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Web Tips

ATS Job Board Online goes LIVE!

The American Thoracic Society launched the ATS Job Board Online in late August 2003. The new member service is available to job-seeking ATS members as a no cost benefit, and to recruiter/employer members at a significantly reduced cost. Non-member job seekers and recruiters/employers will pay higher fees. For further details, and to take advantage of this valuable new member service, visit the ATS Website at www.thoracic.org and click on the ATS Job Board Online link on the right side of the screen. If you have any questions about the service, or your eligibility to use it at no cost, please contact ATS Manager of Member Services, Allan P. Gordon at agordon@thoracic.org.

New Editor Steve Shapiro Plans for Enhancements to the "Red" Journal

CONTINUED ON PAGE 7

Providing more perspectives on outside articles, increasing the amount of "translational” review articles of interest to clinicians and including reviews of “cutting edge” techniques and “big science” are part of the plans Steven D. Shapiro, M.D., has for the American Thoracic Society’s peer-reviewed American Journal of Respiratory Cell and Molecular Biology (AJRCMB).

This month, Dr. Shapiro officially began his term as the new editor of AJRCMB or the "Red Journal.” He succeeds Michael J. Holtzman, M.D., whose five-year term as the Journal's fifth editor ended in September.

"Foremost, the Journal will continue to publish novel, high quality original work in lung cell and molecular biology,” explains Dr. Shapiro. “To acquire the best manuscripts possible, we will strive toward increasing our impact factor, already number one in its class.”

Dr. Shapiro also hopes to expand on Dr. Holtzman’s efforts to include more perspectives or reviews in the Journal. "In addition to the popular 'Perspectives' that put journal findings into broader context, we will add perspectives on outside articles, realizing that seminal work in the field will also be published in other journals,” he continues. "We will also add reviews that address the important "big science" disciplines, such as genomic physiology and imaging, genetic engineering, functional genetics and genomics, proteomics, and bioinformatics. “Our goal is for our lung biologists to

Tobacco Mints Slip By the FDA

CONTINUED ON PAGE 7

In August, the Food and Drug Administration (FDA) announced that it does not have authority to regulate Ariva - a new tobacco product composed of 60 percent powdered tobacco, which is intended to deliver nicotine via a breath-mint-like lozenge. The FDA ruling is in response to petitions filed by the ATS and 17 other physician and public health organizations asking the FDA to regulate the new tobacco product. The FDA based its refusal to regulate the tobacco mint on a Supreme Court decision that explicitly prevented FDA from regulating cigarettes and smokeless tobacco products.

The makers of the Ariva tobacco mint have marketed the product as an over-the-counter nicotine alternative to be used when it is impractical to smoke. GlaxoSmithKline had filed a separate petition urging the FDA to regulate the Ariva tobacco mint as a smoking cessation product. Unlike other smoking cessation products, which have undergone extensive research and testing for safety and efficacy, the Ariva tobacco mint has entered the market without any safety or efficacy testing.

The FDA's refusal to regulate the mint-like tobacco product exposes a gaping hole in the FDA's authority to protect
COPD—Again?

The question refers only to chronic obstructive pulmonary disease (COPD) being the topic of an ATS President's Column twice within 11 months. Immediate Past President Thomas R. Martin, M.D., devoted his November column to the topic last year. The President had declared the month “COPD Awareness Month.” “COPD Again” is routine in the professional life of virtually every pulmonologist who cares for adults, regardless of whether they spend their time in general pulmonary practice, critical care, or sleep disorders. Statistics show why: In the U.S., just over 12 million people carried a diagnosis of COPD in 2001; extrapolating from population samples, 24 million adults are estimated to have impaired lung function, indicating that COPD is underdiagnosed. Nearly 120,000 Americans died from COPD in 2000. In that year, for the first time, the number of women dying of COPD surpassed the number of men. COPD is now the fourth leading cause of death in the U.S. and will move up to third place by 2020. The numbers are staggering: 1.5 million emergency department visits, 725,000 hospitalizations, $18 billion in direct cost and $1.4 billion in indirect costs.

Our Society’s mission is to treat and prevent lung disease through research, education, patient care and advocacy. Our long-range goal is to decrease morbidity and mortality from respiratory disorders and life-threatening acute illnesses. So how is the ATS engaged in the treatment and prevention of COPD? The answer is: ‘through many activities, at many different levels, sometimes alone, but mostly in partnership.”

First, our approach to improving care is through the development of guidelines and standards for diagnosis and management. The ATS was one of the organizations engaged by the National Institutes of Health (NIH) and the World Health Organization (WHO) in the Global Initiative for Chronic Obstructive Lung Disease (GOLD) to develop a global strategy for diagnosis, management and prevention of COPD (AJRCCM 2001; 163:1256). In partnership with the European Respiratory Society (ERS), we are developing a Web-based update of our 1995 statement on COPD (AJRCCM 1995; 152:S77), and this fall we will publish another document developed in partnership with the ERS, a statement on alpha-1 antitrypsin deficiency. This is not, of course, the only Society activity directed at improving diagnosis and treatment.

Many seminars, symposia, and poster sessions at our International Conference could serve as examples, but the most striking example from our Seattle Conference may have been the session where the results of the national study of lung volume reduction surgery — the National Emphysema Therapy Trial — were first presented. Our self-education is not limited to sessions at our International Conference. In January of this year, the ATS, with the Japanese Respiratory Society, the Asian Pacific Society of Respirology, and the ERS, with support from the National Heart, Lung and Blood Institute (NHLBI) hosted a meeting on COPD in Asia and the Pacific Rim. Speakers called attention to the growth of COPD throughout the region, where major causes include not only cigarette smoking but possibly combustion of biomass fuels for heating and cooking in poorly ventilated homes.

But education directed just at ourselves is inevitably insufficient. More than 70 percent of patients with COPD seek care from primary care physicians, not from specialists. This is why the ATS engaged the American Association of Family Physicians, the American College of Physicians, and the American Academy of Pediatrics in creating the Spirometry Task Force. Advances in the accuracy, dependability, and “user friendliness” of spirometers make the goal of encouraging the diagnosis and correct classification of COPD through broader use of spirometry in primary care seem achievable. But before spirometry will be broadly accepted in primary care, an “evidence-based” case must be made for its value. This is why it is such good news that the Agency for Health Research and Quality recently approved an application Jonathan Samet, M.D., and I submitted on behalf of the Spirometry Task Force, seeking formal evidence-based review of the value of spirometry in the diagnosis and management of COPD.

ATS members have long been active in externally supported research on COPD. It is appropriate that two new research grants to study COPD should be offered in the ATS Research Program, supported by contributions to the ATS “Funds for the Future” and by a generous, unrestricted gift for research on COPD from GlaxoSmithKline. Many of the “Letters of Intent” sent to our Scientific Advisory Committee described projects of outstanding promise. Our Society’s membership clearly has the talent and interest for a much larger research program. Raising the funds for the program’s growth remains high among the Society’s priorities.

In modern, participatory democratic societies, public advocacy shapes national policy. An unusual opportunity for advocacy of a highly effective sort was brought to the ATS by the chair of our Assembly on Clinical Problems, Alan Fein, M.D. He has been asked to assemble a small panel to provide expert review of the medical/scientific content of a one-hour television documentary on COPD. The company proposing the documentary created a highly successful hour-long documentary on women and heart disease, seen on many PBS stations throughout the United States. Informing this audience about COPD, through this medium, could have a national impact.

Advocacy is also aimed at prevention, principally through imposing restrictions on the misleading and inappropriate marketing of tobacco products, especially cigarettes. The ATS and its members, as well as the American Lung Association have a long record of battling tobacco on the home front. The battle is now international. The Framework Convention on Tobacco Control (FCTC), which would ban advertising of tobacco products, establish measures for protection from exposure to tobacco smoke in workplaces and indoor public spaces, and require informative warning labels was approved by the World Health Assembly. To be set in motion, it must be ratified by 40 countries. The ATS, a founding member, supports the Forum of International
Mark Your Calendars Now for the 2004 ATS Clinical State of the Art Course

Once again the ATS will offer its Clinical State of the Art Course in pulmonary and critical care medicine. Scheduled for March 4-7, 2004 in Arlington, Virginia, this ninth annual edition of ATS' premier CME course (outside of the International Conference) is uniquely designed for the practicing physician. The course will offer concise, comprehensive updates by outstanding national faculty through both lectures and small group discussions. New for this year, an American Board of Internal Medicine (ABIM) Continuous Professional Development (CPD) review will also be included in the course.

The course is designated for 26 American Medical Association Physician Recognition Award Category 1 credits. For more information, contact Miriam Rodriguez via Email at mrodriguez@thoracic.org or via phone at (212) 315-8339.


The ATS, a partner in the U.S. COPD Coalition, has been an active participant in planning the first National COPD Conference scheduled for November 14-15, 2003 at the National Sheraton Hotel in Arlington, Virginia. Former ATS President Sonia Buist, M.D., and longstanding ATS member Bill Bailey, M.D., are the co-chairs of the conference, which will bring together government, medical, scientific, healthcare provider, and patient groups. Participants will present their knowledge and perspectives to define a set of actions to increase awareness of COPD, improve the care of those who have it, and take steps to prevent continued growth in its morbidity, mortality, and costs. The conference will address the following topics:

- the theory and practice of COPD diagnosis and management,
- how healthcare systems, third party payers and patient organizations can impact the COPD patient,
- the latest state-of-the-art in spirometry, home monitoring, pulmonary rehabilitation and mechanical ventilation.

The ATS has designated this educational activity for a maximum of 14.75 category credits towards the American Medical Association's Physician's Recognition Award.

For more information on the conference, or to register, visit the U.S. COPD Coalition Website at www.uscopd.com or call the National COPD Conference office at (888) 876-1120.

JOURNAL HIGHLIGHTS

The following articles appeared in the September issues of the American Journal of Respiratory and Critical Care Medicine.

Researchers reveal that computed tomography (CT) imaging, when combined with pulmonary function testing (PFT) and developed into a composite score, offers a new, more sensitive way of determining treatment effects in young patients with cystic fibrosis. The research group consisted of young persons who had suffered little or no loss of pulmonary function from their illness. The investigators developed the new approach while assessing a new drug for cystic fibrosis in 21 young patients over one year. The composite CT/PFT score that they developed during the trial combined aspects of functional assessment (the PFT included percent of predicted lung function testing) plus structural analysis of the lung with high resolution CT. They found that their new technique offered them a greater ability to detect changes produced by therapeutic intervention than did the individual components alone. (Robinson, Terry E., M.D., Pediatric Pulmonary Division, Stanford University Medical Center, Palo Alto, California)

Researchers have associated a decline in pulmonary function, as determined by a 10 percent or more decrease in the forced vital capacity test (FVC) over a 6-month period, with an increased risk of death for patients with idiopathic interstitial pneumonia. Researchers retrospectively examined data from 80 patients with usual interstitial pneumonia and 29 patients with nonspecific interstitial pneumonia. For patients with usual interstitial pneumonia (the most prevalent kind involving fibrosis), a change in FVC over a 6-month period was the best physiologic predictor of mortality. In this study, the median survival time for the patients was 5.81 years. (Martin, Fernando J., M.D., M.S., Taubman Center, Ann Arbor, Michigan)

In sleep lab tests of 82 persons with sleep apnea, a medical scientist observed that about 80 percent of the patients with sleep apneas have periods of stable breathing that lasted 3 minutes or more without air intake pauses. Periods of stable breathing were twice as likely to occur when patients were lying on their sides rather than on their backs. A Canadian investigator reported on the relationship between periods of stable breathing, which showed patients' compensated breathing, and other variables known to make upper airways even more unstable. These included growing older, male sex, increasing weight, supine sleeping and rapid eye movement (REM) sleep. During the test, the researcher continuously measured airflow, body position, sleep state, and other factors. He pointed out that most people can adequately compensate for abnormal breathing mechanics, at least part of the time. (Younes, Magdy, M.D., University of Toronto, Toronto, Ontario)
The California Thoracic Society Offers Blood Gas Proficiency Testing

The California Thoracic Society is now offering nationwide enrollment for PT testing of:
- Cl−, K+, Na+ and iCa++
- pH, pCO2, PO2
- tHb, %O2 Hb, %COHb and %MetHb

This Blood Gas PT program has: CMS approval and Commission of Office Laboratory Accreditation (COLA) approval. For enrollment forms or further information, contact: the California Thoracic Society at (714) 730-1944 or Fax at (714) 730-4057. ATS

Improving Respiratory Health in Latin America: The ATS and ALAT Partnership

Through the years, as the ATS grew both in membership and scope, it also expanded its role in the international fight against respiratory and critical illness. Assisting sister respiratory societies around the globe in their efforts has become an important goal of the Society, which quickly realized that synergistic partnerships could produce significant, lasting results. The ATS has made it a key objective to maintain strong, productive, working relationships with societies in every hemisphere of the globe.

So in 1996, when a group of Latin American physicians met to discuss the need for a Latin American thoracic society, the ATS was supportive. And today, the ATS’ relationship with the Asociación Latinoamericana del Tórax, or the Latin American Thoracic Association (ALAT) has grown and developed and now includes a current appointment of the ALAT president to the ATS Board of Directors.

ALAT, created to respond to the educational, research and scientific needs of the region in pulmonology and thoracic surgery, represents 19 Latin American countries, with a combined population of 519 million people. "ALAT is a small respiratory society but is growing and represents a region with 10 percent of the world’s population and potentially 5,000 pulmonologists," explains Carlos A. Torres, M.D., ALAT President and presidential appointee to the ATS Board of Directors. "Our objectives are to spread knowledge of respiratory medicine throughout the region through educational programs, encourage and perform research in the region and ultimately improve the public respiratory health and quality of life of patients with respiratory diseases."

The ALAT leadership hopes these objectives will assist in addressing unique respiratory-related challenges to the Latin American health system. Supporting research in the area of biomass fuel exposure is an important 2003–2004 initiative of ALAT, as 25 percent of the Latin American population continues to be exposed to biomass fuel. Smoke from biomass fuel, usually wood or animal dung, is a known cause of chronic obstructive pulmonary disease (COPD) and a risk factor for lung cancer and respiratory infections. In addition, with 36 million Latin American people living in high altitudes of 2,500 meters or more, the ALAT has also made supporting research on high altitude and its effects on respiratory disease a priority for 2004.

"ALAT can offer the possibility of local research studies to adapt and validate international respiratory disease guidelines," explains Dr. Torres. "Local studies allow for the local adaptation of international guidelines and facilitate the process of creating governmental and political changes in health services in a specific region. Guidelines based in local studies are better than a simple translation of international guidelines."

The ATS assists the ALAT in its regional research efforts by annually hosting the International Respiratory Epidemiology Courses in Latin America. These courses provide a stepped approach to teaching classic and clinical epidemiologic methods for the investigation of respiratory diseases.

The ALAT is also able to further its educational and advocacy objectives through its congress, which was held most recently in Punta del Este, Uruguay, in December of 2002.

For more information about ALAT or its congress, contact Carlos A. Torres, M.D., via e-mail at ctorres@neumologica.org ATS

Message from the President

Respiratory Societies' (FRS) appeal to all national and international pulmonology societies to advocate for national governments to ratify the FCTC. The ATS Washington Office will do its part with the U.S. Congress, but our Society is international. I urge our international members to appeal to their national health agencies to advocate for ratification of the FCTC.

A final justification for the "Again?" in the title of this report: The U.S. COPD Coalition, in which we are proud to be members, is sponsoring the National COPD Conference in Arlington, Virginia, November 14-15. There is still time to register (see http://www.uscopd.com). Former ATS President Sonia Buist, M.D., and long-standing ATS member Bill Bailey, M.D., are the co-chairs. This meeting pulls together the themes our own Society has found effective in battling lung disease – research, education and advocacy. Attending will be both rewarding and helpful. ATS

CONTINUED FROM PAGE 2

4 ATS NEWS / October 2003
When Moira Aitken, M.D., began treating cystic fibrosis (CF) patients, their average survival was only 18 years. Today, the average has risen to age 33. "It's exciting to have been part of that improvement," says Dr. Aitken, who is Director of the Adult Cystic Fibrosis Program at the University of Washington in Seattle. "And patients born with cystic fibrosis today can expect to live into their 40s," she adds. Today, nearly 40 percent of CF patients are age 18 and older.

**Era of Advancement**

The past 15 years have been particularly encouraging in the field of CF. In 1989, scientists discovered the gene which, when defective, causes CF. Several years later, researchers designed and tested new methods of gene therapy to deliver normal genes to the lungs and nasal passages of people with CF. In 1993, human gene therapy studies for CF began, assessing the safety and efficacy of the adenovirus as a gene delivery system. The same year, the U.S. Food and Drug Administration approved Pulmozyme, the first new drug developed to treat CF in 30 years, and several years later it approved the antibiotic TOBI for people with CF. During the rest of the decade, more gene therapy studies began. Scientists also completed the map of the Pseudomonas aeruginosa genome, the most common source of CF lung infections. There are now more than two dozen potential therapies for CF in various stages of drug development. Dr. Aitken says that in addition to therapeutic advancements, much of the credit for the increased survival rate goes to the establishment of centers accredited by the Cystic Fibrosis Foundation (CFF). These centers give patients access to multidisciplinary teams that include physicians, nurses, social workers and respiratory therapists, she says. Currently, there are almost 120 such centers in the United States.

**One of the First Adult CF Programs**

Dr. Aitken knew very early in life that she would become a physician. "My father was a veterinary surgeon, a graduate of Scotland's Glasgow University, and it was the expectation of my parents that I would go into medicine," she says. After graduating from Edinburgh University Medical School, she worked with Drs. Ian Grant and Graham Crompton at an asthma center in Edinburgh, which sparked her interest in pulmonary medicine. In 1982, she moved to the University of Washington as a pulmonary fellow, initially working with John Marini, on asthma and later with Pedro Verdugo, M.D., on mucociliary transport. In 1989, she established the CF adult program there, one of only a handful of such programs in existence at the time.

**Studying Genetics of Survival**

Today, Dr. Aitken is involved in a number of clinical research trials and outcomes studies. "We are one of 16 CF centers in the CFF Therapeutic Development Network performing a variety of clinical trials, examining everything from gene therapy to chaperone molecules that can bring normal proteins to the surface of cells, to more immediate trials, such as novel antibiotic therapies for CF," she says. One research project, "Gene Therapy for Cystic Fibrosis using AAV Vectors," aims to develop lung-targeted gene therapy for the treatment of CF. Another trial is looking at patients who have particular CF genetic mutations known as stop codon mutations. "There may be therapies that work for this particular genotype and not others," she says. "It's all pretty exciting stuff."

Dr. Aitken is also looking at epidemiologic studies using outcomes measures. She is particularly interested in the genetic determinants of various phenotypes in CF. Recently, she was senior author of a study on this subject published in The Lancet. The 1,000 different CF alleles can be segmented into five categories based on where the interruption in the pathway from DNA to cell surface protein occurs. "We found that the survival in categories 1 through 3 was worse than those in 4 and 5," she says. "This is one of presumably many genetic factors that can predict outcome, and knowing which category a patient fits into eventually may have the potential to affect treatment."

**Teaching Physicians in the Community**

In addition to conducting research, Dr. Aitken treats patients and teaches. "Part of my mission is to educate people who want to be cystic fibrosis specialists, and I also educate community physicians about cystic fibrosis so they know when to refer patients to specialists," she says. She is also Professor of Medicine and Acting Section Chief in the Division of Pulmonary and Critical Care, which she says is "quite a busy job, but I enjoy it."

**ATS Involvement**

Dr. Aitken has been a member of the ATS Clinical Practice Guidelines Committee and has served as a mentor for fellow women members. For many years, Dr. Aitken has been interested in increasing the number of women in the field of pulmonary and critical care medicine.

She also recently joined the ATS Research Advisory Committee and looks forward to becoming even more involved with ATS in years to come. "The ATS is a fabulous organization because it not only advocates for its members and their patients, but also advocates for the health community at large," she says. "It is to be commended for all its activities."

She was an American Lung Association of Washington fellow in 1983-84 and was a member of the association's Tuberculosis Committee, Professional Education in Asthma Committee, and Chair of the Asthma and Lung Disease Education Committee. "I'm very grateful to the ALA of Washington for the grants they bestowed upon me during my fellowship years," she says. Dr. Aitken is also very active in the Cystic Fibrosis Foundation and has served on their Directors Committee, Advisory Task Force on Adult Issues in Cystic Fibrosis, and as the Adult Program Centers Representative, among other positions.

**On a Personal Note**

Dr. Aitken's time away from her job is spent with her husband and two children. They particularly enjoy the outdoor pursuits offered in the Northwest including hiking, skiing and biking.
Influenza Pocket Guide Provides Quick Reference for Current Influenza Information

The ATS, along with many other specialty societies and organizations, recently added its support and name to an influenza vaccination pocket guide developed by the Immunization Action Coalition and endorsed by the American Medical Association who sought support from medical specialty societies. The guide is designed to provide front-line health care personnel with information on the vaccine and recommendations about who should be vaccinated. All ATS members will receive the pocket guide this fall.

Plan Now to Attend ATS Postgraduate Courses at the 2004 Conference in Orlando, Florida

The ATS has planned an exciting and informative program for the 2004 International Conference, which will be held May 21–26 in Orlando, Florida.

Over 200 symposia, track sessions, seminars and workshops have been planned, and the programs are currently being developed and speakers secured. In addition to these not-to-be-missed sessions, the ATS is sponsoring 23 postgraduate courses on Friday and Saturday (May 21 and 22) before the official start of the conference. The 2004 postgraduate courses being offered are:

**Friday, May 21**

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<th>Asthma And Viral Infections: State of the Art</th>
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<td>Lung Transplantation: Taking Basic Science Into Clinical Practice</td>
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<td>PG3</td>
<td>Pathogenesis And Management Of Sepsis</td>
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<td>PG4</td>
<td>The Role of the Vasculature In Acute And Ventilator-Induced Lung Injury</td>
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<td>PG5</td>
<td>Update on Critical Care: Hemodynamic Monitoring and Management of ICU Patients</td>
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<td>PG6</td>
<td>Interstitial Lung Diseases: Current Concepts and Controversies</td>
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<td>PG7</td>
<td>Interventional Pulmonology With Practical Demonstrations: Something for Every Pulmonologist</td>
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<td>PG8</td>
<td>Host Defense Mechanisms in Pulmonary Infection</td>
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<td>PG9</td>
<td>Dyspnea: New Insights and Approaches to an Old Problem</td>
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<td>PG10</td>
<td>Epidemiology as a Tool for Understanding Respiratory Disease</td>
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<td>PG11</td>
<td>Molecular Cell Biology for Lung Researchers</td>
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**Saturday, May 22**

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<td>Correct CPT Coding, Billing and Document in Pulmonary/Critical Care Medicine</td>
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<td>PG14</td>
<td>Sampling The Airways In Patients With Asthma and COPD: From Exhaled Breath Condensate to Lung Biopsy</td>
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<td>PG15</td>
<td>New Trends In Mechanical Ventilation</td>
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<td>PG16</td>
<td>Optimizing Antimicrobial in the ICU</td>
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<td>PG17</td>
<td>Special Populations in the ICU: The Effects of Chronic Illness on Therapy and Outcome in the critically Ill</td>
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<td>PG18</td>
<td>Cardiopulmonary Exercise Testing For The Clinician: A Case-Based Approach to Putting Guidelines Into Practice</td>
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<td>PG19</td>
<td>COPD: A Comprehensive Review for the Clinician and Researcher</td>
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<tr>
<td>PG20</td>
<td>Community-Acquired Pneumonia: Clinical Controversies and Society (IDSA/ATS) Consensus</td>
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<td>PG21</td>
<td>The Cutting Edge Of Lung Fibrosis: How Our Current Understanding Of Pathogenesis is Leading to New Therapeutic Approaches</td>
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<td>PG22</td>
<td>Sleep-Disordered Breathing 2004: Update on Science and Practice</td>
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<td>PG23</td>
<td>Pulmonary Edema: Forms, Physiology and Management</td>
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For more information on each of these courses, visit the ATS Website at www.thoracic.org/ic/ic2004/2004pgcourses.asp. Registration forms for these postgraduate courses and the ATS conference will be available in January 2004 in the Advance Program and online at the ATS website. Postgraduate courses require an additional registration and fee as seating is limited, so mark your calendar now and plan to register early to ensure attendance at the postgraduate course of your choice.
New Editor Steve Shapiro Plans for Enhancements to the "Red" Journal

be fully and thoughtfully informed and have the repertoire of skills second to none."

“We will also expand the newly established translational reviews,” he explains. “It is our hope that these manuscripts will be of interest to both the Ph.D. researchers who appreciate the clinical value in their work, as well as to more clinically-oriented pulmonologists.”

Dr. Shapiro believes these enhancements to the AJRCMB are a first step in helping the Journal become an instrument for moving biologic, basic science research closer to influencing patient care.

“Tobacco Mints” Slip By the FDA

the public health from harmful food and drugs. The Supreme Court case the FDA cited clearly states that the FDA does not have the authority to regulate traditional tobacco products as customarily marketed. However, the Supreme Court decision made clear that non-traditional forms of tobacco, either in food or drug products, are within the purview of FDA’s authority.

“The tobacco mint is eaten like a candy, but the FDA does not consider it food. It is used like a nicotine-replacement product, but the FDA does not consider it a drug,” says ATS President Homer A. Boushey Jr., M.D. “It is hard to imagine how it could be considered a ‘traditional tobacco’ product, but the FDA has chosen to treat it like one. The Agency’s decision is baffling and deeply disappointing. My only hope is that it will spur Congress to finally grant the FDA explicit authority to regulate all tobacco products.”

Dr. Boushey may get his wish. Discussions between members of Congress from tobacco states and public health advocates in Congress on legislation to grant the FDA the authority to regulate tobacco – in exchange for a tobacco farmer buyout bill – appear to be heating up. The discussion has focused on combining legislation to give the FDA authority to regulate tobacco – similar to that introduced last Congress by Senator Mike DeWine (R-OH) – and a tobacco grower $15 billion buyout bill that is moving in the House.

Although the discussions have generated interest in the press, it will be very challenging to craft a compromise that can accommodate the needs of tobacco growers while still giving the FDA the unfettered authority it needs to regulate tobacco products.

Many public health advocates are concerned that Congress might pull a “bait and switch” – passing a strong FDA bill in the House and Senate but then crafting a very weak FDA bill during conference negotiations. The ATS and the public health community are working with public health leaders in Congress to ensure that should an FDA bill move forward, it will not be weakened during full debate or conference.

Submit Nominations for ATS Secretary-Treasurer Now

This is your opportunity to help select the future leaders of the ATS! John R. Balmes, M.D., Chair of the ATS Nominating Committee, is seeking your nominations for worthy candidates for election as the next ATS Secretary/Treasurer. The successful candidate will advance through the leadership offices and serve as ATS President in the year 2007-2008.

The following criteria should be considered when making nominations: organizational ability, leadership skills, prestige in the field, willingness to devote time to the ATS, past contributions to the ATS, diplomacy and the ability to communicate effectively.

To nominate an individual, please complete the following steps:
1) Obtain permission from the candidate to submit his/her name. Explain to him/her that should he/she be elected to the office of Secretary/Treasurer, he/she will progress through the ATS leadership ranks over the next four years, ultimately serving as president in 2007.
2) Create a nomination letter of support. The letter should address the qualifications and experience of the nominee in terms of leadership style and skills, scientific credibility, administrative ability, clinical credibility, political acumen and service to ATS.
3) Obtain additional letters of support from two ATS members.
4) Send the three nomination letters of support to the ATS Nominating Committee:
   Via Fax:
   Attn: ATS Nominating Committee (212) 315-8630 OR
   Via Postal Mail: ATS Nominating Committee 61 Broadway, 4th Floor, New York, NY 10006-2755

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

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| October 22-25 | **"The Denver TB Course," sponsored by National Jewish Medical and Research Center** | Catheryne J. Queen  
Phone: (303) 398-1700  
Fax: (303) 398-1806  
E-mail: queenc@njc.org |
| October 23-25 | Planning, Funding and Sustaining a Hospital-based Palliative Care Program," sponsored by the Center to Advance Palliative | Email: barbaramastrolidi@mssm.edu  
Website: www.capc.org |
| San Diego, California |                                                                                            |                                                                          |
| October 24-25 | **"Sarcoidosis Patient Conference: A Personal Approach to Coping with Sarcoidosis," sponsored by the Sarcoidosis Research Institute** | Paula Polite  
Phone: (901) 766-6951  
Fax: (901) 774-7294  
E-mail: paula@sarcoidosisresearch.org  
Website: www.sarcoidosisresearch.org |
| Orlando, Florida |                                                                                      |                                                                          |
| November 1-2 | "Practical Management of Common Problems in Ambulatory Pediatric Patients," sponsored by Duke University School of Medicine | Thomas Murphy, M.D.  
Phone: (919) 684-2289  
Fax: (919) 684-2292 |
| Durham, North Carolina |                                                                                            |                                                                          |
| November 14-15 | **"National COPD Conference," sponsored by the U.S. COPD Coalition** | Phone: (888) 876-1120  
Fax: (888) 876-0985  
E-mail: USCOPD@congresscan.com |
| Arlington, Virginia |                                                                                      |                                                                          |
| November 17-18 | "Symposium on the Functional Genomics of Critical Illness and Injury," sponsored by the National Institutes of Health | Anne Dunne  
Phone: (410) 377-0110  
Fax: (410) 377-0429  
E-mail: anne@strategicresults.com  
Website: www.cc.nih.gov/ccmd/symposium |
| Bethesda, Maryland |                                                                                            |                                                                          |
| November 17-19 | "Spirometry Update/Refresher Course," co-sponsored by the University of Pittsburgh Medical Center and M.C. Townsend Associates | Mary C. Townsend, Ph.D.  
Phone: (412) 343-9946  
Fax: (412) 343-9947  
E-mail: mary.townsend4@verizon.net  
Website: www.mctownsend.com |
| Pittsburgh, Pennsylvania |                                                                                       |                                                                          |
| January 9-11, 2004 | **"14th Annual Chest Conference-Winter Lung Day," sponsored by the American Lung Association of Washington** | Sheanne Davis  
Phone: (206) 441-5100  
Fax: (206) 441-3277  
E-mails: sdavis@alaw.org |
| Leavenworth, Washington |                                                                                            |                                                                          |
| January 15-17 | "Sleep Disorders in Infancy and childhood," sponsored by the Annenberg Center for Health Sciences | Email: sleep@annenberg.com  
Website: www.5starsmeded.org |
| Rancho Mirage, California |                                                                                            |                                                                          |
| January 29-31 | **"Current Controversies in Pulmonary and Critical Care—the 2004 California Thoracic Society Clinical Conference** | Colleen Richardson  
Phone: (714) 730-1944  
Fax: (714) 730-4057  
E-mail: csbhang@aol.com  
Website: www.thoracic.org/ca.html |
| Carmel, California |                                                                                            |                                                                          |
| January 30-31 | New York State Thoracic Society Annual Scientific Assembly | Anne Marie Isgro  
Phone: (518) 453-0172 x314  
Fax: (518) 459-5864  
E-mail: thoracic@alanys.org |
| West Point, New York |                                                                                            |                                                                          |