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POLICY ON TOBACCO INDUSTRY RELATIONSHIPS TO BE IMPLEMENTED IN PHASES

During the 2007 International Conference in San Francisco, the ATS Board of Directors approved a detailed plan and schedule for implementing the Society's new policy on tobacco industry relationships over the next two years. The new policy affirms as an integral part of the ATS mission that the Society, through its members and activities, will not support the tobacco industry.

The ATS has long criticized tobacco-caused disease and, since 1996, has refused to accept tobacco industry-funded research in its journals. Now the ATS will also require disclosure of individuals' tobacco industry relationships and make this an eligibility factor for specific ATS activities.

Implementation of the new policy will begin in 2008. It should be fully implemented within 2009.

"Throughout the remainder of 2007, we will work to educate the membership and other participants in ATS activities on the new policy, its definition of 'tobacco industry relationships,' and its consequences," said Molly Osborne, M.D., Ph.D., chair of the Committee on Ethics and Conflict of Interest, which developed the new policy at the request of ATS past presidents Peter D. Wagner, M.D., and John E. Heffner, M.D.

The "phased in" implementation aims to provide a "lead-in period" of approximately twelve months. Members and non-members who are active within the Society but who may have personal investments, grant support or other tobacco industry ties may divest them during this time. In addition, the plan provides for "year one" flexibility during 2008, if an individual shows evidence of discontinuing or divesting any tobacco industry relationships within a reasonable period of time, although less than twelve months prior to the affected ATS activity.

The plan also sets forth specific guidelines for how the policy will affect the Society's governance, journals, research program and conferences, beginning in 2008.



ATS Conferences, Courses and Symposia

- For the 2008 International Conference, State of the Art Course (SOTA) and Fellows' Symposia, tobacco relationships will be added to required disclosures by session presenters, but will not make a presenter ineligible.
- For the 2009 International Conference, SOTA and Fellows' Symposia, tobacco relationships will be added to required disclosures of presenters and applicants for presentation and will make an individual ineligible (i.e., having tobacco relationships within the previous 12 months will preclude serving as a planner, moderator or presenter).
- After discussion with the ATS International Conference Committee, the Committee on Ethics and Conflict of Interest will determine how the policy will apply to abstracts and posters during the 2009 International Conference in San Diego.

ATS Governance

- The ATS will require all 2008-2009 nominees for positions on the ATS Executive Committee and Board of Directors, as well as all nominees for chair, vice-chair and chair-elect of ATS assemblies, committees and task forces, to disclose tobacco industry relationships. Nominating committees and assemblies will be asked to consider this in

(continued on page 8)

DAVID H. INGBAR, MD *President*

JO RAE WRIGHT, PhD *President-Elect*

JOHN E. HEFFNER, MD *Past President*

J. RANDALL CURTIS, MD, MPH *Vice President*

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SUZY MARTIN *Communications Manager/Editor*

The ATS is solely responsible for all content. Questions and comments may be addressed to Suzy Martin at smartin@thoracic.org.

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ATS ANNOUNCES INAUGURAL AWARDS FOR FELLOWS CAREER DEVELOPMENT

During the Pulmonary and Allergy Fellows' Symposium held in San Francisco in May, the ATS announced the 2007/2008 recipients of the Fellows Career Development Awards, the Society's new award program for fellows presently in training in pulmonary and critical care medicine and allergy and immunology.

The program, funded by GlaxoSmithKline, provides eight one-year grants at \$50,000 per year to pulmonary and critical care fellows. Six additional grants—which were administered by the American Academy of Allergy, Asthma and Immunology (AAAAI)—were also awarded to fellows training in allergy and immunology.

"The new program provides grants designed for academic career development beyond initial clinical training," said Thomas R. Martin, M.D., who chaired the ATS committee that reviewed applications and selected the 2007/2008 awardees in late April. "We are excited to have this new opportunity to support career development for individuals who have not yet completed their training in these fields."

Eligible candidates included trainees beyond the first year of fellowship in allergy/immunology programs and typically beyond the second year of fellowship in pulmonary/critical care programs.

2007/2008 ATS FELLOWS CAREER DEVELOPMENT AWARDEES

PULMONARY/CRITICAL CARE

	Theodore J. Iwashyna, M.D., Ph.D. University of Pennsylvania		Lavannya M. Pandit, M.D. Baylor College of Medicine
	Anthony K. Shum, M.D. University of California, San Francisco		Katri V. Typpo, M.D., M.P.H. Baylor College of Medicine
	Jaime P. Murphy, M.D. Boston University School of Medicine		Ednan K. Bajwa, M.D. Harvard Medical School
	William N. Checkley, M.D., Ph.D. Johns Hopkins University		Karin A. Provost, D.O. Yale University School of Medicine

ALLERGY

	Jody Tversky, M.D. Johns Hopkins Asthma and Allergy Center		Jeffrey A. Culp, M.D. University of Virginia
	Anne Marie Singh, M.D. University of Wisconsin School of Medicine and Public Health		John Jhe-Yun Lee, M.D. Children's Hospital Boston
	Samridhi N. Nallamshetty, M.D. Brigham and Women's Hospital		Nathan M. Lebak, M.D. Virginia Commonwealth University

ATS SEARCHES FOR NEXT WEB EDITOR

The ATS has opened the search for the next editor to guide the development of the Society's Web site at www.thoracic.org. The editor oversees content that is posted on the site by many member and administrative units within the ATS, and also initiates projects that he or she feels are necessary to provide content that will serve the scientific, clinical and educational needs of members or, more generally, advance lung health throughout the world. The editor supervises the ATS Web site Editorial Board and receives a stipend.

The site was launched in 1996 to promote the ATS mission through communication and education, and to guide the medical and lay communities in the best practice of respiratory, critical care and sleep medicine. It also serves as a resource to members by integrating the activities and governance of the Society. The Web site contains a wealth of information, including ATS statements and guidelines, patient education, the "Best of the Web" series, image library, and

standard columns such as "Palm Tips" and "Career Talk." In addition, the newly launched ATS Forum provides a mechanism for exchanging ideas on clinical and scientific topics of interest to ATS members.

The current editor, Dean E. Schraufnagel, M.D., will complete his term on March 31, 2008. It is anticipated that the next editor will be named by December 2007, begin work by January 2008 in transition with the current editor, and assume full responsibility from April 2008 through March 2013. The Search Committee is seeking candidates who are experienced in managing Web site content and who have been active participants in the ATS.

Letters of interest and curriculum vitae should be submitted by August 1, 2007 to: Marc Moss, M.D., Chairman, ATS Web site Editor Search Committee, at moss@thoracic.org.



NEWS BRIEFS

ATS Member News

In May, Michael I. Greenberg, M.D., M.P.H., was elected President-Elect of the American Academy of Clinical Toxicology (AACT), the largest organization of medical/clinical toxicologists in the world. Dr. Greenberg currently serves as Professor of Emergency Medicine and Director of the Medical Toxicology Fellowship Program at Drexel University College of Medicine in Philadelphia, where he oversees fellows' research projects.

Throughout his career, Dr. Greenberg has employed his expertise in a host of scientific articles, teaching positions and, most notably, as an instructor in the Department of Defense Domestic Preparedness Program and as a consultant to the U.S. State Department's Bureau of Diplomatic Security on weapons of mass destruction.



ATS/ALAT Joint Membership Program Extended

The ATS Executive Committee has approved an extension of the first year of free membership in the Joint ATS-Asociación Latinoamericana del Torax/Asociacao Latino Americana de Torax (ALAT) Membership Program through December 31, 2007.



Beginning in 2008, ALAT members wishing to hold joint ATS membership can do so for \$50, a significantly reduced rate following a year-and-a-half of complimentary membership.

The ATS-ALAT program is open to respiratory medicine specialists residing in Latin American and the Caribbean, whether or not they belonged to ALAT or ATS before the program began. The joint membership program automatically grants ALAT constituents membership in the ATS, fostering communication and the exchange of ideas between the two organizations.

The program allows unrestricted online access to the current issues of the three ATS journals (*AJRCCM*, *AJRCMB* and *PATS*), in addition to full membership benefits such as discounted fees to access all ATS educational programs, including the ATS International Conference. The leaders of the ATS and ALAT hope to see continued joint membership in this program through 2008 and beyond.



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ATS CONTINUES TO LEAD FIGHT AGAINST TB MEMBERS TREAT MUCH PUBLICIZED XDR-TB CASE IN DENVER

Dr. Daley talks about the treatment of Andrew Speaker for XDR-TB at a news conference at National Jewish Medical and Research Center in Denver.

Three ATS members at National Jewish Medical and Research Center in Denver are leading the effort to treat Andrew Speaker, the now famous patient from Georgia who traveled from the United States to Europe in May after being diagnosed with extensively drug resistant tuberculosis (XDR-TB).

TB experts Charles Daley, M.D., Michael Iseman, M.D., and Gwen Huitt, MD., are treating Mr. Speaker with a combination of antibiotics and anti-TB medications.

Because XDR-TB is a “dangerous and difficult-to-treat strain” of the disease, Mr. Speaker is being held in isolation until his respiratory cultures become negative, said Dr. Daley, head of the infectious disease unit at National Jewish. He is the first infected person to be quarantined by the U.S. government since 1963.

“This case should remind physicians and the public that TB is a serious threat, nationally and internationally,” said Dr. Daley, who is chair-elect of the ATS Assembly on Microbiology, Tuberculosis and Pulmonary Infections and serves on the editorial board of the *American Journal of Respiratory and Critical Care Medicine*. “Although national tuberculosis rates are at a historic low, rates throughout the rest of the world are at historic highs. Anyone who travels internationally is at greater risk for contracting the disease.”

The World Health Organization (WHO) estimates that one-third of the world’s population—2 billion people—is infected with latent TB. Nine million new cases occur each year, and case rates are extremely disproportionate by region: less than five cases per 100,000 annually in the U.S., more than 500 cases per 100,000 in parts of South Africa. Experts believe that the less common XDR-TB accounts for approximately 10 percent of all TB cases.

Because XDR-TB infection is resistant to many first-line and second-line anti-TB drugs, Drs. Daley, Iseman and Huitt are considering surgery to remove infected lung tissue, which is common in such cases.

“Because of potential complications, however, this option may have to wait until Mr. Speaker’s sputum cultures have become negative, which could take months,” said Dr. Daley. As of press time, three consecutive tests of Mr. Speaker’s sputum came back negative.

To determine Mr. Speaker’s long-term prognosis, however, his team of physicians are investigating records of the 12 XDR-TB cases they have treated at National Jewish over the last 15 years. “As XDR-TB is still a relatively new phenomenon, there is not a clear treatment path,” explained John Mitchell, M.D., a cardiothoracic surgeon at the University of Colorado Health Sciences Center who would perform the surgery on Mr. Speaker. “The good news is that the outcomes of resectional surgery—the removal of diseased portions of the lungs—are generally good, with few complications.”

The risk to public health aside, one positive has come out of Mr. Speaker’s situation, added Dr. Daley: the media frenzy sparked by his diagnosis and treatment has done much to raise awareness about TB, multi-drug resistant TB (MDR-TB) and XDR-TB. In fact, legislation to combat TB domestically and globally was introduced in the U.S. House of Representatives last March and in the Senate soon after Mr. Speaker was quarantined in May.

The ATS has played a key role in working with members of Congress to draft the national Comprehensive TB Elimination Act and the international Stop TB Now Act. If passed, the Comprehensive TB Elimination Act would provide the Centers for Disease Control and Prevention (CDC) and U.S. Public Health Service with the resources needed to eradicate TB in the United States. The international legislation would implement the WHO’s recommendations for controlling TB globally and increase funding worldwide.

“It is critical to both U.S. and global tuberculosis control efforts that these legislative proposals be passed,” said Dr. Daley. “Otherwise, we will see a lot more XDR-TB.”

NEW STATEMENT ON PULMONARY FUNCTION TESTING IN CHILDREN

Last month, the ATS and European Respiratory Society (ERS) published a new statement on pulmonary function testing in preschool children. The document, which appeared in the June 15 issue of the *American Journal of Respiratory and Critical Care Medicine*, addresses the clinical, technical and epidemiological implications of pulmonary function testing in children aged 2 to 6.

“Preschoolers present a number of special challenges,” said Stephanie Davis, M.D., co-chair of the 33-member ATS/ERS working group that produced the guidelines. “The children are generally too old to sedate, as is done with infants, and less cooperative than an older child. However, investigators have demonstrated that preschool lung function testing is now feasible.”

The working group hopes its recommendations—which focus on spirometry, tidal breathing measurements, the interrupter technique, forced oscillation,

gas washout techniques and bronchial responsiveness tests—will serve as a resource for healthcare professionals and facilitate good laboratory practices by providing guidelines on how to perform the various techniques and how to interpret the measurements.

“Evaluating lung function in this age group is important, not only for clinical reasons, but also due to the considerable growth and development of the respiratory system that occurs with associated changes in lung mechanics,” said Dr. Davis. “The working group envisions that these guidelines will help facilitate multi-center collaboration using these pulmonary function testing techniques,” said Dr. Davis.

To read the statement in full, please visit www.thoracic.org/sections/publications/statements/index.html.



NEWS BRIEFS

ATS International Conference Receives Record Coverage

This year, a record number of national and international press covered the ATS International Conference in San Francisco. Since May, more than nearly 1,000 media outlets—including 53 of the top 100 newspapers in the U.S. by circulation—featured articles mentioning the meeting. Here is a selection of presentations that received the most media attention.



During the meeting, ATS President David H. Ingbar, M.D. (l), International Conference Committee Chair James M. Beck, M.D. (c), and Immediate Past-President John E. Heffner, M.D. (r), spoke to national and international press about what they considered to be the most newsworthy topics of the 2007 program.

• The TORCH Survival Study: Consistent Efficacy Results Seen in Geographic Regions in a Multi-National Study and Salmeterol/Fluticasone Propionate Improves Lung Function and Reduces the Rate of Decline Over Three Years in the TORCH Survival Study

- Associated Press
- Los Angeles Times
- Newsday
- Boston Globe
- San Diego Union Tribune
- Miami Herald
- Denver Post
- Baltimore Sun
- Times-Picayune
- South Florida Sun-Sentinel
- MSNBC
- Seattle Times

• Secondhand Smoke Outside of Restaurants and Bars in Downtown Athens, Georgia

- New York Times
- Washington Post
- Atlanta Journal Constitution
- Austin American Statesman
- New York Daily News
- Detroit News
- Chicago Tribune
- Toronto Star
- International Herald Tribune
- Ivanhoe Broadcast News
- St. Louis Post-Dispatch
- HealthDay News

• Maternal Food Consumption during Pregnancy and Asthma, Respiratory and Atopic Symptoms in 5-Year Old Children

- Omaha World Herald
- Milwaukee Journal Sentinel
- New York Daily News
- London Daily Mail
- Toronto Globe & Mail
- Tehran Times
- BBC News
- FOX News
- WebMD
- Chicago Sun-Times
- United Press International
- San Francisco Examiner

WHO'S WHO at ATS

JESSE ROMAN: GENERATING NEW KNOWLEDGE

When Jesse Roman, M.D., left his native Puerto Rico for the United States in 1986, he planned on staying only long enough to complete his training in pulmonary and critical care medicine. "At that time, my plan was to learn as much as I could and return home," he said.

Encouraged by Manuel Martinez-Maldonado, M.D., his mentor during medical school at the University of Puerto Rico in San Juan, Dr. Roman relocated to St. Louis, where he spent five years at Washington University School of Medicine as a pulmonary and post-doctoral research fellow. After becoming "completely hooked" on basic science and clinical research in the laboratory of John A. McDonald, M.D., he quickly reevaluated his career plans.

"Although the transition to the U.S. was not easy, it immediately became clear to me that this is where I needed to be if I were to pursue a career in academic medicine and research," said Dr. Roman, who serves as Professor of Medicine and Director of the Division of Pulmonary, Allergy and Critical Care at Emory University in Atlanta, where he has been a faculty member since 1991.

Twenty-one years later, he calls the decision to stay in the U.S. "the best I've ever made." As a physician-scientist who practices at Emory and the Atlanta VA Medical Center, Dr. Roman runs a successful laboratory devoted to elucidating the mechanisms that control lung tissue remodeling, and how this process affects lung development, inflammation and repair after injury.

"I have been fortunate to work with a group of talented post-doctoral fellows, laboratory staff and colleagues who have strengthened my research, while allowing me to participate in my two other passions: teaching and patient care," said Dr. Roman, who co-directs the Aerodigestive and Lung Cancer Program at the University's Winship Cancer Institute and directs the Emory Center for Respiratory Health, a new multi-disciplinary clinical and research program unique to the Southeast region.

Today, he is principal investigator of four federal grants from the Department of Defense, NIH and Department of Veterans Affairs. He runs a clinical research enterprise based at the Emory Interstitial Lung Disease Program, one of 11 sites of the NIH Idiopathic Pulmonary Fibrosis Clinical Research Network, and serves as a member of the Lung Injury, Repair and Remodeling (LIRR) NIH Study Section.

"For me, the most exciting part of research is the opportunity to generate new knowledge—to find something that could change the way people think about lung health and disease," said Dr. Roman. "My ultimate goal would be to find ways in which we can control tissue remodeling in the lung. If we could do that, we could control the progression of disease and prevent loss of lung function."

While he spends approximately half of his time in the laboratory, Dr. Roman balances his research pursuits with clinical work, teaching and administration. In addition to overseeing 46 faculty members as division director, Dr. Roman occasionally attends in the MICU, operates an outpatient clinic at The Emory Clinic and spends a significant amount of time mentoring junior faculty and trainees through an NIH-funded T32 institutional training grant.



"For me, the most exciting part of research is the opportunity to generate new knowledge—to find something that could change the way people think about lung health and disease."

"I was trained in an environment where mentorship was not taken lightly and I continue to use those strategies today," said Dr. Roman, Director of Emory's Training Program in Academic Pulmonary Medicine. "Mentors need to ensure that trainees develop the skills necessary for independence in a nurturing environment where there is plenty of protected time for engaging in scholarly activities prior to leaving the nest."

A strong proponent of academia, Dr. Roman has mentored 22 fellows and post-doctoral fellows and 13 residents over the course of his career. "It is difficult to develop a successful career in academia without strong mentorship to guide you, keep you enthusiastic and help you avoid making mistakes," he said. "My own mentors still help to guide my career, so I make doing the same for the next generation a high priority."

Since joining the Society in 1988, Dr. Roman has chaired the ATS Membership Committee and served on the Planning, Research Advocacy, Nominating and Revenue Development Committees. He has also been a member of the National Scientific Review Committee, Program Review Subcommittee and Veterans Research Fellowship Committee.

"Being involved in the ATS has been an excellent learning experience for me," said Dr. Roman, who served on the International Conference Committee and chaired the Program Committee of the Assembly on Respiratory Cell and Molecular Biology (2006-2007). "The International Conference provides incredible opportunities for presenting research, networking and developing relationships with long-distance mentors. In 19 years as a member, I have only missed one meeting."

Dr. Roman lives outside of Atlanta with his wife, Millie Roman, a pharmacist, and two daughters, Veronica, 18, and Victoria, 13. In his free time, he enjoys reading, traveling, playing the guitar, spending time with family and, occasionally, vacationing in Puerto Rico.

NEWS BRIEFS

Hundreds Attend ATS/AAAAI Fellows Symposia



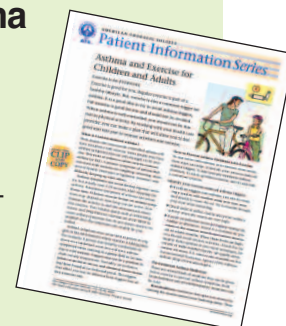
Symposia faculty members Aymarah M. Robles, M.D., Bruce P. Krieger, M.D., and Marilyn K. Glassberg Csete, M.D., at the awards dinner reception for the ATS/AAAAI Fellows Career Development Awards.

More than 260 fellows and 30 faculty members from across the United States attended the 2007 Pulmonary and Allergy Fellows Symposia, which took place in San Francisco in May prior to the ATS International Conference. The three-day course, jointly sponsored by the ATS and American Academy of Allergy, Asthma and Immunology (AAAAI), focused on clinical issues related to the diagnosis and treatment of a variety of respiratory disorders.

"The symposia really helped to cement the principles I learned during my first year of fellowship, and the relaxed atmosphere made it easy to make new acquaintances and meet the faculty," said Laurence Cheng, M.D., Ph.D., an allergy/immunology fellow at the University of California, San Francisco who attended this year's event. "I had the opportunity to learn more about diseases that I don't see often, as well as the molecular basis of disease. Thanks to the ATS, AAAAI and GlaxoSmithKline for putting a terrific program together."

Latest in ATS Patient Education: Asthma and Exercise

Visit the ATS Web site at www.thoracic.org/go/patient-education to download "Asthma and Exercise for Children and Adults," the latest installment in the



ATS Patient Information Series. The two-page piece includes information on how patients with exercise-induced asthma can stay or become more active by preventing and managing symptoms.

Launched in 2004 in the *American Journal of Respiratory and Critical Care Medicine* as a resource for clinicians, the Patient Education Series now includes 19 flyers on a variety of pulmonary, critical care and sleep disorders, treatments and procedures. All are posted on the ATS Web site and can be downloaded in both black and white and color.

NEW ATS COMMITTEE AND ASSEMBLY LEADERSHIP

During the 2007 International Conference in San Francisco, ATS President David H. Ingbar, M.D., appointed seven new chairs and nine vice-chairs to lead the Society's committees over the next year. For a number of committees, Dr. Ingbar created the position of vice-chair to streamline ATS activities and facilitate communication.

NEWLY APPOINTED ATS COMMITTEE CHAIRS

- Patricia Kritek, M.D., Chair, Committee for Members In Transition and Training
- Theodore Reiss, M.D., Chair, Corporate Relations Committee
- Greg S. Martin, M.D., Chair, Information Systems Committee
- Alfred Munzer, M.D., Chair, International Lung Health Committee
- Claire Doerschuk, M.D., Chair, Nominating Committee
- Frank McCormack, M.D., Chair, Program Review Subcommittee
- John R. Balmes, M.D., Chair, Publications Policy Committee

NEWLY APPOINTED ATS COMMITTEE VICE-CHAIRS

- Charles Irvin, Ph.D., Vice-Chair, Awards Committee
- Scott Manaker, M.D., Ph.D., Vice-Chair, Clinical Practice Committee
- Gregory R. Wagner, M.D., Vice-Chair, Committee on Ethics and Conflict of Interest
- Beth Laube, Ph.D., Vice-Chair, Communications & Marketing Committee

- Theodore Marcy, M.D., Vice-Chair, Health Policy Committee
- Serpil Erzurum, M.D., Vice-Chair, Membership Committee
- Bruce Culver, M.D., Vice-Chair, Proficiency Standards for Clinical Pulmonary Functions Laboratories Committee
- Sharon I. S. Rounds, M.D., Vice-Chair, Scientific Advisory Committee
- John Mastronarde, M.D., Vice-Chair, Training Committee



During ATS 2007, newly appointed committee chairs and vice-chairs met with ATS officers and staff.

ATS assemblies also installed new leaders at the 2007 Conference. During the meeting, all 12 assemblies elected new Program Committee chair-elects. Six assemblies elected new assembly chairs, who will serve from 2007 to 2009. Below are the results of these elections:

Allergy, Immunology and Inflammation

2007-2009 Assembly Chair: **Patricia W. Finn, M.D.**
 2007-2009 Program Committee Chair-Elect: **Mitchell A. Olman, M.D., M.A.**

Behavioral Science

2007-2009 Program Committee Chair-Elect: **Jerry A. Krishnan, M.D., Ph.D.**

Critical Care

2007-2009 Assembly Chair: **Amal Jubran, M.D.**
 2007-2009 Program Committee Chair-Elect: **Stefano Nava, M.D.**

Clinical Problems

2007-2009 Program Committee Chair-Elect: **Barry J. Make, M.D.**

Environmental & Occupational Health

2007-2009 Assembly Chair: **Kent E. Pinkerton, Ph.D.**
 2007-2009 Program Committee Chair-Elect: **Paul K. Henneberger, Sc.D.**

Microbiology, Tuberculosis & Pulmonary Infections

2007-2009 Program Committee Chair-Elect: **Philip A. Lo Bue, M.D.**

Nursing

2007-2009 Program Committee Chair-Elect: **Eileen G. Collins, Ph.D.**

Pulmonary Circulation

2007-2009 Assembly Chair: **Jahar Bhattacharya, M.D.**
 2007-2009 Program Committee Chair-Elect: **Paul M. Hassoun, M.D.**

Pediatrics

2007-2009 Assembly Chair: **Pamela L. Zeitlin, M.D., Ph.D.**
 2007-2009 Program Committee Chair-Elect: **Raouf S. Amin, M.D.**

Respiratory Cell & Molecular Biology

2007-2009 Program Committee Chair-Elect: **Charles A. Powell, M.D.**

Respiratory Neurobiology & Sleep

2007-2009 Assembly Chair: **Mary J. Morrell, Ph.D.**
 2007-2009 Program Committee Chair-Elect: **James A. Rowley, M.D.**

Respiratory Structure & Function

2007-2009 Program Committee Chair-Elect: **Connie C. Hsia, M.D.**

NEWS BRIEFS

Save the Date: 52nd Tri-State Consecutive Case Conference

Mark your calendars: The 52nd Tri-State Consecutive Case Conference on Lung Disease, one of the country's oldest and most highly regarded postgraduate programs on thoracic medicine and surgery, will be held in Ponte Vedra, Florida, from



Friday, October 5, to Sunday, October 7.

Sponsored by the Thoracic Societies and American Lung Associations of Georgia, South Carolina and Florida, the conference will focus on a variety of clinical topics related to improving the evaluation and treatment of patients with lung disease. During the three-day program, faculty members will provide brief presentations on consecutive cases and consulting pulmonologists and thoracic surgeons will deliver state-of-the-art lectures. The ultimate goal, said Gerald W. Staton, Jr., M.D., chair of the conference, is to incite discussion of patient management in light of both current literature and best clinical practices.

"At each session, a series of cases that highlight some of our most difficult problems in pulmonary medicine and thoracic surgery will be discussed, often with heated disagreements from the audience," said Dr. Staton. "For me, this conference has been one of the best learning situations, as well as a great opportunity to get to know my colleagues in the Georgia, Florida and South Carolina area."

For program registration and information, please visit www.lungfla.org.

ATS/ERS Sponsor International Guideline Development Workshop

In June, representatives of 38 healthcare organizations from around the globe attended "Integrating and Coordinating Efforts in Guideline Development Conference and Workshop: COPD as a Case in Point," a ground-breaking program sponsored by the ATS and European Respiratory Society (ERS).



Held in Washington, D.C., the two-day conference brought together nearly 70 international experts to establish a template for developing global guidelines for medical care, using chronic obstructive pulmonary disease (COPD) as a disease model because it is so prevalent and often associated with co-morbidities.

During the workshop, many of the world's leading experts on guidelines from academic and government institutions presented cutting-edge material on a range of guideline-related topics, including stakeholder involvement, evaluating the quality of evidence and conflict of interest, as well as topics related to disease management, such as how to address co-morbidities in patients with COPD. Discussion ranged from standardizing guideline development efforts for COPD and other diseases to exploring how the scientific process of guideline development should evolve over the next decade.



FOR A FULL DESCRIPTION OF EACH AWARD, VISIT OUR WEBSITE AT: www.thoracic.org/go/call-for-nominations

Each year at the ATS International Conference, the Society recognizes leaders in respiratory, critical care and sleep medicine for their extraordinary contributions to and achievements in lung disease research, treatment and prevention.

With planning already underway for next year's meeting, the ATS Awards Committee is now accepting nominations for awards and honors to be presented at **ATS 2008 • Toronto**. Categories include:

- The J. Burns Amberson Lecture
- The World Lung Health Award
- The Edward Livingston Trudeau Medal
- The Recognition Award for Scientific Accomplishment
- The ATS Distinguished Achievement Awards
- The Public Service Award

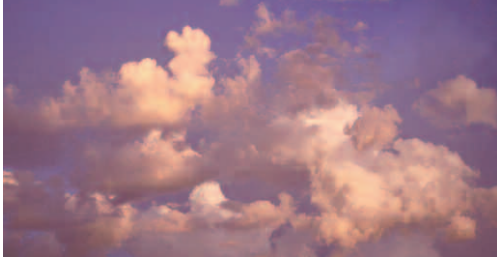
To nominate an individual for any of these awards, write a brief letter about his or her accomplishments and attach the person's CV and publications list. Send this information to the ATS Awards Committee, c/o Fran Comi, ATS Director of Scientific Meetings and Conferences, at fcomi@thoracic.org

All nominations must be submitted by **Friday, September 30**. For more information, call **(212) 315-8658**.

All nominees will be contacted by the ATS to complete a Declaration of Interest form (i.e., form for disclosure of potential conflict of interest with the ATS mission) which will be reviewed by the Awards Committee as part of its deliberation.

the **ADVOCATE**

EPA PROPOSES NEW STANDARDS FOR OZONE



On June 20, the Environmental Protection Agency (EPA) issued a proposal to tighten the National Ambient Air Quality Standards (NAAQS) for ozone pollution. The EPA, which set the existing standard of 0.08 ppm/8 hours in 1997, is now accepting public comment on its recommendation to set a new standard in the range of 0.075 to 0.070 ppm/8-hours. While this new standard is stricter than what is currently in place, the EPA has indicated that it is also accepting comments on a range of policy options—including retaining the existing standard of 0.08.

By failing to adopt a more stringent standard, the EPA is ignoring strong scientific evidence that shows real harm being caused by ozone pollution, even at the current standard.

“The science is clear,” said ATS President David H. Ingbar, M.D. “Ozone pollution is causing unnecessary illnesses and death in America. The proposed EPA standards fall short of providing the protection needed to keep Americans safe from ozone air pollution.”

To assist in revising the existing standard, the EPA convened the Clean Air Scientific Advisory Committee (CASAC), a panel of experts with academic and industry backgrounds who analyzed and interpreted current scientific data on ozone pollution. The group unanimously concluded the current standard does not protect public health and recommended a standard between 0.060 and 0.070 ppm/8 hours.

A 90-day public comment period will follow the EPA’s proposal. The EPA has also scheduled public field hearings on the new rule in Los Angeles and Philadelphia on August 30, and Chicago and Houston on September 5. The ATS will participate and submit comments supporting a stricter standard.

RESEARCH

Senate Subcommittee Provides Increase for NIH

In June, the Senate Appropriations Committee approved its fiscal year (FY) 2008 spending bill for health research and services programs. The bill includes \$29.9 billion for the National Institutes of Health (NIH), an increase of \$1 billion (3.5 percent) over the FY 2007 funding level, and \$250 million more than was provided in the House Labor-HHS Subcommittee bill that was also approved in June.

Of the \$1 billion increase, \$200 million will be re-directed to the Global Fund for HIV/AIDS, TB and Malaria. This means that the NIH would see an actual increase of \$800 million.

The bill also includes a funding increase for the Centers for Disease Control and Prevention (CDC), although the specific amount has not yet been made public. The House Appropriations Committee is tentatively scheduled to consider its version of the bill in July.

Congress Mandates Posting of NIH-Funded Manuscripts

Included in the Senate funding bill is a provision that requires authors of NIH-funded manuscripts to post a copy of the final peer-reviewed manuscript in the National Library of Medicine’s PubMed Central database within 12 months of official publication of the manuscript. A similar provision was included in the House funding bill.

While the mandate applies to individual scientists, the report language urges the NIH to work with the publishing community to meet this requirement.

The legislative mandate changes the current NIH policy that requests, but does not require, investigators to submit a copy of their published NIH-funded manuscripts to PubMed Central. The NIH has stated it needs to build a database of NIH-funded manuscripts to assist its portfolio management and to better serve the scientific community. Noting low compliance rates with the current voluntary policy, the NIH has requested that Congress institute a mandatory policy.



Concerned with copyright and subscription issues, the ATS and many other not-for-profit scientific organizations have opposed efforts to establish a mandatory requirement. To help find a middle ground, the ATS has been participating in the NIH Portfolio, a pilot program where the ATS automatically submits all NIH-funded articles published in its journals to PubMed Central on behalf of the authors. This means that by publishing in ATS journals, authors are automatically in compliance with the current voluntary policy. With the pending enactment of the mandatory policy, the status of the pilot program is unclear.

Senate Increase for VA Research Program

The Senate Military Construction/VA Appropriations Subcommittee has marked up its version of the FY 2008 VA appropriations bill, providing \$500 million for VA research. This represents an increase of \$86 million over FY 2007 (not including the \$32.5 million VA research got in the Iraq Supplemental Appropriations bill). The bill will now go to the full Senate Appropriations Committee for consideration.

In June, the House took parallel action providing \$480 million (+\$66 million) for VA research. While it appears that the VA research program may receive its first significant increase in funding in several years, President Bush has indicated that he will veto any appropriations bills that exceed his spending limits. It remains unclear how Congress and the President will resolve the potential impasse over federal spending.

TUBERCULOSIS

Domestic TB Control Bill Introduced in Senate



Alfred Munzer, M.D. (r), with Senator Brown.

On June 5, senators Sherrod Brown (D-OH), Kay Bailey Hutchison (R-TX) and Edward Kennedy (D-MA) introduced the Comprehensive TB Elimination Act, (S. 1551), legislation that would expand domestic tuberculosis (TB) control efforts. If passed, the bill would significantly increase funding for the CDC’s TB control program and research into TB diagnostics, drugs and vaccines. The legislation would provide \$300 million in funding to the CDC’s TB control program in FY 2008 (in comparison to \$136.4 million in 2007). An additional \$100 million would be invested in new TB research efforts at the CDC, with more funding authorized for NIH research and TB control professional training support.

At a press conference held by Senator Brown to herald the bill’s introduction, ATS member Alfred Munzer, M.D., (above) spoke on behalf of the ATS about the importance of TB control. “This legislation responds to both the real and immediate public health threat that TB poses today as well as looking to the future to ensure that the CDC, state and local public health departments and all health care providers are ready for a future,” he said.

CLINICAL PRACTICE

CBO Report Analyzes Increase in Medicare Physician Spending

The Congressional Budget Office (COB), the non-partisan budget policy and analysis arm of Congress, released a report that analyzed increases in Medicare spending on physician services. The report found that growth in Medicare physician spending is not driven by “behavioral response,” a phenomenon where physicians spending is *not* driven by “behavioral response,”

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UPDATE ON ATS CHAPTERS

By **JONATHON D. TRUWIT, M.D.**
 Immediate Past-President, ATS Council of Chapter Representatives



ATS members have opportunities to participate in the science and practice of respiratory, critical care and sleep medicine on both a national and local level. While the ATS and the Council of Chapter Representatives (CCR) represent the national point of view, the 45 local thoracic society chapters (TSCs) recognized by the ATS embody the local perspective.

The aim of this column is to provide ATS members with an introduction to the relationship between the ATS and its chapters. In the coming months, I will provide updates on the work being done by ATS chapters around the country, as well as ongoing collaborations between the national and local bodies of the ATS.

As many of you already know, ATS members are encouraged to join their respective state/regional/municipal chapters, just as chapter members are encouraged to join the ATS. Each local thoracic society chapter elects officers and is entitled to one representative to the ATS CCR, which provides a national forum for representatives of each chapter. The CCR elects officers, who ascend through the ranks of Chairman-Elect, Chairman and Immediate-Past Chairman, serving as voting members of the ATS Board of Directors through their three-year succession. Additionally, the CCR, and consequently the TSCs collectively, are represented on most major ATS committees.

So how do the ATS and TSCs interact? On the national level, ATS members advocate for increased federal funding for research, healthcare and reimbursement for the medical services; develop statements and guidelines that improve clinical practice and patient care; create educational pro-

gramming opportunities such as the ATS International Conference and the State of the Art (SOTA) Course in Pulmonary and Critical Care Medicine; and work to advance the science of respiratory, critical care and sleep medicine through conducting research and publishing their findings in one of the three ATS journals. In addition, the ATS plays a vital role in providing continuing medical education (CME) leadership and credits to many TSCs.

On the local level, TSC members advocate for increased state funding for and implementation of new preventative healthcare programs and improved standards for air quality in the workplace and the environment; develop and produce continuing medical education opportunities to bring the latest advances in the diagnosis and treatment of respiratory, critical care and sleep disorders to practicing clinicians, pulmonary, critical care and sleep specialists and primary care physicians, nurses and respiratory therapists. TSC members also support important public awareness programs of their respective local American Lung Associations. Such programs include the Asthma Clinical Research Centers, the Lung Helpline and multiple tobacco cessation programs.

For a complete listing of ATS chapters, please visit the ATS website at www.thoracic.org and click on "Chapters" in the "Quick Links" section. Questions about ATS chapters and chapter membership may be directed to Allan P. Gordon, Associate Director of ATS Members Services & Chapter Relations, at agordon@thoracic.org or by calling (212) 315-8697.

CPT CODES FOR SMOKING CESSATION

Did you know that you can be reimbursed for counseling patients about smoking cessation? In 2005, the Centers for Medicare and Medicaid Services (CMS) "determined that the evidence is adequate to conclude that smoking and tobacco use cessation counseling...is reasonable and necessary" for eligible beneficiaries.



To be eligible to receive this benefit, a beneficiary must have a condition that is adversely affected by smoking or tobacco use, or that the metabolism or dosing of a medication used to treat a beneficiary's condition is adversely affected by smoking or tobacco use. In addition, while Medicare Part D will also cover smoking cessation treatments prescribed by a physician, over-the-counter treatments, such as nicotine patches or gum, are not covered. Minimal cessation sessions (less than three minutes) are included in reimbursement for the standard evaluation and management office visit.

The CMS added several procedural codes for smoking cessation services and will cover two cessation attempts each year. Each attempt may include a maximum of four intermediate sessions (those that last three to 10 minutes) or intensive sessions (those that last more than 10 minutes), with the total annual benefit covering up to eight sessions during a 12-month period. The practitioner and patient have flexibility to choose between intermediate or intensive cessation strategies for each attempt.

"Failure to deliver tobacco dependence treatment has been associated with time constraints and inadequate clinic and institutional support," said Mary Ellen Wewers, Ph.D., M.P.H., Professor & Associate Dean for Research at Ohio State University. "The CMS procedural codes will help to reduce significant barriers that interfere with treatment and acknowledge the importance of tobacco cessation counseling and pharmacotherapy."

When billing for intermediate or intensive cessation sessions, use the following codes:

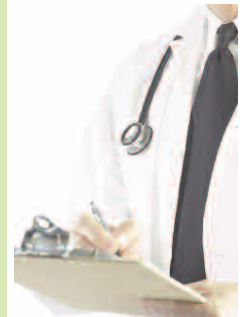
- **G0375:** Smoking and tobacco-use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes (*short descriptor: Smoke/Tobacco counseling 3-10*)
- **G076:** Smoking and tobacco-use cessation visit; intensive, greater than 10 minutes (*short descriptor: Smoke/Tobacco counseling greater than 10*)

For more information about smoking cessation coverage and billing codes, please visit www.cms.hhs.gov/SmokingCessation.

NEWS BRIEFS

PQRI Tools and CMS Updates

On July 1, the Centers for Medicare and Medicaid Services (CMS) will begin the voluntary Physician Quality Reporting Initiative (PQRI), which establishes financial incentive for eligible healthcare professionals to provide patients with the highest quality care. This effort is an extension of the CMS pay for performance or P4P program, which tracked 16 measures in 2006.



As previously reported in the *ATS News*, last year, Congress passed legislation requiring the CMS to enroll physicians who could earn up to 1.5 percent bonus on all their Medicare reimbursements in the second half of 2007 by meeting certain performance standards. In response to the legislation, the CMS identified 74 performance measures that physicians may report beginning July 1 to become eligible for this bonus (www.cms.hhs.gov/pqri).

To assist physicians and other eligible professionals who elect to participate, the American Medical Association, in collaboration with the CMS, Mathematical Policy Research, Inc., and the National Committee for Quality Assurance, has developed participation tools that are designed to:

- Aid in the selection of measures by physicians and other eligible professionals wishing to participate in the program;
- Link to background information on the quality measures, including both the rationale and evidence base for each measure; and
- Aid in the data collection required to report clinical performance data.

For each of the 74 measures in the program, these tools are now available online at www.ama-assn.org/go/toolsMedicarePQRI. The CMS has also posted technical corrections to some of the program's measure specifications at www.cms.hhs.gov/PQRI/Downloads/PQRI_Release_Notes_1.1.pdf.

Support ATS Foundation by Shopping Online

ATS members can now support the Foundation of the



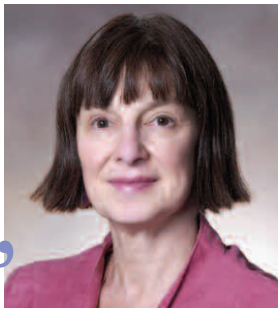
American Thoracic Society in an innovative way: by shopping at Giveline.com, an online store that offers more than a million products, including books, movies, music, electronics, housewares, gifts and more.

Every ATS-directed purchase made through the site, by members and non-members, generates a substantial donation—from 16 to 33 percent of store sales—to the Foundation of the ATS. The only difference between Giveline and other major online retailers is that every Giveline purchase earns money to support the Society's mission.

ATS TOBACCO POLICY

(continued from page 1)

“Throughout the remainder of 2007, we will work to educate the membership and other participants in ATS activities on the new policy, its definition of ‘tobacco industry relationships,’ and its consequences.”



Molly Osborne, M.D., Ph.D. Chair of the Committee on Ethics and Conflict of Interest, which will oversee implementation of the ATS tobacco policy

their determination of future leaders. (The new policy states that individuals who have had tobacco relationships as defined by the policy within the past 10 years should not serve in leadership roles).

- By January 2008, the ATS will also require disclosure of tobacco industry relationships by individuals proposed as spokesperson for (or representatives of) the Society, and anyone with tobacco relationships within the past 12 months will be ineligible to serve as a spokesman or representative.

ATS Journals

- By dates within 2008 to be determined, the ATS’s three journals will add tobacco industry relationships as a required disclosure by authors (upon submission). Current ATS journal policy requires that “no part of the research presented has been funded by tobacco industry sources,” but does not require authors to disclose tobacco relationships.
- Reviewers for the three ATS journals will also be required to disclose tobacco relationships, and individuals with tobacco relationships within the past 12 months will be ineligible to serve.
- The ATS Executive Committee, Publications Policy Committee and Committee on Ethics and Conflict of Interest will determine effective dates and implementation procedures for policy implications on ATS editors, deputy editors, associate editors, guest editors and members of the editorial boards.

ATS Research Program

- Beginning with the 2008 ATS research portfolio—i.e., grants that will be determined after June 2008, with funding beginning in January 2009—the ATS will add tobacco relationships as a required disclosure by applicants and grant reviewers, and individuals with tobacco relationships within the past 12 months will be ineligible to serve as a reviewer of ATS grant proposals.

As implementation of the ATS policy on tobacco industry relationships moves forward, the Society will provide members with updated information about deadlines and procedures. In coming months, the Committee on Ethics and Conflict of Interest will work with ATS committees and others to develop specific implementation plans and resources and assist in policy interpretation.

To read the new policy in full, and to request additional information or ask specific questions, please visit the ATS Web site at www.thoracic.org.



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a phenomenon where physicians intentionally increase the volume and intensity of services provided to offset revenue losses from cuts to reimbursement. Rather, the COB attributed growth in spending to increases in the volume and intensity of services provided to Medicare beneficiaries.

The report should help bolster the physician community’s efforts to correct the Sustainable Growth Rate (SGR), Medicare’s flawed formula for reimbursement, which is driving cuts. Without Congressional action, Medicare payments to physicians are projected to be cut by 10 percent starting January 1, 2008.

According to the report, from 1998 to 2005 (when the SGR was implemented), Medicare spending on physician services has grown 79.2 percent. When adjusted for medical inflation, that growth was reduced to 34.5 percent. The CBO determined that only 1.4 percent of this growth could be explained by behavioral response. The report explains that the remaining 33.1 percent of growth can be explained by changes in the Medicare population, disease prevalence and the introduction of new benefits and technology.

To read the report in full, please visit www.cbo.gov/ftpdocs/81xx/doc8193/06-06-MedicareSpending.pdf.

CLEAN AIR

House Provides Increase for EPA Budget – Creates Climate Change Commission

In June, the House Appropriations Subcommittee provided \$8.085 billion in funding for the EPA as part of the FY 2008 Interior and Environment Appropriations bill. While this represents an increase of \$360 million over last year, air-quality related programs generally received either modest cuts or increases.

The House bill does provide \$50 million for a new Commission on Climate Change Adaptation and Mitigation, indicating that the subcommittee accepts as fact that climate change is occurring and that the government must respond. In describing the mission of the commission, the committee notes that:

“It is important to understand that the new Commission established in this bill is not charged with studying the question of whether climate change is occurring or at what rate. Nor is it a Commission to determine the causes of global warming or regulatory approaches to ameliorate these causes. Its charter is limited to making recommendations on the science questions that need to be addressed and the initial steps which should be taken to begin serious research related to those questions.”

The Senate has yet to consider its version of the bill.

CONFERENCES, COURSES AND MEETINGS

Activities sponsored or endorsed by the ATS and its chapters are listed in bold.

DATE & PLACE	TITLE	CONTACT
August 2 to 5 Kuala Lumpur, Malaysia	“1 st Asia Pacific Region Conference,” sponsored by the IUATLD	Phone: +60 3 2162 0566 Tibi2007@console.com.my www.tibi2007.com
August 4 to 10 Minneapolis, Minnesota	“AAI Advanced Course in Immunology,” sponsored by the American Association of Immunologists	Phone: (301) 634-7178 infoaai@aai.org www.aai.org/Courses.htm
August 24 to 27 Phoenix, Arizona	“Sleep Medicine Board Review Course 2007,” sponsored by the American College of Chest Physicians	Phone: (847) 498-1400 accp@chestnet.org
August 28 Phoenix, Arizona	“Lung Pathology 2007” and “Mechanical Ventilation 2007,” sponsored by the American College of Chest Physicians	Phone: (847) 498-1400 accp@chestnet.org
September 8 New York, NY and Baltimore, MD	“Pulmonary Arterial Hypertension: Current Approaches and Future Expectations for Clinicians and Patients,” sponsored by the Pulmonary Hypertension Association, University of Michigan Medical School and the Scleroderma Foundation	Phone: (301) 565-3004, ext. 128 Jessica@PHAssociation.org www.PAHsymposium.com
September 15 Minneapolis, MN and Los Angeles, CA	“Pulmonary Arterial Hypertension: Current Approaches and Future Expectations for Clinicians and Patients,” sponsored by the Pulmonary Hypertension Association, University of Michigan Medical School and the Scleroderma Foundation	Phone: (301) 565-3004, ext. 128 Jessica@PHAssociation.org www.PAHsymposium.com
September 15 to 19 Stockholm, Sweden	“2007 ERS Annual Congress,” sponsored by The European Respiratory Society.	Phone: +41 21 213 0101 ers2007registration@mci-group.com www.ersnet.org
October 4 to 6 Cape Town, South Africa	“Emergency Medicine in the Developing World,” sponsored by the Emergency Medicine Society of South Africa	Phone: + 27 (0) 21 406 6407 mcollin@curie.uct.ac.za www.emssa2007.co.za
October 5 to 7 Ponte Vedra Beach, FL	“52nd Tri-State Consecutive Case Conference on Lung Disease,” sponsored by the Florida Thoracic Society	Candy Holloway Phone: (800) 940-2933, ext. 21 cholloway@lungfla.org