

American Thoracic Society

# Annual Report 2017



# ATS Annual Report - 2017

## TABLE OF CONTENTS

2	Presidents' Letter
4	Education
6	Research
10	Advocacy
14	Clinical Care
16	ATS Journals
18	Patient Health
22	Global Health
26	The Society's Nuts and Bolts
30	ATS Financials
32	ATS Board of Directors, 2016–2017
33	ATS Board of Directors, 2017–2018
34	Committee Chairs and Vice Chairs, 2016–2017
35	Committee Chairs and Vice Chairs, 2017–2018
36	ATS Journals Editors, 2017

# Presidents' Letter



Marc Moss, MD

The past year was a significant one for the American Thoracic Society. We are pleased to report that in 2017 important advances were made in many areas to improve the overall ability of the Society to fulfill its mission of helping the world breathe.

It is with considerable pride that we launched the ATS Fellow Program to recognize those who have helped make the ATS the premier society in the fields of pulmonary, critical care, and sleep medicine. Fellow designation is a real mark of distinction, conferring recognition upon members for their professional accomplishments and their contributions to the Society. The inaugural class will be recognized at the 2018 International Conference in San Diego.

In 2017, ATS also made important progress on several key initiatives launched the previous year to significantly impact the Society, the respiratory community at large, and by extension the patients we serve.

The first is the ATS Pulmonary Function Testing Laboratory accreditation program. The new **ATS Pulmonary Function Laboratory Management and Procedure Manual 3rd Edition** e-book is now available, and a pilot program for the corresponding registry and accreditation program will launch in 2018.

The second initiative involves the implementation of ATS guidelines. Recognizing that the development of new guidelines is only as impactful as the clinicians who adopt them, we began developing a pilot program to assess how guidelines currently are being implemented and how that process might be improved.

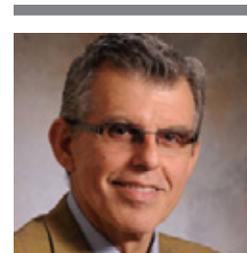
The third initiative centers on expanding our conference offerings. Not everyone can travel to the United States to attend our International Conference, so the ATS has explored a number of ways to bring the Society's expertise to those who need it. For example, in collaboration with the Brazilian Thoracic Society and the Latin American Thoracic Association, the ATS convened in July 2017 the inaugural South American Critical Care Conference in São Paulo, Brazil, which focused on mechanical ventilation. Given the success of this first conference, a second is planned for September 2018.

Lastly, our fourth initiative focused on significantly expanding the use of cutting-edge technology at our International Conference to enhance both the overall attendee experience and opportunities for learning and networking. Several pilot programs launched at ATS 2017 in Washington, D.C., will be expanded at ATS 2018 in San Diego.

During 2017, the ATS also committed significant resources to retooling existing programs that had a proven track record. For example, for more than 20 years, the ATS has offered its Methods in Epidemiologic, Clinical, and Operations Research (MECOR) program, an intensive one-week course designed to strengthen research capacity and leadership in middle- and low-income countries. This past year, ATS conducted a ground-up redesign of the curriculum, course organization, and mentorship offerings. The updated course capitalizes and builds upon the program's extensive experience and expertise. MECOR 2.0 launched in January 2018.

Finally, ATS recommitted to aggressively advocating on behalf of patients, medical research, and science generally, especially as it pertains to human lung health. This is a challenging time for all three critical constituencies, especially in Washington, D.C. The ATS has long taken pride in its work to ensure adequate resources are dedicated to pulmonary, critical care, and sleep medicine. Those activities are more important than ever, and ATS remains determined to see this mission through to completion.

These are but a few examples of the ongoing, extraordinary commitment of the ATS members and staff to serve as the premier resource for more than 16,000 physicians, scientists, and allied health professionals dedicated to the prevention, detection, treatment, cure, and research of respiratory disease, critical care illness, and sleep-disordered breathing. In the pages that follow, you can learn in more detail about the many ways the ATS helps the world breathe.



*David Gozal, MD, MBA.*

A handwritten signature in black ink that reads "Marc Moss". The script is fluid and cursive.

**Marc Moss, MD**

*President*

American Thoracic Society

2017–2018

A handwritten signature in black ink that reads "David Gozal". The script is fluid and cursive.

**David Gozal, MD, MBA**

*President*

American Thoracic Society

2016–2017

# Education

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.



*In 2017 there were 800+ sessions, 200+ exhibitors, and 6,710 abstracts, case reports, and late-breaking abstracts.*

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. 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 to meet the changing needs of professionals at various levels of their careers, the ATS implemented a number of successful programs at ATS 2017. Highlights include:

- More than 500 sessions, taught by more than 800 lecturers
- 200+ exhibitors in the interactive exhibit hall
- 6,710 abstracts, case reports, and late-breaking abstracts, showcasing the very latest in scientific discoveries
- Skill-based learning offered by postgraduate courses, by the Resident Bootcamp, and at the Clinicians Center learning lab
- Revamped Maintenance of Certification (MOC) modules, making 21 symposia available for MOC credit. 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

The ATS has made significant investments in technology to enhance the overall attendee experience at the conference and amplify the available learning and networking opportunities. Attendees started seeing these improvements at ATS 2017, with the introduction of web-based audience response and use of beacon technologies to facilitate attendee traffic flow. Additional enhancements will be rolled out at ATS 2018 in San Diego.

In addition to the International Conference, ATS offered a number of other learning opportunities in 2017, summarized below:

- **South American Critical Care Conference:** The ATS partnered with the Latin American Thoracic Association and the Brazilian Thoracic Society to convene a conference in São Paulo, Brazil in July, focused solely on critical care medicine. The meeting attracted 350 professionals and focused on respiratory failure and mechanical ventilation.



- **Emerging Leaders Program:** The goal of this pilot leadership development initiative was 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 kicked off with 18 students at ATS 2017 and concluded in November.
- **External Skills Program:** A pilot, two-day course on the topic of endobronchial ultrasound was held in Cape Cod in May 2017.

ATS International Conference			
	2017 (Washington, D.C.)	2016 (San Francisco)	2015 (Denver)
Total Attendance	16,169	16,115	13,610
Total Scientific Abstracts	5,119	5,484	4,480
Total Case Reports	1,440	1,268	830
Late Breaking Abstracts	151	190	172
Exhibiting Companies	206	204	219
Countries Represented	99	95	95

## LOOKING AHEAD

- An **International Boot Camp course** will run in parallel to the Resident Boot Camp at the 2018 International Conference. ATS will select eight residents from countries other than Canada or the U.S. Residents will participate in the Resident Boot Camp lectures and breakout sessions, and a separate but parallel hands-on experience will be tailored to the needs of these attendees.
- An inaugural **Division Director Forum** will be convened at ATS 2018.
- The ATS is developing a **Critical Care Board Review and Practice Exam Compendium** which will be available online at the ATS Bookstore in early 2018.
- A second **South American Critical Care Conference** is scheduled for September 2018, and ATS will again be at the forefront of the content design and curriculum presentations.
- The **ATS Training and Members in Transition and Training Committees** are planning to expand their educational webinars and podcasts on research and career development topics.
- The **Pediatric Pulmonary Training Directors Association (PEPTDA)** has selected ATS to serve as its parent organization, starting in 2018. PEPTDA will hold a meeting and reception at ATS 2018 and plans to hold a session at the North American Cystic Fibrosis Conference with administrative support from ATS.



# Research

THE ATS FOUNDATION is the philanthropic arm of the 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.



**ATS Foundation**  
Improving the lives of patients with respiratory  
diseases through research, education, & training

Since its inception, the ATS Foundation Research Program has awarded \$17.6 million to 235 investigators, both in the U.S. and internationally. These researchers have gone on to receive \$268 million in federal funding. That's a return on investment of \$15 per dollar awarded.

For the 2017 grant cycle, the ATS Foundation Research Program awarded 30 early career researchers grants totaling over \$1.45 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.

Of note, in 2017, the ATS eliminated the Recognition Awards for Outstanding Early Career Investigators and the Recognition Awards for Outstanding Established Investigators in order to fund more unrestricted research grants.

## ATS FOUNDATION GRANTS

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

- **Brian J. Anderson, MD, MSCE**, University of Pennsylvania
- **Sandeep Bodduluri, PhD**, University of Alabama at Birmingham
- **Erin Crowley, MD**, Indiana University
- **Joshua A. Englert, MD**, The Ohio State University Wexner Medical Center
- **Robert B. Hamanaka, PhD**, University of Chicago
- **Tetyana Kendzerska, MD, PhD**, The Ottawa Hospital Research Institute
- **Meeta Kerlin, MD**, University of Pennsylvania
- **Peggy Lai, MD, MPH**, Massachusetts General Hospital/Harvard T.H. Chan School of Public Health



- **Chelsea M. Magin, PhD**, University of Colorado, Anschutz Medical Campus
- **Omar Mesarwi, MD**, University of California, San Diego
- **Suzanne Pollard, PhD**, Johns Hopkins University School of Medicine
- **Thomas M. Raffay, MD**, UH Rainbow Babies & Children’s Hospital, Case Western Reserve University
- **Abdulghani Sankari, MD, PhD**, Wayne State University
- **Peter D. Sottile, MD**, University of Colorado
- **Hideo Watanabe, MD, PhD**, Icahn School of Medicine at Mount Sinai
- **Gareth B. Willis, PhD**, Boston Children’s Hospital/Harvard Medical School

#### **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, the Alpha-1 Foundation, the Hermansky-Pudlak Syndrome Network, the Primary Ciliary Dyskinesia Foundation, the Pulmonary Hypertension Association, ResMed, and Mallinckrodt Pharmaceuticals Inc. The recipients include:

- **Nadine Al-Naamani, MD, MS**, University of Pennsylvania
- **Ye Cui, PhD**, Brigham and Women’s Hospital
- **Matthew G. Drake, MD**, Oregon Health and Science University
- **Vito Mennella, PhD**, The Hospital for Sick Children
- **Jeremy E. Orr, MD**, University of California, San Diego
- **Andrew Sweatt, MD**, Stanford University
- **Alice M. Turner, MBCnB**, University of Birmingham
- **Deborah Winter, PhD**, Northwestern University
- **Susan Yount, PhD**, Northwestern University

## MECOR RESEARCH AWARDS

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 2017 include:

- **Ndubuisi Mokogwu, MPH, FWACP**, University of Benin Teaching Hospital, Nigeria
- **Huy Quang Nguyen, PhD**, University of Science and Technology of Hanoi, Vietnam
- **Prabu Rajkumar, MD, ICMR-National Institute of Epidemiology**, India
- **Mihir Rupani, MD**, Government Medical College, Bhavnagar, India

## LOOKING AHEAD

The 2018 ATS Foundation Research Program grant cycle opens in April 2018. Interested applicants should submit a letter of intent at [www.thoracic.org/professionals/research](http://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.

## 2017 FOUNDATION RESEARCH PROGRAM, PARTNER GRANT, AND MECOR AWARDEES



**Nadine Al-Naamani, MD, MS**  
University of Pennsylvania



**Brian J. Anderson, MD, MSCE**  
University of Pennsylvania



**Sandeep Bodduluri, PhD**  
University of Alabama  
at Birmingham



**Erin Crowley, MD**  
Indiana University



**Ye Cui, MD, PhD**  
Brigham and Women's Hospital



**Matthew G. Drake, MD**  
Oregon Health and  
Science University



**Joshua A. Englert, MD**  
The Ohio State University  
Wexner Medical Center



**Robert B. Hamanaka, PhD**  
University of Chicago



**Tetyana Kendzerska, MD, PhD**  
The Ottawa Hospital  
Research Institute



**Meeta Kerlin, MD**  
University of Pennsylvania



**Peggy Lai, MD, MPH**  
Massachusetts General Hospital  
Harvard T.H. Chan School  
of Public Health



**Chelsea M. Magin, PhD**  
University of Colorado,  
Anschutz Medical Campus



**Vito Mennella, PhD**  
The Hospital for Sick Children



**Omar Mesarwi, MD**  
University of California, San Diego



**Ndubuisi Mokogwu,  
MPH, FWACP**  
University of Benin Teaching  
Hospital, Nigeria



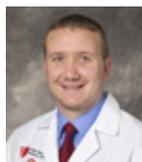
**Huy Quang Nguyen, PhD**  
University of Science and Technology  
of Hanoi, Vietnam



**Jeremy E. Orr, MD**  
University of California, San Diego



**Suzanne Pollard, PhD**  
Johns Hopkins University School  
of Medicine



**Thomas M. Raffay, MD**  
UH Rainbow Babies &  
Children's Hospital/Case  
Western Reserve University



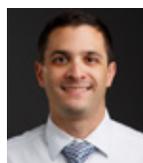
**Prabu Rajkumar, MD**  
ICMR-National Institute of  
Epidemiology, India



**Mihir Rupani, MD**  
Government Medical College  
Bhavnagar, India



**Abdughani Sankari, MD, PhD**  
Wayne State University



**Peter D. Sottile, MD**  
University of Colorado



**Andrew Sweatt, MD**  
Stanford University



**Alice M. Turner, MBCnB**  
University of Birmingham



**Hideo Watanabe, MD, PhD**  
Icahn School of Medicine  
at Mount Sinai



**Gareth R. Willis, PhD**  
Boston Children's Hospital/  
Harvard Medical School



**Deborah Winter, PhD**  
Northwestern University



**Susan Yount, PhD**  
Northwestern University

# Advocacy

**ADVOCACY ON BEHALF OF OUR PATIENTS, MEMBERS, AND PROFESSION** is central to the ATS mission. In 2017, both in the U.S. and around the globe, ATS members were engaged in initiatives aimed at influencing policy-makers. They leveraged both government relations and communications activities to advance the science of lung health; protect the environment; and improve the health of patients with respiratory disease, critical illness, and sleep-disordered breathing.



*In 2017, the ATS members and PAR representatives met with members of Congress to advocate for respiratory health priorities.*

The fall 2016 election ushered in a new U.S. President and Congress and had a profound impact on the federal government's funding and regulatory priorities in 2017. Nowhere were these more evident than in the health care realm, and the ATS communicated to Congress and the White House our strong opposition to the:

- Repeal of the Affordable Care Act
- Administration's proposal to cut funding for the National Institutes of Health and Environmental Protection Agency (EPA)
- Administration's proposal to cut funding for the Centers for Disease Control and Prevention and research performed by the Veterans Administration
- Delay in implementation of the EPA's ozone standard

In addition, the ATS helped secure public policy victories on a number of issues critical to our members, including:

- Funding increases for the National Institutes of Health, Veterans Affairs Research Program, and global tuberculosis control programs

- Preventing legislative restrictions on the authority of the Food and Drug Administration (FDA) to regulate tobacco products and the EPA's authority to regulate air pollution

Where advocacy aimed at Congress and the Administration was insufficient, the ATS sought relief from the courts. We filed several amicus briefs in support of the:

- Occupational Safety and Health Administration's revised silica exposure standard
- EPA's ozone standard
- EPA's rule to reduce greenhouse gas emissions
- EPA's rule to reduce mercury and air toxic emissions
- EPA's rule to reduce cross-state air pollution

In addition to amicus briefs, the ATS filed lawsuits in federal court to uphold the EPA's regulatory authority and to compel the FDA to reissue a final rule requiring graphic warning labels on all tobacco products.



ATS members and patients are active participants in the Society's overall efforts, helping put a human face on what otherwise can be a dispassionate debate. Patients and providers participated in a number of key activities, including:

- Seven Congressional briefings on respiratory health issues
- Three Congressional hearings on the health effects of air pollution
- Two Capitol Hill Days during which ATS members and ATS Public Advisory Roundtable (PAR) representatives met with members of Congress and their staffs to advocate for respiratory health priorities
- The first-ever ATS Rally on Capitol Hill, which drew more than 200 ATS members and patient and political allies for improved respiratory health



ATS Rally on Capitol Hill, held in May, 2017.



*In 2018, ATS will continue to advocate for patients, its members, and global lung health.*

Finally, the ATS provided tools to help members reach out directly to their elected representatives to express their opinions on matters of key public health policy. As one example, a campaign was created to increase awareness of the tobacco industry's deceptive marketing practices that target youth. Elements of the campaign included:

- A "Smell and Tell!" tobacco video, in which blindfolded children try to distinguish between candy and candy-flavored tobacco (they couldn't!)
- An Action Alert that allows users to identify their legislators and contact them directly with prepared messages via email, phone, and social media
- Printable information pertaining to the Tobacco 21 policy, tobacco use and students, and how the tobacco industry is taking aim at kids

- A downloadable social media kit that includes messaging and social graphics that users can share with online followers
- A Twitter widget that follows real-time conversation surrounding the #tobacNo hashtag

Together, these initiatives helped raise overall awareness of Big Tobacco's new efforts to ensure children are exposed to tobacco products.

Finally, while the ATS continues to work toward a better tomorrow, we are paying attention to the business of respiratory, critical care, and sleep medicine today. The ATS worked with sister organizations to ensure health care providers are reimbursed for the care they deliver and provided coding, billing, and regulatory compliance information to ATS members.

## LOOKING AHEAD

While 2017 was certainly a year of unprecedented change in Washington, D.C., we can expect 2018 to offer more volatility. In the coming year ATS members and staff will continue to aggressively push for legislative and regulatory solutions that provide greater access to care, increase funding for medical research and

address pervasive, ongoing threats to public health, such as tobacco and air pollution. The ATS will continue to tirelessly advocate for patients, its members, and global lung health in the face of an administration and Congress that is increasingly indifferent to these priorities.



<https://tobacco21.org/state-by-state/>

## Did You Know?

7 out of 10 middle and high school students who currently use tobacco have used a **FLAVORED** product.

**63%** of students who currently use e-cigarettes have used **flavored** e-cigarettes.  
(1.6 million)

**61%** of students who currently use hookah have used **flavored** hookah.  
(1 million)

**64%** of students who currently use cigars have used **flavored** cigars.  
(910,000)

Source: Morbidity and Mortality Weekly Report (MMWR).

American Thoracic Society

PUBLIC HEALTH INFORMATION SERIES

### The Tobacco Industry Targets Youth

Tobacco product use is the leading cause of preventable death and disease in the United States. Tobacco is one consumer product that kills people when used exactly as intended. Close to 90% of people who use tobacco products start before they turn 18 years old. For the tobacco industry to recruit new customers to replace the ones dying off, they need to add to our children. Once a person starts to smoke, he or she will become dependent on nicotine quickly. Nicotine addiction is the big factor that keeps you smoking.

**The Lies of the Tobacco Industry**  
Tobacco is marketed as fun and exciting and cool. For example, they want you to see smoking as something that makes you generous, attractive, sexy, successful, exciting, independent, pleasant, and popular. Cigarettes are often said to be like mouth-watering tobacco products. The marketing approach is to have you think of young people as a beautiful person. They don't want you to think about the serious and life-threatening health problems that come with tobacco use and exposure such as heart disease, cancer, emphysema, asthma, and sudden infant death.

There have been many lawsuits filed against tobacco companies regarding misleading advertising and youth health problems. It has been difficult to fully combat the power of marketing. One large settlement involved 46 states against some of the largest tobacco companies. As part of the Tobacco Master Settlement Agreement, a provision was made that the money states received could not be used to threaten the image of their products. When the U.S. Federal Drug Enforcement Agency (FDA) wanted to put graphic warning labels on cigarette packs that showed the truth about tobacco risks and health problems, the tobacco industry fought. They need the government to block the new labeling. Their "tradition" to guarantee their highly addictive product was more important than protecting our youth.

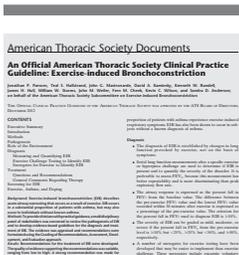
**Creating products that appeal to youth.**  
The tobacco industry has been very clever in coming up with ways to help attract young people to smoking. For example many products have a chemical called menthol added to our modern tobacco line, so it is easier to inhale. That makes menthol cigarettes the clear star product and we see that children who start with menthol cigarettes are more likely to go on to be regular smokers.

There are government restrictions banning added flavors in cigarettes such as vanilla, chocolate and cherry. However, this ban does not apply to other non-cigarette tobacco products. For example, cigars and Electronic cigarettes can be found in a variety of flavors.

We hope this world benefits  
 www.thoracic.org

# Clinical Care

THE ATS FOSTERS the collection, evaluation, and dissemination of scientific and clinical information to improve patient care, all of which is peer-reviewed.



For full information, visit:  
<https://www.thoracic.org/statements/index.php>

## CLINICAL PRACTICE GUIDELINES

The ATS develops clinical practice guidelines on diagnosing and treating pulmonary, critical care, and sleep disorders. 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. Twenty official ATS documents were published in 2017, including the following:

### Clinical Practice Guidelines

- Liberation from Mechanical Ventilation
- Mechanical Ventilation in Acute Respiratory Distress Syndrome (ARDS)
- Noninvasive Positive Pressure Ventilation in Acute Respiratory Failure
- Treatment of Chronic Obstructive Pulmonary Disease (COPD) Exacerbations

- Prevention of COPD Exacerbations
- Diagnosis and Management of Lymphangioleiomyomatosis (LAM)

### Technical Statements

- Measurement of Diffusion Capacity
- Reporting Pulmonary Function Tests

### Position Statements and Workshop Reports

- Addressing Respiratory Equality in the United States
- Health Disparities in Pulmonary Hypertension
- Translational Research in Rare Respiratory Diseases
- Chemical Inhalational Disasters
- Research Priorities in Smoking Cessation
- Evaluating Biomarkers for Lung Cancer



# American Journal of Respiratory and Critical Care Medicine

The most innovative science and highest quality reviews, practice guidelines

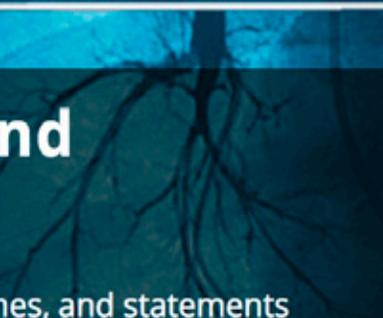
Together, the journals chronicle the latest advances in respiratory cellular and molecular biology, genetics, and novel animal studies. They also present epidemiological studies and practice-shaping clinical trials, publish state-of-the-art articles and clinical guidelines, and report on the education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

In 2017, the ATS Journals developed several initiatives to enhance the reader experience. New video summaries of journal content have been added, and the first Blue Briefing (AJRCCM) and Red in Motion (AJRCMB) installments are already available. The ATS Journals are participating in Meta, part of the Chan/Zuckerberg initiative to use artificial intelligence and data mining to suggest articles of interest to researchers; and Fair Share, a Kudos project to create shareable PDF summaries of articles that researchers can distribute on social media.

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 AJRCCM, or “Blue Journal,” has increased its impact factor to 13.20, one of the highest in the field. It also published a special Centenary issue and a Fifty Years of Research in ARDS article series.
- The AJRCMB, or “Red Journal,” has added editorials and research letters to its content and relaunched its podcast program as the Lung Science Podcast.
- Annals ATS, or the “White Journal,” has a new Editor in Chief, David Lederer, M.D., who is associate professor of clinical medicine at Columbia University College of Physicians and Surgeons. Some of the content he has added to the White Journal includes a Public Health Forum, Innovations and Provocations, and Quality Improvement. The journal has been accepted by the Web of Science and will have an impact factor in June 2018.





## American Journal of Respiratory and Critical Care Medicine



## American Journal of Respiratory Cell and Molecular Biology



## Annals of the American Thoracic Society

### PULMONARY FUNCTION LABORATORY MANUAL 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 pulmonary function tests (PFTs). 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

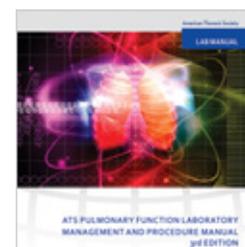
participate in the registry must meet American Thoracic Society/European Respiratory Society standards for PFT equipment, methodology, and interpretation.

In 2017, the Society continued work on the registry, including the necessary planning to launch a pilot accreditation program for these labs. Participating labs will be required to complete an assessment checklist prior to an on-site assessment. Successful applicants will be accredited for five years.

### LOOKING AHEAD

- Several clinical guidelines are in development, many involving our sister societies. Topics to be addressed include Idiopathic Pulmonary Fibrosis, Community-acquired Pneumonia, Nontuberculous Mycobacterial Infections, Multidrug-Resistant Tuberculosis, Diagnosis of Primary Ciliary Dyskinesia, and Weight Loss Strategies for Obstructive Sleep Apnea.
- The ATS Pulmonary Function Laboratory Accreditation Program workgroup will start its on-site testing phase

in the first half of 2018 and will roll out an assessment and teaching tool in the form of a web based Pre-assessment Checklist in the second half. A select number of Pulmonary Function Laboratories from the ATS Pulmonary Function Laboratory Registry will be given the option of completing the pre-assessment checklist to be eligible to participate in a pilot on-site assessment program.



*The ATS Pulmonary Function Laboratory Accreditation Program workgroup starts its on-site testing phase in 2018.*

# Patient Health

THIS PAST YEAR WAS BUSY FOR THE ATS IN ONE OF ITS KEY AREAS OF FOCUS: providing a wealth of information for patients, families, health care providers, and others with an interest in lung disease and lung health.



Patient Information Series - Arabic.

## PATIENT EDUCATION MATERIALS

Central to the ATS mission is patient and family education. For over a decade, the Society has produced and become known for its high-quality “Patient Information Series,” available online and published in the American Journal of Respiratory and Critical Care Medicine. In recent years, we added a Public Health Information Series, as well as a 20 Facts About Series, to meet the changing needs of the patient and family community. These materials are available on the ATS website, are written and reviewed by member experts for accuracy and health literacy, and may be used by members and nonmembers alike at home institutions. In 2017, ATS issued 19 new pieces in its Patient Information Series on the following topics:

- Healthy Sleep in Teens
- What Is Hemodialysis?
- Tuberculosis (TB)
- Narcolepsy
- Healthy Sleep in Children
- Unproven Stem Cell Treatments for Lung Disease

- What Is Bronchiectasis?
- Nontuberculous Mycobacteria (NTM) Disease
- Chronic Thromboembolic Pulmonary Hypertension (CTEPH): Part 1
- Integrative Medicine
- PAP Troubleshooting
- Why Do I Smoke?
- What is Menthol?
- Tobacco Marketing (The Tobacco Industry Targets Youth)
- Pulmonary Hypertension in Children
- Treating Bronchiectasis
- Mold - Concerns With Water Damage
- Sepsis
- 20 Facts About Cystic Fibrosis

### Updates to previously published fact sheets:

- Healthy Sleep in Teens
- What Is Hemodialysis?
- Tuberculosis (TB)



- Narcolepsy
- Healthy Sleep in Children

**Translations to other languages:**

- Arabic – 3 pieces
- Japanese – 6 pieces
- Serbian – 3 pieces
- Turkish – 3 pieces

With support from a Google grant, the Patient Information Series is promoted through Google AdWords. The series generated approximately 4.5 million impressions in 2017.

**What is Acute Respiratory Distress Syndrome?**

Acute Respiratory Distress Syndrome (ARDS) is a life-threatening illness in which the lungs are severely inflamed. Swelling throughout the lungs cause tiny blood vessels to leak fluid and the air sacs (alveoli) collapse or fill with fluid, preventing the lungs from working well. Patients with ARDS have problems getting enough oxygen into their blood, and getting rid of carbon dioxide, so they must be given extra oxygen and will usually need a ventilator to breathe. Despite intensive treatment, about 46% of people with ARDS die from the disease.

**Who gets ARDS?**  
It is estimated that ARDS affects about 155,000 Americans each year. Although ARDS often affects people who are being treated for another serious illness, ARDS even if he or she has not had any disease of a lung problem in the past.

**What causes ARDS?**  
The causes of ARDS are not well understood. Either direct or indirect injuries can cause ARDS. Direct injuries include: pneumonia, inhaling stomach contents (aspiration), burns, trauma, and sepsis.

**How is ARDS treated?**  
Currently, there is no specific treatment for ARDS. Treatment consists of two goals: 1) treat any medical problem that led to the lung injury, and 2) support the person's breathing (usually with a ventilator) until the lungs heal. Most people with ARDS are treated in the intensive care unit (ICU) or critical care unit (CCU) of a hospital.

**Therapies commonly used for ARDS include:**

- Mechanical ventilation
- Prone positioning
- High-frequency oscillatory ventilation
- Extracorporeal membrane oxygenation (ECMO)

**Asthma Today** | ATS 2017  
Where today's science meets tomorrow's care™

Asthma affects more than 24 million people in the United States, both children (about 6 million) and adults (18 million), according to the latest data from the U.S. Centers for Disease Control and Prevention (CDC). Between 2001 and 2011, the number of people with asthma in the United States increased by 28 percent.

The government estimates that asthma costs the U.S. economy \$56 billion each year in medical bills, lost school and work days, and premature deaths. Nearly three in five people with asthma say it interferes with their daily lives, causing them to limit their activities.

There is currently no cure for asthma, but it can be controlled with medicine and lifestyle changes. You should work with your health care provider to develop a personalized asthma management plan. Tell your health care provider about your symptoms and how they affect your life, as well as what triggers your asthma. Triggers are those things that lead to asthma symptoms and make your asthma worse.

**Asthma by the numbers**  
**8.9 million** asthma-related doctor visits annually

Increase of people with asthma in the U.S. 2001-2011

気管支肺炎形成症(BPD)とは何か?

気管支肺炎形成症(BPD)とは、肺がひどく炎症を起こす病気です。肺の小さな血管が壊れて液体が漏れ出し、肺の小さな袋(肺胞)が潰れたり液体で満たされたりして、肺がうまく働かなくなります。BPDを患う人は、血液中に十分な酸素を取り込めず、血液中の二酸化炭素を取り除くことができません。そのため、人工呼吸器が必要となり、集中治療室(ICU)で治療を受けます。集中的治療にもかかわらず、約46%の人がBPDで亡くなります。

**誰がBPDになるのか?**  
毎年約15万5千人がBPDを発症すると推定されています。BPDは通常、他の深刻な病気の治療を受けている人々に発生しますが、過去に肺の病気や問題がなくてもBPDを発症する人もいます。

**BPDの原因は何か?**  
BPDの原因はよくわかっていません。直接的または間接的な怪我がBPDの原因になります。直接的怪我には、肺炎、胃の内容物を吸い込む(誤嚥)、火傷、外傷、敗血症などが含まれます。

**BPDはどのように治療されますか?**  
現在、BPDに対する特定の治療法はありません。治療は2つの目標があります: 1) 肺の怪我の原因を治療し、2) 呼吸をサポートする(通常は人工呼吸器を使用)まで、肺が回復するまでです。ほとんどのBPD患者は集中治療室(ICU)または重症治療室(CCU)で治療を受けます。

**BPDに一般的に使用される治療法には:**

- 機械的換気
- 体位転換
- 高周波振動換気
- 体外膜換気(ECMO)

*Patient Information Series - Japanese.*

## ATS PUBLIC ADVISORY ROUNDTABLE

ATS Public Advisory Roundtable (PAR) is comprised of 15 patient interest organizations that help ensure patient voices are heard in the Society's activities. By rotating the participating organizations, PAR encompasses the full range of respiratory diseases, including so-called orphan diseases; thus, it brings visibility to illnesses that, while uncommon, affect thousands of people.

In 2017, PAR held its annual "Lung Disease Week at the ATS," where the Society and its partners highlight a specific disease. Eleven patient education webinars were held, in which 2,000 patients from around the globe interacted with subject matter experts. Two on-site patient education days were held for Rare Lung Diseases and Scleroderma.

In addition, PAR was very active at the International Conference. PAR members supported 15 travel awards for fellows, and 13 patient members of PAR spoke at conference symposia. These presentations were subsequently leveraged to create Patient Voices 6, a publication that introduces key opinion

leaders and the general public to the often unrecognized burden of respiratory disease. Their audio clips have also been turned into a podcast to reach further audiences. The final piece of PAR participation at the conference was the Meet the Expert event. Fourteen leading experts covering 10 disease groups gave talks and interacted with the nearly 300 patients and their families in attendance.



[www.thoracic.org/patients/par](http://www.thoracic.org/patients/par)





## 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, ATS PAR will host a patient interest mentoring meeting for those who wish to start an organization for patients in disease groups that are underrepresented.
- 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.



*ATS 2017 Patient Speaker,  
Charday Eury.*

# Global Health

**ATS'S MISSION IS TO IMPROVE LUNG HEALTH ON A GLOBAL LEVEL.** To achieve this, the Society has a number of robust programs aimed at bolstering research and clinical resources in low- and moderate-income countries.



*Methods in Epidemiologic,  
Clinical, and Operations  
Research*

## MECOR

For more than 20 years the ATS has been working to build research capacity in low- and middle-income countries through its Methods in Epidemiologic, Clinical, and Operations Research (MECOR) program. This intensive course for physicians and related health care professionals increases capacity and leadership in pulmonary, critical care, and sleep medicine research. Since 1994, the scope of the ATS MECOR program has grown tremendously. Today, its footprint is truly global, with more than 1,800 graduates from its courses.

In 2017, ATS undertook a comprehensive, ground-up redesign of the curriculum, course organization, and mentorship offerings. The updated course capitalizes and builds upon the program leaders' extensive experience and expertise and helps ensure delivery of best-in-class programming. MECOR 2.0 will launch in January 2018 at the MECOR course in Indonesia.

ATS MECOR held six programs in the following countries in 2017:

- Goiânia, Brazil
- Chengdu, China

- Mahabalipuram, India
- Bekasi, Indonesia
- Cesme, Turkey
- Phu Quoc, Vietnam

## FORUM OF INTERNATIONAL RESPIRATORY SOCIETIES (FIRS)

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 2017, FIRS released "The Global Impact of Respiratory Disease." The report reviews the tremendous impact that respiratory disease has on world health. Specific diseases addressed include COPD, asthma, acute lower respiratory tract infections, tuberculosis, and lung cancer. It also provides several recommendations that global leaders can follow to reduce the burden of respiratory disease and improve global health. The report was released at A Call to Action for Lung Health, during a World Health Assembly Side Event held in conjunction with the 70th World Health Assembly.

FIRS also coordinated the first World Lung Day on September 25, 2017, which asserts that the United Nations' Sustainable Development Goals will not succeed without more attention to the burden of lung disease as outlined in their recent report. The Global Impact of Respiratory Disease. FIRS called for public support of respiratory health as a main action on World Lung Day. Medical professionals, related organizations, and private citizens were called upon to demonstrate their support for World Lung Day by signing the Charter for Lung Health.

## 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, 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, Indonesia, and China.

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 2017, related ATS activities included:

- ATS and partners secured an 8% funding increase for USAID's global TB control program, which will expand TB technical and programmatic support in highly burdened countries.
- ATS and partners secured stable funding for the U.S. Centers for Disease Control for TB elimination activities in the U.S., including initiatives addressing TB among foreign-born and recent immigrants.
- ATS and partners secured increased funding for research for TB for two U.S. National Institutes of Health divisions—the National Institute of Allergy and Infectious Diseases, and the National Heart, Lung, and Blood Institute—to ensure advances are being made for diagnostics and treatments for TB.



*Forum of International  
Respiratory Societies*

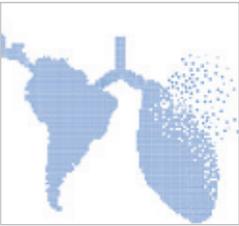
## INTERNATIONAL TRAINEE SCHOLARSHIPS

ATS provides scholarships to international trainees to attend the ATS Conference. The International Trainee Scholarship (ITS) awards and International Abstract Scholarship (IAS) awards help early career professionals who 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 2017, the Society made available 43 ITS awards and 115 IAS awards.



*MECOR Latin America.*



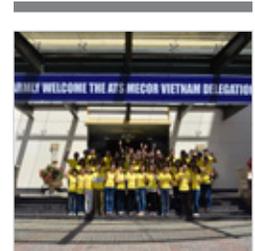
*Latin American Critical Care Conference, São Paulo, Brazil, September, 2018.*

## PEER SOCIETIES

ATS has long believed that collaboration with sister organizations located throughout the world best ensures maximum benefits to each organization's own members, the respiratory community at large, and patients. Therefore, the Society is an active participant in related conferences, where ATS leadership and subject matter experts frequently address general sessions, sharing knowledge and Society priorities. In 2017, ATS initiated a comprehensive review of these relationships, to ensure all parties were maximizing their potential value.

## LOOKING AHEAD

- ATS MECOR will offer seven courses in Africa, China, India, Indonesia, Latin America, Turkey, and Vietnam in 2018.
- ATS will be strongly advocating in Congress for continued and increased TB funding to counter the continued prevalence of this disease.
- ATS will participate in the UN High Level Meeting on TB in the fall, urging Ministers of Health to engage with professional societies and their members to ensure all patients with TB receive high-quality care. It will launch The International Standards for TB Care: Implementing High-Quality TB Care (4th Edition) as part of this effort.
- ATS will again partner with the Latin American Thoracic Association and Brazilian Thoracic Society to co-sponsor the South American Critical Care Conference, to be held in São Paulo, Brazil, in September.



MECOR Vietnam.



MECOR China.



# The Society's Nuts and Bolts

**THE ATS FOSTERS A COLLABORATIVE AND INCLUSIONARY APPROACH** to advancing the Society's mission. Collegiality among members and staff maximizes the extraordinary intellectual capital and experience of our internationally recognized experts in pulmonary, critical care, and sleep medicine.



*in 2017 the Assemblies Mentoring Program continued to expand.*

## THE 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.

- Assemblies continue to expand 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. This past year, some assemblies began creating apprenticeship programs, which help integrate early career professionals into Assembly Planning and Program Committees.
- In addition, mentoring programs are expanding, adding clear objectives and expectations for both the mentees and mentors.
- 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. Assemblies have been active in regularly producing these incisive 20-minute discussions with experts.

- The Allergy, Inflammation, and Immunology Assembly updated 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 Clinicians Committee, Education Committee, Health Policy Committee, International Health Committee, Patient and Family Education Committee, Tobacco Action Committee, and Training 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 international



perspectives. 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 ATS works collaboratively with our colleagues in industry. More than 10% of our members claim “industry” as a work setting.

- At ATS 2017, the ATS Drug Device Discovery and Development Committee sponsored the 3rd Annual BEAR (Building Education to Advance Research) Cage competition. Three finalists pitched their innovative research ideas to a panel of translational science experts. Sanghyuk Shin, PhD, from the University of California, Los Angeles Fielding School of Public Health, was the winner for his proposal, “Unmasking Resistance: Impact of Low-Frequency Drug Resistance on Molecular Diagnosis of Drug-Resistant Tuberculosis.”

- The 2017 conference was a top five finalist for the Best of Show Award presented by Trade Show News Network. Among the popular enhancements, Guru Bars were introduced to the Exhibit Hall. They provided a forum for a more dynamic and interactive presentation by industry to a small group of about 25–30 attendees, allowing them to engage with industry thought leaders in an intimate setting.
- For 2018, an Innovation Pavilion and an area dedicated to Physician Burnout will be added to the exhibit hall.
- The Respiratory Innovation Summit will be launched in 2018. This meeting, which runs parallel to the ATS International Conference, is designed to be an industry showcase for companies, featuring new product development in pulmonary, critical care, and sleep medicine. In addition, the conference will offer panel discussions and other informative sessions as well as numerous networking sessions.



*The ATS works collaboratively with our colleagues in industry.*

# The Society's Nuts and Bolts

## CORPORATE MEMBERS

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

### Benefactors

- Actelion Pharmaceuticals US, Inc.
- AstraZeneca LP
- Bayer US
- Boehringer Ingelheim Pharmaceuticals, Inc.
- Boston Scientific Corporation
- Genentech
- Gilead Sciences, Inc.
- Novartis Pharmaceuticals Corporation
- Sanofi Genzyme-Regeneron
- Sunovion Pharmaceuticals
- Teva Respiratory
- United Therapeutics Corporation

### Patrons

- GSK
- Insmmed Incorporated
- Mallinckrodt Pharmaceuticals
- Mylan, Inc.
- PneumRx

### Supporters

- Bellerophon Therapeutics
- Santhera Pharmaceuticals
- Vertex Pharmaceuticals, Inc.

### Friends

- Fisher & Paykel Healthcare
- Pulmonx
- SomnoMed
- Vitalograph LTD
- Vivus

## MEMBERSHIP

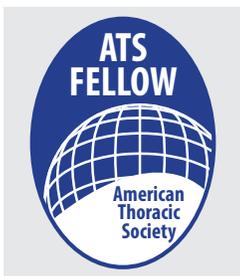
The ATS has more than 16,000 members in 128 countries around the world. Thirty-two percent of ATS members are located outside the U.S. Membership grew 2% in 2017, 18% over the past four years, and 24% over the past seven years. Twenty percent of members are in training (trainee membership category), indicating the strong interest in the Society by the next generation. The Society now offers a multi-year membership option, and new or renewing members can select a one-, two-, or three-year term. Applicants in a training program continue to receive their first year of membership free.

- In 2017, the Society launched its ATS Fellow program. The ATS Fellow (ATSF) designation is a mark of distinction, conferring recognition on members for their accomplishments over several years, and their dedication and contributions to the Society as well as to the fields of pulmonary, critical care, and sleep medicine. Those chosen for the first class of ATS Fellow will be announced in early 2018 and will be recognized at the 2018 International Conference.

## CHAPTERS

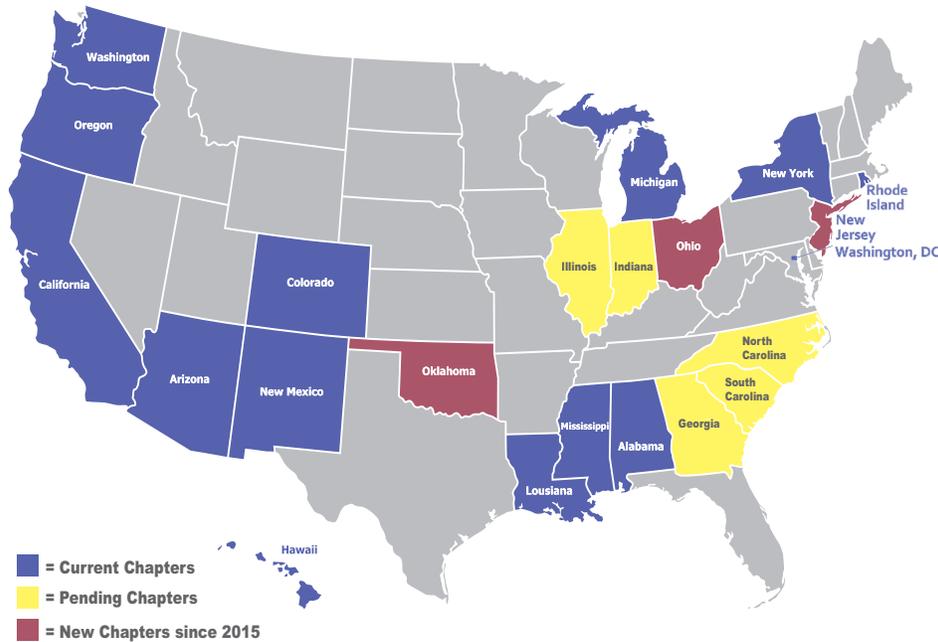
Expanding the ATS chapter program continues to be a priority for the ATS, and in 2017 the Society welcomed five new chapters: Connecticut, Georgia, North Carolina, South Carolina, and South Dakota. The total number of chapters is now 22, and ATS encourages inquiries from members wishing to start a chapter. Please reach out to [chapters@thoracic.org](mailto:chapters@thoracic.org).

- Key activities include ongoing clinical education (different conferences and meetings are offered throughout the year), nurturing early career professionals (various opportunities at their respective



*New ATS Fellows designation (ATSF).*

## Thoracic Society Chapters



As of 2017, the total number of ATS Chapters members totaled 22.

conferences), and advocacy (participation in activities at the federal and state levels), including the annual Hill Day in Washington, D.C.

- Of special note, the Arizona chapter launched the online *Southwest Journal of Pulmonary and Critical Care* that has now been expanded to the Colorado and New Mexico chapters. The journal has applied to be listed in PubMed; a decision is expected in early 2018.

### ETHICS AND CONFLICT OF INTEREST

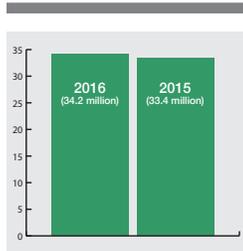
ATS is a leader among medical specialty societies and requires members and others involved in ATS activities to provide information on their

collaborations with pharmaceutical and medical device manufacturers, to assure that the Society's activities meet the highest standards of scientific independence and integrity.

During 2017, more than 17,000 physicians and other scientists involved in ATS activities, including all contributors to the Society's scientific journals, presenters at its conferences, and developers of clinical guidelines, completed rigorous ATS requirements for disclosure and review of relevant relationships. ATS meets or exceeds the standards of the Accreditation Council for Continuing Medical Education, International Committee of Medical Journal Editors, and Council for Medical Specialty Societies for transparency and management of potential conflicts of interests.

## ATS Financials

**THE ATS CONTINUES TO ENJOY STRONG FINANCIAL HEALTH.** The below financial highlights represent the Society's position as of December 31, 2016, the last year for which audited data is available.



ATS total assets, 2016/2015: \$34.2m/\$33.4m, respectively.

As of December 31, 2016, the Society had current assets totaling \$13.1 million and investments totaling \$16.6 million. Property and intangibles totaled \$4.1 million. Total assets on December 31, 2016, equaled \$34.2 million, compared to \$33.4 million at the end of 2015.

The Society had current liabilities of \$9.9 million. This included \$8.4 million in deferred dues and conference revenue; \$285K owed to the ATS Foundation, and no \$0 in defined benefit plan obligation as it was fully paid in March 2015 and closed.

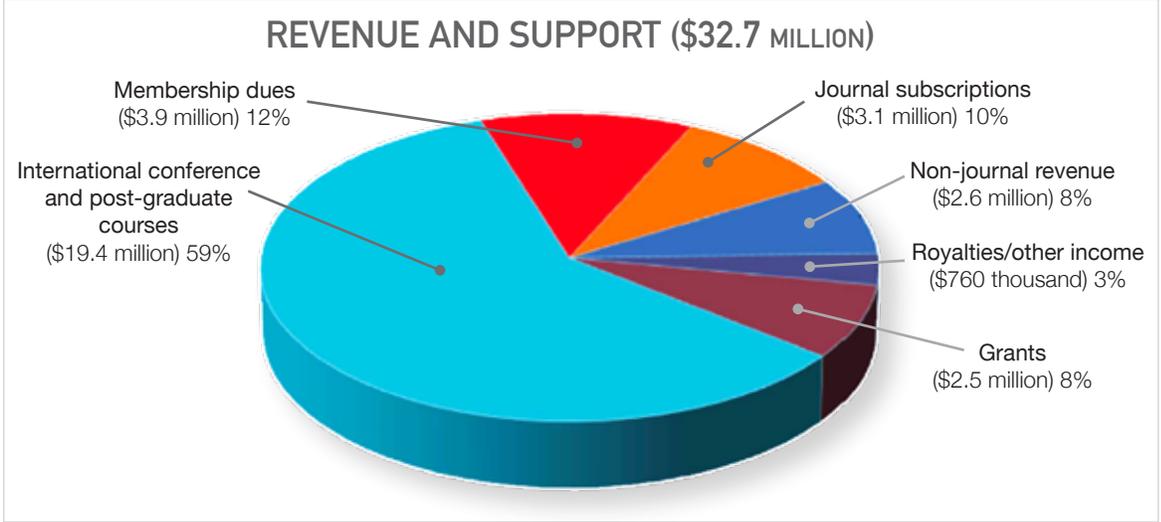
The ATS had Total Net Assets of \$23.2 million.

Total revenue and support was \$32.7 million, which was \$5 million more than the prior year. Expenses totaled \$30.1 million, an increase of \$3.8 million.

Program expenses were 68% of total expenses; supporting services were 32% of total expenses. This was the same allocation as in 2015.

The total operating surplus equaled \$2.6 million. The non-operating investment gain totaled \$607K.

Total increase in net assets of \$3.2 million is a result of changes in both revenue and expenditures.



# et

**Income**

Month	Amount
June	2,000
December	3,000
January	5,000

**Expenses**

Month	Amount
December	450
January	600

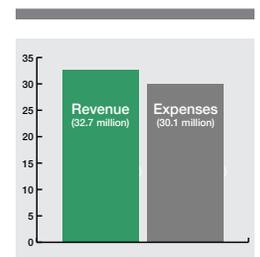
**1.**  
Enter your income information in the income tables.

- Food
- Gas
- Credit Card
- Entertainment

50,000

37,500

Functional Expenses (\$30.1 million)				
	2016	%	2015	%
International Conference	\$9,320,072	31%	\$6,694,819	25%
AJRCCM	2,428,906	8	2,378,844	9
AJRCMB	689,808	2	714,201	3
AnnalsATS	588,378	2	570,767	2
Membership	489,280	1	430,342	2
Assemblies	1,249,542	4	1,021,112	4
International	1,400,176	5	2,361,857	9
Education	3,172,659	11	2,668,710	10
Research Administration	1,059,688	4	872,534	3
Management	8,863,647	29	8,046,076	31
Fundraising	823,382	3	548,399	2
<b>TOTALS</b>	<b>\$30,085,538</b>	<b>100%</b>	<b>\$26,307,661</b>	<b>100%</b>



ATS revenue/expenses, 2016: \$32.7m/\$30.1m, respectively.

# ATS Board of Directors, 2016–2017

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*President-elect*

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*Immediate Past President*

**Polly E. Parsons, MD**  
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**Irina Petrache, MD**  
*Chair, Assembly on Respiratory Cell and Molecular Biology*

**Carolyn Rochester, MD**  
*Chair, Assembly on Pulmonary Rehabilitation*

**Dean E. Schraufnagel, MD**  
*Chair, ATS Foundation Board of Trustees*

**Sanjay Sethi, MD**  
*Chair, Assembly on Clinical Problems*

**Troy Stevens, PhD**  
*Chair, Assembly on Pulmonary Circulation*

**Angela Wang, MD**  
*Chair-elect, Council of Chapter Representatives*

**Rolf Hubmayr, MD**  
*Presidential Appointee/non-voting*

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*Chair, Assembly on Behavioral Science and Health Services Research*

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**Angela Wang, MD**  
*Chair, Council of Chapter Representatives*

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## **Awards Committee**

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*Vice Chair, Naftali Kaminski, MD*

## **Clinical Practice Committee**

*Chair, Kevin Kovitz, MD*  
*Vice Chair, Stephen Hoffmann, MD*

## **Clinicians Advisory Committee**

*Chair, Ann Schneidman, MS, CNS, RN*  
*Vice Chair, Jaspal Singh, MD*  
*Vice Chair, Raof Amin, MD*

## **Documents Development Committee**

*Chair, Raed Dweik, MD*  
*Vice Chair, David Lederer, MD*

## **Drug/Device Discovery and Development Committee**

*Chair, Theodore Reiss, MD, MBE*  
*Vice Chair, Tim Watkins, MD*

## **Education Committee**

*Chair, Debra Boyer, MD*  
*Vice Chair, Jason Poston, MD*  
*Vice Chair, Gaetane Michaud, MD*

## **Environmental Health Policy Committee**

*Chair, George Thurston, DSc*  
*Vice Chair, Mary Rice, MD*

## **Ethics and Conflict of Interest Committee**

*Chair, Mark Siegel, MD*  
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# ATS Journals Editors, 2017

**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: Paul Schumacker, PhD*

**Annals of the American Thoracic Society**  
*Editor in Chief: John Hansen-Flaschen, MD (Jan.–March);  
David Lederer, MD (April–Dec.)*



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