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

In the United States the numbers are no less daunting. Lung disease is the nation’s third-leading cause of death, killing more than 400,000 Americans each year. More than 160,000 American died of lung cancer in 2012, and almost 50,000 Americans die from pneumonia annually. Lung disease reduces the quality of life for millions more. An estimated 29.5 million Americans have been diagnosed with asthma, including 8.7 million children between the ages of 5 and 17 years. An estimated 12.7 million American adults have been diagnosed with COPD; an almost equal number are believed to have undiagnosed COPD.²

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

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

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

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

The Executive Committee (ATS leadership) is a five-year commitment, in which an individual starts as Secretary-Treasurer, then works his or her way up the ladder to President (Appendix 1). To begin the process, the Nominating Committee selects two candidates from solicited nominations. The membership votes, and the new Secretary-Treasurer is announced at the International Conference.

- **Year 1**: Secretary-Treasurer
- **Year 2**: Vice President
- **Year 3**: President–Elect
- **Year 4**: President
- **Year 5**: Immediate Past President
Assemblies are subdivisions of the Society composed of members with similar interests within the broad fields of respiratory disease and critical care medicine. They are responsible for creating and updating ATS Statements and Position Papers. In addition, they improve the collection, interpretation, and dissemination of information, improve communication among the members, and participate in the planning of the International Conference. Just as importantly, they represent a unique opportunity for fellows and young researchers to network, identify mentors and collaborators, and advance their careers, both professionally and within the ATS.

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

Assembly on Allergy, Immunology and Inflammation (AII)
Assembly on Behavioral Science and Health Services Research (BSHSR)
Assembly on Critical Care (CC)
Assembly on Clinical Problems (CP)
Assembly on Environmental and Occupational Health (EOH)
Assembly on Microbiology, Tuberculosis and Pulmonary Infections (MTPI)
Assembly on Nursing (NUR)
Assembly on Pediatrics (PEDS)
Assembly on Pulmonary Circulation (PC)
Assembly on Pulmonary Rehabilitation (PR)
Assembly on Respiratory Cell and Molecular Biology (RCMB)
Assembly on Respiratory Structure and Function (RSF)
Assembly on Sleep and Respiratory Neurobiology (SRN)
Assembly on Thoracic Oncology (TO)

For more information about ATS Assemblies, visit thoracic.org/members/assemblies
There are 28 committees and subcommittees which function as the nerve center of the ATS, directing the wide array of activities that advance the Society’s mission. They oversee this work and facilitate implementation in collaboration with other ATS entities (assemblies, task forces, editors, etc.) and staff. Some are standing committees; others are formed or re-appointed at the discretion of the President. If you have an interest or special skill that you feel would benefit the work of a particular ATS committee, please let us know by sending an email to fellows@thoracic.org. We will forward your message to the president-elect. Please be aware, however, that positions are limited to a certain number to ensure that committees operate efficiently and cost effectively.

**ATS Committees**

Awards Committee  
Clinical Practice Committee  
Clinicians Advisory Committee  
Council of Chapter Representatives  
Documents Development and Implementation Committee  
Drug Device Discovery and Development Committee  
Education Committee  
Environment and Health Policy Committee  
Ethics and Conflict of Interest Committee  
Finance Committee  
Health Equality Subcommittee  
Health Policy Committee  
International Conference Committee  
International Health Committee  
Members in Transition and Training Committee  
Membership Committee  
Nominating Committee

For more information about ATS Assemblies, visit thoracic.org/members/committees
Patient and Family Education Committee
Proficiency Standards for Clinical Pulmonary Functions Testing Committee
Planning and Evaluation Committee
Project Review Subcommittee
Publications Policy Committee
Quality Improvement Committee
Research Advocacy Committee
Scientific Advisory Committee
Tobacco Action Committee
Training Committee
Web Editorial Committee
What Is the Members In Transition & Training (MITT) Committee?

The MITT Committee ensures an effective representation of the views of early career professionals in the Society’s affairs. The committee advises the Executive Committee, Board of Directors, Assemblies, and other committees regarding the special needs of members early in their careers and services that can assist them in achieving their career goals. The Committee supports the efforts of early career professional members in eliminating gender, racial, ethnic, or economic health disparities worldwide.

Some of the major projects and programs of the MITT Committee have been:

- The Road Map for Early Career Professionals
- The Center for Career Development
- The Faculty Development Series
- The Consider This! brochures
- The Fellowship Toolkit
- The ATS Grant Resource Guide
How Do I Get Involved?

ATS is a member-driven organization; all decisions are driven by members like you! By becoming an active member of ATS, you can have a direct impact on pulmonary medicine both nationally and internationally through the development of ATS statements, and guidelines, programs and meetings, and other resources. In addition, involvement in ATS provides an outstanding networking opportunity valuable for collaborations, job searches, and letters of recommendation.

At first, the ATS and the International Conference may seem overwhelming. However, once you start to understand the structure and how decisions are made, the ATS becomes much more approachable and navigable. Our goals are to provide you with insight into how the Society is structured and suggest ways for you to get involved. Without the active input of its members, the ATS won’t continue to excel and improve.

- **First year membership is FREE**: First time domestic and international trainee members are eligible to join the ATS for free for one year. After this first year, trainee membership continues at a low cost with more of the benefits and value of full membership until your formal training ends. This special membership program welcomes trainees into pulmonary, critical care, and sleep medicine within the ATS community. The ATS recognizes that trainees are the professionals who will achieve the next major advancements in the science and treatment of pulmonary disease, critical illnesses, and sleep-related breathing disorders. To take advantage of this opportunity, visit thoracic.org/members/membership/join-the-ats/special-membership-programs.php
• **Become an active member:** As a member you may join one primary assembly and up to two secondary assemblies. Once a member, you may contact the assembly chairs to indicate your interest in becoming involved in groups that assist in developing assembly projects. These projects have the potential to result in statements, workshop reports/conference proceedings, health technology assessments, systematic reviews or clinical practice guidelines. You may also indicate your interest in taking part in mentorship programs hosted by select assemblies.

• **Get involved during the ATS International Conference:** Assembly members may also indicate their interest in becoming involved in groups that assist in programming the ATS International Conference.

To find out about first year FREE membership, visit [thoracic.org/members/membership/join-the-ats/special-membership-programs.php](http://thoracic.org/members/membership/join-the-ats/special-membership-programs.php)
The strength of ATS International Conference, which attracts 14,000 attendees annually, lies in the diversity of its participants. In addition to pulmonary, critical care, and sleep specialists, clinicians and researchers in many other fields attend, enriching the conversation and leading to insights that ultimately improve patient care. Having basic and translational researchers talking with clinicians and clinical investigators allows discoveries at the bench to be applied at the bedside and vice versa.

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

Vital statistics from the 2013 and 2014 International Conferences follow:

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<tr>
<th>ATS International Conferences</th>
<th>ATS 2013 Philadelphia</th>
<th>ATS 2014 San Diego</th>
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<tr>
<td>Total Attendance</td>
<td>13,596</td>
<td>14,388</td>
</tr>
<tr>
<td>Total Abstracts</td>
<td>5,143</td>
<td>5,743</td>
</tr>
<tr>
<td>Total Case Reports</td>
<td>295</td>
<td>761</td>
</tr>
<tr>
<td>Late Breaking Abstracts</td>
<td>178</td>
<td>264</td>
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<tr>
<td>Exhibiting Companies</td>
<td>193</td>
<td>203</td>
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<tr>
<td>Countries Represented</td>
<td>98</td>
<td>93</td>
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The ATS is committed to helping early career professionals pursue a successful career in pulmonary, critical care, and sleep medicine. The Society understands that the next medical breakthrough will be discovered by someone LIKE YOU—an early career professional!

To accomplish this, the ATS developed many resources, tools, sessions, and events to make your experience at the ATS International Conference in Denver a more rewarding experience. Highlights of all the opportunities available for early career professionals at ATS 2015 include:

- **ATS 101 Orientation Session**
- **Center for Career Development**
- **Faculty Development Seminars**
- **Fellows Case Conference**
- **Fellows Track Symposium**
- **Innovation in Fellowship Education Program**
- **Minority Trainee Development Scholarship (MTDS)**
- **The Networking Exchange for Early Career Professionals**
- **PG29: Key Skills for a Successful Career in Academic Medicine**
- **Resident Boot Camp Program**
The ATS has always enjoyed a robust membership, and through 2014 it has continued to increase. In fact, from January through October 2014 more than 2,300 new members joined the Society. Of particular note, by the end of 2013 international membership had increased to 33 percent of the entire membership, reflecting the international nature of the Society’s mission and its appeal to the global respiratory community. The Society now has members in 122 countries around the world in the United States, Europe, Asia, Africa, Central and South America, and Oceania, with the greatest number of members, after the United States, located in Canada, Japan, the United Kingdom, Brazil, and Australia.

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

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

ATS Membership*

* All data as of Nov. 1 of the given year.
Respiratory disorders such as chronic obstructive pulmonary disease (COPD), lung cancer, sleep disorders, and acute lung injury continue to represent an enormous health care burden worldwide. Yet stagnant, and in some cases decreased, funding from both government and private philanthropy is imperiling the future of research in these fields. Without a robust global pipeline of early career scientists leading the way, progress in the treatment, diagnosis, and prevention of respiratory disease will falter.

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

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

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

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

In February 2001, former ATS president William J. Martin, II, MD, founded ATS PAR, the arm of the ATS that incorporates patient and family perspectives into the Society’s activities. Today, ATS Public Advisory Roundtable (ATS PAR) comprises 15 member organizations that represent patients affected by respiratory diseases, critical illnesses, and sleep-related conditions. The group collaborates with the ATS to advance their shared educational, research, patient care, and advocacy missions.

To learn more please visit patients.thoracic.org or for more information, please email par@thoracic.org
The ATS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The designation of AMA PRA Category 1 Credit(s)™ per session will be available in January and in the Final Program. Physicians should only claim the credit commensurate with the extent of their participation in the activity. This live activity has been planned and implemented in accordance with the essential areas and policies of the ACCME and are free from the control of commercial interests.

The American Thoracic Society offers several products to help busy clinicians stay on top of their Maintenance of Certification (MOC) as required by the American Board of Internal Medicine (ABIM) and the American Board of Pediatrics (ABP). To learn how you can get MOC while at the ATS 2015 International Conference please visit conference.thoracic.org/2015/program/maintenance-of-certification/.
The ATS has a website designed to help early career professionals on their path to successful careers in pulmonary, critical care, and sleep medicine. To learn more about Career Development Center, visit thoracic.org/professionals/career-development.

As with all other aspects of the organization, the website is also MEMBER-DRIVEN, so if you can’t find what you want there, please HELP US CREATE IT! Send an email to fellows@thoracic.org
If you are interested in getting more involved, don’t hesitate to contact an ATS staff member:

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