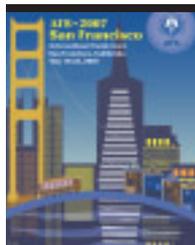




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Register online for the 2007 ATS International Conference at www.thoracic.org/go/international-conference! In addition to receiving an Advance Program and registration materials in the mail, ATS members can view the 2007 International Conference program, register and make hotel reservations electronically through the ATS Web site. The site also provides information about special conference programs and San Francisco's tourist attractions.

AJRCMB LAUNCHES NEW SERIES ON NITRIC OXIDE AND LUNG FUNCTION

This month, the *American Journal of Respiratory Cell and Molecular Biology* (AJRCMB) features three original articles on the cellular and physiologic consequences of nitric oxide (NO)-induced post-translational protein modifications.

The articles, the first in a series to be published in the journal this year, were selected from those submitted for review last summer when the AJRCMB issued a call for original manuscripts on the subject.

"NO signaling plays a very important role in lung health and disease, and many laboratories are actively producing novel and seminal studies in this area," said Steven Shapiro, M.D., editor of the AJRCMB. "Our goal was to capture this by publishing papers that document the basic mechanism of a fundamental process and how changes in structure result in changes in lung function."

Seven researchers responded to the journal's call by submitting original manuscripts identifying NO-induced modifications of specific protein residues, linking these modifications to changes in function and showing how they contribute to the pathogenesis of pulmonary diseases.

"The manuscripts we received were simply outstanding," said AJRCMB deputy editor Sadis Matalon, Ph.D., who spearheaded the call for papers with Dr. Shapiro. "Because of their high quality, our acceptance rate—usually about 35 percent—was far greater than normal." To date, four papers have been accepted for publication, including the three that appear in the February issue. Two others are now in revision.

A preface co-authored by AJRCMB editorial board member Jonathan Stamler, M.D., introduces the series and provides a framework for the classification of oxidation-reduction-based NO signaling.



A pioneer in the field, Dr. Stamler is internationally renowned for his contributions for *S-nitrosylation*, the process in which NO forms a covalent adduct on cysteine residues (amino acids found in most proteins), resulting in the regulation of diverse protein functions and localizations.

In his commentary, Dr. Stamler gives readers an overview of how the field has evolved over the last decade. Early studies implicated NO in the relaxation of blood vessels, caused by increasing levels of the soluble enzyme guanylate cyclase.

However, as the articles in the AJRCMB demonstrate, this paradigm has shifted in recent years. There has been an emerging recognition that direct modifications of proteins by NO, other species formed by the interaction of NO with oxygen, and oxygen-derived free radicals play an important role in modifying critical protein functions.

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MESSAGE FROM THE PRESIDENT

John E. Heffner, M.D.

The ATS has long recognized the power of partnerships to accomplish remarkable goals. In 1887-1888 in the tiny New York hamlet of Saranac Lake, an unusual partnership formed between Robert Lewis Stevenson and Dr. Edward Livingston Trudeau.

Stevenson, the popular Scottish novelist who wrote *Treasure Island* just five years before, spent the winter writing literary tales as he sought to recover from tuberculosis at the Adirondack Cottage Sanitarium.

Trudeau, the founder of the sanitarium who had TB himself, had become galvanized five years earlier by the works of Koch, who identified the tubercle bacillus, and Brehmer, who reported the treatment of TB with physician-supervised rest and fresh air.

In the 1880s, Trudeau raised funds for a few cottages in the Adirondacks to expand his ongoing sanitarium efforts. At first, he offered his services for free and reduced facility charges below cost. He learned to culture the tubercle bacillus, provided physicians across the country with free cultures, and started the Saranac Laboratory for the Study of Tuberculosis, the first institution devoted to TB research in the United States.

Trudeau's reputation was noted by Stevenson, who changed his plans in 1887 to travel from Scotland to Colorado Springs for a "TB cure" and instead went to Saranac Lake. Trudeau became Stevenson's physician, visiting him daily on his cottage verandah. The two men struck up an improbable friendship: Stevenson was agnostic and Trudeau deeply religious. But Trudeau was one of the few in the hamlet who appreciated the keen insights and idealism of his patient, and Stevenson immediately recognized the intellectual qualities of his physician.

The friendship was spontaneous and soon progressed to daily conversations that became legendary in their dialectic vigor between the fact-based Trudeau and Stevenson the dreamer, who together generated new ideas by blending their unique perspectives. So began a mutually beneficial partnership that subsequently benefited the world.

Stevenson's presence at Saranac Lake brought many international luminaries and literary visitors who further spread the reputation of Dr. Trudeau's research and patient care. Trudeau went on to perform fundamental studies that demonstrated the interplay of environmental factors with the progression of TB. Stevenson came to Saranac Lake a depressed invalid, but, under Dr. Trudeau's care, became a prolific writer again, even though his ink often froze in its bottle during the winter of 1887. Literary historians describe Stevenson's time with Trudeau as a turning point for the author, who left with a stronger body and renewed vigor to continue enriching world literature.

With the ALA, we have joined a task force to strengthen ATS chapters, fundamentally important partnerships that promote our shared missions.

And, of course, in 1905, Trudeau was elected the first president of the National Association for the Study and Prevention of Tuberculosis and its medical section, the American Trudeau Society. In later years, the former became the American Lung Association (ALA) and the latter became the American Thoracic Society.

The meeting of Trudeau and Stevenson underscores the ATS's legacy of partnering with others to advance shared missions. So how is the Society doing these days in pursuing effective partnerships? I think both Trudeau and Stevenson would endorse our recent efforts.

More than 100 years after the publication of Trudeau's landmark studies, we increasingly recognize the importance of environmental factors on human health and disease. The ATS is partnering with the National Institute of Environmental Health and Sciences (NIEHS) to promote its strategic plan, which calls for integrated teams to use environmental sciences for understanding human biology and disease. This vision challenges the ATS to promote greater partnerships between investigators in the Society's Assembly on Environmental and Occupational Health and other, more disease-focused ATS members who investigate disorders such as idiopathic pulmonary fibrosis.

We continue to partner with the National Heart, Lung, and Blood Institute (NHLBI). ATS members and staff played critical roles in the launch of the NHLBI's COPD Awareness Campaign (*see page 7*). We supported the NHLBI's strategic planning, as they did ours, and have now begun vigorous conversations to identify overlap between the two plans and opportunities for innovative partnerships. We also continue to advance our inter-society partnerships and our global roles in organizations that advance respiratory health.

Perhaps Trudeau and Stevenson would most deeply appreciate our ongoing collaboration with the ALA. Jo Rae Wright, Ph.D. (ATS), Terri Weaver, Ph.D., R.N. (ALA), Jonathon Truwit, M.D. (CCR), and Harold Wimmer (CLAS) have joined together on a task force to strengthen ATS chapters, which are fundamentally important partnerships that promote our shared missions for community outreach education, practice, research and public policy. They help the ATS identify local issues with national implications and provide the ALA with a legion of healthcare professionals and scientists to serve as scientific advisors. Neither organization could function effectively without ATS chapters.

Whether the occasion is an ATS partnership with the ALA or with the NHLBI, NIEHS, American College of Chest Physicians, European Respiratory Society or any other organization with which we partner, it all goes back to those winter conversations between Trudeau and Stevenson by a warm cottage stove. Our partnerships serve to share unique perspectives, forge new ideas and advance our shared missions.

NEWS BRIEFS

ATS MEMBER NEWS

In November 2006, ATS member Molly Osborne, M.D., Ph.D., was elected National Vice Chair of the Group of Student Affairs (GSA), one of 13 professional development groups within the Association of American Medical Colleges (AAMC). She will serve a four-year term in leading the GSA as Vice Chair, Chair-elect, Chair and Past Chair.



Dr. Osborne is Associate Dean for Student Affairs and Professor of Medicine at Oregon Health Sciences University in Portland. An ATS member since 1983, she chairs the ATS Committee on Ethics and Conflict of Interest and serves on the ATS Education Committee.

SAVE THE DATE: RIGA 2007

Mark your calendars: The 4th Congress of the International Union Against Tuberculosis and Lung Diseases (IUATLD), Europe Region, will be held in Riga, Latvia, from Wednesday, June 27, to Saturday, June 30, 2007.



The four-day congress will focus primarily on tuberculosis, which is still a considerable emergency in Eastern Europe, with the emergence of difficult to treat drug resistances and increasing HIV co-infection. The program will also feature a number of postgraduate sessions and symposia on the diagnosis and management of non-TB lung diseases like asthma, COPD and lung cancer.

"The congress offers attendees the opportunity to meet colleagues of different backgrounds, discuss specific problems and learn about the latest developments in basic science, clinical medicine and public health," said Robert Loddenkemper, President of the Europe Region of the IUATLD.

For program and registration information, please visit www.tuberculosis.lv/congress2007.

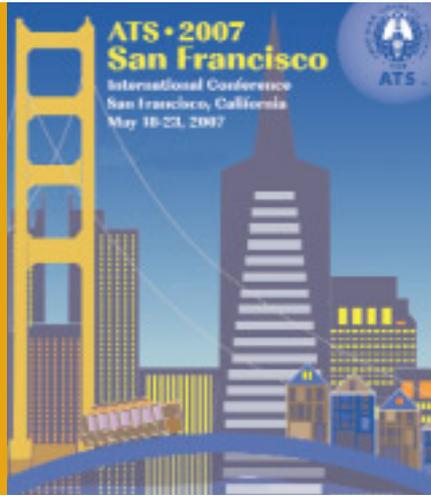
ATTENTION ATS 2007 ATTENDEES IN CANADA, MEXICO AND BERMUDA

As of January 23, 2007, all citizens of Canada, Mexico, Bermuda and the United States must have a passport (or another accepted secure document) to enter or re-enter the United States when traveling by air or sea. For more information, please contact the U.S. Department of State (www.travel.state.gov) or the U.S. Department of Homeland Security (www.dhs.gov).



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SCIENTIFIC BREAKTHROUGHS SESSION AT 2007 INTERNATIONAL CONFERENCE FOCUSES ON GENOMICS, PROTEOMICS



Attendees of the 2007 ATS International Conference have a unique opportunity to learn about the latest research in genomics and proteomics important to pulmonary medicine at “Scientific Breakthroughs of the Year,” which will take place on Sunday, May 20, from 1:30 to 4:15 p.m.

“The session highlights scientists who are not normally in attendance at the ATS conference, who bring what’s hot in other areas that is relevant to pulmonary specialists,” said Lynn M. Schnapp, M.D., who co-chairs the session with fellow ATS member Andrew J. Halayko, Ph.D.

The session will feature two speakers: Gary Nolan, Ph.D., of Stanford University, who will talk about deciphering disease mechanisms at the single cell level, and Evan Eichler, Ph.D., of the University of Washington, who will discuss genomic structural variations in disease.

The session will also highlight promising young investigators, whose abstracts were nominated by ATS assemblies:

- **Stephen Chapman, M.D.**, is studying a naturally occurring variant (polymorphism) in the gene *MAL/TIRAP* which confers protection against the major infectious diseases bacterial septicaemia, malaria and tuberculosis in humans. This is the first time that a single genetic polymorphism has been demonstrated to affect susceptibility to multiple major infectious causes of mortality. Dissection of the genetic factors responsible for susceptibility to infectious disease will lead to an increased understanding of the pathogenesis of infection and may eventually result in the development of novel anti-microbial drug treatments which interact with the *MAL/TIRAP* protein.
- **Hao Wu, Ph.D.**, is examining S-nitrosoglutathione reductase (GSNOR) as a potential asthma candidate gene in a large family-based association study of a Mexican childhood asthma population. His data suggests that genetic variation in GSNOR may contribute to child-

hood asthma susceptibility and that GSNOR may be worth consideration as a potential target for the prevention or treatment of asthma.

- **Kimberly Raiford, Ph.D.**, is studying the overabundance of mucus that is a hallmark of airway inflammatory diseases, such as chronic obstructive pulmonary disease (COPD), asthma and cystic fibrosis. Two proteins, MARCKS and Calcium-Activated Chloride Channel 1 (CaCl1), are associated with mucin hypersecretion. Dr. Raiford investigated a novel link between these two proteins and two other proteins, Cysteine String Protein, and Heat Shock Protein 70; all are found associated with mucin granules in cells and are possibly major players in the mechanism of mucin secretion. These studies present novel targets for potential therapeutic intervention.
- **Ben-Gary Harvey, M.D.**, is investigating why only a minority of smokers develops COPD. He studied whether the susceptibility or resistance to developing COPD may be reflected in the genes present in the cells lining the lung small airways of smokers, which are the main and the initial site of disease in COPD. He looked at small airway cells from heavy smokers with normal lung function, and from individuals who smoked less, but with evidence of early COPD. He found those in the latter group had approximately 400 genes expressed at different levels, compared with those smokers who had smoked more, but with normal lung function. These genes represent potential genetic COPD susceptibility and resistance markers.

INTERNATIONAL CONFERENCE OFFERS NURSES WEALTH OF OPPORTUNITIES

The ATS International Conference provides an excellent opportunity for nurses to meet experts in all fields of respiratory medicine, hear about the latest research and network with colleagues.

“We have an interdisciplinary group of clinical experts, in fields ranging from pulmonary rehabilitation and critical care to smoking cessation, COPD and asthma and other areas of public and occupational health that are of interest to nurses,” said Janet Larson, Ph.D., R.N., Chair of the ATS Assembly on Nursing. “One of the most valuable aspects of the conference is meeting people who are experts in your specific area of respiratory health/disease, who are eager and willing to talk to you, and to support up-and-coming nurses in the field.”

The Assembly on Nursing sponsors sessions with premier researchers in respiratory nursing, who are happy to share their ideas and experience with more junior investigators, Dr. Larson added. Nurses interested in research also can talk about their ideas with ATS member Karen Huss, D.N.Sc., R.N., who represents the National Institute of Nursing Research.

“There is information for nurses who are interested in the many aspects of caring for the patient with respiratory problems, including cutting-edge research and the latest in clinical care,” said Kathleen Lindell, M.S.N., R.N., who chairs the assembly’s program committee. Ms. Lindell, whose

primary area of interest is caring for patients with idiopathic pulmonary fibrosis, says she has picked up valuable information each year that she can immediately put into practice. “The conference covers end-of-life issues, symptom management, supplemental oxygen therapy and pulmonary rehab in the IPF population, and this is just one of many lung diseases covered at this conference,” she said.

Just a few of the many sessions that may be of particular interest to nurses (*see box*) include a mini-symposium on the ATS Pulmonary Nursing State of the Science (on Sunday, May 20, at 1:30 p.m.), which will feature the strongest research abstracts by nurses; a number of sessions on pulmonary rehabilitation, including a postgraduate course; sunrise seminars given by nurses on management of patient issues; a nursing year in review session; and a session on research priorities in respiratory nursing, as well as a clinical workshop on “How to Use Evidence-Based Research to Improve Clinical Practice.”

“In addition to all the information nurses can obtain on the most recent research and clinical aspects of respiratory care, one of the best things about the conference is getting to network with other respiratory nurses from the United States and around the world,” Ms. Lindell said.

For more information about the program or to register online, visit www.thoracic.org and click on the International Conference icon.



Dr. Larson in her clinical laboratory exercising a research subject who has COPD.

A SAMPLING OF NURSING ASSEMBLY SESSIONS

- **Pulmonary Rehabilitation and the Flight of the Bumblebee: Redefining the Process and Expanding the Scope (PG7)**—Friday, May 18, 8 a.m. to 4 p.m.
- **Controversies in Pulmonary Rehabilitation (A07)**—Sunday, May 20, 8:15 a.m. to 11 a.m.
- **ATS Pulmonary Nursing State of the Science (A92)**—Sunday, May 20, 1:30 p.m. to 4:15 p.m.
- **Research Priorities in Respiratory Nursing (B05)**—Monday, May 21, 8:15 a.m. to 11 a.m.
- **How to Use Evidence-Based Resources to Improve Clinical Practice (WS04)**—(Monday, May 21, noon to 1:30 p.m.)
- **Nursing Year in Review (C81)**—Tuesday, May 22, 1:30 p.m. to 4:15 p.m.
- **Promoting Shared Decision-Making (MP613)**— Tuesday, May 22, noon to 1 p.m.

WHO'S WHO at ATS

BONNIE FAHY: A PASSION TO TEACH



When did Bonnie Fahy, R.N., M.N., decide to become a nurse? "It was after watching *Consuelo* on an episode of *Marcus Welby, M.D.*," she kidded. "Actually, I'm a fourth-generation nurse, but there was never any pressure placed on me to follow in the footsteps of my family."

As a child, her interest was animal husbandry: she raised cattle and sheep and was an active 4-H member. When she headed off to Colorado State University, she majored in animal science. But after talking with her advisor about the male-dominated ranching business of the 1970s, she turned to nursing and returned home to the University of Arizona.

Coming from a family of healthcare providers, Ms. Fahy didn't have idealized notions about nursing and patient outcomes. "My father was a radiation oncologist," she said. "People would stop my dad and thank him for the care he had given their dying relatives, so I knew you couldn't fix everyone," she said. Instead, she learned to value improving patients' quality of life.

After completing her B.S.N., she accepted a position in a respiratory ICU in Tucson. As her nursing responsibilities grew, she found herself wanting to know the "whys"—not just the "how-tos"—of nursing. That desire became more pronounced following summer stints in an ICU at the Alaska Native Medical Center in Anchorage, where a shortage of respiratory professionals thrust her into ventilator management.

To get answers to her "whys," she matriculated in the clinical nurse specialist program at the University of Washington in Seattle. Required to choose a specialty, she selected the field in which she had the most experience: physiological nursing with a respiratory specialty.

Living in Phoenix since graduation, Ms. Fahy became director of pulmonary rehabilitation at St. Joseph's Hospital and Medical Center in 1989. The success of her program contributed to St. Joseph's recently being named one of the top 100 hospitals for respiratory care by *U.S. News & World Report*.

What continues to excite Ms. Fahy about pulmonary rehabilitation? "How much we can improve symptom control, shortness of breath, depression and anxiety through education and exercise." In her rehab program, she puts her patients "in control of their breathing, instead of their breathing controlling them."

"Rather than using all of their energy to just breathe, I teach my patients how they can breathe and have fun," she said. And because she's at the helm of the

"Sometimes people address me as 'doctor.' I correct them. I'm proud to be a nurse."

rehab program, her patients not only learn what to do, but also learn the "whys" of their self-management. "Nurse-educator is how I classify myself," she said. "Research is absolutely important to me—and I am currently co-investigator on two studies—but my love is teaching."

Since joining the ATS in 1981, Ms. Fahy has been an active member of the ATS Assembly on Nursing and Section on Pulmonary Rehabilitation. She contributed to the 1999 and 2006 ATS statements on pulmonary rehabilitation and the 2004 statement on the diagnosis and treatment of COPD. She currently edits patient education materials and serves on the Education Committee and the Pulmonary Rehabilitation Reimbursement Taskforce.

Over the course of her career, Ms. Fahy has seen more physicians recognize the benefits of pulmonary rehabilitation. That awareness, she believes, is largely due to the ATS. Now it's time for a national reimbursement policy for pulmonary rehabilitation.

"Pulmonary rehabilitation isn't a large-dollar item," she explained. "We need a bill passed through Congress that ensures reimbursement nationwide. Currently, some states, including Arizona, do not have a policy that covers pulmonary rehab." At present, she is spearheading this campaign in collaboration with the ATS Washington office.

Ms. Fahy doesn't speak about what she has contributed to the ATS, but about what the Society has given her: confidence, for one. She recounts this story: She was coauthoring a chapter on patient education with fellow ATS member Richard ZuWallack, M.D. "I said to Dick, 'We need references.' He answered, 'Bonnie, you are the reference.' For me, that was the moment the light bulb went on. Sometimes people address me as 'doctor.' I correct them. I'm proud to be a nurse."

On a Personal Note

A wife and mother, Ms. Fahy enjoys cooking, global travel and visiting her son, John, at the United States Naval Academy, and daughter, Anna, a pre-med student at the University of Arizona.

NEWS BRIEFS

CONSULT WITH EXPERTS AT THE CLINICIANS AND FELLOWS CENTER AT ATS 2007

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 with the world's leading experts in pulmonary, critical care and sleep medicine.

Designed to enhance the conference experience for those who practice or are in training in these fields, the Center serves as a professional networking venue and an opportunity to meet new colleagues and friends.

"This is really a unique opportunity for practicing clinicians and trainees in respiratory medicine," said James M. Beck, M.D., Chair of the 2007 ATS International Conference Committee. "Attendees have the opportunity to interact in an informal, small-group setting with experts and everyone is welcome to participate."

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

For more information, contact Allan P. Gordon, Associate Director of ATS Member Services & Chapter Relations, at agordon@thoracic.org.



Victor F. Tapson, M.D., an expert in pulmonary embolism and pulmonary vascular disease, spoke with colleagues at the Clinicians and Fellows Center at last year's meeting.

RECRUIT A COLLEAGUE

The ATS has launched its "Recruit-a-Colleague" program, which allows current Full Members to actively recruit new Full Members for a credit of \$25 toward next year's dues per new member! Plus, ATS recruiters will automatically be entered into a drawing to win a cash prize of \$2,500. The winner will be selected at the 2007 ATS International Conference in San Francisco.

Potential new members need only fill out the section entitled "Recruit-a-Colleague" on their completed ATS membership application forms, which may be returned by fax, e-mail or postal mail. So please be sure to provide your colleague recruits with your full name, city and state.

For more information about the Recruit-a-Colleague program, visit www.thoracic.org and click on "Membership," send an e-mail to membership@thoracic.org or call (212) 315-8698.

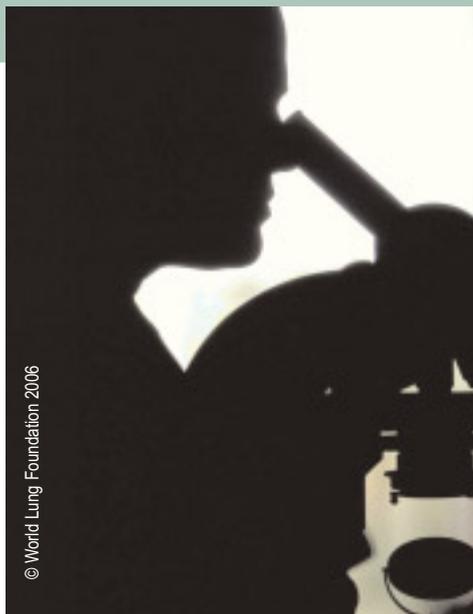
ATS Members Have Perfect Score On NHLBI SCCOR Grants

The National Heart, Lung, and Blood Institute (NHLBI) recently awarded grants to form eight new Specialized Centers of Clinically Oriented Research (SCCOR) in the areas of COPD, pulmonary vascular disease, and host factors in chronic lung diseases. All eight centers will be headed by an ATS member.

The SCCOR program was revamped by the NHLBI in 2002 to strengthen clinical research and focus on translational research. These latest grants, each approximately \$2.5 million a year for five years, reflect that focus, as well as the advice of an outside group of experts that NHLBI's Division of Lung Diseases convened to provide advice on lung topics that would likely have the greatest impact using the redesigned SCCOR mechanism.

"We are targeting those areas that are poised for breakthroughs because of important basic science discoveries that have implications for lung disease," said James Kiley, Ph.D., director of the NHLBI lung division. Dr. Kiley added that the centers on host factors intentionally require focus on more than one disease in order to enhance applications of discoveries in one disease to another.

Three awards for COPD and two for pulmonary vascular disease were announced in January. The principal investigators of the COPD centers are Michael Holtzman, M.D., Washington University; Frank Sciruba, M.D., University of Pittsburgh; and Ronald Crystal, M.D., Cornell University. The principal investigators of the pulmonary vascular centers are Paul Hassoun, M.D., Johns Hopkins; and Kurt Stenmark, M.D., University of Colorado.



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The three principal investigators of the SCCOR grants focusing on host factors in chronic lung diseases are Jay Kolls, M.D., University of Pittsburgh; Richard Boucher, M.D., University of North Carolina; and ATS Vice President Jo Rae Wright, Ph.D., Duke University. Those awards were announced in September 2006.

The first redesigned SCCOR programs in pulmonary research were awarded by the NHLBI in September 2003 for translational research in acute lung injury. The principal investigators of those SCCOR grants are also all ATS members: Roy Brower, M.D., Johns Hopkins; Michael Matthay, M.D., University of California at San Francisco; Thomas R. Martin, M.D., University of Washington, Seattle; and Ted Standiford, M.D., University of Michigan.

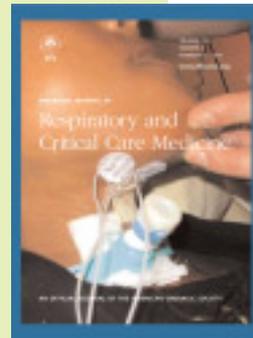
NEWS BRIEFS

THE IMPACT OF THE ARJCCM

Among scientific journals specializing in pulmonary and critical care, the ATS's American Journal of Respiratory and Critical Care Medicine (AJRCCM) has the highest impact factor, reports editor Edward Abraham, M.D., in an editorial in the February 1 issue of the journal. The journal's most recent impact factor, calculated by the number of times articles published in the AJRCCM were cited in 2005, rose from 8.1 to 8.7 in the last year.

"Parameters in addition to the rise in the impact factor attest to the robust state of the journal," Dr. Abraham writes in Update on the AJRCCM—2007. "We receive almost 2,000 submissions per year from all over the world and continue to be highly selective, accepting approximately 18 percent of the submitted manuscripts. Less than a third—32 percent—of submissions come from the United States, reflecting the true international nature of the journal."

He attributes the journal's success to its growing number of submission categories, thorough review process and short turn-around time. He also highlights several new features that aim to "enhance the accessibility information" published in the AJRCCM, as well as several new policies regarding image manipulation and clinical trials.



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A physician prepares lab results for a young mother waiting with her baby in Malawi, the country where the first PATS MECOR course will be held this year.

PATS to Launch MECOR in Africa

In January, the Pan-African Thoracic Society (PATS) received funding to begin its own Methods in Clinical and Operations Research (MECOR) course in sub-Saharan Africa. Inspired by MECOR co-founder A. Sonia Buist, M.D., and sponsored by the Nuffield Foundation, PATS-MECOR aims to create a network for respiratory research in Africa over the next five years.

"Like many other developing countries, African nations have a huge need for nationally specific health data and researchers to produce it," said ATS International Lung Health Committee member Stephen Gordon, M.D., who spearheaded fundraising efforts for the project in partnership with PATS, the Liverpool School of Tropical Medicine (LSTM) and the University of Malawi College of Medicine.

Like MECOR courses in Latin America, the overall goal of PATS-MECOR is to encourage physicians and healthcare workers to develop research projects around their patients that will

improve their practices and public health programs.

"Although Africa is the continent most afflicted by morbidity and death from respiratory disease, the precise burden is not known, particularly with regard to the morbidity associated with chronic diseases," said PATS Steering Committee Co-Chair, Professor Umesh Laloo of Durban, South Africa. "There are very few pulmonary physicians in Africa and many healthcare workers feel isolated from sources of funding, potential collaborators and advocacy groups."

He believes the PATS-MECOR course is an important step toward addressing these issues. The inaugural course, which is scheduled to take place this year in Blantyre, Malawi, from September 24 to 28, will provide students with an introduction to clinical research methods.

For the first course, eight faculty members will be recruited from the Latin American MECOR program and from the University of

Malawi and LSTM. The faculty will then select 12 students who have been nominated by the staff at the Colleges of Medicine in Blantyre (Malawi), Harare (Zimbabwe) and Lusaka (Zambia).

"Ideal students will be medical graduates with proven academic potential, but other healthcare professionals with equivalent academic potential will also be considered," said Dr. Buist.

"PATS-MECOR will develop in the same manner as MECOR, but in an accelerated fashion," added Dr. Gordon. Each year, one of the three remaining core MECOR courses—advanced clinical methods, protocol development and data analysis and scientific writing—will be introduced. By the fifth year, the course organizers hope to invite first-year graduates, who by then will have produced their own research papers, to join the faculty.

"The beneficiaries will be the health care professionals who take the courses, the institutions and students with whom the MECOR graduates will subsequently carry out research work, and the public who experience the burden of disease in Africa," said Dr. Gordon. "Ultimately, we hope detailed knowledge of the burden of respiratory disease in sub-Saharan Africa will lead to effective healthcare interventions in the region."

For more information on PATS-MECOR, please contact Dr. Gordon at sbgordon@liverpool.ac.uk.

the **ADVOCATE**

PULMONARY REHABILITATION LEGISLATION INTRODUCED IN CONGRESS



Courtesy of Presbyterian HealthCare Services

In January, Senator Mike Crapo (R-ID) announced that legislation was introduced in both the U.S. House of Representatives and Senate to establish a Medicare pulmonary rehabilitation benefit. The Senate bill (S.329), proposed by Senators Crapo and Blanche Lincoln (D-AR), mirrors legislation introduced in the House (H.R. 552) by Representatives John Lewis (D-GA) and Chip Pickering (R-MS).

In a letter to Congress, ATS President John E. Heffner, M.D., endorsed the legislation as an important step toward “improving the health and well-being of millions of patients with COPD and other respiratory conditions.”

The ATS Washington Office is coordinating advocacy efforts with sister organizations to move this high-priority legislation forward.

ATS Submits Joint Comments on Pulmonary Rehabilitation NCA

In January, the ATS and its sister organizations submitted joint comments on the Centers for Medicaid and Medicare Services’ (CMS) national coverage analysis (NCA), encouraging the CMS to create a national policy covering pulmonary rehabilitation under Medicare.

The CMS opened the NCA at the request of the ATS, American College of Chest Physicians, American Association of Cardiovascular and Pulmonary Rehabilitation and National Association for Medical Direction of Respiratory Care, which have petitioned the CMS for several years to develop such a policy.

The joint comments addressed the following questions raised by the CMS:

- What is an appropriate definition of pulmonary rehabilitation?
- What are the components of pulmonary rehabilitation?
- Is pulmonary rehabilitation conducted similarly in all settings?
- What are patient outcomes for pulmonary rehabilitation?
- Is there adequate evidence, including clinical trials, for evaluating health out-

comes of pulmonary rehabilitation in the Medicare population?

CMS expects to complete the NCA review and issue a final determination by September 2007.

RESEARCH

Stem Cell Research Legislation Passed in House

On January 11, the House of Representatives passed legislation to expand federal support for stem cell research. Sponsored by Representatives Diana DeGette (D-CO) and Mike Castle (R-DE), the Stem Cell Research Enhancement Act (H.R. 3) passed by a vote of 253 to 174. Although the bill had strong bipartisan support, it failed to garner the two-thirds majority required to overturn a presidential veto by 37 votes. The Bush administration has already warned that it may veto the legislation, as it did with an identical bill passed by the House and Senate in July 2006.

If passed into law, the legislation would significantly alter current federal policy by requiring that the federal government conduct and support embryonic stem cell research, regardless of the date on which stem cell lines were derived and provided that the embryos used were originally created for in vitro fertilization, would otherwise be discarded and were donated by fully informed, consenting individuals.

To find out how your representatives voted on the stem cell bill, visit <http://clerk.house.gov/evs/2007/index.asp> and click on Roll # 20. The legislation will now move to the Senate, where it is also expected to pass. The ATS Washington Office will alert ATS members when action is needed to support the bill in the Senate.



Representative Diana DeGette (D-CO)



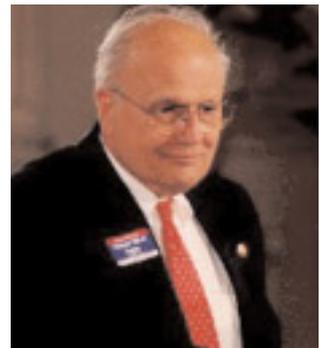
Representative Mike Castle (R-DE)

MEDICARE

House Passes Prescription Drug Legislation for Medicare Beneficiaries

On January 12th, the House of Representatives passed legislation that would require the federal government to negotiate lower prescription drug prices for Medicare beneficiaries. Sponsored by Rep. John Dingell (D-MI), the Medicare Prescription Drug Price Negotiation Act of 2007 (H.R. 4) passed by a vote of 255 to 170.

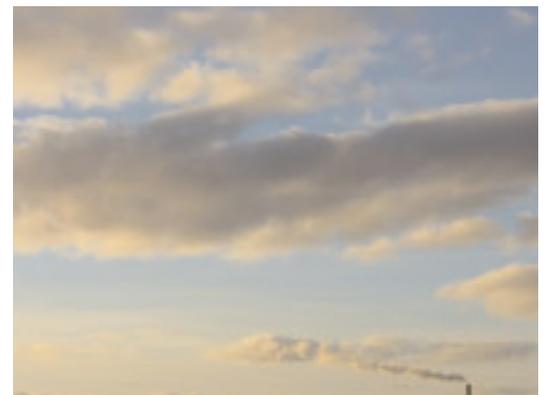
The bill overturns a provision of the 2003 Medicare prescription drug law that leaves drug price negotiations up to private insurers who offer drug plans in each state.



Representative John Dingell (D-MI)

CLEAN AIR

ATS Joins Amicus Brief in Tennessee Valley Authority Clean Air Case



The ATS has joined the American Lung Association (ALA) in *North Carolina vs. Tennessee Valley Authority (TVA)*, a federal court case concerning the enforcement of clean air standards. North Carolina is suing the TVA, the nation’s largest public power company, for emitting ozone/particulate matter pollution that is adversely affecting residents’ health.

The Clean Air Act permits one state to sue entities in other states for emitting pollution. However, the TVA, claiming that as a federal entity, it is immune from this kind of action, has submitted a motion to have the case dismissed. Further progress hinges on whether the courts view the TVA as a “federal entity.”

The Advocate has been prepared by the ATS Washington Office to educate and update ATS members on pertinent legislative and regulatory issues. The ATS Washington Office is the hub of a nationwide Legislative Network grass roots advocacy or public policy initiatives in cooperation with ALA Washington Office. The ATS Washington Office maintains an advocacy Web site at www.thoracic.org/advocacy and can be contacted at (202) 785-3355.

An amicus brief filed by the ATS and ALA encourages the court to let the case proceed and outlines the serious adverse health effects resulting from TVA power plant emissions.

ATS Circulates Sign-On Letter Supporting Stricter Ozone Standard

The ATS, in coordination with the ALA and Environmental Defense, is circulating a “sign-on” letter to physicians and scientists that encourages Environmental Protection Agency Administrator Stephen Johnson to propose a new standard for ozone that:

- Reduces the eight-hour primary ozone standard to a range between 0.060 and 0.070 parts per million (ppm);
- Closes the “rounding loophole,” which allows areas with concentrations up to 0.085 ppm to escape regulation under the current standard of 0.08 ppm.

To date, over 60 physicians and scientists have signed the letter in support of a stricter EPA standard for ozone.

ATS & U.S. COPD Coalition Host Hill Briefing on COPD

Following the January 18 press launch of the National Heart, Lung and Blood Institute’s COPD Awareness Campaign (*see story on right*) the ATS hosted a briefing to educate Congressional staff about COPD, it causes, symptoms, treatments and policy steps needed to improve the lives of patients with COPD.

Senator Mike Crapo (R-ID), co-chair of the Congressional COPD Caucus, opened the briefing by commenting on how poorly recognized COPD is by the general public and describing how COPD needs to be viewed as a public health challenge in the U.S.

Featured at the briefing was NHLBI Director Elizabeth G. Nabel, M.D., who presented the institute’s COPD public education campaign “Learn More, Breathe Better” to Congressional staff. Joining Dr. Nabel at the briefing was U.S. COPD Coalition Co-chair David Mannino M.D., COPD clinical expert Bart Celli, M.D., and COPD patient Mrs. Elsa Anders.



Senator Mike Crapo (R-ID)



Elizabeth G. Nabel, MD

ATS MEMBERS HELP NHLBI LAUNCH COPD AWARENESS CAMPAIGN



In his speech, ATS President-Elect David H. Ingbar, M.D., highlighted the ways in which the ATS is advancing the goals of the NHLBI COPD awareness campaign.

On January 18, at the National Press Club, in Washington, D.C., the National Heart, Lung, and Blood Institute (NHLBI) launched a national campaign to improve awareness among those at greatest risk for the COPD.

The campaign, whose slogan is “Learn More Breathe Better,” is being conducted in partnership with leading professional societies, including the ATS, and with advocacy groups.

Elizabeth G. Nabel, M.D., director of the NHLBI, opened the press conference and introduced the speakers, including three ATS members—A. Sonia Buist, M.D., Bartolome Celli, M.D., and Ronald Crystal, M.D.—who discussed the prevalence of the disease, its pathophysiology, and recent advances in treatment.

David Ingbar, M.D., vice president of the ATS, also spoke and thanked the institute’s lung division director, James Kiley, Ph.D., for championing the awareness campaign. Dr. Ingbar highlighted the ways in which the ATS is advancing the campaign’s goals, including its efforts to create international guidelines for the treatment of COPD, so that individuals, once diagnosed, receive the best care possible.

During the press conference, the NHLBI indicated that it hoped to build greater recognition of chronic obstructive pulmonary disease by emphasizing its more common, abbreviated name, COPD.

Later this month, the institute will launch radio and print public service announcements that encourage people who become short of breath easily to go to their doctor and ask to be tested for COPD.

During the press conference, Grace Anne Dorney spoke about the importance of being diagnosed early. Ms. Dorney, who is married to Ted Koppel, was diagnosed with COPD about six years ago when her lung capacity was only 27 percent of what would have been expected. Today, thanks largely to pulmonary rehabilitation, her lung capacity is over 70 percent and she says she feels better than she did 15 or 20 years ago.

To build awareness, the NHLBI has set up a Web site, www.LearnAboutCOPD.org. The Web site includes resources for healthcare professionals, including speaker’s guides and slidesets and a pocket-sized reference card on the disease, its diagnosis and treatment.

After the press conference, the ATS coordinated a briefing for legislators and their aides on COPD and the NHLBI’s awareness campaign (*see ATS Advocate on left*). Senator Mike Crapo (R-ID), co-chair of the COPD Congressional Caucus, opened the briefing.

Slurping Around with P.D.W.



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

For this month’s suggestions, no good value white wines surfaced in my wine world, but remember, one can always count on Geyser Peak Sauvignon Blanc and Meridian Chardonnay, whatever the currently available vintages. They are both less than \$10, in some shops around \$7.

On the other hand, several good reds have appeared:

Grove Street 2004 Cabernet (\$9). Aroma of blueberry, blackberry, hint of green peppers, and vanilla oak. It is a surprisingly rich and well-structured, medium-bodied wine with attractive chalky tannin and just right acid to back up the forward, ripe blueberry/blackberry fruit flavors. It has excellent balance and length and while ready now, could be kept for the next 1 to 2 years if desired. Great value, worth twice the price.

Trentadue 2004 Old Patch Red (\$9). Mainly Zinfandel, it has enough petite sirah and carignane to give it complexity and depth. Very bright nose of blueberries, spice and vanilla; a medium bodied wine with soft tannin and good acid. There is a touch of cashew and vanilla to go along with the intense dark berry fruit. This is an excellent BBQ and/or party wine, but should be drunk within the next year. Dangerously easy to drink.

Estancia Meritage 2004 (\$20). This Bordeaux blend is one of very few wines I buy for myself year after year, which in itself says something. It is good right now, but not as forward as in previous vintages. I have a hunch that in a couple of years it will be much better. It has a boysenberry and vanilla nose. The palate is similar with a touch of attractive herbal green olive. It has richness, softness and good acid with medium tannin, and good length on the palate. Thus with a basically sound structure and decent fruit, I look forward to this wine after a year in the cellar.

that enables state and local ATS volunteers, members and staff to participate in

AJRCMB LAUNCHES NEW SERIES ON NITRIC OXIDE

(continued from page 1)

These modifications include chemical processes like oxidation, *S-nitrosylation*, nitration and glutathionylation.

In particular, Dr. Stamler notes that *S-nitrosylation*, which is reversible, plays a panoply of roles in normal and disturbed cell function.

“It is increasingly apparent that NO—though exhaustively studied over the past decade—has essential roles in governing cellular function that have been largely overlooked,” said Dr. Stamler. “The therapeutic opportunities presented by this understanding remain largely untapped. It is hoped that this series will draw attention to this fundamental aspect of biology with great therapeutic potential across lung disorders.”

LOOK FOR THESE ARTICLES IN THE AJRCMB THIS MONTH:

“Modulation of Glutaredoxin-1 Expression in a Mouse Model of Allergic Airway Disease”

“Nitric Oxide Promotes Airway Epithelial Wound Repair Through Enhanced Activation of MMP-9”

“Identification of Immunoglobulins that Recognize 3-Nitrotyrosine in Patients with Acute Lung Injury Following Major Trauma”

What is Nitric Oxide?



Courtesy of SUNY Downstate Medical Center

Nitric oxide (NO) is an important gaseous signaling molecule in the body of mammals, including humans, that works to transmit information between cells. NO is a free radical, meaning it has an unpaired electron in its outer orbit, which makes it reactive and unstable.*

The three scientists who discovered nitric oxide as a signaling molecule in the cardiovascular system were awarded the 1998 Nobel Prize for Physiology or Medicine. They found that binding NO to the soluble enzyme guanylate cyclase caused vasodilation or the increased diameter of many blood cells.

Since Dr. Stamler and his colleagues pioneered S-nitrosylation as a nitric oxide-derived post-translational protein modification in 2001, a number of other researchers have demonstrated that the process is an important signal transduction event, allowing proteins to reversibly alter their function and location. “The dysregulation of protein S-nitrosylation is associated with a growing list of pathophysiological conditions, including prominent lung disorders like asthma, cystic fibrosis, pulmonary hypertension and sleep apnea,” Dr. Stamler explained.

*www.nobelprize.org

CONFERENCES, COURSES AND MEETINGS

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

DATE & PLACE	TITLE	CONTACT
March 1 to 4 Boston, Massachusetts	“2007 ATS State of the Art Course,” sponsored by the American Thoracic Society	Phone: (212) 315-8639 mrodriguez@thoracic.org www.thoracic.org
May 18 to 23 San Francisco, CA	“2007 ATS International Conference,” sponsored by the American Thoracic Society	Phone: (212) 315-8658 Ats2007@thoracic.org www.thoracic.org/go/international-conference
March 2 to 3 Santa Monica, California	“The 5 th Annual UCLA Pulmonary and Critical Care Update Course,” sponsored by the David Geffen School of Medicine at UCLA	Phone: (310) 794-2620 www.cme.ucla.edu
March 16 to 18 San Antonio, Texas	“Celebration of Pediatric Pulmonology,” sponsored by the American College of Chest Physicians	Phone: (847) 498-1400 E-mail: accp@chestnet.org
March 22 to 24 Monterey, California	“NAMDRC 30 th Annual Meeting and Education Conference,” sponsored by the National Association for Medical Direction of Respiratory Care	Phone: (703) 752-4359 ExecOffice@namdc.org www.namdc.org
March 23 to 25 Taormina, Sicily	“The Fifth ERS Lung Science Conference,” sponsored by the European Respiratory Society	Werner.Seeger@uglc.de http://www.ersnet.org/ers/default.aspx?id=25473
March 29 to 31 Torrance, CA	“Bi-annual Practicum in Exercise Testing and Interpretation,” sponsored by the Harbor-UCLA Medical Center	Shirley Zagala Phone: (310) 222-3803 E-mail: szagala@LABiomed.org
April 4 Newton, MA	“The 62nd Annual Meeting of the Massachusetts Thoracic Society”	Phone: (781) 890-4262, ext. 217 cflood@lungma.org http://www-test.thoracic.org/chapters/massachusetts/
April 12 Cleveland, Ohio	“3 rd Annual Lung Summit,” sponsored by the Cleveland Clinic	Daniel Laskowski Phone: (800) 444-2200, ext.43702 laskowd@ccf.org
April 13 Baltimore, MD	“The 47th Annual Meeting and Scientific Session of the Maryland Thoracic Society,” sponsored by the American Lung Association of Maryland	Phone: (410) 560-2120, ext. 232 sgreason@marylandlung.org www.marylandlung.org/research
April 15 Cincinnati, Ohio	“Spirometry Update & Refresher Training,” sponsored by the University of Cincinnati Department of Environmental Health	Phone: (513) 558-1234 www.DrMcKay.com
April 20 to 22 Cincinnati, Ohio	“The LAM Foundation International Research Conference”	Phone: (513) 777-6889 info@thelamfoundation.org www.thelamfoundation.org
April 23 to 25 Cincinnati, Ohio	“Respiratory Protection & Fit Testing Workshop,” sponsored by the University of Cincinnati Department of Environmental Health	Phone: (513) 558-1234 www.DrMcKay.com
May 3 to 4 Montreal, Canada	“International Consensus Conference in Intensive Care Medicine: Management and Prevention of Acute Renal Failure in an ICU Patient”	Phone: (212) 315-8600 iccc2007@thoracic.org www.thoracic.org/go/iccc07
June 6 to 9 Aspen, Colorado	“50 th Annual Thomas L. Petty Aspen Lung Conference: Lung Injury and Repair”	Phone: (303) 315-7767 Jeanne.Cleary@uchsc.edu www.aspenlungconference.org
June 22 to 25 Istanbul, Turkey	“World Asthma Meeting 2007,” sponsored by the Turkish Thoracic Society	Phone: + 90 216 416 09 19 edagli@superonline.com www.wam2007.org
June 22 to 24 Montreal, Canada	“Noninvasive Mechanical Ventilation,” sponsored by the American College of Chest Physicians	Phone: (847) 498-1400 accp@chestnet.org
June 22 to 28 Philadelphia, Pennsylvania	“AAI Introductory Course in Immunology,” sponsored by the American Association of Immunologists	Phone: (301) 634-7178 infoaai@aai.org www.aai.org/Courses.htm
June 27 to 30 Riga, Latvia	“4 th Congress of the IUATLD, Europe Region”	loddheck@zedat.fu-berlin.de www.tuberculosis.lv/congress2007