



100 Years of
Advances in the Treatment
and Science of Respiratory Diseases

ATS NEWS is online the first business day of each month:
<http://www.thoracic.org/news/default.asp>

What's Inside

- Nominations for 2006 Awards..... 1
- Call for Electronic Submission of Abstracts for 2006 1
- Message from the President..... 2
- The ATS Addresses Concerns about NIH "Public Access" 3
- ATS 2005 Webcasts Online..... 3
- "AJRCCM Highlights" 3
- The ATS Welcomes New Director of Communications & Marketing.... 4
- 100 Years of Progress..... 4
- ATS Members Urged to Submit Nominations for Sec.-Treas..... 4
- Who's Who in the ATS..... 5
- UpToDate Reduced-Rate Subscriptions for Trainees 6
- "AJRCMB Insights in Lung Pathogenesis" 6
- ATS Assembly Election Results..... 7
- 2006 Outstanding Clinician Award.... 7
- Register for "Clinicians' Update"..... 8
- The ERS 15th Annual Congress..... 8
- Meetings, Conferences & Courses..... 8

Nominations for 2006 Awards Requested Now

If you know someone who has made an outstanding contribution to the fight against lung disease, now is your chance to nominate this person for recognition by the American Thoracic Society (ATS).

Nominations are now being accepted by the ATS Awards Committee for awards and honors to be presented at the 2006 ATS International Conference in San Diego, California. Categories include:

The J. Burns Amberson Lecturer

The Amberson Lecture is presented in honor of J. Burns Amberson, M.D., a distinguished international authority on chest disease and tuberculosis. The Amberson Lecturer should be an individual with major lifetime contributions to clinical or basic pulmonary research and/or to clinical practice.

The Trudeau Medal

The Trudeau Medal is awarded in honor of Edward Livingston Trudeau, M.D., a distinguished scientist, founder of the American Lung Association (ALA) and its first president. The medal is presented to an individual who has made life-long contributions to the prevention, diagnosis and treatment of lung disease through leadership in research, education or clinical care.

The Distinguished Achievement Award

The Distinguished Achievement Award is given to individuals who have made outstanding contributions to fighting respiratory disease through research, education, patient care or advocacy.

The Recognition Award for Scientific Accomplishments

The Recognition Awards for Scientific Accomplishments are given to individuals for outstanding scientific contributions in basic or clinical research to the understanding, prevention and treatment of acute or chronic lung diseases. Recipients of the award are recognized for either scientific contributions throughout their careers or for major contributions at a particular point in their careers. To be considered, the candidate must be an active member of the ATS.

CONTINUED ON PAGE 7

Web Tips

Visit the ATS website at www.thoracic.org/fundfuture/index.asp to learn more about the Society's Funds for the Future. This website describes the mission of the ATS Funds for the Future and lists the different areas for which contributions can be specifically designated. In addition, members can access the most recent ATS Honor Roll of Contributors, which lists all 2005 donors, gift tributes and memorials. The website also provides links to Funds for the Future contribution information to 2004. For those interested in making a tax deductible gift to the Society, the ATS contribution form can also be downloaded from this webpage.

Call for Electronic Submission of Abstracts for 2006



James M. Beck, M.D., Chair of the ATS International Conference Committee, invites you to submit abstracts to **ATS 2006 • San Diego, May 19-24, 2006.**

Submission of abstracts on all aspects of respiratory disease (including basic and clinical science, epidemiology and social, biobehavioral, psychosocial and educational) are welcome for presentation. Membership in the ATS is not a prerequisite for participating in the program.

The electronic abstract submission deadline is:

Wednesday, October 19, 2005
 (11:59 p.m. Central Time)

For electronic submission of abstracts and instructions, visit the ATS website at www.thoracic.org/ic/ic2006/call4abstracts.asp. The ATS homepage, www.thoracic.org, also features a link to the abstract submission website. The processing fee for online abstract submission is \$70. For more information about electronic abstract submission, contact the ATS International Conference Unit at (212) 315-8658, via fax at (212) 315-8653 or at ats2006@thoracic.org.

WHO'S WHO IN ATS



Jill A. Ohar, M.D.
page 5

Message from the President

Peter D. Wagner, M.D.

In June in my first column, I reviewed the directions in which our last five ATS presidents have pointed us as a Society. In my second message, I reviewed the recently developed ATS Vision statement and tried to show how the collective wisdom of our past leaders fits well with the view that we have developed for the Society's future. That said, while the Vision is a necessary part of the Society's success in years to come, it is not alone sufficient. The key to our success is devising strategies that will make the Vision a reality. The development of such strategies is the topic of this month's column.

To accomplish this goal, our strategic planning consultants, Susan Cane, M.S., and Mark Lipton, Ph.D., of Voussoir, Inc., continue to work with the ATS Planning Committee. Chaired by Susanna McColley, M.D., the Committee is charged with creating, organizing and carrying out the Society's strategic planning efforts. This involves several well-defined steps.

The first step is to study the ATS Vision—after all, that is the basis for the plan. The second step is to define manageable, strategic domains of function that underlie the components of the Vision: slice and dice. The third step is to create working groups in each of the functional domains—conscript chairs and members. The fourth step is to develop the charge of each group. The fifth step is to let the groups loose to brainstorm over possible strategic pathways. The sixth step is to evaluate, refine and integrate the products of the working groups into a master strategic plan. (I wish you well, Susanna.) The seventh step is to prioritize the resulting recommendations on the basis of importance, urgency and feasibility, and step eight is to implement the strategic plan. The ninth step is to evaluate the effectiveness of each implemented component, and step ten is to revise them as necessary and loop back to step eight on an ongoing basis.

I find it interesting that the ATS Vision ended up emphasizing 10 elements, which is equivalent to the number of strategic working groups and the number of steps that the process from here on out can be divided into. No delusions of grandeur, I assure you. Let me expand on where we are.

Earlier this spring, the Planning Committee identified 10 functional domains and associated working groups based on the principles outlined in the ATS Vision (i.e., steps one and two). Each domain and working group will be co-chaired by two individuals. One co-chair will be an ATS member and the other will be an ATS staff member.

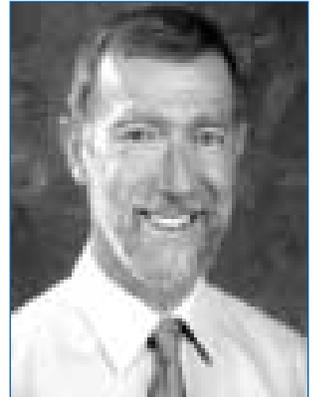
The first domain is termed the *Translational Interface* (you had to be there). The focus of this group, which is chaired by ATS member John Newman, M.D., and Judy Corn, Associate Director of ATS Patient Education & Document Facilitation, is to integrate researchers and clinicians into all functions of the Society. We have long fretted over tensions inherent in a heterogeneous membership, and it is time to turn those tensions into assets.

The second domain is called *Awareness and Relationships*. For the ATS to be maximally effective, the general public, the more than 30 million patients with respiratory disease in the U.S., the world of primary care, other physicians and the many branches of government must come to know and love us. Who outside the ATS knows what "thoracic" means? Implicit is the exciting new concept of directly reaching out to patients for mutual benefit. ATS member Margaret Gyetko, M.D., and Brian Kell, the new Director of ATS Communications and Marketing, will run this group. Think big, guys.

The third domain has the grand title of *Organizational Alignment*. Basically, the focus of this group is ensuring the ATS has the right structures to carry out the strategies needed to achieve the Vision. As you might imagine, this group can't do all their work until the other nine groups have wrestled with their changes. This group will be led by ATS member Susanna McColley, M.D., and Carl

Booberg, Executive Director of the ATS.

The fourth domain is called *Revenue Diversification*. The purpose of this group stems from the realization that a single six-day event (the ATS International Conference) generates half the Society's annual income and that another 25 percent comes from one other line of business—the ATS' journals. Both are, or have been, under threat, largely from factors beyond our control. This, plus the fact that our revenues are growing too slowly to support grand plans for enhanced research and



other programs, demands an entrepreneurial look at ways to enhance income and reduce dependence on too few sources. Who better to lead this group than ATS member Michelle Cloutier, M.D., and Don Temple, Director of ATS Business Affairs.

The fifth domain deals with *ATS Membership*. In my opinion, we have not taken enough steps to assure long-term renewal of ATS membership. We especially need to focus on trainees in terms of recruitment, mentoring and retention. These (and other) issues will be the targets of this group. ATS Immediate Past-President Sharon I.S. Rounds, M.D., and Allan Gordon, Manager of ATS Member Services and Chapter Relations, will lead this group.

The sixth domain is that of *Workforce Development*. It has become clear that the clinician workforce in critical care and other areas, is, or will soon be, insufficient for the aging U.S. population. It is already clear that the research workforce, especially clinician-scientists, needs development. This group will be chaired by ATS Secretary-Treasurer Jo Rae Wright, Ph.D., and Fran DuMelle, M.S., Director of ATS International Activities.

The seventh group will focus on *Partnerships*. These will include relationships with domestic and international sister societies, governmental bodies, private organizations and other entities. As the ATS Vision states, we cannot accomplish our mission alone and collaborative ventures will broaden our impact and leverage our resources. However, at the same time, we simply cannot be everyone's best buddy, and determining how the ATS will identify with these "partners" will be this group's responsibility. ATS member Helen Ramsdale, M.D., and Graham Nelan, Director of ATS Assembly Programs and External Relations and Chief Corporate Relations Officer, are in charge.

The eighth domain will focus on *Research*. There are at least two sub-domains here:

a) Advocating for budgets for the National Institutes of Health (NIH), the Veterans Administration (VA) system, the Centers for Disease Control and Prevention (CDC) and other lung-interested entities and

b) Supporting and expanding our own Research Program. Developing creative and bold ways to increase dollars for research will be at the core of this group's efforts. ATS Past President Gerry Turino, M.D., and Elisha Malanga, Director of the ATS Research Program and Project Review, will lead this effort.

The ninth domain goes by the title *Knowledge Dissemination and Education* and reflects our need to ponder how we disseminate information—ATS scientific meetings, journals, web programs, official statements, guidelines, etc.—and educate in all modalities. As the revolution in electronic communication continues, the hard-copy approaches we use today may be obsolete tomorrow. Importantly, we seem to do well at creating new knowledge and present-

CONTINUED ON PAGE 6

The ATS Addresses New National Institutes of Health "Public Access Policy"

The American Thoracic Society (ATS) is working with its members, the patient organizations that make up the Society's Public Advisory Roundtable (PAR), local thoracic societies, government officials and sister organizations to address its concerns about the potential consequences of the **National Institutes of Health (NIH) "Public Access Policy,"** which became effective May 2.

The Policy asks that all NIH-funded investigators submit to the NIH National Library of Medicine's PubMed Central an electronic version of the final form of any manuscript produced by research wholly or partly funded by the NIH. The manuscripts must be submitted within 12 months of "final publication."

In letters that will be distributed to all ATS members, members of the PAR, members of Congress and ATS journal authors, ATS President Peter D. Wagner, M.D., explains the Policy's overarching goals and possible implications.

While he commends the Policy's intended goals of making scientific research available to the public in a timely manner, he also voices the ATS' concerns about the Policy's potential negative impacts on not-for-profit organizations like the ATS, on the quality of peer review of scientific publications, and, hence, on patients and the public. Dr. Wagner lists possible consequences of the Policy, including its potential to:

- threaten the viability of organizations like the ATS, which rely on journal subscriptions to fund the peer review and publication of scientific manuscripts;
- weaken the peer-review system and undermine the de facto system of "review" that occurs within the scientific and medical communities after articles are published;
- undermine the importance of contextual tools, like editorials, official statements, letters to the editor and review articles that highlight the clinical implications of research findings.

The letters should arrive by the end of this month. For more information about the NIH Public Access Policy, contact Gary Ewart, Director of ATS Government Relations, at (202) 785-3355 or at gewart@thoracic.org, or Christina Shepherd, Managing Editor of the ATS journals, at (212) 315-6440 or at cshepherd@thoracic.org.

ATS 2005 Webcasts Now Online

Webcasts of several ATS 2005 International Conference sessions are now available through a link on the ATS website at www.thoracic.org.

These latest additions to the "ATS Continuing Medical Education (CME) Archive" are part of more than 60 hours of "captured" content from the 2005 ATS International Conference that is being posted in five steps this summer.

The ATS CME Archive provides access to 200 hours of presentations from ATS CME activities, such as the "Clinical Year in Review" and the ATS "State of the Art Course (SOTA)." Archive webcasts provide presentation slides and audio in a fully searchable, synchronized format.

To subscribe to and access these webcasts directly, visit www.conferencecapture.com/cc/ats_archive/. For more information, contact Miriam Rodriguez, Manager of ATS Education and Training Programs, at (212) 315-8639 or at mrodriguez@thoracic.org.

"AJRCCM HIGHLIGHTS"



The following are summaries of articles that appeared in the July issues of the *American Journal of Respiratory and Critical Care Medicine (AJRCCM)*.

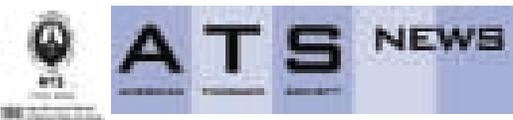
"A Key to Potential Vaccine for COPD Bacteria"

Researchers believe that the acquisition and reasonably quick clearance of a bacterial strain called *Moraxella catarrhalis* from the lungs of chronic obstructive pulmonary disease (COPD) patients results in long-lasting, strain-specific protection from reacquisition and has important implications for vaccine development. The investigators assessed 104 adults with COPD for 81 months. They found that bacteria cause many of the exacerbations which characterize the disease and, through chronic colonization, contribute to the airway inflammation that is the hallmark of the disease. In the study, the authors pointed out that 10.2 percent of the 560 exacerbations were likely caused by *M. catarrhalis* bacteria. According to the authors, for the 20 million adults in the U.S. who have COPD, exacerbations occur at a rate of one to two annually. Based on their estimates, *M. catarrhalis* bacteria causes 2 to 4 million exacerbations annually in the U.S. Most individuals carried the organism *M. catarrhalis* for only a single monthly clinic visit. This relatively short duration of infection is in striking contrast to that observed for *H. influenzae* bacteria, which colonized subsets of patients for a much longer time. According to the researchers, the long-lasting, strain-specific protection offered by the acquisition and clearance of *M. catarrhalis* supports the concept that humans make protective responses that are capable of clearing the bacteria from the respiratory tract and preventing reacquisition. They said that their future work will focus on developing similar protective responses. (Griffith, David E., M.D., University of Texas Health Center, Tyler, Texas)



"The Relationship Between Adult Asthma and Passive Smoking In Utero or in Childhood"

Several studies have suggested that atrial overdrive pacing might be useful in sleep apnea and could improve sleep-disordered breathing. This hypothesis was tested in a clinical trial by Lütke and colleagues. In this randomized study, patients with obstructive sleep apnea and associated oxygen desaturations were studied after implantation of pacemakers or cardioverter defibrillators. No effects on apnea-hypopnea index, apnea index, oxygen desaturation, ventilation or biomarkers were found after nocturnal atrial overdrive pacing. These results have important implications for the care and treatment of patients with sleep-disordered breathing. In particular, this study demonstrates that atrial overdrive pacing is not presently indicated for patients with sleep apnea. However, as discussed in the editorial by Floras and Bradley, there may be additional patient groups, particularly those with central sleep apnea or sleep apnea and left ventricular systolic dysfunction, in which cardiac pacing may have a role. Additional studies are necessary to answer this question. (Lütke, Lars, M.D., Department of Cardiology and Pneumology, Georg-August-Universität, Göttingen, Germany)



President Peter D. Wagner, M.D.
 President-Elect John E. Heffner, M.D.
 Past President Sharon I.S. Rounds, M.D.
 Vice President David H. Ingbar, M.D.
 Secretary-Treasurer Jo Rae Wright, Ph.D.

Executive Director Carl C. Booberg
 Director of Communications & Marketing Brian Kell
 Communications Associate/Writer Suzy Martin

August 2005

Production of this publication is supported by a grant from Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT. The ATS is solely responsible for all content.



Boehringer Ingelheim

The ATS Welcomes New Director of Communications & Marketing



Brian Kell

The American Thoracic Society (ATS) welcomes Brian Kell to its staff as Director of Communications and Marketing. He brings extensive experience in media relations, marketing and communications to the ATS.

Prior to joining the Society, he served as Executive Director of Government and Community Relations at Baruch College of the City University of New York, where he provided major communications support for the president, served as administrator for the new Center for Financial Integrity and wrote proposals which were successful in increasing

support for the college's mission.

Prior to working at Baruch, Brian was Assistant Vice President for institutional Advancement at the State University of New York (SUNY) Downstate Medical Center in Brooklyn, where he directed all aspects of public affairs for the academic medical center, including media relations, publications, community relations and electronic and executive communications.

Throughout his career, Brian has worked exclusively in a communications and public relations capacity with other non-profit and educational institutions. He looks forward to continuing his career with the ATS. 

100 Years of Progress: "Speculation on Speculation"

Happy Birthday ATS!
1905-2005



In recognition of its Centennial anniversary, the American Thoracic Society (ATS) invites its members to read "Speculation on Speculation," a "Retrospectroscope" written by Julius Comroe, Jr., M.D., and published in 1977 in the ATS' *American Journal of Respiratory and Critical Care Medicine* (then known as the *American Review of Respiratory Disease*).

In "Speculation on Speculation," Dr. Comroe argues that advances in science could be accelerated if journals invited researchers to include in their articles "ideas or suggestions reached by contemplation, reasoning, conjecture or surmise."

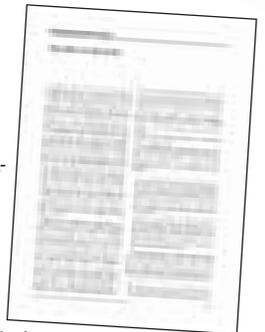
"I speculate that we might speed the advance of medical science by inviting all

authors to include some speculation, labeled clearly as such in their scientific articles...and to precede and not be confused with the author's well-fortified conclusions," he writes.

Legitimate speculation, he adds, is not "science fiction" or "predictions of what the next century might bring." It should, however, focus on the "next step[s] in the author's continuing investigation," and, when beneficial, consider "fields completely outside the author's interest or competence." To support his claim, Dr. Comroe took a random sampling of 50 articles that included "legitimate" speculation and found that only four "proved later to be wrong."

Although he notes that oftentimes scientific speculation has had little or no impact on medical advancement in the last two centuries, he also shows how some researchers' unsupported ideas have led to great medical advances, such as the development of successful blood transfusions, the use of pacemakers and the practice of using anesthesia during surgery.

To read "Speculation on Speculation" in full, visit the ATS website at www.thoracic.org/aboutats/retrospectroscope/adobe/23-SpeculationonSpeculation.pdf. 



ATS Members Urged to Submit Nominations for Secretary-Treasurer

This is your opportunity to help select the future leaders of the American Thoracic Society (ATS). Robb W. Glenny, M.D., Chair of the ATS Nominating Committee is seeking your nominations for ATS Secretary-Treasurer for 2006-2007. The successful candidate will advance through the leadership offices and serve as ATS President in the year 2009-2010.

The ATS membership approved a by-laws change in May 2005 to provide a stipend for both the ATS President and President-elect. The Society's Board of Directors set the stipend for the President at \$90,000 per annum, and for the President-elect at \$25,000. An additional \$25,000 per annum was made available for administrative assistance for the President. This action was taken upon the recommendation of the Nominating Committee in order to secure the best possible candidates for the office of Secretary-Treasurer. The ATS will give these stipends directly to the President and President-elect's institutions or universities.

The following criteria should be considered when making nominations: organizational ability, leadership skills, prestige in the field, willingness to devote time to the ATS, past contributions to the ATS, diplomacy and the ability to communicate effectively.

To nominate an individual, please complete the following steps:

1) **Obtain permission from the candidate to submit his/her name.** Explain to him/her that should he/she be elected to the office of Secretary-Treasurer, he/she will progress through the ATS

leadership ranks over the next four years, ultimately serving as President in 2009.

2) **Write a nomination letter of support.** The letter should address the qualifications and experience of the nominee in terms of leadership style and skills, scientific and clinical credibility, administrative ability, political acumen and service to the ATS.

3) **Obtain the promise of additional letters of support from two ATS members.** Send the names and contact information to the ATS Nominating Committee. The Committee will follow up with these two members to secure letters of support for the nominees.

4) **Send your nomination letter of support and the two additional names to the ATS Nominating Committee:**

Via Postal Mail:

Attn: ATS Nominating
Committee

61 Broadway, 4th Floor
New York, NY 10006-2755

Via Fax:

Attn: ATS Nominating
Committee

(212) 315-8630

Please take a few minutes to nominate an individual member of the ATS who will lead the Society as President in 2009-2010. 

WHO'S WHO IN ATS

Jill A. Ohar, M.D.

As a means to improving patient diagnosis and care, Jill A. Ohar, M.D., works to identify the genetic foundations that cause predisposition to inhalation diseases like asbestosis, mesothelioma and chronic obstructive pulmonary disease (COPD).

"Specializing in the 'inhalation diseases of the blue-collar worker,' as I call it, has allowed me so many opportunities within my field," she says. "I like to think that my work benefits the steelworkers, factory workers and others who made our society strong—and who became sick as a result."

Since 2002, Dr. Ohar has pursued her interest in occupational and respiratory medicine as Professor of Medicine and Director of Clinical Operations in the Section on Pulmonary, Critical Care, Allergy and Immunologic Disease at Wake Forest University School of Medicine in Winston-Salem, North Carolina.

From "Pure Science" to Pulmonary Medicine

Although she has focused primarily on occupational medicine for the last 15 years, Dr. Ohar notes that her research interests have changed dramatically over the last three decades. While completing her undergraduate work at Muhlenberg College in Allentown, Pennsylvania, in the early 1970s, she initially considered earning a Ph.D. in chemistry and pursuing a "career in pure science" rather than in medicine.

During her last two years at Muhlenberg, however, she recalls being "struck by the reality of a pure science career" and chose to enter the medical profession, which she felt would allow her to balance "personal contact" with laboratory research. As a result, she earned her medical doctorate from the Medical College of Pennsylvania in Philadelphia (now Drexel University) in 1977.

"While I was in medical school, I didn't have a clear idea of what specialty I wanted to pursue," she says. "I was intrigued by obstetrics and gynecology, but after completing a year-long rotating internship at the Medical College of Pennsylvania, I had already done hundreds of deliveries and was performing my own C-sections. I realized that this field didn't provide me with the kind of intellectual stimulation that I was looking for."

When her then-husband, Walter, was accepted to the T.C. Williams School of Law in Richmond, Virginia, in 1979, Dr. Ohar relocated with him and their 2-year-old daughter, Stephanie, to Richmond, where she completed a two-year residency in medicine and a four-year clinical fellowship in pulmonary diseases at the Medical College of Virginia (MCV). Dr. Ohar calls her experience at the MCV "invaluable," and credits the mentors she met there—particularly Frederick Glauser, M.D.—with sparking her interest in pulmonary and critical care medicine.

"Under Dr. Glauser, I learned research methods, developed clinical skills, worked in the intensive care unit (ICU) and studied bioethics," Dr. Ohar says. "He was truly a dynamic teacher who has had great success in turning out women academicians, and I feel lucky to be one of them." She adds that her fellow ATS members, Barbara Phillips, M.D., Sally Wenzel, M.D., and Cecile Rose, M.D., M.P.H., also trained with Dr. Glauser.

Linking Pulmonology and Occupational Medicine

Dr. Ohar notes that she did not become specifically interested in occupational medicine until the mid-1980s. In 1985, she joined the faculty at the Saint Louis University School of Medicine in St. Louis, Missouri, as Assistant Professor of Medicine in the Division of Pulmonology. At this time, the University was beginning to incorporate occupational medicine within the Division of Pulmonology "in an effort to link occupational exposures and disease."



"Specializing in the 'inhalation diseases of the blue collar worker,' as I call it, has allowed me so many opportunities within my field," Dr. Ohar says. "I like to think that my work benefits the steelworkers, factory workers and others who made our society strong—and who became sick as a result."

With the guidance of her mentor and fellow ATS member Robert Webster, Ph.D., Dr. Ohar developed an animal model of pulmonary hypertension. "For a long time, I focused on pulmonary vascular disease, so my career took a right angle turn when I began focusing on occupational health," Dr. Ohar adds. "It quickly became apparent that documenting the relationships between environmental exposures and disease wouldn't be a quick and easy job, but it was clear early on that it was an important one."

As a means to this end, she began a database to "try to tease out" why some members of the workforce who had been exposed to asbestos had developed severe health problems, while other remained healthy. She collaborated with colleagues Eugene Blecker, M.D., and Debra Meyers, Ph.D., in examining the underlying "genetic issues" of why certain populations are at risk for certain diseases. This initial inquiry also sparked her interest in investigating the relationship between COPD and smoking.

The Demographics and Genetics of Inhalation Disease

Dr. Ohar left the University of Saint Louis after 17 years as a faculty member in 2002 to accept her current position at Wake Forest University. Her database now contains personal, health, smoking and work histories on 5,000 individuals and genetic information on 3,000 individuals with inhalation disease.

After spending the last two years "cleaning up the database," Dr. Ohar and her colleagues have written two papers that analyze this data: the first, "Changing Patterns in Asbestos-induced Lung Disease," which was published in *Chest* in 2004, examines the demographics of people who have been exposed to asbestos, and the second, which is now in preparation for publication, focuses on specific candidate genes and their associations with COPD and with the development of asbestosis.

Balancing the Clinical and Academic

In addition to highlighting her clinical pursuits, Dr. Ohar stresses the importance of mentoring within the medical profession. "Although I enjoy my research, I feel it is important to serve as a mentor to the next generation in medicine," she says. "I'd like to look back and see people replace me who I have had some hand in training." She adds that the small-town setting of Wake Forest allows for an ideal opportunity for developing mentoring relationships.

ATS Involvement

Dr. Ohar has been actively involved in the ATS since 1990 as a member of the Assembly on Pulmonary Circulation (PC). She currently serves on the ATS Corporate Relations Committee, the ATS Revenue Development Committee and the ATS Management of Conflict of Interest Task Force.

"I feel like I can make a difference through the Society," she explains. "One individual alone has trouble making a difference, but when you partner with an organization and work together, you can alter the way we practice medicine and focus on research."

On a Personal Note

A single mother, Dr. Ohar spends much of her free time with her children, Stephanie, 28, Andrew, 23, and Melanie, 17, and two dogs, Miles and Kuku. In addition, she enjoys gardening and runs and swims as much as possible because she feels it is important to "practice what you preach." 

AJRCMB "INSIGHTS IN LUNG PATHOGENESIS"



The following excerpts appeared in the "Insights in Lung Pathogenesis" section of the July 2005 issue of the *American Journal of Respiratory Cell and Molecular Biology* (AJRCMB).

"COPD Genes and the Pitfalls of Case Control Associations"

"For every reaction, there is an equal and opposite reaction." Unfortunately, for case-control association genetic studies, it seems that for every positive study, there is an equal and opposite negative study. In this issue of the *AJRCMB*, researchers investigate if any of the 12 candidate genes that have previously been reported to have significant associations with chronic obstructive pulmonary disease (COPD) could be replicated in other well-defined family-based and case-control populations of patients with COPD. The "glass is half empty" interpretation of the study is that replication was poor, without significant associations in both populations. The "glass is half full" side of the story is that some genes such as tumor necrosis factor alpha (TNF-alpha), epoxide hydroxylase, surfactant protein B and heme oxygenase did show some significant associations and might play a role in COPD. Don't miss the Discussion section of this article, which reviews the pitfalls of association studies and the path forward to understanding genetics of complex diseases. (Silverman, Edwin K., M.D., Ph.D., Channing Laboratory, Brigham and Women's Hospital, Boston, Massachusetts)

Ask the Editor

"Experimental Models of Lung Disease"

I have just made my first knock-out mouse and it appears to be lethal. I was not expecting this. Now what do I do?

Generating a gene-targeted mouse is a long and often frustrating endeavor. One never knows for sure if one will get the expected phenotype and in fact just prays that there is a significant and interesting phenotype. Lethality of the null mutant mouse certainly demonstrates the importance of the gene product during development, but makes studies in the adult and in the pathogenesis of lung disease difficult.

Here is a suggested scheme to work up that lethal phenotype. Following germ-line transmission, one identifies heterozygous ("het") pups (rarely is the "het" lethal). Breeding heterozygous founder mice should lead to a Mendelian distribution of 1 +/+, 2 +/-, and 1 -/-. as determined by genotyping. If no -/- mice are found after ~100 offspring (usually 1:2:0, +/+:+/-:-/-), then the hunt is on for the cause of the lethal genotype. Of note, if using the polymerase chain reaction (PCR) for genotyping, it is suggested that one confirm with Southern blots [commonly called DNA blots]. Additional evidence includes determining mRNA and protein levels act as expected. Before going further, one should confirm the phenotype using an independent embryonic stem cell clone from a separate electroporation. Next, timed matings are performed (DNA extractable beyond day ~ 6.5). Ideally, one can find the timing of death and correlate it with a structural developmental abnormality. Always consider bracketing your construct with locus of X-ing over (LoxP) sites that will be required if you want to generate a conditional or inducible knockout to study the knockout in the adult.

Message from the President

CONTINUED FROM PAGE 2

ing it at meetings and in journals. Yet, we do less well in using this knowledge to influence professional behavior. ATS member Kathryn Anderson, Ph.D., R.N., and Shane McDermott, Director of ATS Education Programs, will lead this challenge.

The tenth area is *Advocacy*. This group needs to address both clinical and research domains at local, national and international levels. This is a never-ending task, but with so many groups banging the tables of Congress these days, innovative strategies are a must if we are to stand out and be heard. ATS member Lee Brown, M.D., and Gary Ewart, Director of ATS Government Relations, are in charge.

In closing, let me point out the obvious: the ATS is an integrated society whose many functions are very interdependent, not just because of its resources, but more importantly because of conceptual links. What I am saying is that slicing the ATS into these 10 domains, while necessary because of the diversity of what we do, risks ignoring the importance of the integration of the Society's many activities. Thus, it will be critical for the work products of the ten groups I have described to be integrated.

August 2005 Wine Tips:

Red: *Estancia 2001 Meritage* (\$20-\$25). Okay, so I have gone a bit upscale with this recommendation, but this one is worth it. I'm as cheap as they come, but I buy this wine myself. Beautiful balance and always lovely fruit, as long as you have the patience to decant and let it breathe for an hour. This is an elegant wine to serve your closest enemies or even your best friends. It does well in the cellar for 3-5 years, no more.

White: *Geysler Peak (GP) 2004 Sauvignon Blanc* (\$6-\$10). In Northern Sonoma, GP makes a bunch of excellent wines. This one has won "Best White of Show" in a couple of recent competitions. Great value, very good wine with classic herbal gooseberry and grassy notes. Very clean, unoaked, high acid, but not tart. Drink NOW.

UpToDate Now Offers Rate-Reduced Subscriptions for Trainees Through August 31, 2005

UpToDate, a subscription-based electronic clinical information service endorsed as an official educational program of the ATS, is offering groups of medical trainees **special reduced-rate subscriptions** to help get a good start on the new academic year.



Groups of medical students, residents or fellows ordering 10 or more subscriptions of *UpToDate* by August 31, 2005 can qualify for a special annual subscription price of \$145 each (plus shipping and handling). This represents a 25 percent discount off the normal trainee rate of \$195 and a 70 percent discount off the regular new subscription price of \$495. Each individual subscription to *UpToDate* includes online, CD-ROM, and Pocket PC access. This special *UpToDate* program is designed to give trainees access to the most practical and reliable clinical information available when they need it most— at the point of care.

Written by physicians for physicians, *UpToDate* synthesizes published evidence and clinical experience to provide practical answers to questions that arise at the point of care, covering all of adult internal medicine, women's health, family medicine and pediatrics.

To take advantage of this offer, simply organize the trainees (10 or more) in your medical program and visit the *UpToDate* website at www.uptodate.com/trainee to download an order form or for more information. This offer is available only to trainees through August 31, 2005, and proof of status is required.

For more information or to subscribe to *UpToDate*, send an e-mail to info@uptodate.com or call (800) 998-6374 in the U.S. and Canada.

2005 ATS Assembly Election Results Announced

During the 2005 ATS International Conference in San Diego, California, elections were held at the 12 assembly business meetings. For all 12 assemblies, Program Committee chair-elects were elected. In seven assemblies, the new assembly chairs, who will serve from 2006 to 2008, were also elected. Below are the results of these elections:

- **Assembly on Allergy, Immunology and Inflammation (AII)**
2005–2006 Program Committee Chair-Elect—*Serpil C. Erzurum, M.D.*
- **Assembly on Behavioral Science (BSA)**
2005–2006 Program Committee Chair-Elect—*David H. Au, M.D., M.S.*
- **Assembly on Critical Care (CC)**
2005–2006 Program Committee Chair-Elect—*E. Wesley Ely, M.D., M.P.H.*
- **Assembly on Clinical Problems (CP)**
2006–2008 Assembly Chairman—*Fernando J. Martinez, M.D., M.S.*
2005–2006 Program Committee Chair-Elect—*Kevin K. Brown, M.D.*
- **Assembly on Environmental and Occupational Health (EOH)**
2005–2006 Program Committee Chair-Elect—*Lisa A. Maier, M.D.*
- **Assembly on Microbiology, Tuberculosis and Pulmonary Infections (MTPI)**
2006–2008 Assembly Chairman—*Andrew H. Limper, M.D.*
2005–2006 Program Committee Chair-Elect—*David M. Lewinsobn, M.D., Ph.D.*
- **Assembly on Nursing (NUR)**
2006–2008 Assembly Chairman—*Janet L. Larson, Ph.D.*
2005–2006 Program Committee Chair-Elect—*Kathleen O. Lindell, R.N., M.S.N.*
- **Assembly on Pulmonary Circulation (PC)**
2005–2006 Program Committee Chair-Elect—*Jason Xiao-Jian Yuan, M.D., Ph.D.*
- **Assembly on Pediatrics (PEDS)**
2005–2006 Program Committee Chair-Elect—*Michael S. Schechter, M.D., M.P.H.*
- **Assembly on Respiratory Cell and Molecular Biology (RCMB)**
2006–2008 Assembly Chairman—*Stephen L. Brody, M.D.*
2005–2006 Program Committee Chair-Elect—*Jesse Roman, M.D.*
- **Assembly on Respiratory Neurobiology and Sleep (RNS)**
2005–2006 Program Committee Chair-Elect—*Richard J. Schwab, M.D.*
- **Assembly on Respiratory Structure and Function (RSF)**
2006–2008 Assembly Chairman—*Wayne Mitzner, M.D.*
2005–2006 Program Committee Chair-Elect—*Andrew J. Halayko, M.D.*

For more information about the ATS 2005 assembly elections, please contact Monica Simeonova, Associate Director of ATS Assembly Programs and the Public Advisory Roundtable (PAR), at (212) 315-8696 or at msimeonova@thoracic.org.

Nominations for 2006 Outstanding Clinician Award Requested

Each year, the American Thoracic Society (ATS) honors a top pulmonary/critical care clinician through its **Outstanding Clinician Award**, which is presented to an individual who has made substantial contributions to the clinical care of patients with lung disease and to the ATS and the American Lung Association (ALA) on a local and/or national level.

Nominations are currently being accepted for the 2006 recipient of this award, and each local ATS chapter/constituent lung association is eligible to submit one nomination.

ATS and chapter members interested in nominating colleagues for this award must forward the names of their nominees and other pertinent information to the chapter administrator of their local ATS chapter (after the potential nominee agrees to be considered). Each chapter's Execu-

tive Committee will then select and forward the name of one nominee to the ATS via the chapter administrator.

The Executive Committee of the ATS Council of Chapter Representatives (CCR) and the chairs of the ATS Awards Committee and the Assemblies on Clinical Problems (CP) and Pediatrics (PEDS) will then develop a slate of three finalists from all nominations received. The slate will be presented at the winter CCR meeting in January 2006. Councilors will vote to select the recipient, who will be honored at the ATS Awards Ceremony at the ATS 2006 International Conference in San Diego.

For contact information of chapter administrators and other general information on this award, please contact Allan P. Gordon, Manager of ATS Member Services & Chapter Relations, at agordon@thoracic.org or at (212) 315-8697.

Nominations for 2006 Awards Requested Now

CONTINUED FROM PAGE 1

The Public Service Award

This award is presented for service in the public health arena related to respiratory disease and medicine. The candidate must have made a significant lifetime contribution to the field, or a unique one-time contribution, and may be a public health figure.

The World Lung Health Award

This award is presented to individuals with recognized contributions to world lung health in the area of basic or clinical research, delivery of health care and continuing education or care of patients with lung dis-

ease. To be considered, the candidate must be an active member of the ATS.

To nominate an individual for any of the above awards, write a brief letter about his or her accomplishments and attach the person's CV and publications list.

Send this information via e-mail to the ATS Awards Committee, c/o Fran Comi, ATS Director of Scientific Meetings and Conferences, at fcomi@thoracic.org. Keep in mind that the deadline for nominations is **September 30, 2005**. For more information about the awards, contact the ATS International Conference Unit at (212) 315-8658.

Register Now for "Clinicians' Update," September 24, 2005

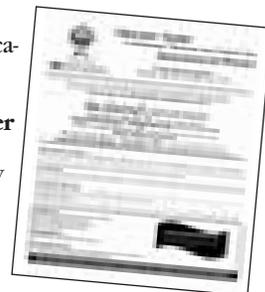
The "Clinicians' Update: Innovations for Practice" Course, which was originally scheduled for June 2005, has been rescheduled for September 24, 2005 from 8 a.m. to 5 p.m., in Tempe (Phoenix), Arizona.

This one-day conference, sponsored by the ATS Task Force on Clinicians and the ATS Education Committee, will focus on the importance of staying abreast of the most recent clinical research. By participating, physicians can earn up to 8 category 1 CME credits. Supported by educational grants from Boehringer-Ingelheim Pharmaceuticals, Inc./Pfizer Pharmaceuticals and Novartis Pharmaceuticals Corporation, "Clinicians' Update" will feature lectures by international experts focusing on topics such as sepsis, asthma, acute respiratory distress syndrome (ARDS), lung cancer, interstitial lung diseases (ILD), chronic obstructive pulmonary disease (COPD), thromboembolic disease and ATS advocacy for clinical issues.

To register for "Clinicians' Update," visit the ATS website at www.thoracic.org/education/cliniciansupdate/index.asp and download the registration form and brochure.

Participants must register by September 9. Remember that acceptance of late registration will be contingent on the availability of space, so register now! Completed registration forms can be returned to the ATS at 61 Broadway, 4th Floor, New York, NY 10006 or faxed to (212) 315-8651.

For more information, please contact Rachel Makleff, Ph.D., Associate Director of ATS Medical Education, at (212) 315-8644 or at rmakleff@thoracic.org.

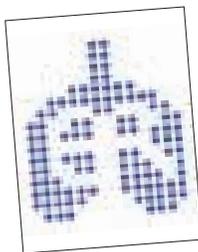


CONFERENCES, COURSES AND MEETINGS

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

| Date and Place | Information | Contact |
|---|---|---|
| September 17–21 Copenhagen, Denmark | "The ERS 15th Annual Congress," sponsored by the European Respiratory Society | Phone: + 41 21 213 01 01 E-mail: info@ersnet.org Website: www.ersnet.org |
| September 18–20 Stowe, Vermont | "The 3rd Annual Northern New England Critical Care Conference," sponsored by the University of Vermont's Office of Continuing Medical Education | Katherine Myers Phone: (802) 656-2292 E-mail: Katherine.Myers@uvm.edu |
| September 24 Phoenix, Arizona | "Clinicians' Update in Pulmonary Medicine and Critical Care: Innovations for Practice," sponsored by the ATS | Rachel Makleff, Ph.D. Phone: (212) 315-8644 E-mail: rmakleff@thoracic.org Website: www.thoracic.org |
| September 24 Montreal, Canada | "CHEST 2005," sponsored by the American College of Chest Physicians (ACCP) | Member Services Phone: (800) 343-2227 Website: www.chestnet.org |
| September 25–28 Amsterdam, Netherlands | "18th Annual Congress," sponsored by the European Society of Intensive Care Medicine (ESICM) | Estelle Flament Phone: 32 2 559 0355 E-mail: public@esicm.org Website: www.esicm.org |

The ERS' 15th Annual Congress Scheduled for September 2005



The ATS' sister society, the **European Respiratory Society (ERS)**, will host its **15th Annual International Congress in Copenhagen, Denmark, September 17–21.**

The Congress, which annually hosts attendees from more than 100 countries, will feature a full scientific and clinical program that focuses on all areas of respiratory health and disease.

The five-day program will include 45 symposia on topics such as "Microorganisms: Good, Bad

or Ugly in Allergic Respiratory Disease," "Food Allergy, Atopic Dermatitis and Asthma," "Extrinsic Allergic Alveolitis," "Environmental Tobacco Smoke and Obstructive Lung Disease," and "Oxidative and Nitrate Stress: Control of Cell Function in COPD. In addition, the program will include 80 oral presentation sessions, 35 poster

discussion sessions and thematic posters, 22 postgraduate courses, 18 "Meet the Professor" seminars and evening symposia organized by industry.

The ERS designates its 15th Annual Congress as a continuing medical education (CME) activity for a maximum of 32 European hours of credit. These European Accreditation Council for Continuing Medical Education (EACCME) credits are recognized throughout Europe and in North America.

The host city of Copenhagen offers attendees a variety of cultural and sightseeing opportunities. As the capital of Denmark, Copenhagen and its surrounding areas offer modern art museums, historic castles and palaces, musical concerts and orchestras, and much more.

For more information about the ERS Congress, Copenhagen or to register online, visit www.ersnet.org.