AMERICAN THORACIC SOCIETY

ATS NEWS

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IN THIS ISSUE

HRSA REPORT

In a report to Congress, the Health Resources and Services Administration projects a shortage of 1,500 intensivists by 2020.

p4

WHO'S WHO AT ATS

Tom Petty M.D., works at the bench and bedside as mentor, researcher and clinician.

p5

MORE FROM ATS 2006

Highlights from special events for fellows, women and minorities.

p8

ATS ADVOCATE

The House funds NIH at 2006 level, but cuts CDC.

p9

ON THE ATS web

Visit the Society's Web site at www.thoracic.org to view an **online photo album** of the 2006 International Conference in San Diego. More than 70 images show ATS members and the other 14,300 attendees during the six-day meeting, which featured 5,000 original research presentations related to the prevention, diagnosis and treatment of respiratory, critical care and sleep disorders. The Society will continue to add photos highlighting assembly and PAR activities, clinical and basic science sessions, poster presentations, clinical experts, fellows and trainees, leadership meetings and networking events.

ATS/ERS PUBLISH NEW STATEMENT ON PULMONARY REHABILITATION

In light of numerous scientific advances and the growth of evidence-based medicine over the last decade, the American Thoracic Society (ATS) and European Respiratory Society (ERS) have published a new statement on pulmonary rehabilitation.

The statement, which updates ATS and ERS documents from 1997 and 1999, appeared in the June 15 *American Journal of Respiratory and Critical Care Medicine*.

Developed by an international writing committee of 24 ATS and ERS members from across North America and Europe, the new statement represents the first international consensus on pulmonary rehabilitation.

"In the last 10 years, we have made great strides in understanding the multi-systemic effects of chronic respiratory disease and building scientific support for pulmonary rehabilitation as an effective treatment modality," said ATS member Linda Nici, M.D., one of the writing committee's four co-chairs. "The new statement incorporates these advances and provides more evidence of how and why pulmonary rehabilitation works."

"For the first time, we are giving a well-balanced, practical point of view from both sides of the Atlantic," said Claudio Donner, M.D., who represented the ERS as writing committee co-chair with Emiel Wouters, M.D. "This is an important step in educating the respiratory community about the benefits of pulmonary rehabilitation in all stages of disease and making it a global standard of care."

Exercise therapy, shown above, is the "cornerstone" of pulmonary rehabilitation. (*Courtesy of Presbyterian Healthcare Services*)

Putting Things in Perspective

This ATS/ERS statement has been designed to be complimentary to other documents on the subject of pulmonary rehabilitation, such as those by the American College of Chest Physicians and the American Association of Cardiovascular and Pulmonary Rehabilitation.

"The outcome of this effort is a document that can be widely applied to practice, providing clinicians with an outline, reasoning for that outline and steps on how to apply it," said ATS member and Co-Chair Richard ZuWallack, M.D.

The different backgrounds and nationalities of the writing committee helped in this task. The committee included M.D.'s, Ph.D.'s, nurses, physical therapists and respiratory therapists from Belgium, Canada, England, France, Italy, the Netherlands and the United States.

"The details of program structure, staffing and funding obviously depend on region, setting and culture," said Dr. Wouters, who directs the pulmonary rehabilitation program at the University of Maastricht in the Netherlands. "To keep the statement 'international,' we assumed that patient populations, budgets, reimbursement levels and resources vary."

(continue on page 10)

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MESSAGE FROM THE PRESIDENT

John E. Heffner, M.D.

Summer is here, and I finally have a chance to reflect on the 2006 International Conference and note the diversity of talent that exists among ATS membership and the broad challenges we face. With Jim Beck presiding as Chair, the conference featured an outstanding scientific program with some 400 sessions, 800 speakers and 5,000 abstracts.

For me, the San Diego Convention Center's tent-like architecture became a symbol for our conference, which brought together under "the ATS tent" attendees with varied expertise needed to advance the Society's mission. To address our most important challenges, we invited nearly 250 non-members–at considerable expense–to present their specialized knowledge that was not otherwise available within the Society.

During the annual Membership Meeting, Peter Wagner, now Immediate Past-President, and I described the expanding challenges the Society faces as defined in the ATS Vision and our new Strategic Plan. Endorsed by the ATS Board, the plan describes 10 strategic goals and their related objectives that will guide us through the next several years (*see page 3*), yet continuously evolve to address emerging challenges. To distill our strategic goals into a single statement: the ATS is an international, interdisciplinary forum for basic and applied scientists, clinicians, health policy experts, patients, and other committed partners with the expertise necessary to advance our Society's three pillars: respiratory health, acute and critical care, and sleep medicine. How are we strengthening these pillars? I'd like to highlight a few recent initiatives.

Respiratory Health

We remain committed to increasing awareness of COPD as a global scourge and more rapidly translating discoveries into improved care. Guided by Holger Schunemann, the ATS Documents Committee is reviewing our ATS/ERS COPD guidelines, with their unique patient-directed content (www.test.thoracic.org/copd/) and other COPD practice parameters to improve their effectiveness. We benefit from Antonio Anzuetto's representation of the ATS on the GOLD Executive Committee. Chaired by ATS Past President Sonia Buist, GOLD works to translate best clinical practices into improved COPD care worldwide.

These efforts will complement an NHLBI initiative, described during the conference by Elizabeth Nabel, Director of the National Heart, Lung and Blood Institute, that will raise awareness of COPD among primary care doctors and patients at risk for the disease. Dr. Nabel met with ATS fellows, officers, committee chairs and other attendees during the conference to strengthen our productive collaborations with NHLBI.

David Schwartz, the new Director of the National Institute of Environmental Health Sciences and an active ATS member, also spoke and spent considerable time at the conference. In his short tenure at NIEHS, David has completed an ambitious strategic plan that provides considerable opportunities for ATS collaboration with the Institute in environmental sciences. As David noted, "the lung is the ideal organ to investigate the interface between the host and the environment."

Susanna McColley, Chair of the ATS Strategic Planning Committee, and Susan Tarlo, Chair of the Environmental and Occupational Health Assembly, will align our ATS Strategic Plan with that of the NIEHS to examine links between environmental exposure and an array of lung diseases, including lung cancer. Similarly, we plan to strengthen relationships between the ATS and other NIH Institutes that share our goals.

Acute and Critical Care

A recent Health Resources and Services Administration (HRSA) report to Congress validated the ATS's claim that the nation faces a growing critical care workforce shortage as the population ages. By 2020, the HRSA projects a shortage of 1,500 intensivists nationwide (*see story on page 4*) To address this crisis, the ATS continues to collaborate in our Critical Care Workforce Partnership with the American College of Chest Physicians, American Association of Critical-Care Nurses and the Society of Critical Care Medicine, whose leaders held a joint media briefing on the issue during the International Conference.

Related to workforce issues, the American Board of Internal Medicine recently recognized critical care medicine as a full subspecialty. Discussions between the ATS and ABIM have encouraged us to define the field more explicitly, articulate critical care competencies, increase its appeal to potential trainees and advance training efforts.

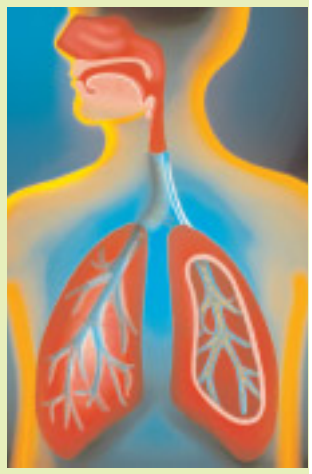
Sleep-Related Disorders

Sleep medicine is an exploding field with enormous potential for improving health. Through collaborations with a broad array of researchers and clinicians, the ATS intends to advance the field in a manner that recognizes its multidisciplinary nature. We encourage expanded relationships with organizations interested in advancing knowledge and increasing access to care, as expressed last year in our joint editorial with the ACCP and the American Academy of Sleep Medicine (*Chest.* 2005;128:3788-3790). At the International Conference, Betsy Nabel emphasized the importance of sleep research and her interest in working closely with the ATS to be certain her Institute addresses the most important questions related to sleep.

In reviewing International Conference highlights against the backdrop of the three ATS pillars, I have tried to convey an image of the ATS as a huge tent, under which an amazingly diverse and talented membership collaborates. This tent motif will serve us well this summer as we begin tactical planning to implement our strategic goals. These goals require us to enlarge our tent by welcoming new members and collaborations that offer the specialized knowledge to make our ATS Vision a reality.

NEWS BRIEFS

Hundreds Attend ATS/AAAAI Fellows Symposia



More than 230 fellows and 28 faculty members from across the United States attended the 2006 Pulmonary and Allergy Fellows Symposia last month in San Diego. The three-day course, jointly sponsored by the ATS and the American Academy of Allergy, Asthma and Immunology, focused on clinical issues related to the diagnosis and treatment of a variety of respiratory disorders.

"Participants had the unique opportunity to meet colleagues from other parts of the nation and learn the latest advances in pulmonary medicine, allergy and immunology," said ATS member Deborah Shure, M.D., one of three course directors. "I think everyone in attendance saw this as another example of how deeply committed our organizations are to the professional development of fellows."

New CCR Officers Elected at Conference

Louis Libby (left) and Jonathon Truwit (right) at the 2006 CCR meeting.

The Society's Council of Chapter Representatives (CCR) elected two new officers during the 2006 ATS Conference: Vera A. De Palo, M.D., of the Rhode Island Thoracic Society, as CCR Chair- Elect, and Dennis E. Doherty, M.D., of the Kentucky Thoracic Society, as Secretary.

Two other CCR officers were installed in new positions at the meeting. Jonathan D. Truwit, M.D., of the Virginia Thoracic Society, became Chairman of the CCR for 2006 to 2007, and former CCR Chair Louis S. Libby, M.D., of the Oregon Thoracic Society, became Immediate Past-Chair.

ATS STRATEGIC GOALS AND OBJECTIVES

During its May meeting, the Society's Board of Directors endorsed ten strategic goals and related objectives.

1. Strengthen Advocacy

Objectives

- Define and strengthen ethical principles for professional societies that advance science and patient care
- Champion policies that will ensure an adequate clinical workforce
- Improve the environment of care for providers and patients
- Secure an expansion of the research workforce
- Enhance research funding
- Be a leader in the development of healthcare policy that advances respiratory, critical care and sleep medicine
- Develop a grass-roots approach to advocacy that includes members, patients and families

2. Build Awareness

Objectives

- Enhance public awareness of respiratory diseases, sleep disorders and critical illnesses
- Expand public and governmental respect for scientific research
- Secure greater public, patient, corporate, payer, quality-improvement organization and governmental awareness of the ATS
- Assist the empowerment of patients in advocacy
- Develop programs to enhance patient self-care
- Inform primary care clinicians of ATS programs

3. Meet the Needs of Clinicians in Pulmonary, Critical Care and Sleep

Objectives

- Develop and assist in implementation of evidence-based clinical practice guidelines
- Contribute to the development of quality and safety standards
- Assist the development of healthcare resource allocation and reimbursement strategies
- Establish clearly defined public health-policy positions
- Investigate and develop clinical systems to improve patient safety
- Introduce health-information technology and decision-support tools for clinical practice
- Contribute to the accelerated translation of research into patient care
- Promote models to meet clinician workforce needs in pulmonary/critical care/sleep medicine
- Expand opportunities for CME and competency-based training
- Support services for ATS Chapters

4. Disseminate Knowledge

Objectives

- Develop electronic resources for research and clinical education
- Integrate and coordinate our publications portfolio
- Optimize conference and course portfolios
- Drive the rapid implementation of new knowledge into clinical practice

5. Enhance Membership

Objectives

- Increase membership of clinician and researcher professionals
- Enhance retention and recruitment of in-training and in-transition members
- Expand mentoring programs
- Enhance membership benefits
- Develop more effective marketing of membership benefits
- Develop a membership category for "Friends of the ATS"—for interested lay persons and for professionals who are not candidates for regular membership

6. Collaborate with Organizations Having Similar Missions and Goals

Objectives

- Engage professional organizations, governmental agencies and public interest organizations in the areas of respiratory, critical care and sleep medicine through education, research, clinical care and advocacy.

7. Optimize Organizational Structure to Improve Effectiveness and Efficiency

Objectives

- Streamline governance structure
- Improve the integration and coordination of Committee activities and inter-committee communication
- Reduce operating costs
- Align staff structure with organizational goals and objectives to ensure completion of action plans
- Improve communication between and among Assemblies

8. Partner with Patients and their Families

Objectives

- Enhance services and resources for patients and families
- Develop partnerships for advocacy
- Design collaborative partnerships to enhance public awareness of pulmonary, critical care and sleep disorders; the needs of patients with these disorders; and the Vision and Goals of the ATS
- Advance existing partnerships to promote research
- Develop partnerships to support research funding
- Design strategies to allow participation of patients in ATS governance

9. Grow Research

Objectives

- Expand ATS-funded and co-funded pulmonary, critical care and sleep research
- Promote public awareness of the value of and need for research
- Ensure adequate federal, state and local support for research
- Secure sufficient resources for training of investigators
- Study methods for promoting the rapid translation of new discoveries into improved clinical care

10. Diversify Revenues

Objectives

- Identify and promote effective enduring products that implement ATS official document recommendations
- Identify new revenue streams from ATS publications
- Secure International Conference-related revenue opportunities
- Continue ethical relationships with industry
- Develop a Web-based revenue strategy
- Develop organizational "home" to examine on an ongoing basis new and novel revenue opportunities
- Work with the ATS Foundation to increase support for research, education and training

HRSA CONFIRMS CRITICAL CARE SHORTAGE

In May, a Health Resources and Services Administration (HRSA) report to Congress essentially confirmed what the American Thoracic Society and three other medical associations whose members work in ICUs have maintained: Intensivists are in short supply and the gap will worsen over the next 15 years as the baby boomer population ages.

Derek Angus: "Because of the magnitude of the problem, we need to reorganize the system."

"While other medical specialties and subspecialties are also anticipating shortages," said ATS President John E. Heffner, M.D., "the shortage of critical care doctors is of particular concern because of the acuity of illness. It may not be desirable, but you can wait for a hip replacement. You can't wait to receive care if you have a life-threatening illness."

Dr. Heffner represented the Society during a joint press conference about the HRSA report held during the ATS International Conference in San Diego with leaders from the American College of Chest Physicians, the Society for Critical Care Medicine, and the American Association of Critical-Care Nurses. The four societies have formed the Critical Care Workforce Partnership to inform health policy and political leaders about the problem.

Among the findings reported by HRSA in "The Critical Care Workforce: A Study of the Supply and Demand for Critical Care Physicians":

- By itself, the growing and aging population will increase adult intensivist demand by 38 percent by 2020.
- Currently, about one-third of all critically patients' care is supervised by a trained intensivist. HRSA believes that increasing that proportion to two-thirds would represent a "more optimal level" of care.
- This higher level of care would translate into a shortage of 1,500 physicians nationwide by 2020.

Two ATS members who have been part of the workforce partnership, President-Elect David H. Ingbar, M.D., and Derek C. Angus, M.B., M.P.H., believe that the HRSA report is good news for patients, because the agency has recognized that patients have better survival rates and spend less time in ICUs when their care is directed or monitored by an intensivist.

Both, however, believe the solution to the workforce shortage goes beyond training more critical care specialists: equally important, hospitals must make more effective use of intensivists and the other members of the ICU team.

"Because of the magnitude of the problem, we need to reorganize the system," says Dr. Angus. Dr. Angus and his colleagues on the workforce partnership believe that by adopting common standards and using information technology, hospitals can improve patient care and stretch scarce resources.

Dr. Ingbar believes the four critical care societies can play a leadership role in addressing both issues. "My hope is that we'll create a series of joint working projects that establish national protocols and standards for the ICU and advance the role of technology within the ICU," says Dr. Ingbar. "With the exception of ARDS, decision-support tools for critically ill patients aren't well developed."

Likewise, Dr. Angus believes that one part of the solution may be developing levels of intensive care, the way medical trauma has, and matching patients with the right team of intensivists. Implementing such a system would require, among many things, that decision-support tools be developed for general internists, emergency medicine physicians, and others who might have to triage critical care patients.

Reorganization may also bring more physicians to the field. "There is a lot of stress inherent in this job," says Dr. Ingbar, who worries that the field no longer attracts as many high-quality trainees as it once did. Creating systems to support intensivists, he believes, will enhance those qualities of critical care medicine that attracted specialists to the ICU in the first place–"the teamwork, the need to make decisions under pressure, and the opportunity to see physiology in action."

HELP SELECT FUTURE ATS LEADERS: SUBMIT YOUR NOMINATIONS

The ATS Nominating Committee is now seeking nominations for candidates to be elected ATS Secretary-Treasurer for 2007 to 2008. The successful candidate will advance through the leadership offices and serve as ATS President in 2010 to 2111.

"This is an important process in a membership-based Society like ours," said Robb W. Glenny, M.D., Chair of the Nominating Committee. "We invite all members to recommend individuals whom they feel are worthy and capable of leading the ATS."

When making nominations, he asks that members consider an individual's organizational ability, leadership skills, prestige in the field, willingness to devote time to the ATS, past contributions to the ATS, diplomacy and ability to communicate effectively.

To secure the best possible candidates for the office of Secretary-Treasurer, the ATS membership approved a by-laws change last year to provide a stipend for both the ATS President and President-elect, which are given directly to the officers' institutions or universities.

Interested in nominating someone for ATS Secretary-Treasurer? Complete these steps.

1) Obtain permission from the candidate to submit his or her name. Explain that if elected, he or she will progress through the ATS leadership ranks over the next four years, ultimately serving as President in 2010.
2) Create a nomination letter of support. The letter should address the qualifications and experience of the nominee in terms of leadership style and skills, scientific and clinical credibility, administrative ability, political acumen and service to the ATS.
3) Obtain the promise of additional letters of support from two ATS members. Attach their names and contact information to your letter. The Committee will follow up with these individuals.
4) Send these materials to the attention of the "ATS Nominating Committee" by fax at **(212) 315-8630** or by regular mail at 61 Broadway, 4th Floor, New York, NY 10006-2755.

Awards 2007

SUBMIT NOMINATIONS BY SEPTEMBER 29TH

Each year at the ATS International Conference, the Society recognizes leaders in respiratory, critical care and sleep medicine for their extraordinary contributions to and achievements in lung disease research, treatment and prevention.

With planning already underway for next year's meeting, the ATS Awards Committee is now accepting nominations for awards and honors to be presented at ATS 2007, San Francisco. Categories include:

- The **J. Burns Amberson Lecture** is delivered in honor of James Burns Amberson, M.D., an international authority on chest disease and tuberculosis. The Amberson Lecturer is an individual with a career of major lifetime contributions to clinical or basic pulmonary research and/or to clinical practice.
- The **Edward Livingston Trudeau Medal** is awarded to an individual with lifelong major contributions to the prevention, diagnosis and treatment of lung disease through leadership in research, education or clinical care. The award was established in 1926 by the American Lung Association (ALA) and is given in honor of Dr. Edward Livingston Trudeau, a founder and the first president of the ALA.
- The **ATS Distinguished Achievement Awards** are given to individuals who have made outstanding contributions to fighting respiratory disease through research, education, patient care and advocacy. Up to two (2) awards may be given each year.
- The **World Lung Health Award** is presented to individuals with recognized contributions to world lung health in the area of basic or clinical research, delivery of healthcare, continuing education or care of patients with lung disease. This award is restricted to ATS members.
- The **Recognition Award for Scientific Accomplishment** is given to individuals for outstanding scientific contributions in basic or clinical research to the understanding, prevention and treatment of respiratory disease or critical illness. Those considered for the award would be recognized for either scientific contributions throughout their careers or for major contributions at a particular point in their careers. This award is restricted to ATS members. Each awardee will make a 25-minute presentation on their research. Up to four (4) awards may be given each year.
- The **Public Service Award** is presented for contributions in the public health arena related to respiratory disease and medicine. The candidate must have made a significant lifetime contribution to the field or a unique one-time contribution and may be a public health figure.

To nominate an individual for any of these awards, write a brief letter about his or her accomplishments and attach the person's CV and publications list. Send this information to the ATS Awards Committee, c/o Fran Comi, ATS Director of Scientific Meetings and Conferences, at fcomi@thoracic.org.

All nominations must be submitted by Friday, September 29. For more information, call (212) 315-8658.

WHO'S WHO at ATS

TOM PETTY
MASTER OF MULTI-TASKING

Over the last 48 years, Thomas L. Petty, M.D., has mastered the art of multi-tasking. Since earning his medical doctorate from the University of Colorado School of Medicine in 1958, he has trained hundreds of fellows, published more than 800 articles and written 41 books on lung disease.

As Professor of Medicine and Anesthesiology at the University of Colorado Health Sciences Center (UCHSC), where he has been a faculty member for the last 44 years, Dr. Petty says modestly that he has "done his share" of research and training. He is most passionate, however, about his clinical work, which has focused primarily on chronic obstructive pulmonary disease (COPD).

"The best part about working at both the bench and the bedside is getting to see patients respond to new treatments you helped develop in the lab," said Dr. Petty, who also serves as Professor of Medicine at Rush-Presbyterian-St. Luke's Medical Center in Chicago. "For people with severe respiratory disorders, something as simple as oxygen therapy can transform their lives."

Early in his career, Dr. Petty participated in some of the first clinical trials of home ambulatory oxygen and pulmonary rehabilitation, two treatments that are now used by healthcare professionals around the world.

"We defined the principles of pulmonary rehabilitation in the late 1960s," he said. "To read the new ATS/ERS statement proving its effectiveness and recommending it as a system of care is very gratifying."

A Broad Specialty

As a native of Colorado, a state that once had the most tuberculosis sanatoria in the country, Dr. Petty became interested in medicine at an early age. "I saw becoming a doctor as a way to interface science with humanity," he said.

After graduating from medical school, he interned at Philadelphia General Hospital and the University of Michigan before returning to Colorado to complete his residency. Two years later, he joined the faculty at UCHSC. "Pulmonary medicine appealed to me because it doesn't just involve the lungs, but every organ in the body," he said. "Few specialties have such a broad scope."

To accommodate the field's rapid growth in the early 1970s, Dr. Petty helped create the pulmonary division at UCHSC, which he headed for 12 years.

COPD and Beyond

Throughout his career, his research has focused on understanding the physiology of COPD and applying it in the clinical setting. Dr. Petty has conducted hundreds of studies on new therapies,

"The best part about working at both the bench and the bedside is getting to see patients respond to new treatments you helped develop in the lab."

drugs and medical devices that reduce secondary co-morbidities such as asthma.

On many projects related to smoking cessation, pulmonary rehabilitation and supplemental oxygen, he collaborated with Louise Nett, R.N., R.T., "an international expert in respiratory therapy" with whom he has worked for 32 years at the UCHSC.

He calls lung cancer "the new frontier in pulmonary medicine" because it is so closely linked to COPD in terms of genetics and environmental factors. "People who smoke are not the only ones at risk, as the public saw when Dana Reeve died last year," he said. He is currently working on a grant focused on improving the early identification of lung cancer and "bringing early detection into the mainstream."

Dr. Petty served as the first chairman of the National Lung Health Education Program, which is aimed at the early diagnosis of COPD and related disorders. He also edits a quarterly newsletter, *Lung Cancer Frontiers*, writes monographs for physicians and provides frontline clinical advice on his Web site, www.yourlunghealth.org. The site features information for patients and their family members on lung disease, treatments, finding care, advocacy and smoking cessation.

One of the site's most popular sections is called "Ask Dr. Tom," an interactive question and answer forum. "Patients, therapists and physicians alike have a growing need to learn more about the importance of maintaining lung health and preventing and treating both acute and common respiratory disorders," said Dr. Petty, who receives about 20 questions each week.

Mentoring the Next Generation

During his 25-year tenure as Director of the UCHSC's Fellowship Training Program (1964 to 1989), Dr. Petty "taught by example" in the laboratory and clinic. "I think the best way to 'train' someone is to provide a healthy educational environment and let people grow without any preconceived notions of what career path they should pursue," he said.

This philosophy obviously worked: 12 of the students he trained are now division or department heads at prominent institutions across the country. Four of his trainees—Leonard Hudson, Talmadge King, Sharon Rounds and John Heffner—became presidents of the ATS.

In an effort to make training programs more consistent nationwide, Dr. Petty and his colleagues founded the Association of Pulmonary Program Directors (APPD) in 1983.

ATS Involvement

Since joining the ATS in 1960, Dr. Petty has been active in the Assembly on Clinical Problems, which he chaired from 1973 to 1974. He calls the ATS "an excellent resource" that provides him with the opportunity to communicate with other investigators. The Society recognized Dr. Petty's contributions to the field by awarding him the Distinguished Service Award in 1995.

On a Personal Note

When he's not working, Dr. Petty enjoys creative writing, fly-fishing and spending time with his three children and 8 grandchildren.

Slurping Around with P.D.W.

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

WHITE

Wishing Tree 2005 Western Australia Unoaked Chardonnay ($8-10). Pure tropical and citrus fruit, crisp acidity, but viscous and rich. Really worth a look, even if just to see what chardonnay grapes taste like when the oak is absent. But I like it as a real wine, not as a curiosity.

RED

Elderton 2003 Barossa Valley (South Australian) Shiraz ($24). Definitely upscale and will cellar well for perhaps 3 to 5 years. Soft, very rich jammy shiraz fruit, nice dill/vanilla from the oak, beautiful balance, light tannins. Excellent length, worth the price and lovely right now.

Elderton 2002 Barossa Valley (South Australian) Command Shiraz ($60). "Command" is their term for "reserve". This is extraordinary wine, a must for special occasions. It will cellar for 15 years or more (We just opened a 1992 version and after an hour in a carafe, it was truly special). This wine is absolutely reliable and has been for 20 years. Even at this price, it is better in my experience than most wine twice as expensive. Amazing power with elegance (one of very few wines that can claim both), rich, complex with plum, black cherry and blackberry and a hint of eucalyptus/mint. Oak is in the background. Great structure with firm, balanced tannins and good acid to give longevity. This wine should not be drunk for at least 3 years (sorry). It is still very young, and in a cool dark cellar will become a stunning wine if you can wait.

Highlights from ATS 2006 • San Diego

MINORITIES FOCUSED ON CAREER DEVELOPMENT AT ATS 2006

The ATS Membership Committee once again hosted the Diversity Lunch for Underrepresented Minorities. The luncheon, which was chaired by Yolanda N. Mageto, M.D., M.P.H., Assistant Professor of Medicine in the Division of Pulmonary and Critical Care Medicine at the University of Texas Southwestern Medical Center at Dallas, focused on career development among minorities, with an emphasis on information sharing and existing, but under-utilized, resources.

After Joe G.N. "Skip" Garcia, M.D., Chairman of Medicine at the University of Chicago, talked about his own experiences as a minority advancing "through the ranks" in the medical community, the Membership Committee

Yolanda N. Mageto, Chair of the Diversity Lunch

announced the 19 recipients of 2006 Minority Trainee Travel Awards (MTTA). All awardees submitted abstracts that were selected for presentation at the Conference. They were selected on the merit of the science produced and the potential impact of the award on their career development.

The 2006 MTTA recipients were: **Lisa Abston, Ph.D.; Bethany Barrow, B.S.; Stephan Carey, D.V.M.; Sharon Castillo, Ph.D.; Emmanuelle Clerisne-Beaty, M.D.; Minerva Covarrubias, M.D.; Mobolaji Famuyide, M.D., M.P.H.; Cristina Fernandez, B.E. (2007); Sebastian Fernandez-Bussy, M.D.; Keenan A. Hawkins, M.D.; Njira Lugogo, M.D.; M. Juanita Martinez, Ph.D.; Nicole Mayard, B.A. (2008); Esmeralda Morales, M.D.; Michael Ndengele, Ph.D.; Melanie Y. Sanchez, B.S.; Ee T. Tay, M.D.; Tesfaldet Tecle, Ph.D.; and Yaphet Tilahun, M.S.**

The ATS 2006 Diversity Lunch for Underrepresented Minorities and the 2006 MTTA program were sponsored by Merck and Co., Inc.

THE WOMEN'S LUNCHEON DREW AN AUDIENCE OF MORE THAN 400

The 2006 Women's Luncheon drew an audience of more than 400. Sponsored by the Membership Committee and chaired by then ATS Past-President Sharon I.S. Rounds, M.D., the event focused on the role of women in pulmonary, critical care and sleep medicine.

Elizabeth G. Nabel, M.D., Director of the National Heart, Lung, and Blood Institute (NHLBI), made a special guest appearance, urging younger women to pursue their career aspirations as medical and scientific professionals and to become involved in organizations like the ATS early in their careers. "I'm here to encourage women interested in leadership roles, whether in private practice, hospitals or research," she said. "Women have a great deal to contribute to medicine. We're hearing a different song now than we did even 10 years ago."

Polly A. Parsons, M.D., Chair of the ATS Training Committee and the recipient of the 2006 Elizabeth A. Rich Award, humorously advised participants to "drink coffee" and "make friends" as part of their personal and professional development. Dr. Parsons is a Professor of Medicine, Interim Chair in the Department of Medicine, Director of Pulmonary and Critical Care Medicine and Chief of Critical Care Services at the University of Vermont College of Medicine.

Molly Osborne addressed the issue of generational change.

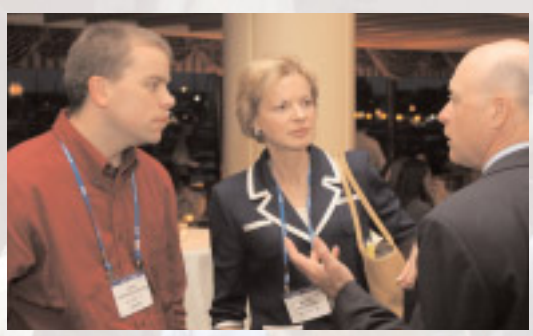
Keynote speaker Molly L. Osborne, M.D., Ph.D., Chair of the Education Committee and Associate Dean for Student Affairs at the Oregon Health & Science University, encouraged the audience to recognize generational change and how it may influence their personal and professional lives.

The ATS 2006 Women's Luncheon was sponsored by Merck and Co., Inc.

FELLOWS AND TRAINEES RECEPTION

This year, the ATS hosted the annual Fellows and Trainees Reception to introduce and acclimate fellows and trainees to the ATS International Conference. Co-chaired by Dr. Rounds and Dr. Parsons, the event gave attendees the opportunity to mingle with colleagues and meet leaders in their fields.

Speakers included James M. Beck, M.D., Chair of ATS International Conference Committee; Peter D. Wagner, M.D., then ATS President; and Dr. Rounds. Dr. Nabel and James



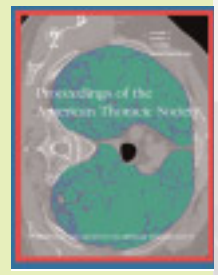
James Kiley (r) and Betsy Nabel (c) talking to fellow.

Kiley, Ph.D., head of the lung diseases division of the NHLBI, and Jonathon D. Truwit, M.D., newly elected Chair of the ATS Council of Chapter Representatives, also attended the event.

NEWS BRIEFS

PATS Highlights

The current issue of *Proceedings of the American Thoracic Society* (Volume 3, Issue 5), published this month, features a symposium on the "Twenty-First Transatlantic Airway Conference," an annual meeting held last January in Switzerland.



Since 1985, a small number of airway biology and research experts have convened each year to explore molecular and cellular mechanisms that affect airway and lung structure, function and disease.

"Although the meeting is intentionally kept small to promote free discussion among researchers, the proceedings are meant to be shared widely," said ATS Past-President Adam Wanner, M.D., co-founder of the international conference and guest-editor of the symposium. "Publishing this overview allows us to better accomplish this goal."

As chair of the 2006 meeting, Steven D. Shapiro, M.D., led a discussion focused on the interaction between lung cells and the extracellular matrix and its effects on airway and lung remodeling. The symposium includes his "Chairman's Summary" of the findings presented, as well as six articles written by other participants that cover specific topics in more detail.

"We give a comprehensive review of how the extracellular matrix influences cell behavior, genetics and a variety of lung diseases, particularly in emphysema and asthma," said Dr. Shapiro, who also serves as editor of the ATS's *American Journal of Respiratory Cell and Molecular Biology.* "Because the focus is translational, the symposium should appeal to both clinicians and scientists."

the ADVOCATE

HOUSE FUNDS NIH AT '06 LEVEL, CUTS CDC

In June, the U.S. House Labor, Health and Human Services and Education (L-HHS) Appropriations Subcommittee marked up its version of the FY07 L-HHS appropriations bill, which provides funding for the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC) and the rest of the public health service.

While overall, the Subcommittee did not increase NIH funding in comparison to FY 2006, most institute budgets were cut to provide the office of the director with more discretionary funds for new initiatives. Funding for the CDC was cut by approximately 2.5 percent.

Although the bill has been passed by the full Appropriations Subcommittee, it must still be approved by the House of Representatives and the Senate. Several representatives have already expressed concern about lowering funding levels for important public health programs. House Republican leaders are also wary that the "must-pass' legislation includes a provision to raise the nation's minimum wage.

The Senate will consider its version of the L-HHS bill later this summer. Senators are currently discussing adding $7 billion in spending authority to the bill.

NATIONAL INSTITUTES OF HEALTH	FY07 HOUSE APPROPRIATIONS SUBCOMMITTEE PROPOSAL	DIFFERENCE FROM FY06 ACTUAL FUNDING
National Heart, Lung and Blood Institute	$2,901 million	-$20.7 million
National Institute of Allergy and Infectious Disease	$4,270.4 million	-$112.8 million
National Institute of Environmental Health Sciences	$637.2 million	-$43.8 million
National Institute of Nursing Research	$136.5 million	-$792,000
Fogarty International Center	$66.6 million	+$303,000
Office of the Director	$667.8 million	+$140.2 million
NIH (total)	$28,258.2 million	-$306,000
CENTERS FOR DISEASE CONTROL AND PREVENTION	**FY07 HOUSE APPROPRIATIONS SUBCOMMITTEE PROPOSAL**	**DIFFERENCE FROM FY06 ACTUAL FUNDING**
Tuberculosis Control Program	$134.5 million	-$2.5 million
National Institute of Occupational Safety and Health	$163 million	-$4.2 million
CDC total	$6.173 billion	-$192 million

House Mandates Researchers Submit Manuscripts to NIH

The L-HHS Appropriations Committee included language in the bill that requires all NIH-funded manuscripts that have been accepted for publication to be submitted to the NIH for posting on PubMed Central within 12 months of publication. The provision would transform the existing voluntary NIH policy into a directive.

In May 2005, the NIH initiated a policy that requested, but did not require, NIH-funded researchers to submit copies of their published articles for posting on PubMed Central. Since then, voluntary compliance with the policy has been low. A recent report to Congress estimated that less than 4 percent of NIH-funded articles have been submitted.

The ATS and other organizations, concerned about the impact such a provision would have on non-profit, scientific journals, are working with members of Congress to modify this proposal.

Congress Directs CDC to Collect COPD Data

The L-HHS also contains a provision that would enhance data collection on chronic obstructive pulmonary disease (COPD), the fourth-leading cause of death in the U.S.

The bill requests that the CDC "expand its data collection efforts on COPD" by including questions in the National Health and Nutrition Evaluation Survey, National Health Interview Survey and the Behavioral Risk Factor Surveillance Survey that ask about COPD by name. The data collected from these surveys can be used to better educate the public about COPD.

VA RESEARCH

House Passes Military Quality of Life/Veterans Affairs Bill

In May, the House of Representatives passed the FY07 Military Quality of Life/Veterans Affairs Appropriations Bill, which provided $412 million for the VA research program. Although this does not represent an increase in comparison to the program's FY2006 budget, the House bill included an additional $13 million in minor construction funding to rehabilitate existing VA laboratory space.

ATS Testifies in Support of VA Research Program


Dennis Niewoehmer, M.D.

In June, ATS member Dennis Niewoehner, M.D., testified before the House Veterans Affairs Committee in support of the VA research program on behalf of the Friends of VA Health and Medical Research Coalitions.

Dr. Niewoehner called the VA research program a "leader in producing excellent clinical science on conditions that primarily affect veterans." He also highlighted the importance of attracting and retaining physicians to work in the VA system, as well as "spirit of inquiry" fostered by the VA research program improves overall patient care.

Jonathan B. Perlin, M.D., Ph.D., Under Secretary for Health at the VA, and Joel Kuppersmith, M.D., VA Chief Research and Development Officer, opened the hearing by presenting some of the program's recent findings. Dr. Niewoehner was joined by representatives from the Paralyzed Veterans of America and Vietnam Veterans of America to discuss the value of the program.

PHYSICIAN PRACTICE

ATS Comments on NQF Quality Measure in Respiratory Medicine

The National Quality Forum (NQF), a consortium of providers, patients and healthcare payers who develop hospital and physician quality measures, recently circulated a set of respiratory measures for community comment. The document included measures on hospital care of pediatric asthma patients, adult patients with pneumonia and influenza, hospital use of smoking cessation and nursing home compliance with the flu and pneumoccocal vaccines.

In its response, the ATS recommended how best to implement these measures and noted antibiotics that were excluded from the initial NQF document.

Bill Introduced to Repeal Medicare Capped Oxygen Policy


Representative Joe Scharz (R-MI)

In June, Representative Joe Schwarz (R-MI) introduced legislation to repeal the provision of last year's Deficit Reduction Act that limits Medicare payment for home oxygen systems to 36 months and then transfers the title of the equipment to the beneficiary. The home oxygen industry supports the proposed repeal.

The ATS and other provider and patient groups recently met with leaders from the home oxygen industry to further discuss the issue. The Society is working to develop a consensus on how to respond to the 36-month capped rental policy.

OCCUPATIONAL HEALTH

Sen. Specter Introduces Revised Asbestos Legislation


Senator Arlen Specter (R-PA)

In May, Senator Arlen Specter (R-PA) introduced a revised version of legislation to create a national settlement system for victims of exposure to asbestos. The legislation modified an earlier proposal that failed to pass in the Senate by making minor adjustments and "tightening" the medical criteria for diagnosis.

ATS/ERS PUBLISH FIRST INTERNATIONAL STATEMENT ON PULMONARY REHABILITATION

(continued from page 1)

New Science, More Evidence

First described by Laennec in 1821 in "Treatise on the Diseases of the Chest and Mediate Auscultation," pulmonary rehabilitation is by no means a new treatment.

Although medical professionals around the world have utilized various components of modern programs–accurate diagnosis, exercise therapy, psychological support, nutritional intervention and patient education–for centuries, formal treatment frameworks were not available on a widespread basis until the 1960s.

"Early programs were largely uni-directional and emphasized exercise as the cornerstone of treatment, without addressing social and psychological factors," said committee member Thierry Troosters, P.T., Ph.D. "Today, research shows it is more effective to incorporate the basic principles of exercise training into a multi-directional and patient-oriented rehabilitation program."

While pulmonary rehabilitation has no direct effect on lung function, it can reduce secondary co-morbidities in patients with chronic respiratory disease, such as peripheral muscle, cardiac, nutritional and psychosocial dysfunction.

As a result, the ATS and ERS redefined pulmonary rehabilitation as "evidence-based, multidisciplinary and comprehensive" intervention that should be "integrated" into the treatment of patients with chronic respiratory diseases on a case-by-case basis.

The Integration of Care

After outlining how the treatment can reduce symptoms and address resulting functional limitations, the statement explains how applying it throughout the course of a patient's disease can improve quality of life, decrease healthcare costs and stabilize or reverse impairment.

Suzanne Lareau, R.N., M.S., a pulmonary clinical nurse specialist at the New Mexico VA Medical Center who served on the ATS/ERS writing committee and co-chaired the 1999 ATS statement, calls this approach the "integration of care," a new concept that has not been addressed in prior documents.

"In the past, pulmonary rehabilitation has been portrayed as a 'last resort' for patients with severe respiratory impairment," she said. "Recent research, however, shows that it can be very effective if introduced when a patient is still in the moderate stages of disease."

"Pulmonary rehabilitation is unique in that it usually involves a team of healthcare professionals," she continued. "Our goal is to educate each member of the team about the benefits of tailoring programs to meet the needs of their patients."

Engaging Patients

Unlike prior documents, the updated statement emphasizes patient education as an interactive process rather than a classroom activity.

"Patient education has been a primary component of pulmonary rehabilitation since the 1970s, but has naturally evolved over the years," said Dr. Nici. "In the past, doctors were telling patients what to do–what medication to take, what exercises work best. Now, we realize the benefits of training patients to solve their problems with the help of healthcare professionals."

Patient self-management, however, is contingent on individualizing patient care.

"Each patient is unique in terms of disease severity, symptoms, body type, family history and mood," said Dr. Donner, who directs a pulmonary rehabilitation clinic at the Mondo Medico Clinic in Italy. "A program that works for one patient may not work for another. If you are skinny, fat, bed-bound, depressed or anxious, your treatment should be modified to address these issues."

This is one reason the statement urges clinicians to treat secondary co-morbidities rather than the disease itself. "Much of the research on pulmonary rehabilitation relates to COPD, but it is applicable to rarer diseases for which there are not clinical trials," he continued. "The most effective programs will assess and treat the patients' functional limitations."

The document also highlights several additional strategies that may improve the functional status of patients with respiratory disorders other than COPD, such as asthma, cystic fibrosis, interstitial lung disease and pulmonary hypertension.

Challenges Ahead

Although the updated statement "provides reasons for optimism," pulmonary rehabilitation is not yet considered a standard of care in many countries. In the U.S., for example, there is no national Medicare policy that covers the service.

"Our goal is to impress upon healthcare institutions, governments and insurance companies that this is a life-long treatment for individuals with respiratory disease that will help them overcome their limitations, stay out of the hospital and, ideally, allow them to go back to work," said Dr. ZuWallack.

To overcome these obstacles, the ATS and other organizations continue to lobby Congress for more research funding and a national coverage policy.

"Given the evidence, we no longer need to prove that pulmonary rehabilitation works," said Dr. Wouters. "We have the science; now, we need to get the science out to the medical community and the patient population."

Publishing the updated statement in the *AJRCCM* was the first step in that process. The second will be the publication of an editorial in the *European Respiratory Journal* in September (printed in time for the ERS Annual Congress in Munich), which will highlight the ATS/ERS collaboration and emphasize the effectiveness of pulmonary rehabilitation.

CONFERENCES, COURSES AND MEETINGS

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

DATE & PLACE	TITLE	CONTACT
July 25 to 28 San Francisco, California	"Tuberculosis Program Management" sponsored by the Francis J. Curry National TB Center	Phone: (415) 502-4600 e-m: tbcenter@nationaltbcenter.edu www.nationaltbcenter.edu
August 13 to 16 Bonn, Germany	"First International Congress of Respiratory Biology," sponsored by the University of Bonn	e-m: perry@uni-bonn.de www.respirbiol.org
August 23 to 27 Stanford, California	"International Symposium on Coccidio-domycosis," sponsored by the University of California, San Diego School of Medicine	Phone: (858) 534-1302 e-m: xtina.ong@gmail.com http://cme.ucsd.edu/cocci
August 25 to 28 Chicago, Illinois	"Multi-disiplinary Care of Thoracic Surgery Patients: Clinical Updates, Case Forums and Hands-on Workshops," sponsored by the American College of Chest Physicians	Phone: (800) 343-2227 www.chestnet.org
September 2 to 6 Munich, Germany	**"16th Annual ERS Congress," sponsored by the European Respiratory Society**	**Phone: + 41 21 213 0101 Fax: + 41 21 213 0103 www.ersnet.org**
September 6 to 10 Sedalia, Colorado	**"2006 Grover Conference on the Pulmonary Circulation," sponsored by the ATS, American Heart Association, National Heart, Lung and Blood Institute, American Physiological Society and Pulmonary Circulation Foundation**	**Phone: (212) 315-8640 Fax: (212) 315-6489 www.thoracic.org/sections/about-tats/assemblies/pc/news/pages/grover2006.html**
September 7 to 10 Eltville-Erbach, Germany	"International Colloquium on Lung Fibrosis," sponsored by the University of Giessen Lung Center	Phone: +49 641 99 42502 e-m: andreas.guenther@uglc.de www.iclf2006.com
September 8, 2006 Columbus, Ohio	"Solid Organ Transplant for the Intensivist," sponsored by Ohio State University	Phone: (614) 293-8061 e-m: dresbach.7@osu.edu http://ccme.osu.edu
September 14 to 16 Philadelphia, Pennsylvania	"2006 International Workshop on Functional Lung Imagining," sponsored by the University of Pennsylvania School of Medicine and the UPHS-Department of Radiology	Phone: (215) 662-6982 e-m: cme@rad.upenn.edu www.uphs.upenn.edu/fig/nav_W2006/penncourse2103.html
September 15 to 16 Northbrook, Illinois	"Detection and Management of Depression and Anxiety in COPD," sponsored by the American College of Chest Physicians	Phone: (800) 343-2227 www.chestnet.org
October 4 Cincinnati, Ohio	"Spirometry for Physicians," sponsored by the University of Cincinnati, Department of Environmental Health	Phone: (513) 558-1234 Fax: (513) 475-7711 www.DrMcKay.com
October 18 Hartford, Connecticut	**"Connecticut Thoracic Society Annual Meeting," held in conjunction with the American Lung Association of Connecticut's "Women's Health Conference and Luncheon"**	**Phone: (860) 289-5401 www.alact.org**
October 23 to 25 Cincinnati, Ohio	"Respiratory Protection & Fit Testing Workshop," sponsored by the University of Cincinnati Department of Environmental Health	Phone: (513) 558-1234 www.DrMcKay.com
November 13 to 14 Bethesda, Maryland	**"Fourth Symposium on the Functional Genomics of Critical Illness and Injury: Surviving Stress," sponsored by the National Institutes of Health**	**Phone: (410) 377-0110 e-m: Anne@strategicresults.com http://www.strategicresults.com/fg4/**