



ATS NEWS

AMERICAN THORACIC SOCIETY

January 2006
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ATS NEWS is online the first business day of each month:
www.thoracic.org/news/default.asp

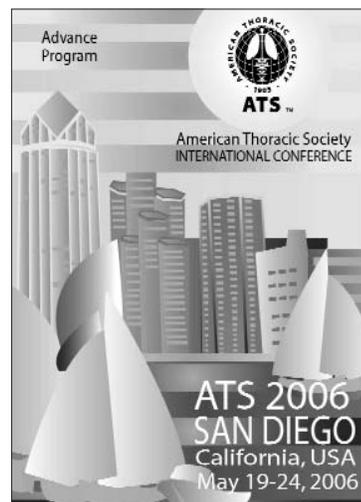
From Bench to Bedside: ATS Conference Focuses on Practice and Science of Respiratory Medicine

The sheer range of topics presented at the ATS International Conference makes it unique among meetings of healthcare professionals interested in respiratory medicine. From a symposium on the molecular basis of acute lung injury or the biology of inflammation to a workshop on electromagnetic navigational bronchoscopy, the 2006 ATS International Conference will cover pulmonary, critical care and sleep medicine from bench to bedside.

But what really distinguishes the Conference, according to Richard Helmers, M.D., chair of the ATS Clinicians Advisory Committee, is the quality of the presentations, whether given by a scientist or a clinician.

"The most influential people in the field are the ones giving the talks and leading the symposia at the International Conference," said Dr. Helmers. "Speakers put a lot of time and thought into their presentations, because they feel honored to address the Conference."

Within days, the 2006 International Conference



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Web Tips

Go online and check out the new design of the ATS' web-site at www.thoracic.org. The re-designed site includes drop-down menus, more graphics and a variety of new sections. All materials are now organized into 10 general topics on the ATS homepage and each category includes links to sub-topics and related pages. Some highlights include the "Best of the Web" series, the expanded "Research" section, and the new pulmonary rehabilitation section, which has been combined with environmental and occupational health under the larger category of "Clinical Information."

ATS Assembly on Clinical Problems Sponsors 2006 Educator Award

The Assembly on Clinical Problems (CP) is seeking candidates for its CP Educator Award, which will be presented to a member of the assembly at the 2006 ATS International Conference in San Diego during the Assembly's annual Awards Dinner.

Members are invited to submit nominations for the award along with a short letter of support for the nominee addressing each of the following criteria. Please include the nominee's institution and academic position if applicable. A candidate should:

- Have been an active clinician and teacher in pulmonary/critical care medicine for at least 10 years.
- Have participated in institutional educational program development (please send specific examples).
- Have made significant contribution to clinical education in pulmonary and critical care medicine through clinical and educational expertise.
- Be recognized by peers as an outstanding clinician, teacher and mentor.

The deadline for submissions is **January 27, 2006**. Please send all nominations to Claire Hayes, Manager of ATS Research & Assembly Programs, by e-mail at cp@thoracic.org, by mail at 61 Broadway, 4th Floor, New York, NY 10006 or by fax at (212) 315-6489. 

WHO'S WHO IN ATS



Joe G.N. "Skip" Garcia, M.D.

Message from the President

Peter D. Wagner, M.D.

This month, I would like to talk about relationships. No, this is not about my wife, Harrieth, and me (although I must pause and tell you how patient and supportive she has been as I have fumbled and floundered my way through the year). This column is about the ATS and its relationships with other organizations. I will highlight a few of these now, recognizing the great risk of not mentioning every group with which the ATS interacts. I ask the organizations that I do not mention here not to feel injured: there is simply not enough space in this venue to give a complete list.

Why does this topic merit a special column? My answer is that over the past two years, the ATS has made remarkable advances in strengthening its ties to other organizations. That is, per se, noteworthy. More important, though, is the value of

“Over the past two years, the ATS has made remarkable advances in strengthening its ties to other organizations. That is, per se, noteworthy. More important, though, is the value of these relationships to our members, our trainees and our patients.”

and Al Lever, M.A., Executive Vice-President and CEO, have been extremely collaborative, and we have truly developed respect and friendship for one another.

Thanks to this relationship, the ATS and ACCP are jointly working with the American Academy of Sleep Medicine (AASM) to reach agreements on issues of research and certification in sleep. This collaboration would not have been possible unless the ATS and ACCP had partnered in talking with Mike Sateia, M.D., Past-President, Larry Epstein, M.D., President, and Jerry Barrett, Executive Director, at the AASM.

We have also begun a three-way collaboration with ACCP and the Primary Care Case Management (PCCM) Program directors to jointly support their efforts to create in-service examinations and curricula via our respective training committees. Together, we have monitored stand-alone conferences, such as the meeting that took place in Denver in August on oxygen therapy, reaching agreements on important issues concerning our endorsement of such events. We have together approached advocacy issues over a range of problems, and even share support for a coding expert, Diane Krier-Morrow, to advise both societies.

these relationships to our members, our trainees and our patients. Put simply, as a society, we achieve so much more working with our friends than working alone.

We are having great fun working with the American College of Chest Physicians (ACCP). ATS and ACCP leadership talk each month by phone and meet each year at annual retreats to discuss important topics relevant to both organizations. Paul Kvale, M.D., ACCP Past-President, Mike Alberts, M.D., President,

We continue to enjoy a close relationship with the European Respiratory Society (ERS). The ATS assisted organizationally when the ERS was formed some 15 years ago. When the ATS separated from the American Lung Association (ALA) in 2000, in a truly remarkable gesture of support, ERS leadership offered us substantial financial assistance should we have needed it (fortunately, we never did). We are now very similar societies in many ways and meet routinely twice a year for a full-day retreat at each



other's annual meetings to learn from each other, further collaboration and solve joint problems. We are working on many joint projects that are leading to the development of courses, guidelines and statements. The ATS-ERS Joint Course on COPD, which will take place in Chicago in March, is just one example. Our relationship with the ERS, as with the ACCP, is one of genuine respect and friendship, not just societal collaboration.

We are starting to work more closely with the ALA. While we are firmly established as two separate organizations, five years post-separation is high time we look for common projects where the whole exceeds the sum of the parts. ATS President-Elect John Heffner, M.D., and I have met with Jack Sutter, Chair of the ALA, and Terri Weaver, Ph.D., R.N., Chair-Elect of the ALA, to explore specific areas where we might work more closely, and to discuss topics such as disaster relief planning, advocacy, awareness-building and research support. This is the time to initiate such collaboration, especially since Terri is also a long-time ATS member.

Finally, we have begun substantial discussions with both the Asian Pacific Society of Respiratory (APSR) and the Latin American Thoracic Society (ALAT). These two trans-national thoracic societies are at different stages of development and present different opportunities for collaboration. In testimony to the importance of our relationships with them, their presidents sit on the ATS Board of Directors this year as my Presidential appointees. Clearly, the Asian-Pacific and Latin American regions represent huge populations, many with disproportionate burdens of lung disease. We are discussing a number of ways to interact for mutual benefit.

By describing these ATS partnerships I did not mean to imply that the ATS had no contact with these groups prior to this year. That is far from the truth. My point is that something has been happening these past two years or so that has led to quantum leaps in the closeness of our ties. There seems to be a new spirit of engagement, both across town and across the world, that is leading us to realize how synergistic we can be working with sister groups.

Finally, as I said at the beginning, I do not have enough space to pay homage to all groups and societies with which the ATS is working with more actively than ever before. These relationships have made my tenure on the ATS "throne" a true joy. Getting to know, respect and work with leaders of sister organizations is a rare privilege, and one that I will treasure long after John Heffner succeeds me. [ATS](#)

ATS News in Brief

❖ Don't forget to register for the **2006 ATS State of the Art Course**, which will be held in Chicago, March 2 to 5. Go to the ATS website at www.thoracic.org/education/sota2006/sota2006info.asp for more information. Participants must register by **February 13, 2006**.

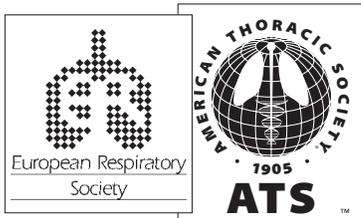


❖ To aid the recovery of the pulmonary and critical care programs at Louisiana State University and Tulane University in the aftermath of Hurricane Katrina, the ATS has provided a \$5,000 grant to each institution for the purchase of textbooks. Moreover, the Society is offering trainees free "In-Training" membership for 2006, as well as free access to the ATS CME Archive online.



❖ The ATS and the Public Advisory Roundtable (PAR) are pleased to announce that **Southwest Airlines** has joined the growing number of domestic carriers that now allow passengers to bring portable oxygen concentrators (POCs) onboard U.S. flights. Individuals requiring medical oxygen during air travel can also bring their POCs on Northwest, U.S. Airways, Delta Airlines, Midwest Airlines and America West flights. **ATS**

ATS-ERS to Host 1st Joint Course on COPD in Chicago



For the first time, the ATS and the European Respiratory Society (ERS) are collaborating to hold a course focused on chronic obstructive pulmonary disease (COPD).

This workshop, which will be held in Chicago, March 3 to 4 at the Westin Michigan Avenue, draws on and builds upon the new comprehensive guidelines on the diagnosis and management of COPD developed and continuously updated by the ATS and ERS (which are posted online at www-test.thoracic.org/copd/ and at www.ersnet.org/ers/viewer_copd).

The societies agreed to sponsor this new COPD course after their successful collaboration in 2004 on an asthma course held in Europe, according to ATS member and course co-chair John Hansen-Flaschen, M.D.

Because of the partnership between the ATS and ERS, attendees will learn from leading COPD experts from both sides of the Atlantic. "The faculty members are senior investigators and teachers in the field of COPD from the United States and Europe, who will provide a very updated and practical approach to the management of the disease," Dr. Hansen-Flaschen explains.

The one-and-a-half day continuing medical education (CME) course, jointly

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AJRCCM HIGHLIGHTS



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

Neonatal Resuscitation with Room Air

Perinatal asphyxia is one of the leading causes of morbidity and mortality in newborns. Although 100 percent oxygen has traditionally been used for resuscitation in asphyxiated neonates, there are a number of previous studies that indicate that room-air resuscitation was just as effective and appeared to be associated with less oxidative stress. However, the utility of room air resuscitation in this setting had remained an unresolved issue. Dr. Vento and colleagues designed a randomized clinical trial to compare 100 percent oxygen and room air in the resuscitation of asphyxiated neonates. They found that whereas all asphyxiated infants showed evidence of oxidative stress at birth and after initial resuscitation, there was less myocardial damage and less evidence of ischemic renal injury in the neonates resuscitated with room air as compared with those in whom 100 percent oxygen was used. In addition, the duration of resuscitation in room-air resuscitated infants was significantly less than in neonates in whom 100 percent oxygen was used. This data indicates that room-air resuscitation may be preferable to resuscitation with 100 percent oxygen in severely asphyxiated neonates. The question now becomes, as discussed in the editorial by Drs. Martin, Walsh and Carlo, what the role of using modest supplemental oxygen concentrations in this setting should be.

Endotoxin Exposure and Asthma

A number of epidemiologic studies have indicated that exposure to endotoxin in childhood decreases the incidence of allergies and asthma later in life. The "hygiene hypothesis" has been challenged, however, by reports that found either no protective effect of early life exposure to endotoxin or even positive associations between higher endotoxin concentrations in house dust and wheeze later in life. To help resolve this issue, Dr. Thorne and colleagues used a broad sample of homes, designed to represent the demographics of the entire United States, to examine the relationships between endotoxin concentrations in house dust and the prevalence of wheezing and asthma. They found significant relationships between increasing endotoxin levels in house dust and the diagnosis of asthma, as well as asthma symptoms, wheezing and the use of asthma medications among residents of the surveyed homes. These associations were primarily in adults who were exposed to endotoxin containing house dusts. There were no significant interactions between health outcomes and allergy status. These results indicate that household endotoxin exposure is associated with asthma symptoms, wheezing and current asthma medications. However, current endotoxin exposure appeared to have minimal impact on allergy status. In this study, there did not appear to be a significant protective effect of endotoxin exposure on asthma or asthma symptoms. **ATS**

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Did you know...

AMERICAN TRUDEAU SOCIETY 17th BROADWAY NEW YORK

News Letter

March 10, 1941

Dear Doctor:

This NEWS LETTER is the first of what we expect will be a long series. It was approved by your executive committee at its last meeting.

For the first few months at least, it will be issued in P. M. and will present briefly matters of current interest to members of the American Trudeau Society, (to whom its circulation will be limited. It will, from time to time, present reports of the activities of your various committees (chairmen of committees please note), brief reports of section meetings, new studies published by your Society, and other activities of interest to the membership.

Of course, certain material on the activities of the American Trudeau Society will be appearing in its official journal, THE AMERICAN REVIEW OF TUBERCULOSIS, and in the BULLETIN of the National Tuberculosis Association. There are, however, certain limitations to our utilization of both these journals, the REVIEW, for example, being able to give us only an advance of the date of publication, the BULLETIN being planned primarily for a non-medical group.

Within the next few months we shall undoubtedly have worked out a policy which will enable us more effectively to utilize both the REVIEW and the BULLETIN. It will then be possible to determine with a fair degree of accuracy whether the NEWS LETTER is still needed and, if so, whether it should be published at regular intervals, whether its scope should be enlarged or curtailed, and what its content should be.

In the meantime, suggestions are welcome and members, committee chairmen, and officers of sections are requested to send in items of general interest to your executive secretary, which brings up the next news item.

Executive Secretary

Your executive committee has been most active in planning and promoting the work of the Society. The committee, however, meets only twice a year and its members are heavily occupied with their own work. For this reason, it was deemed advisable, in view of the increase in the activities and scope of the work of your Society, to elect an executive secretary, at the December meeting Dr. Cameron H. C. Gould, who for the past nine years has directed the Negro program of the National Tuberculosis Association, was selected to serve the Society on a part-time basis.

...that the first issue of the "ATS News" was published in 1941?

Simply called "News Letter" at this time, the monthly publication's purpose was to "present briefly matters of current interest to members of the American Trudeau Society" (which became the American Thoracic Society in 1939). The newsletter was renamed the "ATS News" in 1968. [ATS](#)

What are the Benefits of ATS Membership in 2006?

Ensure your ATS membership benefits continue uninterrupted into 2006! If you haven't yet paid your 2006 dues, renew online at www.thoracic.org or contact the ATS Membership & Subscriptions Unit at (212) 315-8685 or at membership@thoracic.org.

◆ **Subscriptions** to the American Journal of Respiratory and Critical Care Medicine (AJRCCM), the American Journal of Respiratory Cell and Molecular Biology (AJR-CMB) and Proceedings of the American Thoracic Society (PATS). In addition to receiving printed versions, standard, dues-paying ATS members have free online access to all current issues of the three journals. (Affiliate members may subscribe to the ATS journals at a reduced rate).

Statements



◆ The opportunity to join interest-specific **assemblies and sections**. ATS assemblies produce globally recognized position statements, state-of-the-art clinical standards and guidelines, professional educational workshops and special projects. Membership in one or more of these 12 assemblies offers ATS members the unique opportunity to share work, exchange ideas, pool resources and ultimately generate collaborative projects that advance respiratory medicine.

◆ Recognized as an accredited provider of **continuing medical education** (CME) by the Accreditation Council for Continuing Medical Education (ACCME), the ATS meets the highest standards in medical education and provides a variety of educational opportunities to its members in a number of teaching modalities. These include live events, monographs, audiocassettes, CDs and online learning through the ATS CME Archive, in addition to the annual ATS International Conference, which will be held May 19 to 24, 2006 in San Diego.

◆ **Advocacy** for National Institutes of Health (NIH) and Veterans Administration (VA) research funding, patient rights, global disease prevention, Medicare reimbursement and a variety of other issues affecting physicians, scientists, lung patients and others in the pulmonary community is another membership benefit.



◆ Viewed by physicians, scientists and nurses and other respiratory healthcare professionals worldwide as the largest global exchange of the latest in respiratory, pulmonary and critical care medicine, research and education, the **ATS International Conference** is one of the Society's most important undertakings. ATS members are offered a significantly discounted registration fee and are given first opportunity to participate in this premier conference by submitting abstracts, working through assemblies to influence the programming and attending the many sessions, symposia, post-graduate courses and workshops.

For questions about member benefits, contact the ATS Member Services & Chapter Relations Unit at (212) 315-8698 or at memberinfo@thoracic.org. [ATS](#)

Minority Trainee Travel Awards Offered for ATS 2006 ■ San Diego

The ATS Membership Committee is pleased to announce the availability of the Minority Trainee Travel Awards (MTTAs) for the ATS 2006 International Conference in San Diego, May 19 to 24.

Supported by a grant from Merck and Co., Inc., the MTTA's aim is to interest minority trainees in clinical, research and academic careers in respiratory medicine by providing travel funds for trainees of minority backgrounds to attend the ATS' annual International Conference.

The MTTAs will be awarded to co-authors of abstracts already accepted for presentation at the 2006 ATS Conference. Applications will be judged on the scientific quality of the respective abstracts, the applicant's level of contribution to the work to be presented and the potential impact of the award on the career development of the applicant. Applicants may not be recipients of other travel awards at the 2006 International Conference.

Each eligible applicant must be:

- A member of an under-represented minority, as defined by the National Institutes of Health (NIH). This includes African Americans, Hispanics, Native Americans, Alaskan Natives and Pacific Islanders.
- A trainee (high school through post-doctoral fellow) at a U.S. institution.
- An author of an abstract accepted for presentation at the 2006 International Conference.
- Able to attend the Diversity Luncheon at the International Conference on Sunday, May 21, 2006 from 12 p.m. to 1:30 p.m., where he or she will be recognized with the other recipients.

The MTTA application form is available for download on the ATS website at www.thoracic.org/mtta.asp. If you are a trainee who meets the above eligibility criteria, we invite you to apply for consideration.

The application deadline is February 18, 2006. Please address all questions about this program to Allan P. Gordon, Associate Director of Member Services and Chapter Relations, by e-mail at ats-mtta@thoracic.org. [ATS](#)

WHO'S WHO IN ATS

Joe G.N. "Skip" Garcia, M.D.

Joe G.N. "Skip" Garcia, M.D., first became interested in medicine at age 11, when he picked strawberries alongside migrant farm workers in coastal California.

During the four summers that he worked in the fields, he saw firsthand the needs and health problems of this group of people with very limited access to healthcare.

"Being able to provide assistance to this population through medicine struck me as a pretty ideal thing to do and a good career choice," Dr. Garcia says.

He arrived at the University of Texas Southwestern Medical School in Dallas intending to go into family practice, but was drawn to the school's strong internal medicine program and switched tracks.

At the University of Iowa, where Dr. Garcia was an intern and resident, Gary Hunninghake, M.D., influenced him toward a career in academic medicine, and later Asrar Malik, Ph.D., further encouraged him. It is a decision he's glad he made.

Balance of Academic Life

In both his former role as Director of Pulmonary and Critical Care Medicine at Johns Hopkins University School of Medicine, and in his current position as Lowell T. Coggeshall Professor and Chairman of the Department of Medicine at the University of Chicago, Dr. Garcia has spent much of his time persuading medical students, house staff and fellows to choose academic careers as physician scientists.

"We're at a crossroads in academic medicine," he says. "There's a critical shortage of physician scientists in many areas, including pulmonary medicine. One of the things I did successfully at Hopkins was to get our fellows to apply for career development awards."

At the University of Chicago, Dr. Garcia is making it easier for fellows to go into faculty positions. "They need protection from excessive clinical duties while they get their academic careers fired up," he says.

The main benefit of an academic career, Dr. Garcia says, is the balance it allows between one's professional life and family. "Particularly in critical care medicine, your time is not your own. Academic medicine gives you the flexibility for the things that are important."

Dr. Garcia says he has found that raising a family in an academic setting to be very rewarding. "It gave me a chance to coach my kids in basketball, baseball and soccer, from the time they were 6 until they started high school. If you're in private practice, there's barely time to attend one of your kids' games, let alone coach their team."

Importance of Translational Research

Dr. Garcia, a vascular biologist by training, is focused on studying the basics of pulmonary edema.

"We're now working on some very novel and exciting strategies for reducing pulmonary edema in the critically ill, and understanding the genetic basis for pulmonary lung dis-



"Finding new strategies for reducing flooding of the lungs is important not only for taking care of patients in the ICU, but also has implications for world health populations in the context of bioterrorism and avian flu. We're making a lot of progress."

ease," he says. "This is important not only for taking care of patients in the ICU, but also has implications for world health populations in the context of bioterrorism and avian flu."

He has an enviable record of successfully competing for large grants including serving as the Principal Investigator for a National Institute of Health (NIH) Specialized Center of Clinically Oriented Research (SCCOR) grant on acute lung injury, and PI of a large genomics grant from the National Heart, Lung and Blood Institute.

"Translational research—combining research and patient care—is so important," he says. "Many new technologies have come into play, such as proteomic, genomic and genetic technologies, and physician scientists must become adept at using them."

Heading the Department of Medicine

Dr. Garcia's transition from Director of Pulmonary and Critical Care Medicine at Johns Hopkins, where he oversaw 60 people, to Chairman of the Department of Medicine at the University of Chicago, where he directs a staff of 200, has been smooth, he says. "It's a job of greater complexity, but the basic principles that helped me succeed at Hopkins apply here."

ATS Immediate Past-President Sharon I.S. Rounds, M.D., notes that Dr. Garcia's latest career move says a lot about his reputation in the field. "He's one of the few pulmonologists who's a Department of Medicine chair, and the chair of a very prestigious one at that," Dr. Rounds says.

ATS Involvement

Dr. Garcia has been involved in the Assembly on Pulmonary Circulation for many years, serving in many roles, including chair. He has focused on bringing vascular biology to the rest of ATS community and organizing symposia for trainees on translational research.

He has been active in career development for ATS members and has worked with Dr. Rounds on the Minority Trainee Awards Committee.

Dr. Garcia hopes the ATS continues to increase its commitment to funding research. "It's tough getting funding from the NIH," he says. "It is absolutely key for the ATS to support young investigators in research careers."

On a Personal Note

Dr. Garcia recalls that one of the most satisfying aspects of his career was providing care to migrant workers as a volunteer physician in a migrant camp clinic near Kokomo, Indiana, one night a week while he was at the University of Indiana.

In his free time, he enjoys the opera, attending athletic events and playing basketball, tennis and golf.

"I found it interesting that I was able to play more golf as a division chief and as a chair than I ever was as a regular faculty member," he muses. [ATS](#)

AJRCMB HIGHLIGHTS



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

Ventilator-Induced Lung Injury—A Two-Hit Theory

The concept that high tidal volume ventilation exacerbates lung injury, based largely on cell-stretch in culture, has been validated in patients. In fact, decreased mortality associated with acute respiratory distress syndrome (ARDS) low-volume ventilation represents the greatest breakthrough since the syndrome was recognized in the 1960s. Why low tidal volume ventilation has not become more routinely adopted in the community is baffling, but the topic of another day (and journal). The prevailing concept is that stretch leads to endothelial cell activation, promoting inflammation with consequent lung injury. In this issue, Drs. Yiming, Bhattacharya and colleagues extend our mechanistic insight into this process demonstrating that stretch alone initiates the process, but the combination of stretch plus inflammatory cells and platelets markedly augments endothelial cell activation and inflammation. Using isolated perfused lungs, they found that addition of cell depleted blood led to an increase in protein tyrosine phosphorylation leading to P-selectin expression, which attracts inflammatory cells to the lung. However, this process was markedly augmented with use of whole blood, suggesting that inflammatory cells themselves interact with endothelial cells to enhance activation and promote inflammation and lung injury. This positive feedback loop of injury might apply to other inflammatory conditions as well.

How HIV Silences the Macrophage Cry for Help in Response to Bacterial Infection

Worldwide, HIV represents an enormous health problem; in the U.S., while mortality has dramatically decreased with the advent of protease inhibitors and multi-drug therapy, the population of patients living with HIV and the at-risk populations are staggering. Hence, we need to continue to understand mechanisms of HIV and disease manifestations. In this issue, Drs. Tachado, Koziel and colleagues tease out the molecular mechanisms underlying the increased risk of bacterial pneumonia in HIV-positive persons. Macrophages serve as the initial line of defense in lung parenchyma, both fighting pathogens themselves and releasing proinflammatory signals for help. More specifically, bacterial products (lipid A) signal through Toll-like receptor 4 to activate ERK 1/2 MAP kinase phosphorylation, resulting in production and release of tumor necrosis factor ?. However, in HIV-positive macrophages, the signal transduction pathway is altered via induction of phosphatases that impair ERK phosphorylation. These findings both lend insight into mechanisms of impaired innate immunity in HIV and provide therapeutic strategies to restore host defense. [ATS](#)

NAEPP Issues New Asthma Guidelines in Schools

Physicians treating children with asthma have new guidelines to assist them in deciding when patients are ready to carry their asthma medication with them in school.

The guidelines, called “When Should Students with Asthma or Allergies Carry and Self-Administer Emergency Medications at School? Guidance for Health Care Providers Who Prescribe Emergency Medications,” were written by the National Asthma Education and Prevention Program



(NAEPP), a collaborative program coordinated by the National Heart Lung and Blood Institute (NHLBI) with the Centers for Disease Control and Prevention (CDC), and a number of other national professional organizations.

The guidelines include a list of factors to consider when determining when to entrust and encourage a student with diagnosed asthma and/or anaphylaxis to carry and self-administer prescribed emergency medication at school.

The guidelines are particularly timely since the Asthmatic Schoolchildren’s Treatment and Health Management Act was signed into law in 2004, notes Paul Williams, M.D., a member of the ATS Assembly on Pediatrics (PEDS), who worked on the guidelines as a member of the NAEPP Coordinating Committee. The Act requires the Secretary of the Department of Health and Human Services, when making grants to states for asthma-related activities, to give preference to those that require schools to allow students to self-administer medications for asthma or anaphylaxis.

“We’ve never before had guidelines on how to help physicians decide whether a child is ready to carry medication,” Dr. Williams said.

“Many ATS members are involved in working with schools to assist children in asthma management,” adds Lynn B. Gerald, Ph.D., M.S.P.H., Planning Chair of the ATS Assembly on Behavioral Science, who is working on a project with the Assembly on PEDS titled “Issues in Screening for Asthma in Children.”

“When deciding when a child should carry asthma medications in school, there are many issues to consider—not only the child’s maturity, but the circumstances at school,” Dr. Gerald said. “For instance, maybe the school nurse’s office is on the first floor, but the child with asthma is on the fourth floor and wouldn’t be able to get downstairs quickly enough during a severe asthma attack. And many schools have a part-time nurse, and if a child’s medications are locked in a cabinet in the nurse’s office, there’s no guarantee the child will be able to get to them.” A physician also needs to consider whether a child’s parents will be willing to continually check to make sure the child’s inhaler isn’t lost or empty before deciding whether to let a child carry medication, Dr. Gerald added.

ATS member Gary Rachelefsky, M.D., also worked on the guidelines. They are available online at the NHLBI’s website at www.nhlbi.nih.gov/health/prof/lung/asthma/emer_med.htm. [ATS](#)

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



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

White: Blackstone 2003 Sonoma Chardonnay \$16. More than I usually like to pay for chardonnay, this wine is wonderful if you like the refined, elegant, lemon-apply-tart lightly oaked style (as opposed to the heavy, over-oaked, overripe style currently in vogue). Crisp, with a very clean palate and good length. May be hard to find, try the winery directly.

Red: Blackstone 2001 Reserve Merlot \$28. This is not a bargain wine either, but it approaches in quality the best California Merlots at about one-third the price. It is also hard to find—it may be available only from the winery by direct order. This wine has rich dark cherry fruit, medium oak and soft tannins. Some chocolate and touch of green olive make for a wine of excellent structure and complexity. It is a big wine in body, but with great balance so the fruit leads the oak and tannin.

Recipe for Success: Programming the ATS International Conference

From a statistical point of view, the ATS International Conference is daunting. With more than 16,000 attendees from 90 countries last year, the Conference was the largest gathering of respiratory professionals in the world. Over the course of six days, there were more than 400 sessions, 800 speakers and 5,000 abstracts presented.

Putting the program together for a conference of this size would seem equally daunting, but the reality is that, with more than 100 years of experience, the ATS has got the programming down to a science. This is not to say that those responsible are not experimenting with new formulas for ranking proposals and creating the program—only that a collaborative process of prioritizing proposals from members and non-members has taken shape over the years that reliably produces the premier respiratory conference.

Planning for the 2006 International Conference began even before the 2005 Conference took place. A call for program proposals for the 2006 conference went out in April to members, non-members who have attended the International Conference and training program directors across the country. The ATS' 12 assemblies then began reviewing the proposals through their program committees. One of the key strengths of the Conference is the grassroots nature of symposium proposal submission, in which any individual may propose a symposium for the Conference.

Assembly program committee chairs provide these committees with the criteria to evaluate the proposals for postgraduate courses, clinical workshops, Meet the Professor and Sunrise seminars, the critical care track and the other educational venues. Although each assembly establishes its own standards, a survey of several program committees found similar approaches to evaluating the proposals.

First and foremost, the assembly program committees consider the relevance of the topic to the Conference attendees. The program committees look at the quality of the speakers who have been proposed to participate and at numerous other factors, including timeliness, geographic diversity of presenters and when the topic was last presented at the Conference.

"After the committee ranks the proposals, the chair and chair-elect review their recommendations to make sure there is a balance of topics being presented," says ATS member Clement Ren, M.D., chair of the Assembly on Pediatrics Program Committee. "I think every assembly favors broad coverage of topics within their fields of interest over focusing on one or two select topics."

After all the program committees rank their proposals, the chairs and chairs-elect of the committees meet to hammer out the final program during a day-and-a-half long meeting. The Chair of the International Conference Committee, currently James M. Beck, M.D., presides over the meeting with support from the ATS staff. In addition to the chairs and chairs-elect, the 2006 International Conference Committee includes representatives from the Council of Chapter Representatives (CCR) and the Public Advisory Roundtable (PAR).

In the end, 246 proposals out of 648 originally submitted are being programmed as part of this year's conference.

The assembly program committees also review all the



Photo by A. Azuma, M.D., Ph.D.

In addition to the program committee chairs and chair-elects of the 12 ATS assemblies, the 2006 International Conference Committee includes representatives from the Council of Chapter Representatives (CCR) and the Public Advisory Roundtable (PAR).

research abstracts that are submitted for presentation at the Conference. In addition to ranking the proposals on a scale of one to four, the committees decide the appropriate venue for the abstracts—from mini symposia on a particular topic to presentation in an exhibit hall. In all, there are more than 200 abstract sessions that explore about 100 topics in pulmonary, critical care and sleep science. [ATS](#)

ATS-ERS to Host 1st Joint Course on COPD in Chicago

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organized by the ATS and ERS, is co-sponsored by the Chicago Thoracic Society. The course is designed to meet the needs of pulmonary specialists and fellows, general internists, respiratory therapists and advanced practice nurses who participate in the screening, diagnosis and treatment of COPD and related disorders.

"The format will be a combination of lectures and case-based interactive sessions, with plenty of opportunity for questions and discussions on management issues," says Dr. Hansen-Flaschen, who is co-chairing the course with ERS members Bruno Balbi, M.D., and Marc Decramer, M.D.

The first day of the workshop will review and update the contents of the COPD guidelines in lectures and interactive case-management sessions. The second half-day will focus on the performance and interpretation of office-based spirometry in accordance with the ATS/ERS standards. Participants will have the opportunity to perform spirometry on one another using commercially available spirometers under the supervision of the workshop faculty.

To register for the course, visit the ATS website at <http://www.sections/meetings-and-courses/ats-ers-copd-course/index.html>. **Participants should register by February 13.** For more information, contact Miriam Rodriguez, Manager of ATS Education & Training Programs, at (212) 315-8639 or mrodriguez@thoracic.org. [ATS](#)

CONFERENCES, COURSES AND MEETINGS

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

Date and Place	Title	Contact
February 17 to 19 Orlando, Florida	"The 27th Pulmonary WinterCourse," sponsored by the Florida Thoracic Society	Candy Holloway Phone: (800) 940-2933, ext. 21 E-mail: fts@lungfla.org
February 19 to 22 Waikoloa, Hawaii	"6th Annual American Lung Association of Hawaii/Hawaii Thoracic Society Symposium: Current Concepts in Pulmonary and Critical Care Medicine"	Claudia Clement Phone: (808) 537-5966, ext. 312 E-mail: cclement@ala-hawaii.org
February 22 to 25 Athens, Greece	"2nd Advances Against Aspergillosis Conference"	E-mail: info@congresscare.com Website: www.AAA2006.org
March 2 to 5 Chicago, Illinois	"The ATS State of the Art (SOTA) Course," sponsored by the American Thoracic Society	Phone: (212) 315-8639 E-mail: mrodriguez@thoracic.org

From Bench to Bedside: ATS Conference Focuses on Practice and Science of Respiratory Medicine

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Advance Program will be mailed to members. The program will highlight the more than 400 sessions that will take place from May 19 to 24 when the Conference convenes in San Diego. Along with nearly 5,000 research abstracts that will be presented, the program represents "the best critical thinking" in respiratory medicine, Dr. Helmers notes.

James M. Beck, M.D., Chair of the 2006 International Conference Committee, believes the breadth and depth of the Conference is what attracts so many attendees. "Whatever clinical or research interest you have, you can find the topic covered at the conference," says Dr. Beck. "If you want to sample a broad range of subjects, you can. If, however, your focus is solely on critical care, for instance, you can spend all your time going to symposia and research sessions dedicated to that topic."

For many attendees, the quality that best defines the International Conference, and the one that draws them to the Conference, is the emphasis on science. Whether it is basic, translational or clinical, the science presented at the International Conference is of high quality, notes J. Randall Curtis, M.D., M.P.H., chair of the Assembly on Behavioral Science and last year's chair of the International Conference Committee.

"Many who come to the Conference are not researchers, but people who come for clinical updates," says Dr. Curtis. "They recognize that the clinical information they receive is that much stronger because it is backed by some of the best research being done in the field of respiratory medicine."

Marc Moss, M.D., a member of the organizing group for the Clinical Year in Review track, puts it another way: "The International Conference is perfect for clinicians who not only want to know what to do but *why* they are doing it." Understanding the mechanisms behind a disease and its treatment, he adds, enables a clinician to tailor care to meet the particular needs of individual patients.

New in 2006

A special research symposium planned for the 2006 International Conference highlights the interaction the International Conference facilitates between science and clinical prac-

tice. The symposium, "From Science Fiction to Real Medicine—Hormonal Regulation of Aging and Human Stem Cell-Based Therapeutics," will discuss new insights into aging and the potential medical application of patient-specific stem cells generated by nuclear transfer. This symposium will be the first in an annual series designed to combine talks from world-renowned researchers with outstanding research abstracts submitted to the Conference.

During the symposium, five researchers will present their abstracts and two leading scientists in the field—Cynthia Kenyon, Ph.D., of the University of California, San Francisco, and Gerald Schatten, Ph.D., of the University of Pittsburgh—will provide the basic science and translational research context of the abstracts by discussing their own work in the field.

Also new in 2006 are four **jointly sponsored symposia** that were planned specifically to encourage interaction among assemblies. While many International Conference symposia are co-sponsored by more than one assembly, until this year no mechanism was in place to program symposia formally developed by members of different assemblies working together. Through these collaborations, assemblies can present more sessions of interest to their members and bring together leaders in intersecting fields of respiratory medicine.

The four jointly sponsored symposia that will be presented in 2006 are "The Link Between Pediatric and Adult Asthma: What Have We Learned from Asthma Cohort Studies," "Impact of Smoking on Lung Function: Biological Mechanisms and Therapeutic Implications," "Molecular Basis of Lung Morphogenesis" and "Significant Gerontological Issues Impacting Pulmonary Rehabilitation."

In addition to receiving an Advance Program and registration materials in the mail later this month, members can view the program and register for the International Conference online by going to the ATS website at www.thoracic.org. (The anticipated date of Conference materials going live on the web is January 18.)

Members are encouraged to register early to secure preferred hotel accommodations. [ATS](#)