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ATS NEWS

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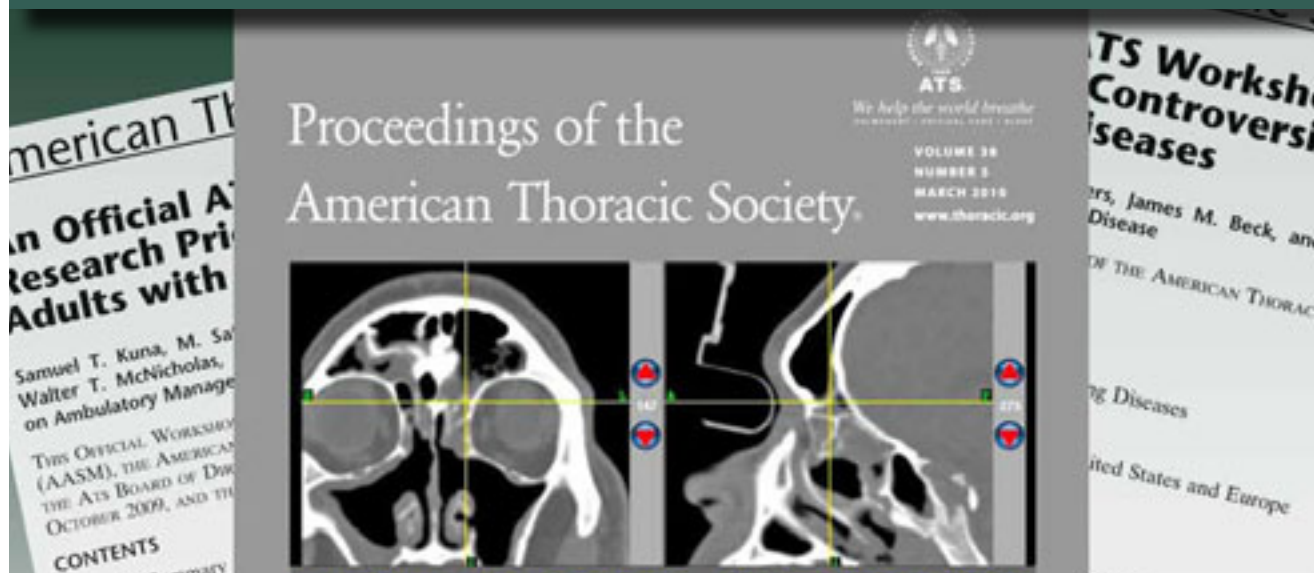
At ATS 2011, the Society will offer a PG course on therapeutic hypothermia following cardiac arrest.

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

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ATS WORKSHOP REPORTS ON OSA & HIV-ASSOCIATED PULMONARY DISEASES



The ATS has released two reports that appear in the March 1, 2011, issue of the *Proceedings of the American Thoracic Society*, one examining research priorities in the use of portable polysomnography monitors in patients with obstructive sleep apnea (OSA) and the second offering insight into changes that are occurring in the types and prevalence of HIV-associated pulmonary diseases in the age of combination antiretroviral therapy (ART).

The first report summarizes the recommendations of an international workshop sponsored by the ATS, the American Academy of Sleep Medicine (AASM), the American College of Chest Physicians (ACCP) and the European Respiratory Society (ERS) that convened to determine research priorities that can help incorporate portable monitors safely into healthcare practices. The report identifies barriers preventing the incorporation of portable monitor testing into clinical management pathways and recommends research and development needed to address those barriers.

"The consensus of the workshop participants was that outcomes-based research studies are needed to demonstrate the efficacy and cost effectiveness of portable monitor testing," said Samuel Kuna, MD, associate professor of medicine at the University of Pennsylvania and chief of the pulmonary, critical care and sleep section at Philadelphia Veterans Affairs Medical Center, who chaired the workshop's steering committee. "There is also a need to develop clinical sleep research networks capable of performing large, prospective studies."

Recommendations were developed regarding research study design and methodology, including the need to standardize technology, identify patients who would be "best fit" for ambulatory management of OSA, ensure patient safety and identify sources of research funding.

"While attempting to validate portable monitors, we need to understand the significant clinical limitations of polysomnography and work to further standardize the sensors, signal processing and protocols used in this 'gold-standard' test," Dr. Kuna said. "Similar efforts are needed to further standardize portable monitors,

especially to allow study results to be compared across monitors."

In addition, Dr. Kuna said more clinical trials are needed to compare the treatment outcomes of both home and in-laboratory testing for different types of patients, and to determine cost-effectiveness.

"Current portable-monitor technology seems to be most applicable in populations having a high likelihood of OSA," he noted. "Ideally, alternative approaches should also be made available to underserved and remote populations that do not have access to gold-standard testing.

"Studies that include cost-effectiveness as an outcome will allow decision-makers to develop healthcare policies regarding the clinical application of portable monitor testing for the ambulatory management of patients with OSA," he said.

"Pressure for alternative approaches to current recommended in-laboratory management of patients with OSA will continue to increase given the cost of polysomnography and the limited number of laboratory facilities relative to patient need," Dr. Kuna continued. "Clinical demand for more rapid access to testing will also likely increase as more studies link treatment of OSA to improved cardiovascular outcomes for patients."

The need for ambulatory testing and management options will also likely increase as the field of sleep medicine evolves and expands. "As physicians in family practice and otolaryngology join pulmonologists, psychiatrists and neurologists to specialize in sleep medicine, the desire to test populations outside of the sleep center will grow," Dr. Kuna explained. "High-

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REGISTER TODAY!
Registration for
ATS 2011 is Open!
See page 4 for details



MESSAGE FROM THE PRESIDENT

Dean E. Schraufnagel, MD

It has been fun planning the Presidential Symposium for the ATS International Conference this year. On Monday, May 16, leaders from the National Heart, Lung, and Blood Institute, World Bank, Stop TB Partnership and National Institute for Environmental Health Sciences will be discussing “Developing Global Health Leadership” from their different perspectives. It should be both philosophical and practical and will complement the International Health Committee’s “Voices from the Field” session, which will take place on Tuesday morning.

One of the most important international health problems is air pollution. The ATS has been describing the relationship between air pollution and respiratory disease for decades. The Society has worked with the U.S. Public Health Service to provide scientific evidence of the effect of air pollution on human health. The findings provided a major impetus for Congress to pass the Clean Air Act, which was signed by President Nixon many years ago. As you may know, there is now a strong effort underway to cripple the Act.

Although today’s critics, as their predecessors, claim that the Clean Air Act is too expensive and constrains our national economy, there is well-documented evidence to the contrary. Balanced against the cost of treating diseases brought on or made worse by poor air quality, the Clean Air Act represents a bargain for our economy. The main reason that the ATS is committed to clean air, however, is not the economy, but the people whose health and well-being are jeopardized by air pollution. Preserving the Clean Air Act and increasing research funding are priorities for ATS advocacy this year. We will keep you informed about the progress of these and other efforts through the Society’s various publications.

I would like to highlight a member benefit to which you can avail yourself, the ATS Job Board, which allows members to post resumes and job openings to the National Healthcare Career Network at a significant discount. Currently, there are 696 jobs, fellowship opportunities and post-doctoral positions posted in pulmonary, critical care and sleep for physicians, research and allied health professionals. You can learn more by going to <http://careers.thoracic.org>. And make sure to get together with your prospective employers or employees at the ATS International Conference. See you in Denver. ■

STAFF CONTRIBUTES \$16K TO ATS

Despite these challenging economic times, ATS staff members contributed more than \$16,000 to the Foundation of the ATS’s *Funds for the Future* campaign. In doing so, staff once again demonstrated its commitment to the Society’s mission of preventing and curing lung disease.

The ATS staff campaign committee, led by co-chairs Elizabeth Guzman, coordinator of education projects and COI management; Eileen Larsson, director of education products and programs; Lauren Lynch, associate director of young professionals and education products; and Graham Nelan, deputy executive director of program and development; set out to raise funds from fellow co-workers to help fight lung disease. As a result, more than 60 percent of staff contributed. The campaign concludes on March 8, when contributors will celebrate by making a toast to this successful team effort.

Other staff member volunteers who worked on this campaign included Mauricia Alexander, business services coordinator; Aashna Choudhary, human resources coordinator; Elizabeth Giancola, senior manager of the research program; Brian Kell, senior director of communications and marketing; and Neil Kerley, assistant of finance and administration (pictured above).

Funds for the Future is the annual giving campaign of the ATS. Contributions may be targeted to one or more of five specific areas: the ATS Foundation Research Program, clinical education and training, assembly activities, the ATS Methods in Epidemiology, Clinical and Operations Research (MECOR) courses and the MECOR research challenge grant.

For more information about campaign contributors and how you may also contribute, please visit <http://foundation.thoracic.org>. ■



From left to right: Staff campaign committee members Brian Kell, Mauricia Alexander, Eileen Larsson, Elizabeth Giancola, Graham Nelan, Lydia Neumann (director of the ATS Foundation), Lauren Lynch, Aashna Choudhary, Elizabeth Guzman and Neil Kerley.

NEWS BRIEFS

ATS RAC VISITS CAPITOL HILL

On February 16, 10 members of the ATS Research Advocacy Committee traveled from Maryland, Kentucky, Mississippi, North Carolina, Illinois, Michigan, Pennsylvania and California to Capitol Hill to meet with more



than 25 Senate and House offices. The committee members came to Washington, D.C., to advocate for increased health research and services funding for the National Institutes of Health, Centers for Disease Control and Prevention and the Veterans Administration, as well the protection of air pollution standards.

From left to right: Rino Aldrighetti, of the Pulmonary Hypertension Association; Research Advocacy Committee Chair Landon King, MD; Christine Evans, legislative assistant to Senator Barbara Mikulski (D-MD); Nuala Moore, ATS senior legislative representative; and Research Advocacy Committee members Elizabeth Wagner, MD, and Julie Ledford, MD.

“With the 2011 spending bill on the House floor, this was a particularly important week for our committee to be on the Hill,” said Landon S. King, MD, who chairs the RAC. “The key message we were trying to convey is that biomedical research investment into lung diseases such as COPD, lung cancer and tuberculosis—which affect millions around the world—must be sustained, not cut back at this time. We are on the brink of developing new tools to diagnose, treat and prevent these and many other diseases and we simply can’t cut short this potential to save lives.”

The committee members who participated in “Hill Day” were Rajesh Bhagat, MD; Marc Peters-Golden, MD; Roberto Machado, MD; Julie Ledford, MD; Gerald Supinski, MD; James Brown, MD; Naftali Kaminski, MD; Elizabeth Wagner, MD; and ATS PAR member Rino Aldrighetti, who is president of the Pulmonary Hypertension Association.

NEW LASKER CLINICAL RESEARCH SCHOLARS PROGRAM

The National Heart, Lung, and Blood Institute is now participating in the Lasker Clinical Research Scholars Program, which is a joint partnership that involves the National Institutes of Health intramural and extramural communities, as well as the Lasker Foundation. The program will support a small number of exceptional clinical researchers in the early stages of their careers to promote their development to fully independent positions.



The program combines a period of research as a tenure-track investigator in the NIH Intramural Research Program (IRP) with an opportunity for additional years of independent financial support, either within the IRP or at an extramural research institution. Scholars will also participate in activities with the Lasker Foundation. The goal is to bridge the widening gap between cutting-edge research and improved patient care, and to nurture the next generation of clinical researchers.

Letters of intent are due on March 4, 2011, and applications are due on April 4, 2011. For more information, please visit www.nih.gov/science/laskerscholar.

WHO'S WHO at ATS

FOR ROBERT LODDENKEMPER COLLABORATION IS KEY

Robert Loddenkemper, MD, is a clinician who has spent the last four decades trying to advance the practice of pulmonary medicine by collaborating with colleagues from around the globe and promoting partnerships among international respiratory societies.

As a former president of the European Respiratory Society (ERS) and the German Society for Pneumology, he knows just how important such partnerships are in reducing the prevalence and burden of lung disease, both of which vary by country and often even by region. In 2003, he and his colleagues at the ERS reviewed these regional differences by presenting epidemiological data from more than 50 countries in the *European Lung White Book*. Dr. Loddenkemper was chief editor of this 200-page report, which “includes data on the causes, means of prevention and treatment strategies for a wide range of respiratory diseases.”

He has also been a leading proponent of standardizing medical education across Europe. A native of Germany, a nation where pulmonary medicine “was and still is poorly represented at universities,” Dr. Loddenkemper recognized how useful it would be if all subspecialty training programs adhered to one curriculum. In 2004, he was asked to chair a newly created ERS task force on HERMES, which stands for Harmonized Education in Respiratory Medicine for European Specialists. The group produced a syllabus in 2006, a curriculum in 2007, an exam for trainees in 2008 and “Criteria for Accreditation for European Training Centers” in 2010.

Dr. Loddenkemper was born in 1939 in an area of Germany that became part of Poland after World War II. Since earning his medical degree from the University of Freiburg (Albert-Ludwigs-Universität) in 1964, his focus has been very patient-oriented. “As a clinician, I was always interested in clinical research, in the development of guidelines on how to diagnose and treat respiratory disorders, and in training and teaching issues,” he said. “Of all the studies I’ve done, I think my work in thoracoscopy and pleuroscopy has been the most important, since it has contributed to these techniques being used more widely in Europe and the United States.”

He first became interested in the diagnosis and treatment of pleural effusions—and, in particular, medical thoracoscopy—while working as a senior physician in the diagnostic department and ICU at Lungenklinik Heckeshorn in Berlin in the late 1970s. He had become familiar with the hospital when he had trained there as a resident 10 years earlier. “During my first few years as a faculty member, I was responsible for the pulmonary ICU, endoscopy and the pulmonary function laboratory,” said Dr. Loddenkemper. During this time, his research on the management of pleural effusions resulted in a number of manuscripts, including the book *Atlas of Diagnostic Thoracoscopy*, which he co-authored with his mentor and former chief Hans-Jürgen Brandt. The recently published volume of the book, now entitled *Medical Thoracoscopy: Manual and Atlas*, includes contributions from a number of ATS members.



“I think my work in thoracoscopy and pleuroscopy has been the most important, since it has contributed to these techniques being used more widely.”

For more than 20 years, Dr. Loddenkemper served as chief of the department of medicine at Lungenklinik Heckeshorn. During his tenure there, he “furthered the development of the ICU—intensive care units were found in few German hospitals at that time—by introducing techniques like home ventilation and interventional endoscopy,” while also becoming an internationally renowned expert on pleural effusions and thoracoscopy. He has contributed to chapters on these topics in several textbooks, including *Murray & Nadel’s Textbook of Respiratory Medicine*. He also co-chaired the ATS/ERS Task Force on pleural effusions and co-edited the European Respiratory Monograph on pleural disease.

He first became involved in the ATS in 1969 while completing a one-year research fellowship in the pulmonary division of the Research and Education Hospital at the University of Illinois in Chicago. Under the guidance of Robert W. Carton, MD, and Ruy V. Lourenço MD, he studied the deposition and clearance of particles in patients with bronchiectasis. He presented his findings at the 1969 ATS conference in Miami—and has been an ATS member ever since.

Since retiring from clinical practice in 2006, Dr. Loddenkemper has concentrated on two important public health issues: tuberculosis and smoking prevention. He continues to serve as secretary-general of the German Central Committee Against TB, a position to which he was appointed in 1995. He also represents the German Society for Pneumology in the German Coalition for Non-Smoking and served as president of the International Union Against Tuberculosis and Lung Disease’s European Region. And he remains passionate about teaching young physicians to use medical thoracoscopy/pleuroscopy.

Dr. Loddenkemper lives in Berlin with his wife, Dr. Beate Loddenkemper. In his free time, he enjoys spending time with their two adult sons, and their seven grandchildren. ■

NEWS BRIEFS

ATS PAR ‘LUNG DISEASE WEEK’

In 2011, the ATS Public Advisory Roundtable (PAR) unveiled a new program called “Lung Disease Week at the ATS,” which represents a society-wide initiative to recognize the many lung disorders, critical illnesses and sleep disorders for which PAR member organizations provide support and guidance to patients and their families.



For one-week periods in March 2011, PAR will bring patient issues specifically related to rare diseases (February 27 to March 5) and sleep disorders (March 13 to 19) to the forefront of the Society’s agenda. Working with its PAR partners Donna Appell, RN, of the Hermansky-Pudlak Syndrome Network, and Edward Grandi, of the American Sleep Apnea Association, the ATS will develop, aggregate and host links to disease-specific content on its Web site at <http://patients.thoracic.org/par/index.php>. Material will include patient stories, testimonials, interviews, videos, support group information, details on legislative efforts and clinical trial updates.

NEW PODCAST FOCUSES ON END-OF-LIFE QI INTERVENTION

A new ATS podcast interview highlights the effect of a quality-improvement intervention on end-of-life care in the ICU. Nitin Seam, MD, of the Veterans Affairs Medical Center in Washington, DC, interviews ATS Immediate-Past President J. Randall Curtis, MD, MPH, about his clinical research focused on assessing and improving end-of-life care in the ICU.



ATS MEMBER NEWS

Umesh Laloo, MBChB, has been appointed as dean of the Nelson Mandela School of Medicine in the University of KwaZulu-Natal in South Africa, succeeding William Sturm, MD. Prior to this appointment, Dr. Laloo served as professor, chief specialist and head of the Department of Pulmonology and Critical Care at the medical school.



An ATS member since 2007, Dr. Laloo has been an active proponent of partnerships among international respiratory societies. He is a former president of the South African Thoracic Society and has dedicated much of his time to training healthcare professionals to care for patients with HIV/AIDS and tuberculosis. He continues to serve as executive director of the KwaZulu-Natal Enhancing Care Initiative and as principal investigator of the International Clinical Trials Unit of the U.S. Division of AIDS.

LEADERS IN PULMONARY, CRITICAL CARE & SLEEP MEDICINE TO RECEIVE OUTSTANDING ACHIEVEMENT AWARDS AT ATS 2011

As the premier gathering of clinicians and scientists committed to advancing pulmonary, critical care and sleep medicine, the ATS International Conference is an important venue for recognizing individuals who are leaders in these fields for their extraordinary contributions to and achievements in lung disease research, treatment and prevention. The following individuals will be honored at ATS 2011 in Denver during two award ceremonies on Sunday, May 15, and Monday, May 16.

Awards Session

Time: Sunday, May 15, 4:45 to 6:30 p.m.

Place: Wells Fargo Theatre Section 2 (Street Level) in the Colorado Convention Center



Gordon R. Bernard, MD, will be the 2011 J. Burns Amberson Lecturer. The Amberson Lecture is delivered in honor of James Burns Amberson, M.D., an international authority on chest disease and tuberculosis. The Amberson Lecturer is an individual with a career of major lifetime contributions to clinical or basic pulmonary research and/or to clinical practice.



Steven A. Sahn, MD, is the recipient of the 2010 Edward Livingston Trudeau Medal, which is awarded to an individual with lifelong major contributions to the prevention, diagnosis and treatment of lung disease through leadership in research, education or clinical care. The award was established in 1926 by the American Lung Association (ALA) and is given in honor of Dr. Edward Livingston Trudeau, a founder and the first president of the ALA.



J. A. Peter Pare, MD, and **John J. Marini, MD**, will receive Distinguished Achievement Awards, which are given to individuals who have made outstanding contributions to fighting respiratory disease through research, education, patient care and advocacy.



Surinder Jindal, MD, will be given the Outstanding Educator Award in honor of his lifetime contributions to education and mentoring in the fields of pulmonary, critical care or sleep medicine. This award also honors excellence in clinical or research education as it relates to pulmonary disease.



David J. Prezant, MD, will receive the Public Service Award, which recognizes individuals for their contributions in the public health arena related to respiratory disease and medicine.



Roberto Accinelli, MD, will be given the World Lung Health Award, which is presented to individuals with recognized contributions to world lung health in the areas of basic or clinical research, delivery of healthcare, continuing education or care of patients with lung disease.

Recognition Awards for Scientific Accomplishment

Time: Monday, May 16, 2 to 4 p.m.

Place: Korbel Ballroom 2A-3A (Lower Level) in the Colorado Convention Center



From left to right: Drs. Abraham, Kolls, Riches and Wu.

In 2011, the ATS will present Recognition Awards for Scientific Accomplishment to Edward Abraham, MD, Jay Kolls, MD, David Riches, PhD, Reen Wu, PhD.

These awards are given to individuals for outstanding scientific contributions in basic or clinical research to the understanding, prevention and treatment of lung disease. Those considered for the awards are recognized for either scientific contributions throughout their careers or for major contributions at a particular point in their careers.

Each awardee will make a 25-minute presentation on his research during this session.

2 p.m. Edward Abraham, MD—“The Intersection of Coagulation and Inflammation: New Roles for Hemostatic Factors in the Pathogenesis of Acute Lung Injury”

2:30 p.m. Jay Kolls, MD—“Th17 Cytokines and Mucosal Immunity in the Lung”

3 p.m. David Riches, PhD—“From Macrophage Phenotypes to Pulmonary Fibrosis: Closing the Circle”

3:30 p.m. Reen Wu, PhD—“Air-Liquid Interface and Beyond...”

NEWS BRIEFS

MTTAs: HELPING MINORITY TRAINEES ATTEND ATS 2011

In February, the ATS invited trainees who are members of groups defined by the National Institutes of Health as underrepresented minorities to

apply for the Minority Trainee Travel Awards (MTTAs) for the 2011 International Conference in Denver.



Organized by the Membership and Training Committees and supported by an educational grant from Merck, the MTTAs aim to interest minority trainees in clinical, research and academic careers in respiratory medicine by providing them with the travel scholarships to attend the annual ATS meeting. Awardees will also receive one year of ATS in-training membership and will be recognized at the 2011 Diversity Forum, also supported by Merck, on Monday, May 16, at 11:30 a.m.

The program is open to co-authors of abstracts already accepted for presentation at ATS 2011 who are currently enrolled in training programs in the United States. To learn more about the program, please visit www.thoracic.org/education/career-development/travel-award-opportunities/mtta.php, send an e-mail to ats-mtta@thoracic.org or call (212) 315-8698.

REGISTER FOR ATS 2011 BEFORE MARCH 15 & SAVE!

Register for the 2011 ATS International Conference at a discounted rate today! Attendees who register by **Tuesday, March 15, 2011**, can do so at the special “early-bird” rate. The Advance Program is now online. For more information on the program, pricing and to register for the conference, visit www.thoracic.org/go/international-conference.

ATS SPONSORS RTAs TO BRING RESIDENTS TO IC

This year, the ATS will once again award 20 internal medicine and pediatric residents a stipend of \$1,000 to travel to the 2011 International Conference in Denver.

Supported by an educational grant from Merck, this program is just one way in which the ATS is addressing the growing shortage of physicians in the fields of pulmonary and critical care medicine.



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The program exposes medical and pediatric residents to the fields of pulmonary, critical care and sleep medicine and to encourage them to pursue careers in these subspecialties. To ensure awardees get the most of ATS 2011, each resident will bring a mentor to the International Conference, who will personally guide them through the many educational and networking opportunities at ATS 2011.

The Society will also provide award recipients with complimentary registration to ATS 2011 and one year of in-training ATS membership.

WILSON APPOINTED NEXT ATS DOCUMENTS EDITOR



Kevin C. Wilson, MD, has been appointed the next ATS documents editor, effective January 1, 2011. He succeeds Holger Schünemann, MD, PhD, who had served in this role since 2006.

Dr. Wilson is assistant professor in the Division of Pulmonary, Critical Care and Allergy at Boston University School of Medicine. His editorial experience includes serving as deputy editor of pulmonary, critical care and sleep medicine, and assistant deputy editor of evidence-based recommendations and grading at *UpToDate*®. For the last several years, Dr. Wilson has worked closely with Dr. Schünemann as associate documents editor and as a member of the ATS Documents Development and Implementation Committee. In October 2010, he took over the documents editor position on an interim basis.

“The Search Committee was thrilled to have Dr. Wilson as a candidate for this position,” said ATS

Immediate-Past President J. Randall Curtis, MD, MPH, who chaired the search committee. “His qualifications and experience are truly outstanding for this position, and we felt very lucky to have him as a candidate.”

Dr. Wilson is also a member of the GRADE Working Group, which is an international group of experts in evidence-based medicine and clinical practice guideline development that is focused on teaching and promoting evidence-based approaches to appraising literature, presenting evidence, writing recommendations and grading recommendations. His research focuses on appraising medical literature, understanding the methodology of clinical practice guidelines and presentation of evidence. He is currently involved in studies appraising the evidence underlying performance measures and evaluating the quality of performance measures.

“I am really looking forward to helping to maintain the high methodological quality of official ATS documents, while exploring ways to make the process of document development more efficient,” said Dr. Wilson, who has served on the ATS Publications Policy Committee and Council of Chapter Representatives since joining the Society in 2000. ■



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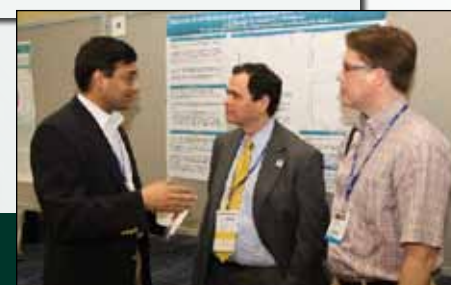
- Sanofi-Aventis U.S., and its U.S. Consumer Healthcare Division, Chattem, Inc., have announced that the U.S. Food and Drug Administration (FDA) has approved the Allegra® family of allergy medication products for over-the-counter use in adults and children two years of age and older. Additionally, Allegra-D®, which also relieves nasal congestion and sinus pressure, will be available without a prescription at the pharmacy counter for use in adults and children 12 years of age and older. Allegra® and Allegra-D® will be available in March 2011 in their original prescription strengths without a prescription.
- Boehringer Ingelheim, Inc., has announced that the FDA has approved PRADAXA, a direct thrombin inhibitor for use in reducing risk of stroke in patients with non-valvular atrial fibrillation (NVAf).

Don't Miss These Networking Opportunities at ATS 2011

This year, conference attendees will have two new and engaging tools to help them to connect at the ATS 2011 International Conference in Denver:



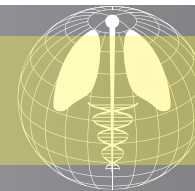
- “My ATS 2011” by Zerista is a desktop and mobile software through which attendees can see who else will be at the conference, make connections and network before, during and after the conference.
- Alumni and Group Lounges are meeting rooms that will be available for in-person get-togethers, reunions or receptions from 8 a.m. to 5 p.m. each day during ATS 2011.



For more information, contact Stacy Blackshaw at sblackshaw@thoracic.org.

SPOTLIGHT ON ATS COMMITTEES

Health Policy Committee



Ann C. Halbower, MD, chair of the ATS Health Policy Committee, talks about what she and her members are doing to advance the Society's mission of improving the quality of life of patients with lung diseases, critical illnesses and sleep disorders.

Q. What is the genesis of your committee? When was it established? And what is its charge?

A. The committee was initially created in 1988 as the Health Care Policy and Technology Assessment Committee after ATS leaders decided that the Society's Washington office would benefit from member expertise on health policy matters. In 1990, the committee became Health Care Policy and Clinical Practice Committee to reflect its focus on Medicare billing and coding. The name changed again to the Health Policy Committee after the Clinical Practice Committee became a stand-alone entity in 1998.

A principle function of the Health Policy Committee is to serve as a resource for ATS government relations staff and to advise the ATS Executive Committee and Board of Directors on important policy issues and priorities for ATS action. Our members advocate for improved health and access to care for patients with pulmonary diseases, critical illnesses and sleep-related conditions. We also monitor federal healthcare legislation, policies and regulations, and provide federal agencies with expert knowledge to assist them in their efforts to prevent respiratory disease and to improve the provision, funding and coverage of services. The Committee periodically develops position statements on proposed or existing federal healthcare policies when appropriate. We have also reviewed federal policies regarding pulmonary/critical care workforce needs and provided expert opinions in coordination with the Council of Chapter Representatives.

Q. Would you say your committee's focus has changed in the last several years?

A. The Health Policy Committee became furiously active during the efforts of the 111th Congress, as they worked for reforms on healthcare availability in the United States. The ATS government relations office worked with the Society's Executive Committee to form a rapid response team. Comprising of representatives from several committees, the team responded to proposed changes in healthcare and insurance. The HPC developed several information briefs to inform the Executive Committee about current issues in healthcare reform, as well as to inform legislators about pressing current issues in pulmonary, critical care and sleep medicine that need research funding, expanded public education, and additional workforce.

Q. What would you count as your major accomplishments to date?

A. During my tenure as chair of the committee, we have partnered with sister societies to inform

legislators about the need for a global perspective on attitudes toward respiratory disease. Together, we have advocated for The Family Smoking Prevention and Tobacco Control Act, which President Obama signed into law in 2009. This Act gives the U.S. Food and Drug Administration the authority to regulate marketing of cigarettes and limits advertising to children. We tirelessly lobbied for the passage of the Comprehensive Tuberculosis Elimination Act of 2008, which was a major step toward eliminating TB. As a liaison from the ATS, I had the opportunity to work with members of the American Academy of Pediatrics and other stakeholders to develop and support the passage of The Pediatric Medical Device Safety and Improvement Act, a bill that will increase the safety and development of pediatric medical devices. We continue to push for funding to address the workforce shortages of pulmonary, critical care and sleep medicine providers.

Q. As a pediatric pulmonologist and chair of the committee, how is the perspective you bring to the table unique?

A. I am a pulmonologist and a sleep medicine specialist. Pediatric respiratory issues often become those of adults, and, obviously, prevention strategies aimed at pediatric populations will have a long-term impact on the health of the nation. Aiming treatment at respiratory diseases in children—such as cystic fibrosis, asthma and sleep disorders—may improve long-term health outcomes and the economic impacts of disease.

Q. Is the make-up of your committee representative of the Society's membership at large or does it represent a "subset" of ATS members?

A. Our members are selected by the Executive Committee and represent a diverse group of backgrounds and areas of expertise in the fields of pulmonary, critical care and sleep. A number of members live and practice outside of the U.S., and their perspectives are critical to understanding global healthcare issues. We also invite all ATS members to contribute to this dialogue, something that Brian Kell, senior director of ATS communications and marketing, will facilitate over the coming year.

Q. What other projects are in the works?

A. The Health Policy Committee will sponsor a special symposium at the ATS 2011 International Conference: session D82 "Implications of U.S. Healthcare Reform for Pulmonary, Critical Care and Sleep Medicine" will take place from 2 to 4:30 p.m. on Wednesday, May 18.

Co-chaired by Ivor Douglas, MD, and Cynthia Gries, MD, the program will focus on pay-for-performance, patient-centered medical homes, cost containment and the relationship between health insurance status and critical care outcomes.

We are also developing several policy briefs to inform the Executive Committee and legislators about pressing issues that require funding, public education or policy action, including:

- global clean air policy
- pulmonary, critical care and sleep workforce shortage
- global tobacco control and support for the ratification of the World Health Organization's Framework Convention on Tobacco Control
- strategies to manage critical care resources at national and regional levels, in the interest of preparedness and improved public health
- standardizing ethical organ donation
- pharmacoconomics
- pediatric respiratory disease
- pediatric sleep-disordered breathing

Q. Do you see many opportunities for collaboration with other ATS committees?

A. The Health Policy Committee makes a point to partner with most of the ATS's committees and assemblies. To date, we have worked with the Tobacco Committee, International Lung Health Committee, Environmental Health Policy Committee and the Assembly on Clinical Problems. These partnerships have allowed us to more formally represent the diverse backgrounds of ATS members. ■

MEET THE MEMBERS OF THE HEALTH POLICY COMMITTEE

Ann C. Halbower, MD (*chair*)
John Bernardo, MD
Charlotte W. Collins, JD (*PAR representative*)
J. Randall Curtis, MD, MPH (*non-voting member and ex-officio*)
Ivor S. Douglas, MD
David Gozal, MD
Cynthia Gries, MD, MSc
Nicholas S. Hill, MD (*non-voting member*)
Erin K. Kross, MD
Nuala Moore (*staff*)
Dean E. Schraufnagel, MD (*non-voting member*)
Jennifer L. Taylor-Cousar, MD
Dona J. Upson, MD (*CCR representative*)
Maryam Valapour, MD
David W. Zaas, MD

AMERICAN THORACIC SOCIETY

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ATS VOTE 2011

VOTE NOW in the ATS Secretary-Treasurer Election

From the Chair Molly L. Osborne, MD, PhD



As chair of the ATS Nominating Committee, I would like to strongly encourage you to vote in the 2011 Secretary-Treasurer election. After carefully reviewing the outstanding candidates, the Committee has selected two candidates for election.

Each candidate has written a brief statement and responded to 10 key questions regarding his vision for the future of the Society. Please read these statements closely before voting for the insights they provide into each candidate's thinking and plans for leadership of the ATS.

Remember, your vote is critically important—yes, a few votes can make a difference!! The successful candidate will not only serve as ATS Secretary-Treasurer for the 2011-2012 term, but as ATS President in 2014. Members can vote electronically by visiting the ATS Web site at www.thoracic.org and clicking "Vote 2011."



Secretary-Treasurer Candidate: Jack Elias, MD

Dr. Elias received his undergraduate and medical degrees from the University of Pennsylvania, did his residency at Tufts-New England Medical Center and a senior residency and fellowships in allergy and immunology and pulmonary and critical care medicine at the Hospital of the University of Pennsylvania. After time on the faculty at Penn, Dr. Elias became the head of pulmonary and critical care medicine at Yale Medical School (YMS) and Yale-New Haven Hospital (YNHH). He subsequently became the Waldemar Von Zedtwitz Professor (2000), chairman of medicine at YMS, physician-in-chief at YNHH (2006) and professor of immunobiology (2007).

His honors include the Edward Livingston Trudeau Scholar Award, Leonard Dalsemer Scholar Award, Established Investigator Award from the ALA and a Recognition Award for Scientific Accomplishment from the ATS. He is a member of the American Society for Clinical Investigation (ASCI) and the Association of American Physicians (AAP). He has been a councilor of the AAP and is serving as its president this year. Dr. Elias is an associate editor of *Fishman's Textbook of Pulmonary Diseases and Disorders* and has been very active in the ATS. He is also active at the NIH, having served on the Lung Biology and Pathology Study Section, as well as on numerous advisory boards and workshops. He serves on the Council of the NHLBI and the NIH Council of Councils. In 2010, Dr. Elias was elected to the Institute of Medicine of the National Academies. He has been continuously funded by the NIH since 1982 with R01, PPG, SCOR and training grants.

1. What qualifies you to be the ATS president?
I believe my passion for the lung and my clinical, research, administrative, educational and ATS-based career experiences have prepared me

well. As a clinician, I have experienced firsthand the frustrations that patients and physicians experience due to the problems in our healthcare system and the inadequate therapies that we have for many diseases. As a researcher, I also experienced the frustrations of inadequate funding and the emotions of an investigator who has put heart and soul into a grant and watches his future being sent for review.

My time as a section chief and now chair of medicine have provided impressive administrative opportunities and allowed me to appreciate the importance of and complexities of the integration of our clinical, research and educational missions. They have allowed me to understand the importance of a programmatic vision that fosters mentorship, a transparent meritocracy, a high scientific bar and horizontally integrated programs that foster interactions between master clinicians, basic science pathogenesis-focused investigators and translation-focused investigators around disease-related themes. Through my AAP involvement, I have observed the importance of interactions with other professional organizations and appropriate advocacy.

Finally, I want to highlight my experiences in the ATS/ALA. I am on the editorial boards of the *American Journal of Respiratory Cell and Molecular Biology* and the *American Journal of Respiratory and Critical Care Medicine*. I actively contributed to the ATS Long Range Planning Committee and the Scientific Advisory Committee (SAC) and served as chair of the Assembly on Allergy, Immunology and Inflammation—as well as a member of its Program Committee and Asthma Advisory Committee. As chair of SAC, I helped develop the ATS Research Program.

2. What are your top three goals for the ATS and how would you implement them?

- I would like to work to make the ATS the "organization of choice" for:
- (A) Science relating to respiratory diseases and disorders. We need to improve the quality, diversity, availability and translatability of science at our International Conference. Smaller science-focused meetings may also help make this excellent science more available to all.
 - (B) Clinical education relating to respiratory diseases and disorders. We need to continue to work on our Conference and scientific journals to make them useful for clinicians. We also need to provide educational activities that take advantage of the Internet and continue to think creatively about other educational venues.
 - (C) National and international activities relating to pulmonary medicine and science.

These are exciting times with impressive possibilities for international collaboration and expansion. By leading the world in science and medicine, we will further strengthen our ability to fulfill our role as advocates for pulmonary medicine, pulmonary research and our patients.

3/4. What would you identify as strengths and weaknesses of the ATS?

The Society has an impeccable reputation in the pulmonary community and, as a result, is able to serve as an advocate for pulmonary research and patients with pulmonary disorders. The ATS also has excellent stature in applied pulmonary science. However, we do not always meet the needs of our clinical community, our research rarely establishes new paradigms of biology, our ability to fund research is limited and the size of our annual meeting can make it hard to manage.

5. What do you see as present and future opportunities for the ATS?

These are exciting times. Advances in science have allowed us to understand, with an unexpected degree of clarity, the mechanisms that mediate pulmonary disorders. Simultaneously, clinical correlations are allowing us to appreciate the heterogeneity in many of these diseases. As a result, we have mechanistic insights that may lead to new ways of diagnosing, classifying and treating these disorders. There are also unprecedented possibilities for cooperation between the ATS, ERS, other respiratory, critical care and sleep societies, and patient organizations to collaborate in research, education and advocacy efforts. In keeping with the concept that "a crisis is a terrible thing to waste," the economic downturn may also be an opportunity to decrease our expenses and diversify our revenues. Long term, the opportunities for progress will require novel approaches to clinical and scientific education, and the formulation of a vision for international outreach and growth.

6. What are some of the threats you see to the ATS now and in the future?

The two major imminent and long-term threats that I see are the economy and competition from other organizations and their meetings and publications. If we do not meet the needs of our constituents, others will.

7. What role should the ATS play as an international organization?

The ATS should be the premier clinical, scientific and educational advocacy organization for pulmonary diseases in North America. I would love to see the organization

play a similar role worldwide. To accomplish this, we will need to meet the needs of our international members and partner effectively with their local thoracic societies. Opportunities in Asia and South America are particularly worthy of investigation.

8. What should the ATS do for its membership?

The ATS needs to offer a broad range of services. We must address the quality, ease of use and diversity of the clinical educational offerings. The International Conference and three journals need to be a forum for the presentation of the latest research, advances in science and concepts of disease pathogenesis and treatment. Because our annual meeting is so important to us, every effort must be made to assure high levels of attendance and quality. This should include assisting our international members in their attempts to obtain visas. Smaller disease- or mechanism-focused meetings (possibly partnered with our international colleagues or disease-focused advocacy organizations) would allow for more personal scientific and professional interactions. In terms of advocacy, the ATS needs to stand up for appropriate funding for lung research and the treatment of lung disorders.

9. How do you plan to advocate for membership needs?

It is important to have the ATS be the organization that the NIH, CMS and other national agencies look to when pulmonary clinical, scientific and funding questions are being addressed. The ATS must also work with the NIH and others to leverage any investments that are made. I envision a synergistic interaction between the ATS and other similarly minded organizations to share expenses relating to advocacy.

10. What personal leadership qualities would you bring to the role as an ATS officer?

My years in academia have led me to appreciate a number of leadership qualities that I try to use in my day-to-day activities and hope to use in a leadership position in the ATS. They include the need to:

- formulate a programmatic vision from personal insight and external input;
- be inclusive;
- communicate the vision and individual and group goals and, by so doing, obtain personal buy-in;
- value the full spectrum of pulmonary medicine and research; and
- lead by example. ■



Secretary-Treasurer Candidate: Thomas Ferkol, MD

Dr. Ferkol is professor of pediatrics, cell biology, and physiology and director of the multidisciplinary Division of Pediatric Allergy, Immunology, and Pulmonary Medicine at the Washington University School of Medicine. After earning his medical degree from the Ohio State University College of Medicine, he completed residency training at the University of North Carolina at Chapel Hill. He received his fellowship training in pediatric pulmonology at Case Western Reserve University and subsequently joined their pediatric faculty. He moved to Washington University in 2000, where he has directed the comprehensive Cystic Fibrosis Center for the past decade.

An American Lung Association Edward Livingston Trudeau Scholar and recipient of the Cystic Fibrosis Foundation (CFF) LeRoy Matthew's Physician-Scientist Award, his research has focused on characterizing genetic and molecular factors that contribute to airway involvement in cystic fibrosis and primary ciliary dyskinesia. With support from the National Institutes of Health (NIH), CFF and March of Dimes, he and his collaborators have identified potential therapeutic targets for suppurative lung diseases and developed novel approaches for drug delivery. He is an investigator for the NIH-supported Genetic Diseases of Mucociliary Clearance Consortium, and has assembled clinical, biomedical and engineering research collaborative at Washington University, studying genetic and phenotypic spectrum of ciliopathies.

He has been a member of several scientific review groups, including the NIH Gene and Drug Delivery Study Section, ATS Career Development Grants Review Committee, CFF Research Development Program Review Committee and CFF Functional Genomics Review Committee. Finally, he is a current

member of the American Board of Pediatrics Subboard of Pediatric Pulmonology.

1. What qualifies you to be the ATS president?

The ATS needs a strong and dedicated leader to guide the organization to its best future. Leadership should be focused on where the Society is going and not where it has been. I represent the generation of members who are most vested in this future. I come prepared to lead now.

I have had a long-standing commitment to the ATS. I was elected as chair of the Assembly on Pediatrics Program Committee and later as chair of the assembly as a whole. I have served on the ATS Health Policy Committee and Board of Directors. These experiences have allowed me to appreciate the challenges and opportunities that the Society faces. Current efforts to articulate assembly missions arose from an ad hoc sub-committee for the Board of Directors that I chaired, which should allow our colleagues to better understand what the assemblies and the ATS as a society have to offer. Members are the assemblies, and the assemblies are the Society.

As the past-chair of the Pediatric Pulmonology Training Directors Association, I have been dedicated to training and fostering the early careers of pulmonary clinicians and investigators. I understand the issues that confront our younger colleagues, and actively participate in working groups organized by the National Heart, Lung, and Blood Institute (NHLBI) and Federation of Pediatric Organizations (FOPO) to define training objectives and reverse the growing shortage of pediatric scientists.

2. What are your top three goals for the ATS and how would you implement them?

First, we have to develop and support the next generation of pulmonary scientists. The number of clinical investigators who have or are adequately prepared to pursue a research career is declining, a trend that threatens the Society. Ironically, opportunities for discovery research in lung diseases have never been greater, and we have proposed strategies to enhance the appeal of our specialties, expand the pool of potential trainees and develop effective research mentorship. The Society has the unique opportunity to advance these goals.

Another priority is to expand membership by broadening the Society's appeal to clinicians and other care providers. The ATS must become more relevant to them, providing greater value through development of self-education materials and quality improvement programs, expanded conference programming, networking, and Web site and journal content.

Lastly, we must make the Society more visible and better inform the public of the broad scope of activities and expertise provided by members. The Society should be better identified with the diseases its members treat.

3. What would you identify as strengths of the ATS?

The ATS is the premier research organization for respiratory diseases, and our reputation is unquestionably an asset. The diversity of ATS membership is another strength, which provides opportunities for intra- and inter-disciplinary networking, development of translational projects and creation of multidisciplinary research consortia. Indeed, the Society should facilitate and encourage such collaborations in conference programming and project proposals.

4. What would you identify as weaknesses of the ATS?

Despite its prominence, the ATS is nearly invisible to the public. Even many members are unsure what the Society does for them. We must create a clear identity for the ATS and be better connected to the diseases we treat. In addition, our responsibility as advocates for the care of patients with respiratory diseases should translate into better penetration into the media and public consciousness.

5. What do you see as present and future opportunities for the ATS?

Historically, the ATS has not been perceived as an organization for clinicians, and other professional societies have filled that void. Yet, academic clinicians provide the greatest opportunity for growth, and we could expand the membership by making the Society more relevant to them. The ATS should partner more closely with specialty boards, expanding its educational offerings to allow members to comply with new maintenance of certification requirements. Pulmonary advanced practice nurses, research coordinators, respiratory therapists and other care providers from academic centers, who are instrumental to our educational and clinical missions, are underrepresented in the Society. We need to develop strategies to increase their participation.

Recent changes to the ATS Web site are clearly improvements, and it should provide an Internet-based intellectual "home" for our members worldwide, facilitating communication between geographically dispersed colleagues. Moreover, the Web site should be an effective conduit into the ATS, offering patients, families and potential contributors with access to disease experts, educational materials and information regarding the Society.

6. What are some of the threats you see to the ATS now and in the future?

The greatest challenge to the Society is the limited funds to support our missions, largely driven by the current economic climate, which has impacted the International Conference and ATS Foundation-sponsored research program. An opportunity to reverse this trend is to broaden membership, which would raise revenues that could then be applied to research grant and educational programs. Another threat would be the loss of advertising revenue should the *American Journal of Respiratory and Critical Care Medicine* become an online-only publication, but that may be an opportunity to explore alternative funding streams.

7. What role should ATS play as an international organization?

Another potential for growth is to increase membership worldwide, but our international colleagues must have a place in the ATS. We have similar research interests, and there are many opportunities to develop or advance multinational clinical and translational research collaborations. We have addressed this issue in the Assembly on Pediatrics, and as chair, one of my first priorities was to broaden international representation in the committees and leadership. In addition, we have invited other academic societies to nominate representatives for our International Relations Committee, which serves as their voice in our assembly.

8. What should the ATS do for its membership?

The ATS should be relevant to all of its members, especially our trainees and young faculty. The Society should provide value to them, recognizing and responding to changing generational perspectives on the competing demands of clinical service and scholarship.

9. How do you plan to advocate for membership needs?

The Society must involve its membership in efforts to identify educational and research needs, and seek input regarding its strategic planning. Our members should be engaged year-round, so that the acronym "ATS" means more than just five days each May.

10. What personal leadership qualities would you bring to the role as an ATS officer?

I am running for the position because I feel that I can help the Society to widen its appeal and visibility. I view myself as a consensus builder, routinely seeking input from various sources, especially from those who have different viewpoints. I will dedicate myself to the job. It would be a privilege to do so. ■

To cast your vote, visit www.thoracic.org and click "Vote 2011."

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EPA UNDER ASSAULT



February saw what is likely to be the first in a long series of attacks on the Environmental Protection Agency (EPA). The attacks came on two fronts. First, the House Energy and Commerce Committee's subcommittee on energy and power held a hearing on legislation that would strip the EPA of authority to regulate gases that contribute to climate change.

During the lengthy and contentious hearing, Republicans alternated between expressing doubt about the science of climate change to warning about the economic cost of greenhouse gas regulation. Democrats, on the other hand, praised the public health achievements that have been made in the 40 years since the Clean Air Act was passed. They also noted that the majority of scientists and research organizations find the evidence of anthropogenic forced climate change to be compelling.

"During this first hearing, EPA Administrator Lisa Jackson faced intense and often hostile questioning from Republicans about the EPA's authority to regulate carbon and the high cost of greenhouse gas regulation," explained

Gary Ewart, senior director of ATS government relations. "She countered by noting that the U.S. Supreme Court's ruling in *Massachusetts v. EPA* obligates the agency to regulate pollutants and gases under the auspices of the Clean Air Act."

The second line of attack came during the appropriations process. In February, the House Appropriations Committee stated its goal of cutting \$75 billion in federal domestic discretionary spending for fiscal year 2011 and released a list proposed spending cuts, after push back from many house members (the targeted level of cuts was raised to \$100 billion). Top on the list was a proposed \$1.6 billion (16 percent) cut in the EPA's budget.

"The proposed cuts specifically defund the EPA's climate change programs and related Clean Air Act activities," said Mr. Ewart. "While at press time, votes on the House proposed cuts were pending, it is expected that the House will enact steep cuts in the EPA's budget. The Senate is expected to take a different approach to fiscal year 2011 funding."

Debate about the EPA's authority and the funding levels its programs will receive in 2011 are expected to be an ongoing during this session of Congress. While most of the legislation introduced to date would delay or remove the EPA's authority to regulate climate change gases, other legislation has been introduced that would prevent the agency from updating regulations on other air pollutants like ozone, particulate matter, mercury and lead.

The ATS will continue to advocate for the continuation of the EPA's research and enforcement programs that were authorized by the Clean Air Act. ■



ATS COMMEMORATES WORLD TB DAY 2011

This month, the ATS joins the global public health community in recognizing World TB Day on March 24. This annual observance commemorates the date in 1882 when Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacteria that causes tuberculosis (TB). At the time of Koch's discovery, TB was rampant across the globe, causing up to one death out of every seven people. Koch's discovery paved the way for development of diagnosis and treatment of TB.

The ATS will celebrate Dr. Koch's contributions to the field, while raising awareness about the challenges that remain to halting the global pandemic, as well as the urgent need to develop new TB diagnostic, treatment and prevention tools to eventually eliminate it. The theme for the 2011 World TB Day campaign is TB Elimination: Together We Can! For more information, please visit the ATS Web site at www.thoracic.org.

PRESIDENT OBAMA RELEASES FY2012 FUNDING PROPOSAL

On Valentine's Day, the Obama Administration released its fiscal year 2012 federal budget proposal, which includes cuts and increases to a variety of programs that are of interest to ATS members, including:

- National Institutes of Health (NIH)—\$31.829 billion (\$1.045 billion more than FY2010)
- Centers for Disease Control and Prevention (CDC)—\$5.893 billion (\$574 million less than FY2010)
- Environmental Protection Agency (EPA)—\$8.973 billion (\$1.308 billion less than FY2010)
- Veterans Administration Medical Research—\$509 million (\$72 million less than FY2010)

At press time, program-level details were not yet available.

BUDGET NOTES

You might be asking "what happened to FY2011?" In normal years, the President's funding recommendation would be compared to the immediate previous fiscal year. However, because Congress has not completed funding for FY2011, the ATS had to use FY2010 as the comparison point for FY2012 proposed funding. At

press time, the House of Representatives was considering legislation to fund federal activities for the remainder of the FY2011 year. House Republican leaders have indicated that they will try to cut \$100 billion from federal programs for FY2011.

"While the budget numbers are somewhat grim for programs of interest to ATS members, there were a few small bright spots in the President's budget," said Gary Ewart, senior director of ATS government relations. "First, the budget includes funding—\$62 billion—for a two-year extension of the Medicare physician payment freeze. This is a short-term payment fix; it doesn't provide funding or a legislative proposal for a permanent physician payment fix."

The budget also plans to reduce health spending by enacting malpractice reform legislation, which is another piece of welcome news for the ATS community.

But the most notable thing about the President's budget is that it didn't include entitlement reform proposals. "Republicans harshly criticized the President's budget for failing to address the nation's long-term fiscal health by tackling the most significant driver of federal

spending, Medicare, Medicaid and Social Security," continued Mr. Ewart. "Many political observers predict Republicans and the Obama Administration will play a 'game of chicken' to see which side will present concrete—and likely politically unpopular—proposals to address entitlement spending." ■



ATS WORKSHOP REPORTS ON OSA & HIV-ASSOCIATED PULMONARY DISEASES

(continued from page 1)

quality research will be needed to guide the systematic development of these alternative clinical disease management pathways.”

The second report details recent global changes in the management of HIV-associated pulmonary disease, and examines the evolving landscape of HIV and its associated diseases in areas where ART is available, as well as offering insight into the trends occurring in areas of the world where ART use is limited.

“In the early, pre-ART years of the HIV epidemic, pulmonary infections such as *Pneumocystis* pneumonia (PCP), TB and bacterial pneumonia were the most frequent pulmonary complications among HIV patients,” said Alison Morris, MD, associate professor of medicine and immunology in the Division of Pulmonary, Allergy and Critical Care Medicine at the University of Pittsburgh School of Medicine. “Currently, infectious diseases are less common, although still prevalent, and diseases such as emphysema, pulmonary arterial hypertension (PAH) and lung cancer appear to be

increasing. New syndromes associated with ART have also become important.”

“Despite the importance of pulmonary diseases in HIV and the rapidly evolving understanding of their pathogenesis and epidemiology, few avenues exist for the discussion and dissemination of new clinical and basic insights,” she continued. “This report summarizes the findings of the workshop members, and offers insight into the evolving landscape of HIV and its treatment.”

While shifts in disease conditions have occurred in areas of the world where ART is available and accessible, in areas where access to ART is limited HIV-infected patients still suffer from opportunistic pulmonary infections, such as TB in low-income and middle-income countries where TB is endemic, and from PCP and bacterial pneumonia in the U.S. and Western Europe, she added. As a result, clinicians have been faced with treating a wider number of HIV-associated diseases.

“Pulmonary diseases are major causes of morbidity and death in people with HIV infection,” she said. “Millions of people with HIV and AIDS throughout the

world are at risk of opportunistic pneumonias. However, the availability of combination antiretroviral therapy has turned HIV into a chronic disease, and non-infectious lung diseases are also emerging as important causes of illness. Understanding the differences among these populations can aid clinicians in identifying and treating HIV-associated pulmonary conditions.”

Recent research has also aided clinicians in developing a better understanding of HIV, which may in turn lead to new treatments, Dr. Morris added.

“The epidemiology, manifestations and outcomes of pulmonary disease vary depending on availability of ART, and non-infectious conditions may become more common in the current era of the AIDS epidemic, particularly in those with access to ART,” Dr. Morris said. “We expect that pulmonary disease will continue to be an important co-morbidity in persons with HIV and continued research is needed to track these complications and explore new treatment modalities.”

To read the studies in full, please visit www.thoracic.org/journals/pats/index.php. ■



UPCOMING CHAPTER EVENTS

The Metropolitan D.C. Thoracic Society will present its 2011 Annual Meeting and Research Competition the evening of Wednesday, April 6, 2011, at the Georgetown University Leavey Conference Center in Washington, DC. The topic of the meeting will be COPD phenotype research and its clinical implications. Frank Scirba, MD, professor of medicine at the University of Pittsburgh Medical Center, will present, and there will be a poster session, awards ceremony and exhibits. Dinner will also be provided.

For an agenda or to register, please visit www.thoracic.org/chapters/thoracic-society-chapters/dc/index.php.

COMPETITION RESULTS

The New York State Thoracic Society (NYSTS) has announced the winners of its poster competition, which was held during the chapter's annual scientific assembly in late January 2011. The NYSTS Executive Committee extends its thanks and best wishes to the nearly 30 individuals who entered the competition. Below is a list of the competition's winners:

Case Reports

First Place: Naomi Dolly, Lincoln Hospital

Topic: Profound Thrombocytopenia in a Traveler

Second Place: Rosemarie Flores, Woodhull

Topic: Castleman's Disease—An Unusual Presentation

Research Abstracts

First Place: Neeray Sinha, NY Valhalla

Topic: The serum Creatinine May Not be an Accurate Marker of Decrease in the Glomerular Filtration Rate in Rhabdomyolysis Patients

Second Place: Francisco Polanco, Lincoln Hospital

Topic: Prognostic Performance of MELD Score in Critically Ill Inner-City Cirrhotic Patients

Please visit the chapter's Web site, which includes some photographs from the meeting and poster competition and the names of the winners of the competition, at www.thoracic.org/chapters/thoracic-society-chapters/ny/index.php. ■

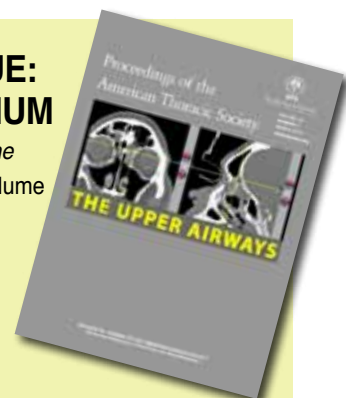
ALSO IN THIS ISSUE: VIRTUAL SYMPOSIUM

This issue of *Proceedings of the American Thoracic Society* (volume 8, issue 1) features a virtual symposium called “Insights into the Upper Airway for Pulmonologists and Allergists.”

“Surprisingly, the impact of the upper airway is not always considered by pulmonologists when taking care of their patients and the impact of treatment of the upper airway on the lower airway requires better understanding,” wrote guest editor Robert Naclerio, MD, of the University of Chicago Medical Center, in his introduction. “This symposium gathered the expertise of several researchers who have contributed greatly to our understanding of the upper airway and its associated morbidities. Together, they provide the reader with a concise overview of the upper airway in health and disease.”

Researchers discuss the basic anatomy and physiology of the nose; imaging techniques used to assess the nose and paranasal sinuses; the potential links between the nose and the ears, eyes, sinuses and lower airway; the pathophysiology of allergic rhinitis, non-allergic rhinitis and chronic rhinosinusitis; congestion, blockage and nasal obstruction; airflow assessment; viral and bacterial infections; and pollution and environmental irritants, which contribute to upper airway morbidity. Contributors also describe the treatment of allergic rhinitis and chronic sinusitis.

Online CME credit will be available for reading the articles in this issue of *PATS*. The CME courses can be accessed either from the table of contents at <http://pats.atsjournals.org> or from <http://cme.atsjournals.org>.

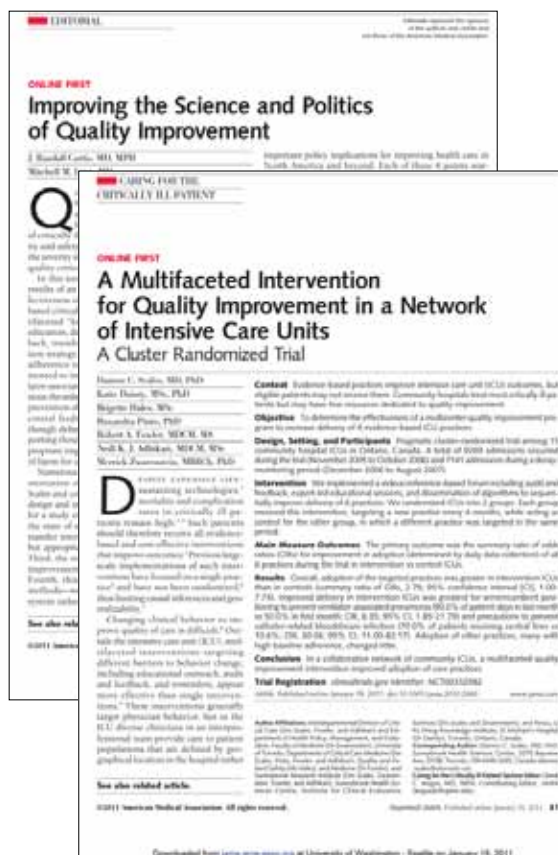


JAMA EDITORIAL TIES TO ATS & CCSC ACTIVITIES

In late January, a study in the *Journal of the American Medical Association* found that evidence-based practices improve intensive care unit (ICU) outcomes, but eligible patients may not receive them. Community hospitals treat most critically ill patients but may have few resources dedicated to quality improvement.

The study, “A Multifaceted Intervention for Quality Improvement in a Network of Intensive Care Units,” aimed to determine the effectiveness of a multicenter quality improvement program to increase delivery of six evidence-based ICU practices. The intervention involved a videoconference-based forum, including audit and feedback, expert-led educational sessions and dissemination of algorithms. Results show that in a collaborative network of community ICUs, a multifaceted quality improvement intervention improved adoption of care practices.

“We found that a collaborative network of ICUs linked by a telecommunications infrastructure improved the adoption of care practices,” said ATS member Damon C. Scales, MD, PhD, lead author of the study. “However, improved performance among all practices was not uniform. Future large-scale quality improvement initiatives should choose practices based on measured rather than reported care gaps, consider site-specific (versus aggregated) needs assessments to determine target care practices and conduct baseline audits to focus on poorly performing ICUs, which have the greatest potential for improvement.”



In an editorial on the research in the same issue of *JAMA*, ATS members J. Randall Curtis, MD, MPH,

and Mitchell M. Levy, MD, noted that the study by Dr. Scales and colleagues should serve as an example for other investigators who are focusing on “high-quality science in quality improvement.” They commented that this study is particularly exciting because it was funded by the healthcare delivery system rather than a research funding agency and pointed out that this is an important model of collaboration for the future. They noted that such efforts require effective collaboration among the “agencies responsible for developing and implementing quality measures and demonstration projects...and the scientists and clinicians in the relevant fields.”

They pointed to the work being done by the Critical Care Societies Collaborative—which comprises the ATS, American Association of Critical-Care Nurses, American College of Chest Physicians and the Society of Critical Care Medicine—as a step in the right direction. “Working in collaboration, the CCSC joined forces with the Department of Health and Human Services to design and implement quality improvement initiatives,” they wrote. “The DHHS cannot work with each individual professional society, but large collaborative like the CCSC offer an opportunity to bring together scientists, clinicians and policymakers to develop and implement quality measures and reimbursement programs that improve quality and control costs.”

To read the study and editorial in full, please visit www.jama.ama-assn.org. ■

Apply for 2011 ATS Foundation Research Grants

Information about 2011 funding from the ATS Foundation Research Program is now available on the Society’s Web site at www.thoracic.org/research. This year, the program will offer unrestricted grant support, specific partnership grants for research in targeted areas and awards for graduates of the ATS MECOR program. Targeted grants will support research on rare diseases, as well as on disorders like alpha-1, asthma, children’s interstitial lung disease, Hermansky-Pudlak syndrome, pulmonary fibrosis, pulmonary hypertension and tobacco-dependence.

All interested parties must begin the application process by submitting letters of intent (LOIs) by 9 a.m. (EST) on **Tuesday, March 15, 2011**. After reviewing these letters, the ATS Scientific Advisory Committee will invite the investigators of the most highly ranked proposals to submit full research applications for scientific review in August 2011. The committee will then rank these applications and award grants to researchers according to scientific merit. Funding will begin in October 2011.

2011 Partners in Research:



Obituaries



Robert L. Johnson, Jr.

Robert L. Johnson, Jr., MD, professor emeritus of internal medicine at the University of Texas Southwestern Medical Center, died on January 4, 2011, at the age of 84. A longtime member of the ATS, Dr. Johnson was well-known for his contributions to the fields of pulmonary gas exchange, cardiopulmonary interactions and high-altitude physiology. The ATS recognized his work by awarding him the 1996 ATS Recognition Award for Scientific Accomplishment. The Society's Assembly on Pulmonary Circulation again honored him in 2009 by selecting him as the recipient of its Grover Prize.

After serving in the Navy during World War II, Dr. Johnson earned his undergraduate degree from Southern Methodist University in 1947 and his medical degree from Northwestern Medical School in Chicago in 1951. He then completed his internship at Cook County Hospital in Chicago and did his residency and fellowship in pulmonary medicine at what became UT Southwestern and Parkland Memorial Hospital in Dallas. During a year-long fellowship with Dr. Robert E. Forster at the University of Pennsylvania's Graduate School of Medicine, he developed the techniques for measuring CO diffusing capacity, pulmonary capillary blood flow and lung tissue volume at rest and during exercise, which shaped much of his career. Over the years, his research interests grew from gas exchange to also include heart-lung interactions, diaphragm function and cardiopulmonary adaptation to high altitude. He also studied the limits and mechanisms of pulmonary compensation.

During his 21 years as an ATS member, Dr. Johnson was active in the Assembly on Respiratory Structure and Function. He also served on several committees, including the Proficiency Standards Committee and Planning Committee.

Dr. Johnson is survived by his wife, Aileen Johnson; their two sons, Stephen L. Johnson and Robert E. Johnson; six grandchildren; and 10 great-grandchildren. A memorial fund has been established at the University of Texas Southwestern Medical Center and proceeds will go toward a lectureship in his name. Contributions should be sent to the Robert L. Johnson, Jr., MD, Fund in Internal Medicine, UT Southwestern Medical Center, P.O. Box 910888, Dallas, TX, 75391-0888.



Sybille Hinkson

ATS staff member Sybille Hinkson died on January 23 at the age of 67. Since joining the ATS staff in October 2005 as a receptionist, she took on increasing responsibility in the Human Resources Department and was promoted to an assistant position.

"It was hard to keep up with Sybille's energy and enthusiasm—she was an inspiring person who provided invaluable support to our unit and to me personally," said Rhina Guzman, director of ATS Human Resources. "I have to say, it kept me motivated to see someone so passionate about her work. She will be sorely missed, but everyone at the ATS is thankful to have had the privilege of knowing such a hardworking, warm and caring person."

Ms. Hinkson was born on the island of Barbados in September 1943 and came to the United States with her husband of 38 years in 1977. Soon after, she joined the staff of Manufacturers Hanover Bank/Chemical Bank, which later merged with Chase Manhattan Bank. She worked there for the next 25 years, before joining the ATS in 2005.

She is survived by her husband, John Hinkson; their four children, Matthew, John, Jr., Mark and Peter; four sisters, Joan, Veronica, Edith and Petralina; one brother, Keith; grandchildren; many nieces, nephews and other family members; and friends too many to mention.

PG COURSE TO FOCUS ON HYPOTHERMIA & CARDIAC ARREST

At ATS 2011 in Denver, the Society will host a hands-on postgraduate course on therapeutic hypothermia following cardiac arrest, which has been shown to substantially improve the mortality and neurologic outcome of patients. The program, which will include a number of hands-on break-out sessions, multi-media presentations and case-based discussions, is designed to improve attendees' understanding of the evidence and guidelines related to therapeutic hypothermia.

"Therapeutic hypothermia is now the standard of care for patients following VT/VF arrest and is also being developed as a core measure by the Joint Commission for the care of patients following cardiac arrest," said Carey Conley Thomson, MD, MPH, of Mount Auburn Hospital and Harvard Medical School, who will co-chair the course with Kees H. Polderman, MD, PhD, and Bary Fuchs, MD.

The majority of the day will focus on practical aspects of building a multi-disciplinary team and developing and implementing a cooling protocol. Small-group sessions with clinical experts in the field will then help participants fine-tune their understanding of protocol development and the bedside management of these patients using various methods of cooling therapy.

Other topics to be covered include the basics of thermal biology; the pathophysiology of therapeutic hypothermia; cardiovascular considerations; neurologic monitoring and prognosis before, during and after

therapeutic hypothermia; post-arrest care; a review of cooling methods; management of common side effects; and patient selection and protocol implementation.

Experts will demonstrate techniques on a simulated patient, which will be attached to an electronic device that will give attendees feedback on their performance. This hands-on approach will allow faculty members to simulate scenarios like an overshoot, sudden warming due to shivering or the development of an infection. Faculty members will also hook the patient up to EEG and biospectral index (BIS) monitors.

"At the conclusion of this course, attendees will be able to identify new strategies to manage the care of cardiac arrest patients who remain in a coma, improve the clinical outcome of patients who remain in a coma following cardiac arrest and apply their knowledge and tools to begin to develop a protocol for hypothermia," said Dr. Thomson.

The postgraduate course is sponsored by the Education Committee and Assemblies on Critical Care, Behavioral Science and Clinical Problems. "Dr. Thomson and her colleagues have put together a state-of-the-art course that will allow attendees to bring this complex but necessary therapeutic intervention back to their own institutions," said James M. Beck, MD, of the University of Michigan, who chairs the ATS Education Committee. The



course's multidisciplinary focus and hands-on approach, he added, exemplify a growing focus of the Society's educational programs

The day-long program will conclude with a panel discussion about future directions, institution-specific questions and troubleshooting common issues.

For more information about this course or to register, please visit www.thoracic.org/go/international-conference.

What: PG23 "Therapeutic Hypothermia Post-Cardiac Arrest: A Review of the Physiology, Evidence and a Practical Approach to Implementation"

When: Saturday, May 14, 8 a.m. to 4 p.m.

What's New in the AJRCCM

The March 2011 issue of the *American Journal of Respiratory and Critical Care Medicine* features a concise clinical review by Robert P. Baughman, Daniel A. Culver, and Marc A. Judson, which focuses on the etiology, diagnosis, and treatment of pulmonary sarcoidosis.



Learn more at <http://ajrccm.atsjournals.org>.



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THIRD ANNUAL ATS FOUNDATION RESEARCH PROGRAM DINNER
SATURDAY, MAY 14, 2011
DENVER, COLORADO

\$50,000 DINNER UNDERWRITER



CONFERENCES, COURSES & MEETINGS

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

DATE & PLACE	TITLE	CONTACT
March 3 to 6 San Diego, California	"16th Annual ATS State of the Art Courses in Pulmonary/Critical Care and Sleep Medicine," sponsored by the ATS	www.thoracic.org/go/sota
March 6 to 9 Bonita Springs, Florida	"Society of Thoracic Radiology Meeting"	Phone: 507-288-5620 str@thoracicrad.org www.thoracicrad.org
March 13 to 17 Sydney, Australia	"6th World Congress on Pediatric Critical Care," sponsored by the World Federation of Pediatric and Intensive Care Societies	Pcc2011@arinex.com/au www.pcc2011.com
March 17 to 19 Las Vegas, Nevada	"34th Annual Meeting and Educational Conference," sponsored by the National Association for Medical Direction of Respiratory Care	www.namdr.org
March 22 to 25 Brussels, Belgium	"31st International Symposium on Intensive Care and Emergency Medicine (SICEM)"	sympicu@ulb.ac.be www.intensive.org
March 24 to 25 Albuquerque, New Mexico	"NIOSH-Approved Pulmonary Function Training Course," sponsored by the University of New Mexico School of Medicine	Judy Holcombe Phone: (505) 899-1254 Jbholcombe1@msn.com
March 24 to 26 Torrance, California	"Harbor UCLA Practicum in Exercise Testing and Interpretation," sponsored by Harbor UCLA Medical Center	Shirley Zagala Phone: (310) 222-3803 szagala@LABiomed.org
March 31 to April 1 Orlando, Florida	"Long-Term Oxygen Therapy: Separating Fact from Fiction," sponsored by Tufts School of Medicine	www.ganESCO.com
April 6 Washington, D.C.	"2011 Annual Meeting and Research Competition," sponsored by the Metropolitan D.C. Thoracic Society	chapters@thoracic.org
April 8 to 10 Cincinnati, Ohio	"2011 International Lymphangiomyomatosis Research Conference," sponsored by the LAM Foundation	info@thelamfoundation.org www.thelamfoundation.org
April 9 to 13 Washington, D.C.	"2011 ASBMB Annual Meeting," sponsored by the American Society for Biochemistry and Molecular Biology	www.asbmb.org
April 14 Scottsdale, Arizona	"ABIM Pulmonary Recertification Module," sponsored by the Mayo Foundation	Phone: (480) 301-4580 Mcs.cme@mayo.edu
April 14 Scottsdale, Arizona	"ABIM Critical Care Medicine Recertification Module," sponsored by the Mayo Foundation	Phone: (480) 301-4580 mcs.cme@mayo.edu
April 15 to 17 Scottsdale, Arizona	"Multidisciplinary Update in Pulmonary and Critical Care Medicine," sponsored by the Mayo Foundation	Phone: (480) 301-4580 mcs.cme@mayo.edu
April 28 to 29 Manchester, United Kingdom	"8th Annual Critical Care Symposium," sponsored by the Pennine Acute Hospitals	www.criticalcaresymposium.co.uk
May 1 to 4 Cambridge, Massachusetts	"Pulmonary and Critical Care Medicine Course," sponsored by Harvard Medical School and Massachusetts General Hospitals	czaniewskijuzzyca@partners.org