August 4, 2010

Susan Shurin, M.D.
Director
National Heart, Lung, and Blood Institute
31 Center Drive – MSC 2486
Bethesda, MD 20789-2486

Dear Dr. Shurin:

Thank you for meeting with the ATS leadership on June 29 to discuss our ongoing partnerships in a number of areas. The ATS greatly values its strong relationship with the Institute.

Year of the Lung 2010
We thank you for collaborating with us on the Year of the Lung 2010, including the July 20 congressional briefing, *Breathing in America: How Science is Advancing Lung Health*. We are delighted that the briefing was a successful event for educating congressional staff about lung disease. We would like to relay our special thanks to you for moderating this important event.

Respiratory Diseases in America Project
Similarly, we thank the institute for its support of the Respiratory Diseases in America book, which was distributed at the July 20th briefing and at our *Clean Air for All* Congressional briefing with the EPA on July 21. We believe this publication is an essential tool for educating policymakers and the public and will greatly advance the mission of the ATS and the NHLBI in years to come.

Lung and Critical Illness Research
We appreciate your consideration of our recommendations of areas for expanded focus within lung disease, which include:

- Management of the ventilator in acute respiratory failure: comparison of different modes; interaction with disease (e.g. ventilator management in ARDS vs. COPD, etc.), protocolized ventilator support; computerized management
- Resuscitation in critical illness including those with acute respiratory failure: timing, goals, measurements, protocols, implementation, setting
- Nutrition in acute respiratory failure and critical illness
- Sedation and analgesia for those with acute respiratory failure and critical illness: delivery protocols, drug choice, need assessment, response monitoring, pharmacogenetics, pharmacological and non-pharmacological strategies
We appreciated our discussion about priorities in critical care research. As we said, the ATS is participating in a collaborative with the other critical care societies in a joint effort to develop a critical care research agenda and we will keep you updated on this initiative. We hope and anticipate that this document will be very useful to the NHLBI in developing research priorities for the coming year. We appreciate your suggestion to develop a “lay version” of the document for use in briefings on the Hill and with the press and we are planning to do this. We also encourage the NHBLI to play an active role in working with the NIGMS to develop an NIH-wide critical care research agenda.

Sleep-Disordered Breathing Research
We thank you for encouraging the formation of a sleep network within existing Centers for Excellence. We will publicize the network through our Sleep and Neurobiology Assembly and other groups within the ATS. At your recommendation, we will also engage more with the FDA on development of sleep devices. We appreciate your consideration of recommendations of areas of expanded focus within sleep disorders, which include:

- The mechanisms and consequences of sleep-disordered breathing in aging
- Utilization of home-based vs. lab-based screening strategies as a substitute for formal polysomnography
- Trials of therapeutic alternatives for sleep-disordered breathing, e.g. BiPAP vs. CPAP vs. surgery.

Training
We appreciate the continued dialogue on new investigator transition issues. As you know, the training of young investigators for careers in biomedical research is of critical importance to the research enterprise. Specifically, we are concerned by the difficulties in funding that many new investigators are encountering during the transition from fellowships to K and R grants, and we appreciate your ideas on mentoring and other opportunities, including the value of NHLBI’s tissue and data repository for young investigator use.

Global Health
We congratulate the institute on the expansion of its global health programs. As the burden of respiratory disease rises globally, it is appropriate for the NHLBI to have a global presence to assist low and middle income countries in particular with research and public health expertise. I plan on working with Dr. Kiley to highlight NHLBI and the ATS international work at our International Conference in Denver in May of next year.

MECOR
We thank you for your interest in having NHLBI staff serve as MECOR faculty. For over 15 years, the ATS has been training physicians in developing nations in Central and South America, Africa and Asia in methods of respiratory epidemiologic research through our Methods in Epidemiologic, Clinical and Operations Research (MECOR) course. Our staff will follow up with Arun Chockalingham, Ph.D., to facilitate this collaboration.

Again, we thank you for our meeting and look forward to continuing our positive relationship.

Sincerely,

Dean Schraufnagel MD
President
American Thoracic Society