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PULMONARY • CRITICAL CARE • SLEEP

## FY2015 New Assembly/Committee Project Application

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### SECTION I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE:  
Evaluation and Management of Asthma in the Elderly
2. PROJECT PRIMARY ASSEMBLY:  
Respiratory Structure & Function
3. PROJECT SECONDARY ASSEMBLY: (IF ANY)  
Allergy Immunology & Inflammation , Clinical Problems
- 3a. ATS SECTION: (IF ANY) --empty--
4. ATS COMMITTEE SUBMITTING PROJECT APPLICATION: *N/A*
5. What official ATS document will be developed as part of this project (choose 1)?  
Workshop Report

### SECTION II - PROJECT DESCRIPTION

#### 6. PROJECT DESCRIPTION

A. Describe the problem and define the goals and objectives of the project.

The number of individuals over age 65 continues to grow and is expected to increase dramatically between 2010 and 2030. Aging in relation to lung disease was identified as a core theme for the ATS 2014 International Conference. Continued emphasis on this important topic will be underscored in an upcoming manuscript in the American Journal of Respiratory and Critical Care Medicine. The publication will provide an overview of research gaps related to the aging lung but is not specifically focused on asthma. The impact of aging on asthma has been insufficiently addressed and is a major unmet need that will be the focus of the current workshop proposal. Asthma often goes undiagnosed in elderly individuals, tends to be under-treated and has the highest mortality rate. For these reasons, attention and resources must be directed toward advancing our understanding of asthma in older patients.

In 2008, there was a workshop on asthma in the elderly convened by the National Institute on Aging (NIA) with publication of a report in 2011. The purpose of the workshop was to review what was known about asthma at the time as well as to identify gaps in knowledge and opportunities for further research.

Since the workshop was held, there have been advances in the field in multiple areas including 1) a better understanding of inflammation in the elderly asthmatic, of allergic sensitization, and of inflammatory biomarkers to assess and monitor disease 2) increased efforts to distinguish phenotypes of asthma in the elderly with guidelines to differentiate asthma from COPD and the overlap syndrome (i.e., asthma and COPD), and 3) clarification of pharmacologic and non-pharmacologic issues relevant to management of the elderly asthmatic.

There has never been an ATS Workshop on this important topic of asthma in the elderly nor has there been follow up assessment of the NIA recommendations. Given the gaps in knowledge identified by the NIA and the subsequent advances in the field, reassessment of the topic seven years later is warranted.

The overall objective and goal of this proposed ATS Workshop is to review the current state-of-the-art knowledge on asthma in the elderly in order to increase awareness of the disease in this vulnerable population and highlight improvements in care that might reduce morbidity and mortality. The workshop will assemble a group of individuals with various areas of expertise on asthma and aging and will be comprised of both clinicians and basic scientists, including some who served as part of the original NIA workshop. The panel will be multidisciplinary, involving pulmonologists, immunologists, gerontologists, and epidemiologists as well as those with experience in providing guidance for interfacing with the NIH. There will be an experienced nurse/asthma educator and an older patient with asthma who will offer unique expertise in the delivery of patient-centered care and in understanding the patient's perspective. The major areas of focus of the workshop group will be 1) epidemiology of asthma in the elderly, 2) the effects of aging on lung structure and function as it pertains to asthma, 3) the effects of aging on immune function and airway inflammation, 4) the current understanding of phenotypes of asthma in the elderly, 5) the multiple co-morbidities that may influence disease severity, diagnosis and management of asthma in the elderly, 6) physiologic tests and biomarkers to diagnose and monitor the elderly asthmatic and, 7) management strategies including both non-pharmacologic and pharmacologic therapies with attention to the importance of adverse effects of medication. The format of the workshop will be presentations of the most updated information in the major areas of focus followed by interactive discussion, with the goal of producing a cohesive document summarizing the findings of the panel and delineating specific areas in which further research is needed. A sub-group of the panel will serve on a writing committee to accomplish the goal of a workshop report to be submitted for publication. All participants (in addition to those from the writing committee) will have the opportunity to contribute substantively to the report and thus meet criteria for authorship.

**B. What are the specific questions to be addressed? (for Clinical Practice Guidelines Only)**

*Applicants should list all questions relevant to daily clinical practice that are to be covered by the guideline. Questions should be as specific as possible about the patients/populations to be included or excluded, types of diagnostic or therapeutic interventions to be considered or left out. Questions should be structured in PICO format, specifying the target patient population (P), the intervention or exposure (I), comparators (C), and outcomes of interest (O). While it is expected that the initial set of questions will undergo revision and refinement, applicants are encouraged to be as specific as possible about each one of the PICO elements.*

Not applicable

C. Are you aware of any non-ATS activities in this area

No

» If Yes please describe:

We are not aware of any current related non-ATS activities. The most recent related activity was a workshop on asthma in the elderly convened by The National Institute on Aging in 2008, leading to a publication in the Journal of Allergy and Clinical Immunology in 2011.

D. Describe why this project should be a priority for the ATS?

Asthma has always been a priority at ATS Conferences with a multitude of symposia, smaller sessions and abstracts. However, asthma in the elderly has been inadequately addressed and there has never been an ATS workshop on the topic. Additionally, asthma in older individuals has one of the highest rates of morbidity and mortality. The NIA workshop in 2008 identified multiple gaps in understanding of asthma in the elderly. These knowledge gaps have not been reassessed in a formal context. Since 2008, our insight into asthma in general has grown. There have been a myriad of publications in the areas identified as important for future research by the 2008 workshop group. The time is right to refocus attention on questions that were raised by the earlier workshop on asthma in the elderly, to assess the answers that have been produced and, to highlight significant research needs that still exist. The current workshop proposal affords an opportunity to bring together experts in the field to increase our understanding of asthma in this vulnerable population and thus to improve care.

#### Needs Assessment Summary

Asthma in individuals over age 65 is associated with one of the highest rates of morbidity and mortality. The NIA workshop in 2008 identified multiple gaps in our understanding of asthma in the elderly. Since 2008, there have been multiple new publications that address important questions raised by the earlier workshop group. It is now imperative to refocus attention on asthma in the elderly, to update our understanding of the disease based on new information and, to identify the gaps in understanding that still exist and that should drive future research.

E. Describe the methodology that will be used to carry out the project objectives: For clinical practice guidelines (CPGs) include the following: Search Strategy, Review of Evidence, Grading of Evidence, Formulation of Recommendations or other key activities leading towards completion of this project. See page 6 of the Guidelines for ATS Documents (GATS) on the ATS website at: <http://www.thoracic.org/statements/document-development/index.php> also see methodology for development of CPG's: <http://www.thoracic.org/statements/document-development/resources/methodologyforcpgdevelopment-6-15-12.pdf>

1. The project co-chairs have selected a multidisciplinary panel of experts, making sure that a variety of perspectives and viewpoints are represented and have also defined the role of each member of the committee. The experts include both clinicians and basic scientists in the fields of pulmonary, immunology, and gerontology who have a particular interest in aging and asthma. Additional experts bring knowledge of epidemiology, patient education and advocacy, and guidance for interfacing with the NIH and identifying future research needs. Some of the participants have been designated to give presentations in their area of expertise at the workshop and all have confirmed their ability to do so. All additional participants have been invited to serve on the panel should the project be approved and all

have accepted the invitation. The non-speaker participants will attend the workshop and will be expected to contribute substantively in their areas of expertise during the working session discussion that is part of the conference agenda delineated below. In addition, these panelists will share the responsibility for reviewing and suggesting edits for the document submitted for publication as a result of the workshop. Finally, several of the non-speaker participants (see Section X) will serve as back up speakers should the availability of the current presenters change. The timetable for project completion has been delineated as indicated in Section IV.

2. Before the end of January 2015, the co-chairs will share the responsibility of contacting the presenting experts to ensure their ongoing commitment to the project and to review the guidelines for presentation at the ATS workshop (i.e., 30 minute PowerPoint talk incorporating the most updated information and research findings from the literature, a handout of the PowerPoint slides for all participants and, a written summary of the material for submission to the co-chairs). This communication will identify the need for substitutions to the panel if necessary and will also address any questions raised by the experts related to the workshop. The presenting experts will be asked to send a copy of their slide presentations to the co-chairs by mid-April.

3. Before the end of April 2015, the co-chairs will meet to review and discuss the content of the slide presentations submitted. This planning meeting will allow the co-chairs to more effectively lead the discussion and working session at the ATS Conference.

4. The ATS workshop will take place at the International Conference in Denver in May 2015 and will involve a face-to-face full day meeting on the Saturday of the conference. The proposed agenda for the workshop is as follows:

8:30-8:45 Gwen Skloot-Welcome and opening remarks

8:45-9:15 Carlos Vaz Fragoso-Update on the epidemiology of asthma in the elderly

9:15-9:45 David Kaminsky-Update on the effects of aging on lung structure and function as it pertains to asthma

9:45-10:15 Paula Busse-Update on the effects of aging on immune function and airway inflammation

10:15-10:30 Coffee break

10:30-11:00 Sally Wenzel-What is our current understanding of phenotypes of asthma in the elderly?

11:00-12:00 Working session moderated by Drs. Skloot and Busse

12:00-1:00 Lunch

1:00-1:30 Nicola Scichilone-What are the multiple co-morbidities that may influence disease severity, diagnosis and management of asthma in the elderly?

1:30-2:00 Gwen Skloot- What physiologic tests and biomarkers are available to diagnose and monitor the elderly asthmatic?

2:00-2:30 Nicola Hanania-Update on strategies to manage the elderly asthmatic

2:30-4:00 Working session moderated by Drs. Skloot and Busse

4:00-4:15 Paula Busse-Concluding remarking and next steps

At the conclusion of the workshop, presenters will be required to give a written summary of their presentation to the co-chairs. Within 2 weeks after the ATS Conference, the co-chairs will draft an outline of the workshop report using the submitted materials from the presenters. This report outline will then be electronically circulated to the writing committee and other workshop participants for review and comments. The projected completion date for the final outline for the report is the end of June 2015. Once the outline of the report is finalized, members of the writing committee will be assigned to write specific sections based on their area of expertise and to submit their sections to one of the co-chairs (GS) within 2 months. The co-chairs will synthesize the material into one document and then distribute it to the writing committee and other workshop participants for editing. It is anticipated that multiple rounds of document review and edits will be required before the final draft is prepared. All participants who contribute substantively to the document will be listed as co-authors although the writing committee is expected to do the majority of the work. The co-chairs will have final responsibility for the content of the

document. While the diagnosis and management of asthma in the elderly will be described and the related evidence discussed at the workshop, specific clinical recommendations will not be part of the report per ATS standards. The final draft of the document will be submitted for peer review by the end of one year after the inception of the project. The workshop report will be submitted to the on-line journal, Annals of the American Thoracic Society and will have a maximum word count of 4,500 words. After peer review, the co-chairs will arrange a teleconference to evaluate the feedback received and to discuss the appropriate response. The co-chairs will have a planning meeting in advance of the teleconference in order to streamline the discussion. After the teleconference, co-chairs will make required revisions to the document and circulate this to the writing committee and other participants for comments; this process will be repeated until all co-authors approve the final submission for publication. If the project is accepted, we anticipate publication of the workshop report pending successful renewal of the application in 2015 and will include publication costs in the budget in the renewal application.

F. Who will perform the systematic reviews? (for Clinical Practice Guidelines Only)

*We encourage project teams to identify and make use of recently published, high quality systematic reviews performed by others. However, it is required that one or more members of the team have first-hand experience performing (and publishing) systematic reviews. Applicants are encouraged to recruit qualified individuals with adequate time to help perform systematic reviews. These may include junior members.*

Not applicable

G. HEALTH EQUALITY

Is the assembly project topic relevant to health equality?

Yes

If yes, how do you plan to incorporate the issue of health equality into your project.

The concept of health equality is focused on ensuring that all patients get the same care opportunities and level of care in order to enjoy full, healthy lives. Due to a combination of patient and physician factors (e.g., failure to communicate symptoms or to identify them as due to asthma, cognitive impairment, concerns over adverse effects of medications, etc.), the elderly asthmatic often goes undiagnosed or, is under-treated. In order to incorporate the issue of health equality into our project, we will 1) include a patient advocate (asthma educator) and a patient on our panel to articulate the patient's perspective on asthma in the elderly, 2) focus on issues that can influence health equality such as the physical, cognitive and social limitations associated with aging and, 3) introduce new information to address the knowledge gap related to asthma in the elderly since this gap may directly or indirectly impact health equality.

H. All applicants who have or will have an official document as part of their Assembly/Committee project must:

Review a set of document-development vignettes prior to submitting this application. Please visit to access these vignettes. Note: Module A is for all document developers and Module B is also required for document developers who are preparing a clinical practice guideline. Yes, I have reviewed the ATS document development vignettes

Module A

I. FOR CME EDUCATIONAL PROJECTS/PRODUCTS ONLY: FOR MORE INFORMATION PLEASE SEE INSTRUCTIONS. PLEASE DESCRIBE THE FOLLOWING:

N/A

## SECTION III - POTENTIAL PARTICIPANTS

If your project does NOT intend to develop a Systematic Review or Clinical Practice Guideline. Please skip next three paragraphs and enter project participants.

ATS requests proposals from multidisciplinary teams that include those with relevant clinical expertise and those with expertise in methods of critical appraisal of the literature, systematic literature review and guideline development. ATS encourages involvement of diverse stakeholders, each bringing a unique and important perspective to the process. A typical team should generally include clinical experts (including physicians, nurses and respiratory therapists), clinical investigators, one or more experts in systematic review and guideline development, and one or more external stakeholders, including a patient or patient representative. For some guidelines, it may also be useful to have a health economist, a medical librarian, an expert in group facilitation and/or project management, and/or one or more members to represent the perspective of governmental and non-governmental payer and health plans.

Evidence synthesis requires appropriate methodology. The ATS requires a systematic literature review for Systematic Reviews and Clinical Practice Guidelines and use of GRADE to assess the quality of evidence and to rate the strength of treatment recommendations for Clinical Practice Guidelines. Starting in 2012, the ATS strongly encourages NEW project applications that intend to develop a Systematic Review or Clinical Practice Guidelines to include 1 or more individuals with documented experience in these methodologies (i.e., have designed a systematic review; have applied GRADE for treatment recommendations); such individuals will be expected to provide methodologic support for document development in collaboration with the ATS Methodologist. Alternatively, NEW project applications may include 1 or more junior ATS members (e.g., Fellows or Assistant Professors) with an interest in learning how to perform an evidence synthesis using methods required by the ATS; such individuals ("ATS Evidence Synthesis Scholar") will be expected to work in collaboration with the ATS Methodologist to design the systematic literature review and, where applicable, apply GRADE for treatment recommendations. Finally, upon request, the ATS will provide a guideline methodology trainee who will work with the supervision of the ATS methodologist to perform the methodological work for your committee.

If your project intends to develop a Systematic Review or Clinical Practice Guideline, please indicate below which of the project participants meet the criteria described above. Also, please indicate if they have documented expertise in applying the ATS requirements for evidence synthesis OR will serve as an Evidence Synthesis Scholar. For more information, please discuss with the Document Development and Implementation Committee (contact Judy Corn, DDIC Staff) at least 1 week before submitting the application to PRS.

### 7. PROJECT PARTICIPANTS

Name	Institution	"Role" on Project committee	Area of Expertise	E-mail	Participant will require airfare	Participant will require Per Diem
Gwen Skloot	Mount Sinai School of Medicine	Co-chair, writing committee	pulmonary physiologist; clinician and clinical investigator with focus on asthma and airway hyperresponsiveness			YES
Paul Busse	Mount Sinai School of Medicine	Co-Chair, writing committee	Allergy/Immunology specialist with focus on the immunobiology of aging in asthma			YES
Carlos Vaz Fragoso	Yale School of Medicine	Presenter, writing committee	geriatrician, clinical epidemiologist		Domestic	YES
David Kaminsky	University of Vermont College of Medicine	Presenter, writing committee	pulmonary physiologist, interest in lung mechanics			YES
Sally Wenzel	University of Pittsburgh	Presenter, writing committee	pulmonary clinician/basic scientist with expertise in asthma phenotypes and severe asthma			YES
Nicola Scichilone	University of Palermo, Italy	Presenter, writing committee	pulmonary physiology related to aging and airways disease			YES
Ninola Hanania	Baylor College of Medicine	Presenter, writing committee	pulmonary specialist with focus on aging and airway disease			YES

Name	Institution	"Role" on Project committee	Area of Expertise	E-mail	Participant will require airfare	Participant will require Per Diem
Gregory King	Sydney Medical School	Writing committee	physiology; airway smooth muscle in asthma			YES
Sydney Braman	Mount Sinai School of Medicine	Document consultant	pulmonary clinician with expertise on asthma and aging			YES
Wendy Moore	Wakeforest Baptist Health	Document consultant	Allergy/Immunology specialist with expertise in genomics and cluster analysis			YES
Susan Zieman	National Institute on Aging	Document consultant	geriatrician with focus on pulmonary disease in older adults and in promoting aging research			YES
Mahadev Murthy	National Institute on Aging, Animal Models Program	Document consultant	animal models of aging; interest in age-related changes that affect the pulmonary system			YES
Sameer Mathur	University of Wisconsin School of Medicine	Document consultant	focus on how immunosenescence influences airway inflammation, clinical presentation of asthma, and therapeutic implications for the elderly asthmatic patient			YES
Elizabeth Kovacs	Loyola University of Chicago, Stritch School of Medicine	Document consultant	molecular biologist with focus on the effects of aging on inflammation and cell mediated immunity		Domestic	YES
Christina Pabelick	Mayo Clinic	Document consultant	basic scientist studying asthma in the aging lung; animal models of aging			YES
Peter Gibson	University of Newcastle	Document consultant	pulmonologist/clinical investigator studying the Asthma-COPD Overlap Syndrome			YES
Betina Ragless	Brown University	Document Consultant	Nurse/Asthma Educator with expertise with older adults		Domestic	YES
Lois Cohen	not applicable	Patient	patient's perspective		Domestic	YES

## SECTION IV - TIMETABLE

8. TENTATIVE TIMETABLE FOR COMPLETION OF THE PROJECT PLEASE INCLUDE A PROJECT COMPLETION DATE FOR EACH FUNCTION OR ACTIVITY.

Function/Activity	Proposed Dates	Location	#of Participants	Function Completion Date
Workshop Communication	January 2015	email/phone	8	01/30/2015
PowerPoint Submission	April 2015	email	8	04/16/2015

Function/Activity	Proposed Dates	Location	#of Participants	Function Completion Date
Co-chair Meeting	April 2015	Mount Sinai School of Medicine	2	04/30/2015
Workshop	May 2015	ATS Conference, Denver	18	05/16/2015
Outline Draft, Workshop Report	June 2015	email, Mount Sinai	2	06/05/2015
Final Outline, Workshop Report	June 2015	email	18	06/30/2015
Writing Assignment Submission	August 2015	email	8	08/31/2015
Prepare Synthesized Document	September 2015	email, Mount Sinai	2	09/30/2015
Document Editing	October-November 2015	email	18	11/23/2015
Final Co-Chair Document Preparation, Co-Author Approval	November-December 2015	email	18	12/15/2015
Submission for Peer Review	December 2015	ScholarOne	1	12/31/2015
Peer Review	January 2016	ScholarOne	4	01/29/2016
Teleconference After Peer Review	February 2016	Teleconference	8	02/03/2016
Manuscript Editing/Author Approval	February-March 2016	email	18	03/28/2016
Resubmission for Publication	April 2016	ScholarOne	1	04/11/2016

#### 9. Expected Project Completion Date

January 2016

## SECTION V - PROJECT OUTCOMES

10. All products or works, whether in writing or in another form, that are created partly or completely with the assistance of funding provided by the American Thoracic Society will be the intellectual property of the ATS exclusively, unless otherwise stipulated in writing by the ATS. The disposition of these products or works will be at the sole discretion of the ATS. Recipients agree, as a condition of receipt of ATS funding, that ATS owns the copyright and all other rights to these products or works.

N/A

## SECTION VI - BUDGETS

### 11. FY2015 PROPOSED ATS BUDGET

Round Trip Coach Airfare-Domestic (\$575 per person) Number of Persons? 4

Round Trip Coach Airfare-International (\$2000 per person) Number of Persons? 0

Hotel and per diem (Full Day Meeting at ATS Conference Fri & Sat Only) (\$425 per person) Number of Persons? 18

Breakfast Meeting at ATS Conference (\$50.00 Per Person) Number of Persons? 0

Lunch Meeting at ATS Conference (\$50.00 Per Person) Number of Persons? 0

Conference Calls (# of people x # minutes x 0.10)

# of people 8

# of minutes 60

# of calls 1

Publication Costs (\$450.00 Per Page) Number of Pages? 0

Medical Librarian - This item requires approval and justifications from document development staff (up to \$5000) 0

#### Outside Meeting 1 - Must provide Budget justification

Please note that this section is only for meetings that will not take place at the ATS International Conference. Please list activities using budget parameters below.

N/A

Outside Meeting 2 - Must provide Budget justification

N/A

Other Project Expenses

Please note this section is only for expenses other than outside meetings.

N/A

## 12. FY2015 BUDGET FROM OTHER SOURCES (JOINT PROJECTS ONLY)

N/A

## SECTION VII

13. IF THIS PROJECT IS BEING CO-SPONSORED BY ANOTHER NON-CORPORATE ORGANIZATION (Foundation, government, other non-corporate organizations), PLEASE COMPLETE THE FOLLOWING:

Organization	Contact Person	Funding Amount Requested	Funding Amount Approved
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## SUPPORTING DOCUMENTS OR REFERENCES

ATS requires references for both chairs justifying their expertise in the field.

Documents (please merge all files into one file)

## SECTION VIII - Conflict of Interest Management

Conflicts of interest (COI) are direct personal financial or intellectual relationships with a company that has a business interest in the subject matter of the project. Disclosure and management of COI is an integral part of ATS project development because COI can lead to biased generation or assessment of evidence and misinform healthcare decision makers. Medical professional societies are obliged to rigorously manage potential COI, particularly in the development of official documents that affect health care.

Therefore, ATS requires that:

1. For all proposed projects, **ATS must have on file (by time of consideration of this application) an up-to-date disclosure of any potential conflicts of interests of the proposed project chair or co-chair related to project subject matter.** Disclosure-to-ATS occurs through completion of the annual online disclosure questionnaire available at the ATS COI Disclosure website (<https://thoracic.coi-smart.com>).  
Please note:
  - If you previously completed the 2014 ATS COI Questionnaire as part of requirements for another ATS activity (such as for the May 2014 San Diego International Conference, or for an ATS project approved for ATS fiscal year 2014), please return to the ATS COI Disclosure website to revise your online disclosure to (a) add to your answer to Question 1 that your disclosure can also be used for your consideration as a "Project Applicant" (simply click the box for that) and (b) make sure that the scope of your answers to the online COI questionnaire includes anything relevant to the subject matter of the project you are proposing through this application. Please use the ATS-issued site Log-in ID that was previously issued to you, and your self-determined password, to access the disclosure site, and then follow the posted instructions to revise/update your disclosure. If you've forgotten your Log-in ID, use the "Forgot Log-in ID" prompt on the website or contact John Harmon at ATS at [coioffice@thoracic.org](mailto:coioffice@thoracic.org) or 212-315-8611 for assistance.
  - If you have not yet completed the 2014 ATS COI, please contact John Harmon at ATS at [coioffice@thoracic.org](mailto:coioffice@thoracic.org) or 212-315-8611 to be registered to complete the questionnaire and receive site use instructions.
2. For all **projects intended to result in an ATS clinical practice guideline (CPG)**, additional conditions must be met. These include:
  - Some COI are prohibited for all members of a CPG panel, including the chair or co-chairs. These include holding stock or options, participating on speaker bureaus, consulting, or providing expert testimony for a company that has a business interest in the subject matter of the guideline.
  - Some COI are acceptable for members of a CPG panel, including the chair or co-chairs, but will need to be managed during guideline development (i.e., the conflicted individuals may participate in discussions about the evidence, but must be excluded from formulating and grading recommendations). These include participation on an independent data safety monitoring board or in research sponsored by a company that has a business interest in the subject matter of the guideline if payments are to the institution and has institutional oversight.

# ATS BUDGET SUMMARY CHART

Line Item	Budget Parameters	Number of Persons	Total
<b>Round Trip Coach Airfare-Domestic</b> (\$575 per person)	\$575.00	4	\$2,300.00
<b>Round Trip Coach Airfare-International</b> (\$2000 per person)	\$2,000.00	0	\$0.00
<b>Hotel and per diem (Full Day Meeting at ATS Conference Fri &amp; Sat Only)</b> (\$425 per person)	\$425.00	18	\$7,650.00
<b>Breakfast Meeting at ATS Conference</b> (\$50.00 Per Person)	\$50.00	0	\$0.00
<b>Lunch Meeting at ATS Conference</b> (\$50.00 Per Person)	\$50.00	0	\$0.00
<b>Conference Calls</b> (# of people x # minutes x 0.10)	8 x 60 x 0.10 = \$48.00	(# Calls) 1	\$48.00
<b>Publication Costs</b> (\$450.00 Per Page)	\$450.00	0	\$0.00
<ul style="list-style-type: none"> <li>• Policy Statement – 8 Pages Max</li> <li>• Conference Proceedings &amp; Workshops – 8 Pages Max</li> <li>• Technology Reviews &amp; Standards 8 Pages Max</li> <li>• Guidelines &amp; Recommendations – 15 Pages Max</li> </ul>			
<b>Medical Librarian</b> – This item requires approval and justifications from document development staff (up to \$5000)	N/A	N/A	N/A
<b>Outside Meeting 1</b> – Must provide Budget justification	N/A	N/A	N/A
<b>Outside Meeting 2</b> – Must provide Budget justification	N/A	N/A	N/A
<b>Other Project Expenses</b> – Must provide Budget justification	N/A	N/A	N/A
<i>Note: Your proposed budget may be adjusted by staff and/or PRS to comply with ATS budgetary Policies and Procedures.</i>			<b>Total</b> <b>\$9,998.00</b>