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Visit the ATS Web site to review the recently updated ATS Fellows' Syllabus. The syllabus was created to assist fellows and their mentors in identifying clinically relevant articles that should be familiar to all well-read pulmonary and critical care physicians. The new edition features a substantial number of new articles and a new organizational structure meant to prompt and enrich discussion among fellows on rounds and at meetings. Reviewed and approved by the ATS Training Committee, the selection of articles is based primarily upon literature review and classic references. It is not necessarily intended to serve as a "best evidence guide," but gives the background that often shapes the debate over standards of care. The syllabus can be found under the "Career Development" section of the ATS Web site, www.thoracic.org.

FROM EBM TO ELECTRONIC DERIVATIVES, ATS SEES DOCUMENTS WITH IMPACT

At its March meeting, the ATS Board of Directors approved a recommendation by the Society's new Documents Development and Implementation Committee to adopt GRADE (Grades of Recommendation Assessment, Development and Evaluation) as the Society's official approach for developing guidelines, statements and other official documents.

GRADE combines a systematic approach to evaluating the quality of evidence supporting documents with a concise method of communicating the strength of practice recommendations. It is the cornerstone of the Society's far-reaching efforts to increase the impact of its documents on actual patient care.

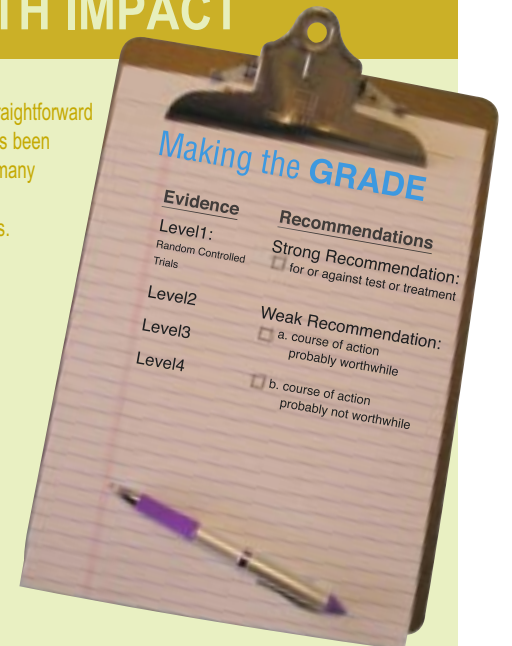
"The Documents Committee's first assignment is to incorporate GRADE into the research methodology of our documents," explains John E. Heffner, M.D., ATS President-Elect, and the driving force behind the creation of the Documents Committee. But, he notes, the committee's charge goes well beyond making sure that all ATS recommendations are solidly evidence-based.

Working with other groups within the ATS, from the Assembly on Clinical Problems to the Publications Policy Committee, the Documents Committee will coordinate the dissemination of this information to clinicians and work to ensure that guidelines are put into practice. The committee may, for instance, seek ways to "weld" best practices into legislation.

TOOL FOR EVIDENCE-BASED MEDICINE

The Board's adoption of GRADE, says Holger Schunemann, M.D., Ph.D, the Society's first Documents Editor and Chair of the Documents Development and Implementation Committee, has put the ATS "on the right track, from a patient point of view."

GRADE's straightforward approach has been adopted by many international organizations.



Dr. Schunemann is also a member of the GRADE Working Group, an international effort to create a common system for document writers to weigh the quality of evidence and to report the strength of recommendations.

A number of organizations, including the World Health Organization, the American College of Chest Physicians, *UpToDate*, the Cochrane Collaboration, the Ontario Ministry of Health and Long-Term Care and every urology society and association worldwide, are already using GRADE to develop official documents. The American College of Physicians is also interested in GRADE.

The Working Group's hope is that one global standard will eventually replace the many, and inevitably confusing, ranking schemes devised by organizations to communicate their confidence in the literature reviewed and the resulting recommendations.

Beyond GRADE's growing international acceptance, Dr. Schunemann, who was also recently appointed to the Italian National Cancer Institute's Division of Clinical

(continue on page 6)

PETER D. WAGNER, M.D. *President*

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MESSAGE FROM THE PRESIDENT

Peter D. Wagner, M.D.

I am amazed at how quickly this year has gone by. It seems like only a few weeks have passed since my first column in June 2005. Then, I focused on the accomplishments of my predecessors. Because I have always liked symmetry, I dedicate my last column to the ATS leaders who will succeed me.

Later this month, at the 2006 ATS International Conference in San Diego, the Society will install John Heffner as President, David Ingbar as President-Elect, Jo Rae Wright as Vice-President, and a new Secretary-Treasurer (Unfortunately, I had to pen this before election results are known).

As I am sure you will see during his presidency, John is the Lance Armstrong of leadership. I have no idea what genes or what environment makes one person different than another, but in my opinion John will transform the ATS and do it in a way that will make us all feel it was our decision, not his.

I have learned a good deal about leadership from John: not to fight the inevitable, to look for the good in any action or statement, to resolve issues so that all sides will get something from it, to choose the right time to act; not to rush complex ideas from concept to action, and to involve the right people at the right stage in negotiations.

John's "dilemma," if he has one, is that he takes on too much responsibility, but that's nothing new for ATS presidents. Indeed, it tends to be a defining characteristic. His close involvement with the American Board of Internal Medicine (ABIM) could have proved to be a dilemma. But, instead, he used his experiences to provide the board with insights into major issues of importance to ATS physicians.

David will undoubtedly assume the office of President-Elect with ease. An administrator, researcher and clinician, he has substantial leadership experience across the domain of academic pulmonary medicine. He has served as Chair of the Pulmonary & Critical Care Fellowship Program Directors, a group that includes many of the academic leaders in these fields. This link will aid us in attracting new investigators to the profession and to the ATS.

I've described three totally different backgrounds, day jobs and personalities. But what John, David and Jo Rae share are a dedication to the ATS, incredible leadership abilities, and the indefinable characteristics of warmth, spirit and generosity that unite the Executive Committee and makes it such an effective leadership body for your Society.

His involvement with the ABIM has given him an understanding of how education and certification in medicine is always changing, something that is critical if the ATS is to keep pace with these changes and offer members the education support services that they will need.

As Director of the Pulmonary, Allergy and Critical Care Division at the University of Minnesota, David possesses an acute business sense, and his perspective on the ATS budget has often given the rest of us unique insights into how to manage the Society. His interest in both basic science and clinical activity will help the Society serve two of its major constituencies. But I think David's greatest strength is that after the rest of us have had our say on any given issue, he often speaks up from an entirely new perspective with a view that has never yet proved misguided or irrelevant. Quite the contrary.

Jo Rae, currently Secretary-Treasurer, will follow David up the ladder. Jo Rae is young, female and a Ph.D. Political incorrectness aside, this is a new paradigm for the ATS, whose leadership has mostly been typified as male, pale and stale. Over the last several years, she has occupied "deanly" positions at Duke University. More recently, she has been named Dean of the University's Graduate School and Vice Provost, effective this summer.

Many people inside and outside of the ATS have recognized the clarity and maturity of thinking she brings to the table. Jo Rae is probably the strongest scientist to join the ATS leadership since we separated from the American Lung Association in 2000. She will receive/deliver the Cannon Award/Lecture from/to the American Physiological Society (APS) in 2006. This award is roughly equivalent to the ATS' Amberson lecture. Each year, the APS President chooses an awardee based on his/her perception of scientific strength (and from the entire universe of science, not just respiratory). A singular honor indeed.

You might think that Jo Rae is so science-oriented that this will weight her priorities when she gets to be ATS President in 2008. Only time and Jo Rae will tell, but I strongly suspect that she will continue to be as even-handed in working in all domains of the ATS, as she has done in the past. As a member of the ATS Clinicians Advisory Committee, for example, she actively supports well-reasoned clinical programs. The operative word is "well-reasoned." Jo Rae will not support suggestions that come from table-banging members unless they also have a basis in logic and data, so I warn you not to try and bluff her.

I've described three totally different backgrounds, day jobs and personalities. But what John, David and Jo Rae share are a dedication to the ATS, incredible leadership abilities, and the indefinable characteristics of warmth, spirit and generosity that unite the Executive Committee and makes it such an effective leadership body for your Society. Lucky you.

NEWS BRIEFS 1

Officer News

In April, ATS President-Elect **John E. Heffner, M.D.**, became the William M. Garnjobst Chair of Medical Education at Providence Portland Medical Center. He also joined the Oregon Clinic. Prior to assuming these posts, he served as Executive Medical Director and Professor of Medicine at the Medical University of South Carolina. Dr. Heffner will become ATS President at the 2006 International Conference.



Image Library

The ATS has re-launched the **ATS Image Library** on its Web site at www.thoracic.org/sections/education/image-library-intro.html. "The Library serves as a repository where members can contribute and obtain images for presentations and other teaching purposes," explained ATS Website Editor, Dean Schraufnagel, M.D.

He noted that although the most commonly desired lecture images are of radiographs, micrographs, physiologic tracings and clinical research, any illustration or photograph will be considered for inclusion. "The more images we have," he added, "the more useful the collection will be." Contributors will be acknowledged on each image.

SOTA: "The Best"



This year, the **ATS State of the Art Course** saw record attendance. More than 250 physicians participated in the three-day event, which also featured 29 faculty members directed by Drs. Jesse Hall and Gregory Schmidt. "I truly believe the 2006 SOTA Course was the single best continuing medical education experience I've encountered in 34 years of practicing medicine," said Duane Houser, M.D., a clinician from Indianapolis who attended the course. "The ATS and its staff should be commended for such a well-run meeting." Participants represented 12 countries and 39 U.S. states.

Journals

ATS JOURNALS FOCUS ON STEM CELL RESEARCH

This month, the Society's three journals will focus on the importance of stem cell research in lung disease and repair with the concurrent publication of an official ATS statement in the *American Journal of Respiratory and Critical Care Medicine (AJRCCM)*, a symposium in *Proceedings of the American Thoracic Society (PATS)* and an editorial in the *American Journal of Respiratory Cell and Molecular Biology (AJRCMB)*.



"Human Embryonic Stem Cell Research: An Official ATS Research Policy Statement" appears in the May 1 issue of the *AJRCCM*. The statement, which was prepared by the ATS

Research Advocacy Committee and approved by the Board of Directors in March 2006, reviews the potential benefits and limitations of embryonic stem cell research and recommends the Bush administration's 2001 ban on federal funding of embryonic stem cells be lifted.

"At the same time that we recognize the need to conduct such research, there are many scientific and ethical barriers that must be overcome before this technology can be translated into clinically useful treatments for patients," said Judith Neubauer, Ph.D., Chair of the Research Advocacy Committee. "The study of human embryonic cells is in its infancy, and the current policies threaten to starve new trainees entering the field."

She adds that the ATS supports the "ongoing efforts to establish guidelines and responsible practice of embryonic stem cell research." To address these concerns, the statement recommends that researchers meet certain criteria before using federal dollars to derive stem cells from embryos or create them by somatic cell nuclear transfer.



PATS (Vol. 3, No. 5) features a workshop report sponsored by the National Heart, Lung and Blood Institute and the Cystic Fibrosis Foundation that focuses on adult lung and bone marrow-derived

stem cells (also known as "progenitor" or "reparative" cells) and the potential roles they play in lung development, physiology and repair after lung injury. After summarizing the conclusions of three clinical, basic and translational science sessions, the report reviews the current state of the field, discusses current controversies and identifies future research directions.

While workshop participants "acknowledged that the role of adult stem cells in lung biology and their potential therapeutic role in lung diseases represent a timely and exciting area of study," they concluded that much work must be done before applying research to the clinical setting. "This report provides an important framework and central reference for developing future studies in this area," said Daniel J. Weiss, M.D., Ph.D., lead author of the symposium and member of the ATS Research Advocacy Committee.



The *AJRCMB* aims to put the other journal articles in perspective with an editorial that explores the available literature on basic science studies investigating cell types contributing to lung

tissue repair, regeneration and remodeling. After explaining how stem cells work to repair lung tissue, the editorial's authors, Barry R. Stripp, M.D., also a member of the ATS committee that wrote the research policy statement, and Steven D. Shapiro, M.D., Editor of the *AJRCMB*, delve into future needs and anticipated difficulties of translating scientific research into improvements in disease diagnosis, treatment and the improvement of human health.

RESEARCH PROGRAM

ATS Research Program Offers New Research Grants in Fourth Year

The application deadline for 2007 funding from the ATS Research Program is rapidly approaching. Next year, the Research Program will offer at least 10 partnership grants and four unrestricted grants for research in targeted areas of lung disease. As in the past, awards will be \$50,000 per year for two years.

"I encourage anyone interested in pulmonary, critical care and sleep medicine research to apply for these funding opportunities," said Thomas R. Martin, M.D., former ATS President and Chair of the ATS Scientific Advisory Committee, which will review award applications later this year. "Since its inception in 2002, the Research Program has grown tremendously and has helped to advance the careers of an increasing number of young investigators."

All interested parties must begin the application process by submitting letters of

intent to the ATS New York office by **11 p.m. Eastern Time on June 19, 2006**. For information about the specific grant opportunities and the content of the letters of intent, visit the ATS Web site at www.thoracic.org/sections/research/new-research-program.html.

After reviewing these letters, the ATS Scientific Advisory Committee will invite the investigators of the most highly ranked proposals to submit full research applications for scientific review by September 2006. The Committee will then rank these applications and award grants to researchers according to scientific merit. Funding will begin in January 2007.

For more information, contact Elisha Malanga, Director of ATS Research Programs and Project Review, at (212) 315-8693 or emalanga@thoracic.org.

ATS PATIENT EDUCATION

Clinicians can now download educational materials from the ATS Patient Information Series in both color and black and white at www.thoracic.org/sections/education/patient-education/patient-education-materials.

Launched in the *American Journal of Respiratory and Critical Care*, the series serves as a resource for pulmonary and critical care clinicians in discussing with their patients diagnoses, medical procedures and disease management strategies. The series now includes 12 two-page fliers on the following topics:

- Fiberoptic Bronchoscopy
- Arterial Catheterization
- Chest Tube Thoracostomy
- What is the Flu?
- Oxygen Therapy
- Chronic Obstructive Pulmonary Disease (COPD)
- Mechanical Ventilation
- Signs and Symptoms of COPD
- Medicines Used to Treat COPD
- Pulmonary Function Tests in COPD
- Surgery for COPD
- Sarcoidosis (An ATS/PAR Collaboration)

Other patient education materials are also posted on the ATS patient education Web site. For more information about the series or to suggest additional topics, please contact Judy Corn, Associate Director of ATS Patient Education and Document Facilitation, at jcorn@thoracic.org.

WHO'S WHO at ATS

JAMES BECK LIKES IT ALL: PATIENTS, RESEARCH, EDUCATION AND THE ATS

As a pulmonary and critical care physician-scientist, James M. Beck, M.D., uses animal models to better understand the cellular and molecular mechanisms of respiratory infections and pulmonary host defense.

“Creating and manipulating animal models that reflect human illness is an intriguing way to study pulmonary infections that affect immunocompromised hosts, particularly individuals with HIV infections,” he says.

Since earning his medical doctorate from the University of Pennsylvania in 1984, Dr. Beck has dedicated the majority of his time to expanding his research portfolio. Although his research interests have changed and evolved throughout his career, he notes that his primary focus—the immunology of *Pneumocystis pneumonia*—has remained the same.

With four grants from the National Institutes of Health and the Department of Veterans Affairs, Dr. Beck notes that collaboration is the key to research success. He works closely with Robert Paine, M.D., and Paul Christensen, M.D., both at the University of Michigan, and with Michael Beers, M.D., at the University of Pennsylvania.

When he's not working in the laboratory, he is treating patients and advising residents in training at the University of Michigan, where he serves as Associate Professor of Internal Medicine and Associate Director of the Internal Medicine Residency Program. “My work is very rewarding, both inside and outside of the laboratory,” he says.

Exposure to Pulmonary and Critical Care

Dr. Beck completed his internship and residency at the Hospital of the University of Pennsylvania, where he had the opportunity to work with ATS members John Hansen-Flaschen, M.D., and Jack Elias, M.D. Although initially interested in cardiology, his first exposure to ICU patients under Dr. Hansen-Flaschen's guidance sparked his interest in pulmonary and critical care medicine. Dr. Beck then spent several months engaged in research with Dr. Elias, which began his career in immunology.

He completed his fellowship in Pulmonary and Critical Care Medicine at the University of California, San Francisco. Thanks to his mentors in the laboratory, Judd Shellito, M.D., and Ben Kaltreider, M.D., Dr. Beck solidified his interest in lung immunology and his love of laboratory investigation.

The Impact of the HIV Epidemic

One of his most “valuable experiences” at UCSF was being able to apply his research to the clinical setting in working with people infected with HIV. “In the laboratory, we created the first mouse model of *Pneumocystis pneumonia* that was



“Although we've made great progress in slowing the spread of HIV and treating its complications, we cannot afford to become complacent.”

based on the immunosuppression that occurs during HIV infection,” he says. “At the same time, I had the chance to take care of literally hundreds of patients with HIV-related pulmonary complications. I realized I didn't have to choose between clinical and scientific work—they are one in the same.”

He joined the faculty at UCSF as Assistant Adjunct Professor in the Department of Medicine in 1990. Five years later, Dr. Beck moved to the University of Michigan. Today, he combines academic and administrative work with bedside care as a critical care physician at the University of Michigan Health System and Director of the Medical ICU at the VA Medical Center in Ann Arbor.

“Although we've made great progress in terms of slowing the spread of HIV and treating its complications, we still see people who are not responding to therapy,” he continues. “Outside of the U.S., many patients don't even have access to treatments. We cannot afford to become complacent.” He adds that increased funding is essential to further progress.

ATS Involvement

Since joining the ATS in 1987 as a fellow, Dr. Beck has been an active member of the Assembly on Microbiology, Tuberculosis and Pulmonary Infections (MTPI). In addition to chairing the Assembly from 2002 to 2004 and serving on the ATS Board of Directors, he has served as chair of the Program Committee, Nominating Committee and Long Range Planning Committee.

He currently serves as Chair of the International Conference Committee and as a member of the Awards Committee and Clinicians Advisory Committee. “Chairing the

International Conference Committee is one of the most challenging and rewarding activities I've ever done,” he says. “The amazing efforts of committee members and the ATS staff are unequalled in my experience.”

On a Personal Note

In his free time, Dr. Beck enjoys running, cooking, opera, and international travel. He lives outside Ann Arbor with his partner, a researcher in the University of Michigan's School of Public Health, and their two dogs and two cats.

NEWS BRIEFS

Scientific Notation

For the first time, ATS Conference attendees may purchase packages of note cards featuring images from the covers of the Society's three journals, the *American Journal of Respiratory and Critical Care Medicine*, the *American Journal of Respiratory Cell and Molecular Biology* and *Proceedings of the American Thoracic Society*. Buy a set of 10 cards featuring the journal of your choice or purchase a mixed set of 9 that includes three of each journal. The card sets, which will be sold at the ATS Center at the San Diego Convention Center during the 2006 Conference, will cost \$7.50 each.

Proposals for ATS 2007 - San Francisco

The ATS is now accepting proposals for the scientific and medical program for the 2007 International Conference, which will be held May 18 to 23 in San Francisco. Proposals for sessions covering all areas of pulmonary, critical care and sleep medicine are encouraged. Submission formats include scientific symposia, track sessions, seminars, workshops, evening postgraduate seminars and postgraduate courses. All proposals must be submitted electronically to the appropriate assembly through the ATS Web site by **June 15, 2006**. To submit a proposal for consideration, visit <http://conference.thoracic.org>.

Call for Manuscripts

Attention journal authors! *The American Journal of Respiratory Cell and Molecular Biology* is now accepting manuscripts related to cellular and physiological consequences of post-translational protein modifications (including nitrosation, nitration and oxidation). The manuscripts will be reviewed by members of the AJRCMB editorial board and guest reviewers, and will be published as a special series in the journal. The deadline for submission is **June 1, 2006**. For more information, please contact Sadis Matalon, M.D., Associate Editor of the AJRCMB, at sadis@uab.edu.

the **ADVOCATE**

ATS Testifies for Increase In NIOSH Research Funding

Last month, ATS member William Rom, M.D., M.P.H., testified before the U.S. House Labor, Health and Human Services and Education Appropriations Subcommittee on the need for additional funding for the Centers for Disease Control and Prevention's National Institute of Occupational Safety and Health (NIOSH). Dr. Rom spoke on behalf of the Friends of the NIOSH Coalition, an association that represents 20 industry, medical and union organizations, including the ATS.



William Rom, M.D., M.P.H.

In his comments, Dr. Rom noted that the NIOSH is the sole source of federal funding for individuals training in occupational health medicine, and a primary source of funding for occupational health research. After showing that only 6 percent of NIOSH research applications are granted because of financial constraints, he urged additional funding for occupational research. "Such a low success rate is highly discouraging to occupational researchers," he said.

RESEARCH

Senators Craig and Akaka Circulate Letter in Support of VA Research

Senator Craig (R-ID) and Senator Akaka (D-HI) are circulating a "Dear Colleague" letter that requests a \$20 million increase in Veterans Administration (VA) research funding for 2007. The letter asks the Senate Military Construction and VA Appropriations Subcommittee to support a total research budget of \$432 million. The ATS encourages its members to contact their Senators and ask them to show their support for VA research funding by signing the Craig/Akaka letter.



Senator Larry Craig (R-ID)



Senator Daniel Akaka (D-HI)

CLEAN AIR

Federal Panel Criticizes EPA Proposed Rule on Particulate Matter Pollution

The Clean Air Scientific Advisory Committee, a panel convened by the Environmental Protection Agency (EPA) to provide expert advice on air pollution science and regulations, issued a letter criticizing the EPA's proposed standards for fine particulate matter pollution (PM2.5) and coarse thoracic particulate matter (PM10-2.5).

The panel concluded that the EPA's standard for PM2.5 (15 µ/m³ average annual exposure and 35 µ/m³ 24-hour exposure) does not provide an adequate margin of public health protection and recommended lowering the annual standard to 13 or 14 15 µ/m³. The committee also criticized the EPA's PM10-2.5 rule because it only applies to urban areas and provides exemptions for agricultural and mining emissions.

CLINICAL PRACTICE

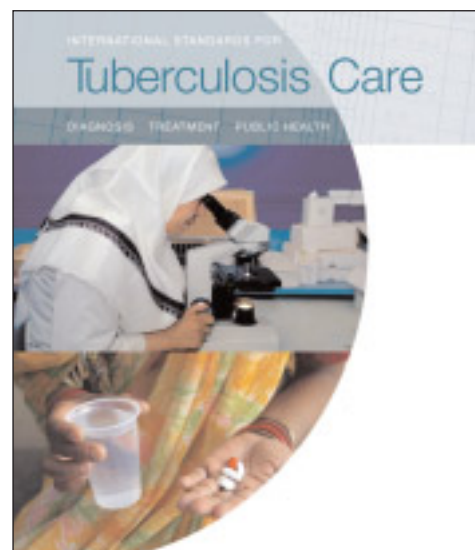
ATS Expresses Concern with CMS "Medically Unbelievable Edits" Proposal

The ATS recently submitted comments to the Centers for Medicare and Medicaid (CMS) expressing its concern with Medicare's proposed use of unit-of-service edits, commonly called "Medically Unbelievable Edits" (MUE).

Under the proposed rule, Medicare would establish national limits on the number of times selected current procedure terminology (CPT) codes could be submitted for one patient in one day. Claims submitted in excess of the MUE limits would be automatically denied as medically unbelievable. No CPT modifiers could be used to override the MUE. According to Medicare, billing in excess of the proposed limits would be "medically unbelievable."

Several pulmonary and critical care codes are included in the MUE proposal, including frequency limits on critical care, respiratory therapy G-codes, bronchoscopy procedures and pulmonary function test codes.

The ATS provided examples of cases where medically necessary and reasonable care would require services in excess of the proposed MUE rule. In several cases, the ATS recommended raising the MUE frequency limits to accurately reflect clinical practice. Additionally, the ATS joined the American Medical Association and more than 80 other medical organizations in writing a letter to the CMS expressing concern with methodology used to develop the MUE proposal. The letter stresses the need for the final MUE rule to allow the use of CPT modifiers to override MUE rules in cases where medically necessary care exceeds MUE limits.



The ATS/WHO TB standards address the care of patients at all ages with any manifestation of the disease.

TUBERCULOSIS

ATS Testifies for Increased TB Funding

Edward Zuroweste, M.D., Chair of the National Coalition to Eliminate TB (NCET), testified before the U.S. Labor, Health and Human Services and Education Appropriations Subcommittee to request additional funds for domestic tuberculosis (TB) control. He asked for an increase of \$115 million in TB funding for "Intensified Support and Activities to Accelerate Control (ISAAC)," which would enhance, maximize and target resources to sustain the momentum of disease control and elimination in the United States. "Without this investment, we run the risk of yet another resurgence and the cost of regaining control," said Dr. Zuroweste.

International TB Control Legislation Introduced

In March, Representatives Heather Wilson (R-NM) and Sherrod Brown (D-OH) joined Sen. Barbara Boxer (D-CA) in introducing the "Stop TB Now Act" (H.R. 5022/S.2465). This legislation would enable U.S. programs to control TB on a global scale by focusing efforts on high burden countries, increasing coordination between the U.S. Agency for International Development and the Centers for Disease Control and Prevention, expanding U.S. funding for international TB control efforts and highlighting the role of the World Health Organization's (WHO) Global Plan to Stop TB. As part of this plan, the ATS and WHO recently published the first International Standards for Tuberculosis Care. Former ATS President Philip Hopewell, M.D., co-chaired the committee that produced the standards.

