



ATS™
1905-2005

100 YEARS OF ADVANCES IN TREATMENT AND SCIENCE OF RESPIRATORY DISEASES

ATS NEWS

November 2005
VOL. 31 NO. 11

100 Years of
Advances in the Treatment
and Science of Respiratory Diseases

What's Inside

- Renew Your ATS Membership before December 31.....3
- Chose from Clinical, Basic Science and Critical Care Sessions at the ATS International Conference..... 4
- Don't Miss the ATS State of the Art Course in Chicago.....4
- PATS Highlights.....6
- Submit Nominations for ATS "Outstanding Clinician Award".....7

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

ATS to Launch the "Best of the Web" Series

Because the internet offers a vast amount of information on a nearly infinite number of topics, it has become a useful tool for researchers, patients, physicians and other health professionals.

The ATS recognizes that not all internet sites provide trustworthy, much less authoritative information. To help its members and the public determine which websites offer the most reliable content, the ATS will launch its "Best of the Web" series on December 1, 2005.

Contributing ATS members will evaluate internet sites on select topics relevant to ATS members and individuals seeking respiratory health information. All evaluations will be reviewed before publication.

The first installment of the "Best of the Web," written by Chris Goss, M.D., reviews websites on evidence-based medicine.

Upcoming topics include tobacco cessation, palm applications, patient education, lung pathology, interstitial lung disease, information for pulmonary fellows, chronic obstructive pulmonary disease, sleep medicine and pulmonary vascular disease.

The "Best of the Web" will feature the following:



CONTINUED ON PAGE 7



Web Tips

Visit the ATS website at <http://www.thoracic.org/women/careertalk/career1005.asp> to read "What Every Junior Faculty Needs to Know: A Quiz." This installment of "Career Talk," a monthly column written by ATS member Angela C. Wang, M.D., focuses on the criteria for academic promotion and stresses the importance of matching job descriptions to salary sources. The column also includes an eight-question quiz to help junior faculty identify promotional criteria.

Do More with the ATS Journals Online



Do you need to read an article in an ATS journal, but cannot wait for the hardcopy to arrive? Have you ever wanted to look up an article in an older issue that you have discarded? Or find articles that have been published about a particular topic or by a specific author?

Thanks to ATS online journal access, ATS members or journal subscribers can view the most recent as well as past issues of the *American Journal of Respiratory and Critical Care Medicine (AJRCCM)*, the *American Journal of Respiratory and Molecular Biology (AJRCMB)* and *Proceedings of the American Thoracic Society (PATS)* by visiting www.atsjournals.org.

In addition to providing editorial information about the journals and instructions for authors, this site allows users to:

CONTINUED ON PAGE 6

WHO'S WHO IN ATS



Adam Wanner, M.D.
page 5

Message from the President

Peter D. Wagner, M.D.

This month, I would like to talk about the role of your society in disaster relief. To me, the question at hand is *how can the ATS contribute meaningfully in this area?*

The answer at first seems obvious, but after deeper thought, it becomes clear that this is a complex issue that requires careful consideration and communication. Here are some facts and principles that are guiding us, as a society, along this path.

1. Disasters are sudden and generally unpredictable in nature, timing, location and scale. In a remarkably short time period, the international community has experienced volcanic eruptions, floods, fires, tsunamis, hurricanes, tornados, earthquakes and terrorist activities. Given the unpredictability of such events, we cannot wait for disasters to happen and then decide what actions the ATS should take. One feature that is common to many disasters is that they lead to pulmonary disease. The ATS, therefore, can be a valuable resource to disaster response efforts.

2. Resources that the ATS has to contribute may be unique, but are generally miniscule compared to need. We can never expect to do as much as is needed. Accordingly, we should optimize the use of our resources. Clinical and scientific respiratory system expertise and a spirit of volunteerism are our strengths as a society. We can rapidly connect with the vast majority of our members. We also have good relationships with a number of sister societies and organizations.

3. Well-meaning, but independent ATS contributions to disaster relief could distract or, worse, impede relief agencies and volunteers from doing their job. We need to find ways to fit in with local, state and federal governments and with like-minded organizations in order to create synergy and leverage our strengths where they would help the most.

4. Planning projects independently of other groups can only lead to waste, causing duplication of effort and suboptimal use of resources. Identifying early on those other organizations that would be constructive partners would seem to be a high priority.

5. We should be thinking about short-term, intermediate-term and long-term strategies.

To develop an ATS disaster relief strategic plan, I have charged the Assembly on Environmental and Occupational Health's (EOH) Section on Terrorism and Inhalation Disaster with discussing the issues listed above and formulating a proposal for consideration by the Society's Board of Directors. There is some time sensitivity to this process, based on the frequency of recent disasters. I have asked the Section to actively consult with ATS members of all specialties, since the expertise relevant to disaster response is varied and spread across all of our assemblies and committees.

Equally important is the need for partnering with our sister societies. Preliminary leadership discussions have already occurred with the American Lung Association, the American College of Chest Physicians and the Society of Critical Care Medicine. The National Institutes of Health has also contacted us, asking for volunteers to assist with the aftermath of Hurricane Katrina.

It is remarkable how many ideas have already surfaced in this area. Some have already been put into action for recent hurricane relief because the ATS cannot simply stand by, even if it doesn't have a fully developed plan for disaster relief response.

After Hurricane Katrina, we contributed money for food and housing and created a website to bring together those offering assistance and those in need. We asked clinically qualified ATS members to volunteer after the National Heart, Lung and Blood Institute and the National Institute of Environmental Health Science leadership requested that we form a list, should additional caregivers be needed. We are currently exploring the development of a textbook replacement program for medical training programs affected by the hurricane and are providing deadline extensions for involvement in a variety of time-sensitive ATS activities.

I've listed only a few of the ideas that have been floated. I am confident that the Society's Section on Terrorism and Inhalation Disaster will develop a well-considered and prioritized list that facilitates a concrete role for bringing hope and maintaining the health of those affected by these tragic and unimaginable circumstances. [ATS](#)



Submit Nominations for ATS Secretary-Treasurer

To submit your nominations for ATS Secretary-Treasurer for 2006—2007, please complete the following steps:

- 1) Obtain permission from the candidate to submit his/her name. Self nominations are also encouraged.
- 2) Write a nomination letter of support.
- 3) Obtain the promise of additional letters of support from two ATS members.
- 4) Send your nomination letter of support and the two additional names to the ATS Nominating Committee at 61 Broadway, New York, NY 10006 or via fax at (212) 315-8630.

Don't forget that the successful candidate will advance through the leadership offices and serve as ATS President in the year 2009—2010.

**Nominations must be submitted by
Friday, December 9, 2005.**

Renew Your ATS Membership Now!



100 YEARS OF ADVANCES IN TREATMENT AND SCIENCE OF RESPIRATORY DISEASES

Don't forget to pay your ATS membership dues before **December 31st** to ensure uninterrupted continuation of your membership benefits!

ATS membership **categories** and **standard*** dues are as follows:

- **Full Member (Doctoral):** \$350 (with a doctoral degree or equivalent)
- **Full Member (Non-doctoral):** \$250
- **In-Training Member:** \$75 (Open to graduate students, medical students, interns, residents and fellows during their formal, documented periods of training)
- **In-Transition Member:** \$200 (Provided when the formal, documented period of training ends for In-Training Members, they will be upgraded automatically to the In-Transition Member category for one full year)
- **Affiliate Member:** \$130 (Must have a demonstrated interest in the activities of the Society, but does not qualify for membership in the Society in any of the existing membership categories)
- **Senior Member:** \$100 (Full Members who attest that they are fully retired, or that they have an income-limiting permanent disability)
- **Emeritus Member:** Free (Full Members who have reached the age of 75 and have not yet retired, may apply for the status of emeritus membership. Emeritus Members shall have all the privileges of Full Members.

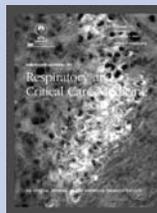
* The ATS offers a Reduced Dues Program (RDP), in which Full Members in countries with annual gross national income per capita (GNI):

- between \$3,001 and \$7,500 (in U.S. currency) are eligible to pay \$175 in dues.
- between \$0 and \$3,000 (in U.S. currency) are eligible to pay \$75 in dues.

Participants in the RDP do not receive print issues of the ATS journals, but retain full online access. To receive print issues of the journals, a Full Member **MUST** pay standard dues of \$350 (in U.S. currency), regardless of country of residence.

The ATS also offers a Guest Subscription Program (GSP), when neither standard nor reduced dues membership is an option. This program is open to individuals and institutions in countries with an annual GNI between \$0 and \$3,000 (in U.S. currency). Participants in the GSP receive full online access to the ATS journals, but do not receive print issues. For more information, visit www.thoracic.org/membership/guestsub.asp or e-mail guestsub@thoracic.org. 

AJRCCM HIGHLIGHTS



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

Circulating Endothelial Progenitor Cells and Acute Lung Injury

Acute lung injury (ALI) is often associated with endothelial dysfunction and damage. Endothelial progenitor cells are a specific population of hematopoietic stem cell that can migrate from the bone marrow to the peripheral circulation, where they appear to contribute to the repair of damaged endothelium. While the numbers of circulating endothelial cells have been shown to be a marker of cardiovascular risk, there is little information about their participation in critical illness. Dr. Burnham and colleagues addressed this issue by examining the number of circulating endothelial progenitor cells in the peripheral blood of patients with ALI. They found that decreased numbers of circulating endothelial progenitor cells were associated with increased mortality in ALI. Because endothelial progenitor cells may be involved in reparative responses to damaged pulmonary endothelium, these results suggest that therapeutic interventions that increase their number in the circulation may be beneficial in ALI. Future clinical trials will be necessary to address this possibility.

Using Exhaled Nitric Oxide to Titrate Corticosteroids in Children with Asthma

The fraction of nitric oxide in exhaled air (FE_{NO}) correlates with the number of eosinophils in induced sputum and in the walls of airways, and provides a measure of airway inflammation in patients with asthma. Corticosteroid therapy reduces FE_{NO} in patients with asthma, and FE_{NO} has been proposed to be a useful tool in titrating therapy in asthma, including the dose of inhaled corticosteroids. However, the advantages of using FE_{NO} in adjusting therapy for children with asthma have not been well explored. In this randomized study, Dr. Pijnenburg and colleagues compared cumulative inhaled corticosteroid dose, symptoms and FEV₁ in children with asthma when treatment decisions were made on both FE_{NO} and symptoms or on symptoms alone. The cumulative steroid dose was similar when symptoms alone were used in treatment decisions or when FE_{NO} was incorporated into the decision-making process. Airway hyper-responsiveness and inflammation improved more in the FE_{NO} group, as compared to the values found in children for whom treatment decisions were made on symptoms alone. These results indicate that a treatment algorithm for children with asthma that includes measurement of FE_{NO} is associated with improvement in airway hyper-responsiveness and inflammation without any increase in inhaled corticosteroid dosing. Coupled with recent studies that showed similar results in adults with asthma, this clinical trial indicates that measurement of FE_{NO} is a useful adjunct in making treatment decisions in patients with asthma. 



November 2005

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 Internet: <http://www.thoracic.org/news>

Tour San Diego at the ATS 2006 Conference



The ATS International Conference Committee has been hard at work to create another impressive scientific and clinical program for the Society's 2006 International Conference in San Diego, May 19-24.

The following is a small sample of the **clinical program**:

- Interventional Pulmonology
- Novel Therapies for COPD
- Obesity in Clinical Practice
- Difficult Management Issues in Sarcoidosis
- Pleural Controversies

Some of the **basic science topics** to be offered include:

- Outstanding Research in Basic and Translational Lung Biology
- Lung Morphogenesis
- Stem Cells and Lung Repair
- Genetics of Respiratory Disorders
- Vesicle Transport

The **critical care program** will include:

- ARDS
- Fluid Therapy
- Ventilator-Induced Lung Injury
- Prophylactic Therapy in the ICU
- Neuro-Critical Care

These are just a few of the topics offered at ATS 2006 in San Diego—there will also be many more scientific symposia and track sessions as well as a wide variety of postgraduate courses, workshops and seminars on a wide-range of topics, so plan to attend!

The Advance Program will be available in January, both in print and on the ATS website at www.thoracic.org.

In addition to providing participants with the latest information in lung, critical care and sleep medicine, the Conference gives attendees an opportunity to tour San Diego, the nation's seventh largest city, known for its temperate climate and tourist attractions.

For more information about the ATS 2006 Conference, contact the Society's International Conference Unit at (212) 315-8658 or ats2006@thoracic.org. For more information about touring California's second-largest city, visit the San Diego Convention and Tourism Bureau's website at www.sandiego.org. 

An ATS Centennial Fact

Happy Birthday ATS!
1905-2005

Over the last 100 years, the ATS has provided more than **8,700** individual educational sessions to physicians, scientists, nurses and other healthcare professionals, through its annual International Conference.



2006 ATS
SAVE THE DATE
STATE OF THE ART COURSE
MARCH 2-5, 2006
CHICAGO

Are you a busy practitioner who needs the latest information on pulmonary, critical care and sleep medicine?

The American Thoracic Society's **State-of-the-Art Course in Pulmonary and Critical Care Medicine** offers a comprehensive update on diagnosing and managing respiratory and critical care disorders.

The course is designated for up to 30 American Medical Association (AMA) Physician Recognition Award (PRA) Category 1 Credits.

*Register by **December 1** to take advantage of the early bird rate.*

Questions? Please contact
Miriam Rodriguez
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Education & Training Programs
Phone: 212-315-8639
Fax: 212-315-8651
E-mail: mrodriguez@thoracic.org



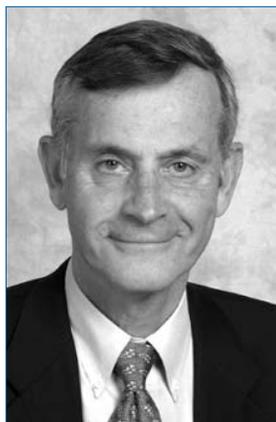
WHO'S WHO IN ATS

Adam Wanner, M.D.

As a physician-scientist who studies the physiology of lung disease, Adam Wanner, M.D., enjoys the "intellectual stimulation" he derives from applying basic biology to clinical medicine.

"In the last 30 years, our understanding of the mechanisms of disease has improved tremendously because of basic science research, particularly in asthma," he says. "One of the things that excites me most about my research is being able to translate it into clinically useful diagnostic and therapeutic techniques."

For the last 35 years, Dr. Wanner has been a faculty member at the University of Miami School of Medicine, where he now serves as Vice-Chair for Research and Professor of Medicine and Bioengineering. Although he resigned as Chief of Pulmonary and Critical Care Medicine earlier this year after serving in that capacity for 22 years, he notes that he remains active clinically, academically and scientifically.



"One of the things that excites me most about my research is being able to translate it into clinically useful diagnostic and therapeutic techniques."

From Engineering to Medicine

A native of Basel, Switzerland, Dr. Wanner recalls that he had little interest in the medical profession until after he graduated from high school. "When I was growing up, I saw my brother go through medical school, working every night, and decided this was something I would never do," he says. One week before he was scheduled to begin an undergraduate program in engineering, however, he changed his mind and enrolled in the University of Basel School of Medicine.

He earned his medical doctorate from the University of Basel in 1966, and, after completing one-year of mandatory service in the Swiss army, traveled to the United States to begin an internship at Philadelphia General Hospital.

"At first, I thought I would pursue cardiology as my specialty," he says. "Luckily, I had the chance to work with Harold Israel, M.D., who sparked my interest in pulmonary medicine." He recalls being "deeply impressed" with Dr. Israel's passion for the subject.

Although Dr. Wanner returned to Switzerland to complete his medical residency, he came back to the U.S. in 1970 after accepting a pulmonary fellowship at Mount Sinai Medical Center in Miami Beach, Florida (one of the four hospitals at which the University of Miami's Pulmonary and Critical Care program is based). During this fellowship, he worked closely with mentor and ATS member Marvin Sackner, M.D., whom he credits with introducing him to the ATS.

In his first decade at the University of Miami and Mount Sinai, Dr. Wanner served as Assistant Professor of Medicine, Co-Chief of the Division of Pulmonary Disease, Director of the Pulmonary Function Laboratory, Medical Director of the Respiratory Therapy Department and Associate Professor of Medicine. In 1983, he was promoted to Professor of Medicine and Chief of the Division of Pulmonary and Critical Care.

Lung Disease from a Physiologic Perspective

Throughout his 39-year career in medicine, Dr. Wanner's research interests have "expanded and evolved, but rarely strayed away from physiology." During his first years at the University of Miami, he focused mainly on the role of airway epithelial defense and mucociliary clearance in asthma. Building on these initial interests, he has become increasingly interested in

bronchial circulation. His research was supported by the National Heart, Lung and Blood Institute (NHLBI) for 30 years.

Dr. Wanner currently serves as principal investigator for the American Lung Association's Asthma Clinical Research Center (ACRC) at the University of Miami, which is one of the network's 20 academic and clinical centers nationwide. In this role, he investigates aspects of asthma management that have not yet been examined, such as the placebo effect in asthma patients and the treatment of asthma reflux.

In addition to his academic and research pursuits, Dr. Wanner has dedicated much of his time to scientific conference development. During the 1980s, in collaboration with colleagues in the United States and Europe, he developed the Transatlantic Airway Conference, which will celebrate its 21st birthday in 2006 and has been called "a model scientific meeting." The conference, which is held annually, involves a small number of airway biology and research experts interacting in a small forum. The ATS publishes transcripts from this conference in *Proceedings of the American Thoracic Society*.

The Future of Asthma Management

"I am pleased with the progress made in asthma diagnosis and treatment over the last few decades," Dr. Wanner says. "While asthma is an epidemic in terms of its prevalence, it has

a much better prognosis than other diseases. I believe that asthma management techniques will continue to improve in the years to come as researchers develop more effective and safer drugs."

He adds that advancements in other areas, such as chronic obstructive pulmonary disease (COPD), are vitally important. "In asthma, we have fairly effective treatments and are able to control it pretty well," he explains. "We need to develop COPD interventions that prevent the progressive loss of lung function associated with the disease."

ATS Involvement

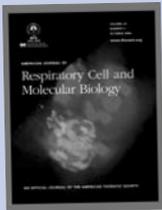
Since joining the ATS in 1970, Dr. Wanner has served as ATS President (2001 to 2002), associate editor of the *American Review of Respiratory Disease* (now the *American Journal of Respiratory and Critical Care Medicine* or *AJRCCM*) and as a member of the ATS Membership Committee. He has also chaired the ATS Publications Policy Committee, the Research Grant Review Committee, the Research Advocacy Committee and the Government Relations Committee. He is currently a member of the ATS Scientific Advisory Committee and the Assembly on Respiratory Structure and Function.

"The ATS fosters interaction among scientists and physicians and encourages camaraderie," he says. "As a member, I have the sense that I am making a contribution to our profession."

On a Personal Note

A dual resident of Switzerland and the U.S., Dr. Wanner enjoys traveling, hiking and listening to classical music and jazz. [ATS](#)

AJRCMB HIGHLIGHTS



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

Genetic Evidence that Abnormal Elastic Fibers Predispose to Emphysema

The elastase/antielastase hypothesis is remarkable in that it has been over 40 years since its inception and it remains a prevailing concept in the pathogenesis of emphysema. Evidence that patients with genetic deficiency in alpha-1-antitrypsin, the inhibitor of neutrophil elastase, predisposes one to emphysema was a cornerstone of this hypothesis. Yet, genetic alterations in elastin had not yet been demonstrated until now. In this issue of the Journal, Dr. Kelleher and colleagues describe a novel variant in the terminal exon of human elastin in a pedigree with severe early-onset chronic obstructive pulmonary disease (COPD). They further demonstrate in vitro that this glycine to aspartate change compromises the ability of the mutant protein to undergo normal elastin assembly and renders it more susceptible to proteolysis. While not a common variant, it lends insight into the process of elastic fiber assembly and supports the longstanding notion of the importance of elastic fibers in the pathogenesis of emphysema. [ATS](#)

Check Out the ATS Journals Online

CONTINUED FROM PAGE 1

- view the contents of each journal as soon as they are published (in either PDF or HTML format)
- access an extensive archive of previously published issues. The ATS has posted all issues of the *AJRCCM* and *AJRCMB* published between July 1997 and the present. Users can also access every issue of *PATS* published since its inception in 2004.
- search for articles by keyword, author, publication date or title.
- view articles published ahead of print.
- download journal table of contents or abstracts to a PDA.
- track how many times an author or article is cited by automatic alert.
- access online supplements to articles (including videos and spreadsheets)

All journal tables of contents and abstracts published are available to the public at no cost. However, to access articles published within the last 12 months, members and subscribers must activate their online account by entering a username (the customer number on your ATS invoice). After activation, you will be prompted to create a password. Others without an organizational affiliation or subscription can view articles published within the last year on a pay-per-view basis.

For more information about online journal access and subscription activation, contact the ATS Membership and Subscriptions Department at (212) 315-8685 or memberinfo@thoracic.org. [ATS](#)

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

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



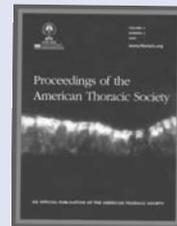
White: 2004 Sauvignon Blanc, Babich, New Zealand (NZ) \$9-12. Another winner from NZ with classic gooseberry herbal nose and palate at a great price. This one is especially rich on fruit and a little less acidic than many, and will thus go with a broader range of foods.

Red: 2003 Shiraz, Step Rd, South Australia, \$14-16. Stood out in a tasting of 8 other Aussie reds, despite being cheaper than most. Lush, dark berry fruit complemented by forward dill, vanilla and anise (from the American oak barrels). Spice, black pepper too, and the length is exceptional. Nice soft, but clear tannin and good acidity together provide structure and make this a wine for both now and near-term (1-3 years) aging.

Regarding availability: I fully appreciate the frustration of not finding these or other wines where you live. Recommendations are always current release wines, so please try the internet. Many big-city wine shops can ship to other states at modest cost, so Google away. And, if you think I am favoring NZ whites and Aussie reds in this column, the reason is simple—great value for excellent wines. As soon as I can find other wines from other places that are their equal, I will feature them, rest assured.

PATS HIGHLIGHTS

"Clinical Year in Review" and "The Science of COPD"



The most recent issue of *Proceedings of the American Thoracic Society* (Volume 2, Issue 4), published in November 2005, features the third installment of the "Clinical Year in Review" executive summaries from the 2005 International Conference, in San Diego.

The current issue also includes a symposium called "The Science of Chronic Obstructive Pulmonary Disease (COPD)," which was guest-edited by ATS member Steve Rennard, M.D.

According to *PATS* editor Alan Leff, M.D., this symposium "delves into the scientific underpinning of the pathogenesis and treatment of COPD."

Previously published issues in this volume featured the first two "Clinical Year in Review" summary installments, as well as symposiums on airway response to respiratory viruses, acute respiratory distress syndrome, acute lung injury and COPD as a respiratory and cardiovascular disease.

The next two issues of *PATS*, tentatively scheduled for publication in December 2005, will include virtual symposia called "The Comprised Host" and "Clinical and Research Frontiers in Pulmonary Imaging." [ATS](#)

SAVE
THE
DATE

ATS-ERS JOINT COURSE ON COPD MARCH 3-4, 2006 CHICAGO

This new one-and-a-half-day continuing medical education (CME) course covers the latest recommendations on the **diagnosis and management of chronic obstructive pulmonary disease (COPD)**—the world's fourth-leading cause of death and a growing source of illness and disability.

The course, which is designated for up to 10.25 American Medical Association (AMA) Physician Recognition Award (PRA) Category 1 Credits, will be held at the four-diamond Westin Michigan Avenue, conveniently located in the heart of the shopping and restaurant district.

For more information, please contact



Miriam Rodriguez
Manager, Education & Training Programs
Phone: 212-315-8639
Fax: 212-315-8651
E-mail: mrodriguez@thoracic.org



ATS to Launch the "Best of the Web" Series in December

CONTINUED FROM PAGE 1

- ✦ a *description* of the topic's importance and relevance in the field of respiratory medicine.
- ✦ a *discussion* of how the search was performed. This may include listing potential problems and confusing search terms. For example, a "Best of the Web" contributor might use Google to find websites related to pulmonary pathology and get four million results. By entering "pulmonary pathology" in quotations, a contributor might only get 100,000 results. Each site evaluation will detail the strategy and terms that yielded the best results. "The Best of the Web" will also indicate the type of websites frequently found and how the contributor sorted them.
- ✦ a *review* of selected sites that will give the pros and cons of each. Each contributor will explain why a site is or isn't useful in terms of its authority, currency, utility, accuracy and navigational ease. Each subcategory will be given a rating of 1 to 5, with 5 being excellent.
- ✦ a *summary* will recommend the most useful sites and give an overall rating.



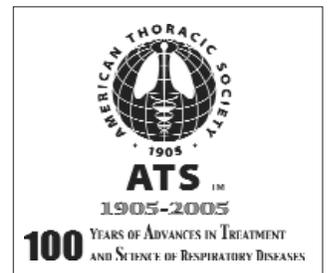
If you would like to write a review for the "Best of the Web" series, contact Dean Schraufnagel M.D., ATS Website Editor, at dschraufnagel@thoracic.org. [ATS](#)

Submit Nominations for "Outstanding Clinician Educator" Award

The ATS is pleased to honor one of its members as a top pulmonary/critical care clinician through its new annual **Outstanding Clinician Award**. Nominations for this award are currently being accepted through the Society's local chapters and their respective administrative lung association affiliates.

Beginning with the 2006 award, the nomination process will occur as follows:

1. Each ATS chapter will select its own local Outstanding Clinician Awardee accordingly:
 - a. Chapters will solicit nominees from members. Nominees should be ATS members who are recognized by their peers as outstanding clinicians who have spent a substantial part of their career in the clinical care of patients with lung disease. Nominees should also have made substantial contributions to the ATS and the American Lung Association (ALA) on a local or national level.
 - b. From the nominees, the Society chapters will then select its local Outstanding Clinician Awardee. This individual will be honored by the local chapter at its annual conference and in chapter communications.
2. The Executive Committee of the ATS Council of Chapter Representatives (CCR), the chairs of the ATS Awards Committee and the Assembly on Clinical Problems will review all chapter nominations and develop a slate of three finalists.
3. The slate will be presented at the Joint Winter CCR-CLAS TSA meeting for a vote by chapter representatives (councilors) to select the ATS Outstanding Clinician Awardee.
- c. The chapter administrator will then forward the name of that chapter's awardee to the ATS as an official nominee for the national ATS Outstanding Clinician Award. Each chapter is eligible to submit one nominee for the national award.



CONTINUED ON PAGE 8

Submit Nominations Now for New ATS Outstanding Clinician Educator Award

Did You Know...



... that ATS membership only cost one dollar a year when the Society was founded in 1905?

CONTINUED FROM PAGE 7

4. The recipient will be honored at the ATS Awards Ceremony on Sunday afternoon at the ATS 2006 International Conference.

ATS and chapter members interested in nominating colleagues for this award must forward the names of their nominees and other pertinent information to the chapter administrator of their local ATS chapter, after the potential nominee agrees to be considered.

The ATS will only accept nominations

that follow the above outlined procedure. The deadline for chapters to submit their nominations to the ATS for the 2006 ATS Outstanding Clinician Award is Monday, November 28, 2005.

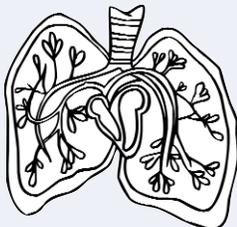
For contact information of chapter administrators and other general information on this award, please contact Allan P. Gordon, Associate Director of ATS Member Services & Chapter Relations at agordon@thoracic.org or at (212) 315-8697. [ATS](http://www.ats.org)

CONFERENCES, COURSES AND MEETINGS

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

Date and Place	Title	Contact
February 3 to 4 West Point, New York	New York State Thoracic Society's "2006 Annual Scientific Assembly"	Phone: (518) 453-0172 E-mail: thoracic@alansys.org
February 22 to 25 Athens, Greece	"2 nd Advances Against Aspergillosis Conference"	E-mail: info@congresscare.com Website: www.AAA2006.org
March 2 to 5 Chicago, Illinois	"The ATS State of the Art (SOTA) Course," sponsored by the American Thoracic Society	Phone: (212) 315-8639 E-mail: mrodriguez@thoracic.org
March 2 to 4 Chicago, Illinois	"TB Prevention and Control: A Past Decade of Accomplishment, A Future Decade of Ambition," sponsored by the American Lung Association of Metropolitan Chicago	Phone: (312) 243-2000 Email: bweaver@alamc.org Website: www.lungchicago.org
March 3 to 4 Chicago, Illinois	"ATS/ERS Joint Course on COPD," sponsored by the American Thoracic Society and the European Respiratory Society	Phone: (212) 315-8639 E-mail: mrodriguez@thoracic.org

California Thoracic Society Proficiency Testing Program ABG, Electrolyte and CO-Oximetry



This premiere **nationwide** proficiency testing (PT) program is directed by an expert pulmonary committee. Enroll for PT testing of Cl⁻, K⁺, Na⁺ and iCa⁺⁺, as well as pH, pCO₂, pO₂, Thb, %O₂Hb, %COHb and MetHb.

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For the current enrollment form and further information, contact the **California Thoracic Society**:

Phone: (714) 730-1944 Fax: (714) 730-4057 E-mail: ctslung@aol.com Website: www.thoracic.org/ca.html