Instructions – FY2018 Assembly/Committee Projects

NEW – JOINT ATS/ERS APPLICATION

The following instructions have been designed to assist you in completing the FY2018 New- Joint ATS/ERS Project Application. Additionally, please use the **ERS Task Force Guidelines** to assist you in completing this application

Below are detailed instructions for each section of the FY2018 Assembly/Committee Project application. Please be sure to read them carefully and have them available as you work on your application. If you have any questions or encounter any technical problems, please contact Miriam Rodriguez at: mrodriguez@thoracic.org or at 212-315-8639. Applications must be submitted electronically. The deadline for submissions is **July 31, 2017 at 11pm Eastern Standard Time. Late submissions will not be accepted.** All Applications must be submitted electronically via the ATS website.

The instructions have been designed to correspond with the sections in the application. To review a detailed explanation for section I in the application you will review section I in the instructions.

Some fields in the beginning of the application are self-explanatory and will not need clarification, in those cases you will see the corresponding field with only the name of the field listed.

The FY2018 Joint ATS/ERS project application will be web based. You can access the application and instructions on the ATS website under Assemblies at: http://www.thoracic.org/form/application/assembly-project.php. You will need your **ATS Username and Password** to begin an application.

Forgot your ATS user name and password
ATS members can go also recover their forgotten ATS user name and password at: http://www.thoracic.org/form/application/my-forms.php by clicking on:

- Forgot Your Username/Password?

Your login information is as follows:
Username – eight digit ID number (example: 00000001)
Password – uppercase/capital letters and observing these rules:

- If your last name is six or more characters, enter it as usual (example: "Davidson" – Password: DAVIDSON)
- If your last name is fewer than six characters, add "1905" (example: "Yu" – Password: YU1905)
- Replace each apostrophe, hyphen and/or space with an underscore (example: "O'Malley Webber" – Password: O_MALLEY_WEBBER)

If you are still experiencing problems, please contact our Membership & Subscriptions Dept at membership@thoracic.org.

If you are **not** an ATS member, but wish to submit an application you must create a non-member account to generate a Password. You can do so anytime by going to: http://www.thoracic.org/go/myaccount once created, it will take 1hr to update in the ATS Database and take effect.

To begin an Assembly/Committee Project Application please go to: http://www.thoracic.org/form/application/assembly-project.php you will then need to login using your ATS User Name and Password

Once logged into the Project Application webpage you will see the screen below. You will then select an application to begin

- **NEW FY2018 Assembly/Committee Project Application** - Are New Projects that require funding and approval for the first time
- **RENEWAL FY2018 Assembly/Committee Project Application** - Are for those projects that were approved by the Program Review Subcommittee and the ATS Board of Directors for the FY2017 Funding Cycle.
- **NEW FY2018 Joint ATS/ERS Project Application –** Applications are only for joint projects between the two societies. Applications will be submitted to both societies for review.

Once you have selected the application type you may begin to work on the application. The web based application will allow you to work on the application as your schedule permits

as long as you have saved your work by clicking on the "**Save**" button at the end of the application.

When you have finished working on the application for the day you will need to save your work before exiting the web based application. When you click on the save button the following menu will appear the next time you login to continue your work.

New 2018 Assembly/Committee Project Application
[view] [pdf] [edit] [delete]

To continue working on the application click on link in the menu above titled "edit." Once you have completed the application and you are ready to submit please review the application to ensure that all the information on the form is correct. You may then click the "submit" button. Once you have submitted the application, the web based system will then generate a confirmation that you will receive via email.

After Submitting the application you will no longer be able to make changes until the revision period opens on August 25th. Once submitted you will see the following menu when you log in again.

New 2018 Assembly/Committee Project Application
[view] [pdf]

When the revision period opens you will see the [edit] field on the menu above.

If further explanation is needed please contact Miriam Rodriguez, Senior Director, Assembly Programs and Program Review Subcommittee, email: mrodriguez@thoracic.org or via telephone at: 212-315-8639

Additionally, should you have any questions pertaining to portions of the application that relate to the ERS, please contact the ERS Scientific Department at scientific@ersnet.org.

Please use the ERS TASK FORCE GUIDELINES for more information regarding ERS specific questions (please see ATS website).

Please note that moving forward all sections in BLUE are ATS specific and all sections in GREEN are ERS specific. Sections in BLACK pertain to both societies.

Section I General Project Information

1. **Project Title/ERS Taskforce Title** – Insert title of project not assembly, committee or group
2. **Primary Assembly** – Select the name of the Assembly through which the proposed project is being submitted.
3. **Secondary Assembly** – Select all other Assemblies that will be collaborating on this project. Enter only the assemblies in which you have spoken to the Assembly Planning Committee Chair and have agreed that this will be a joint collaboration. ATS encourages collaboration among assemblies ***(all assemblies listed will review the Project Application)***
4. **ATS Sections –** Select Section if any collaborating on project
5. **Committee** – Select the name of the Committee from which the project application will be submitted. Please keep in mind that the project will be reviewed by an assembly who is closely related to the field of work that is being proposed. Please choose NA if a committee is not submitting the application.
6. **ERS Assembly** - Select the name of the ERS Assembly to which your project relates. The list of the ERS assemblies is available under https://www.ersnet.org/the-society/assemblies#assemblies
7. **What official ATS/ERS document will be developed as part of this project?** By this time you have received final classification of the document from the documents Committee. Please enter final document classification type. Please note the following: All products or works, whether in writing or in another form, that are created partly or completely with the assistance of funding provided by the American Thoracic Society will be the intellectual property of the ATS exclusively, unless otherwise stipulated in writing by the ATS. The disposition of these products or works will be at the sole discretion of the ATS. Recipients agree, as a condition of receipt of ATS funding, that ATS owns the copyright and all other rights to these products or works.

   Official ATS documents include:

Statements

There are two types of ATS statements, policy statements and research statements:

•**Policy Statements** present ATS positions on issues that pertain to bioethics, public health policy, health care financing and delivery, medical education, and governmental policy. As an example, see "An Official ATS Policy Statement: Pay-for-Performance in Pulmonary, Critical Care, and Sleep Medicine Am J RespirCrit Care Med 2010; 181:752761."

•**Research Statements** present ATS positions on issues that pertain to governmental funding of research, future research needs and initiatives, and other issues that promote or

hinder pulmonary, critical care, and sleep research. As an example, see "Multi-society Task Force for Critical Care Research: Key Issues and Recommendations. Am J RespirCrit Care Med 2012; 185:96–102."

Statements may make recommendations for policy and research; however, they may not make recommendations for patient care. They should be submitted within one year of the project start date. An Executive Summary is published in the American Journal of Respiratory and Critical Care Medicine (maximum of 3,500 words) and the full document is published online only (maximum of 10,000 words). Alternatively, the full document may be published in the American Journal of Respiratory and Critical Care Medicine if it is less than 3,500 words. The word limits are strictly enforced.

Workshop Reports

Workshop reports are summaries of conferences and workshops that were sponsored by the ATS. While most of the content in the report should derive from the conference or workshop, additional discussions and further development of ideas following the conference or workshop are acceptable. As an example, see "An Official American Thoracic Society Workshop Report: Climate Change and Human Health. Proc Am Thorac Soc 2012; 9:3-8."

Workshop reports may not make recommendations for patient care. They should be submitted within one year of the project start date. Workshop reports are published in the online-only journal, Annals of the American Thoracic Society (maximum of 4,500 words). The word limit is strictly enforced.

Technical Statements

Technical statements describe how to perform a test or procedure. They do not compare tests or procedures, nor do they identify populations to which a test or procedure should be applied. Technical statements should be based upon evidence, but they do not require a full or pragmatic systematic review of the literature.

Technical statements may not make recommendations for patient care (other than standards for how to perform the test). They should be submitted within one year of the project start date. An Executive Summary is published in the American Journal of Respiratory and Critical Care Medicine (maximum of 4,000 words) and the full document is published online only (maximum of 10,000 words). Alternatively, the full document may be published in the American Journal of Respiratory and Critical Care Medicine if it is less than 4,000 words. The word limits are strictly enforce

Clinical Practice Guidelines

Clinical practice guidelines make diagnostic and treatment recommendations that assist physicians, other healthcare practitioners, and patients to make decisions about the appropriate course of action in specific clinical situations. They are developed by a multidisciplinary committee, which must include individuals with prior experience in the development of guidelines, systematic reviews, and/or a GRADE-based project. As examples, see "An Official ATS/ERS/JRS/ALAT Statement: Idiopathic Pulmonary Fibrosis: Evidence-based Guidelines for Diagnosis and Management. Am J RespirCrit Care Med 2011; 183:788-824" and "An Official American Thoracic Society/Society of Thoracic Radiology

Clinical Practice Guideline: Evaluation of Suspected Pulmonary Embolism in Pregnancy. Am J RespirCrit Care Med 2011; 184:1200-1208."

Guidelines are expected to be submitted within two years of the project start date. The first year is dedicated to 1) formulating clinical questions using the patient, intervention, comparator, outcome (PICO) format, 2) searching the literature, 3) selecting relevant studies, and 4) appraising and summarizing the evidence using the GRADE approach. The second year focuses on developing and grading recommendations using the GRADE approach, as well as writing the guidelines. Sufficient progress must be demonstrated during the first year for consideration for a second year of funding.

An Executive Summary is published in the American Journal of Respiratory and Critical Care Medicine (maximum of 4,500 words) and the full document is published online only (maximum of 10,000 words). Alternatively, the full document may be published in the American Journal of Respiratory and Critical Care Medicine if it is less than 4,500 words. The word limits are strictly enforced. Guidelines should be routinely assessed for currency and updated at least every 3 years.

For more information and a complete guidelines packet go to:
http://www.thoracic.org/statements/document-development/index.php

ERS Document Definitions

Statements

Statements are comprehensive scientific reviews of a topic by a group of experts. The focus of a review may be a disease entity, a research issue, a public health topic, a diagnostic or therapeutic approach to a disease or a set of related disorders, or other issues of interest to the ERS. All statements are based on a body of reliable scientific evidence identified by systematic searches and documented by references or data supporting the conclusions. They should be descriptive of the current situation and cannot contain recommendations for clinical practice. Patient input options are also available. Please contact the European Lung Foundation (pippa.powell@europeanlung.org) for further information.

Clinical Guideline (ERS)

Clinical practice guidelines are statements that include recommendations, strategies or information to help physicians and/or other healthcare practitioners and patients make decisions about appropriate measures of care for specific clinical circumstances. Necessary elements of the development are 1) a multidisciplinary development process with a representative guideline development group, 2) a comprehensive and systematic literature review for identification of evidence, and 3) grading of the evidence and the degree of recommendations. Methodological guidance is available from the ERS. For further details and information on the required methodology, please refer to the "Methodology" section. Patient input options are also available. Please contact the European Lung Foundation (pippa.powell@europeanlung.org) for further information.

Technology reviews, assessments and standards

Technology reviews, assessments and standards are statements that review or assess technologies or present recommendations for technology standardisation. Examples are standards for

performing pulmonary function tests and reviews of technologies such as mechanical ventilators or non-invasive ventilator devices. Documents that emphasise the application of these technologies to patient care rather than the assessment of the technology itself are better characterised as clinical practice guidelines or statements

Workshop summaries and conference proceedings
Workshop summaries and conference proceedings are documents that report the proceedings of conferences and workshops sponsored or organized by the ERS.

For more information ERS Task Force development details, please refer to the ERS Task Force Guidelines (https://taskforces.ersnet.org/about-task-forces/item/how-to-apply-for-ers-funding).

Section II Project Description

8. **Project Description –** Provide a detailed description of the proposed project the detail should include the following components:

   A. Statement of the problem If this is a project that aims at developing an official ATS/ERS document, please include the following in your Statement of the problem:

   - **In Addition ERS also requires a Background and Extended Description of the Project:** Please provide an extended description and background of the project (up to 10 pages)

   - The relevance of the health problem or intervention (e.g. clinical or public health impact, evolving nature, adequacy of reliable data)

   - The type of document you plan to develop, for example, a policy statement, clinical guidelines, or a workshop report. (For additional information about ATS document development, including the GRADE methodology and ATS policy guidelines for development of official documents, go to the documents area of the website at: http://www.thoracic.org/statements/document-development/index.php

   B. Specific questions to be addressed (CPG only): What are the specific questions that you aim to cover in your guideline relevant to daily clinical practice. Questions should be structured in PICO format. While it is expected that the initial set of questions will undergo revision and refinement, applicants are encouraged to be as specific as possible about each one of the PICO elements.

   C. Other non-ATS or non-ERS activities in this area are you aware of any other projects that pertain to your proposal submission topic

D. Rational for ATS/ERS Involvement: Describe the impact of the problem on ATS and ERS members.

E. Methodology

Describe the methodology that will be used for more on Grade go to: The methodology you plan to use to search the literature, grade the evidence, and formulate recommendations. (For additional information about ATS guidelines, including the GRADE methodology and ATS policy guidelines for development of official documents, go to the documents area of the website at: http://www.thoracic.org/statements/document-development/

Applicants for Task Forces aiming to produce clinical practice guidelines are asked to include in their application a detailed description of the methodology they intend to use, particularly regarding formulation of questions, systematic review of the literature, grading of evidence and of recommendations. The ERS requires that all guidelines are evidence-based and follow strict methodology. For this purpose, it is strongly suggested that the GRADE approach is used. The ERS is, however, open to discussion regarding the use of alternative evidence-based grading systems, as long as the Task Force applicants can justify that it is more appropriate than GRADE.

To ensure a high level of methodological rigor, it is required that Task Forces aiming to produce clinical practice guidelines include members experienced in Guideline Development (mainly in conducting systematic reviews and preferably also using the GRADE approach). These persons (up to 4) should be clearly indicated on the application form, and his/her knowledge should be demonstrated by either reference to relevant publications or work/research experience. They do not necessarily need to have a scientific background in the area of the Task Force and can be working in the field of evidence-based medicine. Additional funds to cover their contribution in the systematic review can be included in the application form, under the appropriate section

For further information, please refer to the page 4 of the ERS Guidelines for Task Forces.

F. Who will perform the systematic reviews? (for Clinical Practice Guidelines Only)

We encourage project teams to identify and make use of recently published, high quality systematic reviews performed by others. However, it is required that one or more members of the team have first-hand experience performing (and publishing) systematic reviews. Applicants are encouraged to recruit qualified individuals with adequate time to help perform systematic reviews. These may include junior members.

G. Confirm that you have completed the module A for all document developers or module B for document developers of a Clinical Practice

Guideline. All applicants who have or will have an official document as part of their Assembly/Committee project must:
Complete either module A or B. A set of educational vignettes on document development have been created and are available on the ATS website at: http://www.thoracic.org/statements/document-development . All document developers will need to review and complete these vignettes prior to submission of a new or renewal project proposal.

Obtain Documents Development and Implementation Committee (DDIC) approval IF your document is NOT a Clinical Practice Guideline and you plan to include 1 or more RECOMMENDATIONS FOR PATIENT CARE (diagnosis and/or treatment).

Official documents are those that stem from projects supported, in their entirety or in part, by the ATS through the Assembly/Committee Project Application process. All projects supported by the ATS whose outcome includes an official document must

- Contact the ATS Documents Committee Chair, Raed A. Dweik, MD or Chief, Documents & Patient Education, Kevin Wilson, MD to review and plan for an appropriate document type and project methodology
- Work with one member of the ATS Documents Development & Implementation Committee that will be assigned as a liaison to each approved ad-hoc working group. Instructions related to this will be included with project approval notification.
- Work with designated ATS staff to plan and implement the project
- Follow the ATS guidelines for development of official documents,
- Submit final draft via ScholarOne (official documents site: http://mc.manuscriptcentral.com/atsdocs) for official documents peer review
- Work with ATS staff to present final draft documents to the ATS Board of Directors (and, for joint projects, the governing body of any co-sponsors)
- Sign a memo or understanding (MOU) that outlines the key components of the project
- Develop draft derivative elements: a) key points for patients and b) key clinical indicators, for all clinically oriented documents.

Common categories of Patient Education activities include:
Assembly/Committee project applicants are asked to consider adding an educational component (nursing education or patient education) to their projects to further enhance their educational potential

Print or web-based materials may be designed for the patient/lay audience that addresses important topics and key concepts in pulmonary or critical care medicine. Examples include companion material to an official ATS document that address diseases, procedures, or issues not adequately addressed in the current lay literature, materials for low-literacy audiences, or materials for non-English speaking audiences. Recommended reading level for patient education materials is 5-8th grade or 3-4th grade for low literacy materials. Standard Guidelines for creating ATS format fact sheets are available

For specific examples of Patient Education pieces please visit the patient education section of the ATS Website at http://www.thoracic.org/patients/patient-resources/fact-sheets-az.php for questions related to patient education materials, please contact Judy Corn at jcorn@thoracic.org

H. Will this project include an Educational Component that will allow ATS to grant Continuing Medical Education Credits (CME) Assembly/Committee project applicants are asked to consider adding an educational component when appropriate to further enhance their educational potential. Your application must include the following:

Educational Design –

- **LEARNING OBJECTIVES -** Please indicate the Learning Objectives for the Overall Activity.

- **NEEDS ASSESSMENT -** ACCME prefers a variety of sources for developing the formal Needs Assessment for a program. Below are some examples:

  - Previous Participant Evaluations
  - Peer Review
  - Survey of Target Audience
  - Self-Assessment Tests
  - Planning Committee or Board Recommendation
  - Advice from Authorities in the Field
  - New Medical Findings/Techniques
  - Review of Current Literature

- **TARGET AUDIENCE -** Please list anticipated audience by specialty. Below are some examples

  Physicians
  - Pulmonology
  - Critical Care
  - Pediatric Pulmonology
  - Allergy/Immunology

- Internal Medicine
- Family Practice

Other Healthcare Providers

- Physician Assistants
- Nurse Practitioners
- Registered Nurses
- Sleep Technologists
- Respiratory Therapists
- Pharmacists

- **CME CREDITS DESIRED**

- **EVALUATION METHODS -** Please indicate how your activity will be evaluated. At a minimum, it must review each presentation on achievement of learning objectives. Post-Event evaluation of impact on practice (six months to one year after CME event) is increasingly recommended where appropriate. Below are some examples of evaluation methods.

  Evaluation Tools Used:

  - Basic Program Evaluation
  - Pre- and Post-Test for Attendees
  - Simulation
  - Survey of Patients
  - Case Vignettes

  Regional or National Data from agencies, foundations or universities on disease prevalence, guideline adherence or practice variation

- **DISSEMINATION -** Common categories of Continuing Medical Education (CME) activities include:
  - **Live events** - national or regional courses or conferences; these can be sponsored by the ATS or jointly sponsored *(subject to ATS approval)* by the ATS along with another national organization (such as another specialty society and/or a public interest organization) or regional organization (such as an ATS chapter)
  - **Enduring materials -** printed, recorded or computer assisted instructional materials which may be used over time at various locations and which in themselves constitute a planned CME activity. Examples include web-based CME, monographs or newsletters, CD- ROMS, audiotapes, videotapes, or slide sets

  Please note that all ATS continuing medical education activities, including those for which CME credit is desired must conform to standards of the Accreditation

Council for Continuing Medical Education (ACCME) and the American Medical Association, and be designated for CME by the ATS Education Programs Unit.

*For additional information about this process, see the ATS website http://www.thoracic.org/education/cme-forms.php to obtain the Application for ATS Initiated Events or if you have any questions related to the CME process, please consult Eileen Larsson at elarsson@thoracic.org.

Public and Patient Input Budget:

The Science Council recognizes that patient and public input into task forces is desirable when appropriate and may help to:

- underpin guidelines and statements with patient experience,
- highlight areas where the patient's perspective differs from that of health professionals,
- ensure that guidelines and statements address key issues of concern to patients or that may be overlooked by healthcare professionals,
- provide input from a number of European countries to increase the transferability of guidelines and statements to different settings,
- to gain access to hard to reach patient populations, or
- Optimize patient engagement and compliance with the resulting guideline or statement.

ELF welcomes contact from any task force group keen to investigate ways that patient input could enhance their work. They have expert experience of patient input and an established network of patient organizations across Europe, with access to patients, careers and advocacy groups, who are keen to support task force activities.

Options include a patient-focused literature review, patient consultation (including surveys and focus groups), and the development of a patient version of the outcome document as well as participation of patient representatives in guideline panels.

I.

Section III: Proposed Participants

A. Proposed Participants - Involvement of proposed members of the ad-hoc committee will be pending completion of Conflict of Interest forms and, if necessary, resolution of all Conflicts of Interest. Proposed members will need to submit disclosures only when the project is approved in concept. (Projects may not commence until January 2017, Pending final approval by the ATS Board of Directors in December 2016) Please include:

i. Names of participants for the project committee

ii. Institution Affiliation

iii. Role on Project Committee & Area of expertise below are a few examples:

- **Project Chair –** Proven reputation as a clinician, scientist or as a methodologist in the topic area, ability to organize and work well

with a group, track record of delivering quality products in a timely fashion.

- **Members** – Clinical, methodological &/or scientific expertise in the topic area (specific or general), diversity in geographic location, gender, as well as writing skills and ability to work as a member of a team)

iv. Area of Expertise

v. e-mail Address – Project member e-mail address

vi. Airfare – if you are having a live meeting and are asking that ATS cover airfare for this participant please check the box that applies in the project participant list in section 3. You will also need to budget for this expense in the budget section of this application. Please note that only project committee members who do not typically attend the ATS International Conference qualify for airfare.

vii. Please be aware that for meetings taking place at ERS that it is assumed that ERS Task Force Members will attend both the ATS and ERS Conferences therefore only non-pulmonologists qualify for ERS travel and per diem.

viii. ATS Per Diem – If you are having a live meeting at the ATS Conference and your committee members will need to be reimbursed for expenses please check yes for per diem in the project participant list in section 3. You will also need to budget for this expense in the budget section of this application. Please note that all meetings held before the conference (Fri & Sat) all committee members will require per diem. Per Diem covers hotel, meals and other expenses.

B. Proposed participant responsible for methodology – To ensure a high level of methodological rigor, it is required that Joint ATS/ERS Task Forces aiming at producing CPG's have at least one member who has adequate methodological knowledge and experience (for example in conducting systematic reviews or working in the field of evidence-based medicine).

These persons should be clearly indicated in the application form, and their knowledge has to be demonstrated by either relevant publications or work/research experience.

C. Junior ERS member

The ERS is fostering education of its junior members. For Task Forces aiming to producing a Guideline, the ERS Guidelines Working Group recommends the involvement a Junior ERS member who will join the panel of experts and gain experience in Guidelines development.

His/her role will be:

- Perform the systematic review and grading of the evidence for at least one PICO question under the guidance of the ERS Methodologists.

- Actively participate in one or more scientific group(s) of the TF (in agreement with the Task Force Chairs).
- Reporting role: if the ERS methodologist cannot attend a meeting, the junior will be in charge of reporting to him/her any question or issue addressed by the Task Force members. If appropriate, he might also be asked to update the Guidelines Working Group on the Task Force's progress.

The Junior TF member may also help the *Dissemination Adviser* with the Guidelines dissemination and implementation (e.g. identifying events where the guidelines could be presented, preparing a poster or a slides kit, contributing to the development of an App, etc) at a later stage of the Guidelines development.

The Chairs of the Task Force can suggested a junior in the application form. His/her nomination will then be considered by the Guidelines Working Group for endorsement. If no proposal is made by the Chairs, the Guidelines Working Group can directly appoint a junior, with the help of the ERS Junior Committee, and in agreement with the Chair.

Section IV: Timetable

A. Tentative timetable for project completion - Please refer to ATS Document Guidelines for development process of ATS official Documents. List each function separately. Functions may include:

- Conference calls
- Meetings - Please note that all full day, "face to face" committee meetings or workshops **MUST** be held in conjunction with the ATS International Conference or ERS Congress. Options for full day meetings are Friday or Saturday immediately prior to the Conference or Congress
- Draft of Document
- Preparation of products
- Reviews, etc.

Timetable

Indicate a tentative timetable for the completion of the TF, including milestones and expected dates (e.g.: kick-off meeting/TC, definition of sub-groups, literature searches, writing phase…)

Important: the maximum duration of a TF is 2 years

B. Expected Project Completion Date

Section V Project Outcomes

Other Project Outcome: Other printed materials that will be developed as part of this project: Please note the following: All products or works, whether in writing or in another form, that are created partly or completely with the assistance of funding provided by the American Thoracic Society will be the intellectual property of the ATS exclusively, unless otherwise stipulated in writing by the ATS. The disposition of these products or works will be at the sole discretion of the ATS. Recipients agree, as a condition of receipt of ATS funding, that ATS owns the copyright and all other rights to these products or works.

I. For Document definitions please go to the 2016 Guidelines for ATS Documents on the ATS Website at: http://www.thoracic.org/statements/document-development/index.php

- Shirt Pocket Distillations
- AJRCCM Patient Information Series Fact Sheet
- Web Only Fact Sheet
- Guides for target audiences

II. For other Project definitions

- PDA
- Registries
- Specialized area of ATS website
- Web based Tool-kit

III. Educational Products

- Webcasts please go to: http://www.thoracic.org/education/best-of-ats-conferences/index.php
- Conferences
- CME Monographs

Section VI Budgets

C. Detailed ATS/ERS Joint Budget for FY2017–Enter all expected Project expenses for year FY2017.

Budget Justification – Please Note: that the following fields in the Budget will need Justification. Please complete Budget Justification areas if applicable. Please be sure to include a detailed explanation:

Outside Meeting 1 (Must provide Justification)
Outside Meeting 2 (Must provide Justification)
Other Project Expenses (Must provide Justification)

Budget Parameters:

1. **MEETING EXPENSES -** Limited travel funds are available. When possible, conference calls must be used instead of a face to face meeting. Justification for a face to face meeting outside of the international Conference should be included in your budget under "Outside Meeting". Outside Meeting must be justified in detail.

2. **FULL DAY MEETING -** All full day, "face to face" committee meetings or workshops **MUST** be held in conjunction with the ATS International Conference. Options for a full day meetings are Friday or Saturday immediately prior to the Conference. If you are requesting a full day meeting or workshop you must budget **Per Diem ($425.00)** for each committee member planning to attend whether they are an ATS member or not. You may budget **Per Diem (hotel, transportation and meals)** for a maximum of 2 days per person **for each committee member** planning to attend the committee.

3. **FULL DAY MEETING TRAVEL (AIRFARE)-** Project travel funds for a face to face committee meeting at the ATS International Conference may **NOT** be used to travel any individual **(ATS member or non-member)** who plans to attend the ATS International Conference. The Travel budget is meant to Travel only members of the committee, who do not typically attend the ATS International Conference.

   Applicants may budget full travel expenses for committee members **NOT** planning to attend the ATS International conference.
   - Round Trip Coach Airfare-Domestic - **$575.00** Per Person
   - Round Trip Coach Airfare-International - **$2000** per person

4. **Breakfast Meeting** – Project Committees may choose to meet at the ATS International Conference. The meeting must be held prior to the start of all International Conference Sessions. These meeting may be held on Sunday, Monday or Wednesday from 6:45AM-8:15AM.

   - Please add **$75.00** per person

5. **Lunch Meeting** - Project Committees may choose to meet at the ATS International Conference. The meeting must be held prior to the start of all International Conference Sessions. These meeting may be held on Sunday, Monday or Wednesday from 12:00 Noon-1:30 PM.

   - Please add **$75.00** per person

Please note that for joint projects with other societies (e.g. ATS/ERS), the above policy applies to travel to committee meetings held in conjunction with a conference of the partner society. EXCEPTIONS MAY BE MADE UNDER UNUSUAL CIRCUMSTANCES, MUST BE SUBMITTED TO Miriam Rodriguez AT THE TIME OF PROJECT APPLICATION SUBMISSION AND ARE SUBJECT TO APPROVAL BY PRS.

6. ATS/ERS Conference Calls – When possible, conference calls must be used instead of a face to face meeting. Please use the following formula when budgeting for conference calls:
    - # of people x # minutes x 0.10=
    - **10** Committee members x **60** minutes per call x **2** conference calls x **.10= $120.00**

Publication Charges - must be included in the application for any products that will be published as a result of the project (e.g. Official ATS documents). Approval of publication charges does NOT ensure approval of the project product. All products resulting from the project are subject to review and approval in accordance with the ATS Guidelines on Guidelines. Failure to follow these instructions may result in termination of the project.

a. **Document Publication Charges - $475.00** Per Page
    - Research or Policy Statement - **8 Pages Max**
    - Workshop Report - **8 Pages Max**
    - Systematic Review - **8 Pages Max**
    - Technical Standards - **8 Pages Max**
    - Clinical Practice Guidelines - **15 Pages Max**

b. **Patient Information Series Pieces** - graphic design, medical writing/editing, and publication
    - of 2 page piece **$1300**
    - 2 page piece web only **- $1000**

c. **Medical Librarian** – You may use a medical librarian to assist in literature searches to achieve an evidence based result. If PRS approves this budget item, a quote must first be submitted and approved by the ATS before services are rendered – Up to $5,000

ERS Task Force Budget (to be completed in EURO)

ERS Task Force funding cannot be used to cover meeting expenses during or in relation to the ERS or ATS Congresses (travel, registration or accommodation). Funding can only be used for meetings organized between the congresses. Exceptions may be considered for Task Force members outside the respiratory field (for statisticians, etc.). ERS Task Force funding should serve to cover travel expenses as well as hotel expenses (room and breakfast only). As a rule, hotel expenses (including breakfast) should not exceed 150 euro per person per night. For meals, a per diem allowance of up to 50 euro maximum per person can be claimed. Industry-sponsored dinners are not acceptable. No entertainment should be covered by ERS funds. The complete ERS policy on expenses for ERS Task Force meetings is attached to this document. Please read it carefully. All Task Force members and chairs will be required to comply with this policy. Claims for reimbursement of expenses must be accompanied by the relevant receipts. **Only requests complying with the ERS policy on expenses in use at the time of the meeting will**

be accepted and reimbursed. Please refer to pages 9 and 10 of the ERS rules for further information on the ERS Travel Policy.

The Task Force Chairs are responsible for ensuring the approved budget is not over-spent. The ERS can rightfully refuse to reimburse travel, accommodation or catering costs if this would be the case.

By using standard costs for each application, the ERS Science Council can compare all proposals and make recommendations on the number of meetings and members/participants. For the preparation of the budget, please use the following figures **per participant**:

•	**Travel**	**€450 / participant for travels within Europe**
		€1000 / participant for overseas travels
•	**Accommodation**	**€150 / night / participant**
•	**Meals**	**€50 / working day / participant**
•	**Meeting room**	**€100 / working day / participant**

Funding to support the participation of patients in task force meetings may also be requested, using the figures above.

Please note that any residual funds cannot be used for purposes other than the meetings planned in the application. Flight tickets must be booked through HRG (ERS Official Travel Partner).

Staff/Administrative Support (non-ERS staff) – Please provide the number of hours needed for administrative and methodological support, cost per hour and justification (i.e. literature search, assistant time,).

Meeting Budgets

Please indicate for each meeting:

1. **The venue** (ERS or ATS Congress, Other Venue).
    a. If the ERS or ATS Congress is chosen, then only non-pulmonologists that will attend can request for travel/accommodation funding

2. Meeting Dates
3. Number of Participants- total number of participants (including non-pulmonologists)
4. Number of non-pulmonologist – total number of participants who are not pulmonologists
Number of participants requiring funding for their travel (travels within Europe or overseas travels)
5. Number of Hotel Night required per participant
6. Number of Working Days required per participant

7. Meeting Room rental- Number of participants and number of days for the meeting

Additional Budget Cost (must be justified)

Technical Needs
Other – Please justify

Section VII Collaboration (For Joint Projects Only)

Collaboration: There will be opportunities for other organizations to co-sponsor the document. The ATS/ERS prefers that the project not be discussed with potential co-sponsoring organizations until the project has been approved because premature discussions may jeopardize a final agreement. All negotiations for collaboration will be handled by ATS/ERS staff following project approval.

Supporting Documents or References

References are required from both chairs justifying their expertise in the field

Section VIII: ATS Conflict of Interest Disclosure

ATS members and others participating in official ATS projects have diverse experiences and relationships that positively contribute to project development. Disclosure and consideration of potential "conflicts of interest" (COI) -- relationships and personal interests that could be perceived as unduly influencing a participant's generation or assessment of evidence, and thereby potentially misinforming healthcare decision makers -- is essential to assure that official ATS projects always reflect the best available evidence and scientific rigor. Therefore, for all proposed projects:

1. ***All project applicants, who are also generally envisioned as the project chair or co-chair(s), must have completed the online 2016 ATS COI Questionnaire by time of consideration of this application, and in doing so must have fully disclosed all relationships and personal interests that are relevant to the project's subject matter.*** *These include but are not limited to all direct financial relationships with companies that have business interests related to project subject matter. Please note:*

    A. *Most project applicants have already completed the online COI questionnaire due to involvement in the 2016 ATS International Conference or another 2016 official activity. If so, you simply need to return there (https://thoracic.coi-smart.com) to review your disclosure to make sure that it includes everything relevant to this project, and update it if needed. Use the ATS-issued COI website*

Log-in ID that was previously issued to you, and your self-determined password, or click on the "Forgot Log-in ID" link on the website.

B. *If you haven't yet completed the 2016 COI questionnaire, please contact John Harmon at ATS at coioffice@thoracic.org or 212-315-8611 to be reminded of your Login ID if a previous ATS COI website user, or to be registered for the site if a first-time user.*

2. ***COI disclosures are not yet required from other proposed project participants**. Project applications require the names and contact information for the other ATS members or outside experts that you envision as members of your project's planning committee, writing committee, or panel, but these proposed participants are not approved for participation until each has completed ATS COI review, which occurs once the application has been approved-in-concept. At that time (if approved in concept) you and they will be contacted by ATS and instructed to complete or update the ATS COI questionnaire to disclose any COI relevant to project subject matter.*

3. ***All projects intended to result in an ATS clinical practice guideline (CPG) must meet additional COI conditions** outlined in the Policy for Management of Financial Conflicts of Interest in the Development of ATS Clinical Practice Guidelines. These include specific COI standards for CPG project chairs or co-chairs, and (once the project is approved in concept) ATS review and classification of all proposed panelists as either having no relevant COI, manageable COI, or disqualifying COI.*

Contact John Harmon, ATS manager for documents and COI management, at jharmon@thoracic.org or 212-315-8611 if questions about project-related COI disclosure and management. Shane McDermott, ATS senior director for ethics and COI, and Kevin Wilson, MD, ATS Documents Editor can assist John where needed.

Section IX: Conflict of Interest Disclosure (ERS)

The ERS requires that all Task Force Members complete the ERS Conflict of Disclosure and the Chair/applicant of the proposal upload all Task Force members' COI forms at the time of submission (see ERS COI form on ATS website, merge all forms into one pdf and upload on application site).

a. Task Force Details
b. Personal Information
c. Confidentiality Agreement
d. General Disclosure of Conflicts of Interests
e. Tobacco Industry-related Conflicts of Interests

Section X Chair Acknowledgement

Submission of application constitutes Electronic signature. Electronic Signatures are considered binding.

Section X Revising Application after Reviewer Feedback

Do not complete until Planning Committee reviews are received.

Indicate whether you have revised your application based on reviewer feedback. If this is your first time submitting the application please select Initial submission.

Please outline how reviews from the Planning Committee were addressed and how your application was revised accordingly.

Can we share your application with ATS members if it is deemed a model application by the Program Review Subcommittee (PRS)? Many first time ATS members ask for a sample application it has been proven to be very helpful in the development of the application. The PRS reviews all applications and may consider several applications as model applications. These are applications that are considered complete and well written.