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Visit the ATS Web site at www.thoracic.org/go/career-talk to read "Beyond the Ivory Tower," the latest installment of "Career Talk," an online resource for fellows and trainees. Launched in 2002, the series is designed to guide physicians and other professionals in establishing a career in pulmonary and critical care medicine. In her first entry in more than a year, column editor Angela Wang, M.D., writes about her recent decision to leave academic medicine to join a part-time practice at a local community hospital. She describes the difficulty of choosing a new path after nearly 20 years as an academic physician, as well as the challenges of balancing an academic career with family life. In the coming months, Dr. Wang will continue to share her experiences and new perspective on what it means to practice medicine by writing new columns, hosting guest-editors and updating her past articles online. Other upcoming initiatives include a "Best of the Web" on Career Talk and a special column by Polly E. Parsons, M.D., newly-named Chair of Medicine at the University of Vermont and 2006 recipient of the ATS Elizabeth A. Rich award.

TRAINING DIRECTORS DEVELOP 'IN-SERVICE' EXAM FOR FELLOWS

In an effort to improve fellowship training, the ATS, American College of Chest Physicians (ACCP) and Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) are working to develop the first "in-service" examination for pulmonary and critical care fellows. The computer-based exam, which will be available online in late April 2007, will test trainees on core competencies of various areas of medical knowledge and patient care.

"For years, one of the largest obstacles for pulmonary and critical care fellows and training directors has been the lack of a tool that measures the effectiveness of a given program and the performance of individual trainees," said ATS President John E. Heffner, M.D., who has collaborated with his counterparts at the ACCP and APCCMPD to address this issue since early 2005.

To solve this problem, the three societies selected a nine-member working group to develop a timed, 100-question test designed to assess individual progress and program strengths and weaknesses. For the last six-months, the group has worked with a testing agency to complete the first step in this process: the creation of a detailed, task-oriented content outline from which test questions can be written.

"The outline is curriculum-based and includes various topics we feel reflect the knowledge, skills and attributes a fellow should possess to practice pulmonary and critical care medicine," said Doreen J. Addrizzo-Harris, M.D., President of the APCCMPD and Chair of the working group, which has already begun writing test questions.

With more than 450 line items, the outline covers a wide-range of issues related to the diagnosis and treatment of respiratory disease, the management of critically ill patients and ethical concerns related to end-of-life care. Based on the outline, the exam will be composed of some recall questions (those that require memo-



riziation) and many application questions (those that ask for a diagnosis and recommendation for treatment in a given medical scenario).

To help fellows prepare for in-service testing and, eventually, subspecialty board examinations, the ATS, ACCP and APCCMPD will post the outline on their respective Web sites by early December.

"This will be an invaluable resource because it tells trainees exactly what they should study," said John G. Mastronarde, M.D., one of three ATS members working on the project. "Whereas a more general test might only raise broad questions about asthma, our exam will go a step further by asking the risks and benefits of certain bronchodilator drugs in treating exacerbations. With the outline as a study aid, this level of detail won't be a surprise."

After completing the question-writing phase in February, the nine members of the working group will take the test to ensure all content is appropriate and accurate. They will then make any needed adjustments before administering the exam during the last two weeks in April. Following the closure of the testing period, the working group will review the results with the testing agency.

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Production of this publication is supported by a grant from **Boehringer Ingelheim Pharmaceuticals, Inc.** Ridgefield, CT. The ATS is solely responsible for all content. Questions and comments may be addressed to Suzy Martin at smartin@thoracic.org.



Vol. 32 No. 11 November 2006 *ATS News* (usps 103-750, issn 0892-8916) is published monthly at 61 Broadway, New York, NY 10006. Copyright 2006 by the American Thoracic Society. Periodicals postage paid at New York, NY and at additional mailing offices. Postmaster: Send address changes to the American Thoracic Society, 61 Broadway, 4th Floor, New York, NY 10006.

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



MESSAGE FROM THE PRESIDENT

John E. Heffner, M.D.

In October, the new ATS Board of Directors traditionally meets for its first full meeting. This year we did so in Portland, Oregon, under especially sunny skies. Not that we got to spend much time out of doors. This year, the Executive Committee, which meets before the full board meeting, and the board addressed an unusually broad range of important issues and projects. What follows is but a few slices of a jam-packed and remarkable “two days in the Society’s life.”

Jonathon Truwit, M.D., Chair of the Council of Chapter Representatives (CCR), presented a clear statement of the importance of ATS chapters to the Society. Jonathon emphasized how the chapters’ grassroots structure provides forums for practicing clinicians and scientists to interact and promote education, fundraising, research subject recruitment and rapid translation of science into improved care.

Because the licensing contract that allows the American Lung Association to use “ATS” in ATS chapter names and materials expires in July 2007, the Board received information about a joint ALA, CCR, ATS, and Congress of Lung Association Staff (CLAS) Task Force that will develop a new contract and examine opportunities for improving chapters’ organizational design and relationships with the ALA and ATS. Jo Rae Wright, Ph.D., ATS Vice President, will represent the ATS on the task force. Harold Wimmer, an articulate proponent on the ATS Board for strengthening chapters, will represent CLAS.

During the board meeting, Susanna McColley, M.D., Chair of the Strategic Planning Committee, reported on ATS tactical planning. Susanna described the final phase of our strategic planning efforts, which tapped a broad segment of the Society in identifying tactics for implementing our strategic goals. Just one week after her report, a leadership group of ATS members and staff met in New York to prioritize those tactics and establish timelines. The next day, the officers used the drafted plan to guide their initial review of the 2007 budget.

“We continue our leadership in advancing science and patient care through the talents of our membership, the strength of our collaborations and the energy of our staff.”

Rebecca Hunter, CFRE, Executive Director of the Foundation of the ATS, and Homer Boushey, Jr., M.D., Foundation Chairman, updated the Board on fundraising efforts. Gary Ewart’s Washington report regarding shrinking 2007 NIH budgets, along with the continuing trends of an aging NIH-funded investigator workforce (<http://grants.nih.gov/grants/partners/0906Nexus.htm>), underscored the importance of raising funds for the ATS Research Program, which will award \$1.4 million to young researchers next year.

The ATS Board approved two new Foundation trustees: John Walsh, President of the Alpha-1 Antitrypsin Society, and Louis Libby, M.D., Immediate Past CCR Chairman and a pulmonary/critical physician at the Oregon Clinic. Both trustees will add vigorous voices to the Foundation Board to enhance fundraising and transition research funding from the ATS operations budget to a more sustainable model that taps philanthropic sources. External fundraising will be helped immensely by demonstrating high rates of donations from ATS members. I urge you to contribute generously to the Foundation before the end of the year.

Supporting clinical training also represents a major commitment of the Society and Foundation. Rick Helmers, M.D., Chairman of the Clinicians Advisory Committee, presented a joint proposal from his committee and the Training Committee, chaired by Polly Parsons, M.D. After discussion, the Board conceptually endorsed funding an award to a pulmonary, critical care or sleep training program that demonstrates innovation in developing educational outcomes tools for training toward the six ACGME competencies.

A travel awards program also receiving Board endorsement will support internal medicine and pediatric resident trainee travel to the International Conference to promote interest in pulmonary, critical care and/or sleep training.

The Board also reviewed a near-final draft of the ATS Tobacco Policy that governs member activities related to the tobacco industry. Molly Osborne, M.D., Ph.D., Chair of the Ethics and Conflict of Interest Committee, and Edward Block, M.D., Tobacco Policy Task Force Chair, provided the Board with a comprehensive draft that will be presented to the Board for final approval in December.

Four new ATS statements were also approved by the Board. Two related to screening for asthma in children and pulmonary function testing in pre-school children attest to the contributions of the Assembly on Pediatrics to the ATS and lung health. The third statement, on the treatment and prevention of nontuberculous mycobacterial diseases, furthers the Society’s reputation as the major source of expertise in this field. And the fourth represented an inter-society milestone: led by Richard Wunderink, M.D., the ATS collaborated with the Infectious Disease Society of America to transform each society’s separate community-acquired pneumonia guidelines into a single set of cohesive joint recommendations upon which clinicians can base treatment decisions.

Although this brief summary captures only a small slice of two days in Portland, I hope it sends a clear message about the dynamic nature of the Society. We continue our leadership in advancing science and patient care, and we do so through the talents of our membership, the strength of our collaborations and the energy of our staff.

NEWS BRIEFS

ATTENTION ATS 2007 ATTENDEES IN CANADA, MEXICO AND BERMUDA

Beginning January 8, 2007, all citizens of Canada, Mexico, Bermuda and the United States must have a passport (or another accepted secure document) to enter or re-enter the United States when traveling by air or sea. For more information, please contact the U.S. Department of State (www.travel.state.gov) or the U.S. Department of Homeland Security (www.dhs.gov).



RENEW YOUR ATS MEMBERSHIP BY DEC. 31!

Use our secure site to renew your membership and ensure your benefits continue uninterrupted into 2007. Simply visit the ATS Web site at www.thoracic.org, click on the “Renew Your Membership” button and follow a few easy steps to pay your dues.

For your convenience, we sent you a printed membership renewal by mail a few weeks ago. You may update and return the invoice with your payment by mail (check, credit card) or by fax (credit card only).

When renewing online, members may also update their contact information, access the ATS membership roster, support member programs through the Foundation of the ATS, and get general membership information. If you have questions about renewal, please send an e-mail to membership@thoracic.org.

ATS MEMBER NEWS

Sally E. Wenzel, M.D., has been appointed Professor of Medicine and Director of the Asthma and Allergy Center at the University of Pittsburgh. Prior to joining the faculty there in September, she served as Professor of Medicine at the National Jewish Medical and Research Center in Denver. She has been an ATS member since 1988.



Polly Parsons, M.D., has been named Chair of Medicine at the University of Vermont College of Medicine and Physician Leader of Medicine at Fletcher Allen Health Care in Burlington. Since July 2005, she has served in both positions on an interim basis. For the last six-years, Dr. Parsons has directed the University’s Division of Pulmonary and Critical Care Medicine and headed Critical Care Services at Fletcher Allen. She has been an ATS member since 1989 and currently chairs the Training Committee.



NEWS BRIEFS

HTS SYMPOSIUM: WHAT'S NEW IN PULMONARY AND CRITICAL CARE

Mark your calendars: The Hawaii Thoracic Society's 7th annual symposium on "Current Concepts in Pulmonary and Critical Care" will be held in Maui, Saturday, January 20 to Wednesday, January 24, 2007.



Directed by Joseph Pina, M.D., President of the HTS, and Peter Wagner, M.D., Immediate Past-President of the ATS, the five-day course will include sessions on a wide range of topics, including asthma, pulmonary fibrosis, sleep-disordered breathing, avian influenza, latent tuberculosis and terrorism preparedness. Attendees will also have the opportunity to mingle with faculty and colleagues at a welcome reception and Meet the Faculty luncheon.

Participants who register before November 30 can do so at a discounted rate. Non-physician health professionals and trainees will also receive a discount. For more information about the program and how to register, please visit www.ala-hawaii.org/2007-symposium.asp or send an e-mail to healthed@ala-hawaii.org.

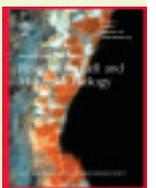
MORE FROM THE ATS JOURNALS

The current issue of *Proceedings of the American Thoracic Society* (Volume 3, Issue 8), published this month, features an ATS Workshop Summary on "Recent Advances and Future Directions in Pneumocystis Pneumonia" and a symposium on "Tissue Remodeling and Repair Mechanisms in COPD."



The issue also includes parts three and four of the Clinical Year in Review series, which summarize 2006 International Conference sessions on critical care, mechanical ventilation, sleep medicine, lung cancer, interstitial lung disease, cystic fibrosis, pulmonary infections and mycobacterial disease. To read these articles in full, visit <http://pats.atsjournals.org>.

A new study shows that both genes and the environment determine a patient's response to asthma therapy. In the November 1 issue of the *American Journal of Respiratory Cell and Molecular Biology*, Drs. Moore and colleagues describe the effect of respiratory syncytial virus (RSV), a common cause of lower respiratory tract infection in children, on human airway smooth muscle cells. Their research helps explain reduced airflow in response to therapy following viral infection and identify genetic factors that predispose airflow obstruction. For more information, visit <http://ajrcmb.atsjournals.org>.



AP photo/James Nachtwey/VII

AJRCCM on the World Trade Center:

A Continuing Tragedy for Lung Health

Since the September 11, 2001 terrorist attacks, the *American Journal of Respiratory and Critical Care Medicine* (AJRCCM) has published a number of articles, reports and editorials on the lingering health and environmental consequences of the World Trade Center collapse.

Although the Environmental Protection Agency said the air near Ground Zero was safe a week after the disaster, scientists have clearly shown that from the very early stages of the rescue and recovery effort, rescue personnel were exposed to airborne pollutants that caused a variety of chronic inflammatory and airway diseases.

The most recent ATS journal article, published about a month before the tragedy's five-year anniversary this fall, concluded that working amid the rubble of the World Trade Center may have aged the lungs of firefighters and rescue workers by an average of 12 years (AJRCCM, Vol. 174). To date, more than 200 national media outlets from New York to Alaska have featured stories detailing the specifics of the research, including *USA Today*, *Newsweek* and *CNN*.

"While the tragedy of the World Trade Center collapse still sears the consciousness of those who value human life, some important lessons in occupational and environmental respiratory disease have been learned as a result of this disaster," said ATS member John R. Balmes, M.D., a lung biology expert at the University of California at San Francisco who wrote an editorial on the research in the same issue of the AJRCCM.

One of these lessons, he added, is that some of the health problems workers have developed—including wheezing, asthma, cough, chest pain and tightness and shortness of breath—could have been prevented with early and well-trained use of simple respiratory protective equipment.

"In the last five years, we have made great strides in understanding and documenting the impact of 9/11 on lung health," said Edward Abraham, M.D., editor of the AJRCCM. "That said, we have a long way to go in terms of reaching a consensus on how to best diagnose and treat the illnesses resulting from World Trade Center Dust exposure. More research must be done."

The recent study and editorial built on several earlier articles published in the AJRCCM in the aftermath of 9/11:

- In August 2005, a state-of-the-art article on occupational asthma included a description of "World Trade Center cough," a condition that has afflicted many firefighters exposed to dusts and other materials at Ground Zero after the terrorist attacks. (Vol. 172: 280-305)
- In July 2003, investigators concluded that for many workers, exposure to airborne particulates at the World Trade Center site produced persistent bronchial hyperreactivity one to three months after the tragedy. Moreover, they found this diagnosis predictive of reactive airways dysfunction syndrome (RADS) after six-months. Since bronchial hyperreactivity is a well-recognized risk factor for asthma, the investigators had demonstrated "the need for long-term medical monitoring and treatment for those affected by the disaster." (Vol. 168: 54-62)
- In September 2002, researchers published a case study on a New York City fireman who developed a rare case of acute eosinophilic pneumonia caused by what his doctors believe was high dust exposure while working at the World Trade Center looking for survivors. Although doctors were able to reverse the course of the disease, mineralogic analysis of the firefighter's lung fluid identified fly ash, degraded glass and asbestos fibers. (Vol. 166: 797-800)

In honor of the fifth anniversary of the World Trade Center attacks, the ATS has posted a dedication on its Web site at www.thoracic.org with links to the full text of these studies.

ATS CALL FOR IMAGES IN PRINT & ONLINE

The ATS Web site and the *American Journal of Respiratory and Critical Care Medicine* invite all members to submit high-resolution images to be considered for publication in the AJRCCM "Images in Medicine" series and posting in the ATS Image Library at www.thoracic.org/sections/education/image-library-intro.html.

"All submissions will be peer-reviewed, and we'll select one image to run in each issue of the journal over the next year," said Edward Abraham, M.D., Editor of the AJRCCM. "We see this collaboration as a way to make the publication more interactive for members and to provide a forum for sharing photographs in print and online." To be printed in the journal, images must be at least 300 dots per inch. All submissions will be considered for inclusion in the Image Library and the journal, unless contributors request otherwise.

Launched earlier this year, the ATS Image Library serves as a repository where members can contribute and obtain images for presentations and other teaching purposes. Although the most commonly desired lecture images are of radiographs, micrographs, physiologic tracings

and clinical research, ATS Web site Editor Dean Schraufnagel, M.D., says any illustration or image will be considered for inclusion. "The more images we have, the more useful the collection will be," he added.

All contributors will be required to complete copyright releases and conflict-of-interest statements. Members interested in participating should submit JPEG or TIFF files of outstanding quality to images@thoracic.org (if you are sending a JPEG, save the file with minimal or no compression). Please include the image title, type (e.g., micrograph), condition of disease, source (e.g., human), and a legend of 25 words or less. Contributors will be acknowledged on each accepted image, so remember to begin the filename with your last name.

Images larger than five megabytes can be uploaded using the following FTP site: www.thoracic.org/go.cfm?call-for-images. After submitting a file online, please send an immediate confirming e-mail that includes your contact information, time and date you uploaded the image file, as well as the other information listed above.



WHO'S WHO at ATS

ROBERT KOTLOFF BUILDING ON MEDICAL MIRACLES

Robert M. Kotloff, M.D., calls the ability of lung transplantation to improve the lives of patients with advanced lung disease “one of the true miracles of modern medicine.”

“Twenty years ago, there was little we could do for patients with end-stage cystic fibrosis, interstitial lung disease and emphysema,” said Dr. Kotloff, who is Professor of Medicine and Chief of the Section of Advanced Lung Disease and Lung Transplantation at the University of Pennsylvania. In the last two decades, however, lung transplantation has evolved as “the standard of care” for treating select patients with debilitating and life-threatening lung disease.

“We now have the tools to transform individuals who are absolutely incapacitated by pulmonary disease,” he explained. “People who once could not climb a flight of stairs or breathe without oxygen can live normal lives, at least in the short-term.”

Further advances, he added, depend on “slowly progressing” basic science and increased public awareness about organ donation. “We are limited by the small number of lung donors and misperceptions among the lay public about what that means,” he said. “As a result, only about 1,000 lung transplants are performed in the U.S. each year—one-fifth the number of liver transplants.”

While waiting for new scientific discoveries to be translated into clinical care, he and his colleagues are exploring novel immunosuppressant strategies to decrease the incidence of side effects and control the rate of rejection.

A Family Tradition

A native of Philadelphia, Dr. Kotloff is the fifth member of his family to become a physician.

He became “fascinated” with pulmonary and critical care medicine during his residency at Temple University Hospital and credits mentor Bill Fewell, M.D., now deceased, with sparking his interest in clinical work.

After three years of residency and a chief residency, Dr. Kotloff began a pulmonary and critical care fellowship at the University of Pennsylvania. “I spent two years doing basic science research related to lung immunology,” he said. “While I was intrigued by the field, I knew my career would ultimately be more clinical.”

In 1991, Dr. Kotloff joined the faculty at the University of Pennsylvania, where he worked with ATS member Larry Kaiser, M.D., founder of Penn’s Lung Transplant Program.

“The course of my career has really been a product of being in the right place at the right time,” explained Dr. Kotloff. “Larry came to Penn the same year I did and started this program, which is now one of the largest in the nation.” To date, Penn’s team of thoracic surgeons, transplant pulmonologists, and nurse specialists has performed nearly 500 procedures.

Dr. Kotloff served as the medical director of the Penn Lung Transplant Program from 1996 to 2005. He founded the Section of Advanced Lung Disease and Lung Transplantation at Penn and became its first chief in 2005.

New Treatments, More Research

Since lung transplantation was a relatively uncommon procedure in the early 1990s, the field was “wide open” in terms of outcomes research. Dr. Kotloff teamed up with fellow ATS member Jason Christie, M.D., then a third-year resident at Penn, to investigate a form of acute lung injury that often



“We now have the tools to transform individuals who are absolutely incapacitated by pulmonary disease.”

complicated the early postoperative course of lung transplant recipients.

“We observed that some patients had acute, severe and often fatal reactions to the implantation of donor lungs, but had little insight into the outcomes and risk factors for this complication,” he said. They set out to change this by publishing one of the first definitive descriptions of “primary graft dysfunction,” an often-quoted study on which the current definition of this disorder is based.

“I worked with Jason when he was in training, and he pushed me to take our research as far as we did. Today, he has a K23 award and just secured his first NIH R01 grant to pursue it further,” said Dr. Kotloff, who has directed the University of Pennsylvania’s Pulmonary and Critical Care Fellowship Program for the last 15 years. “I learned early on how gratifying it is to guide those in training and this was one of my proudest moments as a mentor.”

To aid in this task, he chairs the American Board of Internal Medicine (ABIM) Subspecialty Board on Pulmonary Disease and serves as Chair-elect of the Association of Pulmonary and Critical Care Medicine Program Directors. In these roles, he collaborates with organizations like the ATS to address workforce and training issues.

ATS Involvement

Since joining the ATS in 1989 as a fellow, Dr. Kotloff has been a member of the Assembly on Clinical Problems. Earlier this year, he was appointed to the Society’s Task Force on Competencies in Critical Care Training, which will assess the procedural skills most important to trainees entering the field.

At the 2006 International Conference, he spoke at several sessions about current advances and controversies in lung transplantation.

On a Personal Note

Dr. Kotloff lives in Elkins Park, Pennsylvania, with his wife, Debra, a veterinarian with a doctorate in immunology, and their three sons, Eric, Brian and Ethan. “My wife runs all of her pulmonary cases by me,” he joked.

He enjoys spending time with his family, reading and mountain biking. Once a week, he bikes the 15 miles from home to work with Dr. Christie. “Some of our most productive discussions have been on the trails,” he said.

NEWS BRIEFS

2007 CONFERENCE ON INTENSIVE CARE MEDICINE

Visit www.thoracic.org/go/iccc to learn more about the International Consensus Conference in Intensive Care Medicine, which will be held in Montreal, Canada, Thursday, May 3 to Friday, May 4, 2007.



Sponsored by the ATS, European Respiratory Society, Society of Critical Care Medicine and Société de Réanimation de Langue Française, the two-day conference is designed to produce an informed debate on identifying, managing and preventing acute renal failure in ICU patients. For program and registration information, send an e-mail to iccc2007@thoracic.org.

ABP ANNOUNCES SLEEP MEDICINE CERTIFYING EXAM

The American Board of Pediatrics (ABP)



will hold its 2007 Certifying Examination in Sleep Medicine on November 15, 2007. All interested physicians should visit www.abp.org for application deadlines and eligibility requirements.

FTS PUTS SPOTLIGHT ON WOMEN'S LUNG HEALTH

In August, more than 180 women and men attended the inaugural “Catch Your Breath” Women & Lung Health luncheon, a public outreach program co-sponsored by the American Lung Association of Florida (ALAF) and the Florida Thoracic Society (FTS).



Held in Jacksonville’s Alltel Stadium, the program focused on the breathtaking number of women impacted by lung diseases such as COPD, asthma and lung cancer. ATS member and ALA Chair Terri Weaver, Ph.D., R.N., (above) introduced the clinical and testimonial speakers.

“The program provided participants with a very positive, pro-active message of hope and action to help change the numbers,” said FTS Chapter Administrator Candy Holloway, who attributes the event’s success to the quality of the program and the strong working relationship between the FTS and the ALAF.

the **ADVOCATE**



EPA ISSUES FINAL RULE ON PM POLLUTION

The Environmental Protection Agency (EPA) released its much anticipated final rule on fine (PM_{2.5}) and coarse (PM_{10-2.5}) particulate matter pollution. The new PM_{2.5} standard, which updates standards set in 1997, left unchanged the average annual standard of 15 micrograms per cubic meter, but decreased the maximum particle pollution considered safe during a 24-hour period from 60 micrograms per cubic meter to 35.

After reviewing the latest scientific data, the ATS and other medical associations supported both a tighter annual standard for PM_{2.5}—12 micrograms per cubic meter—and more stringent 24-hour standard—25 micrograms per cubic meter.

“By failing to issue a more stringent standard,” said ATS President John E. Heffner, M.D., “the EPA is ignoring compelling research, the advice of experts and the Clean Air Act, which requires the agency to regularly review the scientific data and set standards that protect the public’s health. This is particularly egregious, given that its own experts recommended a tighter standard.”

The EPA retained the current daily PM₁₀ standard of 150 micrograms, but eliminated the annual PM₁₀ standard. Although several key components of the rule have not yet been released, it appears that the EPA has retracted its earlier proposal to exempt agricultural and mining emissions from the PM₁₀ standard.

PHYSICIAN PRACTICE

Schering Plough Announces Transition to CFC-free albuterol Inhalers

Last month, manufacturer Schering-Plough announced that it is phasing out production and distribution of CFC-propelled albuterol inhalers and expects to stop making them altogether in early 2007. The company will instead increase production of Proventil HFA, its CFC-free product.

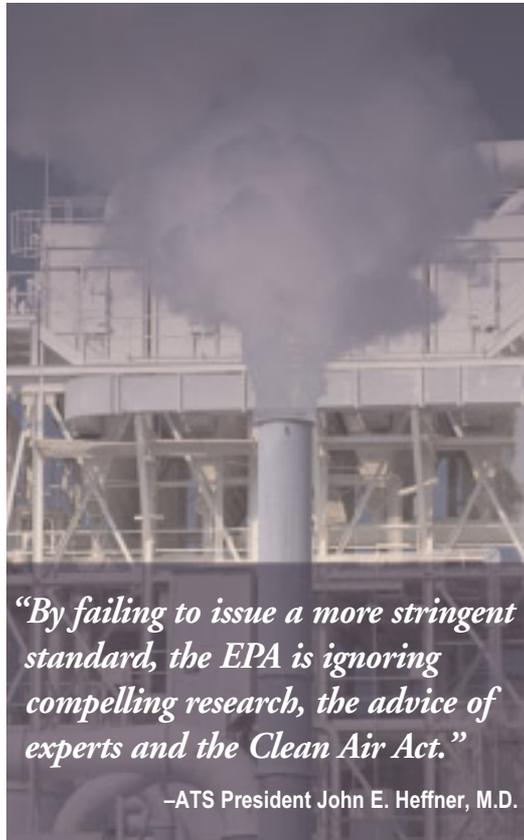
Because the U.S. Food and Drug Administration considers HFA-albuterol to be therapeutically different from CFC-propelled albuterol, physicians will need to write new prescriptions for patients currently using the to-be-discontinued inhalers. There are no generic alternatives to HFA-albuterol.

Schering Plough is the third manufacturer to cease production of CFC albuterol in an effort to adhere to the Montreal Protocol, an international treaty that seeks to eliminate the use of ozone-depleting products. GlaxoSmithKline and IVAX/TEVA have already transitioned to their HFA replacements.

OXYGEN

ATS Submits Joint Comments on Oxygen Rule

The ATS, the American College of Chest Physicians (ACCP) and the National Association for the Medical Direction of Respiratory Care (NAMDR) issued joint comments on the proposed Centers for Medicare and Medicaid Services (CMS) rule on reimbursement for home oxygen.



“By failing to issue a more stringent standard, the EPA is ignoring compelling research, the advice of experts and the Clean Air Act.”

—ATS President John E. Heffner, M.D.

The rule, issued in July, provides regulatory guidance on the implementation of the recently passed Deficit Reduction Act (DRA).

Under current policy, the CMS reimburses for oxygen on a rental basis for as long as the Medicare beneficiary needs oxygen. The new rule, however, implements provisions of the DRA by limiting payment for oxygen to 36 months and then transferring the title of oxygen equipment, including tanks, backup systems, masks and tubing, to the Medicare beneficiary. The ATS, ACCP and NAMDR oppose this provision.

The proposed rule would also change the oxygen reimbursement system from modality neutral to modality specific, something that was not part of the DRA. The ATS and its sister societies support this change, which would replace the existing payment policy (\$200/month payment + \$32/month for portable systems) with a six-tier system, effective January 1, 2007.

In their comments, the organizations also expressed concern about maintenance of portable/ambulatory systems and supported adding a new provision that would require patients to be re-tested.

TOBACCO

Federal Judges Certifies Tobacco Class Action

In September, U.S. District Judge Jack Weinstein certified the class action status of all people who have smoked light cigarettes. This ruling is an important step toward allowing smokers to participate in class action



suits against the tobacco industry for damages caused by tobacco use. Awards stemming from such suits may be as high as \$200 billion.

In the motion, Judge Weinstein also left open the possibility that the class of individuals covered by this action could be expanded to include smokers of “low tar” brands of cigarettes. The tobacco industry is expected to appeal the decision.

Most victims of smoking-related illnesses are unwilling or unable to afford the high legal costs of individually suing the tobacco industry. If allowed to stand, Judge Weinstein’s ruling would enable many more smokers to take legal action and seek damages.

RJR Reynolds: Stop Making Flavored Cigarettes

In related news, tobacco company giant RJR Reynolds reached an agreement with the attorneys general from 40 U.S. states to stop the production of “candy-flavored” cigarettes. The agreement concluded that by producing candy-, fruit- or alcohol-flavored cigarettes, RJR Reynolds and other cigarette manufacturers were violating a 1998 tobacco settlement that prohibited marketing tobacco products to minors. The 40 attorneys general are expected to reach similar agreements with other tobacco manufacturers.

RESEARCH

NIH Reauthorization Bill Passes House

The U.S. House of Representatives recently passed legislation reauthorizing the National Institutes of Health (NIH) with broad bipartisan support. The legislation mandated the following:

NIH Director’s Common Fund

To enable the NIH director to fund cross-cutting research, the bill establishes an “NIH Director’s Common Fund,” which will receive 50 percent of future NIH budget increases, until the fund totals five-percent of the total NIH budget.

Funding Levels

The legislation sets a maximum level of increase for the total NIH budget at five-percent through 2009. The bill also encourages but does not require the Appropriations Committee to provide one overall budget number for the NIH, thus allowing the director to allocate funds to various institutes. Currently, the Congressional Appropriations Committee sets specific funding levels for NIH institutes.

NIH Structure

The bill caps the number of NIH institutes and centers at the current 27. The bill further clarifies and enhances the authority of the NIH director to eliminate, consolidate or reorganize current institutes, centers and offices without Congressional approval. To date, the Senate has not taken any action on the NIH reauthorization and it appears unlikely that Congress will finalize the bill this session.

**2006 GROVER CONFERENCE:
"GOOD MIX" OF BASIC AND
TRANSLATIONAL SCIENCE**



In September, approximately 80 students and doctors from universities around the world attended the 13th biennial Grover Conference on Pulmonary Circulation in Sedalia, Colorado. Robert F. Grover, M.D., Ph.D., the physician for whom the Conference was named and a recent inductee to the Colorado Pulmonary Hall of Fame in Denver, was also in attendance.

Sponsored by the ATS, American Heart Association, National Heart Lung and Blood Institute, American Physiological Society and the Pulmonary Circulation Foundation, the four-day conference was structured around the overarching theme "Rho Family GTPases in Pulmonary Vascular Pathophysiology."

"Participants had the unique opportunity to attend a series of lectures given by prominent figures in the field of pulmonary circulation," said Karen Fagan, M.D., who chaired the meeting with fellow ATS member Ivan McMurtry, Ph.D. "This conference has always been a forum for exchange of scientific and therapeutic ideas and this year was no exception."

During the meeting, world authorities on Rho family GTPases met with pulmonary vascular biologists to highlight recent developments and potential treatments in a variety of lung vascular diseases, including pulmonary hypertension and acute respiratory distress syndrome. 2006 memorial lectures were given by Barry L. Fanburg, M.D., Avril Somlyo, Ph.D., and Jeremy Ward, Ph.D.

"The scientific program was a good mix of basic science and translational presentations," said ATS member Jahar Bhattacharya, M.D., who was attending the Grover Conference for the sixth time. "I enjoyed meeting leading scientists and young investigators in the field."

For more photographs from this year's Grover Conference, visit the ATS Web site at www.thoracic.org.

TRAINING DIRECTORS DEVELOP "IN-SERVICE" EXAM FOR FELLOWS

(continued from page 1)

The overall goal of the exam, which will not be proctored and can be completed online in a hospital-setting, is to give fellows and program directors feedback, said Brian W. Carlin, M.D., who represents the ACCP as Vice-Chair of the working group. "We'll be able to tell trainees how they scored as individuals and how their results compare to others in their year of training in other programs across the country," he explained.

By breaking down scores in this way, fellowship directors will be better able to assess a trainee's performance and identify the overall strengths and weaknesses of their program. "If nine of my fellows took the test and all scored poorly in the content area of sepsis management, I would know that I need to alter my training strategies in that particular area of patient care," Dr. Carlin said. To accurately track progress and program quality, program

directors should have their fellows take the test annually starting during the fellow's first year in training. The registration process will be streamlined so directors can easily register fellows by phone and pay the \$200 fee with a credit card.

Exam results, he added, are intended to improve the training process, and should not be used punitively or as a basis for advancement. Although the working group has not yet finalized the logistics of the testing process and registration, program directors will receive more specific information by e-mail next month. Other details and updates will also be posted online at www.apccmpd.org as they become available.

Members of the tri-society working group and the organizations they represent are:

APCCMP: Doreen J. Addrizzo-Harris, M.D. (Chair); James A. Rowley, M.D.; Andrew R. Berman, M.D.

ATS: Susan Murin, M.D.; Mark R. Tonelli, M.D.; John G. Mastronarde, M.D.

ACCP: Brian W. Carlin, M.D. (Vice-Chair); LTC Lisa K. Moores, MC, USA; Robert Balk, M.D.

CONFERENCES, COURSES AND MEETINGS

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

DATE & PLACE	TITLE	CONTACT
May 18 - 23 San Francisco, Calif.	"2007 American Thoracic Society International Conference"	Phone: (212) 315-8658 ats2007@thoracic.org www.thoracic.org
December 5 - 7 Brussels, Belgium	"12 th Postgraduate Refresher Course," sponsored by Erasme University Hospital	Phone: +32 2 555 36 31 sympicu@ulb.ac.be www.intensive.org
January 21 - 24, 2007 Maui, Hawaii	"Hawaii Thoracic Society Seventh Annual Symposium"	Phone: (808) 537-5966, ext. 312 healthed@ala-hawaii.org www.ala-hawaii.org
February 2 - 3, 2007 Carmel, California	"Current Controversies in Pulmonary and Critical Care Medicine," sponsored by the California Thoracic Society	Phone: (714) 730-1944 ctslung@aol.com www.thoracic.org/ca.html
March 1 - 4, 2007 Boston, Mass.	"The ATS State of the Art Course in Pulmonary Medicine and Critical Care"	Miriam Rodriguez Phone: (212) 315-8639 mrodriguez@thoracic.org www.thoracic.org
April 13, 2007 Baltimore, Maryland	"The 47th Annual Meeting and Scientific Session of the Maryland Thoracic Society"	Phone: (410) 560-2120, ext. 232 sgreason@marylandlung.org www.marylandlung.org/research
May 3 - 4, 2007 Montreal, Canada	"International Consensus Conference in Intensive Care Medicine: Management and Prevention of Acute Renal Failure in an ICU Patient"	Phone: (212) 315-8600 iccc2007@thoracic.org www.thoracic.org/go/iccc
June 22 - 25, 2007 Istanbul, Turkey	"World Asthma Meeting 2007," sponsored by the Turkish Thoracic Society	Phone: + 90 216 416 09 19 edagli@superonline.com www.wam2007.org
October 14 - 16, 2007 Tel Aviv, Israel	"5 th International Meeting on Intensive Cardiac Care," sponsored by the European Society of	Phone: + 972 2 6520574 seminars@isas.co.il www.isas.co.il/cardiac-care2007

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**Slurping Around
with P.D.W.**



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

The ATS is international and so too should be its wine suggestions: The *New World* does not by any means have the market on affordable good wines all to itself. Patricia Foo's wine choices for the recent ERS Presidential Dinner proved that, and here they are:

WHITE

2005 Wurzburger Stein, Silvaner Kabinett, Staatlicher Hofkeller (about 10 Euros). The nose has delicate yet forward, slightly perfumed, melon/lemon characteristics and is very clean. The palate is also one of delicate but tasty melon/lemon with slight cashew nuttiness that fits well. Acidity is well-balanced and accounts for a long, clean and dry finish. Words that come to mind are balanced, fresh, structured and even elegant, especially for the price. Easy to drink alone, yet well-enough endowed to go with food.

RED

2004 Barbera d'Alba DOC, Enologo Mauro Sebaste, Alba, Piemonte (about 10 Euros). This is a quite "big" wine in flavor and structure, but don't equate big with being heavy, dull, overly tannic, bitter, oxidized or coarse, which I have often found to be the case with low-priced Old World reds. The nose has bright plum jam, vanilla, spice and cedar. On the palate, there is goodly tannin, and a fair dose of oak, but neither dominate the fruit, allowing all-important balance. Rather, these features enrich the lively mouthfeel and provide pleasing viscosity and a long finish, with fruit outlasting the oak.

I have no idea how widely available these two are, even in Europe, but they are worth twice the price and I would buy both for short- and medium-term drinking if I could.