

American Thoracic Society

ANNUAL REPORT

2016



We help the world breathe[®]
PULMONARY • CRITICAL CARE • SLEEP

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Presidents' Letter

The American Thoracic Society (ATS) traces its roots back more than a century. The Society's founders were clinicians and scientists who believed in a simple but powerful principle: by sharing their observations, discoveries, and ideas, they would be more likely to find cures for the greatest killer in human history—tuberculosis—than if they labored alone.

This philosophy remains a touchstone for the ATS. The Society convenes teams of experts from many different specialties and countries around the globe to work collaboratively on solving health problems. And while it is recognized as the oldest respiratory society in the world, the ATS is also respected, and emulated, for its dedication to fostering scientific discovery and translating this new knowledge into activities that improve people's health around the globe.

The ATS accomplishes this through a number of well-known programs and activities, such as its International Conference, official clinical guidelines and other documents; three peer-reviewed journals; and its assemblies and committees, in which colleagues work to develop and share the latest advances in research and clinical care. New initiatives, including the Fellows Track Symposium, Resident Bootcamp, and Global Scholars Program, help cultivate the next generation of leaders in the field and ensure advancement of the ATS's global mission.

What is exciting about the ATS is that its more than 16,000 members come together with one ultimate goal: to improve patient care. Society members share a desire to do more: to spread knowledge to those who lack access to educational opportunities; to improve standards of care; and to develop the next generation of researchers, clinicians, and educators who will make the world a healthier place. It is who the ATS is; it is what the ATS does.

In that spirit, in 2016, the Society launched four multi-year initiatives that will significantly impact the Society, its members, the larger respiratory community, and ultimately the patients it seeks to help.

The first is the ATS Pulmonary Function Testing (PFT) Laboratory accreditation program. PFT labs are the only such medical labs that do not have a certification or accreditation program in place by an organization with expertise in the field. The ATS is establishing a registry through which member labs can network and access information critical to operating at the highest levels. An accreditation program is also in the works. Labs participating in the program must comply with set practices to ensure high-quality standards of performance.

The second initiative focuses on implementation of the ATS clinical guidelines. Preparing guidelines and other official documents that are recognized for their quality is not enough—these standards of care must be implemented. Therefore, the ATS is streamlining the production process so new guidelines are developed in a more timely manner. In addition, it is enhancing the dissemination process so more experts are aware of these resources and integrate them into their delivery of patient care.

The third is centered on a core strength of the ATS: conferences. The ATS recognizes that attending the International Conference is difficult for many. At the same time, the conference offers an unparalleled opportunity for researchers and clinicians to keep abreast of the latest developments in pulmonary, critical care, and sleep medicine. So, as the saying goes, if people cannot come to the conference, the conference will come to them.



*David Gozal, MD, MBA
ATS President, 2016–2017*



*Atul Malhotra, MD
ATS President, 2015–2016*

Presidents' Letter

In South America there is a need for advanced training in critical care medicine. The ATS is one of the world's leaders in this field of medicine and is committed to sharing its expertise. Therefore, the Society is partnering with the Latin American Thoracic Association (ALAT) and the Brazilian Thoracic Society to convene the first ATS South American Critical Care Conference in São Paulo, Brazil, in July 2017. The specific topic will be acute respiratory failure and mechanical ventilation.

Finally, technology has changed how people learn. Nowhere is that more true than at conferences, where simply listening to a lecturer is being replaced by one-on-one, interactive, and virtual education. To help ensure the International Conference retains its place as the must-attend conference in the pulmonary, critical care, and sleep fields of medicine, the ATS is committing significant resources to enhance the attendee experience.

The ATS is confident these and many other initiatives, in conjunction with its well-established programs, will help it continue to meet its mission of improving health worldwide by advancing research, clinical care, and public health in pulmonary disease, critical illness, and sleep disorders.

The pages that follow highlight the many ways the Society's extraordinary members and dedicated staff worked together in 2016 to help the world breathe. The report also looks ahead to future activities.



David Gozal, MD, MBA
President
American Thoracic Society
2016-2017



Atul Malhotra, MD
President
American Thoracic Society
2015-2016



The ATS is dedicated to practice improvement and lifelong learning. The Society’s education programming helps health care professionals stay ahead with cutting-edge tools and the latest research findings, and it helps them to transition with ease through the numerous stages of their career.

At the heart of the ATS educational mission is the International Conference. There, thousands of research and clinical experts gather annually to share the latest in science and research in the fields of pulmonary, critical care, and sleep medicine. Whether as an opportunity to share new scientific discoveries, network with old colleagues and identify new research partners, or keep up to date on industry developments, the ATS International Conference is truly where today’s science meets tomorrow’s care.

To help expand the learning and networking opportunities at the conference, and meet the changing needs of professionals at various levels of their careers, the ATS has implemented a number of successful programs. Highlights from the 2016 conference in San Francisco include:

- More than 500 sessions, taught by more than 800 lecturers
- 200+ exhibitors in the interactive exhibit hall
- 6,942 abstracts, case reports, and late-breaking abstracts, showcasing the very latest in scientific discoveries
- Skill-based learning offered by postgraduate courses, Resident Bootcamp, and at the Clinicians Center learning lab
- Resident Bootcamp and Fellows Track Symposium programs expanded to include a full pediatric track



| ATS International Conference | | | |
|-------------------------------------|-------------------------|----------------------|-----------------------------|
| | 2014 (San Diego) | 2015 (Denver) | 2016 (San Francisco) |
| Total Attendance | 14,388 | 13,610 | 16,115 |
| Total Scientific Abstracts | 4,967 | 4,480 | 5,484 |
| Total Case Reports | 608 | 830 | 1,268 |
| Late-Breaking Abstracts | 168 | 172 | 190 |
| Exhibiting Companies | 209 | 219 | 204 |
| Countries Represented | 93 | 95 | 101 |

Early career professionals continue to be an area of focus at the ATS, both at the conference and in other non-conference programming. In addition to the skills-based programming mentioned above, ATS activities include development of a number of online learning resources, such as the “Best of the ATS Video Lecture Series,” an array of mentorship opportunities through ATS assemblies, and development of a Research Core Training webinar series, which is scheduled for launch in 2017.

Other key education initiatives for the year include:

- Implementing training and development initiatives for training program directors and division directors, including the launch of a new Tool Kit for new Division Directors.
- Launching the Pediatric Division Directors Website.



LOOKING AHEAD

Recognizing the importance of education to meet the broader ATS mission of improving global health by reducing lung morbidity, the Society is actively engaged in a number of initiatives that will come to fruition in 2017. These include:

- **Revamping Maintenance of Certification (MOC) Modules:** ATS will make 21 symposia available for MOC credit at ATS 2017, in Washington, DC. This accommodates a new point structure implemented by the American Board of Internal Medicine and the American Board of Pediatrics. Previously, only 12 sessions were available for MOC credit.
- **Board Review:** A board review book for critical care will be released in the summer of 2017.
- **External Skills Program:** A pilot, two-day course program on the topic of endobronchial ultrasound is being organized and will be held in Cape Cod in May 2017.
- **Conference Technology Enhancements:** The ATS is making significant investments in technology to enhance the overall attendee experience at the conference and amplify the learning and networking opportunities there. Attendees will start to see these improvements at ATS 2017 in Washington, DC, with additional enhancements at ATS 2018 in San Diego.
- **South American Critical Care Conference:** Recognizing that not everyone can attend the International Conference, the ATS is partnering with the Latin American Thoracic Association (ALAT) and the Brazilian Thoracic Society to convene a conference focused solely on critical care medicine. The meeting, which will take place in São Paulo, Brazil, in July 2017, will focus on respiratory failure and mechanical ventilation.
- **Emerging Leaders Program:** The Society is launching a new leadership development initiative, the ATS Emerging Leaders Program. Its goal is to cultivate a pipeline of leaders within pulmonary, critical care, and sleep medicine who can serve the global community, their own institutions, and the ATS for many years to come. The program kicks off at ATS 2017 in Washington, DC.





The ATS Foundation is the philanthropic arm of the American Thoracic Society and was established in 2004 to raise funds for the Research Program. Because groundbreaking research is vital to preventing and curing respiratory diseases, the ATS Foundation Research Program supports the best science—and the most promising young researchers.

Since its inception, the ATS Foundation Research Program has awarded \$16 million to 211 investigators, both in the U.S. and internationally. These researchers have gone on to receive \$188 million in federal funding.

For the 2016–2017 grant cycle, the ATS Foundation Research Program awarded 25 researchers grants totaling \$1.3 million. These grants provide crucial support for talented investigators from around the world, launching careers dedicated to scientific discovery and better patient care.

These awards are made possible by the generosity of ATS members, donors, and corporate and nonprofit partners.

ATS Foundation Research Program awardees explore such diverse topics as lung cancer, asthma, acute respiratory distress syndrome (ARDS), pulmonary fibrosis, pulmonary hypertension, chronic obstructive pulmonary disease (COPD), sleep apnea, and more.

The 2016–2017 ATS Foundation Research Program grant cycle categories and recipients include:



ATS Foundation Unrestricted Research Grants

The ATS Foundation funds unrestricted research grants representing the three pillars of the American Thoracic Society: pulmonary, critical care, and sleep medicine. These one-year, \$40,000 grants span basic, clinical, and translational research in adult and pediatric medicine.

- Jeremy R. Beitler, MD, MPH, University of California, San Diego
- Clemente J. Britto, MD, Yale University
- Brian E. Cade, PhD, Brigham and Women's Hospital
- Robert P. Dickson, MD, University of Michigan

- Jennifer R. Honda, PhD, University of Colorado Anschutz Medical Campus
- Jonathan C. Jun, MD, Johns Hopkins University School of Medicine
- Lioudmila Karnatovskaia, MD, Mayo Clinic
- Andrew W. Varga, MD, PhD, Icahn School of Medicine at Mount Sinai
- Darcy E. Wagner, PhD, Comprehensive Pneumology Center, Germany

Recognition Awards for Outstanding Early Career Investigators

These one-year, \$40,000 grants support researchers transitioning from a fellowship training program to a junior faculty position. The awards provide early-career investigators protected time to strengthen National Institutes of Health applications and pursue other major grants.

- Laura E. Crotty Alexander, MD, University of California, San Diego
- Kenneth E. Remy, MD, MHS, Washington University in St. Louis

Partner Grants

The ATS Foundation partners with other nonprofit organizations and pharmaceutical companies to support disease-specific research in pulmonary, critical care, and sleep medicine. Most partner grants award \$40,000–\$50,000 annually for two years. Partners for this grant cycle are: the American Lung Association of the Mountain Pacific, Breathe California of Los Angeles, Genentech, the Primary Ciliary Dyskinesia (PCD) Foundation, and the Pulmonary Hypertension Association.

- Megan N. Ballinger, PhD, The Ohio State University
- Olivier Boucherat, PhD, Institut Universitaire de Cardiologie et de Pneumologie de Québec
- Martina Brueckner, MD, Yale University
- Emily Henkle, PhD, MPH, Oregon Health & Science University
- Amjad Horani, MD, Washington University in St. Louis
- Jinghong Li, MD, PhD, University of California, San Diego
- Lawrence Ostrowski, PhD, University of North Carolina at Chapel Hill
- Farbod N. Rahaghi, MD, PhD, Brigham and Women's Hospital, Harvard Medical

Recognition Awards for Outstanding Established Investigators

The ATS Foundation introduced the Recognition Awards for Outstanding Established Investigators in 2016 to meet a growing need. The goal of these "R to R awards" is to enable established investigators to continue their research during vulnerable periods between funded R-level grants. Recipients are awarded \$40,000 annually for two years to explore research that can lead to new R-level funding.

- Ian C. Davis, DVM, PhD, The Ohio State University
- Seyedtaghi Takyar, MD, PhD, Yale University

MECOR Research Awards

These one-year, \$5,000 grants are awarded to outstanding graduates of the ATS Methods in Epidemiologic, Clinical, and Operations Research (MECOR) Program to allow them to transition from trainees to investigators. MECOR graduates hail from developing regions around the globe, including Africa, Latin America, China, India, Indonesia, Turkey, and Vietnam. Winners in 2016 include:

- Juliana C. Ferreira, MD, PhD, University of São Paulo, Brazil
- Chimusa Patrick de Marie Katoto, MBBS, Universite Catholique de Bukavu Teaching Hospital, DR Congo
- Phuong Thi Mai Nguyen, MD, MSc, DDS, Vietnam National Lung Hospital
- Ogonna Nwota Odi Nwankwo, MBBS, University of Calabar Teaching Hospital, Nigeria



LOOKING AHEAD

The 2017–2018 ATS Foundation Research Program grant cycle opens in April 2017. Interested applicants should submit a letter of intent at www.thoracic.org/professionals/research. The letter of intent should include a brief personal statement, a listing of previous positions and honors, and highlights of ongoing and completed research projects.

Applicants invited to submit a full application are assessed on a range of criteria including: scientific excellence, implications of the research, novelty of the project, potential to transition to a career as an established investigator, and the potential impact of the research to improve patient care and outcomes.





Advocacy, in the U.S. and internationally, is central to the ATS mission. The ATS fights for research funding, clean air, public health resources, and access to affordable health care. The ATS fights against tobacco, climate change, and health disparities.

In 2016, years of advocacy work came together in important policy changes instituted by the U.S. executive branch that will improve respiratory health. These include:

- Secured research funding was increased for the National Institutes of Health and VA Research Program.
- The Department of Housing and Urban Development mandated that all federally owned multi-unit housing be smoke-free.
- The National Heart, Lung, and Blood Institute launched a COPD National Action Plan.
- President Obama released a National Action Plan to Combat Multidrug-Resistant Tuberculosis.
- Legislation was enacted to speed the approval of new antibiotics for drug-resistant infections.
- The Food and Drug Administration (FDA) exerted its authority over e-cigarettes, cigars, and hookahs.
- The Occupational Safety and Health Administration issued a more protective standard for silica dust.

The member-driven advocacy program of the ATS championed the cause of respiratory health in Congress and the courts. The ATS successfully opposed legislation that would have diminished expert scientific opinion in forging regulatory policy. The ATS fought for the 21st Century Cures Act to speed the development of therapeutic advances and against efforts to weaken the authority of the Environmental Protection Agency (EPA) to set air pollution standards and the FDA's authority to regulate all tobacco products.

The ATS championed many of these same efforts in the courts, including making sure the EPA's authority was not abridged and suing the FDA for the agency's failure to reissue a final rule requiring graphic warning labels on all tobacco products.



In 2016, the Society issued the inaugural *ATS Health of the Air Report*. The report and interactive website are designed to press its clean air agenda by providing local estimates of the mortality and morbidity associated with excess ozone and particulate matter. The ATS believes the interactive website will also be a tool for state and local governments to integrate clean air goals into building stronger communities.

Internationally in 2016, the ATS continued to be an effective voice for U.S. funding for international tuberculosis control efforts, and it continued to apply pressure to trade negotiators to include tobacco control language in their agreements.



LOOKING AHEAD

At the federal level, there will be new policy and funding priorities in Washington in 2017. And the ATS expects to continue and expand its advocacy efforts on behalf of those issues of critical importance to its members and their patients. These include funding for medical research and public health, regulation of tobacco, protection of clean air standards, and access to affordable health care. Advocacy will be of critical importance, and the ATS will be at the forefront on those issues that impact pulmonary, critical care, and sleep medicine.





The ATS develops clinical practice guidelines on diagnosing and treating pulmonary, critical care, and sleep diseases. These guidelines are considered the gold standard of care in the field. In addition, the ATS publishes technical statements on how to perform tests and procedures, position statements about public policy and research, and workshop reports. Seventeen documents were published in 2016, including the following:

Clinical Practice Guidelines

- Pediatric Chronic Home Invasive Ventilation
- Management of Adults with Hospital-acquired and Ventilator-associated Pneumonia
- Diagnostic Evaluation of Infants with Recurrent or Persistent Wheezing
- Lymphangiomyomatosis Diagnosis and Management
- Treatment of Drug-susceptible Tuberculosis
- Liberation from Mechanical Ventilation in Critically Ill Adults
- Diagnosis of Tuberculosis in Adults and Children

Position Statements

- Future Directions in Lung Fibrosis Research
- Shared Decision-Making in ICUs
- Impact of Mild Obstructive Sleep Apnea in Adults
- Burnout Syndrome in Critical Care Health-care Professionals: A Call for Action
- Implementation Science in Pulmonary, Critical Care, and Sleep Medicine
- What Constitutes an Adverse Health Effect of Air Pollution? An Analytical Framework



ATS Journals

The Society's three journals—the *American Journal of Respiratory and Critical Care Medicine*, the *American Journal of Respiratory Cell and Molecular Biology*, and the *Annals of the American Thoracic Society*—influence the practice of pulmonary, critical care, and sleep medicine throughout the world.

Together, the journals chronicle the latest advances in respiratory cellular and molecular biology, genetics, and novel animal studies. They also present epidemiological studies and practice-shaping clinical trials, publish state-of-the-art articles and clinical guidelines, and report on the education and ethical development of respiratory health professionals.

In 2016, the ATS Journals developed several initiatives to enhance the reader experience. A new website provides improved navigation, optimized viewing, online citations, and easy access to podcasts and videos. Metrics have also been expanded, with the integration of the National Institute of Health's Relative Citation Ratio and Altmetrics to measure the dissemination of scientific and clinical information through social media. To expand the journals' reach through these growing communication channels, they now have a full-time digital media coordinator.

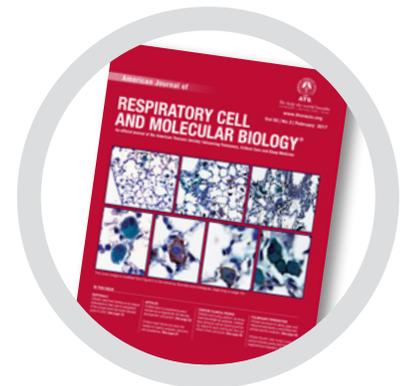
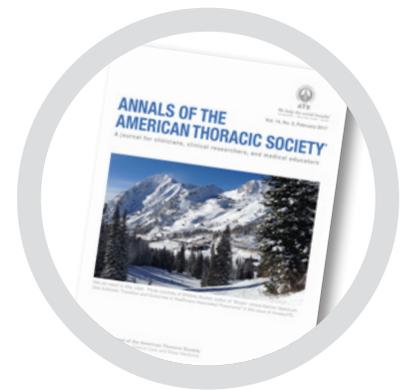
Recent changes, along with those planned in the coming year, promise to keep the journals at the forefront of pulmonary, critical care, and sleep medicine:

- The *American Journal of Respiratory and Critical Care Medicine (AJRCCM)*, or “Blue Journal,” has increased the number of clinical trials it publishes. Its impact factor rose to 13.118, one of the highest in the field. In 2017, the journal will celebrate its one-hundredth anniversary with a series of historical articles and a session at ATS 2017.
- The *American Journal of Respiratory Cell and Molecular Biology (AJRCMB)*, or “Red Journal,” has a new editor: Paul Schumacker, PhD, a highly regarded expert in respiratory biology and the Patrick M. Magoon Professor of Neonatology Research at Northwestern University in Chicago. During the start of his tenure as editor, Dr. Schumacker has already broadened the scientific scope of the journal, added editorials to put research findings in context, and increased the journal's reach through podcasts and social media.

Pulmonary Function Lab Management and Registry

In 2016, the Society published the third edition of the *ATS Pulmonary Function Laboratory Management and Procedure Manual*. The manual comprises best practices in conducting the most commonly performed PFTs. It also includes recommendations about best practices in PFT facilities, personnel, and hygiene and safety, among other topics.

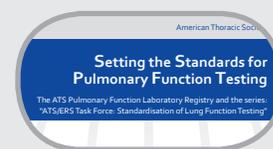
In addition, the Society's Pulmonary Function Testing Laboratory Registry program was revamped and went online. PFT labs in the U.S. and around the world that participate in the registry must meet American Thoracic Society/European Respiratory Society standards for PFT equipment, methodology, and interpretation. The registry allows labs to network and access information to perform PFTs at the highest level.



LOOKING AHEAD

The ATS will invest considerable resources in the coming year to strengthen several programs that help its members improve clinical care.

- New guidelines to help improve patient care are of limited value if they are not adopted by physicians treating patients. Therefore, ATS is launching a guideline implementation program to assess how broadly guidelines currently are being adopted and, perhaps more importantly, what changes the Society might make to increase the rate of implementation. A pilot program in this area is expected to commence in 2017.
- Even in the digital age, print is not dead and many actually prefer reading the printed word. Therefore, in addition to being available online, during 2017 *AnnalsATS* will be published as a print journal and mailed to the Society's U.S. members.
- In April 2017, David Lederer, MD, MS, will become the new editor of *AnnalsATS*. He is associate professor of medicine and epidemiology at Columbia University and associate division chief for clinical and translational research at Columbia University. His initiatives include:
 - o Continue growing non-research content and transition from a research-heavy journal to one that has more widespread appeal.
 - o Growing the commentary section of the journal to include additional sections, such as public health, global health, environmental health, health care policy and financing, and biomedical ethics.
- The Society intends to advance its PFT Registry by establishing an accreditation program for these labs. Laboratories will be required to complete an assessment checklist prior to an onsite assessment. Successful applicants will be accredited for five years.





The goal of all the ATS's activities and those of its more than 16,000 members is to improve the health and well-being of those who suffer from pulmonary diseases, critical care illnesses, and sleep disorders. By communicating with patients directly and partnering with patient interest groups, the Society believes it can help patients and their families understand their condition (including diagnosis, treatment, and prognosis), motivate them to self-manage (if appropriate), and build a relationship based upon honesty and trust, all of which can improve health-related quality of life.

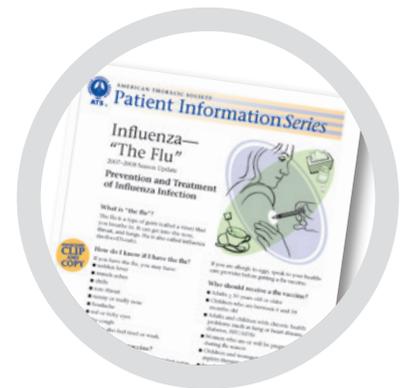
Patient Education Materials

The word doctor comes from the Latin *docēre*, "to teach." Central to the ATS mission is patient education, and the Society has become known for its high-quality "Patient Information Series," available online and printed in AJRCCM.

These materials, available to anyone on the ATS website, are written and reviewed by member experts for accuracy and health literacy. They cover a wide range of topics, including niche topics for which there had been a gap in the patient literature, and they are prized for their objectivity and adherence to health literacy community standards. They also are written, on average, at the 8th–10th grade reading level to enhance their utility for a broad range of literacy levels. Many are also translated into other languages, to promote use in non-English-speaking individuals. In addition to explaining the cause, diagnosis, and treatment of pulmonary, critical care, and sleep diseases, they also address a wide variety of procedures, tests, and issues in the field, as well as practical advice about staying healthy and links to trusted resources for additional information.

In 2016, the ATS issued 21 new pieces in its Patients Information Series. Among the new topics covered by the series were:

- Pneumonia
- Extracorporeal Membrane Oxygenation (ECMO)
- Tracheostomy
- Outdoor Air Pollution
- Marijuana
- Cough
- Healthy Sleep
- Pediatric Home Ventilation



Patient Health

Other pieces were updated to include the latest information available, and still others were translated into Portuguese and Italian. (Many pieces are also available in Spanish.)

All new publications in the Patient Information Series are published first in the Society's *American Journal of Respiratory and Critical Care Medicine*, so that clinicians know about these educational resources for their patients. During the past year, the ATS has worked to increase the visibility of the series among health care professionals and patients alike through social media.

Thanks to a Google grant, the Patient Information Series is promoted through Google AdWords and generates nearly 11,000 clicks per month. Altogether in 2016, the series generated nearly 6.5 million impressions.

The ATS Public Advisory Roundtable

The 15 public interest organizations that make up the ATS Public Advisory Roundtable (PAR) help ensure that patients have a voice in the Society's activities.

The rotating group of organizations encompasses the full range of diseases that the ATS covers and, in some cases, represents so-called orphan diseases, bringing much-needed visibility to diseases that, while uncommon, affect thousands of people.

In 2016, PAR representatives served on 16 ATS committees, worked with the Nursing Assembly's Oxygen Working Group to collect more than 2,100 patient responses to a "supplemental oxygen usage" survey, partnered with the ATS Foundation to fund five research grants for young investigators, and supported 13 Travel Awards for fellows to attend the International Conference. In addition, 14 patients spoke at International Conference symposia. Many of those talks were published in the fifth edition of *Patient Voices*, a primarily online publication that introduces opinion leaders and the general public to the often unrecognized burden of respiratory disease.

"Meet the Experts," ATS PAR's own program during the International Conference, drew 230 attendees, including patients and their families from states beyond California, where the conference was held. The 2016 Lung Disease Week Program featured 13 patient webinars that drew more than 2,000 participants from around the world. ATS PAR's digital reach extended to nearly 150,000 people, including those on Facebook and Twitter.



LOOKING AHEAD

- The ATS will continue to expand its efforts to provide education and other resources directly to patients and their families.
- In the coming year, the Society will begin offering patients information about the best websites for learning about specific pulmonary, critical care, and sleep diseases and will explore how podcasts might complement the Patient Information Series.
- ATS PAR will create a Speakers Bureau of patients willing to share their stories with various audiences in ways that help other patients, increase visibility for respiratory diseases, and foster support for research and legislative action important to the respiratory community.





The mission of the American Thoracic Society (ATS) is to improve lung health on a global level, and the Society has a number of programs specifically aimed at developing more research and clinical resources in middle- and low-income countries. Each program made important contributions worldwide in 2016.

MECOR

The bedrock of the ATS international efforts is the Methods in Epidemiologic, Clinical and Operations Research (MECOR) program. ATS MECOR is an intensive one-week course for physicians and related health care professionals designed to strengthen capacity and leadership in epidemiological, clinical, and operations research related to respiratory conditions, critical care, and sleep medicine in middle- and low-income countries. The goal is not only to use science to solve local, national, and regional respiratory problems but also to build an international network of researchers who can describe the epidemiology of respiratory disease from a global perspective. Since it started in 1994, the MECOR course has trained more than 1,800 clinicians.

In 2016, ATS MECOR held seven programs in the following countries:

- Buenos Aires, Argentina
- Blantyre, Malawi
- Kusadasi, Turkey
- Jaipur, India
- Hanoi, Vietnam
- Guangzhou, China
- Jakarta, Indonesia

Global Scholars Program

The ATS Global Scholars Program addresses the shortage of advanced training programs in respiratory, critical care, and sleep medicine in middle- and low-income countries where the burdens of these diseases and conditions are immense. Via 25 live webinars, junior professionals can learn about a range of topics in pulmonary, critical care, and sleep medicine. The courses are taught by recognized experts in their fields. Upon graduation,



students receive diplomas certifying that they are ATS Global Scholars. In 2016, the program grew and is now offered at 16 institutions in 11 countries, including Uganda, Mozambique, Tanzania, Kenya, Nigeria, Ethiopia, Rwanda, Pakistan, India, China, and Colombia. The last six countries were added in 2016.

Forum of International Respiratory Societies

The Forum of International Respiratory Societies (FIRS) is composed of the world's leading international respiratory societies. The goal of FIRS is to unify and enhance efforts to improve lung health throughout the world. ATS is proud to be a founding member of the Forum.

In 2016, FIRS initiated its advocacy campaign to promote the Decade of the Lung (2016–2025). This initiative advocates lung health and targets the “big five” respiratory diseases: Chronic Obstructive Pulmonary Disease (COPD), asthma, acute respiratory infections, tuberculosis, and lung cancer—the leading causes of morbidity and mortality worldwide. The FIRS campaign aims to motivate and engage as many organizations as possible, governmental and non-governmental, to strengthen prevention efforts and to implement effective treatment programs. Central to this effort is raising awareness about respiratory diseases through a comprehensive media campaign to promote “World Days” for these diseases.

Tuberculosis Control

Tuberculosis (TB) is curable in the vast majority of cases, and yet slow progress against the disease means that it now kills more people annually than any other communicable disease. According to the World Health Organization (WHO), 10.4 million people developed TB in 2015, and 1.8 million people died from the disease. In fact, the epidemic is larger than thought, reflecting new data from India.

Since the early 1900s, ATS has been the leading physician organization dedicated to the elimination of TB in the United States and around the globe. In addition to the ATS's contributions to TB control through research and clinical practice guidelines, the ATS actively advocates for U.S. and international funding for TB control, research, and development. In 2015, TB-related ATS activities included:

- Sponsorship of USAID World TB Day commemoration to raise overall awareness of the importance of funding TB prevention and treatment programs worldwide.
- Advocacy to prevent a 19% funding cut to USAID's global TB program.
- Co-chairmanship of the TB Roundtable, the leading TB federal policy coalition.
- Coordination of the U.S. House of Representatives annual World TB Day congressional briefing.
- Support of the development, community engagement, and release of the National Action Plan to Combat Multidrug-Resistant TB.
- Participation in the USAID grant-funded partnership, Challenge TB, to provide global leadership and field implementation for expanded access to TB prevention services; improved patient-centered quality care systems for TB, multidrug-resistant TB, and TB/HIV services; and country health systems improvements in 18 high-burden countries.

Peer Societies

The ATS has long believed that collaboration with sister organizations located throughout the world best ensures maximum benefits to its own members, the respiratory community at large, and patients. Therefore, the Society is an active participant in exhibit halls and related conferences, where ATS leadership and subject matter experts frequently address general sessions, sharing knowledge and Society priorities.

International Trainee Scholarships

ATS provides scholarships to international trainees to attend the ATS Conference. The International Trainee Scholarships (ITS) and International Abstract Scholarships (IAS) help early career professionals who have submitted abstracts to the International Conference attend the meeting to learn about state-of-the-art science in basic and clinical research as well as new developments in the practice of pulmonary, critical care, and sleep medicine.

The ITS awards are made possible through the International Lung Health and Membership Committees; the IAS awards are offered through the Society’s assemblies. In 2016, the Society made available 46 International Trainee Scholarship Awards and 30 International Abstract Scholarship Awards.

LOOKING AHEAD

MECOR

Seven MECOR programs are scheduled for 2017. In addition, ATS is in the midst of a comprehensive program update to ensure the curriculum and teaching methods continue to deliver best-in-class programming.

Global Scholars Program

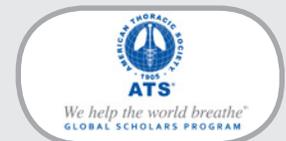
ATS will be looking to aggressively expand the program throughout low- and middle-income countries.

FIRS

FIRS will be rolling out the 2017 edition of “Respiratory Diseases in the World” report, which highlights the five major respiratory diseases (asthma, COPD, lung cancer, tuberculosis, and acute respiratory infections) and FIRS recommendations to combat them.

South America Critical Care Conference

Recognizing that not everyone can attend the ATS International Conference, and the fact that advanced training in critical care medicine is at a premium, the ATS is teaming up with the Brazilian Thoracic Society and the Latin American Thoracic Society to co-sponsor the South American Critical Care Conference. The conference will take place from July 13–15 in São Paulo, Brazil and will focus on acute respiratory failure and mechanical ventilation.



Making It All Come Together— The Society's Nuts and Bolts



We help the world breathe[®]
PULMONARY • CRITICAL CARE • SLEEP

The ATS has a governing structure that fosters a collaborative and inclusive approach to advancing the Society's mission. Collegiality among members and staff maximizes the extraordinary intellectual capital and experience of the Society's international expertise in pulmonary, critical care, and sleep medicine.

ATS Assemblies

- The Society's 14 Assemblies and three Sections are central to its efforts to disseminate the latest scientific and clinical information in respiratory medicine and to launch efforts to advance knowledge in the field.
- In 2016, the Assemblies expanded their activities aimed at helping early career professionals. Journal Clubs have grown, and more fellows and trainees are leading real-time discussions of recent journal articles via an interactive web platform. With the addition of Nursing in 2016, there are now 12 Assembly mentoring programs.
- Assemblies and sections are increasing their use of social media, particularly Twitter, to keep members and the larger respiratory community abreast of Assembly, clinical, and scientific news. The number of "Conversations in Pulmonary and Critical Care Medicine" podcasts has also increased; the Critical Care, Pulmonary Rehabilitation, and Respiratory Structure and Function Assemblies have been particularly active in producing these concise and incisive 20-minute discussions with experts.
- The Allergy, Inflammation, and Immunology Assembly continued to build its virtual Asthma Center, which provides clinicians and researchers easy access to relevant, high-quality asthma-related information.

Committees

- More than 25 ATS Committees help ensure that the Society is achieving its mission and guide its governance. Among these Committees are the Education Committee, Training Committee, Patient and Family Education Committee, Clinicians Committee, Health Policy Committee, and Tobacco Action Committee.

- Committees are chaired by some of the most respected experts in the field, and members are representative of the diversity within ATS, including those with an international perspective. In the last decade, the ATS has made a concerted effort to include fellows and other members in training on virtually every committee, thus introducing a new generation of professionals and members to the activities and governance of the ATS.

Corporate Alliances

- The Exhibit Hall at the ATS International Conference was again recognized by Trade Show Executive as one of the 50 fastest growing in the country. At ATS 2016, representatives of more than 210 companies and organizations discussed with attendees the newest products and services important to respiratory medicine.
- The quality of ATS educational programs, particularly those that help early career professionals, has bolstered external support, with more than 80 percent of its educational grant submissions funded.
- The ATS Drug Device Discovery and Development Committee sponsored the 2nd Annual BEAR (Building Education to Advance Research) Cage competition at ATS 2016. Three finalists pitched their innovative research ideas to a panel of translational science experts, who selected Jake Brenner, MD, PhD, as the winner for his proposal, "Pulmonary Endothelial-Targeted Liposomes (PELs) for the Treatment of ARDS." Mentors from the committee have worked with all three finalists to build upon their research and sharpen their proposals for funding.



Corporate Members

Corporate Members of the ATS support, at various levels, the Society's mission of advancing pulmonary, critical care, and sleep medicine.

Benefactors

Actelion Pharmaceuticals, Inc.
AstraZeneca LP
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Pfizer, Inc.
Vertex

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Pulmonx
Vitalograph LTD



Membership

- ATS membership in 2016 surpassed 16,000, a 5 percent increase over the previous year. A third of ATS members are international, and they represent 126 countries.
- In 2016, 18 state chapters held 26 educational meetings. Many chapters are focused on supporting early career professionals and advocacy around such issues as tobacco and e-cigarette control.
- During the past year, the Membership Committee created a Fellow of the American Thoracic Society Program to begin in 2017. The program will recognize professional excellence.



Ethics and Conflict of Interest

- In 2016, more than 1,400 ATS members and others in official Society roles, including governance positions, clinical guideline authors, and presenters at the ATS International Conference, submitted a comprehensive disclosure of potentially relevant conflicts of interest and cooperated in ensuring compliance with accreditation and ethical standards.
- The ATS Ethics Committee and other members active in clinical and research ethics contributed expertise to ATS guidelines and educational activities, addressing such timely issues as palliative care and conflict resolution in critical care.



As of December 31, 2015, the Society had current assets totaling \$12 million and investments totaling \$16.2 million. Property and intangibles totaled \$4.3 million. Total Assets on December 31, 2015 equaled \$32.9 million, compared to \$31.9 million at the end of 2014.

The Society had current liabilities of \$12 million. This included \$9.3 million in deferred dues and conference revenue; \$1.3 million owed to the ATS Foundation, and \$0 in defined benefit plan obligation as it was fully paid in March 2015 and closed.

The ATS had Total Net Assets of \$19.9 million.

Total revenue and support totaled \$27 million which was consistent with the prior year. Expenses totaled \$25.8 million, an increase of \$352k.

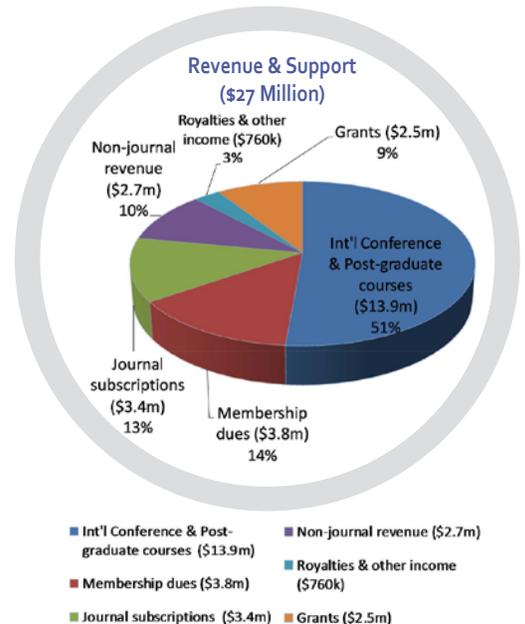
Program expenses were 67% of total expenses; supporting services were 33% of total expenses. This was the same allocation in 2014.

The total operating surplus equaled \$1.2 million. The non-operating investment loss totaled \$341k.

Total increase in net assets of \$866k is a result of changes in both revenue and expenditures.

Functional Expenses (25.8 Million)

| | 2015 | % | 2014 | % |
|------------------|---------------------|-------------|---------------------|-------------|
| Int'l Conference | \$6,705,368 | 26% | \$5,814,727 | 23% |
| AJRCCM | 2,372,880 | 9 | \$5,814,727 | 9 |
| AJRCMB | 714,201 | 3 | 568,096 | 2 |
| AnnalsATS | 570,767 | 2 | 527,219 | 2 |
| Membership | 430,342 | 2 | 389,843 | 2 |
| Assemblies | 1,021,112 | 4 | 876,045 | 3 |
| International | 1,867,547 | 7 | 1,822,358 | 7 |
| Education | 2,668,710 | 10 | 2,495,944 | 10 |
| Research Admin | 872,534 | 4 | 1,995,618 | 8 |
| Management | 8,046,053 | 31 | 8,080,477 | 32 |
| ATS Fundraising | 548,399 | 2 | 479,067 | 2 |
| TOTALS | \$25,817,913 | 100% | \$25,465,953 | 100% |



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American Journal of Respiratory and Critical Care Medicine

Editor in Chief: Jadwiga (Wisla) Anna Wedzicha, MD

American Journal of Respiratory Cell and Molecular Biology

Editor in Chief: Kenneth Adler, PhD (Jan.–Sept.); Paul Schumacker, PhD (Oct.–Dec.)

Annals of the American Thoracic Society

Editor in Chief: John Hansen-Flaschen, MD

ANNUAL REPORT

2016



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