

American Thoracic Society

# ANNUAL REPORT

2013-2014



*We help the world breathe<sup>®</sup>*  
PULMONARY • CRITICAL CARE • SLEEP

# Contents

3	Presidents letter
5	Introduction
7	Advancing respiratory science
8	Fostering scientific exchange & dialogue
10	Disseminating knowledge
11	Enhancing public health
12	Supporting young scientists
13	Nurturing local collaboration
14	Building industry partnerships
16	Promoting global health
18	Teaching the teachers
19	Enabling continuous learning
20	Providing guidance on clinical care
22	Advancing patient care
23	Executing the ATS mission
24	Ensuring access to quality care
25	Maintaining a strong society
26	Communicating the news
28	Board of Directors
30	Committee Chairs
32	Journal editors

# Presidents letter

Since its founding in 1905, the American Thoracic Society – and the more than 15,000 researchers, physicians, nurses, and related health care professionals who currently comprise its membership – has dedicated itself to fulfilling its core mission: to improve the health and well-being of patients suffering from respiratory related diseases by bringing experts together to share knowledge and medical advances.

In both 2013 and 2014, the Society has undertaken numerous significant initiatives to fulfill that mandate, which has grown well beyond tuberculosis to include all respiratory diseases, critical illnesses, and sleep disorders.

Reaffirming its position as a truly global leader on respiratory-related research and clinical care, the Society has been active in a number of international initiatives. For example, the ATS, along with the World Health Organization (WHO), spearheaded the development of the first edition of the *"International Standards for Tuberculosis Diagnosis, Treatment, and Control"* and continues to take a leading role in the Stop TB Partnership, which identifies and treats patients in underdeveloped countries.

The ATS is a strong advocate for cleaner air worldwide, tobacco control, and smoking cessation and is outspoken on the effects of climate change on human health, collaborating with a variety of national and international organizations to advance initiatives in these critical areas. In addition to the WHO, the Society has formed long-standing and productive partnerships with many international respiratory organizations, including the British Thoracic Society, the Canadian Thoracic Society, the Japanese Respiratory Society, the Asian Pacific Society of Respirology, the European Respiratory Society, and the Asociación Latinoamericana de Tórax.

The ATS has also built an extensive network of globally minded researchers through the Methods in Epidemiologic, Clinical, and Operations Research (MECOR) program, which has provided physicians and health care professionals in Latin America, Africa, India, and Turkey with the tools to conduct research that will ultimately improve respiratory health not only in their communities and countries, but worldwide.

Closer to home, the ATS immediately understood the potentially disastrous implications to researchers of federal budget cuts and moved aggressively to minimize the effects of these cuts on young investigators. The ATS Foundation Research Program unrestricted grant awards for 2013 were revamped in order to provide support to additional select individuals who did not receive National Institutes of Health (NIH) funding due to budget cuts but nevertheless showed great potential. The number of awards was substantially increased during the past two years, a trend we plan to continue.

The ATS made several significant enhancements to the International Conference to better meet the overall mission. These include:

- A new Science Core session track, featuring a thematically linked set of symposia and abstract-based sessions coordinated on consecutive days around the theme "Lung Tissue Injury and Repair."
- A renewed effort by the ATS Education Committee, Pediatrics Assembly, International Conference Committee, and ATS staff to help members attain American Board of Internal Medicine and American Board of Pediatrics Maintenance of Certification (MOC) Part II points.



Thomas Ferkol, MD



Patricia W. Finn, MD

- A new Clinical Core Curriculum and expanded Pediatric Clinical Core Curriculum: the adult pulmonary, critical care, and sleep modules were approved by the ABIM and ABP for a total of 34 MOC Part II points.
- An ATS Resident Boot Camp aimed at fellowship education and training, started in response to concerns that many incoming pulmonary and critical care fellows are ill-equipped on their first day on the job. The Boot Camp prepares fellows with a “crash course” on vital skills and knowledge needed to flourish during their first year of fellowship.

The ATS also made several major improvements to our journals, including the launch of the *Annals of the American Thoracic Society* in 2013, providing a home for content aimed at clinicians, clinical researchers, and medical educators. The journals have made numerous technical enhancements to increase readability and accessibility on the ATS website and mobile devices.

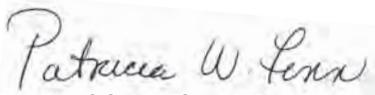
Last year, the ATS issued 15 official guidelines and statements covering a wide array of topics. We also started to revamp the Center for Patients and Families section of the ATS website (relaunched in early 2014). It now includes a range of patient information materials in a variety of formats to make it more user friendly for non-technical audiences. The ATS Public Advisory Roundtable also sponsored 12 “Lung Disease Week at ATS” webinars in both 2013 and 2014, hosted by medical experts and specifically developed for doctors, patients, and their families.

Also of critical importance during this time, Society presidents Patricia Finn, MD (2013-2014), and Tom Ferkol, MD (2014-2015), launched special initiatives to better serve the membership while also advancing the society’s broader mission.

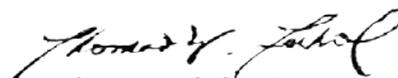
In 2013, Dr. Finn announced a focus on health equality and what the Society can do to help ensure that factors such as age, sex, gender, race, ethnicity, education, and socioeconomic status do not affect access to or quality of health care. During her tenure, various ATS committees enthusiastically embraced the concept of health equality and explored ways to infuse it into the ongoing work of the Society.

Upon assuming the presidency in May 2014, Dr. Ferkol launched the ATS Academy, with the goal of identifying, recognizing, and supporting promising early career scientists and physician investigators, as well as clinician-educators who provide exemplary patient care and are devoted to teaching. These members will bring findings from the bench to the patient’s bedside and are vital to the future delivery of quality healthcare. As such, the ATS will be exploring ways it can help advance this profession amongst our members, and throughout the respiratory field.

These are just a few of the highlights from an extremely productive two years. Throughout this Annual Report, you will see many other examples of the tireless work of our members, especially those who volunteer their time to serve on our committees, assemblies, and other special projects. Without the continued dedication and sacrifice of these volunteers and of the hard-working staff, the ATS simply could not record these remarkable achievements.

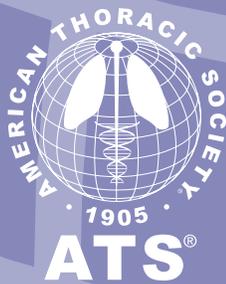


**Patricia W. Finn, MD**  
 President  
 American Thoracic Society  
 2013-2014



**Thomas Ferkol, MD**  
 President  
 American Thoracic Society  
 2014-2015

# Introduction



*We help the world breathe*<sup>®</sup>  
PULMONARY • CRITICAL CARE • SLEEP

According to the World Health Organization, more than one billion people world-wide suffer from chronic respiratory conditions. It is estimated that 235 million people suffer from asthma, more than 200 million people have chronic obstructive pulmonary disease (COPD), 65 million endure moderate-to-severe COPD, more than 100 million adults experience sleep-disordered breathing, 8.7 million people develop tuberculosis (TB) annually, millions live with pulmonary hypertension, and more than 50 million people struggle with occupational lung diseases.<sup>1</sup>

In the United States the numbers are no less daunting. Lung disease is the nation's third leading cause of death, killing more than 400,000 Americans each year. More than 160,000 Americans died of lung cancer in 2012, and almost 50,000 Americans die from pneumonia annually. Lung disease reduces the quality of life for millions more. An estimated 29.5 million Americans have been diagnosed with asthma, including 8.7 million children between the ages of five and 17 years. An estimated 12.7 million American adults have been diagnosed with COPD; an almost equal number are believed to have undiagnosed COPD.<sup>2</sup>

Given these formidable numbers, how can respiratory disease be successfully combatted? A large part of that answer is the American Thoracic Society (ATS).

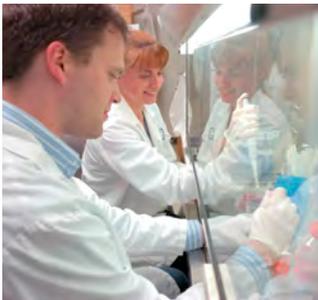
Founded in 1905 as the American Sanatorium Association to prevent, control, and treat tuberculosis, the organization was renamed the American Trudeau Society in 1938 and the American Thoracic Society in 1960. Once the medical section of the American Lung Association, the Society became independently incorporated in 2000 as a 501 (c) (3) organization.

The mission of the ATS is to improve health worldwide by advancing research, clinical care, and public health in respiratory disease, critical illness, and sleep disorders. Broadly speaking, this mission is accomplished through six focus areas related to pulmonary, critical care, and sleep:

1. **Research** to advance knowledge of disease, treatment, prevention, and health services delivery;
2. **Clinical services** to improve access, lower cost, and increase the quality of pulmonary, critical care, and sleep medicine;
3. **Education** to advance the state of continuing medical knowledge, and prepare the next generation of clinicians, researchers, and educators;
4. **Advocacy** to advance local, state, national, and international policies that promote health, and prevent and treat illness, disease and disability;
5. **Patient health** to maximize the role of patients in advancing research, promoting health, and preventing and treating disease;
6. **Global health** to advance the state of research, health promotion, disease prevention, and treatment worldwide.

Professionalism and ethical conduct are fundamental tenets of all ATS activities and are seen as essential to its goal of improving health worldwide. All participants in official ATS activities are required to adhere to the *Society's Policy Related to Professionalism and Ethical Conduct*, enacted by the ATS Board of Directors in 2013. In particular, all participants in official ATS activities are required to disclose any professional relationship or action that might be perceived as a conflict of interest, and the Society has extensive procedures to ensure objectivity and freedom from bias.

In the pages that follow you will find an overview of the diverse array of initiatives the ATS engages in on a daily basis to "help the world breathe."<sup>®</sup> Together, they provide ample evidence of the ATS's global leadership in the fields of research and clinical care related to pulmonary, critical care, and sleep medicine.



- 
1. "Respiratory Diseases in the World: Realities of Today – Opportunities for Tomorrow," Forum of International Respiratory Societies, Page 6.
  2. "The Basics of Lung Disease/Lung Disease 101" Fact Sheet, American Thoracic Society, Center for Patients & Families: [http://patients.thoracic.org/?page\\_id=8](http://patients.thoracic.org/?page_id=8).

# Advancing respiratory science



**Assemblies** are subdivisions of the Society composed of members with similar interests within the broad fields of respiratory disease and critical care medicine. They are responsible for creating and updating ATS Statements and Position Papers. In addition, they improve the collection, interpretation, and dissemination of information, improve communication among the members, and participate in the planning of the International Conference. Just as importantly, they represent a unique opportunity for fellows and young researchers to network, identify mentors and collaborators, and advance their careers, both professionally and within the ATS.

Each Assembly has its own unique “personality,” reflecting the priorities of its members. Their initiatives have proved invaluable to disseminating critical information in their fields of interest, benefitting not just Society members, but the entire respiratory community.

## **ATS Scientific Assemblies**

Assembly on Allergy, Immunology and Inflammation (All)

Assembly on Behavioral Science and Health Services Research (BSHSR)

Assembly on Critical Care (CC)

Assembly on Clinical Problems (CP)

Assembly on Environmental and Occupational Health (EOH)

Assembly on Microbiology, Tuberculosis and Pulmonary Infections (MTPI)

Assembly on Nursing (NUR)

Assembly on Pediatrics (PEDS)

Assembly on Pulmonary Circulation (PC)

Assembly on Pulmonary Rehabilitation (PR)

Assembly on Respiratory Cell and Molecular Biology (RCMB)

Assembly on Respiratory Structure and Function (RSF)

Assembly on Sleep and Respiratory Neurobiology (SRN)

Assembly on Thoracic Oncology (TO)

# Fostering scientific exchange and dialogue



The **ATS International Conference** is one of the largest health care conferences in the U.S. Its strength lies in the diversity of its participants. Beyond the Society's three pillars – pulmonary, critical care, and sleep – clinicians and researchers in many other fields attend, enriching the conversation and leading to insights that ultimately improve patient care. Having basic and translational researchers talking with clinicians and clinical investigators allows discoveries at the bench to be applied at the bedside and vice versa.

In addition, the ATS invites nurses, respiratory therapists, and hospitalists to the conference to learn about the latest advances in the treatment of pulmonary disease, critical illness, and sleep disorders and to contribute to the conversation by discussing their experiences, challenges, and research. As such, one of the strengths of the ATS International Conference is that it gathers the health care team so essential for effective patient care in one place to share ideas across these medical and scientific disciplines.

Vital statistics from the 2013 and 2014 International Conferences follow:

<b>ATS International Conference</b>		
	<b>2013 (Philadelphia)</b>	<b>2014 (San Diego)</b>
Total Attendance	13,596	14,388
Total Abstracts	5,143	5,743
Total Case Reports	295	761
Late Breaking Abstracts	178	264
Exhibiting Companies	193	203
Countries Represented	98	93

Every year, the ATS strives to improve the International Conference, assuring its position as one of the premier medical events globally. The 2013 International Conference included the following enhancements:

- Launching the Basic Science Core Track
- Launching the Adult and Pediatric Clinical Core Track curriculum with related MOC modules
- Offering nursing accreditation for the first time (in partnership with National Jewish Health)

- Creating a new respiratory skills nursing workshop geared towards Registered Nurses and Advanced Nurse Practitioners who work in clinical settings
- Expanding career development resources for fellows and other young professionals through the launch of “Innovations in Fellowship Education,” showcasing 14 outstanding training programs across the United States, and the Center for Career Development which offered three to four expert discussions per day
- Expanding hands-on learning labs and equipment demonstrations for clinicians
- Promoting in-booth learning opportunities where exhibitors offered demonstrations and speakers to provide in-depth information to attendees
- Creating a special “basic science” section in the exhibit hall dedicated to products and services specifically aimed at the researcher community

Additions for the 2014 conference included:

- A basic science core that explored aging and senescence
- A pilot ATS Resident Boot Camp to prepare pulmonary and critical care fellows with a “crash course” of vital skills and knowledge needed to flourish during that first year of fellowship
- A more interactive Exhibit Hall that extended learning throughout the conference
- A new ATS-wide initiative highlighting sessions that address the challenges of achieving health equality



# Disseminating knowledge



The ATS supports the dissemination of groundbreaking research in adult and pediatric pulmonology, critical care, and sleep medicine through its three **peer-reviewed journals**. Along with original research, the journals are a leading source for clinical reviews, workshop reports, statements, and clinical practice guidelines.

The **American Journal of Respiratory and Critical Care Medicine (AJRCCM)** (Blue Journal), the flagship journal of the ATS, focuses on human biology and disease, as well as animal studies that contribute to the understanding, pathophysiology, and treatment of diseases that affect the respiratory system and critically ill patients. Under the guidance of Jacob I. Sznajder, MD, the AJRCCM has gained and maintained the highest impact factor of all respiratory and critical care journals, 11.986, almost twice that of the next journal in its category. It recently added new features in print and online, including:

- Images in Pulmonary, Critical Care, and Sleep Medicine
- Concise Clinical Reviews
- Podcast author interviews and issue summaries
- Fellows recommended reading section

Led by editor Kenneth Adler, PhD, the **American Journal of Respiratory Cell and Molecular Biology (AJRCMB)** (Red Journal) was launched in 1989 to address the shift in modern pulmonary science to lung cell and molecular biology. Its online-only content focuses on basic scientific research. New features include a Red-in-Translation series and a Major Technical Advances articles section. The Red Journal also initiated a Junior Investigator Award, presented annually to the best paper in the journal with a first or senior author qualifying as a Junior Investigator.

Recognizing that clinicians needed a journal that was more tailored to their specific needs, in 2013 ATS reconfigured its journal (Proceedings of the American Thoracic Society) and launched the **Annals of the American Thoracic Society (AnnalsATS)** (White Journal). Guided by John Hansen-Flaschen, MD, the revamped AnnalsATS is now an online only, clinician-focused publication, and the number of issues has steadily increased. It will be a monthly periodical starting in 2015, delivering up-to-date and authoritative coverage – including podcast discussions of important articles – of adult and pediatric pulmonary, critical care, and sleep medicine, geared towards an audience of clinicians, clinical researchers, and medical educators. Journal content is applicable to clinical practice, the formative and continuing education of clinical specialists, and the advancement of public and global health.

Significant improvements made in 2013 to the journals section of the ATS website as well as redesigned covers and interiors enhance the user experience and make the journals' content more accessible in different formats.

# Enhancing public health



**Advocacy** is a core priority at the ATS and the Society maintains a full time Government Relations Office staff in Washington, D.C. to represent the needs of ATS members and their patients. While the Washington Office advocates on a wide range of issues, from research, to reimbursement, to public health, to occupational diseases, recent efforts have focused on securing funds for basic and clinical research, protecting the Clean Air Act, establishing global and domestic tuberculosis and tobacco control policies, and lobbying for fair reimbursement for physician services under Medicare and other insurers. The Society offers science-based studies and testimony before congressional panels, lobbies members of Congress, maintains strong relationships with key federal agencies, such as the NIH and the VA, publishes opinion-editorials in key media outlets, and files amicus briefs when regulations are challenged in court.



# Supporting young scientists



Respiratory disorders such as chronic obstructive pulmonary disease (COPD), lung cancer, sleep disorders, and acute lung injury continue to represent an enormous health care burden worldwide. Yet stagnant, and in some cases decreased, funding from both government and private philanthropy is imperiling the future of research in these fields. Without a robust global pipeline of early career scientists leading the way, progress in the treatment, diagnosis, and prevention of respiratory disease will falter.

That is why in 2004 the ATS established the **ATS Foundation**, the philanthropic arm of the Society. It is critical that clinical investigators and scientists succeed, especially those who are just starting their careers. The mission of the Foundation is to support the career development of outstanding early career investigators at a vulnerable time in their careers.

The ATS Foundation Research Program offers both research grants and recognition awards to help sustain recipients' careers. Through its private partnerships with individuals, nonprofit organizations, foundations and industry, the ATS Foundation pools collective resources to maximize the number of grants it awards.

Since its inception, the Foundation has awarded more than \$11 million to 183 young researchers transitioning from promising investigators to independent scientists. These grants have been leveraged to secure an additional \$143 million in funding for respiratory research from the National Institutes of Health and other sources. Without this "seed" support, it would be much more difficult for researchers to receive these additional grants.

In 2013, the Foundation raised \$570,000 for unrestricted and matching research partner grants, setting a record for the funding of the Research Program from individuals. At the same time, the percent of members donating to the Foundation increased from 10% in 2012 to 12% in 2013.

***Of critical importance to donors, ATS covers all of the Foundation's administrative expenses, so 100% of all research donations received support research.***

# Nurturing local collaboration



Under the banner of the American Thoracic Society, **thoracic society chapters** represent states or wider geographic areas. The ATS currently has 19 Thoracic Society Chapters. The chapters are integral to the identity of the ATS, providing local forums where issues of common concern can be addressed, including those related to clinical practice and public policy. As such, they have representation within the Society. Each chapter designates a representative to the Council of Chapter Representatives (CCR). The CCR then elects a chair, and that individual, along with the immediate past CCR chair and CCR chair elect, act as voting members on the ATS Board of Directors.

ATS chapters provided medical education, trainee visibility, career advancement, networking, leadership development, and support of ATS advocacy initiatives, as outlined below.

**Education:** In 2013, thoracic society chapters held more than 30 educational meetings, serving more than 1,000 doctors and allied health professionals at these meetings. Nearly all of the educational meetings were also designated for continuing medical education (CME) credit. Meetings featured educational sessions and workshops, case presentations and poster sessions.

**Advocacy:** In 2013, state chapters significantly expanded their advocacy efforts. They provided valuable support on two issues: opposition to the proposed Cigar Bill (which would have exempted large cigars from FDA regulation) and expansion of statewide Medicaid. Additionally, representatives from nine chapters - Arizona, Colorado, Louisiana, Michigan, Mississippi, New Mexico, Rhode Island, Washington, D.C., and Washington State - participated in the annual ATS Hill Day in Washington, DC in March. The issues addressed included NIH funding, the Cigar Bill, and Medicare reform.

**Great Cases Symposium at the International Conference:** The annual Great Cases: Clinical, Radiologic and Pathologic Correlations by Master Clinicians symposium at the International Conference highlights nine unusual and interesting cases presented by trainees, with experts in clinical medicine also participating. Great Cases regularly draws a full house and attendees participate in the diagnoses via audience response devices. CCR, which organizes and chairs the event, reviewed hundreds of abstracts to identify the nine cases that were presented at the 2013 conference.

**Awards.** The annual Chapter Outstanding Clinician Awards (OCA) were given to seven deserving individuals who were nominated by their chapters for this recognition. One of the seven chapter nominees, Fredric Jackson, MD, Washington (State) Thoracic Society, was chosen to also receive the ATS Outstanding Clinician Award. Chapter and ATS OCA award recipients were recognized at the Clinicians Center and/or the Award Ceremony at the 2014 ATS International Conference.

# Building industry partnerships



The ATS has established a strong track record of **partnership with industry**. More than 10 percent of the Society’s members are employed by industry and countless others work with industry to advance the science and understanding of pulmonary, critical care, and sleep medicine.

The ATS welcomes industry members into its ranks and values the opportunity to communicate and exchange ideas with them. Members who work in industry are encouraged to participate in assemblies and can serve on ATS committees. For example, the Drug/Device Discovery and Development, or “Quad D” Committee, is comprised of members from industry, academia, and regulatory agencies. In 2014 the Quad D committee authored “ATS Principles to Foster Greater Inclusiveness and Collaboration,” which was reviewed by the Ethics and Conflict of Interest Committee, was approved by the ATS Board of Directors in March, and is now part of our Organizational Ethics. That statement is based on the principles that the Society values and promotes diversity and inclusiveness of scientific backgrounds and perspectives to foster improvements in respiratory health. It also states that all respiratory scientists – basic, translational, and clinical – are welcome as active participants in the organization. As part of this process, the Quad D Committee held a Forum on Industry-Academia Collaborations at the ATS International Conference in 2013 to gain feedback.

To further support the ATS and its mission, companies can elect to participate in the ATS **Corporate Member Program**. This serves as a means for transparent discussion between the Society and the corporate community regarding issues and trends that may impact medicine, the advancement of science or patient care, and drug development in the fields of pulmonary, critical care, or sleep medicine.

## ATS Corporate Members

Actelion Pharmaceuticals US, Inc.	Genentech	Novartis Pharmaceuticals Corporation
Actavis	Gilead Sciences, Inc.	Pearl Therapeutics, Inc.
Aradigm	GlaxoSmithKline	Questcor Pharmaceuticals, Inc.
AstraZeneca LP	Insmed	Sunovion Pharmaceuticals, Inc.
Bayer HealthCare	InterMune, Inc.	Teva Respiratory
Boehringer Ingelheim Pharmaceuticals, Inc.	Janssen Pharmaceuticals, Inc.	United Therapeutics Corporation
Boston Scientific	MEDA Pharmaceuticals Inc.	Vertex Pharmaceuticals, Inc.
Bristol-Myers Squibb - Pfizer	Mylan Inc.	Vitalograph, Ltd

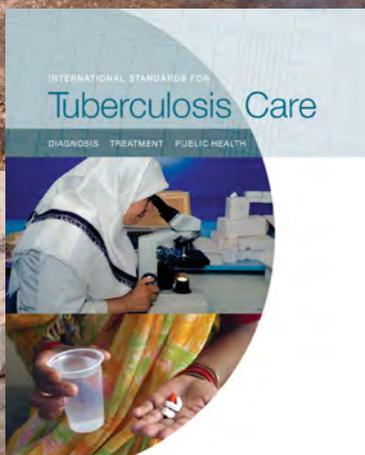
In addition, companies that join at the highest level of support have a representative seated on the **Corporate Advisory Board**, which meets regularly to discuss topics pertinent to medicine and industry.

Finally, the Society has taken a leadership role in fostering meaningful dialogue between stakeholders to help advance the science by hosting ATS Convening Conferences. The ATS is uniquely positioned to convene experts from academia, industry, government agencies and patient advocacy groups to discuss areas of mutual concern. In 2012, for example, the ATS convened the "Fibrosis Across Organs Symposium," which brought together global experts in lung, liver, kidney, heart and skin fibrosis to discuss the similarities and differences of fibrotic disease processes and learn from each field's scientific advances. The collaborative impact of convening experts for a collaborative discussion to tackle important scientific questions is a hallmark of ATS Convening Conferences, and there are similar events planned for the future.

The ATS has rededicated itself to fostering a scientific culture that values inclusiveness – a "community of excellence." That dedication has resulted in a partnership with industry leaders benefitting all members.



# Promoting global health



Although the name says “American Thoracic Society,” nearly a third of its members are from outside North America, representing more than 120 countries. In its membership and mission, the ATS is a truly international society. Twenty-eight percent of ATS members work outside the United States and nearly half of attendees to the International Conference are international clinicians and scientists.

The ATS is committed to improving **global health**, which is why an international component is critical to virtually all of its activities. As such, the Society has formed productive partnerships with other international governmental and respiratory organizations, including the World Health Organization, European Respiratory Society, the Latin American Thoracic Society, the Pan African Thoracic Society, and Asian Pacific Society of Respirology, among others, to advance critical issues of global concern.

For instance, the ATS, along with the World Health Organization, spearheaded development of the first “*International Standards for Tuberculosis Diagnosis, Treatment and Control*.” In developing other clinical guidelines, the Society has worked with the European Respiratory Society, believing that the more broadly applicable its documents, the better able ATS is to meet its mission of improving lung health worldwide.

The Society is also a forceful advocate for the international dissemination of research and development of related skills in pulmonary, critical care, and sleep to health care professionals working around the world. The Society’s Methods in Epidemiologic, Clinical and Operations Research (MECOR) courses are one unique example. They offer physicians, mostly clinicians, working in Latin America, Africa, India, Indonesia, China, and Turkey the opportunity to learn about research techniques they can use to study health issues in their own country. The goal is to not only use science to solve local, national, and regional respiratory problems but to also build an international network of researchers who can describe the epidemiology of respiratory disease from a global perspective. To date, more than 1,000 clinicians have received training.

## 2013 MECOR Program

Hanoi, Vietnam: 13-19 January

Beijing, China: 21-27 April

Bogor, Indonesia: 29 April - 3 May

Nairobi, Kenya: 7-11 October

Montevideo, Uruguay: 10-16 November

## 2014 MECOR Program

Hanoi, Vietnam: 6-10 January

Bogor, Indonesia: 3-7 March

Nairobi, Kenya: 17-19 September

New Delhi, India: 21-27 September

Cesme, Turkey: 17-22 November

ATS provides **International Trainee Scholarships (ITS)** to support international trainees to attend the International Conference. There, trainees are exposed to the state of the art in basic and clinical research and practice of pulmonary, critical care, and sleep medicine. In addition to these educational opportunities, trainees are able to participate in the ATS Scientific Assemblies and network with global leaders in all respiratory related scientific and medical fields. These scholarships are made possible through support from the ATS. In 2013, 35 scholarships were awarded.

The Society is a founding member and leader in the **Forum of International Respiratory Societies (FIRS)**, which is comprised of the world's leading international respiratory societies. The goal of the FIRS is to unify and enhance efforts to improve lung health throughout the world.

Finally, the ATS was an early member of the **Framework Convention Alliance (FCA)**, a coalition of more than 350 non-governmental organizations in more than 100 countries formed to support the negotiation, ratification, and implementation of the Framework Convention on Tobacco Control (FCTC). This framework requires ratifying countries to adopt such measures as a comprehensive ban on tobacco advertising and promotion, rotating health warnings on tobacco packaging, initiatives to protect non-smokers from second-hand smoke, and taxes to help discourage tobacco consumption.



# Teaching the teachers



**Clinician-educators** are vital to the mission of the ATS. These role models teach tomorrow's leaders and define the course of the next generation of physicians and allied health professionals in pulmonary, critical care, and sleep medicine. And within the Society, they are growing in numbers; nearly a quarter of the Society's members identify themselves as educators.

To support this core group of members, the Society has several programs in place, and with the help of our members, is developing more initiatives.

For example, the new ATS Academy will identify promising young clinician-educators who provide exemplary patient care and are devoted to teaching. Many assemblies already acknowledge talented educators through awards, and these programs will be expanded, with the awardees representing the Academy's first class of ATS Educators. ATS committees are currently organizing faculty development programs to help younger members further their careers as educators.

In addition, the ATS Medical Education Working Group, operating within the Assembly on Behavioral Science and Health Services Research and now formally recognized as a Section, is building a home for all members who teach. During the ATS 2014 International Conference in San Diego, the working group hosted 100 attendees during a luncheon for medical educators, and its members have spoken separately on a variety of topics including how to teach on rounds and in small-group settings.

Finally, medical education has become increasingly complicated with changes in residency and fellowship training requirements, especially with the evolution of Accreditation Council for Graduate Medical Education (ACGME) requirements and emergence of the Next Accreditation System. To assist program directors, the Society provides forums where training program directors across subspecialties can meet, and the Training Committee provides resources such as the Innovations in Fellowship Education 2014 Highlights Book, which showcases novel teaching methods from 16 adult and pediatric fellowship training programs from across the country.

# Enabling continuous learning



The objective of the ATS **Education** portfolio is to provide year-round educational opportunities and resources for the members of the adult and pediatric pulmonary, critical care, and sleep communities at all stages of their career. The Society offers extensive educational tools and resources designed to help foster the learning needs through the many stages of a professional career.

## **Accreditation and Certification**

The ATS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians. The ATS also works closely with the American Board of Internal Medicine (ABIM) and the American Board of Pediatrics (ABP) to develop Maintenance of Certification (MOC) Part Two Self-Assessment modules. These modules relate content from the Conference, Statements, and Guidelines, and other ATS educational opportunities to the more than 13,000 physicians, scientists, and nurses from around the globe who attend the International Conference and Thoracic Society Chapter events, participate in the manuscript review CME program, or participate in the Journal Article CME program with the Society's journals. In 2013, the ATS was the first pulmonary, critical care, or sleep society to offer MOC points and credits to all attendees as part of its International Conference. These efforts have allowed the ATS to support the needs of clinician scientists in advance of the updated requirements issued by the ABIM, which took effect on January 1, 2014.

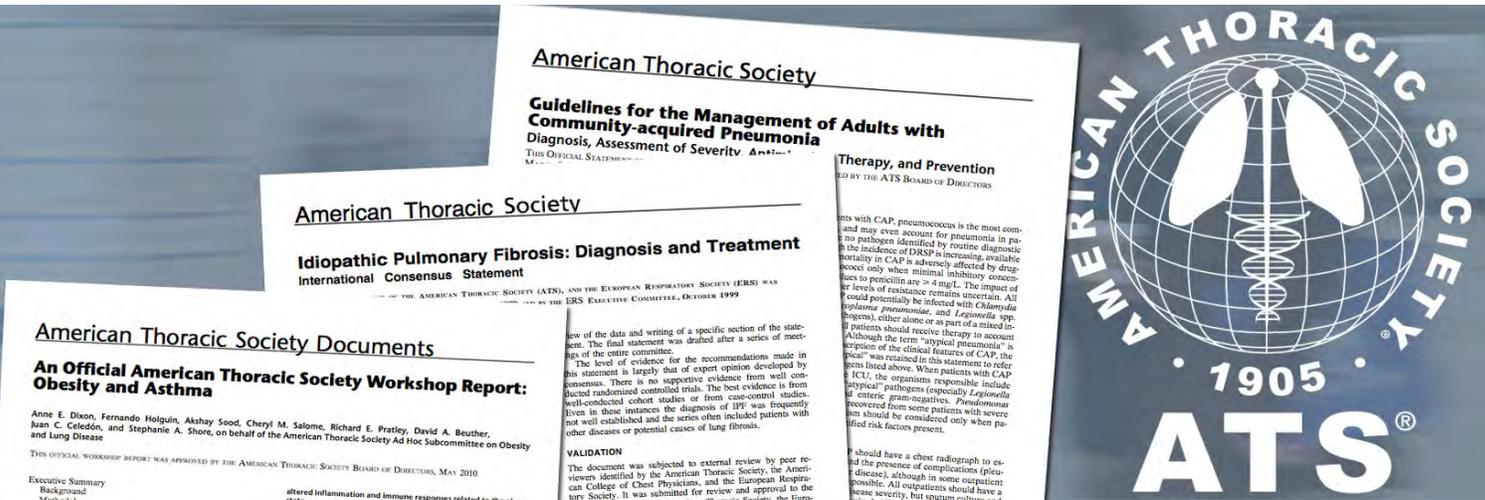
## **Online Learning**

The Best of ATS Store offers on-demand access to clinical education webcasts and MOC Self-Assessment Products (SAP) allowing learners to move seamlessly from lesson to test and earn ABIM MOC Medical Knowledge Points and ABP Part 2 Self-Assessment Credits at their convenience.

## **Junior Professional Career Development**

The Career Development Center hosted by the ATS Education Unit offers other professional education resources to help residents, fellows, and junior faculty on their path to successful careers. Recognizing the critical role played by Fellowship Program Directors in educating the next generation of physicians and scientists in the respiratory field, the Society also provides an array of training resources for them, available on the ATS website.

# Providing guidance on clinical care



Through its **official documents**, the ATS establishes the latest standards of care for a variety of adult and pediatric respiratory, critical care, and sleep disorders. To date, the Society has developed more than 100 official documents on a wide range of topics, from pediatric asthma screening, to the diagnosis and treatment of pneumonia and control of tuberculosis, to managing conscientious objections in intensive care medicine.

## Official types of ATS documents

Clinical Practice Guidelines: Medical evidence and recommendations for patient care

Policy or Research Statements: ATS positions on public policy or research issues

Technical Standards: Technical "how to" instructions for tests and procedures

Systemic Reviews: Formal reviews of the evidence for tests, interventions, procedures, etc.

Workshop Reports: Summaries of ATS-sponsored conferences or workshops

Twenty-three official ATS documents have been published or approved since late in 2013, 14 of which have been published or approved in 2014.

2013 highlights include:

- An Official American Thoracic Society Clinical Practice Guideline: Exercise-Induced Bronchoconstriction. *Am J Respir Crit Care Med* May 1, 2013; 187(9):1016-1027.
- An Official American Thoracic Society Clinical Practice Guideline: Sleep Apnea, Sleepiness, and Driving Risk in Noncommercial Drivers. *Am J Respir Crit Care Med* June 1, 2013; 187(11):1259-1266.
- An Official American Thoracic Society Clinical Practice Guideline: Classification, Evaluation, and Management of Childhood Interstitial Lung Disease in Infancy. *Am J Respir Crit Care Med* Aug 1, 2013; 188(3):376-394.
- An Official American Thoracic Society/European Respiratory Society Statement: Update of the International Multidisciplinary Classification of the Idiopathic Interstitial Pneumonias. *Am J Respir Crit Care Med* Sep 15, 2013; 188(6):733-748.
- An Official American Thoracic Society/European Respiratory Society Statement: Key Concepts and Advances in Pulmonary Rehabilitation. *Am J Respir Crit Care Med* Oct 15, 2013; 188(8):1011-1027.

In 2014 highlights include:

- International ERS/ATS Guidelines on Definition, Evaluation, and Treatment of Severe Asthma. *Eur Respir J* 2014; 43:343-373.
- An Official American Thoracic Society Statement: Pulmonary Hypertension Phenotypes. *Am J Respir Crit Care Med* 2014; 189:345-355.
- An Official American Thoracic Society Guideline: Diagnosis, Risk Stratification, and Management of Pulmonary Hypertension of Sickle Cell Disease. *Am J Respir Crit Care Med* 2014; 189:727-740.
- An Official American Thoracic Society Workshop Report: Developing Performance Measures from Clinical Practice Guidelines. *Ann Am Thorac Soc* 2014; 11:S186-S195.
- Official American Thoracic Society Technical Standards: Spirometry in the Occupational Setting. *Am J Respir Crit Care Med* 2014; 189:983-993.
- An Official American Thoracic Society / European Respiratory Society Statement: Update on Upper Limb Muscle Dysfunction in Chronic Obstructive Pulmonary Disease. *Am J Respir Crit Care Med* 2014; 189:e15-e62.
- An Official American Thoracic Society / American College of Chest Physicians Policy Statement: The Choosing Wisely Top Five List in Adult Pulmonary Medicine. *CHEST* 2014; 145(6):1383-1391.
- An Official American Thoracic Society / American Association of Critical-Care Nurses / American College of Chest Physicians / Society of Critical Care Medicine Policy Statement: The Choosing Wisely Top Five List in Critical Care Medicine. *Am J Respir Crit Care Med* 2014; 190:818-826.
- An International European Respiratory Society / American Thoracic Society / International Society of Heart Lung Transplantation Clinical Practice Guideline: Diagnosis and Management of Bronchiolitis Obliterans Syndrome. *Eur Respir J* 2014; In-press.
- An Official European Respiratory Society / American Thoracic Society Technical Standard: Field Walking Tests in Chronic Respiratory Disease. *Eur Respir J* 2014; In-press.
- An Official European Respiratory Society / American Thoracic Society Systematic Review: Field Walking Tests in Chronic Respiratory Disease. *Eur Respir J* 2014; In-press.
- An Official American Thoracic Society Statement: Diagnosis and Management of Beryllium Sensitivity and Chronic Beryllium Disease. *Am J Respir Crit Care Med* 2014; In-press.
- An Official American Thoracic Society Clinical Practice Guideline: Diagnosis of Intensive Care Unit Acquired Weakness in Adults. *Am J Respir Crit Care Med* 2014; In-press.
- An Official American Thoracic Society Statement: Managing Conscientious Objections in Intensive Care Medicine. *Am J Respir Crit Care Med* 2014; In-press.

A complete list of all current documents can be found at [www.thoracic.org/statements](http://www.thoracic.org/statements).

# Advancing patient care



Keeping patients and their families as a central focus of activities and programs is a key priority at the ATS. As such, the Society has a number of related programs to meet their needs.

Launched in 2014, the redesigned **Center for Patients and Families** section of the ATS website includes a range of patient information materials in a variety of formats and literacy levels. Featured content includes the Patient Information Series, a collection of more than 70 high-quality, expert reviewed, factsheets (many also translated into Spanish) designed for clinicians to provide to their patients or for patients to access directly. Over the past two years, series pieces have been distributed by partners and stakeholders, such as the Veterans Administration, health systems, clinics, physician offices, and recently, school districts, thus facilitating distribution to the intended (diverse) target audience.

Marianna Sockrider, MD, DrPH, serves as the Associate Medical Editor for Patient Education. In that role she serves as the editor of the Patient Information Series, is a member of the Patient & Family Education Committee, and sits on the Web Editorial Board. A complete list of all patient education materials can be found at [www.patients.thoracic.org](http://www.patients.thoracic.org).

The ATS Public Advisory Roundtable (PAR) is a key ATS initiative and a mutually beneficial partnership wherein 15 organizations representing people affected by respiratory diseases, sleep-related conditions, or related critical illnesses collaborate with the Society to advance their shared educational, research, patient care, and advocacy goals. PAR is an unique program among scientific and medical societies world-wide.

Among its programming, PAR sponsors “Lung Disease Week at ATS,” a series of webinars hosted by medical experts and specifically developed for patients and their families and doctors. Content includes patient stories, testimonials, interviews, videos, photos, support group information, details on ongoing legislative efforts, and clinical trial updates. In both 2013 and 2014, the Society hosted 12 such webinars, attracting, on average, 130 people per event.

PAR also is expanding its patient outreach efforts to include in-person programs. For example, it offers free sessions at the ATS International Conference, which draw patients from around the host city’s metropolitan area to meet with subject-matter experts.

Finally, PAR is implementing “in the field” patient events that provide unique educational opportunities designed to foster interaction between clinicians, patients, and patient advocates on their specific areas of focus. People not able to attend the events can participate via live webinars.

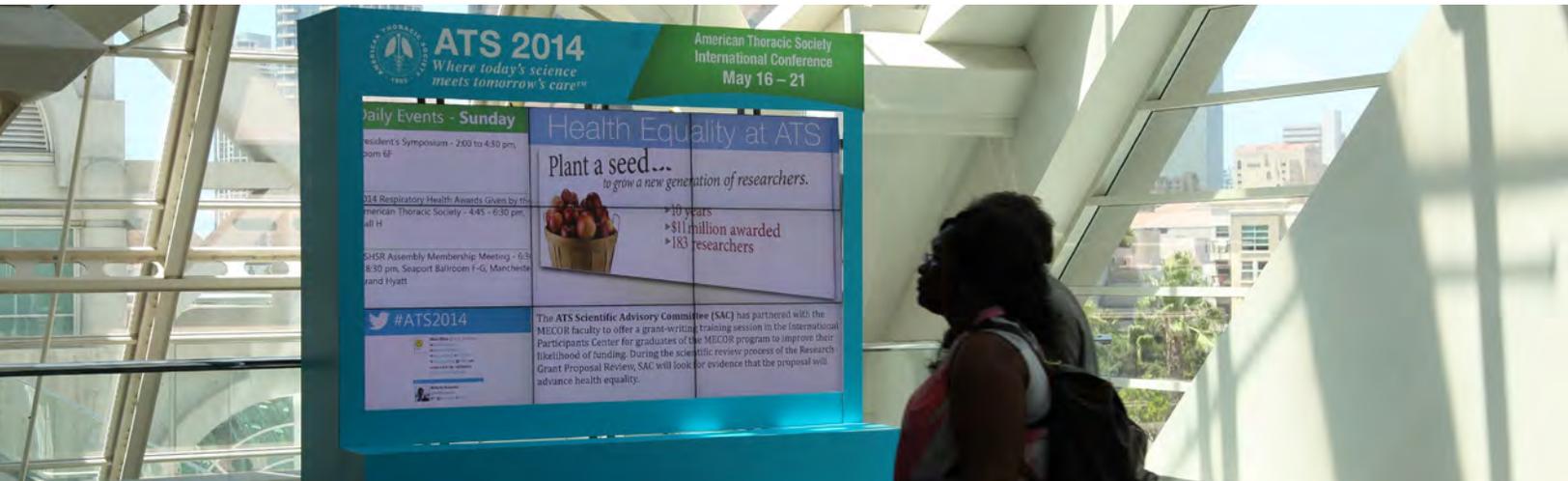
# Executing the ATS mission



Twenty-eight **committees** and subcommittees function as the nerve center of the ATS, directing the wide array of activities that advance the Society’s mission. They oversee this work and facilitate implementation in collaboration with other ATS entities (assemblies, task forces, editors, etc.) and staff. Some are standing committees; others are formed or re-appointed at the discretion of the President. The President appoints committee members for one-year terms.

<b>ATS Committees</b>	
Awards Committee	Members in Transition and Training Committee
Clinical Practice Committee	Membership Committee
Clinicians Advisory Committee	Nominating Committee
Council of Chapter Representatives	Patient and Family Education Committee
Documents Development and Implementation Committee	Proficiency Standards for Clinical Pulmonary Functions Testing Committee
Drug Device Discovery and Development Committee	Planning and Evaluation Committee
Education Committee	Project Review Subcommittee
Environment and Health Policy Committee	Publications Policy Committee
Ethics and Conflict of Interest Committee	Quality Improvement Committee
Finance Committee	Research Advocacy Committee
Health Equality Subcommittee	Scientific Advisory Committee
Health Policy Committee	Tobacco Action Committee
International Conference Committee	Training Committee
International Health Committee	Web Editorial Committee

# Ensuring access to quality care



In 2013, ATS President Patricia W. Finn, MD, focused her presidency on questions of **health equality** and what the Society can do to address related issues. Health equality exists when factors such as age, sex, gender, race, ethnicity, education, and socio-economic status do not affect access to health care or quality of health care. Health disparities, defined as a significant difference in health between populations, are common in persons with respiratory diseases and have strong environmental associations. In comparison with the highest socioeconomic group, life expectancy at birth for those in the lowest socioeconomic group can be as much as 10 years lower for men and six years lower for women.

To help turn this vision into reality many ATS committees undertook special initiatives to infuse health equality into the Society's activities. These include:

- Changing the requirements of the Public Service Award and World Lung Health Award to add a special emphasis on efforts that have the potential to eliminate gender, racial, ethnic, or economic health disparities worldwide
- Requesting the authors of all Official ATS Documents to consider health equality when preparing conclusions and recommendations
- Incorporating questions on health equality that relate to the disease topics in the 2014 Core Curriculum and the 2014 Maintenance of Certification (MOC) Medical Knowledge modules
- Adding multiple Health Equality initiatives at ATS 2014, including abstract sessions on Health Equality, adding an Itinerary Track on Health Equality in the Conference Itinerary Builder, and instructing all abstract reviewers to review and keyword relevant abstracts for Health Equality

This process of including health equality into ATS activities is ongoing.



# Maintaining a strong society

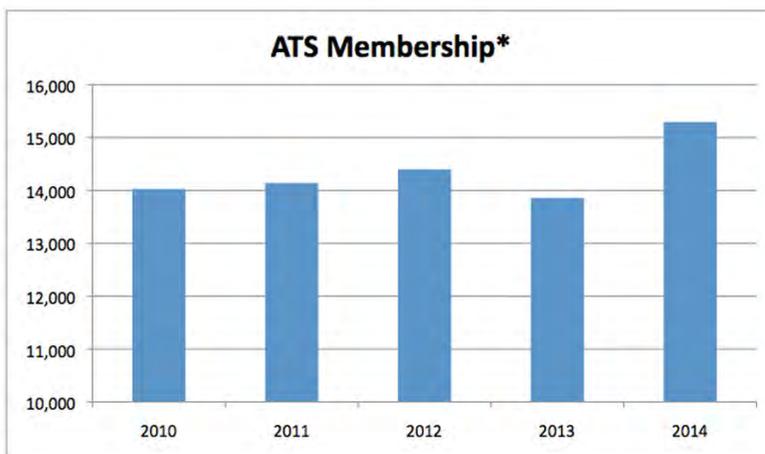


## MEMBERSHIP

The ATS has always enjoyed a robust **membership**, and through 2014 it has continued to increase. In fact, from January through October 2014 more than 2,300 new members joined the Society. Of particular note, by the end of 2013 international membership had increased to 33 percent of the entire membership, reflecting the international nature of the Society's mission and its appeal to the global respiratory community. The Society now has members in 122 countries around the world in the United States, Europe, Asia, Africa, Central and South America, and Oceania, with the greatest number of members, after the United States, located in Canada, Japan, the United Kingdom, Brazil, and Australia.

Most current members work in academic settings; 32 percent are employed in hospitals and 16 percent are in private practice. Also encouraging is that a growing number of trainees, young professionals, now comprise the membership. At the end of 2013, 19 percent of the entire membership fell into this category.

Overall, the ATS enjoys a strong and growing membership base and expects to continue building on that core in 2014 and beyond thanks to its strong record of scientific research, continuing education, the International Conference, and global commitment.



*\*All data as of November 1<sup>st</sup> of the given year.*

# Communicating the news



**Communications** plays a critical role in helping the ATS pursue its mandate to improve health worldwide by advancing research, clinical care, and public health in respiratory disease, critical illness, and sleep disorders. The Society keeps members, the media, legislators and regulators, industry supporters, and other key stakeholders up-to-date on the varied initiatives the Society is pursuing on an ongoing basis, not to mention the constantly evolving opportunities it provides for them to advance their own initiatives. Core elements of the ATS communications include:

- **Media relations:** the ATS leverages its strong relationships with members of the press with the issuance of numerous press releases to promote research, new clinical guidelines, and official Society statements on public policy issues. In 2013, the ATS activities received coverage in many news outlets, including *Washington Post*, *Los Angeles Times*, *Pittsburgh Post-Gazette*, *Chicago Tribune*, *Huffington Post*, *WebMD*, *Medscape*, *E-The Environmental Magazine*, *Reuters Health*, and *Voice of America*.
- **Newsletters:** These electronic newsletters keep members abreast of current events within the respiratory community as well as at the Society itself.
  - ATS Morning Minute
  - ATS Stat
  - ATS News
  - Coding & Billing Quarterly
  - Washington Letter
  - ATS Conference Reporter
  - ATS Research News Quarterly
- **International conference:** The International Conference is the largest single undertaking of the year, and communications plays a critical part to assuring its success. Related activities include pre-event marketing, issuing press releases, holding on-site press events and publishing a Daily Bulletin.
- **Websites:** The ATS maintains a number of websites that help promote the Society's mission. These include:

### Unique website page views — 6/13 - 5/14

Thoracic.org	3,320,574
ATSjournals.org	6,661,950
Conference.Thoracic.org	725,363
Foundation.Thoracic.org	16,177
Patients.thoracic.org	51,207

- **ATS Patient information series:** Thanks to a Google Ad Grant, this series is being promoted through Google AdWords and generates more than 10,000 clicks per month. Since the program began in February 2013, the series generated almost 12 million impressions in its first year.
- **Social media:** The Society is active on a number of different outlets and is planning to specialize the communications function for each, including Facebook (29,000 likes), Twitter (7,000 followers) and LinkedIn (1,800 connections).
- **Design:** In 2013 and 2014, the ATS undertook a number of redesign projects, all aimed at enhancing the overall functionality and usability of ATS assets, including making them more mobile friendly. Of particular note, the covers and interiors of all three ATS journals were redesigned to enhance the user experience and make the journals' content more accessible in different formats.



# Board of directors: 2013-2014

Patricia W. Finn, MD	President
Thomas W. Ferkol, MD	President-elect
Monica Kraft, MD	Immediate Past President
Atul Malhotra, MD	Vice President
David Gozal, MD	Secretary-Treasurer
Stephen C. Crane, PhD, MPH	Executive Director
James Beck, MD	Presidential Appointee
Roy Brower, MD	Presidential Appointee
Robert H. Brown, MD	Chair, Assembly on Respiratory Structure and Function
Shannon S. Carson, MD	Chair, Assembly on Critical Care
Robin R. Deterding, MD	Chair, Assembly on Pediatrics
Gregory P. Downey, MD	Chair, Assembly on Allergy, Immunology and Inflammation
James F. Donohue, MD	Chair, Foundation Board of Trustees
Roger S. Goldstein, MD	Chair, Assembly on Pulmonary Rehabilitation
Robin L. Gross, MD	Chair-elect, Council of Chapter Representatives
Jerry A. Krishnan, MD, PhD	Chair, Assembly on Behavioral Science and Health Services Research
David M. Lewinsohn, MD, PhD	Chair, Assembly on Microbiology, Tuberculosis and Pulmonary Infections
Samya Z. Nasr, MD	Chair, Council of Chapter Representatives
Linda Nici, MD	Immediate Past Chair, Council of Chapter Representatives
Irina Petrache, MD	Chair, International Conference Committee
Vsevolod (Seva) Y. Polotsky, MD, PhD	Chair, Assembly on Sleep and Respiratory Neurobiology
Carrie A. Redlich, MD, MPH	Chair, Assembly on Environmental and Occupational Health
Lynn F. Reinke, PhD	Chair, Assembly on Nursing
Jess Roman Rodriguez, MD	Chair, Assembly on Respiratory Cell and Molecular Biology
Charlie Strange, MD	Chair, Assembly on Clinical Problems
Carey C. Thomson, MD	Chair, Education Committee
Regina Vidaver, PhD	Chair, ATS-Public Advisory Roundtable
Jason X. J. Yuan, MD, PhD	Chair, Assembly on Pulmonary Circulation
Jess Mandel, MD	Presidential Appointee, Non-voting Observer

# Board of directors: 2014-2015

Thomas W. Ferkol, MD	President
Atul Malhotra, MD	President-elect
Patricia W. Finn, MD	Immediate Past President
David Gozal, MD	Vice President
Marc Moss, MD	Secretary –Treasurer
Stephen C. Crane, PhD, MPH	Executive Director
James Beck, MD	Presidential Appointee
Roy Brower, MD	Presidential Appointee
Shannon S. Carson, MD	Chair, Assembly on Critical Care
Robin R. Deterding, MD	Chair, Assembly on Pediatrics
DorAnne Donesky, PhD, ANP-BC	Chair, Assembly on Nursing
James F. Donohue, MD	Chair, Foundation Board of Trustees
Gregory P. Downey, MD	Chair, Assembly on Allergy, Immunology and Inflammation
Roger S. Goldstein, MD	Chair, Assembly on Pulmonary Rehabilitation
Robin L. Gross, MD	Chair, Council of Chapter Representatives
Naftali Kaminski, MD	Chair, Assembly on Respiratory Cell and Molecular Biology
Steven H. Kirtland, MD	Chair-elect, Council of Chapter Representatives
Samya Z. Nasr, MD	Immediate Past Chair, Council of Chapter Representatives
Reynold A. Panettieri, MD	Chair, Assembly on Respiratory Structure and Function
Irina Petrache, MD	Chair, International Conference Committee
Vsevolod (Seva)Y. Polotsky, MD, PhD	Chair, Assembly on Sleep and Respiratory Neurobiology
Gregory Porta	Chair, ATS-Public Advisory Roundtable
Charles A. Powell, MD	Chair, Assembly on Thoracic Oncology
Carrie A. Redlich, MD, MPH	Chair, Assembly on Environmental, Occupational and Population Health
Kristin A. Riekert, PhD	Chair, Assembly on Behavioral Science and Health Services Research
Gregory Tino, MD	Chair, Assembly on Clinical Problems
Carey C. Thomson, MD	Chair, Education Committee
Richard G. Wunderink, MD	Chair, Assembly on Microbiology, Tuberculosis and Pulmonary Infections
Jason X. J. Yuan, MD, PhD	Chair, Assembly on Pulmonary Circulation
Stephanie Davis, MD	Presidential Appointee, Non-voting
Jesse Mandel, MD	Presidential Appointee, Non-voting
Jessica Pittman, MD	Presidential Appointee, Non-voting

# ATS committee chairs & vice-chairs: 2013-2014

## Awards Committee

Chair, John W. Chistman, MD  
Vice-chair, Sharon Rounds, MD

## Clinical Practice Committee

Chair, Katina Nicolacakis, MD

## Clinicians Advisory Committee

Chair, Ann Schneidman, MS, CNS, RN  
Vice-chair, David Hotchkin, MD

## Council of Chapter Representatives

Chair, Samya Nasr, MD

## Documents Development and Implementation Committee

Chair, Michael Gould, MD, MS  
Vice-chair, Colin Cooke, MD

## Drug/Device Discovery and Development Committee

Chair, Theodore Reiss, MD, MBE  
Vice-chair, Paul Rowe, MD

## Education Committee

Chair, Carey Thomson, MD, MPH  
Vice-chair, Tao Le, MD, MHS

## Environmental Health Policy Committee

Chair, John Balmes, MD  
Vice-chair, George Thurston, DSc

## Ethics and Conflict of Interest Committee

Chair, Mark Siegel, MD  
Vice-chair, Leonard Sicilian, MD  
Vice-chair, Scott Halpern, MD, MPH  
Vice-chair, Scott Halpern, MD, PhD, MBE

## Finance Committee

Chair, Thomas Ferkol, MD

## Health Equality Subcommittee

Chair, Alvin Thomas, MD  
Vice-chair, Jesse Roman Rodriguez, MD

## Health Policy Committee

Chair, Ivor Douglas, MD, FRCP  
Vice-chair, Dona Upson, MD

## International Conference Committee

Chair, Irina Petrache, MD

## International Health Committee

Chair, Gustavo Matute-Bello, MD

## Members In Transition and Training Committee

Chair, Peter Chen, MD  
Vice-chair, Jeremy Richards, MD, MA

## Membership Committee

Chair, Yolanda Mageto, MD, MPH  
Vice-chair, Marilyn Glassberg Csete, MD

## Nominating Committee

Chair, Molly Osborne, MD, PhD

## Patient and Family Education Committee

Chair, Kathleen Lindell, PhD, RN

## Planning and Evaluation Committee

Chair, James Beck, MD  
Vice-chair, Jess Mandel, MD

## Proficiency Standards for Pulmonary Function Laboratories Committee

Chair, Bruce Culver, MD

## Program Review Subcommittee

Chair, Jess Mandel, MD  
Vice-chair, Susanna McColley, MD

## Public Advisory Roundtable

Chair, Regina Vidaver, PhD

## Publications Policy Committee

Chair, Roy Brower, MD

## Quality Improvement Committee

Chair, Jeremy Kahn, MD

## Research Advocacy Committee

Chair, Linda Nici, MD  
Vice-chair, Veena B. Antony, MD

## Scientific Advisory Committee

Chair, Eric White, MD  
Vice-chair, Karen Ridge, PhD

## Tobacco Action Committee

Chair, Alexander White, MD, MS  
Vice-chair, Frank Leone, MD

## Training Committee

Chair, Jennifer McCallister, MD  
Vice-chair, Laura Crotty-Alexander, MD

# ATS committee chairs & vice-chairs: 2014-2015

Awards Committee Chair, John W. Chistman, MD Vice-chair, Andrew Halayko, MSc, PhD	Health Policy Committee Chair, Ivor Douglas, MD, FRCP Vice-chair, Dona Upson, MD	Quality Improvement Committee Chair, Robert Hyzy, MD
Clinical Practice Committee Chair, Katina Nicolacakis, MD	International Conference Committee Chair, Irina Petrache, MD	Research Advocacy Committee Chair, Linda Nici, MD Vice-chair, Veena B. Antony, MD
Clinicians Advisory Committee Chair, Ann Schneidman, MS, CNS, RN Vice-chair, David Hotchkin, MD	International Health Committee Chair, Gustavo Matute-Bello, MD	Scientific Advisory Committee Chair, Eric White, MD Vice-chair, Karen Ridge, PhD
Council of Chapter Representatives Chair, Robin Gross, MD	Members in Transition and Training Committee Chair, Peter Chen, MD Vice-chair, Jeremy Richards, MA, MD	Tobacco Action Committee Chair, Frank Leone, MD Vice-chair, Patricia Folan, RN, DNP
Documents Development and Implementation Committee Chair, Michael Gould, MD, MS Vice-chair, Colin Cooke, MD	Membership Committee Chair, Yolanda Mageto, MD, MPH Vice-chair, Lynn Gerald, MD, MSPH	Training Committee Chair, Jennifer McCallister, MD Vice-chair, Laura Crotty-Alexander, MD
Drug/Device Discovery and Development Committee Chair, Theodore Reiss, MD, MBE Vice-chair, Paul Rowe, MD	Nominating Committee Chair, J. Randall Curtis, MD, MPH	Web Editorial Committee Chair, Nitin Seam, MD
Education Committee Chair, Carey Thomson, MD, MPH Vice-chair, Jason Poston, MD	Patient and Family Education Committee Chair, Christopher Slatore, MD Vice-chair, Howard Panitch, MD	
Environmental Health Policy Committee Chair, John Balmes, MD Vice-chair, George Thurston, DSc	Planning and Evaluation Committee Chair, James Beck, MD Vice-chair, Jess Mandel, MD	
Ethics and Conflict of Interest Committee Chair, Mark Siegel, MD Vice-chair, Leonard Sicilian, MD Vice-chair, Scott Halpern, MD, PhD, MBE	Proficiency Standards for Pulmonary Function Laboratories Committee Chair, Bruce Culver, MD	
Finance Committee Chair, Atul Malhotra, MD	Program Review Subcommittee Chair, Jess Mandel, MD Vice-chair, Suzanna McColley, MD	
Health Equality Subcommittee Chair, Alvin Thomas, MD Vice-chair, Jess Roman Rodriguez, MD	Public Advisory Roundtable Chair, Gregory Porta	
	Publications Policy Committee Chair, Roy Brower, MD	

# ATS journal editors

American Journal of Respiratory and Critical Care Medicine

Editor in Chief (term ends December 2014): Jacob I. Sznajder, MD

Editor in Chief (term begins January 2015): Jadwiga (Wisla) Anna Wedzicha, MD

American Journal of Respiratory Cell and Molecular Biology

Editor in Chief: Kenneth Adler, PhD

Annals of the American Thoracic Society

Editor in Chief: John Hansen-Flaschen, MD



*We help the world breathe*<sup>®</sup>  
PULMONARY • CRITICAL CARE • SLEEP

25 Broadway, 18th Floor, New York, NY 10004  
T. 212.315.8600 | [www.thoracic.org](http://www.thoracic.org)