



# ATS NEWS

AMERICAN THORACIC SOCIETY

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ATS NEWS is online the first business day of each month:  
[www.thoracic.org/news/default.asp](http://www.thoracic.org/news/default.asp)

## ATS Spearheads Publication of International Standards for Tuberculosis Care

On the eve of World TB Day, a consortium of international health agencies led by the American Thoracic Society (ATS) and the World Health Organization (WHO), published the first International Standards for Tuberculosis Care (ISTC).

“The purpose of the ISTC,” said Dr. Philip Hopewell, who co-chaired the committee that produced the standards and is a past president of the ATS, “is to establish a widely accepted level of care that all practitioners, public and private, should achieve in managing patients who have, or are suspected of having, tuberculosis (TB).”

The new standards were announced in Geneva and published simultaneously on both the ATS ([www.thoracic.org](http://www.thoracic.org)) and the WHO Web sites ([www.who.int/tb/en/](http://www.who.int/tb/en/)) on March 22. According to Dr. Hopewell, the ISTC is designed to address the care of patients of all ages with any manifestation of the disease, including multi-drug resistant and extra-pulmonary TB and TB



Dr. LEE Jong-wook, Director-General of the WHO, holds up copies of the standards on the morning of publication

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## On the Web...

Visit the ATS Web site at [www.thoracic.org/go.cfm?calendar](http://www.thoracic.org/go.cfm?calendar) to view a calendar of upcoming meetings and events. Organized by month and date, this site features a list of conferences sponsored by the ATS and those hosted by other medical societies and organizations. Each listing includes a link to brief course descriptions and sponsorship, location and registration information. Listings are posted as far as six months in advance.

## With Worldwide Support, the Framework Convention on Tobacco Control Progresses



The Framework Convention on Tobacco Control (FCTC), the first international treaty negotiated under the auspices of the World Health Organization (WHO), has now been ratified by 124 countries across the globe. Although it was originally approved in late February by only 40 nations at the FCTC's first meeting in Geneva, Switzerland, its current proponents represent 75 percent of the world's population.

“The goal of the treaty is to stem the tide of 5 million deaths reported annually due to smoking, a number that is expected to grow to 10 million by 2030, with 70 percent occurring in the developing world,” said Alfred Munzer, M.D., who represented the ATS at the inaugural meeting. “Despite this aim and the fact that the Bush administration has signed the treaty, the President hasn't taken the next step and sent it to the U.S. Senate for ratification, meaning that the U.S. is not a party to it, and only has the role of an observer.”

The Convention's key provisions, he explains, include: a comprehensive ban on advertising and promotion, a requirement that health warning labels occupy

### WHO'S WHO IN ATS



**Richard E. Chaisson, M.D.**  
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# Message from the President

Peter D. Wagner, M.D.

In two previous columns (July and August 2005), I focused on the progress of the ATS strategic planning process. As the Society is now five years young, but 100 years old, substantial and lengthy planning for the future is clearly necessary. This month, I will describe how the process has moved forward since my last update.

After developing and disseminating the ATS Vision in May 2005, the Society created 10 strategic planning groups charged with developing the broad strategies needed to attain the Vision. These groups brainstormed through the latter half of 2005 and combined their ideas to generate a survey that was sent in December 2005 to about 750 individuals—mostly ATS members who have served on one or more of the ATS committees or participated in assembly activities. Nearly half of those surveyed completed the questionnaire.

The survey results and the original output of the 10 working groups were used to inform a strategic planning retreat in late January, which was attended by more than 50 ATS members and staff. The objective of the one-day retreat was to examine

all accumulated information and identify the Society's most important priorities over the next five years by integrating the information across the strategic planning groups' domains.

Working in both large and small clusters, the 10 groups shared their recommendations and identified common areas of interest. Participants then proposed strategic goals, discussed them in the context of the survey, and "voted" them into priority/importance domains. The ATS Planning Committee then prepared an

*I ask you to consider the tactical tasks that underlie these strategic goals. We are going to be undertaking some very imaginative, exciting and, perhaps, risky endeavors, while still enhancing our core values and programs.*

overview for discussion at the March ATS Board of Directors meeting. The key directions of the strategic plan will be presented at the Society's annual Membership Meeting, which will be held during the 2006 International Conference on Tuesday, May 23, in San Diego.

Although it is not yet finished, I would like to highlight several elements of the ATS strategic plan. First, it is closely tied to the ATS Vision, so it may already seem familiar. As you will appreciate later, however, the plan is an extension of the Vision and will take it steps further. Second, the plan is, at this stage, only a directional guideline. The detailed tactical tasks will be developed as the third stage of the entire process. That cannot be started until the plan itself has been refined, accepted and announced. It is important to remember that the final plan will integrate the opinions of many hundreds of ATS members.

So what will be included in the plan? To be fully transparent,

I must declare that I am writing this before it has been refined. But I attended the January retreat as well as subsequent discussions and meetings, and can share with you the key directions that will be proposed. All have high priority, but the devil will obviously be in the details, and we will need to decide how much we can do and how quickly we can do it.

The major directions identified during the strategic planning process include:



1. Increasing awareness of lung disease and of the ATS. Patients, legislators, the public and the media all need to know us. Never again should we have to answer the question "what is a thoracic?"
2. Becoming more proactive in recruiting and retaining the next generation of physicians, researchers, trainees, nurses and other respiratory health professionals to keep the ATS healthy in the long term.
3. Being more active in advocacy to advance pulmonary, critical care and sleep medicine research (dollars) and patient care (workforce). Of course, advocacy involves far more than dollars and workforce, but these are the obvious big targets.
4. Growing the ATS Research Program to make a substantial difference in the diagnosis and treatment of respiratory disease.
5. Being more responsive to clinician members by meeting their needs through the ATS journals, meetings and training opportunities.
6. Reaching out to patients to create an innovative, mutually beneficial relationship.
7. Continuing to partner, and doing so more closely, with sister organizations to reduce redundant efforts and to increase our impact.
8. Thoroughly reviewing the ATS' main products—meetings and journals—on a regular basis and adjusting them to meet membership needs. And to take advantage of new technologies and opportunities for revenue generation.

To support all of these goals, we need to diversify our revenues and optimize the administrative structure of the ATS to ensure the Society can best carry out its many and complex functions.

While at first glance, you might think that little I've mentioned here is new or bold, I ask you to imagine the tactical tasks that underlie these strategic goals. We are going to be undertaking some very imaginative, exciting and, perhaps, risky endeavors, while still enhancing our core values and programs.

I am very excited by the ideas I have heard, and truly hope to remain a part of this process after I leave the ATS hot seat in a few short weeks. [ATS](#)

# New Standards are Foundation of Stop TB Campaign

CONTINUED FROM PAGE 1

combined with HIV infection. The ISTC is also designed to guide providers everywhere, regardless of the circumstances of their practice.

The committee writing the new standards, however, was especially concerned about reaching healthcare providers working outside national and local TB control programs. These providers, Dr. Hopewell noted, are less likely than their government counterparts to follow proven methods for evaluating and treating patients with TB.

Numerous studies have shown that private physicians rely too heavily on chest x-rays and too little on sputum microscopy in making diagnoses, often use incorrect drug regimens and can fail to supervise adherence to treatment, which can lead to drug-resistant forms of the disease. Private healthcare professionals are also less likely than providers in government programs to assume responsibility for controlling the spread of the disease.

"In caring for patients with TB, providers assume an important public health function," said Dr. Hopewell. "Providers have a responsibility to their patients and to the community."

The standards address this concern by requiring providers to evaluate all those who have come into contact with the patient and to report new cases of TB, and the outcome of existing cases, to local public health authorities.

According to Dr. Hopewell, fulfilling these public health responsibilities is a big challenge for physicians practicing in the developing world. The ATS has begun to address this problem by piloting an implementation program in Indonesia, where providers have been given a copy of the standards in their native language. Implementation and evaluation programs will begin soon in Kenya and in two other countries to be determined, added Dr. Hopewell.

Twenty-eight people, including nine ATS representatives, participated on the committee that formulated the ISTC. Committee members represented physicians, nurses, medical students, patients, patient advocates and public and private agencies dedicated to TB control in 14 countries.

In addition to Dr. Hopewell, ATS representatives to the committee included Drs. Kenneth Castro, Paula Fujiwara, Robert Gie, Umesh Laloo, Richard O'Brien, and Charles Wells. Dr. Madhukar Pai, a fellow at the University of California, San Francisco, and Fran Du Melle, Director of ATS International Activities, provided scientific and administrative support to the committee.

"The international TB community owes a great debt to the ATS and to Dr. Hopewell for these standards," said Irene Koek, M.D., Chief of the Infectious Diseases Division of USAID, which funded development of the standards. "The standards are an extremely important tool for improving the quality of care among all TB treatment providers." **ATS**

## AJRCCM in the News

As the leading journal in the field of respiratory medicine, the *American Journal of Respiratory and Critical Care Medicine (AJRCCM)* does more than educate ATS members and subscribers. During the last four months, more than 400 media outlets nationwide have covered research published in the *AJRCCM* and made it available for public dissemination in newspapers, magazines, medical journals and online venues. CNN, the *Atlanta Journal-Constitution*, the *Baltimore Sun*, the *New York Daily News* and WebMD have covered topics ranging from new treatments for chronic obstructive pulmonary disease (COPD) to mechanical ventilation weaning. Some of the most frequently highlighted articles include:



- **"Endotoxin Exposure Is a Risk Factor for Asthma: The National Survey of Endotoxin in United States Housing"** (December 1, 2005)
  - *Des Moines Register*
  - *Indianapolis Star*
- **"Acetazolamide Improves Central Sleep Apnea in Heart Failure: A Double-Blind, Prospective Study"** (January 15, 2006)
  - *Detroit News*
  - *Palm Beach Post*
- **"Association of Indoor Nitrogen Dioxide Exposure with Respiratory Symptoms in Children with Asthma"** (February 1, 2006)
  - *Austin American-Statesman*
  - *Dayton Daily News* **ATS**

## Slurping Around: Wine Tips from PDW



In this column, ATS President Peter D. Wagner, M.D., reports on his search for a great bottle of wine at a reasonable price.

**White:** St. Supery 2004 Sauvignon Blanc, \$13 to 15. Along with my other pick for California SB (Geyser Peak), this wine is distinctively varietal, with excellent crisp grassiness and passionfruit and lime flavors in the New Zealand style. It is always clean, with good acidity and length. It should not be hard to find.

**Red:** Artesa 2002 Cabernet Sauvignon (Napa-Sonoma) \$13 to 15. This is a very good value. Very nice red and black cherry fruit with vanilla, cedar and some herbal green pepper. Soft, approachable tannins, very good structure at the price, and a decent length. Not a heavy, overly extracted wine; it has some elegance. While it would be even better with a bit more fruit intensity, it compares with cabernets at twice the price.

**ATS NEWS**  
AMERICAN THORACIC SOCIETY

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# Special Courses and Sessions at 2006 International Conference

The 2006 ATS International Conference will once again provide clinicians, researchers and basic and translational scientists with the latest information in pulmonary, critical care and sleep medicine through nearly 400 sessions, symposia and postgraduate courses.

No matter what your focus, this year's program includes many not-to-be-missed sessions, including:

- **PG10 "Hot Topics in Pediatric Critical Care Medicine"** (Friday, May 19, from 8 a.m. to 4 p.m.)
- **PG19 "Disaster Medicine: The Medical Response to Terrorism, Natural and Industrial Catastrophes"** (Saturday, May 20, from 8 a.m. to 4 p.m.)
- **A79 "Impact of Smoking on Lung Function: Biological Mechanisms and Therapeutic Implications"** (Sunday, May 21, from 1:30 to 4:15 p.m.)
- **B74 "Genetic Influences on the Susceptibility to and Outcome of Critical Illness"** (Monday, May 22, 1:30 to 4:15 p.m.)

## Special Events for Women, Fellows and Minorities at ATS 2006 ■ San Diego

- **The ATS Diversity Luncheon for Underrepresented Minorities** will take place on Sunday, May 21, from noon to 1:30 p.m. in the Douglas Ballroom on the first floor of the Manchester Grand Hyatt San Diego. Joe G.N. "Skip" Garcia, M.D., will give a presentation called "The Road to Leadership." The 2006 Minority Trainee Travel Award recipients will also be recognized, and will receive a grant and one year's ATS In-Training Membership. A plated three-course lunch and refreshments will be served. The luncheon is supported by a grant from Merck & Co., Inc.
- **The Fellows Reception** will be held on Sunday, May 21, from 7 to 8 p.m., in the San Diego Marriott Hotel & Marina. Speakers include James M. Beck, M.D., Chair of the International Conference Committee, ATS President Peter D. Wagner, M.D., and Sharon I. S. Rounds, M.D., ATS Immediate Past President and Chair of the Membership Committee. Dr. Elizabeth Nabel, Director of the National Heart, Lung and Blood Institute, will be the ATS' special guest at the reception. Cocktails, beverages and hors d'oeuvres will be served during the reception. This event is sponsored by the American Thoracic Society.
- **The ATS Women's Luncheon** will take place on Monday, May 22, from noon to 1:30 p.m. in the Douglas Ballroom on the first floor of the Manchester Grand Hyatt San Diego. This year's featured speaker is Molly Osborne, M.D., Ph.D. The 2006 recipient of the Elizabeth A. Rich M.D. Award will also be honored and will briefly address attendees. A plated three-course lunch and refreshments will be served. This luncheon is supported by a grant from Merck & Co., Inc.

Registration is required for all three events, which are free, and tickets will be issued. However, tickets do not guarantee admission. Space is limited and admittance will be on a first-come, first-served basis.



- **C80 "The Pulmonary and Critical Care Response to Catastrophes,"** (Tuesday, May 23, from 1:30 to 4:15 p.m.)
- **D4 "Evidence-Based Medicine: Evidence vs. Practice"** (Wednesday, May 24, from 8:15 to 11 a.m.)
- **D76 "Sleep, Breathing and Metabolic Function"** (Wednesday, May 24, from 1:30 to 4:15 p.m.)

Remember, the last day for advance registration is **April 28, 2006**. For more information about the 2006 Conference program, visit [www.thoracic.org/go.cfm?conference](http://www.thoracic.org/go.cfm?conference). 

## ATS Assembly Meetings and Dinners at 2006 Conference



Each of the ATS' 12 assemblies will hold its annual meeting at the 2006 ATS International Conference in San Diego this May. All assembly members and other interested parties are encouraged to attend these meetings to receive updates on assembly activities and projects, vote for future assembly leaders and provide input on future directions.

Each assembly, with the exception of the Assembly on Behavioral Science (BSA) and the Assembly on Pediatrics (PEDS), will meet on Monday, May 22, from 4:30 to 6:30 p.m. at the Manchester Grand Hyatt San Diego, near the Convention Center. The Assembly on BSA and the Assembly on PEDS will meet on Sunday, May 21, from 6:30 to 8:30 p.m., also at the Manchester Grand Hyatt.

In addition, five assemblies—the Assembly on Allergy, Immunology and Inflammation, the Assembly on Respiratory Neurobiology and Sleep, the Assembly on Nursing, the Assembly on Clinical Problems and the Assembly on Respiratory Structure and Function—will hold dinners following their membership meetings on May 22 from 6:30 to 10 p.m. Since seating is limited, dinner reservations will be on a first-come, first-served basis.

For more registration and location information for these meetings and dinners, visit the ATS Web site at [www.thoracic.org/sections/about-ats/assemblies](http://www.thoracic.org/sections/about-ats/assemblies), choose an assembly and click on "Assembly News." For more information, contact Monica Simeonova, Associate Director, Assembly Programs and ATS Public Advisory Roundtable, at (212) 315-8696. 

# WHO'S WHO IN ATS

Richard E. Chaisson, M.D.

Richard Chaisson, M.D., is fighting tuberculosis (TB) on many fronts. But one of the most effective strategies, he's found, may also be one of the simplest—community outreach.

As part of a large-scale intervention project in Brazil, Dr. Chaisson and his colleagues have recruited 40 young residents of an urban slum in Rio de Janeiro to learn the basics of TB and public health.

"They go out into their own community and supervise TB treatment," Dr. Chaisson says. "They're extraordinarily effective in getting people treated and cured. Now they're starting the next phase—going house-to-house to identify people who haven't yet been diagnosed with TB, who need to be evaluated and treated."

## TB at the Community Level

Officials from the World Health Organization recently visited the Rio site, giving it high marks. The community-based approach is already being copied elsewhere in Brazil and other Latin American countries, notes Dr. Chaisson, who will receive the ATS World Lung Health Award at the 2006 International Conference this month.

Dr. Chaisson is also using community-based approaches to control HIV-related TB as part of the Consortium to Respond Effectively to the AIDS-TB Epidemic (CREATE), funded through a \$44.7 million award from the Gates Foundation. CREATE is conducting population level studies in Brazil, Zambia and South Africa.

"CREATE came out of a feeling I had developed over the last 10 years that the current approach to global TB control wasn't adequate, and never would be, because of the impact of HIV," Dr. Chaisson says. "We're looking at new approaches to controlling TB and bringing the infection and mortality rates down."

## At the Eye of the HIV Storm

Having trained in medicine in San Francisco in the 1980s, Dr. Chaisson is well versed in HIV/AIDS and its impact on TB. During his internship and residency at the University of California, San Francisco, HIV was front and center.

"It was hard not to focus on HIV—we were in the midst of the greatest, most incredible epidemic in history, and it seemed foolish to focus on anything else," he says. "I was very fortunate to work with a lot of people, including ATS member Philip Hopewell, M.D., Merle Sande, M.D., Paul Volberding, M.D., and Andrew Moss, M.D., who were tackling this unknown menace and trying to figure out what to do about it."

During his residency and fellowship, Dr. Chaisson worked in the TB clinic. It was there that he began researching the overlap of AIDS and TB. He continued his AIDS work when he moved to Johns Hopkins in 1988 to run the AIDS service, which he did for 10 years. In 1989, he began research on AIDS-related TB in Haiti.



*"It was hard not to focus on HIV—we were in the midst of the greatest, most incredible epidemic in history, and it seemed foolish to focus on anything else."*

## Shift Toward Tuberculosis

In 1991, Dr. Chaisson was asked to take over the Baltimore City Health Department's TB clinic. Over the next five years, he began to do more clinical research in TB. By 1998, he was so involved in TB that he founded the Johns Hopkins Center for TB Research. "I did a 180-degree flip, from focusing on HIV with TB as a hobby, to concentrating on TB with HIV as a sideline," he says.

In the past eight years, the center has grown from two faculty members to more than 15, and from very modest funding to more than \$100 million in research grants.

Researchers at the center are studying new treatments for TB, including the antibiotic moxifloxacin, which Dr. Chaisson says holds great promise. "We've been able to take animal studies and translate them very quickly into human studies," he says.

Dr. Chaisson is using his expertise in both TB and AIDS in yet another way. Through a National Institute of Health grant, Dr. Chaisson is borrowing the directly observed therapy (DOTS) technique from TB treatment and studying whether it can be used successfully in

AIDS patients in South Africa.

"Dick is an innovative and critical thinker—he doesn't accept dogma at face value," Dr. Hopewell says. "Consequently, he has been a leader in questioning the impact of current tuberculosis control strategies in areas where there is a high prevalence of HIV infection. More important than being critical, however, is that he has proceeded to develop and undertake testing of alternative methods that may prove to be more effective than existing approaches."

## ATS Involvement

A past chair of the Assembly on Microbiology, Tuberculosis and Pulmonary Infections and of the assembly's Program Committee, Dr. Chaisson is also involved in writing ATS statements on TB. He has just joined a new committee that will draft a statement on guidelines for using arthritis treatments such as infliximab (Remicade) that increase the risk of developing TB.

"The ATS has been the premier scientific organization in TB in spite of the dwindling of interest in TB among members in the last two decades—although it has enjoyed a resurgence in the last few years," Dr. Chaisson says. "The ATS has done a remarkably good job of promoting research and public policy in TB."

## On a Personal Note

Dr. Chaisson is an avid reader and enjoys spending time with his family. They recently vacationed at Joshua Tree National Park in southern California, where they spent time hiking and bird watching. [ATS](#)

## AJRCMB HIGHLIGHTS

The following excerpts appear in the "Insights in Lung Pathogenesis" section of the April 2006 issue of the *American Journal of Respiratory Cell and Molecular Biology* (AJRCMB).

### Innate Host Defense Peptides, Known to Kill Bacteria, Can Also Kill Epithelial Cells to Limit Spread of Infection



Cathelicidins are amphipathic molecules that insert into bacterial membranes, "poking holes" in them, leading to bacterial death. These innate host defense molecules expressed by structural cells and inflammatory cells provide a rapid, non-discriminative initial defense against invading pathogens in the lung. In this issue, Drs. Lau, Hancock and colleagues demonstrate that one of these peptides, LL-37, may

also lead to epithelial cell death, particularly in the absence of serum. This is believed to be a protective function geared to eliminate infected epithelial cells and limit the spread of infection. In addition, determining serum factors, and other means by which the host limits this potentially destructive process, will be critical if we are to use these peptides therapeutically.

### Genetics of Complex Disease in Focus: Acute Lung Injury

Gene polymorphisms may alter protein expression or function and contribute to the pathobiology of complex diseases. Using a case control candidate gene approach, Drs. Gao, Garcia and colleagues find several polymorphisms in the non-muscle myosin light chain kinase (MLK) gene in European- and African-American populations that confer risk for acute lung injury and sepsis. MLK has been postulated to contribute to acute lung injury by its role in vascular barrier regulation and leukocyte diapedesis. This study supports a role for MLK and might allow for risk assessment as well. Genetic studies in acute lung injury are limited by difficulty in studying familial distribution, and many candidate gene association studies in general suffer from difficulty in design and power. Replication of this well-performed, albeit somewhat small study, will further define the role of MLK in acute lung injury.

### Is Lymphangiomyomatosis a Form of Malignancy?

Lymphangiomyomatosis (LAM) is a rare lung disease primarily affecting young adult women, manifested by aberrant proliferation of smooth muscle cells with resultant cystic lung destruction. LAM may be associated with tuberous sclerosis, and most patients with LAM have loss of heterozygosity for the tuberous sclerosis complex 2 gene (TSC2). To determine the role of TSC2 in LAM, in this issue, Drs. Goncharova, Krymskaya and colleagues show that LAM cells in culture have an invasive malignant phenotype that can be reversed by re-expression of TSC2. Moreover, they define a pathway whereby TSC2 acts as a tumor suppressor, binding to TSC1 and inhibiting TSC1 activation rho kinase. Thinking of LAM as a type of malignancy might lead us to develop novel therapeutic targets for this devastating disease that takes women in the prime of their lives. [ATS](#)

## ATS News in Brief



Former ATS President **William J. Martin, II, M.D.**, has been appointed Associate Director for Translational Biomedicine at the National Institute of Environmental Health Sciences (NIEHS), effective this month. Prior to his appointment, Dr. Martin served as Dean of the University of Cincinnati College of Medicine. He has been an ATS member since 1977.

The American Thoracic Society has been named a member of the **National Health Council**. Currently chaired by John W. Walsh, former Chair of the ATS Public Advisory Roundtable, the NHC works to improve public health, particularly for individuals with chronic diseases and/or disabilities. Today, the Council has grown to more than 115 member organizations representing many areas of health care. Council members include voluntary health agencies, professional and membership associations, and non-profit organizations with an interest in health, business and industry.

The University of Pittsburgh School of Medicine has named ATS member **Steven D. Shapiro, M.D.**, Chair of the Department of Medicine. Dr. Shapiro, who serves as editor of the ATS' *American Journal of Respiratory Cell and Molecular Biology*, will assume his new duties on July 1, 2006. Until then, he will remain in Boston, where he serves as the Parker B. Francis Professor of Medicine at Harvard School of Medicine, and Chief of the Division of Pulmonary and Critical Care at Brigham and Women's Hospital. [ATS](#)



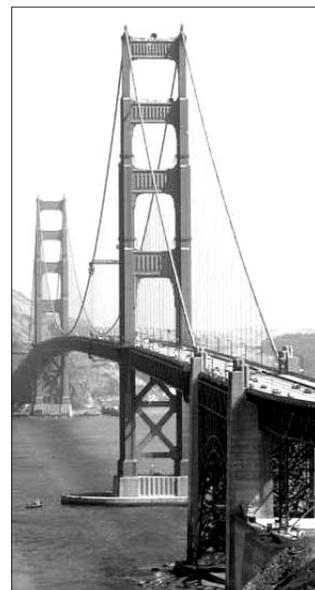
## Call for Input to ATS 2007 Conference in San Francisco

The ATS is now accepting proposals for the scientific and medical program for the ATS 2007 International Conference which will be held May 18 to 23 in San Francisco. Proposals for sessions covering all areas of pulmonary, critical care and sleep medicine are encouraged.

All proposals must be submitted electronically through the ATS Web site by **June 15, 2006**. To submit a proposal for consideration, visit <http://conference.thoracic.org>.

Submission formats include scientific symposia, track sessions, seminars, workshops, evening postgraduate seminars and postgraduate courses.

Interested parties should remember to direct their proposals to the appropriate assembly for review (a list of contact information for all ATS assemblies can also be found on the "Call for Input" Web site listed above). [ATS](#)



# Robert L. Mayock, Former President of the PTS, Dies at 89

Robert L. Mayock, M.D., 89, former President of the Pennsylvania Thoracic Society (PTS) and founder of the pulmonary division at the Hospital of the University of Pennsylvania (HUP), died of Parkinson's disease on January 30, 2006.

Dr. Mayock is remembered fondly by the more than 180 pulmonary physicians he trained during his career, including ATS member John Hansen-Flaschen, M.D., Chief of the Pulmonary, Allergy and Critical Care Division at the University of Pennsylvania. "To the generations of pulmonary specialists he has taught and inspired, Bob Mayock is the prototypical gentleman physician-caring, dedicated and compassionate. His style of practice became a model for the clinicians in our division today," he says.

Dr. Mayock's interest in pulmonary medicine was sparked by his personal experience with lung disease. After earning his medical doctorate in 1942 from the University of Pennsylvania, he contracted tuberculosis (TB). After a year of convalescence, he recovered in 1943 and began his 54-year teaching and clinical career at the HUP.

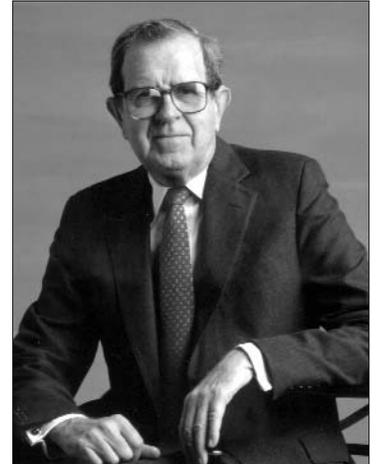
The diagnosis and treatment of TB, and, in later years, sarcoidosis, became dominant themes in his career. After being drafted into the U.S. Army in 1952, Dr. Mayock spent two years treating soldiers returning from Korea with TB. Thanks to antibiotics, the treatment of the disease had advanced since his own diagnosis ten years before. In 1955, he returned to HUP to establish the pulmonary division within the hospital's department of

medicine. For nearly two decades, he served as the first Chief of the Pulmonary Disease Section at the University of Pennsylvania, stepping down from the position in 1972. He also served as Chief at the Philadelphia General Hospital, where, in 1955, he founded the School of Respiratory Therapy. He moved up the ranks at the University to become a senior and Emeritus Professor of Medicine before retiring from clinical work in 1987 and teaching in 1997.

During his career, he wrote more than 60 publications, including the classic article that described the clinical manifestations of sarcoidosis (Mayock RL, Morrison P, Morrison CE, Scott JH. "Manifestations of sarcoidosis: analysis of 145 patients with a review of nine series selected from the literature." *Amer J Med* 1963; 35:67-89). This article was recognized in 1983 as one of the most quoted among all medical scientific articles.

Dr. Hansen-Flaschen calls him a "humble clinician, teacher and scientist" who has had a "profound impact" on his family, students, colleagues and patients. The University of Pennsylvania has named a professorship and teaching award in his honor and the PTS has established a lecture series bearing his name.

He is survived by his wife of 56 years, Constance; his daughter, Holly; his sons, Robert, Jr., and Stephen; and five grandchildren. Memorial donations can be made payable to "Trustees UPENN" and sent to the Pulmonary Division, Hospital of Pennsylvania, c/o John Hansen-Flaschen, M.D., 873 Maloney Building, 3400 Spruce Street, Philadelphia, PA 19104. [ATS](#)



## PATS HIGHLIGHTS

### "Extrapulmonary Effects of Inhaled Nitric Oxide" and "Hyperinflation: A Critical Target in COPD"

The current issue of *Proceedings of the American Thoracic Society* (Volume 3, Issue 2), published this month, features an editorial by PATS editor Alan Leff, M.D., an ATS Workshop Proceeding and two symposia.

In his editorial, "After One Year—The Vision for PATS," Dr. Leff details the success of the Society's third journal since its creation and his ideas for its continued evolution.

"I couldn't be happier with the direction in which the journal has gone in the last year," he says. "In the end, PATS should be the place to find current, definitive reviews of important meetings, real or virtual, and for statements of policy," he explains.

This editorial is followed by "ATS Workshop Proceedings: Exhaled Nitric Oxide and Nitric Oxide Oxidative Metabolism in Exhaled Breath Condensate," which updates the 1999 ATS statement on exhaled and nasal NO measurement in light of recent developments presented at the workshops.

Finally, this issue features two symposia—"Extrapulmonary Effects of Inhaled Nitric Oxide: Mechanisms and Implications," guest-edited by ATS member Benjamin Gaston, M.D., and "Hyperinflation: A Critical Target in COPD," guest-edited by ATS member Dennis E. O'Donnell, M.D. Dr. Leff calls both symposia "informative and cutting-edge" updates for anyone in the fields of pulmonary and critical care medicine. [ATS](#)



## AJRCMB Now Accepting Manuscripts for New Series

Steven D. Shapiro, M.D., editor of the *American Journal of Respiratory Cell and Molecular Biology*, invites authors to submit manuscripts related to cellular and physiological consequences of post-translational protein modifications (including nitrosation, nitration and oxidation).

The manuscripts will be reviewed by members of the *AJRCMB* editorial board and guest reviewers, and will be published as a special series to the journal.

"This is the first call for papers related to topics that we believe are particularly important and timely," Dr. Shapiro said. "We encourage readers who have ideas for other topics to share them with us in the future."

The deadline for submission is **June 1, 2006**. For more information, please contact Sadis Matalon, M.D., Associate Editor of the *AJRCMB*, at [sadis@uab.edu](mailto:sadis@uab.edu). [ATS](#)



# CONFERENCES, COURSES AND MEETINGS

Activities sponsored or endorsed by the ATS and its chapters are listed in **bold**.

Date and Place	Title	Contact
May 19 to 24 San Diego, California	<b>"The 2006 ATS International Conference,"</b> sponsored by the American Thoracic Society	Phone: (212) 315-8658 E-mail: ats2006@thoracic.org Website: www.thoracic.org
April 24 to 26 Cincinnati, Ohio	"Respiratory Protection & Fit Testing Workshop," sponsored by the University of Cincinnati	Phone: (513) 558-1234 Website: www.DrMcKay.com
April 26 to 29 Denver, Colorado	"The Denver TB Course," sponsored by the National Jewish Medical and Research Center	Phone: (303) 398-1700 E-mail: queenc@njc.org Website: www.nationaljewish.org/tbcourse.html
April 30 to May 3 Cambridge, Massachusetts	"Pulmonary and Critical Care Medicine," sponsored by the Harvard Medical School of Continuing Education	Phone: (617) 384-8600 E-mail: hms-cme@hms.harvard.edu Website: www.cme.hms.harvard.edu
May 7 Cincinnati, Ohio	"Spirometry Update & Refresher Training," sponsored by the University of Cincinnati Department of Environmental Health	Roy McKay, Ph.D. Phone: (513) 558-1234 Website: www.DrMcKay.com
June 7 to 10 Aspen, Colorado	49 <sup>th</sup> Annual Thomas L. Petty Aspen Lung Conference: "Immunologic Diseases of the Lung"	Phone: (303) 315-7767 E-mail: Jeanne.Cleary@uchsc.edu Website: www.aspenlungconference.org
June 29 to July 1 London, England	"The Fourth International Symposium on Cough," sponsored by the National Heart & Lung Institute of Imperial College	Phone: + 00 44 (0) 207 351 8172 Fax: + 00 44 (0) 207 351 8246 E-mail: k.dixon@imperial.ac.uk

## Framework Convention on Tobacco Control Treaty Covers 75 Percent of World Population

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at least thirty and, preferably, fifty percent of a tobacco package; a prohibition against deceptive labeling; a requirement that protections be established for non-smokers; a prohibition of the sale of tobacco products to minors and the regulation of the content of tobacco products.

"The treaty is governed as a Conference of the Parties (COP), which includes all the nations, that have ratified the convention," Dr. Munzer said. "When the representatives from these countries met for the first time in Geneva earlier this year, they made some key decisions about the Convention's future governance."

LEE Jong-wook, M.D., M.P.H., Director-General of the WHO, opened the meeting by reminding the delegates that the WHO FCTC negotiations "have already unleashed a process that has resulted in visible differences at country level." The most striking of these differences, he said, are the bans on smoking in public places in countries like Ireland, Norway, Great Britain, Bhutan, Uganda and New Zealand.

Over the next two weeks, the FCTC mandated the following:

- Protection of non-smokers from second-hand smoke and the regulation of the content of tobacco products will be the first issues addressed by international guidelines;
- A document will be designed to monitor progress of the implementation of the treaty at the national level;

- Expert working groups drawn from each of the six WHO regions will be formed to work on protocols addressing the illicit trade of tobacco products and cross-border advertising;
- The FCTC will set provisions to protect national smoking control policies from interference from the tobacco industry.



Representatives of the FCTC conference of parties at the inaugural meeting

Dr. Munzer adds that the Framework Convention Alliance, an umbrella organization of 200 non-governmental organizations, came to the meeting prepared with detailed position papers on all the key issues. "The progress of the Convention can be summed up in the words of Dr. Lee," Dr. Munzer said. "The success of the WHO FCTC as a tool for public health will depend on the energy and political commitment that we devote to implementing it in countries in the coming years. A successful result will be global public health gains for all." **ATS**