ATS 1905-2005
100 Years of Advances in Treatment and Science of Respiratory Diseases

ATS NEWS

AMERICAN THORACIC SOCIETY

December 2005
VOL. 31 NO. 12

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

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

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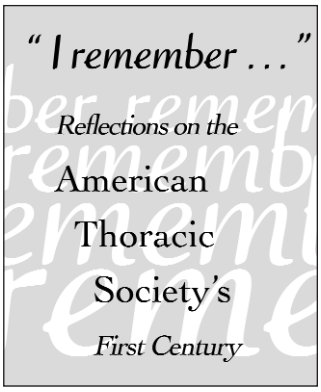
Don't forget to look for information on ATS **Minority Trainee Travel Awards** for the 2006 International Conference in the next issue of the ATS News!

Web Tips

Go to www.thoracic.org/patiented/adobe/pft.pdf to download "Pulmonary Function Tests in COPD," a one-page patient education pamphlet that describes various types of pulmonary function tests, including spirometry, diffusion studies and body plethysmography. As part of the ATS' "Patient Information Series," this pamphlet provides information on how to get accurate breathing tests results and provides resources where patients can get more information.

New ATS "I Remember..." Book Commemorates Society's First Century



In celebration of the Society's centennial, ATS members will soon receive a copy of *"I Remember…": Reflections on the American Thoracic Society's First Century*. This commemorative collection of 103 vignettes from ATS members and friends focus on memories related to the fields of pulmonary, critical care and sleep medicine.

The vignettes first appeared on the ATS website during the Society's centennial year and are now compiled in this book, which is free to members.

Dean Schraufnagel, M.D., ATS website editor, invited members and non-members to write vignettes about the field of medicine they chose to pursue, the ways in which the Society shaped their experiences as clinicians and scientists and slices of the Society's history that they experienced firsthand.

More than a hundred individuals responded to Dr. Schraufnagel's invitation by submitting short personal stories, historic summaries, memoirs and other narratives.

"Members and non-members alike responded with amazing and delightful narratives that were fun to read and gave a sense of history," Dr. Schraufnagel says. "They include Claude

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New Conflict of Interest Procedures for ATS International Conference Chairs and Presenters

New procedures concerning the disclosure and management of conflicts of interest for ATS International Conference session chairs and presenters have been developed by the ATS Committee on Ethics and Conflict of Interest, chaired by Edward Block, M.D.

These new procedures, which were established in consultation with 2006 International Conference Chair James Beck, M.D., are intended to be a practical, yet effective means of meeting the new Updated Standards for Commercial Support of Continuing Medical Education (CME), enacted by the Accreditation Council for Continuing Medical Education (ACCME) earlier this year.

The new procedures clarify the terms of disclosure by CME planners and presenters. They also require

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Jeffrey Glassroth, M.D.

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Message from the President

Peter D. Wagner, M.D.

I recently returned from several days in Quito, Ecuador (which sits 9,300 feet above sea level), where I had the privilege of a) turning blue at that altitude, and b) being one of 17 faculty members at the 2005 ATS Methods in Epidemiology, Clinical and Operational Research (MECOR) Course.

Originally called the International Respiratory Epidemiology (IRE) course, MECOR has become a phenomenon since it began in 1994 (largely due to ATS Past-President Sonia Buist, M.D., who has championed it over the last 12 years). The course, which focuses on Latin America, is the most remarkable teaching event in which I have ever participated.

Almost seventy students (M.D.'s, Ph.D.'s, R.T.'s and others) from Mexico to Argentina converged on Quito in late October to learn how to pose a defined research question that addressed a pressing need in their part of the world. They were then asked to transform the question into a testable hypothesis and create an experimental design, complete with power calculations. They were forced to choose among cohort, case-control and cross-sectional studies and defend (before all students and faculty) the importance of their question and validity of their design.

The real faculty stars were the prior MECOR graduates. They were driven to excel before their North American mentors and Latin American protégés, and none disappointed.

The course has the requisite number of lectures in basic statistics and experimental design, but the majority of time is spent in small groups—some even one-on-one—where faculty and students sit together at a table for several hours each day over nearly a week and work through the steps of designing and analyzing a specific research study.

During the course, students advance through three levels—freshman, sophomore and junior—as they master the basics and go on to writing the protocol, analyzing data and even writing papers. Dozens of computers with internet access are on hand to search literature, and the faculty brings an entire library of books to supplement the extensive syllabus.

What makes this the most remarkable teaching event in my life? The students, the faculty and the course vision.

The students are indescribable. They all willingly speak English (as required), despite its being their second or third language, and cheerfully accept the fact that most of the faculty speaks no Spanish. The great majority of participants pay registration costs themselves, as well as Western airfares and hotel rates on annual Latin American salaries that approximate what U.S. faculty make each month. Moreover, they are forced to surrender these meager salaries for the week so that their replacement back home can be paid.

I challenge you to show me students in developed countries with that hunger for learning and that financial commitment. You might think that by paying so dearly, these students would present a façade of entitlement, expecting special treatment at our hands. Nothing is further from the truth. They let us know several times each day how much they appreciated our efforts, no matter how critical we may have seemed. The sparkle in their eyes, the smile on their lips and the bounce in their step told us all how much they enjoyed the experience. Although the small work groups included individuals from intensely competitive sister countries in Latin America, they formed fiercely loyal teams that supported each member as if family, totally without regard for national origin.

Past MECOR graduates serve in positions of influence in clinical, academic and public health environments throughout Latin America. They have, in many cases, taken their research designs through the funding process to execution and publication. In 2005, 42 abstracts were submitted to the ATS International Conference by IRE/MECOR graduates, and I expect that there will be at least that number, if not more, submitted for 2006. Perhaps even more remarkable, several graduates have now matured to become regular MECOR faculty themselves. The high quality of their teaching is evident, and they are accorded appreciation by current students.

The volunteer faculty from North America was great as well, as much for their commitment and outreach as for their knowledge. MECOR is not the usual "fly in and out" commitment for faculty: they have to be in class all day for the entire six days. In addition, during the year in between courses, most of faculty serve as mentors to the students by helping with protocols, data analysis and paper writing. So it's a huge commitment of time.

That said, the real faculty stars were the prior MECOR graduates, whom I mentioned above. They were driven to excel before their North American mentors and Latin American protégés, and none disappointed. Which brings me to the course's vision.

MECOR embodies the cliché of "teaching them to fish, not giving them fish." The ATS vision for this course is to turn it over to Latin America in the next few years. The organization, funding and faculty, mostly North American now, will be transformed into a Latin American organization and faculty. We have the essence of what is needed already: a few more graduates to reach a critical mass of faculty and a financial base independent of the ATS are the remaining steps. We are currently working toward achieving both. When this happens, Sonia will be free to turn to the next corner of the world and start all over again. ATS

"I Remember…" Book Commemorates Society's First Century and Beyond

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Lenfant, M.D., recalling the birth of the Lung Program at the National Institutes of Health and former Surgeon General C. Everett Koop, M.D., talking about the beginnings of a smoke-free society. Others are personal stories, such as Joseph Sokolowski's vignette about his father's stay in a sanatarium. Many recount our members' leading role in the fight against TB."

Dr. Schraufnagel says that reading the vignettes gave him a tremendous sense of the camaraderie that permeates these fields of medicine.

"These stories will pique your memory and raise your appreciation of who we are and those who came before us," he says.

For more information about *"I Remember...": Reflections on the American Thoracic Society's First Century,* contact Christina Shepherd, Managing Editor of the ATS Journals and Website, at (212) 315-6441 or cshepherd@thoracic.org. ATS

New Procedures for Conference Session Chairs and Presenters

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that identified conflicts of interests (i.e., pertaining to commercial relationships relevant to session content) be "resolved" prior to the presentation. Such resolution is intended to maintain objectivity, scientific rigor, balance and freedom from commercial bias in accredited CME.

For the 2006 ATS Conference, session chairs will be asked to review a new set of ATS "Guidelines for Resolution of Conflict of Interest," and, in January, will be given secure online access to review their session facultys' disclosures and resolve any conflicts of interest according to the new guidelines.

Examples of possible resolution by session chairs include validating presentation content ("peer review" by chairs or other faculty, for instance) and calling for adjustments in content where necessary. Chairs will also be asked to complete and submit a short attestation form at the end of their session.

The ATS thanks all 2006 International Conference session chairs and presenters for their cooperation in completing and reviewing disclosure forms by announced deadlines and in implementing this important new process. ATS

AJRCCM HIGHLIGHTS

The following are summaries of articles highlighted by the editors in the November 1 *American Journal of Respiratory and Critical Care Medicine (AJRCCM).*

Non-invasive Ventilation in Acute Lung Injury

Several studies have suggested that non-invasive ventilation may be useful in avoiding endotracheal intubation in patients with acute lung injury (ALI). However, non-invasive ventilation is not uniformly successful in this setting, and the optimal settings have not been well defined. Dr. L'Her and colleagues compared the short-term physiologic effects of different modes of non-invasive ventilation in a group of patients with ALI. Oxygenation, as determined by the Pa_{02}/Fl_{02} ratio, increased significantly when 10 cm H_20 positive end-expiratory pressure (PEEP) was used with either continuous positive airway pressure (CPAP) or pressure support ventilation (PSV). The greatest improvement in dyspnea was found when PSV was used, particularly at relatively high levels of 15 cm H_20. Similarly, PSV reduced neuromuscular drive and inspiratory muscle effort to a greater extent than did CPAP. These data indicate that PSV and PEEP appear to be superior to CPAP alone in patients with ALI and that combined PSV and PEEP should be used when non-invasive ventilation is tried in this clinical situation.

Hypogonadism in COPD

Although many men with chronic obstructive pulmonary disease (COPD) have decreased circulating testosterone levels, the importance of such endocrinologic abnormalities remains unclear, since similar alterations have been reported in age-matched men without COPD. Quadriceps muscle weakness and a reduction in weight-bearing activities are frequent in severe COPD and have been suggested to be due to reduction in circulating testosterone, which can stimulate muscle protein generation. Dr. Van Vliet and colleagues explored this question by examining the relationship between quadriceps weakness, exercise intolerance and circulating levels of testosterone and gonadotrophins in men with COPD. They found that follicle-stimulating hormone (FSH) and luteinizing hormone (LH) were increased, whereas circulating testosterone levels were decreased in patients with COPD. No difference in levels of FSH, LH or testosterone were found in patients either using or not using oral corticosteroids or with Pa_{02} either greater or less than 70 mm Hg. While low androgen status was related to quadriceps muscle weakness and elevation of the inflammatory marker, C-reactive protein, it was not associated with exercise intolerance. The positive relationship between circulating levels of testosterone and quadriceps muscle weakness found in this study suggests that replacement therapy may be beneficial in men with COPD. However, appropriately randomized, prospective studies are needed to resolve this issue. ATS

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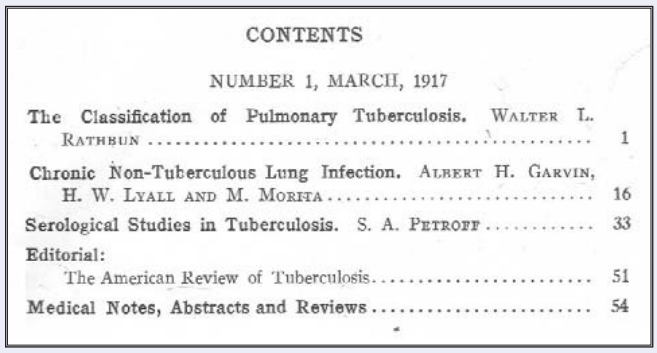
Happy Birthday ATS!
1905-2005

Looking Back: The Inaugural Issue of the AJRCCM



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Did you know that the first issue of the *American Journal of Respiratory and Critical Care Medicine* was published in 1917?

At this time, it was called the *American Review of Tuberculosis.* Since then, there have been several title changes.

In 1953, a subtitle was added, "A Journal of Pulmonary Diseases." In 1955, the title became the *American Review of Respiratory Diseases,* and, in 1965, the *American Review of Respiratory Disease*. Finally, in 1994, the journal assumed its current name. ATS

Don't Miss the 2006 ATS State of the Art Course in Chicago

If you are a busy practitioner who needs the latest information in pulmonary, critical care and sleep medicine, join the ATS in Chicago, March 2 to 5, for the Society's 2006 **State-of-the-Art Course in Pulmonary and Critical Care Medicine**.

Once again organized by ATS members Jesse Hall, M.D., and Gregory Schmidt, M.D., of the University of Chicago, the course offers attendees a comprehensive update on diagnosing and managing respiratory and critical care disorders. This year, nearly 75 percent of the course faculty is new.

Designated for up to 29.5 American Medical Association (AMA) Physician Recognition Award (PRA) Category 1 Credits, the course will be led by a faculty of 30 academic clinicians, who will lecture and lead small-group, interactive "Meet the Professor" sessions. Topics and faculty to date include:

- "Cough"—Richard Irwin
- "Cystic Fibrosis"—Douglas Hornick
- "Diagnosis of PE"—Clive Kearon
- "Fungal Infections"—Carol Kauffman
- "Toxic Exposures"—Janice Zimmerman
- "IPF/NSIP"—Fernando J. Martinez
- "Dx of PA HTN"—David Badesch
- "Rx of PA HTN"—Ivan Robbins
- "Neurologic Crises"—Thomas Bleck
- "Lung Transplant"—Edward Garrity
- "Nutrition"—Darren Heyland
- "Tuberculosis"—Dean Schraufnagel
- "Sepsis"—Gordon Bernard
- "Collagen Vascular Diseases"—Charlie Strange
- "Severe CAP"—Richard Wunderink
- "Interventional bronchoscopy"—Armin Ernst
- "Bronchiolitis: Making Sense of Chaos"—Jeffrey Myers
- "NIV in Chronic Neuromuscular Disease"—Joshua Benditt

- "HRCT"—Ella Kazerooni
- "Sarcoidosis"—Ganesh Raghu
- "COPD"—Richard Albert
- "Sleep Apnea"—Allan Pack
- "Bioterrorism"—Christian Sandrock
- "Emerging Infection"—Christian Sandrock
- "Hypersensitivity Pneumonitis"—Cecile Rose
- "Acute Coronary Syndromes"—Steven Hollenberg
- "Lung Volume Reduction Surgery"—Keith Naunheim
- "Pulmonary Manifestations of Cardiac Disease"—Brian Gehlbach
- "Standard Ventilatory Management of ARDS"—Taylor Thompson
- "Unconventional Management of ARDS"—Arthur Slutsky

Registration forms can be downloaded from the ATS website at www.thoracic.org/education/sota2006/sota2006info.asp. Participants must **register by February 13, 2006.** For more information, please contact Miriam Rodriguez, Manager of ATS Education & Training Programs, at (212) 315-8639 or mrodriguez@thoracic.org. ATS

WHO'S WHO IN ATS

Jeffrey Glassroth, M.D.

With more than 30 years of experience as a clinician, professor, researcher and administrator, Jeffrey Glassroth, M.D., works to improve the diagnosis and treatment of lung infections like tuberculosis and HIV on a global scale.

As Vice-Dean for Academic and Clinical Affairs and Professor of Medicine at Tufts University School of Medicine, Dr. Glassroth has written over 140 articles, book chapters and reviews on TB, other lung infections and HIV/AIDS pulmonary complication over the course of his career.

"My hope as a physician would be to make some contribution to eliminating TB and HIV worldwide," he says. "They are both enormous public health issues and international in scope, which means that literally everyone has a stake in addressing these conditions." Although he notes that his role at Tufts, which he accepted earlier this year, is "mostly administrative," he still teaches and sees patients.

"I feel that my career in medicine has followed a natural progression," he says. "I spent years in the hospital and clinic, in classrooms, and being involved in research projects. I have accomplished everything I was able to accomplish in terms of research. Now, I've made a commitment to teaching, administration and the patients that I continue to see." He also plans to continue working on several TB-related projects.

"I have accomplished everything I was able to in terms of research. Now, I've made a commitment to teaching, administration and the patients that I continue to see."

From Family to Pulmonary Medicine

When he began medical school at the University of Cincinnati School of Medicine (UCSM), Dr. Glassroth had little interest in pulmonary and critical care medicine.

"I always thought I would become a primary care physician," he says. "As I went along, my interests definitely changed."

After earning his medical doctorate from UCSM in 1973, he completed an internship in internal medicine at the University of Cincinnati Medical Center, where he had the opportunity to work with mentor Robert Loudon, M.D., who introduced him to pulmonary and critical care medicine, physiology and pharmacology.

Following this initial introduction, he recalls that his "long-term professional interest" in lung infections and disease was heightened by the two years he spent as a medical officer in the U.S. Public Health Service at the Centers for Disease Control and Prevention (CDC).

Under the guidance of his mentors, Larry Farer, M.D., and Dixie Snider, M.D., M.P.H., Dr. Glassroth worked in the CDC's Tuberculosis Control Division, Research Development Branch, where he participated in a variety studies relating to the treatment, prevention and diagnosis of TB. While there, he also had the opportunity to screen refugees of the Vietnam War for the disease.

He notes that this experience reinforced his interest in lung disease, particularly in lung infections, and also "opened his eyes" to public health issues on a global scale. Although he left the CDC in 1977 to complete an internal medicine residency at the University of Cincinnati Medical Center, Dr. Glassroth notes that his interest in the prevention, management and epidemiology of lung infections continued to grow and evolve.

Clinical, Academic and Research Pursuits

After finishing his residency, Dr. Glassroth accepted a fellowship in pulmonary and critical care medicine at Boston University School of Medicine, where he gained more experience in clinical work and research training.

He credits mentors David Center, M.D., Jerry Brody, M.D., and Gordon Snider, M.D., with shaping the path of his career during this time. "To put it kindly, my fellowship confirmed for me that my future was not at the bench," he says. "It did teach me the rigor involved in any kind of research, as well as giving me fantastic clinical instruction."

Three years later, Dr. Glassroth joined the faculty at Northwestern University as Assistant Professor of Medicine. Over the next 14 years, he was promoted to Associate Professor and Professor and served in various other positions, including Associate Director of the University's Center for AIDS Research and Education and as Vice Chair of the Department of Medicine.

"My work in TB naturally led me to look at HIV, given the link between the two diseases and the nature of clinical trials focused on them," he explains. "This interest really grew, even from the early part of my career."

He adds that his time at Northwestern "really made an impact" on his later pursuits because it allowed him to "develop as an academic physician involved with administration."

Before joining Tufts University in 2005, Dr. Glassroth gained more administrative experience as Chair of the Department of Medicine at Allegheny University of Health Sciences (1995 to 1998) and at the University of Wisconsin (1998 to 2005).

ATS Involvement

Dr. Glassroth, who joined the ATS in 1976, credits the Society with confirming his interest in pulmonary medicine.

"I vividly remember going to a meeting my first year as a member and being amazed at the size of the organization, the breadth of the science and scope of the clinical issues that were being discussed," he says. "It really convinced me that pulmonary medicine was the field for me."

In his nearly 30 years of membership in the Society, Dr. Glassroth has remained active in the ATS leadership. In addition to serving as ATS President from 1999 to 2000, he has chaired the ATS Training and Continuing Education Committee and the Research Advocacy Committee.

He has also been associate editor of the ATS' *American Journal of Respiratory and Critical Care Medicine* and a member of the Nominating Committee, Government Relations Committee and International Conference Committee. He currently chairs the Society's Publications Policy Committee.

"I served as President of the ATS when it was becoming an independently incorporated organization," Dr. Glassroth says. "I couldn't be more impressed with the Society's vibrancy and the way that it has continued to thrive since then."

On a Personal Note

Dr. Glassroth lives in Brookline, Massachusetts, with his wife, Carol. In his free time, he enjoys running, biking, reading "non-medical" books and spending as much time with his children, Marley, 22, and Drew, 20. ATS

AJRCMB HIGHLIGHTS

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

Ask the Editor

I've just gotten back the critique of my RO1 application. One of the things the grant reviewers said was that the application was filled with grammatical, spelling and syntax errors. I didn't know this was an English class and I did do a spell-check and grammar-check before I sent it in. I'm sure no application is perfect on this account and I thought that the science in the application was what was being judged, not the writing style. Am I wrong?

Answer from Ken Adler, M.D., Deputy Editor: Although you are correct about the science being the major aspect of any grant application, you need to step back and look at the entire process. Grant reviewers are human (mostly) and susceptible to all the faults and weaknesses associated with that. A grant reviewer gets anywhere from 8 to 12 applications, and sometimes more, to review at every study section. When a reviewer starts to read an application that is filled with spelling, grammatical and syntax errors, he/she, even subconsciously, will start to create a negative opinion of that application. You must realize that it is not the incumbent on the reviewer to have to re-read or attempt to correctly interpret mistakes in presentation...after a while, if these persist, the reviewer will not bother.

Why put yourself at a disadvantage going in when the stakes are so high?

Usually, these kind of grants are clearly put together at the last minute and clearly not proofread. Legends for the wrong figures, reference to figures on the wrong page or to figures that don't even exist, even missing figures or paragraphs often accompany these kind of applications. As an applicant, you must realize that this is your career at stake here, and if it isn't important enough for you to put together a document that represents you in the best light, it is foolish to think that this won't carry through to the reviewer.

The simple answer to this is to make sure that anything you send to the National Institutes of Health or to any granting agency is carefully and thoroughly proofread, which will eliminate these problems. Spell-check or grammar-check will pick up some errors, but will leave others that you would easily find if you take the time to proofread: examples are "form" instead of "from," "ate" or "ale" instead of "are," etc., that don't really make much sense, but slip through the computer checking programs. Probably the single most important bit of advice I can give applicants is to start writing your grant as early as possible and leave plenty of time to read and re-read the final product. Why put yourself at a disadvantage going in when the stakes are so high? ATS

ATS and ALA Partner in Smoking Cessation Project

ATS member Anthony M. Marinelli, M.D.

American Thoracic Society members in Illinois are collaborating with the American Lung Association (ALA) of the Upper Midwest to promote a dramatically successful, free telephone-based tobacco cessation counseling program.

"As part of this project, we consistently asked patients if they smoked and if we could help them stop—that should be done at every visit, but it's not always done," says Anthony M. Marinelli, M.D., chief of the Pulmonary Department at West Suburban Medical Center in Oak Park, Illinois, who collaborated on the project.

The program has two components: the ALA's Quitline, a toll-free telephone information service that provides free smoking cessation counseling, and the "ATS Referral Project," which allows callers to get information on physicians in their area who provide tobacco cessation services.

"Referring patients to Quitline doesn't take a lot of time, doesn't add to the office's cost structure and shows that our practice is looking out for our patients' health," Dr. Marinelli continues. "It's difficult to get people to stop smoking, but we have greater success with a support system such as the one provided by Quitline."

Initial results of the ATS Referral Project have been extremely positive, according to Harold Wimmer, CEO of the ALA of the Upper Midwest, who oversees Quitline.

An initial one-month follow-up showed that 10 percent of patients who simply received information on Quitline had stopped smoking. Forty-three percent of patients who coupled Quitline with physician intervention were able to quit. Three- to six-month follow-up data is still pending.

"The purpose of the project is twofold: to create a link for tobacco cessation between healthcare practitioners and patients and to increase tobacco cessation rates through the use of the Quitline services," Wimmer says. An additional goal is to raise awareness of chronic obstructive pulmonary disease (COPD) through key messages delivered by healthcare practitioners.

"Previous studies have confirmed that physician intervention has an impact on smoking cessation," Wimmer says. "We are hoping that this ALA/ATS partnership will serve to support physician efforts in promoting smoking cessation by providing an established, successful smoking cessation program to meet the needs of their patients."

Approximately 2,000 patients are participating in the two-phased project. In the first phase, patients completed a survey regarding tobacco use and interest in quitting. They also received information on Quitline.

In the second phase, patients filled out a tobacco use survey and spoke with their physicians about quitting smoking. All participants were strongly encouraged to use the ALA's Quitline as a resource to help them do so.

Patients who call Quitline—which can be reached at (866) Quit-Yes or (866) 784-8937—speak with trained smoking cessation counselors who guide them through the program, which includes six follow-up calls.

Quitline also offers additional materials and support through the web-based ALA Freedom From Smoking program at www.lungusa.org.

According to Mr. Wimmer, the project will expand in the future, with a goal of including 50 medical clinics in fiscal year 2006 and a long-range goal of expanding the partnership to ATS physicians throughout the country.

Seven physician members of the Illinois Thoracic Society from two pulmonary practice groups participated in the project. Joseph Henkle, M.D., Chief of the Division of Pulmonary Medicine at Southern Illinois University (SIU), served as Medical Director of the project, working with SIU colleagues Lanie Eagleton, M.D., Akshay Sood, M.D., and Haitham Bakir, M.D.

Dr. Marinelli worked with colleagues Benjamin Margolis, M.D., and Juan Herena, M.D. Bruce Bender, Ph.D., Head of the Division of Pediatric Behavioral Health at the National Jewish Medical and Research Center, helped design the data collection and evaluation components of the project. ATS

ATS Collaborates with WHO to Develop International Standards for Tuberculosis Care

by Philip Hopewell, M.D., Co-Chair of the International Standards Steering Committee

In collaboration with the World Health Organization (WHO), the ATS is developing a set of international standards for tuberculosis (TB) care. The objective is to develop a set of evidence-based standards that can be used to define the essential framework for TB care and that give "care" equal billing with "control" globally.

The project is built on the model of ATS-Centers for Disease Control and Prevention (CDC) collaboration that has been serving both organizations well for the past 35 years.

The project is funded by the United States Agency for International Development (USAID) through the Tuberculosis Coalition for Technical Assistance (TBCTA). The TBCTA comprises the WHO, the CDC, the International Union Against Tuberculosis and Lung Diseases (the Union), the Dutch Tuberculosis Foundation (KNCV) and the ATS. The Coalition is managed by the KNCV, based in The Hague, Netherlands.

Dr. Mario Raviglione, Director of the WHO Stop TB Department, and I co-chair the International Standards Steering Committee. The Steering Committee consists of 28 members from 14 different countries. Members represent relevant perspectives such as national TB programs, laboratories, academic institutions, non-government organizations (NGOs), nursing, patients, medical students, pediatrics, HIV, research, professional societies and government agencies, rather than their respective organizations.

The TB standards are directed mainly at the private sector and are intended to be used as means of exerting peer pressure on private providers, as well as providing a core of curricula for medical and nursing students. The thinking is that the best mechanism to exert this peer pressure is through discussions that have been held among both pulmonology-focused and general medical societies in a number of countries. The ATS, as a widely respected professional and scientific society, is influential in this regard.

ATS Past President and former co-chair of the ATS International Lung Health Committee Philip Hopewell, M.D. (right), addresses the First National Indonenisan Tuberculosis Congress on the subject of the standards. To his left is Hadiarto Mangunnergoro, M.D., Director of the Department of Respiratory Medicine at the University of Indonesia in Jakarta and Past President of the Indonesian Respiratory Society.

At the time of publication, the standards have been reviewed and commented on by a wide range of people and organizations: they have been provisionally endorsed by the ATS (contingent on review of the final document), the KNCV, the WHO, the Union, the CDC and the Stop TB Partnership Coordinating Board. The document is undergoing minor modifications and will be final before the end of the year. A plan for dissemination, implementation and evaluation has been developed and will be undertaken during the coming year. Pilot studies of implementation will be conducted in Indonesia, Kenya and at least two other countries.

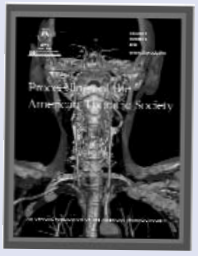
If you are interested in receiving the Standards, please contact me at phopewell@medsfgh.ucsf.edu. ATS

PATS HIGHLIGHTS

"The Compromised Host" and "Clinical Research Frontiers in Pulmonary Imaging"

This month, ATS members will receive two issues of *Proceedings of the American Thoracic Society* (Volume 2, Issues 5 and 6).

The December 1 issue, which is called "The Compromised Host," is the first ATS-initiated virtual symposium. Edited by ATS member Judd Shellito, M.D., this symposium focuses on impaired immunity and its appearance in various diseases.



The second issue, scheduled for December 15, includes a second ATS-initiated virtual symposium on "Clinical Research Frontiers in Pulmonary Imaging."

PATS editor Alan Leff, M.D., notes this will be "the most colorful ATS publication of all time," covering conventional imaging techniques, virtual imaging and imaging of cellular and molecular events by radiological techniques. "Both symposiums should keep our readers at the cutting edge of two very different, but highly important, topics in respiratory and critical care medicine," Dr. Leff says. ATS

Slurping Around: Wine Tips from P.D.W.

When ATS President Peter D. Wagner, M.D., is not investigating the molecular mechanisms of breathing, he can often be found searching for a great bottle of wine at a reasonable price. In this column, he reports on his findings.

White: Bonterra 2004 Viognier $10 to $12. This Rhone white varietal is slowly gaining popularity in the United States. It has delicate peach and apricot scents typical of the grape and the palate is clean with full stone fruit flavors and good acidity, yet a light texture. The only complaint is that the finish is a touch hard as the fruit fades. No oak discerned.

Red: Montpellier 2003 Syrah. This fruit bomb costs just $4 to $6 and is another quite widely-distributed tasty bargain party wine. Nice nose of plum/dark cherry fruit, vanilla, sage, cedar. Palate is soft, balanced with plum/cherry fruit, spice, medium tannin and good acid. While not complex, it has a good finish. Every year, this wine is great value and usually consistent.

Five Major U.S. Airlines Accept Onboard Use of POCs

While the ATS continues its efforts to ensure that all airlines are required to allow passengers needing supplemental oxygen onboard their flights, it is also working to encourage as many airlines as possible to do this voluntarily.

For the past several months, various airlines have been trying to implement the Federal Aviation Administration's (FAA) August 2005 ruling that all U.S. airlines can allow passengers to use portable oxygen concentrators (POCs) on flights.

The ATS and the Public Advisory Roundtable (PAR) are pleased to announce that thanks to the lobbying efforts of the patient and medical communities, individuals requiring medical oxygen during air travel can now bring their own POCs on Northwest, U.S. Airways, Delta Airlines, Midwest Airlines and America West flights.

Physicians should advise patients traveling with POCs to make arrangements with these carriers well in advance of all trips, as each airline has its own equipment guidelines, regulations and restrictions.

For example, Midwest, America West and U.S. Airways now allow onboard use of both POC devices approved by the FAA—the Inogen One and the AirSep Lifestyle. The policies issued by Delta and Northwest, on the other hand, only cover the Inogen One. More information on specific carriers' policies can be found on each airline's website.

The ATS hopes that other airlines will quickly follow the example of Northwest, U.S. Airways, Delta, Midwest and America West by boarding passengers with POC devices. On behalf of the Society and patients, ATS President Peter D. Wagner, M.D., has written to the other domestic carriers, encouraging them to also implement this new ruling.

Meanwhile, the Society continues to lobby for the Department of Transportation's proposed regulation requiring that all airlines accommodate passengers with POC devices.

The DOT is accepting public comment on the proposed rule until the end of January 2006. ATS

CONFERENCES, COURSES AND MEETINGS

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

Date and Place	Title	Contact
February 3 to 4 West Point, New York	New York State Thoracic Society's "2006 Annual Scientific Assembly"	Phone: (518) 453-0172 E-mail: thoracic@alanys.org
February 3 to 4 Carmel, California	"Current Controversies in Pulmonary and Critical Care Medicine: the 2006 Annual Clinical Conference," by the California Thoracic Society and the American College of Chest Physicians–California Chapter	Phone: (714) 730-1944 E-mail: ctslung@aol.com Website: www. thoracic.org/ca.html
February 17 to 19 Orlando, Florida	"The 27th Pulmonary WinterCourse," sponsored by the Florida Thoracic Society	Candy Holloway Phone: (800) 940-2933, ext. 21 E-mail: fts@lungfla.org
February 19 to 22 Waikoloa, Hawaii	"6th Annual American Lung Association of Hawaii/Hawaii Thoracic Society Symposium: Current Concepts in Pulmonary and Critical Care Medicine"	Claudia Clement Phone: (808) 537-5966, ext. 312 E-mail: cclement@ala-hawaii.org
February 22 to 25 Athens, Greece	"2nd Advances Against Aspergiollosis Conference"	E-mail: info@congresscare.com Website: Website: www.AAA2006.org
March 2 to 5 Chicago, Illinois	**"The ATS State of the Art (SOTA) Course," sponsored by the American Thoracic Society**	**Phone: (212) 315-8639 E-mail: mrodriguez@thoracic.org**
March 2 to 4 Chicago, Illinois	"TB Prevention and Control: A Past Decade of Accomplishment, A Future Decade of Ambition," sponsored by the American Lung Association of Metropolitan Chicago	Phone: (312) 243-2000 Email: bweaver@alamc.org Website: www.lungchicago.org
March 3 to 4 Chicago, Illinois	**"ATS/ERS Joint Course on COPD," sponsored by the American Thoracic Society and the European Respiratory Society**	**Phone: (212) 315-8639 E-mail: mrodriguez@thoracic.org**
March 21 to 24 Brussels, Belgium	"26th International Symposium on Intensive Care and Emergency Medicine"	Phone: +32 2 555 3631 Website: www.intensive.org