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# Critical Care

Editor: Carolyn S. Calfee, MD MAS

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## IN THIS ISSUE

Message from the Chair.....	1-2
Planning Committee Update.....	2-3
Program Committee Update.....	3
CC Sessions.....	4-6
Web Committee Update.....	7-8
Aging and Geriatrics WG.....	8
WICC Update.....	8
PCCM Update.....	9
Early Career Professionals WG.....	9-10
CC Global Health WG.....	10-11
CC Membership Meeting/Reception....	11
Assembly Twitter.....	12
Mentorship Meeting Spot.....	12
Assembly/Committee Projects.....	13
BVALS.....	13
Early Career Professionals .....	14
Grant Awardees.....	14
Members Matter.....	15
Member Profile Update.....	15
Exhibitors Fundraising for ATS.....	16
BEAR Cage.....	16
Patient Education Material.....	17
Official ATS Documents.....	17

## MESSAGE FROM THE ASSEMBLY CHAIR

Dear Assembly Members,

I hope this message finds you all well and making preparations to attend the International Conference in Washington DC! The Program Committee has put together a fantastic lineup of programming, ranging from high-profile symposia to interactive poster sessions, all covering the latest developments in critical care research and clinical practice and everything in between.



Carolyn S. Calfee, MD MAS

While you are in Washington, I urge you to attend our Assembly's annual Membership Meeting, which will be held on Monday, May 22 from 5-7 pm at the Renaissance Washington Downtown in Congressional Hall B on the Ballroom Level. This meeting provides an update on assembly and ATS-wide activities, including opportunities to get involved in the ATS, as well as refreshments and a chance to socialize with old friends or meet up with new colleagues. Afterwards, please join us for a reception where you can continue the conversations you started at the Membership Meeting and enjoy a more informal venue for networking and catching up.

I also want to encourage all our members to take advantage of the many different ways to become active in the ATS, many of which fit under the umbrella of our assembly. These opportunities include:

- Submitting session proposals for the 2018 International Conference. If you do not see your topic of interest listed in the program this year, consider proposing it yourself for next year! The deadline for these submissions is usually in late June.
- Submitting proposals for an assembly-sponsored project. These projects may be clinical practice guidelines, policy statements, research statements, or workshop reports. The CC Assembly Planning Committee can advise you on these submissions, which are usually due in July.
- Getting involved in a working group. Working groups are smaller committees within the assembly that have a specific focus. Our current working groups include an Early Career Professionals Working Group, Women in Critical Care, Pediatric Critical Care Medicine, Aging and Geriatrics, ICU Directors, and Global Health.

(Continued on page 2)

## MESSAGE FROM ASSEMBLY CHAIR (*Continued*)

You can also submit your name along with your interests and skills to an ATS-wide database, designed to help members get involved with the ATS: [www.thoracic.org/go/get-involved](http://www.thoracic.org/go/get-involved)

Last but not least: One of the most important functions of the ATS is to advocate with federal and state governments on behalf of our members and the patients we serve. In this time of great political uncertainty and change, with potentially devastating impacts on clean air, tobacco control, access to affordable health care, research funding, and other issues important to our members and our patients, ATS provides members with opportunities to get involved in advocacy. You can find more information about these issues at [www.thoracic.org/advocacy/](http://www.thoracic.org/advocacy/), and you can sign up to participate in ATS Hill Day during the International Conference at <http://conference.thoracic.org/program/events/ats2017-dc-hill-day.php>.

Please do not hesitate to contact me ([carolyn.calfee@ucsf.edu](mailto:carolyn.calfee@ucsf.edu)) or any of the committee or working group chairs (listed below in the newsletter) with your ideas, questions or concerns relevant to the Assembly. I look forward to hearing from you, and I look forward to seeing you in DC.

Best regards,

Carolyn S. Calfee, MD MAS

## PLANNING COMMITTEE REPORT

Nuala Meyer, MD, MS, Chair

The Critical Care Assembly Planning Committee reviewed 4 new and 6 renewal assembly-related proposals this year. All renewal applications received their funding, however, despite several scoring highly, no new CCA project proposals were funded. Applicants were encouraged to revise and resubmit their proposals for 2018. The assembly continues to seek input from the membership on clinical practice guidelines, policy statements, research statements, or workshop reports that would be of benefit to our assembly. The deadline for new project proposals will be announced in late May, and is generally in late July. Consider planning a project proposal now and solicit feedback from the Planning Committee and your colleagues at the International Conference meeting in San Francisco. Proposals that involve more than one assembly and that fill a clinical need are often reviewed favorably. If you have a question about whether your proposal is better directed to the Planning or Program Committees, please reach out to either Hannah Wunsch or Michelle Gong, the respective committee chairs.

Three critical care assembly-related projects were published in 2016 and 2017. They are available through the [ATSjournals.org](http://ATSjournals.org) website:

- A Critical Care Societies Collaborative Statement: Burnout Syndrome in Critical Care Healthcare Professionals [*Am J Respir Crit Care Med* 2016;194(1):106-113]
- An Official ATS/ACCM Statement: Shared Decision Making in ICUs [*Crit Care Med* 2016;44(1):188-201]
- An Official American Thoracic Society/American College of Chest Physicians Clinical Practice Guideline: Liberation from Mechanical Ventilation in Critically Ill Adults. [3 parts, in *Am J Respir Crit Care Med* 2017;195(1):115-119; *Am J Respir Crit Care Med* 2017;195(1):120-133; and *Chest* 2017;151(1):166-180]

The ATS Executive committee notified us in late June of 2 potential topics of priority that related to the Critical Care Assembly: 1) Management of the Critically Ill Obese Patient and 2) Management of Hemoptysis. Members who are potentially interested in submitting proposals related to either of these topics are encouraged to reach out to Nuala Meyer (outgoing Chair) or Hannah Wunsch (incoming Chair 2017).

In addition, the CCA executive and planning committees have voted to add 2 additional awards for the Critical Care Assembly: a Mid-Career Achievement Award, and an Early Career International Scholarship Award. These awards, along with the CCA Lifetime Achievement Award and the Early Career Achievement Award, will be bestowed at the International Conference in Washington D.C. this May.

## PROGRAM COMMITTEE REPORT

Renee Stapleton, MD PhD, Chair & Michelle Gong, MS, MD, Chair-Elect

Dear Assembly Members,

The ATS Program Committee is thrilled to present an outstanding program for the ATS 2017 meeting in Washington DC. The committee reviewed over 1000 scientific and late breaking abstracts and case reports which exceeds the number of abstracts submitted in 2014, 2015 and 2016. In addition to the critical care research highlighted in the annual NEJM/JAMA symposium scheduled for Sunday, May 21st in the afternoon, the Assembly have programmed an additional 11 other major symposia that covers the latest updates and controversies in ARDS, sepsis, long term outcomes of our critically ill patients, best practices in critical care, implementation science and ways to change practice and behavior in the intensive care unit and to improve decision making and the patient and family experience in the ICU. Taking advantage of our location in Washington DC and the interest expressed by our assembly members on the new reporting guidelines in sepsis, there will be a Scientific Symposia on “Sepsis Goes to Washington: Regulations, Definitions, and Research Shaping the Future of Sepsis”.

In addition to these Scientific Symposia, there will be four Mini-Symposiums which will highlight the most impactful research and findings from recent critical care trials, and in the areas of ARDS and risk prediction in critically ill patients. With several high profiled articles in the past year, there will also be a session on regionalization and the gender gap in critical care.

With the record breaking number of abstracts submitted to the Critical Care Assembly, the committee is proud to have programmed 10 Poster Discussion Sessions, and 26 Thematic Poster Sessions, all of which are richly filled with innovative science and discovery. And as always, there are exceptional sessions on Wednesday, May 24<sup>th</sup> that are well worth staying for through the end of the conference. Please keep this in mind when making your reservations.

The 2017 ATS Conferences promises to be exciting and highly valuable to Critical Care Assembly members! We look forward to seeing you in Washington, DC in May.

Renee Stapleton, MD PhD; Chair, Critical Care Assembly Program Committee ([renee.stapleton@uvm.edu](mailto:renee.stapleton@uvm.edu))

Michelle Gong, MD MS; Chair-Elect, Critical Care Assembly Program Committee ([MGONG@montefiore.org](mailto:MGONG@montefiore.org))  
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# ATS 2017 - WASHINGTON, DC

## SESSIONS SPONSORED BY THE ASSEMBLY ON CRITICAL CARE

Session Code	Session Title	Session Time	
<b>Postgraduate Courses</b>			
<b>Friday, May 19, 2017</b>			
PG1A	CRITICAL CARE ULTRASOUND AND ECHOCARDIOGRAPHY I	8:00 AM	4:00 PM
PG5	A PHYSIOLOGIC APPROACH TO THE TREATMENT OF SHOCK	8:00 AM	4:00 PM
<b>Saturday, May 20, 2017</b>			
PG1B	CRITICAL CARE ULTRASOUND AND ECHOCARDIOGRAPHY II	8:00 AM	4:00 PM
<b>Scientific Symposium</b>			
<b>Sunday, May 21, 2017</b>			
A4	DETERMINANTS OF LONG-TERM OUTCOMES AMONG CRITICALLY ILL OLDER ADULTS: FROM CELL TO POPULATION	9:15 AM	11:15 AM
A90	MAKING NEW LINKS: MECHANISMS OF ORGAN FAILURE IN SEPSIS AND ARDS	2:15 PM	4:15 PM
<b>Monday, May 22, 2017</b>			
B4	HUMANIZING THE INTENSIVE CARE UNIT: NEW PERSPECTIVES ON AN OLD PROBLEM	9:15 AM	11:15 AM
B10	SEPSIS GOES TO WASHINGTON: REGULATIONS, DEFINITIONS, AND RESEARCH SHAPING THE FUTURE OF SEPSIS	9:15 AM	11:15 AM
B84	CHRONIC, PERSISTENT, PROLONGED, AND JUST PLAIN STUCK: INSIGHTS IN CHRONIC CRITICAL ILLNESS	2:15 PM	4:15 PM
<b>Tuesday, May 23, 2017</b>			
C4	A STITCH IN TIME: CONTROVERSIES IN CRITICAL CARE BEST PRACTICES AND THEIR EFFECT ON PATIENT CENTERED OUTCOMES	9:15 AM	11:15 AM
C84	BEG, BORROW AND STEAL: THE CHALLENGE OF CHANGING PHYSICIAN BEHAVIOR IN THE ICU	2:15 PM	4:15 PM
<b>Wednesday, May 24, 2017</b>			
D4	BALANCING PERSONALIZATION AND PROTOCOL IN THE ICU	9:15 AM	11:15 AM
D84	50 YEARS OF ARDS: LOOKING BACK, AND AHEAD	1:30 PM	3:30 PM
<b>Jointly-Developed Symposium</b>			
<b>Monday, May 22, 2017</b>			
B91	IMPLEMENTATION SCIENCE IN PULMONARY, CRITICAL CARE, SLEEP AND PEDIATRIC MEDICINE: HOW SOON IS NOW?	2:15 PM	4:15 PM
<b>Tuesday, May 23, 2017</b>			
C91	TACKLING SEVERE PNEUMONIA AND SEPSIS: WHAT IS READY FOR PRIME TIME?	2:15 PM	4:15 PM
<b>Wednesday, May 24, 2017</b>			
D90	NUDGES IN THE ICU: WHEN AND HOW SHOULD INTENSIVISTS GUIDE SURROGATES' DECISIONS?	1:30 PM	3:30 PM

<b>Workshop Sessions</b>			
<b>Sunday, May 21, 2017</b>			
WS2	GLOBAL HEALTH CAREERS IN PULMONARY AND CRITICAL CARE MEDICINE	11:45 AM	1:15 PM
<b>Monday, May 22, 2017</b>			
WS3	MEDICAL SIMULATION TO IMPROVE ICU SAFETY	11:45 AM	1:15 PM
<b>Sunrise Seminars</b>			
<b>Monday, May 22, 2017</b>			
SS111	ECMO IN ACUTE RESPIRATORY FAILURE: OPTIMIZING OUTCOMES AND CLINICAL MANAGEMENT	7:00 AM	8:00 AM
<b>Tuesday, May 23, 2017</b>			
SS209	FRAILITY ASSESSMENT TOOLS FOR ICU: TRANSLATING AGING BIOLOGY TO IMPROVE CARE	7:00 AM	8:00 AM
<b>Wednesday, May 24, 2017</b>			
SS309	HYPEROXIA IN CRITICAL CARE: WHY SHOULD WE CARE?	7:00 AM	8:00 AM
<b>Meet The Professor Seminars</b>			
<b>Sunday, May 21, 2017</b>			
MP408	CRITICAL CARE MANAGEMENT OF ACUTE ON CHRONIC LIVER FAILURE	12:15 PM	1:15 PM
MP410	NEUROLOGICAL DISASTERS IN THE ICU	12:15 PM	1:15 PM
<b>Monday, May 22, 2017</b>			
MP509	OPTIMIZING MECHANICAL VENTILATION FOR INFANTS AND CHILDREN	12:15 PM	1:15 PM
<b>Mini-Symposium</b>			
<b>Sunday, May 21, 2017</b>			
A15	CRITICAL CARE: THE FUTURE OF CRITICAL CARE? REGIONALIZATION AND CLOSING THE GENDER GAP	9:15 AM	11:15 AM
<b>Monday, May 22, 2017</b>			
B16	CRITICAL CARE: NEW INSIGHTS FROM CLINICAL TRIALS	9:15 AM	11:15 AM
<b>Tuesday, May 23, 2017</b>			
C96	CRITICAL CARE: NEW DISCOVERIES IN ARDS	2:15 PM	4:15 PM
<b>Wednesday, May 24, 2017</b>			
D15	CRITICAL CARE: DO WE HAVE A CRYSTAL BALL? PREDICTING CLINICAL DETERIORATION AND OUTCOME IN CRITICALLY ILL PATIENTS	9:15 AM	11:15 AM
<b>Poster Discussion Sessions</b>			
<b>Sunday, May 21, 2017</b>			
A25	CRITICAL CARE: HOW TO GET IT DONE IN THE ICU - TOOLS AND TRICKS OF IMPLEMENTATION IN CRITICAL CARE	9:15 AM	11:15 AM
A104	CRITICAL CARE: IMPROVING ICU EXERCISE, REHABILITATION, RECOVERY, AND SURVIVORSHIP	2:15 PM	4:15 PM
A105	CRITICAL CARE: IMPROVING PROGNOSTICATION IN CRITICAL ILLNESS	2:15 PM	4:15 PM
<b>Monday, May 22, 2017</b>			
B24	CRITICAL CARE: ACUTE RESPIRATORY FAILURE - MECHANICAL VENTILATION AND BEYOND	9:15 AM	11:15 AM

Session Code	Session Title	Session Time	
B105	CRITICAL CARE: MECHANISTIC AND TRANSLATIONAL INSIGHTS INTO ARDS	2:15 PM	4:15 PM
<b>Tuesday, May 23, 2017</b>			
C23	CRITICAL CARE: WHAT CAN BE MEASURED CAN BE IMPROVED - INVESTIGATING THE EPIDEMIOLOGY AND OUTCOMES OF PATIENTS WITH ACUTE CRITICAL ILLNESS	9:15 AM	11:15 AM
C24	CRITICAL CARE: IMPROVING FAMILY ENGAGEMENT AND PALLIATIVE AND END OF LIFE CARE IN THE ICU	9:15 AM	11:15 AM
C102	CRITICAL CARE: PREDICTING AND IDENTIFYING ARDS DEVELOPMENT, SEPSIS AND CLINICAL DETERIORATION	2:15 PM	4:15 PM
<b>Wednesday, May 24, 2017</b>			
D24	CRITICAL CARE: THE OTHER HALF OF THE ICU - UPDATE IN MANAGEMENT OF NON-PULMONARY CRITICAL CARE	9:15 AM	11:15 AM
D105	CRITICAL CARE: FROM CELL TO MICE TO BEDSIDE - TRANSLATIONAL STUDIES IN SEPSIS AND PNEUMONIA	1:30 PM	3:30 PM
<b>Thematic Poster Sessions</b>			
<b>Sunday, May 21, 2017</b>			
A50	CRITICAL CARE: GETTING STRONGER - MEASURING AND IMPROVING FUNCTION IN ICU SURVIVORS	9:15 AM	4:15 PM
A51	CRITICAL CARE: RISK STRATIFICATION AND PROGNOSTICATION - FROM BEDSIDE TO BIG DATA	9:15 AM	4:15 PM
A52	CRITICAL CARE CASE REPORTS: ADULT AND PEDIATRIC SEPSIS AND ICU INFECTIONS	9:15 AM	4:15 PM
A53	CRITICAL CARE: PROBLEMS RELATED TO INTUBATION, WEANING, AND EXTUBATION	9:15 AM	4:15 PM
A54	CRITICAL CARE: OUTCOMES IN RESPIRATORY FAILURE	9:15 AM	4:15 PM
A55	CRITICAL CARE: SIRS, QSOFA, SEPSIS - WHAT'S IN A NAME?	9:15 AM	4:15 PM
A56	CRITICAL CARE CASE REPORTS: CARDIOVASCULAR DISEASE I	9:15 AM	4:15 PM
A57	CRITICAL CARE CASE REPORTS: CARDIOVASCULAR DISEASE II	9:15 AM	4:15 PM
A58	CRITICAL CARE CASE REPORTS: NEURO-CRITICAL CARE	9:15 AM	4:15 PM
<b>Monday, May 22, 2017</b>			
B50	CRITICAL CARE: BEYOND THE VENTILATOR - NON-INVASIVE VENTILATION, HIGH FLOW OXYGEN, AND NON-CONVENTIONAL VENTILATION	9:15 AM	4:15 PM
B51	CRITICAL CARE: MANAGING AN ICU - WHO COMES IN AND PREVENTING COMPLICATIONS	9:15 AM	4:15 PM
B52	CRITICAL CARE: CARDIAC ARREST OUTCOMES	9:15 AM	4:15 PM
B53	CRITICAL CARE: IMAGING IN THE ICU	9:15 AM	4:15 PM
B54	CRITICAL CARE: GOLDBLOCKS SYNDROME - GETTING THE PRESSURE AND VENT "JUST RIGHT" IN ARDS AND ACUTE RESPIRATORY FAILURE	9:15 AM	4:15 PM
B55	CRITICAL CARE CASE REPORTS: DRUG OVERDOSES	9:15 AM	4:15 PM

B56	CRITICAL CARE CASE REPORTS: ICU TOXICOLOGY	9:15 AM	4:15 PM
B57	CRITICAL CARE CASE REPORTS: ACID-BASE, ELECTROLYTE, AND ENDOCRINE ABNORMALITIES	9:15 AM	4:15 PM
<b>Tuesday, May 23, 2017</b>			
C50	CRITICAL CARE: NON-PULMONARY CRITICAL CARE PROBLEMS	9:15 AM	4:15 PM
C51	CRITICAL CARE: MORE NON-PULMONARY CRITICAL CARE PROBLEMS	9:15 AM	4:15 PM
C52	CRITICAL CARE CASE REPORTS: UNUSUAL GI CAUSES OF CRITICAL ILLNESS	9:15 AM	4:15 PM
C53	CRITICAL CARE: DELIRIUM AND THE EXPECTED AND UNEXPECTED CONSEQUENCES OF SEDATION/ANALGESIA IN THE ICU	9:15 AM	4:15 PM
C54	CRITICAL CARE: TRANSLATIONAL INSIGHTS INTO ARDS AND SEPSIS - FROM BENCH TO BEDSIDE	9:15 AM	4:15 PM
C55	CRITICAL CARE: CRITICAL CARE IN LOW AND MIDDLE INCOME COUNTRIES	9:15 AM	4:15 PM
C56	CRITICAL CARE CASE REPORTS: ARDS	9:15 AM	4:15 PM
C57	CRITICAL CARE CASE REPORTS: HEMATOLOGY, ONCOLOGY, RHEUMATOLOGY, AND IMMUNOLOGY	9:15 AM	4:15 PM
C58	CRITICAL CARE CASE REPORTS: NOTABLE CAUSES AND COMPLICATIONS IN ACUTE RESPIRATORY FAILURE	9:15 AM	4:15 PM

## WEB COMMITTEE REPORT

Michael J. Lanspa, MD, Web Director

1. We have redesigned our webpage for the assembly and for clinicians. Notably, we have a “What’s new” section to promote recent updates, and an updated twitter feed. The assembly page and its subpages have had a total of 6720 views over 2016.
2. We’ve also redesigned our page for clinicians, which is the most popular page. This site and its subpages got about 400K hits in the past year
3. Our twitter feed, @ATSCritCare has 592 followers, and 466 tweet. Average almost one tweet per day, with no more than a few days between tweets. The twitter feed is embedded on our homepage as well. Special thanks to Hallie Prescott for this.
4. We have redesigned the Early Career Professionals Working Group Webpage- The Women in Critical Care webpage is undergoing redesign as well
5. Mentoring program is up on the website
6. We now use the assembly webpage for announcements, including award announcements, nomination and voting.
7. We have 5 journal clubs for 2016, and Marcela Ferrada continues to do great work, with plans to do 4 or 5 for 2017. Our critical care journal club and its subpages have had 6526 hits in 2016
8. We have created 6 podcasts, which have been accessed a total of 1351 times, with 4 more under active development.
  - a. Sarah Beesley and Erin DiMartino with the Ethics Committee, with plans for a recurring podcast on ICU and research ethics.
  - b. Interview of Dale Needham about research resources for Long-term outcomes research
  - c. Interview Dina Bates and Janice Liebler about Women in Critical Care- Hoping to do similar interest podcasts for other committees

(Continued on Page 8)

## Web Director Report (Continued)

9. We have started work on having a monthly member spotlight, aimed at junior members, highlighting accomplishments, research, etc.
10. We have added new research tools for investigators who are doing work in Long-term outcomes
11. We've added links for additional educational content for clinicians, including a comprehensive critical care ultrasound course (via Stanford), and an educational ultrasound simulator (U of Toronto).

Thanks,  
Mike Lanspa, MD

## AGING AND GERIATRICS WORKING GROUP REPORT

Nathan Brummel, MD & Lauren Ferrante, MD, Co-Chairs

The Aging and Geriatrics Working Group of the Critical Care Assembly was created in 2015 to establish a collaborative, interdisciplinary group of critical care experts focused on improving the health of critically ill older adults. The overarching aims of the group are to: 1) Identify and develop patient-centered aging-related research priorities across the spectrum of critical illness and recovery, 2) Increase awareness of important clinical care issues faced by older adults with critical illness, and 3) Enhance the integration of geriatric practices and principles into critical care medicine training and professional development.

The working group has 2 sessions programmed for the 2017 International Conference: 1) Session 255: "Determinants of Long-Term Outcomes among Critically Ill Older Adults: From Cell to Population" on Sunday, May 21st from 9:15-11:15am and 2) Sunrise Seminar 209: "Frailty Assessment Tools for the ICU: Translating Aging Biology to Improve Care" on Tuesday, May 23rd from 7:00-8:00am. The working group will meet at the 2017 International Conference to discuss projects for the coming year. If you are interested in participating in this working group, please contact either Nathan Brummel, MD ([nathan.brummel@Vanderbilt.Edu](mailto:nathan.brummel@Vanderbilt.Edu)) or Lauren Ferrante, MD ([lauren.ferrante@yale.edu](mailto:lauren.ferrante@yale.edu)); Co-Chairs, Aging and Geriatrics Working Group.

Working group members Dina Bates and Janice Liebler worked with Mike Lanspa to develop podcast highlighting career challenges for women in critical care. Will be available Spring 2017 (currently being edited for release).

## WOMEN IN CRITICAL CARE WORKING GROUP REPORT

Ellen Burnham, MD, Chair

Working group members Jenny Han and Kathleen Akgun are presently revamping website to improve its utility for CCA members.

The Women in Critical Care Working Group endorsed and supported the writing/publications of documents highlighting the importance of gender parity in critical care medicine

- Burnham EL, Roman J. Composition of the sepsis definitions task force. *JAMA* 2016; 316: 460-461.
- Mehta S, Burns KE, Machado FR. Gender parity in critical care medicine. *Am J Respir Crit Care Med* 2017. Epub ahead of print.

## PEDIATRIC CRITICAL CARE MEDICINE WORKING GROUP REPORT

Adrienne G. Randolph, MD, MSci & Ira M. Cheifetz, MD, Co- Chair, PCCM Working Group

The Pediatric Critical Care Medicine (PCCM) Working Group of the Critical Care Assembly, co-chaired by Adrienne Randolph and Ira Cheifetz, promotes the active involvement of clinicians and researchers who focus on issues related to the pathophysiology, epidemiology, and clinical management of critically ill children and the delivery of pediatric critical care services. The goals of the PCCM working group are to promote collaboration, highlight the accomplishments of experts in the field of PCCM, and promote the participation of PCCM in the agenda of the ATS meetings and other activities. Benchmarks for 2017-2018 include:

- Work with the ATS CC Assembly to increase the PCCM critical care content for the 2018 ATS meeting.
- Maintain an active list / directory of ATS members and conference attendees with PCCM interests.
- Create mentoring and social networking opportunities to facilitate career advancement and collaboration of ATS PCCM members.

The PCCM Working Group will meet on Sunday May 21st, 2017 from 11:45-1:15 pm (lunch provided). The agenda for the meeting will be distributed to the list of members in early May. We will review our success rate for submitted proposals for the 2017 ATS meeting and discuss related obstacles and challenges. Strategies to increase the PCCM portfolio at the 2018 ATS meeting and on the ATS subcommittees will be discussed. If you have additional topics for discussion, please forward them to one of the co-chairs by the end of April 2017.

The working group is open to all individuals with an interest in PCCM. If you would like to join, please contact Adrienne G. Randolph, MD, MSci ([adrienne.randolph@childrens.harvard.edu](mailto:adrienne.randolph@childrens.harvard.edu)) or Ira M. Cheifetz, MD ([ira.cheifetz@duke.edu](mailto:ira.cheifetz@duke.edu)).

## EARLY CAREER PROFESSIONALS WORKING GROUP REPORT

Hayley Gershengorn, MD; Chair, ECPWG

The Early Career Professionals Working Group of the Critical Care Assembly, chaired this year by Hayley Gershengorn, promotes and encourages the recruitment, engagement, and active involvement of junior faculty as well as members in transition and training within the Critical Care Assembly. This includes aid in the identification of these members, highlighting Early Career members with substantial accomplishments relative to the CC Assembly/ATS mission, and assistance in the placement of junior faculty in the ATS International Conference program and within our Assembly committees. Several approaches are currently underway to facilitate these processes:

- Our robust **mentorship program** led by Lisa Vande Vusse. This program is in its fourth year. In 2016 we had 61 mentee-mentor matches—up from 51 in 2015 and 33 in 2014. Each year we have incorporated feedback from past mentees/mentors to improve pairings and, we hope, satisfaction with mentorship matches. Without the enthusiastic involvement of the more senior members of our Assembly, this program could not be the success it has been. We thank you so very much for your support.
- Our **committee apprenticeship program** led by Allan Walkey. Now in its 2<sup>nd</sup> year, this program places one senior fellow/junior faculty member on both the Program and Planning Committees to observe and participate in committee activities. Paired with a more senior mentor with committee experience, we aim to demystify the process and encourage involvement of junior members in Assembly business activities. We sincerely thank Terri Hough and Michelle Gong for their gracious participation as mentors in our 1<sup>st</sup> year and our inaugural apprentices, Thomas Valley and Anuj Mehta. Our next set of apprentices will start at the International Conference in May.

*(Continued on Page 10)*

## EARLY CAREER PROFESSIONALS WORKING GROUP REPORT

*(Continued)*

- Our **social media presence on Twitter** led by Hallie Prescott with a team of tweeters including Daniel Fein, Emily Vail, and Matthew Semler. For the past 1.5 years we have been tweeting about new articles by and of value to junior critical care professionals as well as about other topics of interest to them. We are very pleased with our continued growth in follower numbers—currently at 570! Please follow us at @ATSCritCare—whether you’re junior or more advanced in your career, we know you’ll enjoy the rapid-fire and up-to-date information our team of tweeters pass along.
- Our **webpage enhancement program** led by Daniel Fein. As you may have noticed, with the help of working group member and Critical Care Assembly Web Director, Michael Lanspa, our webpage is new and improved this year. We now feature our @ATSCritCare twitter feed, contact information for project leads, and links to resources of value to critical care early career professionals. We have also launched a podcast program which, thus far, has produced two casts: “A conversation about the ATS CC Early Career Professionals Working Group” (with Hayley Gershengorn) and “The Art of Mentoring” (with Terri Hough). Keep an ear out for new podcasts coming soon!
- Our **junior professionals lunch at ATS** led by Nandita Nadig. Launched last year at the International Conference in San Francisco, we hosted a lunch during which early career professionals got to eat and chat with senior members of our Assembly. We sincerely thank Ellen Burnham, Shannon Carson, Bob Hyzy, Jack Iwashyna, Michael Lanspa, Renee Stapleton, and Chris Seymour for their participation. Using feedback from last year’s participants, we aim to improve on the format of the lunch to maximize value to all participants for our “2<sup>nd</sup> Lunch at ATS” in Washington, DC. Keep your eyes peeled for the email invitation to sign-up and attend!
- Our **early career professionals database** program led by Santhi Kumar. Now in its second year following a brief hiatus, this database has collated information about the interests, experiences, and wishes pertaining to ATS involvement of 90 self-identified junior members of our Assembly. Using this data, the Program Committee chairs have already provided many interested junior people with a role in the upcoming May 2017 conference program. Work is ongoing to make this database interactive so that members can update their own information real-time and use the stored data for networking.

We hope to remain a group to which early career professionals within the Assembly can turn for advice on how to navigate the Assembly and the ATS. We greatly appreciate the ongoing support from Dr. Calfee and all other Assembly leadership.

## CRITICAL CARE GLOBAL HEALTH WORKING GROUP REPORT

Neill Adhikari, MD, MS Chair

Dear Assembly members:

We are pleased to report progress in raising the profile of global critical care at the ATS.

1. Group members submitted 4 proposals to ATS 2017, of which 1 is programmed, 1 is scheduled for the Centre for Career Development, and 1 is scheduled for the International Participants’ Centre.
2. Sufficient abstracts were received that global critical care has its own poster session this year.

3. We developed a needs assessment survey that was distributed to the ATS membership in December/January; some results will be reported at the Assembly meeting in May.
4. 'Global Health' was added as an area of professional interest to the ATS membership renewal form to the ATS conference registration as an area of mentorship to the 2017 ATS conference mentorship program
5. We have requested that global health be added as an abstract category for the International Conference and hope this will happen for 2018.

### **Global critical care – ATS 2017 itinerary**

**Sunday 21 May, 11:45 AM – 1:15 PM**

**Workshop: WS2 - Global Health Careers In Pulmonary And Critical Care Medicine**

(Note – there is no charge for this workshop; consider same-day registration at the door if listed as 'sold out')

Place: Capitol/Congress (Level M4), Marriott Marquis Washington

**Monday 22 May, 12:00 PM – 1:15 PM**

**Panel Session: MECOR Tips on Grant Writing For Investigators From Low And Middle Income Countries**

Place: International Participants' Center - exact location to be announced

**Tuesday 23 May, 9:15 AM – 4:15 PM**

**Thematic Poster session: C55 - Critical Care: Critical Care In Low And Middle Income Countries**

Place: Poster viewing area - exact location to be announced

**Tuesday 23 May, 12:00 PM – 1:00 PM**

**Panel Session: Building Academic Success For Clinical Researchers in Resource-Limited settings**

Place: Center for Career Development, Walter E. Washington Convention Center Hall D (Middle Building, Level 2)

We look forward to welcoming any interested assembly members to our **working group meeting on Monday 22 May, 6:30-8:00** in the Meeting Room 11, located on the Meeting Room Level of the Renaissance Washington, DC Downtown Hotel (email [neill.adhikari@sunnybrook.ca](mailto:neill.adhikari@sunnybrook.ca))

Neill Adhikari, Chair, CC Global Health Working Group  
(on behalf of Janet Diaz, Juliana Ferreira, Fred Papali, Beth Riviello)

### ***Assembly on Critical Care Membership Meeting***

***Monday, May 22nd  
5:00-7:00 PM***

***Renaissance Washington Downtown***

***Grand Ballroom South  
Ballroom Level***

### ***Assembly on Critical Care Reception***

***Monday, May 22nd  
7:00-10:00 PM***

***Renaissance Washington Downtown***

***Congressional Hall B  
Ballroom Level***

Be sure to follow us at [@ATS\\_Assemblies](https://twitter.com/ATS_Assemblies) for news on webinars, deadlines, and other things you might have missed in your inbox!



## Meet Your Mentor HERE!



Struggling to find a quiet location to meet with your mentor? Look no further! This year at the 2017 ATS International Conference in Washington, DC, the Assembly Mentoring Programs is offering a meeting spot exclusively for mentors and mentee to meet.

The Assembly Mentoring Programs' Meeting spot will be located in the Renaissance, Washington DC Hotel in the Carnegie room on the (Ballroom Level). The room will be available from:

Friday May 19<sup>th</sup> to Tuesday May 23<sup>rd</sup> between 7AM. to 7PM

Light snacks and beverages will be offered throughout the day. Laptops and printers will be made available for use and don't forget to pick up your Assembly Mentoring Program Ribbon and Pin!

**We hope you can join us at the Assembly Mentoring Program's Meeting spot!**

Interested in joining a mentoring program? Visit our Assemblies homepage and click on ATS Mentoring Program to learn more or contact Melinda Garcia at [mgarcia@thoracic.org](mailto:mgarcia@thoracic.org)

## Submit an Assembly/Committee Project Application for funding in FY2018!

We are happy to announce that ATS will once again accept NEW Assembly/Committee Projects for FY2018. All interested applicants should begin developing their ideas for Assembly/Committee Project Applications. Applications will be available on the ATS website at [www.thoracic.org](http://www.thoracic.org).

Please consider submitting an application for an Assembly/Committee project. If you have a suggestion for a project application and you need assistance, please contact your Assembly Planning Committee Chair Hannah Wunsch, MSc, MD at [hannah.wunsch@sunnybrook.ca](mailto:hannah.wunsch@sunnybrook.ca).

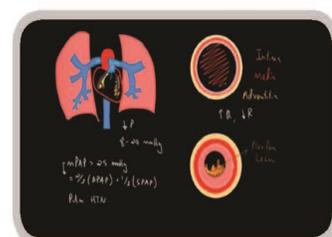
For questions regarding submissions please contact Miriam Rodriguez at tel: 212/315-8639 or email: [mrodriguez@thoracic.org](mailto:mrodriguez@thoracic.org).

## Best of ATS Video Lecture Series (BAVLS)

Do you have an amazing teaching video that you want to share with the world?  
Then consider submitting to the Best of ATS Video Lecture Series (BAVLS).

For more information, please visit

<http://www.thoracic.org/professionals/clinical-resources/video-lecture-series/>



## PROGRAMS AND SPECIAL EVENTS FOR EARLY CAREER PROFESSIONALS

### Networking Exchange For Early Career Professionals

Saturday, May 20, 2017; 5:30-6:30 p.m.

Marriott Marquis • Washington D.C. University of DC/Catholic University (Level M1)

Free to all conference attendees

### Attend a Workshop in the Center for Career (CCD)

Sunday, May 21 – Tuesday, May 23, 2017; 7:00 a.m. – 5:00 p.m.

Walter E. Washington Convention Center Hall D, (Middle Building, Level 2)

**VISIT THE CCD TO PICK UP A ROAD MAP TODAY!**



Washington, DC  
May 19-May 24  
[conference.thoracic.org](http://conference.thoracic.org)

## ANNOUNCING ATS FOUNDATION RESEARCH PROGRAM 2017-2018 GRANT CYCLE

The Research Program is excited to announce that it is now accepting letters of intent! In 2017, the Research Program has increased the number of available Unrestricted Grants for early career investigators. In addition to 15 Unrestricted Grants, the portfolio offers grants with Alpha-1 Foundation, American Lung Association of the Mountain Pacific, Hermansky-Pudlak Syndrome Network, ResMed, PCD Foundation, Pulmonary Hypertension Association, and the ATS Foundation Tobacco-Dependence Research Fund, and 4 MECOR Awards. The deadline for letters of intent is June 6, 2017.

For more information on the current opportunities, please visit [thoracic.org/go/researchgrants](http://thoracic.org/go/researchgrants).

## ATS Membership Matters



Tell us!

As an ATS Assembly member your experience is central to inspiring others to join or renew their membership. **Tell us why ATS membership matters to you! What is its value to you?**

Send a sentence or two, or even a punchy quote, to [MemberValue@Thoracic.org](mailto:MemberValue@Thoracic.org). We appreciate hearing from you within three weeks of the date of this newsletter. Be sure to provide your name, the name of your institution, city and state/country. We may use your quote in a future membership promotion!

## Did you know that as an ATS member you:

- Receive a discount of **20%** (average) on education products at the ATS Store?
- Benefit from **FREE** ABIM and ABP MOC self-assessment products?
- Have access to **NEW member benefits** that include:
  - Significant discounts on Springer respiratory books (print copies), and FREE online access to this book series,
  - Copies of our new ATS pocket guidelines.

**Save \$1,200** – or more – per year on ATS products and services over nonmember rates.

See why [members love the ATS!](#)

## Assembly Members: Help Us to Help You!

Have you:

- ◇ Moved?
- ◇ Changed your title?
- ◇ Added a new specialty, credential or other information?
- ◇ Or perhaps we just do not have a complete profile for you!

Please take a minute to update your contact information, assembly affiliations, and demographic profile today. And now you can also upload your PHOTO to your member profile!

Log in: <https://www.thoracic.org/login/ats-member-login.php>

By keeping your profile current, you help us provide programs and services that are most targeted to you.

## ATS 2017 Exhibitors Doing Fundraisers for ATS Foundation

### **Actelion Pharmaceuticals US, Inc. in Booth 525**

Actelion Pharmaceuticals, Inc. will donate \$25 for each attendee who takes part in their “Join the Conversation” digital graffiti activity. They have pledged a maximum donation of \$25,000.

### **AstraZeneca in Booth 637**

AstraZeneca will donate \$5 for each attendee who completes their activity. They have pledged a maximum donation of \$7,500.

### **Vitalograph, Inc. in Booth 1630**

Vitalograph, Inc. will donate \$1 for each attendee who completes their respiratory quiz. They have pledged a maximum donation of \$100



### **ATS BEAR Cage**

*(Building Education to Advance Research)*

**Sunday, May 21, 2017**

**2pm – 4pm**

**Center for Career Development**

**Walter E. Washington Convention Center, Hall D, (Middle Building, Level 2)**

Hosted by the ATS Drug Device Discovery and Development (DDDD) Committee, the 3rd Annual BEAR Cage (Building Education to Advance Research) competition encouraged early career investigators to submit an innovative clinical or translational research proposal for the opportunity to participate in the live event at ATS 2017. Join us to see the top three finalists competitively “pitch” their proposals to a panel of translational science experts representing academia, industry, and governmental sectors. Come support and cheer on the finalists as they compete for the \$5,000 grand prize! All are encouraged and welcome to attend. For more information, please contact [DDDD@thoracic.org](mailto:DDDD@thoracic.org).

### **2017 BEAR Cage Finalists**

#### **Marcus Y. Chen, MD**

National Heart, Lung, and  
Blood Institute (NHLBI)

*Chest CT at Chest X-ray Radiation Dose*

#### **Sanghyuk Shin, PhD**

UCLA Fielding School of Public Health

*Unmasking Resistance: Impact of Low-frequency Drug-Resistance on Molecular Diagnosis of Drug-Resistant Tuberculosis*

#### **Prema R. Menon, MD, PhD**

University of Vermont Medical Center

*Communicating with Mechanically Ventilated Patients*

## Cough

When air passes out through our voice box with force, a sound is made that we all recognize as a "cough". The act of coughing usually begins with a deep breath in, followed by air leaving the mouth with force. A cough is your body's way of preventing material from entering your breathing tubes (airways) and clearing mucus or foreign material from your airways. Cough is the most common complaint for which patients seek medical care.



A cough is not a disease, but can be a common symptom of different upper and lower respiratory tract diseases. Even if you do not have a lung disease, you may cough.

## What causes a cough?

A cough can happen when something irritates your nerve endings. Labeled cough receptors. These nerve endings are in many areas inside your body, from your head and neck area, to just above your navel (belly button). Inhaling particles, vapors, smokes, fumes, dust, or cold air may irritate these receptors and may make you cough.

## Can a cough spread infection?

Cough can be a way of spreading infection to others. Infection (the flu) and tuberculosis (TB) are examples of infections that can be spread by coughing infected droplets into the air. While a cold virus (the common cold) can be passed on to others by coughing, cold viruses are much more likely to be spread to others by hand-to-hand contact. Hand-to-hand contact is when you shake hands with someone who has the infection or touch something that has the cold virus on it and then your touch your nose or eyes.

To help decrease the spread of infection, you should:

- Cover your mouth and nose with a tissue when coughing or sneezing. You don't want to spread germs to others.
- When a tissue is not available, cough or sneeze into your upper sleeve or elbow, not your hands.
- Dispose of used tissues into a waste basket.
- Avoid spitting as it can cause a risk that may infect others.
- Ask for and wear a facemask when visiting a healthcare facility if you are coughing or have cold symptoms.
- Wash your hands often and for at least 30 seconds using soap and water.
- Use an alcohol-based hand rub (sanitizer) when soap and water are not available.

Is there anything special that I should know about my cough?  
If you have a cough, keep track of how long you have been

that provides vomiting is called pertussis (whooping cough). Such a cough-whoop syndrome, according to the CDC, should alert one to the possibility of pertussis. For more information on whooping cough, see the ATS patient information series piece "Pertussis" at [www.thoracic.org/patient](http://www.thoracic.org/patient).

## Acute, Sub-acute and Chronic Cough

There are three time periods to use as you describe how long you have had your cough: acute (less than 3 weeks), sub-acute (3 to 8 weeks) or chronic (8 weeks or more and does not let up).

- An acute cough is most often caused by the common cold. This cough usually starts to improve by the third to fifth day. Cough from the common cold usually is not a serious threat to health and usually does not last longer than 3 weeks. People with a cold typically also complain of nasal stuffiness, runny nose, throat clearing, and a sore or scratchy throat. They also may feel like they have mucus dripping down the back of their throat. Acute cough can also be due to inhaling irritants such as pollen or strong fumes. Cough may be the first symptom of inadequate control of asthma. Less commonly, an acute cough can be due to more serious conditions such as pneumonia or heart failure.
- A sub-acute cough most commonly happens after a respiratory infection (often from a virus). Other common reasons for a sub-acute cough are whooping cough (pertussis) and flare-ups of conditions such as asthma, chronic bronchitis, sinusitis or bronchiectasis. When a cough starts to get better but then worsens, you should see your healthcare provider.
- A chronic cough can happen to you for many reasons. Often, it is a combination of reasons that explain why you are coughing. Chronic cough can happen from upper airway conditions such as inflammation (swelling) of the membranes inside the nose (rhinitis) and sinuses (sinusitis) as a result of allergies or infections or from poorly controlled asthma. Cigarette smoking can cause chronic bronchitis and result

## Patient Education Materials Available at the 2017 International Conference

The ATS now maintains over 100 patient education handouts as part of its Patient Information Series. The Series includes a wide variety of pulmonary/critical care/sleep and public health topics including: Bronchoscopy, Pneumonia, Mechanical Ventilation, Oxygen Therapy, Asthma, COPD, PFTs, Sleep Testing, Lung Cancer, VCD, TB, Emergency/Disaster, and Palliative Care. All pieces are available in English and many available in other languages, such as Spanish and Portuguese.

In addition to the Patient Information Series, a new Lung Cancer Screening Decision Aid is now available for free on the ATS Website, with bulk copies available for purchase.

All are encouraged to use these free-access materials, which are published in the ARJCCM, posted on the ATS Website at [www.thoracic.org/patients](http://www.thoracic.org/patients) and can be provided upon request in alternative formats for EMR systems. Stop by the ATS Center in Washington, D.C. to view copies of these materials. Contact Judy Corn, ATS Staff, at [jcorn@thoracic.org](mailto:jcorn@thoracic.org) for additional information or to suggest new topics.

### Official ATS Documents: Informational Opportunities at the 2017 ATS International Conference in Washington, D.C.

If you're developing or interested in developing an Official ATS Document (Statements, Clinical Practice Guidelines, Workshop Reports, or Technical Standards), please consider attending one or more of these opportunities while you are in Washington, D.C. at the ATS International Conference:

- Documents Development & Implementation Committee (DDIC) Workshop/Meeting: Friday, May 19th from 6-9 PM, Renaissance Washington Downtown, Meeting Room 8-9. This session is **required** for all Guideline Panel Chairs and Chairs of new non-guideline projects. The session is **recommended** for Chairs of ongoing non-guideline projects. Please RSVP to John Harmon at [jharmon@thoracic.org](mailto:jharmon@thoracic.org) if you have not already done so. Note: CPG Chairs are required to provide a brief verbal update at this session.
  - ⇒ 6-7 PM – Presentations by DDIC members about the Official Document types, methodological requirements for each, and other practical issues (e.g., conflict of interest management, review, and approval); a light dinner will be served.
  - ⇒ 7-9 PM – Current Guideline Chairs (or their designees) will give progress reports and then troubleshoot informally with DDIC members and ATS staff. New Guideline Chairs will have the opportunity to listen to these reports and learn about the “trials and tribulations” of guideline development from experienced peers.
- Ad Hoc meetings: Whether you are developing or want to develop an official ATS document, you can schedule an appointment with Dr. Kevin Wilson (ATS Documents Editor) or Dr. Jan Brozek (ATS Methodologist). To schedule a meeting, email Kevin Wilson at [kwilson@thoracic.org](mailto:kwilson@thoracic.org) or Jan Brozek at [brozekj@mcmaster.ca](mailto:brozekj@mcmaster.ca).
- Documents Meeting Space: Meeting space will be available to document developers from Sunday-Wednesday; contact Kimberly Lawrence at [klawrence@thoracic.org](mailto:klawrence@thoracic.org) for additional details.
- Guideline Methodology Training Program Information Session: Monday, May 22<sup>nd</sup> from 7-8:30 PM, Renaissance Washington Downtown, Meeting Rooms 12-13-14. Anyone who is interested in learning more about this new training program is welcome to attend. A brief description of the program will be provided, followed by time for questions and answers. A light dinner will be served. RSVP to [kwilson@thoracic.org](mailto:kwilson@thoracic.org) is required. Space is limited.
- Meet the Professors: A Meet the Professors Session entitled “Official ATS Documents: How to Get Involved” is being hosted by Dr. Raed Dweik (Chair of the Documents Development and Implementation Committee) and Dr. Kevin Wilson (ATS Documents Editor) on Tuesday, May 23<sup>rd</sup> from 12:15 until 1:15 pm. Registration is available through the Conference Registration Website.

**ATS Assembly Members Give Generously to the ATS Foundation**

Thank you for participating in the [2016 ATS Assembly Challenge!](#)

The annual challenge taps into the grassroots community — and competitive spirit — of the ATS assemblies in support of the ATS Foundation. This was the closest Challenge yet!



**Eileen G. Collins, PhD**, chair for the Assembly on Nursing, receives Nursing's Assembly Challenge award from Dean Schraufnagel, MD, ATS Foundation Chair



**Irina Petrache, MD**, chair for the Assembly on Respiratory Cell & Molecular Biology, receives RCMB's Assembly Challenge award from Dean Schraufnagel, MD, ATS Foundation Chair

The results are: the Assembly on **Respiratory Cell and Molecular Biology** raised the most dollars with \$94,718; **Nursing** had the highest member participation with 20.49 percent; **Allergy Immunology & Inflammation** had the highest number of first-time givers in December with seven new donors.

Many members made gifts supporting the [Research Program](#) and other core programs in the final days of 2016. There was tremendous energy around the Challenge this year, with assembly chairs crafting special messages to their members. Most chairs sent two or more personal emails to their members during the Challenge.

Congratulations to the Respiratory Cell & Molecular Biology, Nursing, and Allergy Immunology & Inflammation assemblies! They will receive special recognition in ATS communications, at ATS 2017, and within their own assemblies.

The ATS Foundation would like to thank all ATS assemblies for their outreach and generosity during the Challenge. You provided a big boost to Foundation year-end giving campaigns—and a boost to our upcoming grant-making capacity for talented investigators. Thank you for your enthusiastic support!

Truly, your energy, creativity, and participation were outstanding. Thank you for everything you do for the ATS, the Foundation, young investigators, patients, and respiratory health worldwide.

To learn more about the ATS Foundation or to make a gift, visit [foundation.thoracic.org](http://foundation.thoracic.org).



**Mitchell A. Olman, MD**, chair for the Assembly on Allergy Immunology & Inflammation, receives All's Assembly Challenge award from Dean Schraufnagel, MD, ATS Foundation Chair