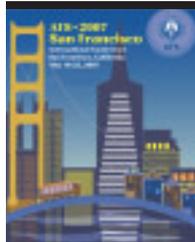




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Looking for a new job? Visit the ATS Web site at <http://careers.thoracic.org> to learn about new employment opportunities in pulmonary, critical care and sleep medicine. By creating an online account, job seekers can post anonymous resumes, view available positions, create personalized searches and set up automatic alerts. Employers and recruiters can also use this site to post jobs and access the resumes of potential candidates.

ATS RESEARCH PROGRAM SERVES AS 'BRIDGE' FOR YOUNG INVESTIGATORS



Caroline Owen, M.D., Ph.D., 2004 recipient of ATS/Pulmonary Fibrosis Foundation Research Grant, in her lab at Brigham and Women's Hospital in Massachusetts.

Over the last five years, the ATS Research Program has grown tremendously, providing nearly \$4 million in awards to 27 young researchers investigating a wide spectrum of lung diseases, ranging from asthma and COPD to pulmonary fibrosis and alpha-1 antitrypsin. Not only have these awardees produced some of the latest science in these fields, but their participation in the Research Program has led to publications and to other funding.

"Since its inception in 2002, the program has advanced pulmonary, critical care and sleep medicine by providing individuals at the beginning of their careers with opportunities to conduct independent research, improve their skills in the lab and gather the data necessary to secure other grants," said Thomas R. Martin, M.D., former ATS President and Chair of the Scientific Advisory Committee, which will announce the program's newest awardees this month.

The program's success, he adds, is evidenced by its growth—this year, it will award \$1.4 million to select investigators—and the accomplishments of past awardees, which include obtaining a host of highly competitive grants and publishing original manuscripts in prominent scientific journals.

Past awardees agree that the ATS Research Program is an invaluable resource for scientists

who are just beginning their careers or who are working to renew existing grants. "The program serves as an ideal starting point for junior investigators to pursue innovative research ideas in a shrinking and competitive funding environment," said Stefano Guerra, M.D., Ph.D., M.P.H., Assistant Professor of Public Health and Medicine at the University of Arizona and 2003 recipient of the ATS/Alpha-1 Foundation Research Grant.

Unlike most other grants, ATS awards are specifically designed for young investigators who are trying to initiate new and potentially exciting projects, but who do not yet have preliminary scientific data to support their proposals. "This is vital for researchers in the initial stages of an academic or research career," explained Dr. Martin.

Dr. Guerra couldn't agree more. When he first joined the Arizona Respiratory Center four years ago, he wanted to explore the role of innate immunity genes in COPD using a large existing study cohort. Although he could provide specifics about what his project would entail—recalling and testing select members of the Tucson Epidemiological Study of Airway Obstructive Disease (TESAOD), a long-term prospective study initiated in 1972—he had little preliminary data to submit with a grant application.

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The ATS is solely responsible for all content. Questions and comments may be addressed to Suzy Martin at smartin@thoracic.org.

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MESSAGE FROM THE PRESIDENT

John E. Heffner, M.D.

Each new year, organizations, like people, should reflect upon past successes and future challenges with some thought toward next year's resolutions. The ATS, I believe, can look back at 2006 with a strong sense of pride and look ahead to 2007 with a feeling of enthusiasm for what remains to be done.

To sum up 2006, I am impressed how the ATS measures success by its achievements in fulfilling our visions rather than by more typical organizational metrics, such as growth in membership or reputation. If we consider our research vision, the Society has grown its young investigator funding from \$800,000 to more than \$1.4 million in the space of one year. Like all "overnight" successes, this sudden leap took more than six years to achieve and required the hard work of many members, who conveyed our vision to co-funding partners, developed grant applications and reviewed submissions. We now have the first cadre of young investigators completing their funding who have not only extended their contributions to science, but also developed as future leaders of our Society.

Considering the rapid growth of grant funding obligations, the financial stability of the Society remains remarkably strong. In December 2006, the Board approved our 2007 budget, which covers the expenses of our expanding portfolio of services with revenues from an increasingly diversified stream of income. The Society now has a varied and growing "book of business," comprising royalties from our statements, grants, partnership agreements, conference revenues and other services. Remarkably, this revenue stream flows from our core business of providing services that offer educational, clinical, training and scientific value. Our core business continues to rest on the intellectual capacity of our membership.

We remained financially healthy in 2006 while continuing our commitment to reduced membership dues for countries with low gross national products. On my visits to India and the Far East, many committed clinicians and scientists emphasized the importance of this service in allowing them to contribute to our shared scientific and clinical visions. This membership program [www.thoracic.org/sections/membership/reduced-dues-and-guest-subscription.html] represents one of the ATS's most important accomplishments. Other ATS programs also continue to meet global needs, such as the 2006 translation of the International Standards for Tuberculosis Care into Chinese, which is a first for the Society.

The ATS, I believe, can look back at 2006 with a strong sense of pride and look ahead to 2007 with a feeling of enthusiasm for what remains to be done.

And in December, the Board approved the ATS Tobacco Policy, which governs relations of ATS members and collaborating non-members with the tobacco industry. This landmark document clearly states our commitment to the elimination of any tobacco industry influence in our societal affairs.

The completion of our strategic and tactical plans represents our most important 2006 accomplishment. In December, the Board approved tactics [www.thoracic.org/go/strategicplan] with associated action plans that will align our efforts next year with our Society's strategic objectives and goals.

Although many more 2006 achievements belong in this newsletter, I should shift gears toward next year's challenges. Conflict of interest matters increasingly challenge professional societies to manage real and perceived conflicts and to remove any possibility of bias from our programs and products. We already have a prohibition against industry funding of official documents, but the increasing complexity of healthcare institutions and corporate entities requires additional safeguards. Dr. Molly Osborne's Committee on Ethics and Conflict of Interest has begun work to develop policies to address these issues. We plan to work with our sister societies to develop an international approach for managing relations with industry.

We continue to emphasize the importance of guideline implementation, since our expert statements offer little value if their recommendations are not implemented. In June 2007, we will convene with the European Respiratory Society a workshop of experts on COPD guideline development and implementation with participation from other societies, the National Institutes of Health, and international organizations with interests in COPD guidelines to re-examine methodologies and funding approaches. This group will critically appraise existing COPD guidelines and describe a standard for future efforts.

With the completion of strategic planning, we now need to re-examine the three "pillars" of our Society—respiratory health, critical care and sleep-related conditions—to determine how well our present organizational structure supports these fields. We will convene groups this year to examine ways to advance research and practice and address other challenges faced by these three major areas of interest for our Society.

Many other 2007 challenges exist, but its time to consider our New Year's resolutions. I believe our Society has *already* resolved that we will not allow our newly minted strategic and tactical plans to gather dust on a shelf. Rather, we will use these plans to guide our efforts throughout the year to maintain focus and achieve a successful 2007. I look forward to working with all of our members and global partners alike to make next year even more successful than 2006 in the way the ATS always measures its success—by the accomplishment of meaningful achievements for advancing science, global health and clinical care.

NEWS BRIEFS

MEDIA COVERAGE OF ATS DOUBLES IN 2006

In the last year, the ATS has seen a dramatic rise in media coverage from high-circulation print, broadcast and online publications. In 2006, more than 4,000 national and international media outlets—including 97 of the top 100 U.S. newspapers by circulation—published articles about the ATS, the International Conference and/or one of the Society's journals, as compared with less than 2,000 in 2005.



RELAX IN FOUNDATION'S HOSPITALITY SUITE AT ATS 2007

The Foundation of the ATS invites all 2007 International Conference attendees who have contributed at least \$200



to *Funds for the Future* to relax during the meeting at its Hospitality Suite. Located in Room 123 in the Moscone Convention Center, the suite will offer visitors refreshments, computer stations with internet access, telephones, fax machines and a laser printer.

For more information about the suite's amenities and how to qualify for entry, please call Crystal Williams, Manager of ATS Giving and Development, at (212) 315-6464.

ATTENTION ATS 2007 ATTENDEES IN CANADA, MEXICO AND BERMUDA



Beginning 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).



OF SCIENCE AND SYNERGY: THE ATS 2007 INTERNATIONAL CONFERENCE

Science. Ask an ATS member to sum up in a word what distinguishes the International Conference and this is the likely response. But given that most attendees spend the majority of their time seeing patients, why do they flock to the conference? And why do so many basic scientists attend a conference that features the latest in clinical care?

To answer these questions, we turned to three ATS members who are translational researchers—physician-scientists whose laboratory research is influenced by their clinical work and vice-versa.

Karen A. Fagan, M.D., an expert in pulmonary hypertension at University of Colorado Health Sciences Center, believes that clinicians benefit from being at a conference where science is integrated into nearly every session.

“The conference helps clinicians better understand the evolution of the most advanced treatments, from molecular research through animal studies and ultimately to clinical trials,” explains Dr. Fagan. “Instead of hearing from marketers, the attendees hear from the investigators themselves—from the scientists who performed the first basic studies to the investigators who tested those ideas in patients. Attendees at the meeting get a true ‘bench-to-bedside’ experience.”

With this broader knowledge, Dr. Fagan believes, physicians can critically assess whether the latest therapies will likely benefit their patients and, if so, which ones.

Perhaps equally important, says Michael A. Matthay, M.D., an expert on pulmonary edema and director of the critical care training program at University of California, San Francisco. The conference serves to “reaffirm” a clinician’s knowledge. “Even when there hasn’t been a major advance in the field,” he explains, “it’s important to know that fact.”

Clinicians also benefit, says Ellen L. Burnham, M.D., director of the medical ICU at University of Colorado Hospital, because the science presented at the conference draws those in the vanguard of their profession. “At the International Conference, you hear a lot of the latest information first,” says Dr. Burnham, who was the lead author of a 2005

American Journal of Respiratory and Critical Care Medicine article on endothelial progenitor cells and acute respiratory distress syndrome (ARDS). “The biggest names in the field come to the meeting and often present findings ahead of publication.”

Dr. Burnham notes that with so many research abstracts being presented, clinicians can analyze a disease and advances for treating it from many different aspects. Of course, the same is also true for researchers.

Dr. Burnham credits her early experience of presenting posters with creating a network of researchers interested in similar problems and with advancing her research through feedback from the more experienced physician-scientists.

Perhaps even more important for a researcher is the opportunity to learn from clinicians, says Dr. Matthay, whose research group of about 20 M.D. and Ph.D. researchers is about to begin a Phase III clinical trial to determine whether beta agonists can aid fluid clearance and resolve pulmonary edema.

With competitive grants, reviewers want to know the rationale,” he explains. “So the conference serves as a major venue for basic scientists to see clinical connections and amplify their imagination as to how their work can be related to the clinical problems.”

Over the years, Dr. Matthay says he has seen other organizations, including the National Institutes of Health, follow the ATS’s lead in fostering discussion and collaboration between basic scientists and clinicians.

“Being a bench researcher and hearing from clinicians doesn’t just have ‘added value,’ it has synergistic value,” says Dr. Matthay. “The same is true for clinicians who are knowledgeable about molecular and cellular issues.”

The ATS International Conference is also known for the breadth of topics that will be covered during the week. To the right is a select list of basic, translational and clinical sessions that will be offered in pulmonary, critical care, sleep, allergy/immunology and pediatric medicine, as well as thoracic surgery, during the 2007 conference.

ATS 2007 CONFERENCE BASIC, TRANSLATIONAL & CLINICAL SESSIONS

PULMONARY/CRITICAL CARE SESSIONS

- Tools for Translational Research*
- COPD: Update for the Clinician and the Researcher*
- Essential Respiratory Physiology During Mechanical Ventilation*
- The Effects of Alcohol in the Critically Ill: Lessons from Bench to Bedside
- Scientific Breakthroughs of the Year
- Sarcoidosis: Evidence-Based Approach to an Unknown Disease
- Newest Randomized Controlled Trials in Critical Care
- Cell-Based Therapies for Lung Diseases
- Controversies in Pulmonary and Critical Care Medicine
- How to Use Evidence-Based Resources to Improve Clinical Practice**

SLEEP SESSIONS

- Non-Pulmonary Sleep Medicine for the Pulmonary Physician*
- New Insights into the Pathophysiology and Consequences of Obstructive Sleep Apnea in Children*
- Vascular Homeostasis in Obstructive Sleep Apnea
- Sleep and Mechanical Ventilation
- Sleep: Year in Review
- Pathophysiology of OSAS in Children: New Questions, New Answers
- Multi-center Trials in Sleep and Sleep-Disordered Breathing Around the World
- What’s New in Upper Airway Imaging for Sleep Apnea?
- Optimal Strategies for Perioperative Respiratory Management

THORACIC SURGEONS

- Current Concepts in Lung Transplantation*
- Lung Cancer: From Cell to Cure*
- Interventional Pulmonology with Practical Demonstration*
- Master Clinicians: Pleural Disease
- Lung Cancer: Year in Review
- Lung Adenocarcinoma: Progress and Promise
- Lung Transplantation: Year in Review
- Lung Cancer: State of the Art
- Patient Selection and Outcomes of Lung Volume Reduction Surgery in Severe Emphysema
- Improving Outcomes after Human Lung Transplantation: Insights Gained Through Translational Proteomics, Genetics and Genomic Studies

PEDIATRIC SPECIALISTS

- Lung Function Testing in Young Children: Clinical and Research Applications*
- Pediatric Pulmonary Disease: Year in Review
- State of the Art Update: Prevention and Management of Neonatal Chronic Lung Disease
- Prevention and Management of Neonatal Chronic Lung Disease
- Pediatric Infections: Year in Review
- Cystic Fibrosis: Year in Review
- Pediatric Clinical Chest Rounds
- New Insights into the Young Wheezing Child
- Current and Emerging Treatments in Cystic Fibrosis
- Pro-Con Debate in Pediatric Pulmonology

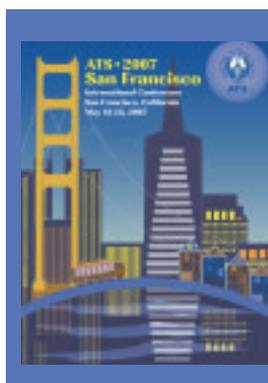
ALLERGY/IMMUNOLOGY

- Therapeutic Targets of Airway Inflammation*
- Challenging the Current Paradigm of Treating Asthma
- Lung Innate Immunity: The Frontlines of Host Defense*
- Report from ATS/ERS Task Force on Asthma Control and Exacerbations
- Allergy: Year in Review
- Sandler Asthma Research Symposium
- Eosinophilic Lung Diseases
- The Host Response to Asthma: A Look at Innate Immunity
- 10 SCOR Years in Asthma
- San Francisco Science: Inflammation, Immunity and Signaling

OCCUPATIONAL/ENVIRONMENTAL

- Current Methods for the Respiratory and Environmental Researcher: A Toolkit for Clinical Investigation*
- The Upper Airway and the Environment
- Looking To the Future: Occupational Lung Disease
- Air Pollution: From Science to Policy
- Mechanisms of Particulate Matter-Induced Mortality
- Environmental Impact on Pediatric Lung Health**
- Selection of the Control Group in Clinical Trials in Pulmonary and Critical Care Medicine: What Consumers of Published Literature Need To Know
- Can We Treat Airway Remodeling?

* Postgraduate courses ** Clinical workshops



2007 ADVANCE PROGRAM NOW ONLINE!

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 2007 International Conference online by visiting www.thoracic.org/go/international-conference.

WHO'S WHO at ATS

YOSHINOSUKE FUKUCHI: FIGHTING THE GLOBAL BATTLE AGAINST LUNG DISEASE

In his 42-years as a physician, Yoshinosuke Fukuchi, M.D., Ph.D., has used his background in general medicine, respiratory physiology and geriatrics to fight lung disease on many fronts.

Since earning his medical doctorate from Gunma University in his native Japan in 1964, he has treated hundreds of patients, led numerous national and international lung health initiatives and published more than 240 English articles in medical journals around the world.

"Having witnessed the dramatic rise of COPD in my country and abroad, particularly among the elderly, my primary focus is studying the pathogenesis, mechanisms and manifestations of the disease," said Dr. Fukuchi, who is Visiting Professor of Medicine at Juntendo University in Tokyo, where he chaired the Department of Respiratory Medicine for nine years until 2005.

As immediate past-president of the Asian Pacific Society of Respiriology (APSR), former president of the Japan Geriatrics Society and past-president of the Japanese Respiratory Society, Dr. Fukuchi knows firsthand just how devastating the COPD epidemic has become in Japan. From 2000 to 2001, he collaborated with colleagues to conduct the first national epidemiological survey of COPD prevalence in his country.

The study, published in *Respirology* in 2004, found that 5.3 million Japanese residents suffer from COPD, including 40 percent of the older population. "These findings exceeded any of our expectations," he explained.

Given that the World Health Organization predicts that COPD will be the third most-common fatal disease in the world by 2020, Dr. Fukuchi works in the laboratory to identify more effective treatments and in the clinic to ensure COPD patients are receiving the best possible care. "Much improvement has been made, but we still have a long way to go in terms of universalizing COPD patient care," he said.

As a former member of the Executive Committee of the Global Initiative for Chronic Obstructive Lung Diseases (GOLD), he is collaborating with healthcare professionals and public health officials to implement newly revised clinical guidelines on the diagnosis, management and prevention of COPD, which were published at the APSR annual scientific meeting last November.

"Over the years, my clinical and research interests have changed and evolved, but my overall goal—to cure people's pain and suffering—has remained a constant," said Dr. Fukuchi.

Early in his career, he had planned on practicing general medicine. However, after graduating from medical school, he completed a rotating internship at the U.S. Air Force Hospital and the University of Tokyo, which had just formed a department of geriatric medicine.



"Over the years, my clinical and research interests have changed and evolved, but my overall goal—to cure people's pain and suffering—has remained a constant."

"I was surprised at how common respiratory illness is among the elderly and was immediately intrigued in learning more about both specialties," he explained.

After completing training in respirology and geriatrics in 1973, he accepted a two-year fellowship at Meakins-Christie Labs at McGill University in Canada to hone his research skills. While there, he had the opportunity to work with Peter Macklem, M.D., the lab's first director, who introduced Dr. Fukuchi to respiratory physiology and the mechanisms of gas-mixing.

"It was worth traveling halfway around the world to work at this prominent, international center for the study of respiratory science," said Dr. Fukuchi. "It very much facilitated the exchange of science and ideas."

Before returning to Japan in late 1975, he attended the ATS International Conference in Montreal and was immediately hooked. "I knew from the start that this was the meeting where I could learn the most cutting-edge science in respiratory medicine," said Dr. Fukuchi. "I became a member the same year and haven't missed many conferences since then."

Over the last 32 years, he has served on the ATS Board of Directors as a presidential appointee four times and on the International Relations Committee twice. The ATS recognized Dr. Fukuchi's contributions to his field and the Society by awarding him a presidential commendation in 2003.

"Although I very much enjoyed my time in Canada and learned a great deal, I always knew I would come home to Japan to practice," he said. "The Asian-Pacific region faces many respiratory health challenges and needs many physicians to address them."

Dr. Fukuchi lives in Tokyo with his wife, Kyoko Fukuchi, who is a pediatrician. In his free time, he enjoys antiques, ceramics and calligraphy.

NEWS BRIEFS

MTTAS FOR ATS 2007

The ATS invites trainees who are members of minorities under-represented in biomedical research to apply for the



Minority Trainee Travel Awards (MTTAs) for the 2007 International Conference in San Francisco, May 18 to 23.

The MTTAs aim to interest minority trainees in clinical, research and academic careers in respiratory medicine by providing them with travel funds to attend the annual ATS conference.

MTTAs will be awarded to co-authors of abstracts already accepted for presentation. 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 applicant's career development. The application deadline is **February 19**.

Each eligible applicant must be:

- A member of an under-represented minority, as defined by the National Institutes of Health. 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 ATS 2007.
- Able to attend the Diversity Luncheon at the International Conference on Sunday, May 20 from noon to 1:30 p.m., where he or she will be recognized with other recipients.

For more information about eligibility or to download the MTTA application form, visit www.thoracic.org/go/mtta or e-mail ats-mtta@thoracic.org.

RECRUIT A COLLEAGUE

This month, the ATS 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 *at the Assembly*

AMERICAN THORACIC SOCIETY

ATS Funds Diverse Range of Assembly and Committee Projects in 2007

During 2007, ten of the Society's assemblies and one of its committees will work on a broad range of new and ongoing projects focused on improving the diagnosis, treatment and prevention of respiratory, critical care and sleep-related disorders.

This year alone, the ATS Board of Directors approved funding of 25 assembly and committee projects that focus on topics ranging from the diagnosis and treatment of asthma and monitoring of sleep-disordered breathing to the fundamentals of pulmonary physiology and lung structure. Eight of the projects are new and will begin in 2007. The remaining projects are ongoing and received renewed funding this year.

"We were once again impressed by the high quality of the projects submitted and are excited to see the outcomes of all of them," said John G. Mastrorarde, M.D., chair of the ATS Program Review Subcommittee, which oversees the review process.

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

"The ATS assemblies and committees are the heart and soul of our organization," said ATS President John E. Heffner, M.D. "The diversity and quality of this year's projects once again reflect the creativity and remarkably broad range of our members' expertise."

The assembly and committee projects that received new and renewed funding in 2007 are:

Assembly on Allergy, Immunology & Inflammation

- Consensus Definition of Acute Lung Injury in Animals
- Virtual Asthma Center (previously titled "Asthma Web Portal")
- Standardizing Endpoints for Clinical Asthma Trials

Assembly on Behavioral Science

- Tobacco Control Initiatives Within the American Thoracic Society

Assembly on Clinical Problems

- Evidence-Based Guidelines for the Clinical Management of Idiopathic Pulmonary Fibrosis: An Update of the International Consensus Statement on the Diagnosis and Treatment

Assembly on Environmental & Occupational Health

- Diagnosis and Management of Beryllium Sensitization and Chronic Beryllium Disease

- Novel Risk Factors and the Global Burden of Non-Smoking COPD
- Workshop and ATS Statement on Work-Exacerbated Asthma

Assembly on Microbiology, Tuberculosis & Pulmonary Infections

- Bronchiectasis: An International Perspective
- Diagnostic Standards and Classification of Tuberculosis in Adults and Children
- Risks of Mycobacterial and Fungal Infections in Patients Receiving TNF- α Antagonists
- Statement on the Diagnosis of Fungal Infections
- Statement on the Treatment of Fungal Infections

Assembly on Nursing

- Revision of the 1999 Dyspnea Statement

Assembly on Pediatrics

- Central Hypoventilation Syndrome: Translational/Transitional Medicine Prototype
- Diagnosis and Management of Primary Ciliary Dyskinesia
- Pediatric Organization for Worldwide Respiratory Research (POWRR)
- Working Group on Infant and Young Children Pulmonary Function Testing (*publication of series*)
- Working Group on Infant and Young Children Pulmonary Function Testing (*new project*)

Assembly on Respiratory Cell & Molecular Biology

- Idiopathic Pneumonia Syndrome: A Ten-Year Update

Assembly on Respiratory Neurobiology & Sleep

- Workshop on Research Priorities in Portable Monitoring for Sleep-Disordered Breathing

Assembly on Respiratory Structure & Function

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

ATS Document Development & Implementation Committee

- Merging Efforts in COPD Guideline Development

ATS Assembly on CP Sponsors Clinician Educator Award

The Assembly on Clinical Problems (CP) invites its members to submit nominations for the CP Educator Award, which will be presented to a member of the assembly during the 2007 International Conference in San Francisco during the Assembly's annual awards dinner.

Nominations for the award should include the nominee's institution and academic affiliation (if applicable), as well as a short letter of support for the nominee addressing each of the following criteria. A candidate should:

- Have been an active clinician and teacher in pulmonary and critical care medicine for at least 10 years.
- Have participated in institutional educational program development (please send specific examples).
- Have made significant contributions 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 submission is February 16. Please send all nominations to Karen Belgiovine, Manager of ATS Research and Assembly Programs, by e-mail at kbelgiovine@thoracic.org, by fax at (212) 315-6489 or by mail at 61 Broadway, 4th Floor, New York, NY 10006.



the **ADVOCATE**

CONGRESS STOPS MEDICARE PHYSICIAN PAYMENT CUTS

Just prior to adjournment, the 109th Congress passed legislation preventing a 5.1 percent cut in Medicare physician payments for 2007 and, instead, providing a 0 percent update. The forestalled cuts were a result of the flawed sustainable growth rate (SGR) formula that links growth in Medicare physician payments to growth in the gross domestic product and arbitrary physician spending targets.

While the Congressional action prevents cuts in 2007, the legislation does not address the underlying flawed SGR formula, which the physician community has long called for Congress to fix. Although Congress has acted twice previously to prevent the cuts caused by the SGR, they paid for the averted cuts with future reductions in Medicare payments to physicians, making the cost of correcting the problem even more expensive in future years.

If the SGR formula is not corrected, the physician community will face similar cuts in 2008, and will again need Congress to intervene. However, unlike previous Congressional efforts to prevent cuts, the most recent legislation does not shift the cost of 2007 payments to future years.

The averted SGR cuts, combined with increases in evaluation and management code work values and new practice expense calculations, will likely mean gains for those in the pulmonary and critical care communities. Pulmonary physicians are predicted to see an overall six-percent increase in Medicare reimbursements, while critical care physicians will likely see a four-percent increase.

CLEAN AIR

EPA Changes NAAQS Development Process

The Environmental Protection Agency (EPA) has announced a series of administrative changes to how National Ambient Air Quality Standards (NAAQS) will be developed in the future. Pollutants regulated by NAAQS include ozone, particulate matter, sulfur dioxide, carbon monoxide, nitrous oxides and lead.

The changes—which include reducing the role of the Clean Air Scientific Advisory Committee (CASAC) and replacing the EPA staff paper, in which scientists make recommendations on the standard setting process, with advanced notice of proposed rule making (ANPR)—will reduce the scientific community’s input in the early stages of standard development, and will likely enhance the power of political EPA appointees in crafting regulatory agendas.



RESEARCH

NIH Reauthorization Bill Passes Congress

A last-minute compromise between U.S. House and Senate negotiators allowed Congress to pass the National Institutes of the Health (NIH) reauthorization bill. The legislation does the following:

- Establishes the NIH Director’s Common Fund, which will be funded through a reserve account.
- Provides a five-percent increase in the funding levels for FY07 and FY08 and such sums as necessary in FY09.
- Maintains House-passed provisions creating the overall funding authority for the NIH instead of the individual institutes. However, the House and Senate Appropriations Committees will continue to fund institutes and centers individually.
- Modifies the provision which would allow individual institute and center directors to reconfigure and reorganize programs within their institute or center. The final bill calls for any institute or center director who wishes to initiate major changes to engage in a public process and receive input from patients, scientists and other interested parties, and secure the approval of the Director of NIH.
- Establishes a Scientific Management Review Board to periodically review the configuration of the NIH and make recommendations to key officials every seven years.
- Implements a more comprehensive reporting system for the NIH in terms of spending on various diseases and the management of data and statistics. Requires the NIH Director to report to Congress on progress on key areas of health, but also includes a provision which would allow individual institutes and centers to report directly to Congress.
- Establishes a Bridging the Sciences Initiative, a High Risk-High Reward Initiative and a Public-Private Partnerships Initiative.
- Includes a provision modifying the Clinical and Translational Science Award program to preserve independent funding and infrastructure for pediatric clinical research centers.

Although the ATS had expressed a number of concerns with earlier versions of the bill, most of these issues were addressed in the final legislation.

BUDGET

Congress Adjourns After Passing Short-Term Spending Measure

Before bringing the 109th Congress to a close in early December, the U.S. House and Senate passed the Continuing Resolution, a short-term bill that will fund government agencies and programs until February 15, 2007. By doing so, congressional leaders have delayed action on FY07 appropriations (federal agency and program funding) bills until the start of the new 110th Congress in this month.



Senator Robert Byrd (D-WV)



Representative David Obey (D-WI)

Senator Robert Byrd (D-WV) and Representative David Obey (D-WI), the new Democratic chairs of the House and Senate Appropriations Committees, have announced a plan to reconcile the spending bills that would fund most programs at FY06 levels, remove earmarks (individual state congressional projects) and possibly add funding to some health and education programs.

Unless Congress approves additional funding after February 15, NIH institutes and centers will likely receive level funding for FY07:

- National Heart, Lung and Blood Institute (NHLBI): \$2.951 billion
- National Institute of Allergy and Infectious Disease (NIAID): \$4.459 billion
- National Institute of Environmental Health Sciences (NIEHS): \$647.6 million
- National Institute of Nursing Research (NINR): \$138.72 million
- Fogarty International Center: \$67 million

The Centers for Disease Control and Prevention (CDC) is also expected to receive level funding, including the tuberculosis control program (\$137.4 million) and National Institute of Occupational Safety & Health (\$251 million).

The ATS Washington Office will keep members informed of any potential funding increases for respiratory related programs in the 110th Congress.

**PEDIATRIC LUNG HEALTH
ATS Supports Children's Hospitals GME**



ATS President John E. Heffner M.D., sent a letter to the chairs of the House and Senate Appropriations Committees urging them to support the Children's Hospitals Graduate Medical Education (CHGME) program.

"The CHGME program is vital to the future pediatric workforce, and in particular, to addressing the national shortage of pediatric specialists, including pediatric pulmonologists," Dr. Heffner wrote of the program, which provides graduate medical education (GME) funding to all children's hospitals for pediatric and resident training, including specialty training.

Without the program, children's hospitals would receive no Medicare GME funding because they serve children rather than the elderly. Since its creation in 1999, the CHGME program has provided children's hospitals with \$1.5 billion in funding for residency training.

New ATS Sr. Legislative Representative



Nuala S. Moore

Nuala S. Moore has joined the ATS Washington staff as Senior Legislative Representative. Prior to joining the ATS this fall, Nuala worked on children's mental health issues for six years with the American Academy of Child and Adolescent Psychiatry (AACAP). She has also managed child health and social services issues for the Alliance for Children and Families. After working for Representative Steny Hoyer (D-MD) as an undergraduate, Nuala began her career in advocacy in international conflict resolution and immigration issues. A native Washingtonian, Nuala holds an M.A. in Legislative Affairs from George Washington University and a B.A. in Government and Politics from the University of Maryland.



On December 20, President George W. Bush signed legislation passed during the last hours of the 109th Congress that would provide for up to a 1.5 percent bonus to participants in Medicare's Physician Voluntary Reporting Program (PVRP).

Begun in 2006, the PVRP represents the Centers for Medicare & Medicaid Services' (CMS) first step towards gathering information on the use of physician quality measures. About 10,000 physicians signed up to report on 16 quality measures, which the CMS developed in consultation with such organizations as the Ambulatory Quality Alliance, the National Quality Forum and the AMA Physician Consortium.

Beginning in January 2007, the program will track 45 measures and, by July 2007, the CMS expects to incorporate an additional 21 measures. Among the latter measures are nine that are relevant to respiratory professionals, including spirometry evaluation for COPD; appropriate medications for mild, moderate or severe asthma; and assessment of the mental and physical condition of patients with community-acquired pneumonia.

The legislation will provide the 1.5 percent incentive to physicians who report on quality measures from July 1 to December 31, 2007. To receive the bonus, physicians must meet the standards set for at least three quality measures. Although bonuses payments will not be received until 2008, participating physicians will receive the bonus on all allowable charges billed to Medicare. (The legislation includes a provision to prevent physicians from reporting quality measures related to only a small part of their practice.)

To learn more about the PVRP and the quality measures in effect or proposed, visit www.cms.hhs.gov/PVRP/01_Overview.asp. The page provides a link to physicians who wish to sign up for the program. According to the Web site, it takes only five minutes to register online.

**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.

The dead of winter is the time for dangerous red wines: those inexpensive bottles that are too easy to drink when it's cold outside. Having previously discussed Two-Buck-Chuck and also Yellowtail, this month's column is about Rosemount, an Australian producer who also makes a bunch of cheap, mostly decent wines. They focus on reds, and currently have six different varieties available. Each can be had for just \$6 and are found widely in supermarkets in certain enlightened states.

In summary, all but one of the six are well-worth their price, and are actually a notch above cheap BBQ wines. As with the aforementioned, they are "drink-now-do-not-age wines." They are presented in order of preference. However, your own personal taste is likely more important than rank among the first five. Only the sixth is substandard on my scale.

1. **2004 Shiraz (53%) Cabernet (47%)**. Deep in color, the nose began with slight leafiness and sulfur, but both blew off quickly, leaving rich dark berry fruit on the nose and palate with nice medium tannic structure and balanced acid. The wine opened well, with richness developing further in the glass, and with good length. Balance of fruit, tannin and acid are excellent. Very easy to drink.
2. **2003 Merlot**. Medium deep color with vanilla and dark cherry nose. Medium tannin and richness with nice bright red and dark cherry fruit. Slightly earthy, with nice balance and length, a touch more complex than (1) but not as rich. I did not expect this to come out second in the group.
3. **2004 Shiraz**. Slight sulfur that blew off; vanilla with red/black berry fruit on the nose. Forward fruit on the palate, with blackberry finish, a bit simple in its flavors. But balanced (i.e., fruit/acid/tannin) and pleasant.
4. **2004 Shiraz (55%) Grenache (45%)**. Grapey floral nose and palate. Slight earth, bright acid, light tannins, pleasant accessible wine. Not as rich as the above three. Slightly herbaceous, with fair length.
5. **2004 Cabernet (88%) Merlot (12%)**. Deep color, with a nose of plums and dark berry turning to blackberry. Slight green pepper with red and dark cherry fruit on the palate, which however was surprisingly simple. While juicy, it lacked depth or complexity. But another easy to drink drop.
6. **2003 Cabernet**. Strong salty "Vegemite" nose with prune ripe fruit. Same characters on the palate. The fruit began to fade in the glass, leaving a slight bitter edge.

ATS RESEARCH PROGRAM

(continued from page 1)

After learning about the ATS Research Program from a colleague, he submitted an application for the ATS/Alpha-1 Foundation Grant, which he saw as a “perfect match” for his project, “The Relation of LPS Receptor Complex Polymorphisms to COPD.” A year later, he was one of six inaugural recipients of ATS research awards.

Since completing his ATS award in 2005, Dr. Guerra has published one article in *Genes and Immunity* and submitted three others for peer-review. He has received two National Institutes of Health/National Heart, Lung and Blood Institute grants, one of which extends his work on the TESAOD. As principal investigator, he will test the entire cohort for innate immunity, obstructive lung diseases and biomarkers for COPD. He is also studying the links between innate immunity genes and COPD as principal investigator of two separate grants from the American Heart Association and Parker B. Francis Fellowship Program.

“From a scientific standpoint, the ATS/Alpha-1 Foundation Research Grant has enabled me to produce findings that have been critical not only to test our original specific aims, but to generate new hypotheses and strengthen the scientific rationale to expand our existing research,” said Dr. Guerra, who is also co-investigator of the second NIH/NHLBI grant, which focuses on the natural history of asthma.

Last year, he saw the ATS Research Program from a different perspective as an ad-hoc reviewer of 2006 grant applications. “It was a great experience,” he said. “I very much enjoyed the dynamic of the scientific discussion and got a better perspective on how to make my next grant more competitive.”

Filling a “Void”

When Caroline Owen, M.D., Ph.D., applied to the ATS Research Program for funding to begin in 2004, she had just joined the faculty at Brigham and Women’s Hospital as Assistant Professor of Medicine. She was in the process of trying to set up her lab and renew a basic science NIH R0-1 grant that focused on the cell biology of enzymes in inflammatory cells.

“When you move to a new institution, it interrupts your productivity,” said Dr. Owen. “You have to train new people, and I was struggling to get updated data to renew my grant. The ATS Research Program filled this void and enabled me to get back on track and renew my NIH grant.”

In 2004, she was awarded the ATS/Pulmonary Fibrosis Foundation Research Grant for her project, “Counter-intuitive, Pro-fibrotic Role of Matrix Metalloproteinase-8 (MMP-8) in Pulmonary Fibrosis,” which investigated the role of a specific proteinase—MMP-8—in the pathogenesis of interstitial pulmonary fibrosis.

Although Dr. Owen’s past work had focused primarily on cell biology, over the course of her ATS-sponsored research, she began using animal models. “My ATS award allowed me to take an entirely new approach in the laboratory and gave me time to get training in animal studies to pursue these new interests,” said Dr. Owen, who performed analyses of lungs and lung cells from mice genetically deficient in MMP-8 to define the role of this key enzyme in pulmonary fibrosis.

Since completing her research last year, Dr. Owen has been working as principal investigator of her R0-1 grant, “Novel Roles for MMP-8 in Acute Lung Injury,” which was renewed while she had ATS research support, and of a grant from the Flight Attendants Medical Research Institute on the molecular mechanisms in cigarette smoke-induced pulmonary emphysema. This year, she submitted a

second application for an NHLBI grant focusing on the role of enzymes in acute lung injury, which is pending.

She also has one manuscript currently in press in the ATS’s own *American Journal of Respiratory and Critical Care Medicine* and another under revision in *Arteriosclerosis Thrombosis and Vascular Biology*.

New Approaches, New Directions

For Irina Petrache, M.D., Associate Professor of Medicine at Indiana University, receiving an award from the ATS Research Program in 2004 helped her “forge a new direction at the bench.”

“One of the program’s unique qualities is that it not only offers you a chance to conduct independent research and gather new data, but it also allows for a great deal of creativity and reasonable risk in the laboratory,” said Dr. Petrache, who received the ATS/Alpha-1 Research Grant for her project, “Ceramide Upregulation: An Amplifying Mechanism of Lung Apoptosis and Emphysema Development” while she was an Assistant Professor of Medicine at Johns Hopkins University.

“The ATS Research Program helped me set up my first independent line of research while encouraging guidance from more senior investigators,” she added. “More than that, it gave me moral encouragement to pursue a new line of inquiry and obtain preliminary data for independent funding from the NIH.”

Since completing her ATS award last year, she has received an NIH R0-1 grant to expand the scope of her original research, which used animal models to determine the mechanisms of lung damage that underlie pulmonary emphysema. Her original research was published in *Nature Medicine* in 2005. She is also principal investigator of a second grant from the Flight Attendant Medical Research Institute that focuses on emphysema and alpha-1 deficiency.

Looking Ahead

As the ATS Research Program continues to grow—thanks to the Society’s fundraising efforts and



Dr. Stefano Guerra, 2003 recipient of ATS/Alpha-1 Foundation Research Grant.



Dr. Caroline Owen, 2004 recipient of ATS/Pulmonary Fibrosis Foundation Research Grant.



Dr. Irina Petrache, 2004 recipient of ATS/Alpha-1 Foundation Research Grant.

financial support from the Society’s 16 current and past partners in research (see box)—Dr. Martin expects more young investigators to use it as a “stepping-stone” for career advancement.

“In the last two years alone, letters of intent for submissions to the program have nearly quadrupled,” he said. “Whereas in 2003, we only offered six partnership awards, last year, we offered nine new partnership grants for targeted areas of lung disease and four unrestricted grants that were open to all ATS members. Given the generosity of our research partners and the success of past awardees, I see this trend only increasing,” he said.

For the 13 newest awardees, funding will begin in January 2007. For more information on the ATS Research Program and the latest grant recipients, visit www.thoracic.org/go/research.

The ATS’s Current & Past Partners in Research

- Alpha-1 Foundation
- American Lung Association of Hawaii
- American Society of Transplantation
- The ARDS Foundation
- Asthma and Allergy Foundation of America
- Boehringer Ingelheim
- Coalition for Pulmonary Fibrosis
- COPD Foundation
- Foundation for Sarcoidosis Research
- Hermansky-Pudlak Syndrome Network
- LUNGeVity Foundation
- Pulmonary Fibrosis Foundation
- Pulmonary Hypertension Association
- Respironics, Inc.
- The LAM Foundation
- The Respiratory Institute, a Division of GlaxoSmithKline
- American Lung Association
- Medical Research Service of the Department of Veterans Affairs

CONFERENCES, COURSES AND MEETINGS

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

DATE & PLACE	TITLE	CONTACT
May 18 to 23 San Francisco, California	“2007 ATS International Conference,” sponsored by the American Thoracic Society	Phone: (212) 315-8658 ats2007@thoracic.org www.thoracic.org
March 1 to 4 Boston, Mass	“The ATS State of the Art Course in Pulmonary Medicine and Critical Care”	Miriam Rodriguez Phone: (212) 315-8639 mrodriguez@thoracic.org www.thoracic.org
March 2 to 3 Santa Monica, CA	“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 ACCP	Phone: (847) 498-1400 accp@chestnet.org
March 22 to 24 Monterey, CA	“NAMDRC 30 th Annual Meeting and Education Conference”	Phone: (703) 752-4359 ExecOffice@namdrc.org www.namdrc.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
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 szagala@LABiomed.org
April 4 Newton, Mass	“The 62nd Annual Meeting of the Massachusetts Thoracic Society”	Phone: (781) 890-4262, ext. 217 cflood@lungma.org