treatment of the fungal infections of greatest concern to pulmonary and critical care practitioners. The statement will cover histo-

plasmosis, blastomycosis, coccidioidomycosis, cryptococcosis, *Aspergillus* and *Candida* infections, *Pneumocystis pneumonia*, and various less common fungal infections. A mature draft has been completed and is currently being edited. We anticipate submission to the ATS Board by late summer, 2006.

In addition, this same Fungal work group will recon-

vene at this year's ATS meeting in San Diego to address "Advances in the Diagnosis of Fungal Infections." This group will analyze the various modalities in the diagnosis of fungal infections, including direct visualization microscopy, serological assays, and the rapidly expanding armamentarium of immune and molecular based assays. The literature on these diagnostic procedures is diverse and a

single resource that synthesizes the available knowledge on the diagnosis of fungal infections encountered by pulmonary practitioners will be of benefit to the ATS membership.

RISK OF MYCOBACTERIAL AND FUNGAL INFECTIONS IN PATIENTS RECEIVING TUMOR NECROSIS ALPHA ANTAGONISTS AND OTHER NOVEL IMMUNOSUPPRESSIVE THERAPIES

NEIL SCHLUGER/CHARLES DALEY/MICHAEL IADEMARCO, CO-CHAIRS

Last year, this project received partial funding and the co-chairs were charged with identifying additional funding through other or-

ganizations. The IDSA and the Crohn's Foundation have both pledged substantial support for this important new statement. The

first face-to-face meeting of the Writing committee will be held at the next ATS meeting in San Diego with a second smaller meeting

planned for the IDSA meeting in Toronto.

A RANDOMIZED PLACEBO-CONTROLLED TRIAL OF ANTIBIOTIC TREATMENT OF ACUTE EXACERBATION OF COPD

SANJAY SETHI (ATS)/TIM MURPHY (IDSA), Co-Chairs

The Assembly project was a collaborative effort between ATS and IDSA. An expert committee was assembled that had two responsibilities: 1) To determine the need for placebo-controlled antibiotic trials in acute exacerbations

of COPD and to create a publication based on these discussions for the *Proceedings of the American Thoracic Society* and 2) To create a protocol for such a trial and present it to NHLBI for funding consideration. The

committee determined that such trials were needed and a draft protocol was submitted to NHLBI for review. Although NHLBI expressed interest in the protocol, no funding is available at this time. In the mean time sev-

eral pharmaceutical companies are in the process of designing similar trials and a manuscript based on the committee discussions is being written.

DIAGNOSIS AND MANAGEMENT OF BRONCHIECTASIS: AN INTERNATIONAL PERSPECTIVE (New)

CHARLES L. DALEY/CHARLES FEDMAN/GRANT WATERER, Co-Chairs

Bronchiectasis is a very common condition globally and most pulmonary physicians are charged with managing these challenging

cases. Unfortunately, there are no evidence-based guidelines to guide physicians. An international group of experts in the man-

agement of bronchiectasis in patients with and without cystic fibrosis will have their first meeting at the next ATS meeting. The goal of

the project is to develop a set of evidence-based guidelines that will be completed by the end of 2007.

IMPROVING THE SYSTEM OF OVERSIGHT OF CLINICAL AND EPIDEMIOLOGICAL STUDIES (New)

WILLIAM BURMAN, Chair

This project aims to improve the oversight of clinical and epidemiological studies in the United States by bringing together experts from various fields and organiza-

tions. The project was partially funded this year with the recommendation from the review committee to broaden the partners in this important endeavor and seek

additional funding; both ACCP and IDSA have expressed interest in collaborating on this project. The group will begin meeting by teleconference to move the

proposal forward and they will seek additional funding this year.

ASSEMBLY ON MTPI WEBSITE

ALISON MORRIS, MD, MS, MTPI WEB DIRECTOR

During the past year, the ATS website underwent a major renovation. The site is now completely redone and should allow for easier access to areas of interest. The website also launched the "Best of the Web" series. This series reviews internet sites on topics relevant to ATS members and persons seeking respiratory health information. These

articles generally identify and review about five to ten of the best sites on a particular topic. Also available on the website is a set of teaching slides on viral infections and airway diseases.

Plans are currently underway to create a PDA document based on the "Guidelines for the Management of Adults with Hospi-

tal-acquired, Ventilator-associated, and Healthcare-associated Pneumonia" (chaired by Michael Niederman, M.D. of ATS and Donald Craven, M.D. of IDSA). This program will allow clinicians easy access to the guidelines on their handheld devices. We anticipate production of similar products with the approval and publication of

other important MTPI Statements in 2006 and 2007. Anyone with events or ideas they would like to see posted on the MTPI Assembly website should contact Alison Morris, M.D., M.S., via email at alison.morris@usc.edu.

INTERNATIONAL TUBERCULOSIS ACTIVITIES

PHILIP HOPEWELL

Tuberculosis Coalition for Technical Assistance (TBCTA)

The ATS continues to be an active participant in the TBCTA. As described in last year's report, the TBCTA was originally formed by the World Health Organization (WHO), the CDC, the International Union Against Tuberculosis and Lung Diseases (The Union), the Dutch Tuberculosis Foundation (KNCV), the CDC and the ATS. During the past year the group was expanded with the addition of the Japan Antituberculosis Association, and two U.S. based NGOs, Family Health International (FHI) and Management Sciences for Health (MSH). The coalition was successful in competing for a second 5-year contract from USAID to continue to provide them with technical assistance for tuberculosis control at global, regional, and country levels. To add to the acronym confusion USAID's tuberculosis program is known as TB CAP (Control Assistance Program). The TBCTA is managed by the KNCV based in the Hague. The funding ceiling for TB CAP is \$150 million. This means that during the 5 years of the contract the funding for projects can total up to \$150 million. The bulk of this money will be spent at country level for a variety of activities. However, there is also core money that will be directed toward projects in five main areas of activity, i.e., advocacy, DOTS expansion, pub-

lic-private partnerships, TB/HIV, and human resources development. I represent ATS on the TBCTA Board of Directors and, together with Mukund Uplekar of WHO, am responsible for the public-private partnership activities. Fran DuMelle, ATS Director of International Activities, is the TBCTA's Washington liaison with USAID and also is the coordinator for advocacy activities. Jeff Glassroth is the ATS representative on the Task Force on Human Resource Development.

Within the TBCTA ATS has been coordinating the development of the International Standards for Tuberculosis Care. The Standards are intended to facilitate the effective engagement of all care providers in delivering high-quality care for patients of all ages and all forms of TB including drug-resistant TB and TB combined with HIV infection. The focus is mainly on private providers and the approach has been to develop a broad consensus that will then be given credibility through endorsements by professional societies and other organizations that can influence provider behavior. The Standards document was endorsed unanimously by the ATS Board of Directors, in addition to several other organizations.

An outgrowth of the development process for the Standards has been the creation of a Patients' Charter for Tuberculosis. The Charter was developed by a patient-

advocacy group, the World Care Council, led by Case Gordon. The two documents were formatted using a common style to emphasize their being complimentary to one another. The two charters together present a unique pairing of a provider-focused document with a patient-focused document.

As of World TB Day (March 24) the development part of the project was finished. The Standards and the Charter were launched together by WHO Director General, J. W. Lee. Both documents are posted on a number of websites, including the ATS website and are available for downloading. For organizations that are interested, the Standards can be customized with the organization's logo and other country-specific or organization-specific information. Currently the Standards are being translated into Spanish, French, Russian, Chinese and Bahasa Indonesian, and will be available in all these languages within the next month.

The next phase of this project is a study of the most effective ways of implementing the Standards in countries. Currently we are actively involved in pilot projects in Indonesia and will be starting soon in Kenya. Pilot studies will also be undertaken in two additional countries to be determined. A country implementation guide will be developed following completion of the pilot projects.

As an aside, it should be noted that, within the TBCTA, ATS is functioning as a technical agency, a new mode of operating for the Society. Personally, I think that given the strength of our organization, which owes to the breadth and depth of expertise of our members, the Society has much to offer in this regard. Our experience in TBCTA could offer important lessons that could help guide other efforts along this line.

The Stop TB Partnership

The Stop TB partnership continues to thrive. The major activity of the Partnership during the past year has been the development of the successor to the initial Global Plan to Stop TB, 2000-2005. The development of the Global Plan to Stop TB, 2006-2015 (available on the WHO website, publication reference, WHO/HTM/STB/2006.35) was coordinated by Dermot Maher, working for the Partnership. The Plan lays out overall strategic direction for tuberculosis control, presents global and regional scenarios and projections, and describes the actions and financing necessary to reach the 2015 goals. Importantly, each of the Stop TB Partnership's seven working groups developed their own strategic plans and projections for financing. It is important to note that while three of the working groups are focused on implementation of tuberculosis control measures, three are

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INTERNATIONAL TUBERCULOSIS ACTIVITIES CONT'D

PHILIP HOPEWELL

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science-based drug development, diagnostic test development, and vaccine development. Thus, both operational issues and basic science were given equal emphasis.

ATS is officially represented in the Partnership by David Cohn, as representative to the TB/HIV Working Group, Fran DuMelle, as a member of the Advocacy, Communications and Social Mobilization Working Group (Fran is also a member of the working group's "core group"), and me as representative to the DOTS Expansion Working Group (as well as being a member of its "core group"). I also chair a subgroup of DOTS Expansion, the Public Private Mix Subgroup. I think that the Stop TB Partnership working groups

can benefit from technical expertise provided through ATS and in addition that ATS can benefit from interactions with the working groups. During the budget process a proposal was approved to fund ATS participation in all of the working groups of the Partnership, and four new ATS representatives from MTPI will be added to working groups in 2006. I think this will serve to indicate our commitment to the Partnership and cement our connections with the working groups. In addition, having representation on the working groups will provide both insights and opportunities for Society members. Again, as with our participation in the TBCTA discussed above, our involvement with the Partnership can serve as a model for the Society's in-

volvement in other international initiatives.

Forum of International Respiratory Societies (FIRS)

FIRS is not specifically related to tuberculosis; however, there is one tuberculosis-related project that is relevant. In last years' report I described the "PAL" program. This program grew from the WHO Stop TB Department and is intended to provide a programmatic approach to the common respiratory diseases of low and middle-income countries (hence the name, "Practical Approach to Lung Health"). FIRS has a working group on PAL that I chair. During the past year FIRS funded John Murray to work with Salah Ottmani, the coordinator of PAL at WHO to write a synthesis of

the results of PAL pilot projects to date and from this synthesis to develop a set of generic guidelines for PAL. PAL merges into another international partnership in which ATS is involved, the Global Alliance Against Respiratory Disease (GARD) being developed by the Chronic Respiratory Disease section at WHO. Within GARD PAL is seen as the management component to go along with components on surveillance and prevention. GARD is an example of where our experience in the Stop TB Partnership is providing important guidance for ATS involvement in an international initiative.

ATS ASSEMBLY ON MICROBIOLOGY, TUBERCULOSIS AND PULMONARY INFECTION 2006 SAN DIEGO SESSIONS

POSTGRADUATE COURSES			
<u>Friday, May 19</u>			
PG8	Difficult Pulmonary Infections	8:00 am	4:00 pm
<u>Saturday, May 20</u>			
PG20	Host Defense Mechanisms In Pulmonary Infection	8:00 am	4:30 pm
SCIENTIFIC SYMPOSIA			
<u>Sunday, May 21</u>			
A77	Controversies In Community-Acquired Pneumonia	1:30 pm	4:15 pm
<u>Monday, May 22</u>			
B8	Molecular And Epidemiologic Tools To Study Respiratory Infections: Recent Advances, Current Controversies, And Future Directions	8:15 am	11:00 am
<u>Tuesday, May 23</u>			
C6	Epidemiology, Pathogenesis, And Management Of Nontuberculous Mycobacterial Infections	8:15 am	11:00 am

ATS ASSEMBLY ON MICROBIOLOGY, TUBERCULOSIS AND PULMONARY INFECTION 2006 SAN DIEGO SESSIONS CONT'D

SCIENTIFIC SYMPOSIA CONT'D			
<u>Wednesday, May 24</u>			
D78	Beyond DOTS: Global TB Care And Control 2006-2015	1:30 pm	4:15 pm
D80	Avian Influenza: Preparing For The Next Pandemic	1:30 pm	4:15 pm
EVENING POSTGRADUATE SEMINARS			
<u>Monday, May 22</u>			
E9	Guidelines For Common Adult Respiratory Tract Infections	7:00 pm	9:00 pm
MEET THE PROFESSOR SEMINAR			
<u>Sunday, May 21</u>			
MP414	Management Strategies And The Risk Of Tuberculosis In Persons Receiving Anti-TNF Therapies	12:00 pm	1:00 pm
<u>Monday, May 22</u>			
MP512	New Therapeutic Approaches For Multi-Drug Resistant Tuberculosis	12:00 pm	1:00 pm
<u>Tuesday, May 23</u>			
MP615	Rational Use Of Antibiotics In Lower Respiratory Tract Infections	12:00 pm	1:00 pm
SUNRISE SEMINARS			
<u>Monday, May 22</u>			
SS113	Management Of "Patients With Tuberculosis" Case Based Approach	7:00 am	8:00 am
<u>Tuesday, May 23</u>			
SS214	Emerging Insights Into M.Tuberculosis Pathogenesis And Diagnosis In HIV+ Persons	7:00 am	8:00 am
<u>Wednesday, May 24</u>			
SS314	Approach To The Prevention Of Pneumonia Among Older Adults	7:00 am	8:00 am
MINI SYMPOSIA			
<u>Sunday, May 21</u>			
A15	New Immunomodulatory Targets In Severe Respiratory Infections	8:15 am	11:00 am
A85	The Host Response To Infection With Mycobacterium Tuberculosis	1:30 pm	4:15 pm
<u>Monday, May 22</u>			
B86	Interferon Gamma Release Assays In The Diagnosis Of Infection With Mycobacterium Tuberculosis	1:30 pm	4:15 pm
B87	HIV-Associated Lung Diseases In The Era Of Antiretroviral Therapy	1:30 pm	4:15 pm
<u>Wednesday, May 24</u>			
D88	Monitoring Outcome Of Respiratory Infections: What Is New?	1:30 pm	4:15 pm
POSTER DISCUSSION SESSIONS			
<u>Sunday, May 21</u>			
A25	PCP - Clinical And Basic Aspects	8:15 am	11:00 am
<u>Monday, May 22</u>			
B97	Diagnosis And Epidemiology Of Tuberculosis	1:30 pm	4:15 pm

ATS ASSEMBLY ON MICROBIOLOGY, TUBERCULOSIS AND PULMONARY INFECTION 2006 SAN DIEGO SESSIONS CONT'D

POSTER DISCUSSION SESSIONS			
<u>Tuesday, May 23</u>			
C92	Nosocomial Infection: Epidemiology, Diagnosis, Treatment And Prevention	1:30 pm	4:15 pm
C93	Managing Mycobacterial Infection	1:30 pm	4:15 pm
<u>Wednesday, May 24</u>			
D26	Host Defenses To Microbial Pathogen	8:15 am	11:00 am
THEMATIC POSTER SESSIONS			
<u>Sunday, May 21</u>			
A127	Treatment Of Respiratory Infections	8:15 am	4:15 pm
<u>Monday, May 22</u>			
B114	The Host Response To Infection With MTB	8:15 am	4:15 pm
B115	Treatment Of Mycobacterial Infection	8:15 am	4:15 pm
B116	Viral Infections And Agents Of Biological Warfare	8:15 am	4:15 pm
B117	Epidemiology And Diagnosis Of Respiratory Infections	8:15 am	4:15 pm
<u>Tuesday, May 23</u>			
C134	Epidemiology Of Tuberculosis	8:15 am	4:15 pm
C135	Diagnosis Of Infection With MTB	8:15 am	4:15 pm

PLEASE CONSIDER SUBMITTING AN ASSEMBLY/COMMITTEE PROJECT APPLICATION FOR FUNDING IN FY2007!

For your information, the FY2007 (January 1- December 31, 2007) project application forms for Assembly/Committee projects will be available on the ATS website in April 2006 at:

<http://www.thoracic.org/assemblies/projectform.asp>

Please consider submitting an application for an Assembly/Committee project. If you have an idea for a project application and you need assistance, please contact your Assembly Planning Committee chair Charles L. Daley at daleyc@njc.org.

The timeline for the application and review process follows:

April 2006: FY2007 forms are available.

July 25, 2006: Assembly/Committee project applications are due to the ATS office. Late submissions will not be accepted.

Early-mid August 2006: abridged versions of the proposals will be posted on the ATS site and emails will be sent to ATS Leadership, Assembly Planning Committee Chairs, Assembly Chairs, ATS Committee

Chairs, appropriate ATS staff and the PRS committee, to notify them that the current, un-reviewed proposals are available. This will give everyone an opportunity to touch base with any of the applicants if they would like to get involved with a project before it goes to the PRS for review.

August 1-18, 2006: Assembly Planning Committees will meet via conference call to review appropriate proposals. Any proposal that has indicated on the form that a specific ATS committee may want to become involved will be sent to the

ATS committee chair and to the appropriate staff member. Committees are encouraged to work with appropriate ATS staff and review any proposals and to send recommendations to the applicant and to the PRS.

September 6, 2006: Revised proposals and all reviews from Assemblies and Committees are due to ATS office. This includes any proposal that has revisions based on a review by an Assembly Planning Committee or an ATS Committee.

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PLEASE CONSIDER SUBMITTING AN ASSEMBLY/COMMITTEE PROJECT APPLICATION FOR FUNDING IN FY2007! CONT'D

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Early October 2006: Program Review Sub-Committee (PRS) meeting

Early November 2006: Program & Budget Committee

(P&B) meeting. Recommendations from the PRS will be provided to the P&B Committee. At the discretion of the P&B Committee, specific projects will be

added to the FY2007 budget as new items.

December 2006: ATS Board reviews FY 2007 Budget.

Please contact Elisha Malanga with any questions at tel: 212/315-8693 or email: emalanga@thoracic.org.

PATIENTS TO SPEAK AT SIXTEEN DESIGNATED ATS INTERNATIONAL CONFERENCE SYMPOSIA

The ATS Public Advisory Roundtable (ATS PAR) has selected patients to provide a patient perspective at 16 of the 2006 ATS International Conference Symposia. This concept has worked exceptionally well within the format of the PAR Symposia for the last 4 years and at over 25 ATS symposia at

the 2004 and 2005 International Conferences.

This is the third year that patient speakers will participate within the Assemblies' Symposia. The patients will make a 5-minute presentation at the symposia to offer insight into their personal journeys; to address their

diagnosis, treatment, and how the disease has dramatically altered their lifestyles, family, career and relationships. They will share their insight into what patients would like physicians and researchers to know about physician/patient relationships; and the importance and relevance of the work in

which investigators and researchers are engaged.

The symposia at which a patient perspective will be presented are listed below:

Assembly	Session Code	Title	Date/Time
AII	B7	Genotypic and Phenotypic Predictors of Response to Asthma Therapy: What do NHLBI Clinical Research Studies Tell Us?	Monday, May 22 8:15-11:00 am
BS	A7	Respiratory Lung Health and the Family: The Influence of Family on Adherence, Disease Management, and Health Outcomes	Sunday, May 21 8:15-11:00 am
BS	D9	Community Involvement in Pulmonary and Critical Care Research: What, Why and How?	Wednesday, May 24 8:15-11:00 am
CP	A2	Novel Outcomes for Novel Therapies in COPD	Sunday, May 21 8:15-11:00 am
CP	D2	Update in the Diagnosis and Management of Pulmonary Vasculitis	Wednesday, May 24 8:15-11:00 am
CC	B74	Genetic Influences on the Susceptibility To and Outcome of Critical Illness	Monday, May 22 1:30-4:15 pm
CC	C7	Clinical Studies in the Pediatric ICU: Update From the Pediatric Acute Lung Injury and Sepsis Investigator's (PALISI) Network	Tuesday, May 23 8:15-11:00 am
MTPI	C6	Diagnosis and Management of Nontuberculous Mycobacterial Infections – The New ATS Guidelines	Tuesday, May 23 8:15-11:00 am
NRSB	A8	Critical Care of the Geriatric Patient	Sunday, May 21 8:15-11:00 am
NRSB	B6	Biobehavioral Considerations in Prolonged Mechanical Ventilation	Monday, May 22 8:15-11:00 am
PED	A9	Primary Ciliary Dyskinesia: Not Just the Other Inherited Lung Disease	Sunday, May 21 8:15-11:00 am

PATIENTS TO SPEAK AT SIXTEEN DESIGNATED ATS INTERNATIONAL CONFERENCE SYMPOSIA CONT'D

Assembly	Session Code	Title	Date/Time
PC	D75	Taking the Next Step, Improving Outcomes in Pulmonary Arterial Hypertension	Wednesday, May 24 1:30-4:15 pm
RCMB	B77	Evolving Concepts of Stem Cells and Lung Repair	Monday, May 22 1:30-4:15 pm
RCMB	D7	New Developments in the Genetics of Respiratory Disorders	Wednesday, May 24 8:15-11:00 am
RNS	D76	Sleep, Breathing and Metabolic Function	Wednesday, May 24 1:30-4:15 pm
RSF	A79	Impact of Smoking on Lung Function: Therapeutic Implications and Biological Mechanisms	Sunday, May 21 1:30-4:15 pm

ATS Public Advisory Roundtable (PAR) Symposium and Poster Session

ATS PAR Symposium

The ATS Public Advisory Roundtable (PAR) is pleased to announce the fifth ATS PAR Symposium to be presented at the ATS International Conference in San Diego on Monday, May 22nd from 8:15-11:00 a.m. The topic will be "COPD and Co-morbidities: Treating the Whole Patient" chaired by Sharon I. S. Rounds, M.D and John W. Walsh. The program includes the following:

- COPD As A Systemic Condition - S. I. S. Rounds, M.D., Providence, RI
- Panel: Experience of Patients With COPD And Co-Morbidities - J. W. Walsh, Miami, FL
- COPD and Cardiovascular Disease - D. D. Sin, M.D., Vancouver, BC, Canada
- Obesity, Wasting and BODE Index - B. R. Celli, M.D., Boston, MA
- Skeletal Muscle Function in COPD - P. D. Wagner, M.D., La Jolla, CA
- COPD and Endocrine Issues: Diabetes - E. N. Schachter, M.D., New York, NY
- Depression and Anxiety In COPD Patients - J.R. Curtis, M.D., M.P.H., Seattle, WA
- Session Summary - S. I. Rennard, M.D., Omaha, NE

ATS PAR Poster Session

The ATS PAR Annual Poster Session will be open from Sunday, May 21 until Wednesday, May 24, 2006

at the Center Terrace of the San Diego Convention Center. Public Interest Organizations (PIO's) concerned with lung and sleep disorders will present information about their organizations. A representative from each organization will be present at the poster session to provide additional information.

MICROBIOLOGY, TUBERCULOSIS AND PULMONARY INFECTION ASSEMBLY MEMBERSHIP MEETING

Monday May 22, 2006
4:30 pm – 6:30 pm
Manchester Grand Hyatt
Randle D
(Level 4)

Refreshments will be provided.

MTPI ASSEMBLY DINNER

Because space is limited, please remember to RSVP Debby Feuerman at the ATS Office in New York (mtpi@thoracic.org) as soon as possible, for the MTPI Assembly Dinner to be held on Monday May 22nd at 7:30pm, immediately following the MTPI Assembly Membership Meeting.