



ATS NEWS

February 2006
VOL. 32 NO. 2

AMERICAN THORACIC SOCIETY

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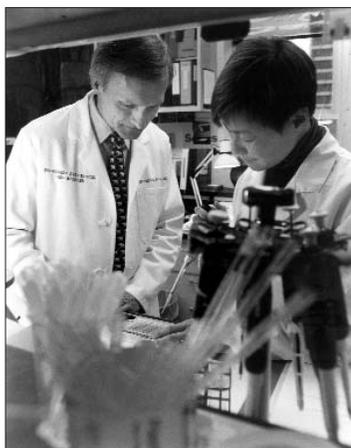
Web Tips



Visit the ATS Web site at <http://www.sections/about-ats/advocacy/index.html> to learn more about the Society's advocacy efforts on legislative and regulatory issues related to the treatment and prevention of respiratory, critical care and sleep disorders. From this site, users can access information on lobbying and contacting Congress, elected officials and the media. This Web page also provides links to the ATS Washington, D.C. Office's two publications: the monthly ATS Advocate and the weekly Washington Letter. Another link allows users to sign up for e-mail updates as part of the ATS Network.

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

ATS Funds Diverse Range of Assembly Projects in 2006



During 2006, the Society's 12 assemblies will work on a broad range of projects focused on improving the diagnosis, treatment and prevention of respiratory diseases.

This year alone, the ATS Board of Directors approved the funding of 34 assembly projects that focus on topics ranging from asthma treatment and chronic obstructive pulmonary disease (COPD) screening to the fundamentals of basic science research and lung pathophysiology. Seventeen of the approved projects are new and will begin during 2006. The remaining projects are ongoing and received renewed funding this year. Nearly all submitted projects received some degree of funding.

"The quality of assembly projects reviewed for approval was particularly high this year," said John Mastronarde, M.D., chair of the ATS Program Review Subcommittee, which oversees the review process. "All were impressive and we are excited to see the outcome of all of them."

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ATS Approves Foundation Structure and Elects Inaugural Board

At its December meeting, the Society's Board of Directors named three ATS members to serve on the inaugural Board of Trustees of the Foundation of the American Thoracic Society.

Richard K. Murray, M.D., Vice President of Academic Affairs at Merck & Co., Inc., and ATS Past-Presidents Talmadge E. King, Jr., M.D., and Gerard M. Turino, M.D., were elected to the Board of Trustees.

Prior to joining Merck & Co., Inc., in 1994, Dr. Murray served as an Associate Professor of Medicine at the University of Pennsylvania. He has been an ATS member since training there as a fellow in Pulmonary and Critical Care Medicine in the 1980s. As Vice President of Academic Affairs, his responsibilities include managing Merck's interactions with professional medical societies and coordinating Merck's support for independent education.

Dr. King is Professor of Medicine, Vice Chairman of the Department of Medicine at the University of California, San Francisco. He also serves as Chief of Medical Services at San Francisco General Hospital. Dr. Turino serves as Director of the Lung Center at St. Luke's Roosevelt Hospital in New York City and as Professor of Medicine at Columbia University College of Physicians and Surgeons.

In accordance with the bylaws of the Foundation, which were approved at the December meeting, President-elect John Heffner, M.D., Vice President David Ingbar, M.D., and Council of Chapter Representatives (CCR) President Louis Libby, M.D., will serve on the Board by

WHO'S WHO IN ATS



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M

essage from the President

Peter D. Wagner, M.D.

Slightly more than 60 ATS staff serve the Society's roughly 13,500 members. I am a numbers guy: that means there are about 0.00444 staff per member. There are some 2,000 working hours in a year, so you can figure that you lay claim to one staff person, all to yourself, for about one day annually. What are you asking him or her to do? Plenty.

This month, I want to share with you how much staff members do for us, how dedicated they are to the Society, how totally dependent on them we are for success as a Society and what a cast of characters they are. Allow me to offer some examples.

I have to begin with ATS Executive Director Carl Booberg. "Uncle Carl" takes care of all 13,560 of us. He fusses, praises and very rarely has a bad word for anyone. He even lets the elected leadership think that they are running the Society and tells them they are doing a good job. He is kind, generous and usually more concerned with our well-being than we are. His staff likes and respects him, something I couldn't help but observe at the ATS staff holiday party that took place in December in New York City. To sum it up, Carl makes sure things get done. Of course, is it really Nicola Black and Denise Tate-Lewis in his office who get things done, but I'll give him the credit.

Then there is Graham Nelan, Director of Assembly Programs and External Relations and Chief Corporate Relations Officer. Graham is Mr. Fix-it, Cruise Director/Concierge, Logistics Coordinator, Leadership Meetings Planner, prime industry contact and the "go-to guy" when the ATS President needs things done in a hurry. He is never far from e-mail or a cell phone, never afraid to give good advice and never gives bad advice. His staff—Elisha Malanga, Monica Simeonova, Bridget Nance, Judy Corn, Debbie Feuerman and Claire Hayes—cover jobs on the entire waterfront no matter what, and I have never heard them complain.

There is no more "buttoned-down" a business affairs unit than that run by Don Temple, Director of Business Affairs. The same goes for the finance department, through Kiwi Partners, Inc., thanks to Richard Hetherington, Carol Duncan and Kimberly Williams. Their combined effort is why the ATS has been doing so well financially. We have never had a deficit budget, an underestimated expense or overestimated revenue. Richard is especially smart for a New Zealander, high praise from an Australian like me...

The Editorial/Peer Review groups dominate the numbers. Chris Shepherd, Managing Editor of the ATS Journals and Website, and Karin Beehler, Peer Review Manager, do a remarkable job with their combined staff of 16 handling some 2,500 submissions each year and keeping the journal editors on track and maintaining the Publications Policy Committee's sanity. This could not be done without the efforts of Henry Bashwiner, Andrew Elder, Eric Gumpert, Latoya Johnson, Karen Kwak, Mary Mobley, Blythe Pack, Vanesa Cardarelli, Soledad Chauca, Sheree Draft, Malin Kallberg-Shroff, Irene Kontalipos, Fay Ling, Sue Ann Nelson, Jillian Porteus and Susan Vente. What I find amazing is that they act and speak like ordinary, real folk!

Our meetings and conference staff are also unique. There is only one Fran Comi, who serves as Director of Scientific Meetings and Conferences, and there is only one Debbie Richardt, Director of Meeting Services. However, they could not accomplish what they do without the help of Alix Gailunas, Nancy Guerrero, Saidah Henderson, Manny Montilla, Heidi Bechtold and Christina Guerrieri. I am amazed (yes, that word again) that our annual meeting with approximately 5,000 abstracts, 16,000

attendees and an exhibit hall the size of Omaha is organized by five people focused on programming and three responsible for logistics. Year after year, with no complaints, these staff just keep getting the job done. Carl—keep these guys happy, please!

Our Government Relations Office in Washington, D.C., has outstanding leadership in Director Gary Ewart and support from Asua Ofosu and Jennifer Faatz. Gary is a character who insists on pausing for questions after his presentations because he knows he has been so thorough there will be none. Fran Du Melle, Director of International Activities, sits there too, at least for a few days a year (and I thought I traveled a lot!). Fran is expertly managing the ATS' rapidly growing number of international programs.

Not to be outdone, Shane McDermott, Director of Education Programs, and his staff, Judy Corn, Rachel Makleff, Miriam Rodriguez and India Moore, run the Education Department with nothing but professionalism. It is no easy task to stay ACCME-compliant and to put on first-class programs, but they do this very well. Shane is always perfectly prepared, more respectful of leadership than he needs to be and usually has very original points to make in any discussion.

The Communications and Marketing Department (Brian Kell and Suzy Martin) is run by Brian, who still has not answered the question I posed him when we first met: "What is a thoracic?" But then, neither has anybody else. Brian loves to write pieces for newspapers and make me sign them as if I were author. I guess then it's my bacon on the line when the subpoenas come. Smart guy.

Information Systems is staffed by Maribel Lim, David-John Massad, Debbie Moy and Guan Yip. These are the quiet (except notably and obviously at the Christmas party), behind the scenes people who keep us on the Internet and connected. They really rose to the occasion during Hurricane Katrina and during the recent revisions to the Web site and we thank them all.

Our Membership-related folk are Allan Gordon, Jeff Delgado, Mauricio Alexander, Terry Chan, Debbie LePlatte, Adam Piontek and Sherryl-Anne Vega. Not the glamour element of the organization, but in keeping track of members, they do a terrific job of herding cats. Allan, in particular, brings a great sense of humor to this, especially in managing the ATS chapters and the Council of Chapter Representatives. Now there's a challenge.

Revenue Development is staffed by Rebecca Hunter, Chief Development Officer, and Crystal Williams, Manager of Annual Giving and Development. Rebecca is always on the prowl for fundraising opportunities to support the ATS Foundation's research and training initiatives.

Human Resources (Barbara Smith, Rhina Guzman and Sybille Hinkson) round out the cast of characters. No wonder it takes three of them to control this bunch.

All joking aside, the ATS staff is the best group of people you could ever surround yourself with. [ATS](#)



ATS Elects Foundation Board

CONTINUED FROM PAGE 1

virtue of their ATS leadership positions.

Homer A. Boushey, Jr., M.D., ATS Past-President and Chair of the Foundation Board of Trustees will continue to expand and “will have places for people from different constituencies, including lay trustees. We need



Richard Murray, M.D. Gerard Turino, M.D. Talmadge King, M.D.

different perspectives, knowledge, energy, credibility and leadership if the Foundation is to be successful. Our goal is to identify and recruit people who have the reason to care and can make a difference in funding for lung disease, critical care and sleep medicine, whatever their background.”

The Foundation’s by-laws specify that two-thirds of its trustees must be ATS members and one-third may be recruited from outside of the Society. Dr. Boushey noted that this governing structure will ensure close collaboration between the Society and the Foundation.

“As a separate non-profit corporation, the Foundation will attract broader philanthropic support,” Dr. Boushey said. “This will bring more recognition of respiratory disease and the ATS’ leading role in finding cures, ensuring access to expert care and alleviating suffering.”

The Foundation’s purpose is to assume all ATS fundraising efforts and other philanthropic projects that support research on the diagnosis, treatment and prevention of respiratory diseases, as well as for the education and training of professionals to conduct this research and to provide patient care.

For more information about the Foundation of the ATS, please contact ATS Chief Development Officer Rebecca Hunter, CFRE, at (847) 838-3602 or rhunter@thoracic.org. [ATS](#)

Slurping Around: Wine Tips from PDW



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

White: Villa Maria 2005 Sauvignon Blanc (Private Bin), \$10 to \$13.

This is spectacular stuff. Despite the PB designation, this is their regular bottling. Great fruit intensity, extremely true to the variety with gooseberry, lemon. Good but balanced acidity and richness plus length on the palate. New Zealand does it again! Big winner in my professional wine-tasting group.

Red: Castle Rock 2004 Zinfandel (Sonoma County), \$8 to \$11. This is a very well made, lighter style zin that is neither overly-extracted or over-ripe. Thus, it has some elegance. Nice acid, and the oak and tannin are there in balance. The fruit is young and grapey, and thus in a year or so might present more interesting complexity, but a great value for now and the short term (don’t keep Zins more than 2 to 3 years). Another big winner in my professional wine-tasting group, despite being the cheapest of 12 wines in the flight.

AJRCCM HIGHLIGHTS



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

Are Participants in Clinical Trials Representative of the Overall Population?

While randomized clinical trials are a standard methodology for testing new therapies, there may be questions about extending the results of such trials to routine clinical care if the subjects included in the study are not truly representative of the entire population of patients with the disease being studied. Drs. Goss and colleagues used the Cystic Fibrosis Foundation Registry database to determine whether patients who participate in clinical trials differ from those who did not, and also whether the clinical outcomes were different between the two groups. A relatively high percentage (30.2 percent) of the population of patients with cystic fibrosis enrolled in at least one clinical trial. The patients who enrolled had more severe disease and higher rates of *Pseudomonas aeruginosa* infection; in addition, they were more likely to have private insurance than the non-participants in clinical trials. Despite having more severe disease at baseline, the patients who participated in clinical trials had a slower rate of decline in lung function than did those who did not participate in clinical trials. Interestingly, when the subset of patients who participated in a Phase 3 study of inhaled tobramycin were examined, the participants closely resembled the entire population of potential trial participants, providing confidence in the generalizability of the results from that clinical trial. This study raises important issues about the generalizability of studies in cystic fibrosis, as well as in other diseases. In particular, the article poses the question of the barriers, particularly financial and relating to insurance status, that may determine whether potentially eligible patients participate in a clinical trial.

Systemic and Upper Airway Inflammation During Exacerbations of COPD

There is increasing interest in the extrapulmonary manifestations of chronic obstructive pulmonary disease (COPD). COPD exacerbations are a major factor in morbidity and mortality associated with this disorder, yet relatively limited information is available concerning the inflammatory processes that participate in these important clinical events. In this study, Drs. Hurst and colleagues provide new insights into the relationships between upper airway, lower airway and systemic inflammation during exacerbations of COPD, and demonstrate that widespread alterations exist in this clinical setting. In particular, they found that the COPD exacerbations are accompanied by inflammation that involves the upper and lower airways. In addition, the degree of systemic inflammation at COPD exacerbation is related to the degree of lower airway inflammation and the presence of bacterial pathogens in the sputum. Because sputum leukocyte count and IL-8 concentrations were correlated with the systemic inflammatory markers IL-6 and CRP, these findings also suggest that measurement of a systemic parameter, such as serum CRP, may have clinical utility since it can provide insight into the degree of inflammation in the lower airway. [ATS](#)

ATS NEWS
AMERICAN THORACIC SOCIETY

February 2006

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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
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Vol. 32 No. 2 February 2006 *ATS News* (usps 103-750, issn 0892-8916) is published monthly at 61 Broadway, New York, NY 10006. Copyright 2006 by the American Thoracic Society. Periodicals postage paid at New York, NY and at additional mailing offices. Postmaster: Send address changes to the American Thoracic Society, 61 Broadway, 4th Floor, New York, NY 10006
Internet: <http://www.thoracic.org/news>

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ATS Assembly Projects Approved for Funding During 2006

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Once completed, these projects will take various forms: some assemblies are developing statements and clinical guidelines, while others are producing workshop reports, conference proceedings and web portals.

ATS President Peter D. Wagner, M.D., feels that the assembly projects being undertaken this year reflect the diverse interests of the Society's members. "To me, it is incredible that individuals from all specialties can come together and accomplish what they do," he says. "The assemblies are vital to the ATS and its future, and I am extremely pleased with the work that is being done and the level of support that the ATS provides."

The assembly projects that received new and renewed funding in 2006 are:

Assembly on Allergy, Immunology & Inflammation

- ATS/ERS Task Force to Provide Recommendations on "Asthma Control and Exacerbations: Standardizing Endpoints for Clinical Asthma Trials"
- Consensus Definition of Acute Lung Injury in Animals
- Web-Portal Development for an Evidence-Based Asthma Practice

Assembly on Behavioral Science

- Issues in Screening for Asthma and COPD (a joint project with the ATS Assembly on Pediatrics)
- How Does a Lack of Health Insurance Contribute to Health Disparities for Patients with Lung Disease and Critical Illness?

Assembly on Critical Care

- Quality Improvement Activities, Human Subjects Protection and Professional Ethical Integrity

Assembly on Clinical Problems

- ATS/ERS Guidelines on Flexible Bronchoscopy
- Idiopathic Pulmonary Fibrosis: An Update of the International Consensus Statement on the Diagnosis & Treatment

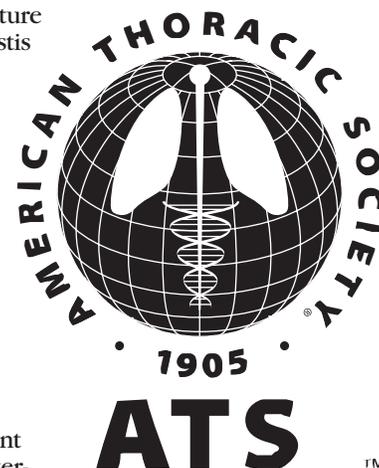
Assembly on Environmental & Occupational Health

- Chronic Beryllium Disease: Detection, Diagnosis, Assessment of Severity, Management, Treatment and Prevention Strategies (*jointly funded by the National Institute for Occupational Safety and Health and the U.S. Department of Energy*)
- Consensus Workshop on Low Molecular Weight Allergens
- Workshop and ATS Statement on Work-Exacerbated Asthma
- Biomass Combustion and Respiratory Health

Assembly on Microbiology, Tuberculosis & Pulmonary Infections

- International Tuberculosis Control Activities
- ATS/IDSA: Diagnosis, Prevention and Treatment of Disease Caused by Non-tuberculous Mycobacteria
- Statement on Treatment of Fungal Infection

- Recent Advances and Future Directions in Pneumocystis Pneumonia
- Diagnosis of Fungal Infection
- ATS/IDSA: Risk of Tuberculosis in Patients Receiving Anti-TNF and Other Novel Immunosuppressive Therapies
- Improving the System for Oversight of Clinical and Epidemiological Studies
- Diagnosis and Management of Bronchiectasis: An International Perspective



Assembly on Nursing

- Revision of the 1999 ATS Dyspnea Statement
- Evidence-Based Feasibility Project: The Application and Evaluation of a Critical Appraisal Process to Determine the Best Evidence for Pulmonary Nursing Practices

Assembly on Pediatrics

- ATS/ERS Working Group on Infant Pulmonary Function Testing
- Diagnosis and Management of Primary Ciliary Dyskinesia
- Recommendations for the Evaluation, Diagnosis and Treatment of the Child with Suspected Interstitial Lung Disease (*jointly funded with the Rare Lung Disease Consortium*)
- Pediatric Organization for Worldwide Respiratory Research (POWRR) Meeting
- Virtual International Pediatric Pulmonary Network (VIPPN)

Assembly on Respiratory Cell and Molecular Biology

- Idiopathic Pneumonia Syndrome: A Ten-Year Update
- Fundamentals of Bench Research Course

Assembly on Respiratory Neurobiology and Sleep

- Workshop on Electronic Interchange of Polysomnography Data
- Workshop on Research Priorities in Portable Monitoring for Sleep-disordered Breathing
- Web-Based Learning in Sleep

Assembly on Respiratory Structure and Function

- Advances in Small Animal Imaging: Application to Lung Pathophysiology
- Lecture Notes on Pulmonary Physiology

For more information about ATS assemblies, please contact Monica Simeonova, Associate Director of Assembly Programs and the ATS Public Advisory Roundtable, at msimeonova@thoracic.org. 

WHO'S WHO IN ATS

John Kimoff, M.D.

"The past two decades have seen an explosion of knowledge in the medical field of sleep disorders," says John Kimoff, M.D., director of the McGill University Health Centre Sleep Disorders Centre.

"Striking information has appeared on the large numbers of individuals affected by sleep disorders and the impact these disorders have on health, public safety and workplace productivity." He notes that sleep apnea is becoming one of the most studied of these disorders. "The condition is prevalent, under-recognized and under-appreciated," says Dr. Kimoff.

Dr. Kimoff was the McGill University principal investigator for a study on sleep apnea recently published in the *New England Journal of Medicine* (353:2025-33). Led by Douglas Bradley, M.D., of the University of Toronto, the multi-center trial, known as Canadian Positive Airway Pressure (CANPAP), found that continuous positive airway pressure (CPAP) did not affect survival rates for patients with central sleep apnea and heart failure.

"Despite the fact that the study was negative in terms of the primary outcome of mortality, we did find that CPAP had a significant effect on secondary outcomes, such as left ventricular function, exercise performance, improved nocturnal oxygenation and lower norepinephrine levels," says Dr. Kimoff.

"Perhaps as important as the findings themselves was the fact that ours was the largest randomized controlled trial in sleep-disordered breathing with cardiovascular outcomes," he added. "We showed that a major clinical trial with important outcome measures can be conducted in this field. And there's talk of conducting a similar trial with heart failure patients with obstructive sleep apnea."

Learning From Patients

But Dr. Kimoff, whose father is also a physician, wasn't always enthusiastic about medicine and medical research. "I saw how hard my father worked as a general practitioner in a semi-rural setting in the province of Quebec," he says. But in spite of his earlier reticence, he became interested in medicine while studying biology at McGill University.

What does he like best about the practice of medicine? "I love to interact with people in the clinic and on the hospital ward. I learn as much from that as I do from my research and reading," says Dr. Kimoff, who is also an associate physician in the McGill University Health Centre Respiratory Division and associate professor of medicine.

After training in internal medicine at McGill, Dr. Kimoff was recruited into pulmonology and sleep medicine by his mentors and ATS members Manuel Cosio, M.D., and Eliot Phillipson, M.D., (from the University of Toronto), with whom he did a sleep research fellowship.

"The interaction of sleep and the control of breathing has always interested me," he says. "Research in the field of obstructive sleep is growing rapidly, and while we've made tremendous advances, so many challenges remain. The condition has a huge impact on people's quality of life. It's a very rewarding area to work in."

Linking Sleep Apnea and Other Diseases

Dr. Kimoff is examining several aspects of sleep apnea. He is collaborating with Kateri Champagne, M.D., on a study of sleep-



"Research in the field of obstructive sleep is growing rapidly, and while we've made tremendous advances, so many challenges remain. The condition has a huge impact on people's quality of life. It's a very rewarding area to work in."

disordered breathing in pregnant women with pre-eclampsia. He is also investigating the link between sleep apnea and asthma.

"We have demonstrated a strong association between obstructive sleep apnea and moderate-to-severe asthma. We hope to learn how the treatment of obstructive sleep apnea affects asthma control," he says.

One of Dr. Kimoff's major research interests is inflammation and pathophysiology in sleep-disordered breathing. "I am studying tissues of the upper airways of patients with sleep apnea to analyze the relationship between inflammation and neuromuscular functions," he says. "Possible causes of inflammation in the upper airways include trauma, acid reflux and changes in blood oxygen levels."

Other conditions linked with sleep apnea include hypertension, stroke, heart failure, irregular heartbeats and heart attacks.

ATS Involvement

Dr. Kimoff has long been involved in the ATS Assembly on Respiratory Neurobiology and Sleep (RNS), serving as its chair from 2003 to 2005. He continues to sit on the assembly's Planning Committee.

"When I became assembly chair, I immediately became involved in issues related to portable monitoring for sleep apnea and the broader issues of access to care for the diagnosis and management of sleep apnea," he says.

Dr. Kimoff also served as a board reviewer for a document written by the ATS, the American College of Chest Physicians and the American Academy of Sleep Medicine on portable monitoring for sleep apnea in 2004.

"We've moved forward in terms of collaboration and cooperation among the three societies," he says, further evidenced by a recently published joint editorial in *SLEEP* 28(12):1496-7.

ATS members praise Dr. Kimoff and his stewardship of the RNS assembly. "As assembly chair, John promoted the link between basic and clinical science, involving both clinicians and Ph.D.'s in the activities of the assembly," says Mary Morrell, Ph.D., Past Program Chair of the Assembly on RNS. "His initiatives have been a key factor in developing the large international representation within the assembly. John has also been a strong supporter of junior scientists; he was the driving force behind the RNS Young Investigator Award, which was conferred for the first time in 2005."

Dr. Kimoff is sanguine about the ATS' central role in the advances in treatment and research in the field of sleep medicine. "The ATS has something unique to offer as sleep medicine becomes an independent specialty within the United States. Because we use a translational approach, ATS scientists sit down and talk with practicing clinicians. We're concerned with translating advances into public policy that improves the day-to-day lives of individuals."

On a Personal Note

Dr. Kimoff spends as much time as he can with his three teenage sons, ages 16, 15 and 13. "I ski and they snowboard, and we go camping and cycling together," he says. **ATS**

ATS International Conference: Where Clinicians Find the Latest Information and Network of Resources



What attracts a “trenchologist” to the ATS International Conference year after year? That’s the question the Society posed to the ATS member who coined the term: George Stewart, M.D.

Dr. Stewart has spent virtually his entire career in a small, private practice in Alaska, providing care to communities that do not have enough doctors, especially specialists, to meet the needs of residents. His contributions to the prevention and control of lung disease have been so great that the American Lung Association (ALA) will recognize his accomplishments by awarding him the Will Ross Medal, the ALA’s highest volunteer award, at the May 2006 ALA Board of Directors meeting in San Diego.

“When I finished my training and moved to Alaska, I recognized that I needed a way to stay current in the field,” says Dr. Stewart, who has attended the International Conference nearly every year since joining the ATS in 1969. “The Conference provides a lot of the educational material that I rely upon as a clinician to help my patients.”

The 2006 International Conference will be held from May 19 to 24, in San Diego. With more than 400 sessions, the Conference features a range of venues for learning the latest information about the diagnosis and treatment of respiratory, critical care and sleep disorders. From year-in-review sessions to symposia on select topics, the Conference is unmatched in the depth and breadth of educational offerings.

The International Conference also puts attendees in touch with a network of other clinicians that can be an important resource throughout the year.

“Trenchology 101”

A Select List of 2006 IC Sessions for Clinicians

In addition to six year-in-review sessions covering the most common adult and pediatric topics in pulmonary, critical care, and sleep medicine, there are many symposia throughout the conference that will be of interest to physicians, nurses, and other clinicians. Among these are:

- Controversies in Community-Acquired Pneumonia
- The Link between Pediatric and Adult Asthma
- Sleep Breathing and Metabolic Function
- Lung Cancer: Management in the Year 2006
- Prophylactic Therapy in the ICU
- Difficult Management Issues in Sarcoidosis
- IPF: Applying Data from Clinical Trials to Patient Care
- Pulmonary and Critical Care Response to Catastrophes
- Critical Care: Evidence vs. Practice
- Novel Risk Factors for COPD

“No program or event can match the International Conference for bringing pulmonary nurses together,” says Suzanne Lareau, R.N., M.S., a clinical nurse specialist at the VA hospital in Albuquerque who has gone to Conference every year for the past 31 years. “Throughout my career, I have relied upon that network to help my patients by contacting a colleague when one of my patients moves and needs to find new healthcare providers or when, for instance, I’m trying to learn whether a new medical device or treatment is effective.”

Blakeslee Noyes, M.D., a pediatric pulmonologist at the St. Louis School of Medicine, also believes that networking is an important part of the International Conference. “The best of the best go to the conference,” says Dr. Noyes. “I may see only a half dozen kids each year with interstitial lung disease, but thanks to the network I’ve formed over the years, I know I can call on others with more experience with this disease, or any other issues that I think I can better understand by calling upon a colleague.”

Collegiality has a lot to do with the attraction of the ATS International Conference, says John Gotchall, M.D. “Sometimes I have to pull an all-nighter before the Conference to find the time to attend, but I think it is worth it,” says Dr. Gotchall, the sole pulmonologist and critical care specialist among the 80 physicians and surgeons of the Corvallis Clinic, in Oregon. “The quality and speakers at the Conference’s clinical sessions are very good, and I like going because it gives me a chance to learn without the distractions of the office.”

For more information about the 2006 International Conference, call (212) 315-8658 or send an e-mail to ats2006@thoracic.org. [ATS](http://ats.org)

Need Another Reason to Attend ATS 2006 ■ San Diego?

The ATS has added a **new benefit** to your 2006 International Conference registration: 12 months of free access to 2006 Conference webcasts.

This year, the ATS has more than doubled the number of hours of conference presentations that will be available this year. Full conference registrants* can view more than 200 hours of ATS 2006 presentations at *no extra charge*.

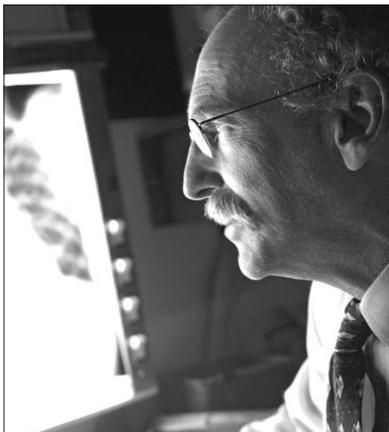
* Free access limited to paid conference registrants in full conference categories (including in-training). One-day registrants, other attendees and non-attendees may place orders at designated pricing levels to be announced in the Final Program and on-site.



Consult with Experts in the Clinicians and Fellows Center at ATS 2006 ■ San Diego

A particularly popular feature of recent ATS International Conferences has been the Clinicians and Fellows Center, where attendees can discuss difficult cases or any other clinical issues that they believe will improve their practice with some of the world's leading experts.

Designed to enhance the Conference experience for those who practice or who are in training for practice in respiratory and critical care medicine, the Center serves as a professional networking venue and an overall "doctors' lounge." The schedule for expert appearances at the Center is as follows:



Sunday, May 21

8 A.M. TO 10 A.M.—**Victor F. Tapson, M.D.**, "Pulmonary Embolism & Pulmonary Vascular Disease"

10 A.M. TO NOON—**Gordon R. Bernard, M.D.**, "Acute Respiratory Distress Syndrome"

NOON TO 2 P.M.—**Robin Deterding, M.D.**, "Pediatric Pulmonary Disease"

2 P.M. TO 4 P.M.—**Philip C. Hopewell, M.D.**, "Acquired Immune Deficiency Syndrome"

Monday, May 22

8 A.M. TO 10 A.M.—**Steve Sahn, M.D.**, "Pleural Disease"

10 A.M. TO NOON—**E. Wesley Ely, M.D.**, "Intensive Care Unit Sedation and Delirium"

NOON TO 2 P.M.—**Richard Wunderink, M.D.**, "Pneumonia (CAP/VAP)"

2 P.M. TO 4 P.M.—**Richard Casaburi, M.D., Ph.D.**, "Pulmonary Rehabilitation"

Tuesday, May 23

8 A.M. TO 10 A.M.—**Monica Kraft, M.D.**, "Asthma and Allergy"

10 A.M. TO NOON—**John Marini, M.D.**, "Mechanical Ventilation"

NOON TO 2 P.M.—**Alan Plummer, M.D.**, "CPT Coding and Billing Issues"

2 P.M. TO 4 P.M.—**James R. Jett, M.D.**, "Lung Cancer"

In addition to these experts, the Clinicians and Fellows Center will feature computer stations for sampling ATS educational products, x-ray view boxes, video stations and a daily "social hour" from 3 p.m. until 4 p.m., during which cocktails and hors d'oeuvres will be served.

For more information about the Clinicians and Fellows Center, contact Allan P. Gordon, ATS Associate Director of Member Services and Chapter Relations at agordon@thoracic.org. [ATS](http://www.thoracic.org)



Register now for the
ATS 2006 International
Conference!

In addition to receiving an Advance Program and registration materials in the mail, members can view the program and register online by going to the ATS website at www.thoracic.org/go.cfm?conference.

AJRCMB HIGHLIGHTS



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

Ask the Editor

I am finishing my pulmonary fellowship training, and while I have enjoyed my research project, I am witnessing dwindling rates of grant funding and depressed mentors. I am seriously questioning whether I can or want to pursue bench research as a career. Are these reasonable concerns?

Government funding of research has traditionally gone through cycles, related at this time largely to natural and unnatural disasters. This is an incredibly exciting time for biomedical research, as we are on the verge of truly dissecting disease pathways, developing effective new therapeutic strategies, and, hence, revolutionizing patient care. Moreover, as a nation, we are very good at this. Our scientific community needs to do a better job of selling the importance of scientific research to the public (or maybe we should start with evolution). Overall, however, people are interested in their health and, for that reason alone, we are not only engaged in an altruistic endeavor, but one that has a captive audience. Day-to-day experiments can be frustrating and seem to move slower than a turtle. But, if you find both ligating a construct and ultimately understanding lung biology incredibly rewarding, as many of us do, then hang in there. Work hard, ask important questions and you will have a wonderful career. Oh, and if your child has a school play—you won't miss it. Scientists work hard, but generally have control of their lives.

Pharmaceutical Corner: New Tricks for Old Dogs

Several articles in this issue probe novel mechanisms of action for agents commonly used for asthma. The ability of drugs to influence extra-cellular matrix remodeling in asthma is unknown. Drs. Todorova, Westergren-Thorsson and colleagues used a model of serum-induced proteoglycan production to show that the proteoglycan upregulation characteristic of asthmatic airways may be limited by combination therapy with budesonide and formoterol.

Drs. Perng, Lee and colleagues also addressed asthma airway remodeling. Using an epithelial cell air-liquid interface culture, they found first that cysteinyl leukotrienes promote, via a p38 MAPK pathway, production of transforming growth factor- β_1 (TGF- β_1), which causes fibroblast proliferation. This effect was inhibited with montelukast and corticosteroids.

Addressing the inflammatory component of asthma, Drs. Chorley, Adler and colleagues showed that acute β_2 -adrenergic stimulation of airway epithelial cells with albuterol could suppress production and release of inflammatory mediators, specifically granulocyte macrophage-colony stimulating factor (CM-CSF) via a pathway involving inducible nitric oxide synthase (iNOS). These studies show that our understanding of pharmacotherapy does not end upon clinical acceptance of a drug. Additional—in these cases, thankfully—beneficial mechanisms of action were found upon careful investigation. [ATS](http://www.thoracic.org)

CONFERENCES, COURSES AND MEETINGS

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

Date and Place	Title	Contact
May 19 to 24 San Diego, California	"The 2006 ATS International Conference," sponsored by the American Thoracic Society	Phone: (212) 315-8658 E-mail: ats2006@thoracic.org Website: www.thoracic.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 21 to 24 Brussels, Belgium	"26 th International Symposium on Intensive Care and Emergency Medicine"	Phone: +32 2 555 3631 Fax: +32 2 555 4555 Website: www.intensive.org
March 23 to 25 Scottsdale, Arizona	"Fourteenth Annual Dysphagia Research Society Meeting," sponsored by the Dysphagia Research Society	Pam Vinje Phone: (713) 965-0566 E-mail: drs@meetingmanagers.com
March 23 to 25 Torrance, California	"Harbor UCLA Bi-annual Practicum in Exercise Testing and Interpretation"	Shirley Zagala Phone: (310) 222-3803 E-mail: szagala@LABiomed.org
March 23 to 26 Big Sky, Montana	"25 th Annual Big Sky Pulmonary & Critical Care Medicine Conference," sponsored by the American Lung Association of the Northern Rockies	Phone: (406) 442-6556 Fax: (406) 442-2346 E-mail: ala-nr@ala-nr.org
March 24 Baltimore, Maryland	"46th Annual Meeting and Scientific Session of the Maryland Thoracic Society"	Phone: (410) 560-2120, ext. 232 Website: www.marylandlung.org/research
March 31 to April 2 Cincinnati, Ohio	"2006 Lymphangioliomyomatosis International Research Conference," sponsored by the LAM Foundation	Phone: (513) 777-6889 E-mail: lam@onc.net Website: http://lam.uc.edu
March 31 to April 2 San Juan, Puerto Rico	"Celebration of Pediatric Pulmonology 2006," sponsored by the American College of Chest Physicians	ACCP Member Services Phone: (847) 498-1400 E-mail: accp@chestnet.org
April 6 to 9 Scottsdale, Arizona	"Multidisciplinary Update in Pulmonary and Critical Care Medicine," sponsored by the Mayo Clinic College of Medicine	E-mail: mcs.cme@mayo.edu Website: www.mayo.edu/cme/
April 19 to 22 Key Biscayne, Florida	"Miami IPF Symposium," sponsored by the South Florida Veteran's Affairs Foundation for Research and Education, the Miller School of Medicine Division of Pulmonary and Critical Care Medicine and Intermune, Inc.	Phone: (305) 324-4455, ext. 3722 E-mail: isabel.perez@ipfmiami.org Website: www.IPFMiami.org
April 24 to 26 Cincinnati, Ohio	"Respiratory Protection & Fit Testing Workshop," sponsored by the University of Cincinnati	Phone: (513) 558-1234 Website: www.DrMcKay.com
April 26 to 29 Denver, Colorado	"The Denver TB Course," sponsored by the National Jewish Medical and Research Center	Phone: (303) 398-1700 E-mail: queenc@njc.org Website: www.nationaljewish.org/tbcourse.html
May 7 Albuquerque, New Mexico	"Spirometry Update & Refresher Training," sponsored by the University of Cincinnati Department of Environmental Health	Phone: (513) 558-1234 Website: www.DrMcKay.com
June 7 to 10 Aspen, Colorado	49 th Annual Thomas L. Petty Aspen Lung Conference: "Immunologic Diseases of the Lung"	Phone: (303) 752-2681 E-mail: Jeanne.Cleary@uchsc.edu Website: www.aspenlungconference.org