



VOTE NOW in the 2006 ATS Secretary-Treasurer Election



Robb Glenry, M.D.

As Chair of the ATS Nominating Committee, I would like to encourage you to vote in the 2006 ATS Secretary-Treasurer Election. This year, after careful review of an exceptionally strong list of qualified individuals, the Committee has selected two candidates to stand for election. Since some members may not be familiar with the nominees' leadership qualifications and past ATS service, each candidate has written a brief statement and responded to 9 key questions regarding his vision for the future of the Society.

Remember, your vote is important: the successful candidate will not only serve as ATS Secretary-Treasurer for the 2006—2007 term, but as ATS President in 2009. Members can vote by completing the ballot on page 1 of the enclosed March ATS News and returning it to the ATS by fax at (212) 315-8630 or via mail (to the American Thoracic Society, Attn: 2006 Election, 61 Broadway, 4th Fl., New York, NY 10006-2755). Alternatively, you can vote electronically by going online at www.thoracic.org and clicking "Vote 2006."

Secretary-Treasurer Candidate: Augustine Choi, M.D.



Augustine M.K. Choi serves as Professor of Medicine and Chief of the Division of Pulmonary, Allergy and Critical Care Medicine at the University of Pittsburgh. After earning his medical doctorate from the University of Louisville, he trained in internal medicine at Duke University and in pulmonary and critical care at Johns Hopkins University. His research interests include the molecular basis of lung

injury and repair and the functional genomics of lung diseases. He is currently principal investigator of a National Institutes of Health T-32 Training Grant, Program Project Grant in acute lung injury and three NIH R01's.

1. What qualifies you to be the ATS president?

I believe my experience, commitment and passion to respiratory medicine and the ATS qualify me for the position. Since I was a pulmonary and critical care trainee, I have actively participated in the missions of the Society. I have served as Chair of the Assembly on Respiratory Cell and Molecular Biology's (RCMB) Program Committee and as a member of the ATS Scientific Advisory Committee, the RCMB Nominating Committee and the RCMB Planning Committee. I currently chair the Assembly on RCMB. These experiences have provided valuable insights into the intricacies of how an organization such as the ATS works most efficiently. Likewise, my academic and clinical responsibilities at the University of Pittsburgh involve similar missions of patient care, research and education. This has not only prepared me for such a role, but confirmed my deepest commitment and enthusiasm for the core values of the ATS and my desire to do all I can to meet the challenges facing the ATS.

2. What are your top 3 goals for the ATS and how would you implement them?

First, I would continue building a bridge between clinicians and scientists. I believe this is critical to providing the best patient care, generating exciting research, developing novel therapeutic modalities for patients and training future leaders. Accomplishing this involves integrating our postgraduate courses, symposia, mini-symposia and poster sessions more effectively and evaluating our current assembly infrastructure to ensure we are keeping up with the advances in translational, critical care and sleep medicine. Second, I think the ATS needs to be steadfast in conducting and funding research for trainees and members. Research is the common denominator in finding new therapies and possible cures for patients. Our Research Program serves as a role model in this and reflects what we can accomplish with the vision and commitment of ATS leaders. In an era of tight budgets and decreasing research support, we need to try our best to "grow." One step toward this has been the establishment of the ATS Foundation. Finally, career development of our trainees is a most critical mission of the ATS, since they represent the future. We need to ensure their active participation and leadership in various committees and functions. The ATS Grant Program is an example of how we can support our trainees and members.

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Secretary-Treasurer Candidate: J. Randall Curtis, M.D., M.P.H.



J. Randall Curtis, M.D., M.P.H., is Professor of Medicine at the University of Washington in the Division of Pulmonary and Critical Care and attending physician at Harborview Medical Center. After earning his medical degree from Johns Hopkins University, Dr. Curtis completed residency, fellowship and a master's degree in public health at the University of Washington. He conducts clinical research focused on assessing and improving end-of-life and palliative care in the ICU and for patients with chronic lung disease. He is currently principal investigator of three National Institute of Health R01 grants and has funding from several foundations.

1. What qualifies you to be the ATS president?

I have been an active member of the ATS since fellowship. I chaired the International Conference Committee in 2004 and 2005 and have served on the Communications and Marketing Committee, Awards Committee, Clinicians Task Force, Health Care Policy Committee, Corporate Relations Committee and Program and Budget Committee. I currently chair the Assembly on Behavioral Science and am on the ATS Board of Directors. This service has given me a broad perspective of the ATS and an appreciation of all 12 assemblies, as well as committees and task forces. Given my work as a clinician and researcher, I believe I can represent the interests of both groups. I also believe my leadership style, which focuses on collaboration, listening to all perspectives and a willingness to take decisive action, will work well within the ATS.

2. What are your top 3 goals for the ATS and how would you implement them?

1. Negotiate fairly among our diverse members: A mission of the ATS is to be the premier professional society for the science and clinical practice of lung health, critical care, and sleep disorders. Given our diversity, my top goal would be to fairly negotiate between needs of different facets including clinicians (physicians, nurses, public health professionals and others) and researchers (basic, translational and clinical) in a way that continues to strengthen the ATS.

2. Advocate for increased research funding and clinical reimbursement: Our scientific and clinical infrastructures are at risk and we must enhance the ability of our members to conduct research and provide clinical care.

3. Expand international activities and membership: This is one of our greatest opportunities. We should find ways to partner with international and national organizations to better meet the needs of ATS members and improve global health.

3. What would you identify as strengths of the ATS?

1. Diversity of members including clinical disciplines and research fields: Although our diversity is a strength, meeting the diverse needs of our members produces important challenges. 2. High quality of research supported by ATS and conducted by members: Since research is vital to improving the health of the public, the ATS should continue to facilitate

continued...

3. What would you identify as strengths of the ATS?

The commitment and passion of ATS members is a major strength. The "grassroots" make-up of our organization is an effective model and it has been a joy to watch its growth. The incredibly talented leaders of the ATS have guided the organization well and have demonstrated that we can overcome any challenges. The continued success of our International Conference, journals and scientific research attest to the fruits of our labors. The ATS Research Program and the ATS Foundation represent what can be accomplished by the Society.

4. What would you identify as weaknesses of the ATS?

I would characterize these as challenges rather than "weaknesses." The ATS needs to decide whether the current assembly structure that governs ATS programs and membership is effective. While the 12 current assemblies may represent various lung diseases, they may not be the optimal structure of membership activities. Moreover, increasing public awareness and "name recognition" of the ATS are critical to fulfilling our mission. In terms of non-federal, private funding, lung disease still fares poorly compared to other diseases like diabetes, prostate cancer and even lupus. I am confident that we will meet these challenges because we are an organization that can think outside the box.

5. What do you see as present and future opportunities for the ATS?

We should expand our research portfolio in basic, clinical and translational science to ensure an equal focus and investment in all areas. We are living in an unprecedented era of human genomic and post-genomic science. The NIH Roadmap, which will invest more than 2 billion dollars over next 5 years for translational research, is just one example. We need to ensure that we take advantage of these opportunities. Fundraising is paramount to help us fulfill the missions of the ATS. The establishment of the ATS Foundation is a great start and will allow us to support patient care and education, research, mentoring and training of junior members. We also have the opportunity to expand our membership. Translational medicine and research will foster closer interactions between clinicians from private practice and academia, scientists, nurses and trainees. We must translate these relationships to maintaining longstanding membership but also increasing membership to our ATS organization.

6. What are some of the threats you see to the ATS now and in the future?

Although we do not control our destiny in some external threats, like Medicare billing and NIH research budgets cuts, we can proactively plan ahead to face these issues. We also need to continue to work closely with other professional societies, where many of our members serve in leadership roles. We need to work hard to maintain our own identity and foster meaningful relationships with these organizations.

7. What role should ATS play as an international organization?

In the era of globalization in many facets of society, we need to be proactive in the "globalization" of our organization. Many who attend the ATS International Conference each year are international and many manuscripts submitted to our journals are written by people outside of the U.S. We are off to a good start with the active number of international members on ATS committees and journal editorial boards and we must continue to increase the participation. This will mean interacting with other lung societies and being an international leader.

8. What should the ATS do for its membership?

The ATS must continue to provide the infrastructure and the organizational backbone for its members to provide the best patient care and education possible, perform cutting-edge research to develop new therapies and to ensure that trainees receive the best training and mentoring. The "grassroots" nature of the organization lends itself to including all society members and promoting camaraderie in accomplishing ATS goals. We need to attract more clinicians to join our ATS membership, perhaps by establishing a new journal for clinicians or sponsoring clinician-focused meetings/conferences.

9. How do you plan to advocate for membership needs?

Advocacy for members starts with fulfilling the missions of the organization: patient care, education, training and research are the glue that unites our membership. Some of the ways in which we could address the needs of all of our constituents—clinicians, scientists and trainees—might include restructuring the assemblies to focus on the three areas of pulmonary, critical care and sleep medicine. In addition, the ATS Research Program and Foundation will be instrumental and critical to fulfill the needs and be an advocate for our members.

research through direct funding, support for research training and advocacy for funding from other agencies. 3. Representation of clinicians: Although research is important for improving health, this cannot be accomplished without translation of research into clinical practice and support for clinicians. 4. Public Advisory Roundtable: The ATS PAR allows the Society to be more effective in advocacy. 5. High quality of the journals, International Conference and assembly projects: These are the core strengths of ATS.

4. What would you identify as weaknesses of the ATS?

The large size and democratic structure of the ATS can make it difficult to respond quickly to new opportunities and threats and complicates communication between leadership and membership. We don't want to reduce the size of the ATS or make changes counter to our democratic values, but we should develop "rapid response" mechanisms and better avenues of communication.

5. What do you see as present and future opportunities for the ATS?

1. Strategic Planning: The ATS is in the process of in-depth strategic planning that will need to be incorporated into the future of the ATS. This process offers us the opportunity to grow in new directions and adapt to best serve members in the future. However, it is possible to continue "business as usual." I believe it is our responsibility to respond to this strategic planning by identifying important areas for change while remaining true to our core values. 2. Rapid advances in technology of information transfer: These advances give the ATS the opportunity to improve communication through journals, courses, conferences and the web. "Point of service" technologies, including handheld information systems, will change the face of science and medicine. The ATS must be on the leading edge in this area. 3. ATS Foundation: The new ATS Foundation provides an opportunity to identify new sources of revenue that are necessary for growth.

6. What are some of the threats you see to the ATS now and in the future?

1. Finances: The ATS is fiscally strong. However, to remain vibrant, we need resources to fund new activities and increase support for research, training and advocacy. Membership dues alone cannot support growth. Support from industry is complicated by conflict of interest issues, which may reduce traditional revenue sources. The ATS must respond to these threats through revenue diversification. 2. Within the US: U.S. members are facing a number of important threats, including decreased research funding, limited reimbursement for clinical activities, increased regulatory requirements, insufficient funding for clinical education, an aging population and a projected workforce shortage. The ATS must work to address these complex issues. 3. Internationally: Threats to global health include HIV and tuberculosis epidemics, influenza pandemic and the worldwide burden of asthma, COPD, lung cancer and other respiratory illnesses. The ATS should partner with national and international organizations to address these threats.

7. What role should ATS play as an international organization?

Internationally, the ATS should be a leader in the respiratory, critical care and sleep fields by partnering with other national and international organizations to advance the needs of our collective memberships and improve global health. Other professional organizations look to the ATS for collaboration and assistance, but not necessarily for direction or guidance. The ATS must balance its own agenda with those of other organizations to be a respected international leader.

8. What should the ATS do for its membership?

The ATS is first and foremost a professional society with a primary goal of serving its members. The Society should identify the needs of its diverse membership and find ways to address them. However, the ATS should not become insulated from other groups. In order to best serve its members, the ATS must partner with patients and patient advocacy groups, funding agencies, policy makers and industry. Through partnerships, we can identify shared goals and work together to advance our mission and serve our members.

9. How do you plan to advocate for membership needs?

The primary responsibility of the ATS leadership is to advocate for membership needs. To do this, it is important to understand those needs. I would listen carefully to members to identify the needs. I would seek new methods of communication, which could include targeted surveys (but not too many!), holding "office hours" at meetings and inviting members to comment on specific issues through articles in *ATS News* and the website. Once identified, I would work to find useful and innovative ways to meet these needs.



ATS NEWS

AMERICAN THORACIC SOCIETY

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

ATS Secretary-Treasurer Election Ballot

Please select one candidate to serve as ATS Secretary-Treasurer for the 2006–2007 year. For information on each candidate's leadership qualifications and past ATS service, see the enclosed insert or visit the ATS Web site at www.thoracic.org.



**Augustine
M.K. Choi, M.D.**



**J. Randall
Curtis, M.D.,
M.P.H.**

ATS Membership ID Number _____

Your eight digit member ID number can be found on the mailing label for the ATS NEWS, ATS journals, your membership card and your annual dues invoice.

IMPORTANT: Ballots without a valid membership ID number cannot be counted in the election. Each member may only vote once. Paper and electronic ballots will be merged. Cast your vote online by visiting www.thoracic.org, via fax by sending this completed ballot to (212) 315-8630 or via mail by clipping this ballot and returning it to the American Thoracic Society, Attn: 2006 Election, 61 Broadway, 4th Floor, New York, NY 10006-2755.



Web Tip

Visit the ATS Web site at www.thoracic.org/ic/ic2006/conference.asp to register online for the 2006 International Conference, which will take place in San Diego, May 19 to 24. From this site, users can access the conference program and abstracts, exhibitor information, speaker instructions and travel and touring information. This Web page also provides instructions for those who would like to request a hard copy of the Advance Program or register by mail or fax.

PAR Meets to Discuss Patient Advocacy Issues



(From left) Karen Fulton, Donna Appell and PAR Chair Judith Simpson

In late January, more than 30 public interest organization representatives attended the annual ATS Public Advisory Roundtable's (PAR) annual Outreach Meeting in Bethesda, Maryland. Attendees included members of the 12 PAR organizations, as well as non-member organizations.

"This year's meeting was extremely successful," said Judith Simpson, chair of the ATS PAR and President of the Pulmonary Hypertension Association, Inc. "It gave PAR members and non-members an idea of what we have accomplished over the last several years, as well as an idea of what we are working to accomplish in the future. It also provided those in attendance an opportunity to voice their concerns about respiratory medicine and patient care."

After an introduction and overview of the PAR and its ongoing projects, PAR members Karen Fulton, of the American Lung Association of the East Bay, and Donna Appell, of the Hermansky-Pudlak Syndrome Network,

WHO'S WHO IN ATS



Edward R. Block, M.D.
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M

essage from the President

Peter D. Wagner, M.D.

At the end of 2005, the ATS Executive Committee decided to terminate the Task Force on Management of Conflict of Interest. Not because it had completed its job or because conflict of interest became less important to the ATS—far from it. Rather, we asked the Task Force to take on significant additional responsibilities and felt that, taken together, all of its duties mandated its conversion to full committee status. As a result, the Task Force is now called the Committee on Ethics and Conflict of Interest.

In discussing this transition with Edward Block, M.D., ATS Past-President and Chair of the Task Force (and now of the new committee as well—thanks, Ed, for continuing in this position), we agreed not to rock the boat and keep the membership of the committee the same, at least until John Heffner, M.D., ATS President-Elect, gets to work on all ATS committees for 2006-2007 (A horrendous job, John, just thought I would let you know that now). As we read the newspapers, it seems that issues of ethical misconduct and conflict of interest are growing daily, and the focus on such issues in the public and private sectors has sharpened our sense of how these problems need to be addressed.

The committee has been working for almost two years, now. Its work has several facets—writing policies, developing implementation procedures, and, finally, working out how we will manage conflicts when they arise. When you think about it, the good name of the ATS is one its most valued assets, if not the most valuable. We need to have in place fair and reasonable policies for all 13,500 of our members when they take part in any of the Society's activities, whether this means presenting at the International Conference and other meeting venues, publishing research in ATS journals, developing statements and guidelines, or participating in committee or assembly projects.

Many ATS members take part in more than one of these activities, as well as in similar pursuits at other scientific organizations. The burden of filling out endless forms and the lack of consistency in policies, both within and outside of the ATS, is an additional challenge above the fundamental one of laying out what constitutes conflict of interest in the first place.

The committee is working to come up with fair and just policies that will apply across the ATS domain and that will require no more than one form that will be completed annually (unless, of course, the member's situation changes). Members will be able to submit it online rather than by filling out a hardcopy.

Since no policy is worth much if it does not provide for mechanisms of conflict management and resolution, this is a basic part of the committee's charge. Already, the committee has made progress by establishing new procedures for the identification and management of conflict of interest issues related to the International Conference (these were summarized in the December 2005 issue of *ATS News*).

We hope that we can work with our closest sister organizations to extend this concept to them and make our requirements and forms as compatible as possible. We are not there yet, but are working with that end in sight.

I mentioned that the ATS leadership recently assigned the committee additional tasks. In fall 2005, I asked the committee members to specifically develop a policy aimed at tobacco-related conflicts. For example, can a member have a relationship with a tobacco company and still publish in our journals, present at the conference, serve as a part of the ATS leadership, or even belong to the Society?

The relationships that need to be addressed include financial support, investment opportunities, consultative practices, grant awards and receipt, and personal, family and employment ties. It is important to also integrate the concept of statutes of limitations—how much time must elapse after a “tobacco transgression” before there is forgiveness? Once again, implementation and enforcement strategies must be developed or the policy will not be useful.



Even more recently, I asked the committee to consider another highly charged question: Are there any circumstances that would permit the ATS to receive money from industry to be used for the development of official ATS statements and guidelines? Why am I even daring to raise this issue? Because the way such documents are developed within the medical community has been revolutionized. Evidence grading and analysis must now be done in very time-consuming and professional ways. Enter the methodologist! Gone are the days when a working group of 20 ATS members could write a statement on a topic after two days of discussion in a closed room. The cost of modern evidence evaluation is clearly much more than that of having a two-day group meeting: Developing one statement will now likely cost roughly \$200,000 if strict evidence evaluation is used.

One of the ATS' primary activities is developing and publishing statements and guidelines, and, at this price tag, we might be able to afford producing one per year. Our options are very limited: We could drastically reduce the number of such documents and live within our current means, or partner with sister organizations and share the cost. The latter is an intellectually attractive option and one we plan to closely investigate. But the devil is really in the details and may make this pathway difficult.

In addition, we could revisit whether industry support could be applied to document development. We presently have a firm policy in place forbidding industry support of statement and guideline development. This allows the Society and the public to be certain that ATS recommendations are not influenced inappropriately by industry. What the Executive Committee is asking is if adequate firewalls can be devised to permit industry to partially support the astronomical expenses of modern evidence evaluation, while at the same time avoiding both the possible reality and the appearance of industry influence in the product.

There will be important additional tasks down the road, more in the realm of ethical transgressions of conduct than of conflict of interest per se. We as a Society need to codify our policies and management of ethical misconduct and define the boundaries of our responsibility for our staff and members.

After reading this, I hope you understand why we have yet another new committee in the ATS family. I am not a fan of bigger government, but I am sure you will agree that the Society will be far better off policing itself than being questioned by individuals outside the organization. Our good name demands it. [ATS](#)

Strategic Plan to be Presented at Membership Meeting in May

The ATS strategic planning process is moving forward, and key elements of a five-year plan for the Society will be presented at the annual Membership Meeting, which will be held during the 2006 International Conference on Tuesday, May 23, from 11:30 a.m. to 1 p.m., in San Diego.

In January, more than 50 ATS members and staff participated in a one-day retreat aimed at identifying the most important priorities for the Society over the next five years. The group was composed of ATS Planning Committee leaders, the focus group participants who helped to define the Society's vision, the ten strategic planning groups and ATS officers.

"The retreat focused on finding common goals among the many recommendations proposed by the strategic planning groups," said Susanna A. McColley, M.D., Chair of the ATS Planning Committee. "After identifying many promising and widely supported directions for the Society, we wrestled with

which were the most important for the ATS' future."

The group's discussions were informed by a wealth of ideas and materials generated by the Society's membership. In addition to articulating a vision in the first phase of the planning process, the group considered the ten strategic planning groups' planning reports, and a survey of assembly leadership and members of other Society committees.

During the retreat, participants reviewed the recommendations of each planning group and worked to identify common areas of interest. They also examined the results of a survey of ATS members who are leaders within one of the 12 assemblies or who serve on Society committees.

Dr. McColley will present key elements of the proposed strategic plan to the ATS Board of Directors at its March 10-11 meeting. The final strategic plan will be prepared with input from the Board and with the ongoing involvement of the Planning Committee. [ATS](#)



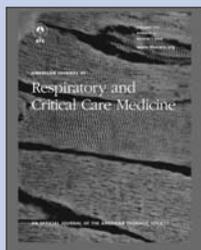
ATS Planning Chair Susanna A. McColley (left) talks with strategic planning consultants Susan Cane (middle) and Mark Lipton (right) during a break at the strategic planning retreat

AJRCCM HIGHLIGHTS

The following is a summary of an article highlighted by the editors in the March 1 *American Journal of Respiratory and Critical Care Medicine* (AJRCCM).

Markers for Progression of Airway Dysplasia in Patients at High Risk for Lung Cancer

Chronic inflammation appears to be an important risk factor for the development of lung cancer. Recent studies have indicated that patients with non-small cell lung cancer (NSCLC) have increased circulating levels of C-reactive protein (CRP) and interleukin 6 (IL-6) compared with healthy control subjects, and also that the levels of these markers correlate with prognosis. A previously unanswered question was whether CRP and inflammatory cytokines are also elevated in asymptomatic individuals with precancerous airway pathology, such as bronchial dysplasia, and whether these markers can predict the progression of such bronchial alterations. In the study by Drs. Sin and colleagues, previous and current smokers with bronchial dysplasia were followed for a 6-month period. Higher baseline CRP levels were found in the patients who had progression of their dysplastic lesions. In contrast, plasma concentrations of IL-6, IL-8 or MCP-1 did not predict progression of bronchial dysplasia. Disease progression was also associated with more pack-years of smoking and lower FEV₁. Such results suggest that plasma CRP determinations may be useful in identifying patients with bronchial dysplasia who are at risk for progressive disease and the development of NSCLC. [ATS](#)



Slurping Around: Wine Tips from PDW



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

White: Geyser Peak 2005 Sauvignon Blanc, \$8 to 11. Note the 2004 was my wine tip for August last year. The 2005 is even better, and even if a bit more moolah, remains a great value. Same clean, bright, tart, herbal, grassy, passionfruit, gooseberry and lime flavors.

Red: Crane Lake 2003 California Petite Syrah \$3. Yep, not a misprint. For the price, a remarkable wine, actually well-made. Unlike most petite syrahs, this is NEITHER inky dark NOR searingly tannic NOR simple. It has forward spicy red berry and blueberry fruit, nice vanilla oak, and medium tannin. It is not highly complex, but has nicely integrated fruit and wood, and is clean with decent palate length. Very drinkable now, it will be interesting to check back after a year in the cellar. Might turn to muck, or could gain complexity making it a great find for the price.

ATS NEWS
AMERICAN THORACIC SOCIETY

March 2006

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AJRCMB HIGHLIGHTS



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

Ask the Editor

Given the recent stem cell data manipulation scandal, how prevalent is fraud in the *American Journal of Respiratory Cell and Molecular Biology* (AJRCMB)?

I am very pleased to report that at least during this editorial team's tenure over the past couple of years, we have observed no serious ethical violations. We do not believe that this is due to inadequate review. In fact, with our high number of outstanding associate editors, we are virtually guaranteed to have an expert on hand who is capable of handling the review of any submission. We also have a dedicated and talented group of board members and other reviewers assuring the validity of a paper's conclusions based on the data presented.

We do realize that our review process depends on our trust in the scientist to present valid, non-manipulated data. Based on the integrity of other aspects of the manuscripts (such as plagiarism), we do not believe we have a serious problem. Nevertheless, as pointed out in a recent *New York Times* article ("It May Look Authentic, Here's How to Tell It Isn't," Jan. 24, 2006), the *Journal of Cell Biology*, by testing images on Photoshop for about 30 minutes, found that 25 percent of accepted manuscripts included illustrations which had been manipulated in such ways that they did not meet the Journal's standards, with 1 percent constituting scientific fraud. In this digital age of photo-manipulation, it is acceptable to alter brightness or color balance of a photo, but this may tempt one to further clean data and maybe remove or duplicate bands.

Science is a self-correcting endeavor, yet an incorrect, fashionable finding can lead to much wasted effort and expense. While the real answer to this problem is in more relevant and timely ethical training, it appears that many journals will be looking into investing in software currently being developed by mathematicians (funded by the FBI) to detect altered images. While the pressure to publish is stronger than ever, and the ability to manipulate data is growing, I thank our authors for their ethical conduct and encourage everyone to carry on this tradition—one that will ultimately allow us to move our field forward and improve the health of patients with lung disease. After all, that is the goal. [ATS](#)

Steven D. Shapiro, M.D., is Editor of the AJRCMB.

ATS News in Brief



ATS Secretary-Treasurer **Jo Rae Wright, Ph.D.**, a cell biologist and physiologist who has served since 2002 as Vice Dean of Basic Science at the Duke University School of Medicine, has been named Dean of the University's Graduate School and Vice Provost, effective July 1, 2006. As Dean, she will oversee a wide variety of graduate programs and resources.

Edward Abraham, M.D., editor of the ATS' *American Journal of Respiratory and Critical Care Medicine*, has been appointed Chair of the Department of Medicine at the University of Alabama at Birmingham, effective this month. Before his appointment, Dr. Abraham served as Vice-Chair of the Department of Medicine and head of the Division of Pulmonary and Critical Care at the University of Colorado School of Medicine, in Denver.



The American College of Chest Physicians recently published new clinical practice guidelines for the diagnosis and management of cough as a supplement to *CHEST*. The guidelines, which are endorsed by the ATS and were written with the assistance of ATS representative Edward Schulman, M.D., are online at www.chestjournal.org/cgi/reprint/129/1_suppl/1S. [ATS](#)

Staff Contributes \$16,384 to ATS Foundation's Funds for the Future

The ATS staff showed its commitment to the Society's mission of preventing and curing lung disease by contributing \$16,384 to the Funds for the Future.

The ATS Staff Campaign Committee, led by co-chairs Manny Montilla, Program Coordinator in the International Conference Unit, Miriam Rodriguez, Manager of Training and Education Programs, and Soleya Chauca, Senior Peer Review Coordinator for the *American Journal of Respiratory and Critical Care Medicine*, set out to raise \$16,000 from staff members in 2005. Not only did they meet their goal, but, as a result of their efforts, 81 percent of staff participated.

"The contributions made by ATS staff members this year show how committed they are to the work of the Society and its members," said ATS Executive Director Carl C. Booberg. "We couldn't be happier with the results of the 2005 staff campaign."

The Funds for the Future is the annual giving campaign of the Foundation of the American Thoracic Society. Contributions may be targeted to one or more of four specific areas: the ATS Research Program, the Ziskind Memorial Clinical Fellowship, assembly activities and the ATS Methods in Epidemiology, Clinical and Operational Research (MECOR) Course. For more information about 2005 contributors and how you may also contribute, visit the ATS Web site at <http://www.sections/funds-for-the-future/index.html>. [ATS](#)



ATS Staff Campaign Committee (from left): Debbie Richardt, Soleya Chauca, Manny Montilla, Mary Mobley, Miriam Rodriguez and Suzy Martin

WHO'S WHO IN ATS

Edward R. Block, M.D.

For Edward R. Block, M.D., pursuing a career in academic medicine has meant teaching, mentoring trainees, treating patients and working in the laboratory to better understand lung vascular biology.

Over the last three decades, he has balanced each of these roles and produced a body of work that has helped define the mechanisms of injury to lung endothelial cells. Since earning his medical doctorate in 1968, he has published more than 150 articles on how these cells function and what happens when they malfunction.

Despite his passion for both clinical and academic work, Dr. Block sees research as the “dominant theme” in his career. “From the beginning, medical research fed my creative needs,” he says. “I love the rush of new ideas and the thought that I could be contributing to something new, different, and, ideally, relevant and meaningful.”

Although he still conducts research as the principal investigator for two National Institutes of Health (NIH) grants, Dr. Block is content with his scientific accomplishments and has “moved onto the next chapter” of his career. As Chairman of the Department of Medicine at the University of Florida, a position he has held since 2003, his responsibilities are now mostly administrative. “I’ve done more in terms of research than I could have ever hoped,” he explains. “As an administrator, I am able to direct people and inspire them to find the right niche in medicine. I think it’s the best job in the world.”

Changing Interest in Medicine

Although Dr. Block knew he wanted to become a physician at an early age, he never thought he would pursue a career in academic medicine. Even while completing medical school at The Johns Hopkins School of Medicine, he planned on going into family practice. “I had a very altruistic impulse,” he explains. “I thought I’d settle in a poor area of the country and provide care to people who couldn’t afford the high costs of medicine.”

However, as a student at a medical school that “prides itself on turning out academic physicians,” Dr. Block gradually changed his mind and came to view academic medicine as “the highest calling.” He adds that his older brother, also a pulmonologist, helped shape his career and choice of specialty.

After completing his internship and residency at Johns Hopkins, Dr. Block joined the U.S. Public Health Service as a Clinical Associate at the National Institute of Allergy and Infectious Diseases (NIAID). “During this time, I realized my passion for research, something which really solidified my decision to go into pulmonary and academic medicine,” he says.

While at the NIAID, Dr. Block also had the opportunity to work with his mentor, Jack Bennett, M.D., an infectious disease specialist whom he credits with teaching him the “art and science of writing a scientific manuscript.”

“I struggled to write my first manuscript, and when I brought it to Dr. Bennett to review the next day, I thought I was giving him the most beautiful thing ever written,” Dr. Block recalls. “When he was finished with it, there was not a single paragraph that he didn’t mark up. It was deflating at the time, but an important process. In the three years I worked with him, I became a skilled writer.”

Narrowing Focus on Lung Biology

Over the next several years, his interest in respiratory diseases, particularly chest infections, grew. In 1973, he left the NIH to complete a pulmonary fellowship at the University of Pennsylvania. While there, he worked with Aron Fisher, M.D., who sparked his interest in lung endothelial cells. To further his research in this area, Dr. Block joined the faculty at the University of Florida as Assistant Professor of



“From the beginning, medical research fed my creative needs. I love the rush of new ideas and the thought that you could be contributing to something new, different, and, ideally, relevant and meaningful.”

Medicine in 1975. Appointed Professor of Medicine in 1983 and Distinguished Professor of Medicine in 2001, Dr. Block has served in various other positions at the university over the last 31 years. Until 2002, he was also Associate Chief of Staff for Research at the VA Medical Center in Gainesville. The Department of Veterans Affairs recognized his research contributions in 1999 by awarding him the William S. Middleton Award from the Medical Research Service.

In his current role as Chairman of the Department of Medicine, he oversees more than 650 employees, 11 clinical divisions and a budget of \$80 million. He sees continued program development as a priority for his department.

Reflecting on the Past and Present

Dr. Block’s research interests have evolved over the years, but remain focused on how malfunctioning lung endothelial cells can cause clotting in the lungs, leaking blood vessels or pulmonary hypertension. As part of the continuous NIH funding he has received since 1975, Dr. Block is working on two active grants: an R01 focused on the arginine nitric oxide pathway in lung endothelial cells and a M.E.R.I.T. award from the National Heart Lung and Blood Institute, which is given out to less than one percent of all NIH awardees, focusing on regulation of L-arginine transport in lung endothelial cells.

Although he is “amazed” by the medical progress made during his career, he notes that not all change has been good. “It was easier to support yourself when I started,” he explains. “Research dollars are

shrinking, and it is becoming more of a struggle to stay in academia. When people are thinking of how they are going to pay their salaries, it takes away from the creativity that is so important to research and teaching.”

He adds that many in the medical community underestimate the importance of advising the next generation of physicians. “I think one of the failings of my generation of doctors is that we lost some of the mentoring skills that were so important when we were starting out. It has become so much more challenging in terms of time management, but it must be done.”

ATS Involvement

Since joining the ATS in 1974, Dr. Block has been active in the ATS leadership. In addition to serving as ATS President from 1998 to 1999, he has chaired the ATS Nominating Committee, Planning Committee and Program and Budget Committee. He has also been a member of the ATS Long Range Planning Committee, Awards Committee, International Conference Committee and Research Advocacy Committee and has held several leadership positions within the Society’s Assembly on Respiratory Structure and Function and Assembly on Pulmonary Circulation. He currently chairs the ATS Committee on Ethics and Conflict of Interest.

He calls his involvement in the ATS “one of the highlights” of his professional life. “Through the ATS, I have been able to interact with so many wonderful people, members and staff,” he says. “I was president during a time of transition, and I feel like a proud parent when I say that the ATS has exceeded the dreams we had for it at the time. And we had some pretty lofty dreams.”

On a Personal Note

Dr. Block and his wife live in Gainesville, Florida. In his free time, he visits with his son and daughter, kayaks, and plays tennis. He is also a “bicycle enthusiast” who not only rides regularly, but biked across the United States in 1995. **ATS**

ATS Announces 14 Newest Research Program Awardees

Now in its fourth year, the ATS Research Program continues to grow. Last year, letter of intent submissions to the program nearly quadrupled. After reviewing these letters, the ATS Scientific Advisory Committee, chaired by Thomas R. Martin,

M.D., invited the investigators of the most highly ranked proposals to submit full research applications for scientific review. The Committee then ranked these applications according to scientific merit and awarded grants to 14 researchers.

ATS/Alpha-1 Foundation Research Grants



Harvey O. Coxon, PhD, University of British Columbia
Research: "Quantification of post-transplant bronchiolitis obliterans syndrome using CT"



Darrell N. Kotton, MD, Boston University
Research: "Stem Cell-based Therapy for Alpha-1 Antitrypsin Deficiency"

ATS/The ARDS Foundation Research Grant



Renee D. Stapleton, MD, MSc, University of Washington
Research: "Anti-inflammatory Effects of n-3 Fatty Acids in Patients with Acute Lung Injury"

ATS/The LAM Foundation Research Grant



Arnold S. Kristof, MD, The Research Institute of the McGill University Hospital Centre
Research: "The Role of Protein Kinase Cδ in the Pathogenesis of Lymphangioliomyomatosis"

ATS/Pulmonary Hypertension Association Research Grant



Todd M. Bull, MD, University of Colorado Denver HSC
Research: "The role of Kaposi's sarcoma herpesvirus in the development of severe pulmonary hypertension"



Xinqi Wu, PhD, Children's Hospital Boston.
Research: "Hypoxic regulation of BMP signaling and the role of Id1 in the development of pulmonary hypertension"

ATS/Foundation for Sarcoidosis Research Partnership Grant for Sarcoidosis



Jan A. Wahlström, MD, PhD, Karolinska Institutet
Research: "Antigen specificity in Sarcoidosis"



Richard F. Silver, MD, Case Western Reserve University
Research: "Abnormal TLR responses in the pathogenesis of pulmonary Sarcoidosis"

ATS/American Society of Transplantation Research Grant



Stavros Garantziotis, MD, Duke University
Research: "The role of innate immunity in alloimmune lung injury after transplantation"

ATS Unrestricted Research Awards



Shweta Choudhry, PhD, MS, University of California, San Francisco
Research: "Whole Genome Association Study to Identify Asthma Related Genes in Puerto Rican"



Patricia J. Dubin, MD, Children's Hospital of Pittsburgh
Research: "Type I and III IFNs in Pseudomonas aeruginosa pneumonia"



William Lawson, MD, Vanderbilt University Medical Center
Research: "Defining the Origins of Effector Fibroblasts in Pulmonary Fibrosis"



Hara Levy, MD, Brigham and Women's Hospital; and Children's Hospital Boston
Research: "IL -1 gene family polymorphisms and susceptibility to P. aeruginosa in CF patients"



Jingsong Xu, PhD, Brigham and Women's Hospital
Research: "Role of Lysyl Oxidases in Normal Lung Development"

The ATS' Current & Past Partners in Research

- ◆ Alpha-1 Foundation
- ◆ American Lung Lung of Hawaii
- ◆ American Society of Transplantation
- ◆ The ARDS Foundation
- ◆ Foundation for Sarcoidosis Research
- ◆ LUNGevity Foundation
- ◆ Pulmonary Fibrosis Foundation
- ◆ Pulmonary Hypertension Association
- ◆ The LAM Foundation
- ◆ The Respiratory Institute, a Division of GlaxoSmithKline
- ◆ American Lung Association
- ◆ Medical Research Service of the Department of Veterans Affairs

2006 ATS International Conference Will Present Newest Discoveries in Pulmonary, Critical Care and Sleep Medicine

In today's fast-paced world, attending the 2006 ATS International Conference is more important than ever for scientists engaged in research in any area of pulmonary, critical care or sleep medicine.

"We can't just rely on scientific journals anymore—they're six to 12 months behind the times," says Augustine Choi, M.D., Chair of the ATS Assembly on Respiratory Cell and Molecular Biology and Chief of Pulmonary, Allergy and Critical Care Medicine at the University of Pittsburgh. "The Conference presents up-to-the-moment research conducted by one's peers, in all fields of lung disease."

The depth and breadth of research presented at the meeting is unparalleled, says Reynold Panettieri, Jr., M.D., Program Committee Chair of the Assembly on Respiratory Structure and Function and Professor of Medicine at the University of Pennsylvania. "The ATS International Conference represents the highest quality of respiratory and pulmonary science in the world," he says. "If you want people in the pulmonary community to know about your work, this venue is paramount."

With so many types of research being presented, the meeting is sure to expand the horizons of all researchers who attend. "The newest discoveries in basic and clinical research will be presented



in a collaborative and interactive venue," says Jo Rae Wright, Ph.D., ATS Secretary-Treasurer and Vice Dean of Basic Science at the Duke University School of Medicine. "The program is diverse and will provide multiple opportunities for basic and clinical investigators to interact."

The Conference is beneficial for scientists at all stages of their careers, Dr. Choi says. "Junior researchers and trainees get a very good view of the research landscape. And the Conference offers an opportunity for researchers at all levels to see what other people are doing and to establish new scientific collaborations."

For scientists thinking of moving into a new area of research, the meeting provides opportunities as well, Dr. Choi adds. "Say you've been studying sepsis, but you want to get into COPD research. The Conference allows you to learn the latest in COPD research, and to seek out potential collaborators who have been studying COPD for a long time."

The 2006 ATS International Conference, which takes place from May 19 to 24 in San Diego, will feature scientists from 40 countries. They will present and discuss the latest findings in respiratory molecular and cell biology, lung structure and function, inflammatory biology and gene therapy. Nearly 5,000 abstracts and posters of original research will be presented.

In addition to providing many opportunities for meeting fellow researchers, the Conference offers multiple venues to meet clinicians who are committed to integrating the latest science into their practice. Many seek to collaborate with scientists in translational research projects. Numerous sessions bring clinicians together with basic scientists to exchange information about the latest clinical findings and scientific discoveries.

"Scientists—both physician-scientists and Ph.D.'s—have the opportunity to get a 'clinical relevance check' at the meeting, and to work together to foster a bench-to-bedside approach," Dr. Panettieri says.

According to James Beck, M.D., Chair of the 2006 International Conference Committee and Associate Professor of Internal Medicine at the University of Michigan, "the complementary expertise of clinicians and scientists at the Conference makes a bridge between basic science and caring for patients." **ATS**

For Those at the Bench

A Select List of 2006 IC Sessions for Basic Scientists

- ◆ Molecular Basis of Acute Lung Injury
- ◆ Evolving Concepts of Stem Cell and Lung Repair
- ◆ Intracellular and Extracellular Strategies for Controlling Asthma/COPD Remodeling
- ◆ Diaphragm Weakness in Inflammatory Disease: Cellular Mechanisms and Potential Interventions
- ◆ New Developments in the Genetics of Respiratory Disorders
- ◆ Redefining COPD at the Genetic Level
- ◆ RNA Interference: An Emerging Therapeutic Modality
- ◆ Genetics of Lung Disease: From Mouse to Man
- ◆ Endothelial Stress Phenotypes in Acute Lung Injury
- ◆ Vesicle Transport in Lung Pathophysiology
- ◆ Immunoregulation in the Respiratory Tract
- ◆ Hormonal Regulation of Aging
- ◆ Regenerating the Lung Circulation in Pulmonary Arterial Hypertension

**Remember, the Early Bird registration
deadline is March 28, 2006!**

For more information about the International Conference, please go to the ATS website at www.thoracic.org or call (212) 315-8658.

CONFERENCES, COURSES AND MEETINGS

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

Date and Place	Title	Contact
May 19 to 24 San Diego, California	"The 2006 ATS International Conference," sponsored by the American Thoracic Society	Phone: (212) 315-8658 E-mail: ats2006@thoracic.org Website: www.thoracic.org
March 30 Oakland, California	The 2006 Annual California Regional Medical Conference: "Innovations and Trends in Pulmonary Medicine and Lung Health," sponsored by the California Thoracic Society and the ATS	Phone: (510) 893-5474, ext. 327 E-mail: jwest@alabay.org Website: www.alabay.org
April 6 to 9 Scottsdale, Arizona	"Multidisciplinary Update in Pulmonary and Critical Care Medicine," sponsored by the Mayo Clinic College of Medicine	E-mail: mcs.cmc@mayo.edu Website: www.mayo.edu/cmc/
April 19 to 22 Key Biscayne, Florida	"Miami IPF Symposium," sponsored by the South Florida Veteran's Affairs Foundation for Research and Education, the Miller School of Medicine Division of Pulmonary and Critical Care Medicine, and Intermune, Inc.	Phone: (305) 324-4455, ext. 3722 E-mail: isabel.perez@ipfmiami.org Website: www.IPFMiami.org
April 20 to 22 Cleveland, Ohio	"Cleveland Clinic: Lung Summit 2006," sponsored by the Cleveland Clinic Department of Pulmonary, Allergy and Critical Care Medicine	Phone: (800) 223-2273, ext. 43702 E-mail: laskowd@ccf.org Website: www.clevelandclinicmeded.com
April 22 Sacramento, California	"Living with Idiopathic Fibrosis Patient Seminar," sponsored by the Coalition for Pulmonary Fibrosis and the Pulmonary Rehabilitation Department of the Sutter Medical Center	Phone: (888) 222-8541 E-mail: info@coalitionforpf.org Website: www.coalitionforpf.org
April 24 to 26 Cincinnati, Ohio	"Respiratory Protection & Fit Testing Workshop," sponsored by the University of Cincinnati	Phone: (513) 558-1234 Website: www.DrMcKay.com
April 26 to 29 Denver, Colorado	"The Denver TB Course," sponsored by the National Jewish Medical and Research Center	Phone: (303) 398-1700 E-mail: queenc@njc.org Website: www.nationaljewish.org/tbcourse.html

PAR Discusses Patient Advocacy

CONTINUED FROM PAGE 1

led attendees in a discussion of the issues most likely to affect lung patients in 2006. Each representative named three issues they felt were most pressing for public interest organizations and the patients they represent. The most commonly mentioned issues were building public awareness, increasing research funding, fostering collaboration between organizations, improving medical education, responding to the critical shortage of healthcare workers, promoting patient advocacy and bettering patient quality of life and access to healthcare.

After concluding this discussion, the group worked together to formulate five questions to be asked by patient representatives at an open forum discussion with Elias Zerhouni, M.D., Director of the National Institutes of Health, and Elizabeth Nabel, M.D., Director of the



John W. Walsh (left), former President of the ATS PAR, talks with fellow attendees

National Heart, Lung and Blood Institute. The questions focused on the NIH's research related to lung disease in light of recent budget cuts, plans for research about long-term oxygen therapy, patient quality of life, the prioritization of translational research and stem-cell studies related to the lungs. **ATS**

Support Lung Research at the ALA Research Fund Dinner



The American Lung Association will host its 23rd annual Research Fund Dinner on Saturday, May 20, 2006, in San Diego. The dinner, which will be held at the historic del Coronado Hotel, will begin at 7 p.m.

Ticket prices are as follows: contributor tickets—\$1,000 each; supporter tickets—\$350 each; fellows tickets—\$250 each. To purchase a ticket, reserve a table of ten seats for your university or make a contribution, contact Lauren Berger at lberger@lungusa.org or (212) 315-8730.