

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



ATS NEWS

AMERICAN THORACIC SOCIETY

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ATS 2005 - San Diego International Conference Registration Now Online

As the ATS enters the second month of its centennial year, the Society encourages its members to start planning for the 2005 International Conference in San Diego, California, May 20-25. To make this process more convenient, the ATS has posted 2005 program, registration and travel information on its website at www.thoracic.org/ic/ic2005/conference.asp. Although this information is also included in the hardcopy Advance Program that was mailed to members in January, this web-based format allows for quick, 24-hour access to important conference information.

From this section of the website, members can review program topics and scheduled speakers, search for particular topics or speakers, register electronically, book hotel accommodations, visit the ATS Virtual Exhibit Hall and get travel and logistical information.

After reviewing the **list of program topics and speakers**, members can choose which of the more than 300 scientific and clinical sessions to attend. Attendees can also complete their **conference registration online**. Those who choose to submit their program selections electronically will receive an immediate e-mail acknowledgement of their registration submission and confirmation of their program selections. Alternatively, members and attendees can also register by completing the registration material included in the Advance Program. If you did not receive an Advance Program, contact ats2005@thoracic.org or call (212) 315-8658.

As always, the ATS understands that attendees have a great deal of choice in selecting **hotel accommodations** for the six-day conference. To ensure that members and conference attendees are able to find quality hotel rooms convenient to Conference programs, the Society has made a commitment to the San Diego hotel community to secure a large block of competitively-priced

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Web Tips



Go online to get the most up-to-date information about bronchoscopy coding at www.thoracic.org/practitioners/tips/tips1204.asp. In her article "Bronchoscopy Coding 2005: An Update," Carol Pohlig, B.S.N., R.N., C.P.C., senior coding and education specialist at the University of Pennsylvania Hospital, details basic coding principles and highlights several significant changes in the bronchoscopic codes recognized and reimbursed by insurers. Visit this web page to learn newly created codes, how to code primary and secondary procedures and the problematic coding of bronchoscopies performed in conjunction with other services.

ATS Journals Feature New Covers

As most ATS members probably have noticed, the ATS' "Blue Journal" (the *American Journal of Respiratory and Critical Care Medicine* or *AJRCCM*) and "Red Journal" (the *American Journal of Respiratory Cell and Molecular Biology* or *AJRCMB*) adopted new, more colorful covers beginning in January 2005. Likewise, the future issues of the Society's third journal, *Proceedings of the American Thoracic Society (PATS)*, will also feature a newly formatted cover.

Under the leadership of Chairman Jeffrey L. Glassroth, M.D., the ATS Publications Policy Committee has served as a focus group for the redesign. This, coupled with the tighter text design, make the three journals more visually stimulating, space-efficient and consistent with one another.

The new covers feature larger graphics selected from articles in each issue. Because many readers know the *AJRCCM* and the *AJRCMB* as the "Blue" and "Red" journals, the borders of these publications have retained their distinctive color schemes.

Alternatively, *PATS*, the "White Journal," will feature both a red and blue outline to "indicate that it embraces all of the Society's interests by providing members with a forum for review by linking the bench to the bedside," according to *PATS* editor Alan Leff, M.D. He adds that the cover changes made to all three journals represent a "merger of a compendium of information" that will make each publication more reader-friendly and graphic-intensive.

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WHO'S WHO IN ATS



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M

essage from the President

by Sharon I. S. Rounds, M.D.

One hundred years ago, the American Thoracic Society (ATS) began as a group of clinicians caring for patients in tuberculosis hospitals in the United States. Over the last century, it has evolved from a small, national organization to one with international membership. Over the years, physicians, scientists, nurses and other healthcare professionals have come to regard the ATS annual meeting as the premiere forum for the presentation of the best research in respiratory science.

Accordingly, over the years, international membership and attendance at the Society's annual meeting have increased. The ATS annual meeting was first termed the **ATS International Conference** in 1990, with the joint meeting of the ATS and the International Union Against Tuberculosis and Lung Diseases (IUATLD) in Boston, Massachusetts. Since then, the International Conference has remained truly international—in 2003, for example, 46 percent of conference attendees were citizens of countries other than the United States.

The Advance Program for the 2005 International Conference in San Diego, California, has already been released. In addition, members can find important information about the Conference at www.thoracic.org/ic/ic2005/conference.asp. We look forward to seeing our colleagues and friends from all over the world again in San Diego this coming May.

The Society's **International Lung Health Committee**, co-chaired by ATS past presidents Sonia Buist and Philip Hopewell, has developed an international agenda that was approved by the ATS Board of Directors in 2002. The International Agenda has provided the ATS with a vision and plan for international activities with the primary goal of blending international activities into other operations of the Society.

In recognition of its growing role in international activities, the ATS has welcomed a new staff member, Fran DuMelle, as Director of ATS International Activities. Fran had worked in this capacity at the American Lung Association (ALA) in a position which allowed her to collaborate extensively with the ATS. Since joining the Society, she and Phil Hopewell have led the Society in a successful application to the Gates Foundation to fund tuberculosis policy and advocacy activities in three high burden countries.

Another important international activity of the ATS is the **Medical Epidemiology and Clinical Operations Research (MECOR) Course**, led by Sonia Buist. The purpose of the Course is to build capacity for epidemiologic investigation and research as a means of providing the data necessary for achieving meaningful improvement in lung health. The MECOR Course, which began in Latin America in 1994 and is held annually, was taught in Uruguay in 2004 with support from USAID. In keeping with the Course's international nature, future MECOR Courses will be hosted in other areas of the world. The testimony of students regarding the importance of the MECOR Course learning opportunities is heart-warming. ATS members can support future MECOR Courses through contributions to the ATS Funds for the Future.

Under ATS Past-President Adam Wanner's leadership, the Society has joined other international respiratory organizations in forming the **Forum of International Respiratory Societies (FIRS)**. FIRS members include the American College of Chest Physicians (ACCP), the Asian Pacific Society for Respiratory (APSR), the Asociación Latinoamericana del Tórax (ALAT), the ATS, the European Respiratory Society (ERS), the IUATLD and the Unión Latinoamericana de Sociedades de Fisiología y Enfermedades Respiratorias. The FIRS is based in Geneva at the ERS headquarters and meets two to three times per year, usually in conjunction with other international respiratory meetings. The current president of the FIRS is Yoshinosuke Fukuchi, who also serves as president of the APSR. Ongoing FIRS projects include workshops for the Framework Convention for Tobacco Control (FCTC) and assistance for the Practical Approach to Lung Disease (PAL), a highly successful program sponsored by the World Health

Organization (WHO) which is designed to improve lung disease diagnosis and treatment in resource-poor areas of the world. Other FIRS projects include development of recommendations for simplified measurement of pulmonary function and recommendations for control of chronic obstructive pulmonary disease (COPD) caused by exposure to biomass fuel.

Because respiratory diseases are important causes of morbidity and mortality on a global scale, one goal of the FIRS is to advocate for improved treatment and funding for chronic respiratory disease at the WHO. This year, the WHO provided an important step toward this goal: the creation of the Global Alliance Against Lung Disease (GARD), an international coalition of organizations which the WHO will officially launch in late 2005. Led by Nikolai Khaltayev, M.D., the coalition strives to fight chronic respiratory diseases and allergies. The ATS is among the founding members of the GARD and looks forward to productive collaborations in the worldwide fight against chronic respiratory diseases.

The ATS has also fostered **strong collaborative ties with other international professional organizations**. For example, the ATS and the ERS sponsor joint statements and clinical guidelines. The Society also collaborates with the ERS, the European Society of Intensive Care Medicine (ESICM), La Société de Réanimation de Langue Française and the Society for Critical Care Medicine (SCCM) in producing the highly successful International Consensus Conferences in Critical Care. The ATS has also joined the American Academy of Allergy Asthma and Immunology (AAAAI), the ACCP, the ERS and the IUATLD to support the World Asthma Meetings, which are held every five years with the intent of improving asthma care through professional education. The last such meeting, which was held in Bangkok, Thailand, in 2004, was a tremendous success. The ATS also sponsors speakers for international respiratory meetings such as those sponsored by the Japanese Respiratory Society, the Hellenic Thoracic Society, the Brazilian Thoracic Society, the ALAT, the Turkish Thoracic Society, and the NAPCON meeting of the Indian Chest Society and the Indian College of Chest Physicians.

ATS membership is about 25 percent non-U.S.-based. Because the cost of full ATS membership often precludes scientists and clinicians in countries with low gross national products (GNPs) from joining the Society, the ATS now offers annual membership to individuals in countries with low GNPs (as defined by the World Bank) at discounted rates. Since one of the Society's core goals is to provide its members with the very best research results in order to improve clinical practice in pulmonary, critical care and sleep medicine, the ATS journals are an important resource in disseminating research results. Thus, the ATS offers electronic journal subscriptions for individuals from countries with low GNPs and/or high burden of tuberculosis. For more information about this program, contact Allan Gordon, Director of ATS Member Services and Chapter Relations, via e-mail at agordon@thoracic.org or visit the ATS website at www.thoracic.org/membership.guestsub.asp.

As I've detailed above, the ATS' multifaceted international programs continue to expand and develop. These programs adhere to the Society's core mission—to use the results of respiratory research to improve lung health on a global scale. The ATS' growing international agenda reflects both the organization's worldwide scope and the continued dedication of members from around the globe to improving lung health. **ATS**



Don't Miss Out in 2005! Renew Your Membership by March 15 and Receive the ATS Centennial Anniversary Book

Have you renewed your ATS membership for 2005? As an ATS member during the Society's 100th year, you will receive a complimentary hardcover copy of the Society's commemorative book, "**Colleagues in Discovery: One-Hundred Years of Improving Respiratory Health,**" which explores the dramatic progress the medical profession has made in understanding, treating and curing lung disease since 1905. Moreover, it highlights the important role of the ATS and its members in many of these advances. Membership must be renewed by **March 15, 2005** to receive the book. To avoid missing out on this and other ATS Centennial celebrations, pay your dues online at www.thoracic.org or contact the ATS Membership and Subscriptions Unit at (212) 315-8685 or by e-mail at memberinfo@thoracic.org. 



ATS State of the Art Course, March 3-6 in Chicago

More than 200 ATS members have already committed to participate in the 2005 ATS State of the Art Course in Pulmonary Medicine and Critical Care (SOTA), which will occur from Thursday, March 3rd, 2005 to Sunday, March 6, 2005 at the Westin Michigan Avenue in Chicago, Illinois.

The SOTA Course uniquely provides practicing clinicians with concise, comprehensive updates presented by an outstanding 30-member faculty through both lectures and "Meet the Professor" sessions. More than half of last year's attendees had attended the course during the previous three years. This year's participants are eligible for up to 29.5 American Medical Association Physician Recognition Award Category 1 CME credits. The ATS encourages advance practice nurses and physician assistants to participate as well as physicians who practice in the clinical setting.

The regular registration deadline is February 2, but **late registrations will be accepted if space is available**. Registration materials, lecture topics, course faculty and other course details can be downloaded from the ATS website at www.thoracic.org/education/sota2005/sota2005info.asp. Hotel reservations should be made by **February 15** to ensure ATS-sponsored discounts.

For more information, contact Miriam Rodriguez, ATS Education Manager, via e-mail at mrodriguez@thoracic.org or via phone at (212) 315-8639. 

JOURNAL HIGHLIGHTS

The following articles appeared in the January issues of the *American Journal of Respiratory and Critical Care Medicine*.

In a study of school-age children who were survivors of bronchopulmonary dysplasia (BPD), researchers uncovered long-term airflow limitation as demonstrated by impaired lung function test results, while at the same time finding low levels of a marker of pulmonary cellular dysfunction, exhaled nitric oxide. The investigators studied 31 school-age survivors of BPD, comparing their test results with 31 patients with asthma, 31 preterm children without BPD and 31 healthy control children born at term. According to the researchers, the children with BPD in the study had significantly lower exhaled nitric oxide levels than did either the healthy control subjects or the preterm children without BPD. The authors said that although BPD survivors and those with asthma share some clinical and functional features, the remarkable difference in exhaled nitric oxide values suggests that airflow limitation in the two obstructive lung diseases is related to distinctive individual pathophysiologic pathways that ought to be properly identified. Unfortunately, to date, studies on the problem beyond infancy are lacking. (*Baraldi, Eugenio, M.D., Department of Pediatrics, University of Padova, Padova, Italy*)

In a clinical follow-up study lasting almost 5 years, researchers have shown that individuals who are beryllium sensitive progress to chronic beryllium disease at a rate of 6 to 8 percent per year. Seventeen of 55 persons identified over a 10-year period with beryllium sensitization who had had no evidence of chronic beryllium disease on initial lung biopsy showed diseased tissue on later clinical evaluations. The investigators found that 38 of the 55 remained beryllium sensitized after an average follow-up of 4.8 years. The researchers studied 55 individuals who showed beryllium sensitization during tests at their institution. Eighty percent were employed in the nuclear weapons field. On average, it had been almost 25 years since their first exposure to beryllium. Chronic beryllium disease was defined as abnormal blood test results plus cell infiltrates in lung tissue from a biopsy. The investigators said that it would be important to monitor this cohort over future years in order to determine whether all individuals with beryllium sensitization would eventually develop granulomatous disease. They also wanted to expand their follow-up to more recently identified sensitized individuals. (*Newman, Lee S., M.D., M.A., National Jewish Medical and Research Center, Denver, Colorado*) 



ATS NEWS
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Happy Birthday ATS
1905-2005

100 Years of Progress: The Role of Government Funding, Influence and Involvement in Preventing and Treating Respiratory Disease

In celebration of the “Advancements in the Treatment and Science of lung, disease” during the last century, the ATS invites its members to reflect on the scientific, legislative and medical milestones that have contributed to the medical community’s accomplishments in pulmonary medicine since the Society’s creation in 1905. Each month during 2005, the *ATS News* will highlight investigations, organizations, laws and inventions that influenced the path of respiratory medicine and promoted lung health. At the same time, it will examine the Society’s evolving role during its first 100 years of existence by presenting excerpts of select vignettes, which can be found on the ATS website at www.thoracic.org/aboutats/vignettes/articles.asp.

Arguably one of the most important steps toward treating and curing pulmonary disease was the establishment of federal health organizations to fund, operate and oversee scientific research and clinical studies. As the last century has clearly demonstrated, such organizations have been instrumental in scientific and medical breakthroughs. ATS member Donald A. Enarson, M.D., a Canadian who serves as Director of Scientific Activities at the International Union Against Tuberculosis and Lung Disease headquartered in Paris, elaborates on this topic in his vignette, “The American Sanatorium Association: A Star in the Domain of Public Health,” which is reprinted in its entirety below.

The American Sanatorium Association: A Star in the Domain of Public Health Donald A. Enarson, M.D.

On this centenary of what is now the American Thoracic Society, it is instructive to reflect on the origins and early accomplishments of this important society. It is easy to forget battles that have been fought and won. When the association was formed one hundred years ago as the American Sanatorium Association, it was the first non-governmental organization in America to be focused on a single disease (1). This was at a time when the ravages of tuberculosis in the United States rivaled those in low-income countries today. The founders, medical practitioners who were social activists, intended that the Society would carry out research, disseminate knowledge and encourage interventions. The members of the new society, in collaboration with lay persons who were members of the National Association for the Study and Prevention of Tuberculosis (now the American Lung Association or ALA), exerted political pressure on local government officials to establish public health departments to deal with tuberculosis, a form of government activity heretofore in its infancy. In spite of increased government activity, the private voluntary sector continued to play the key role in delivering services to tuberculosis patients prior to the Second World War, the disease being the main condition dealt with by the practicing lung physician. Indeed, the American Sanatorium Association (the first name for the eventually renamed American Thoracic Society) became the American Trudeau Society, named after one of the best-known leaders of the sanatorium movement in America who died in 1915 of tuberculosis. Indeed, the Trudeau Medal continues to be a top prize awarded by the American Lung Association. The increasing role taken by government agencies was prompted by the aggressive action of community activists who were members of the chapters of the National Association for the Study and Prevention of Tuberculosis, now the American Lung Association for the ALA. This role began around the time of the first World War and was a model for public health action for other priority issues. The recognition of the key role of government in the fight against tuberculosis came clearly with the advent of modern

chemotherapy and the demonstration that such chemotherapy could, indeed, cure tuberculosis. In 1960, a national conference was convened by the American Trudeau Society and other partners (2). This conference laid out, for the first time, the elements of the modern tuberculosis control program. They consisted of an explicit declaration of the responsibility of government for tuberculosis services, the use of ambulatory chemotherapy of tuberculosis patients, the adoption of a standardized multidrug regimen, care under the supervision of a specialist, case detection focusing on examination of patients presenting to health services with symptoms suggestive of tuberculosis, diagnosis and follow up based on bacteriological examination, periodic critical evaluation of activities and the use of BCG vaccination.

The majority of these recommendations were taken up and incorporated into a comprehensive public health program implemented across America. More important, the ideas were picked up by the World Health Organization and incorporated into a program for tuberculosis control at the global level (3). These principles, with some modification, form the basis of the modern strategy for the global fight against tuberculosis.

The American Thoracic Society has continued its constructive engagement over the final years of the last century by forming a strategic liaison with the government agency responsible for public health (the Centers for Disease Control and Prevention), issuing a series of guidelines for good clinical practice and, together with other partner agencies, producing a strategic plan for the way forward in the fight against tuberculosis (4).

The approach, modeled by the American Thoracic Society, has been one adopted internationally with partners and stakeholders (including the American Thoracic Society) forming the Stop TB Partnership in 1998, housed at WHO Headquarters in Geneva. From this has come a Global Plan for Tuberculosis Control, a Global Drug Facility among a broad range of other initiatives.

The record of the American Thoracic Society is a glorious one, committing itself through social activism to push responsible agencies to take their role seriously in combating public health challenges and organizing services for the poor and marginalized. Moreover, with its balanced emphasis on social action, service to the poor, research and education, it has been a model “citizen.” Finally, through its formation of strategic alliances, it is a role model for similar activities and organizations both in America and throughout the world. [ATS](http://www.thoracic.org)



1. Rouillon A, Billo N, Ogasawara FR. The role of nongovernmental organizations. In: Reichman LB, Hershfield ES, editors. *Tuberculosis: A comprehensive international approach*. 2nd ed. New York: Marcel Dekker; 2000, pp.771-798.
2. Long ER. Recommendations of the Arden House conference on tuberculosis. *Am Rev Respir Dis* 1960; 81: 481-484.
3. World Health Organization. WHO Expert Committee on Tuberculosis, 8th Report. Geneva: WHO Technical Report Series; 1964: 290.
4. Institute of Medicine. Ending neglect. *The elimination of tuberculosis in the United States*. Washington: National Academy Press. Geiter L, editor. 2000, p. 269.

WHO'S WHO IN ATS

Francis X. McCormack, M.D.

Over the course of his 23-year career as a physician-scientist who specializes in pulmonary and critical care medicine, Francis X. McCormack, M.D., has found that patient advocacy groups “inspire” him. In addition to serving as Associate Professor of Medicine and Director of the Pulmonary and Critical Care Division at the University of Cincinnati’s College of Medicine (UCCM), Dr. McCormack works extensively with the Lymphangi-oleiomyomatosis (LAM) Foundation, a patient advocacy group founded in 1995 to combat LAM, a rare lung disease that only affects women and results in the progressive destruction of lung tissue.

“I’ve become more and more impressed with the importance and power of patient advocacy groups over the years,” Dr. McCormack explains. “It’s very difficult to study rare diseases like LAM and Antitrypsin Deficiency or Alpha-1 because of funding and data availability constraints. Patients not only make their data accessible and lobby for pilot study funding, but also bring a passion to clinical investigation that is incredibly rare and motivating.”

Translational Applications of Clinical Research

Dr. McCormack, who also serves as chairman of the LAM Foundation’s Scientific Division, spends much of his time conducting translational research and laboratory investigations, teaching and promoting the “natural synergy” between patient groups and scientific communities. His research interests, which include LAM, interstitial lung disease, pulmonary innate immunity and direct antimicrobial properties of surfactant protein, have evolved to focus primarily on the translational applications of clinical research, an approach he believes makes his work more “patient-intensive.”

He is currently organizing a trial that will test the effectiveness of a new drug in treating LAM. “This drug could be a viable treatment for a very destructive disease,” Dr. McCormack says. “The most exciting part of this research is that it could potentially lead to an important discovery that would help many people.” He is also participating in 10 other grant-funded investigations that are examining possible treatments for LAM and other rare lung diseases with funding from organizations such as the National Institutes of Health (NIH), the LAM Foundation and the Tuberos Sclerosis (TS) Alliance.

Road to Patient Advocacy and Pulmonary Medicine

After receiving his medical degree from the University of Texas Medical Branch in Galveston, Texas, in 1982, Dr. McCormack completed a three-year internal medicine internship and residency at the University of Michigan (UM) in Ann Arbor, Michigan. “This was an experience that was very patient-oriented,” he says. “My attendings, Jack Weg, M.D., who is also an ATS member, and Richard Simmons, M.D., impressed me greatly, and sparked my interest in critical care and pulmonary medicine.” In 1985, Dr. McCormack was promoted to Chief Resident at the UM, a position that allowed him the opportunity to supervise a team and help develop resident programs.

A year later, he accepted a clinical fellowship at the University of Colorado’s Health Sciences Center (UCHSC) and at the National Jewish Medical and Research Center (NJMRC) in Denver, Colorado. “The UCHSC and the NJMRC had two of the best pul-



“I’ve become more and more impressed with the importance and power of patient advocacy groups over the years,” Dr. McCormack explains. “Patients not only make their data accessible and lobby for pilot study funding, but also bring a passion to clinical investigation that is incredibly rare and motivating.”

monary programs in the country, a fact that was reinforced by my mentors at the UM,” Dr. McCormack explains. “I had the opportunity to study surfactant and pulmonary innate immunity in the laboratories of Dennis Voelker, M.D., and ATS member Robert Mason, M.D., which was definitely a worthwhile experience.” In 1990, he was promoted to Assistant Professor of Medicine and staff physician at both institutions.

Four years later, Dr. McCormack relocated to Cincinnati, Ohio, to join the faculty of the University of Cincinnati, where he has worked for the last 10 years. “The UC gave me more time for basic research and opened up a lot of new opportunities in translational research,” he explains. Promoted to Associate Professor of Medicine in 1999 and division director in 2003, Dr. McCormack also serves as director of the UC’s Physician Scientist Training Program and Research Residency Program.

As chairman of the LAM Foundation’s Scientific Division, Dr. McCormack helps to identify promising research directions, recruit investigator interest and oversee the organization’s research funding. Since the Foundation was established, more than 850 patients have been diagnosed with the disease. The Foundation, which is now approaching its 10th anniversary, estimates that the number of symptomatic patients still undiagnosed could be five to ten times greater. “The LAM scientific community has made great strides in the last ten years,” Dr. McCormack says. “I am hopeful that our continued work will bring greater public education and funding.”

ATS Involvement

An ATS member since 1989, Dr. McCormack calls the Society the “most prestigious and effective lung organization in the world.” He notes that the ATS, through its Public Advisory Roundtable (PAR), plays an important role in patient advocacy by increasing public awareness about rare diseases and giving patients a greater voice in the medical community. “The PAR represents patients, helps fund research, provides positive interaction between doctor and patient and gives patient groups and certain diseases a level of visibility that wouldn’t otherwise be possible,” Dr. McCormack says. The LAM Foundation, along with eleven other patient advocacy groups, including the Alpha-1 Foundation, the American Sleep Apnea Association, the Pulmonary Fibrosis Foundation, the Asthma and Allergy Foundation of America, the Hermansky-Pudlak Syndrome Network, the Pulmonary Hypertension Association, the Sarcoidosis Research Institute, the Cystic Fibrosis Foundation, the American Lung Association (ALA) of Metro Chicago and the ALA of the East Bay, is a member of the ATS’ PAR.

During his 16 years as an ATS member, Dr. McCormack has been actively involved in the Society. He is currently a member of the ATS’ Assembly on Respiratory Cell and Molecular Biology (RCMB), serves on the RCMB Program Committee and has held positions on the ATS Planning Committee and the Research Advocacy Committee.

On a Personal Note

In his free time, Dr. McCormack enjoys spending time with his wife and five children, attending sporting events and vacationing. [ATS](#)

ATS Proudly Announces Research Program 2005 Grant Awards with Newest Research Partners

For the past two and a half years, the ATS Research Program has demonstrated the Society's commitment to the advancement of research and science in the fields of pulmonary and critical care medicine. Created by the ATS Board of Directors in 2002 to attract new investigators to these fields of study, the Program continues to grow each year. It promotes progress in lung disease research and encourages partnerships among the ATS and other medical, research, clinical, professional, pharmaceutical and patient-advocacy organizations.

The ATS would like to thank its current partners in research, including the Alpha-1 Foundation, the LAM Foundation and the Pulmonary Fibrosis Foundation (all of which are members of the ATS Public Advisory Roundtable), the Medical Research Service of the Department of Veterans Affairs, the Respiratory Institute, a division of GlaxoSmithKline (GSK), and the American Lung Association.

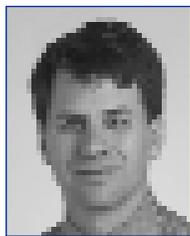
The ATS is pleased to announce three grant recipients with its newest partners in research, the LUNgevity Foundation and the Foundation for Sarcoidosis Research (FSR), as well as two new grant recipients with one of its existing partners, the Respiratory Institute, a division of GSK.

The ATS/Foundation for Sarcoidosis Research (FSR) Partnership Grant for Sarcoidosis

This research grant, which is co-funded by the ATS and the FSR, is designed for investigators at all levels of research experience and aims to advance the medical community's understanding of sarcoidosis.

Amount of grant: This grant is a two-year award that offers the recipient up to \$50,000 per year for two years.

Awardee: Daniel Culver, D.O., Cleveland Clinic Foundation: "Matrix Metalloproteinases Contribute to Disease Progression in Pulmonary Sarcoidosis and Are Inhibited by PPAR γ "



Dr. Culver

ATS/LUNgevity Foundation Clinical Research Grant in Lung Cancer

The goal of this research award, which includes two grants funded by the ATS and the LUNgevity Foundation, is to foster a greater understanding of the science of lung cancer.

Amount of grants: Each grant is a two-year award that offers the recipient up to \$50,000 per year.

Awardees:

• Charles A. Powell, M.D., Columbia University College of Physicians and Surgeons: "Molecular Signatures of Invasiveness in Lung Adenocarcinoma"



Dr. Powell

• George M. Verghese, M.D., University of Virginia: "Regulation of Non-Small Cell Lung Cancer Invasion by Membrane Serine Proteinases and Antiproteinases"



Dr. Verghese

ATS Research Award for Novel Studies of COPD

This research award includes two grants sponsored by the ATS and the Respiratory Institute at GSK that are designed for investigators who have completed their primary research training. The grants aim to promote novel studies of the pathogenesis of COPD.

Amount of grants: Each grant is a two-year award that offers the recipient up to \$50,000 per year for two years.

Awardees:

• Chun Geun Lee, M.D., Ph.D., Yale University School of Medicine: "Genetic Factors Controlling TGF- β 1 in the Pathogenesis of COPD"
• Janet S. Lee, M.D., University of Pittsburgh: "Fractalkine/CX3CL1: A Novel Pathway Related to the Pathogenesis of COPD"



Dr. Chun Geun Lee

The ATS Research Program is made possible by generous gifts from members to the ATS Funds

for the Future and contributions from partner organizations. The Society thanks all contributors for their generosity and commitment to preventing and curing respiratory disease. To contribute to the Funds for the Future, visit the ATS website at www.thoracic.org/fundfuture/index.asp, or contact Crystal Williams, Manager of Development and Annual Giving at the ATS, via e-mail at cwilliams@thoracic.org or by phone at (212) 315-6464.



Dr. Janet Lee

During the Society's centennial year, the ATS Research Program will offer a portfolio of partnership grants, as well as grants that do not target specific diseases. Details will be announced in early 2005. For more information, please visit the ATS website at www.thoracic.org or contact Elisha Malanga, Associate Director of ATS Assembly and Research Programs, via e-mail at emalanga@thoracic.org or by phone at (212) 315-8693. [ATS](#)

ATS 2005 · San Diego International Conference Registration Now Online

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hotel rooms near the San Diego Convention Center. Members can reserve one of these rooms using the ATS website when registering for the conference.

The ATS also encourages its members to visit the **ATS Virtual Exhibit Hall**, which features information about 2005 Conference exhibitors and their products. Through this site, attendees can plan which exhibits they will visit and make advance appointments with exhibitors. To take advantage of this opportunity to interact with exhibitors before, during and after the Conference, visit www.talley.com/ats2005/index.html.

The 2005 Conference programming is targeted toward many medical specialties and will feature critical care, clinical science,

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basic science and pediatric topics, among others. Accordingly, **ATS 2005 · San Diego** will feature a **Clinician's Center**, where practitioners of different specialties can easily access clinical information presented at the Conference and discuss interesting cases, diagnostic approaches and therapies with colleagues. An expert clinician will also be available for consultation each morning and afternoon and the ATS encourages attendees to bring case materials for review.

For more information about conference registration, visit www.thoracic.org/ic/ic2005/conference.asp or contact the ATS Scientific Meetings & International Conference Unit via phone at (212) 315-8658 or by e-mail at ats2005@thoracic.org. [ATS](#)

Assembly Update: The Assembly on Behavioral Science's New Projects, Interests, Committees and Courses

By Bruce G. Bender, PH.D., Chairman of the Assembly on Behavioral Science

The Assembly on Behavioral Science (BSA) is one of the ATS' smallest but fastest-growing assemblies. The BSA was created in 1992 because of the Society's increasing awareness of the psychological and social impact of chronic respiratory disease on patients and the role of behavior in the onset and treatment of respiratory disease. It serves as a gathering place within the Society for those members whose careers are centered in behavioral science research and delivery of psychological services to patients with respiratory disease. Importantly, membership is neither limited to nor predominantly composed of social scientists. Over half of BSA members are physicians (most board-certified in critical care or pulmonary medicine) for whom participation reflects interest in and commitment to progress in behavioral science and health outcomes research. Other members of the Assembly include psychologists, psychiatrists, statisticians, epidemiologists, educators, sociologists and nurses.

Several important BSA projects are currently underway, including:

Issues in screening for asthma in children: Co-chaired by Lynn Gerald, Ph.D., M.S.P.H., and Marianna Sockrider, M.D., Dr.P.H., this joint BSA/Assembly on Pediatrics project will examine issues related to the recent debate about the impact of asthma screening on children. The BSA executive committee will consider the epidemiologic criteria needed for successful screening programs, the impact that screening could have on asthma outcomes and current screening methods.

Assessment of BSA membership interests: This project, chaired by Jerry Krishnan, M.D., will determine if the Assembly's goals and projects accurately reflect the diverse professional backgrounds and interests of its members. After the completion of the ongoing ATS strategic planning process, the BSA will contact and survey its members about their interests and satisfaction with Assembly activities, including the consideration of an Assembly name change.

Tobacco Cessation Committee: In cooperation with the ATS

Assembly on Nursing, this new committee has been created to provide a means of sponsoring educational programs, coordinating efforts of investigators conducting smoking-cessation intervention research and collaborating with organizations outside of the ATS on anti-tobacco efforts. Through this committee, the ATS will support the efforts of the Smoking Cessation Leadership Center at the University of California, San Francisco, under the direction of Stephen Schroeder, M.D., former President and CEO of the Robert Wood Johnson Foundation. Any ATS member interested in joining this committee should contact the committee chair, Mary Ellen Wewers, M.P.H., Ph.D., via e-mail at mwewers@con.ohio-state.edu.

Postgraduate Courses at ATS 2005: The BSA is also proudly sponsoring two exciting postgraduate courses at the 2005 ATS International Conference in San Diego, May 20-25:

"A Guide to Understanding Clinical Research: How to Critically Appraise Published Studies in Pulmonary and Critical Care Medicine," co-chaired by Jerry Krishnan, M.D., and Michael Gould, M.D., M.S., will provide clinicians and researchers with the tools necessary to critically appraise published literature in these fields. Using examples from published studies in pulmonary/critical care medicine, the faculty will identify the principal strengths and weaknesses of different study designs and analytical approaches. This course will be held on Friday, May 20th, 2005 from 8 a.m. to 4 p.m.

"Health disparities—Understanding and Addressing Them in Research and Practice," co-chaired by Andrea Apter, M.D., M.Sc., Beverley Sheares, M.D., and Gregory Diette, M.D., will enable participants to better understand health disparities and to explore their scope. Speakers will address ways to eliminate these disparities, not only in the United States, but also on an international scale. Additionally, speakers will address how genetic, cultural and environmental characteristics of patients and their health care providers interact to influence health and the delivery of healthcare. This course will be held on Saturday, May 21st, 2005 from 8 a.m. to 4 p.m. 

ATS Journals Feature New Covers

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"The journals are always in a state of change, and our altering their aesthetic appearances is just one example of this," explains Edward Abraham, M.D., editor of the *AJRCCM*. "We are constantly evolving to make sure we present information to our readers in the most efficient, clearest way possible."

Similarly, *AJRCMB* editor Steven Shapiro, M.D., calls the cover and formatting changes a "team face-lift" and notes that the journals' aesthetic alterations reflect the ATS' commitment to "better serving its members and the scientific community."

The three editors agree that outward appearance isn't the only aspect of the journals under construction during the ATS' centennial year. Other changes to the "Blue Journal" include adding more color and brighter images internally, featuring an increased number of Editor's Selections, requiring that submitted abstracts adhere to a specific structure, developing a clinical trial registration process and creating a more easily-navigated layout. In celebration of the ATS' centennial anniversary, the *AJRCCM* will also collaborate with the *AJRCMB* in publishing a series of review articles that highlight the progress made in the field of respiratory medicine during the last century. Beginning in April, each month the journals will focus on a topic related to disease and medical advancement since 1905.

The "Red Journal" has adopted a format similar to that of the "Blue Journal" to allow for manuscripts to be more easily transferred between the two publications. It has also enhanced the efficiency of its formatting to save space and create more room for scientific research. Dr. Shapiro also notes that he hopes to further improve the journal's efficiency and impact factor by adhering to the stringent review and acceptance policies adopted by his editorial team last year. Like Dr. Abraham, he also notes that he will work for more collaboration between the Society's journals during 2005.

For more information about plans for the *AJRCCM*, the *AJRCMB* and *PATS*, visit www.thoracic.org or call the ATS Editorial Unit at (212) 315-6440. 



Did you know that...

...San Diego is the second largest city in California and the seventh largest city in the United States? Famous for its temperate climate, the city offers visitors a wide array of attractions and activities. For those who love the outdoors, San Diego's coastline location, 70 miles of sandy beaches, 92 golf courses and a 600,000-acre state park allow for swimming, sailing, hiking, fishing, surfing, boating and wildlife observation.

Visitors who are more interested in cultural venues can visit San Diego's Balboa Park, the largest urban cultural park in the nation, which features art and history museums, galleries, botanic gardens, the San Diego Zoo and Wild Animal Park and the Globe Theater. In addition, the region's more than 6,000 restaurants and 100-plus culturally-diverse neighborhoods (such as La Jolla and Little Italy) provide visitors with unique culinary experiences, shopping opportunities and entertainment options. [ATS](#)

ATS Thanks Contributors to 2004 Funds for the Future

The ATS gratefully thanks the more than 1,000 ATS members, friends and staff who contributed over \$310,000 to the Funds for the Future in 2004. Your generous gifts, whether targeted to support research, clinical training, assembly funds and/or the Methods in Epidemiology, Clinical and Operational Research (MECOR) courses, further the Society's mission of preventing, treating and curing lung disease.

Remember that a single gift or cumulative gifts of \$125 or more in one fiscal year (January to December) gains you entry to the Funds for the Future hospitality suite at the ATS International Conference in May. This suite becomes more popular each year and offers complimentary continental breakfast, afternoon snacks, a fax machine, computers with e-mail access, presentation software and printers, meeting space and much more! Contributors who would like to have access to the hospitality suite at the 2005 Conference can meet this year's \$125 target at any time before May 20th.

The Society also thanks the hundreds of members who responded to the gift opportunity on the 2005 membership renewal form and alone contributed more than \$20,000. To join your colleagues and become a contributor today, visit the ATS website at www.thoracic.org/fundfuture/index.asp or contact Crystal Williams, Manager of Development and Annual Giving at the ATS, by phone at (212) 315-6464 or by e-mail at cwilliams@thoracic.org. [ATS](#)

CONFERENCES, COURSES AND MEETINGS

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

Date and Place	Information	Contact
May 20—25 San Diego, California	American Thoracic Society 2005 International Conference	Phone: (212) 315-8658 Email: ats2005@thoracic.org Website: www.thoracic.org
March 18—20 Rancho Mirage, California	"Celebration of Pediatric Pulmonology 2005," sponsored by the American College of Chest Physicians (ACCP) and the American Academy of Pediatrics (AAP)	Phone: (800) 343-2227 (847) 498-1400 Website: www.chestnet.org
April 7-10 Scottsdale, Arizona	"A Multidisciplinary Update in Pulmonary and Critical Care Medicine," sponsored by the Mayo Foundation	Phone: (480) 301-4580 Email: mcs.cmc@mayo.edu
April 8—10 Cincinnati, Ohio	"2nd Annual Rare Lung Disease Consortium (RLDC) Conference," sponsored by the Alpha-1 Foundation and the LAM Foundation	Betty Barnett Phone: (305) 567-9888 Email: bbarnett@alphaone.org Website: www.lam.uc.edu/html/mission.html
April 20—23 Denver, Colorado	"The Denver TB Course," sponsored by the National Jewish Medical and Research Center	Catherine J. Queen Phone: (800) 423-8891, ext. 1700 Fax: (303) 398-1806 Email: queenc@njc.org
April 21—22 Bethesda, Maryland	"The Third Symposium on the Functional Genomics of Critical Illness and Injury: Identifying Research Priorities," sponsored by the National Institutes of Health	Phone: (410) 377-0110 Email: anne@strategicresults.com Website: www.strategicresults.com/fg3
May 17—19 Cincinnati area, Ohio	"Respiratory Protection & Fit Testing Workshop," sponsored by the University of Cincinnati's Department of Environmental Health	Roy McKay, Ph.D. Phone: (513) 558-1234 Website: www.DrMcKay.com