AMERICAN THORACIC SOCIETY
ATS NEWS

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IN THIS ISSUE

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If you prefer to renew by mail, all members will also receive a renewal invoice in October. If you have questions about renewing your membership or about your member benefits, please send an e-mail to **membership@thoracic.org**.

ATS ASSEMBLIES UNDERTAKE CUTTING-EDGE ASTHMA PROJECTS

Despite growing recognition on the part of physicians of the importance of controlling asthma exacerbations, and a better understanding of how to manage the disease, the term "asthma control" is poorly defined. That's why a group of ATS members is working with colleagues in the European Respiratory Society (ERS) to create standardized definitions of the various dimensions of asthma control that should result in better patient care.

This is one of a number of projects being undertaken by ATS assemblies across numerous specialties to address asthma in important ways. Others include providing useful online resources and tackling difficult questions in the areas of occupational asthma and asthma screening in children.

Asthma Control

The Assembly on Asthma, Immunology and Inflammation (AII) has jointly established a task force with the ERS to address the increasingly problematic phrase, asthma control.

"These words are used frequently in scientific papers, particularly those evaluating treatment interventions for asthma," said D. Robin Taylor, M.D., Task Force Co-Chair. "However, until recently, and despite increasing use, the term has never been defined and, to that extent, there has been a wide range of interpretation."

Asthma control includes a range of dimensions, including symptoms, lung function, airway inflammation and use of healthcare resources, Dr. Taylor noted. "But which is the most important? And how should each of these various dimensions be measured?"

The Task Force, co-chaired by Helen Reddel, M.D., Ph.D., has established seven working groups to look at various aspects of asthma control, including the definition of exacerbations. These groups will present recommendations on "Asthma Control and Exacerbations: Standardizing Endpoints for Clinical Asthma Trials" for publication at the end of 2006, and will outline their work at a symposium during the 2007 ATS International Conference.

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Virtual Asthma Center

The Assembly on AII is creating an asthma portal, the Virtual Asthma Center, which will house peer-reviewed links to online asthma-related materials in one central, organized location within the ATS Web site.

"Although there is a tremendous amount of asthma-related material available online, much of it is not peer-reviewed and not very organized," said John Mastronarde, M.D., Project Chair and Chair of the Assembly on AII's Asthma Advisory Committee. "Our overarching goal is to create a single, easy-to-navigate site with links to peer-reviewed resources on the Web for any asthma care provider who is looking for materials like treatment guidelines or patient information."

The site will also include all ATS materials on asthma. Dr. Matronarde added that the Virtual Asthma Center, which should be up and running by the end of this year, will eventually include patient education information, case submissions and trainee resources.

(continue on page 8)

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Boehringer Ingelheim

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MESSAGE FROM THE PRESIDENT

John E. Heffner, M.D.

Many years ago, after completing my training in pulmonary and critical care medicine, I joined my first hospital medical staff with youthful confidence that I could manage any clinical problem thrown my way. My first few ICU admissions and pulmonary consultations, however, soon made it clear that I still had much to learn.

In some instances, I didn't have adequate knowledge because the challenges of practice didn't always match the spectrum of diseases I saw during my fellowship. In others, I had to "unlearn" some training lessons because my new setting required different solutions and approaches. I also discovered that I knew perfectly well what to do for some patients, but was unfamiliar with the hospital's non-standardized systems of care and unique roles of interdisciplinary team members.

My first years underscored the paradox that it is possible to have a lot of "newly minted" medical knowledge, but still need time–and on-the-job experience–to become a good doctor by learning new systems of care and other professional skills.

But what do these experiences have to do with the ATS? These days, questions about improving and assessing the outcomes of training for physicians, nurses and allied health care providers have become central to our strategic planning efforts and several new ATS initiatives.

One of the tenets of the ATS Vision, Taking Care of the Future, commits the Society to providing "the next generation of practitioners, advocates and scientists with the knowledge and resources they will need" to advance patient care. This core value became part of our Vision because my fellowship experience was not unique: Much of the content knowledge we learn during training quickly becomes obsolete, even within a few years.

Principles of professionalism and methods for self-directed learning, however, endure. Examples of professionalism include the ability to communicate with our patients not only during the medical interview, but also in discussing organ tissue donation with families, breaking bad news, providing valid, informed consent and incorporating shared decision-making into patient care.

Recent data supports the critical importance of these educational domains, establishing that lack of self-improvement and poor initiative, motivation and adaptability during training correlates with licensing board disciplinary actions during subsequent practice years. Research by Randy Curtis, Secretary-Treasurer of the ATS, has also demonstrated the importance of physicians' communications skills, and ability to spend more time listening than talking to ensure valid end-of-life planning.

As part of its Outcomes Project, the Accreditation Council for Graduate Medical Education (ACGME) recognized this disconnect between training experiences and learning needs in 2001 by it establishing six core competencies for residency training. These are now the main criteria for accrediting training programs, and the ATS is considering how it can integrate these competencies into training the next generation of clinicians in respiratory, critical care and sleep medicine and into maintaining the skills of our experienced practitioners through continuing medical education.

Under the leadership of Polly Parsons, our Training Committee contributes to this effort by examining core competencies for ATS physician trainees. This project was initiated at a conference hosted by the American Board of Internal Medicine (ABIM). Representatives of the Society of Critical Care Medicine (SCCM), the American College of Chest Physicians (ACCP) and the ATS concluded that greater clarity was needed regarding the core competencies of intensivists who enter critical care medicine through different training specialty pathways, such as internal medicine or anesthesiology.

To this end, Polly is collaborating with the Association of Pulmonary and Critical Care Medicine Program Directors, led by Doreen Addrizzo-Harris. Doreen is assisting the ACCP and the ATS to develop an in-training examination for pulmonary critical care fellows. Ongoing interactions with professional certifying boards, such as the ABIM, will link our competencies and curricula with the different specialty boards' blueprints for certifying examination test questions and maintenance of certification programs.

The main thrust of the ACGME Outcomes Project is indeed "outcomes," which requires us to determine how well we actually fulfill our training goals. To meet this challenge, we have a number of "new generation" educators joining our ATS committees. Alison Clay, Assistant Professor in Critical Care Medicine at Duke University Medical Center, joined the Clinical Practice Committee, having served on the Education Committee as a fellow last year. Alison has done interesting work at Duke that assists critical care trainees to develop self-assessment and self-directed learning skills that support life-long learning in a measurable way. Likewise, Scott Lorin from Beth Israel Medical Center in New York has joined the Education Committee. His experience in using simulation technology to measure adequacy of learning applies to both resuscitative skills and the quality of patient-physician communication.

It is clear that medical education has moved beyond the apprenticeship model I experienced during my training. That model became obsolete with the explosion of medical knowledge, expansion of medical technologies and increasingly complex healthcare delivery systems that require trainees to learn more enduring competencies than content knowledge alone. Fortunately, the ATS culture described in our Vision, most notably in our first tenet, a Spirit of Inquiry, allows us to attract and engage members who can help our transition from content knowledge teaching alone to broader competencies with measurable outcomes.

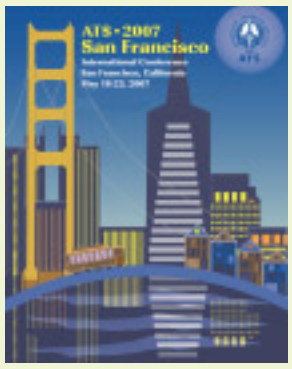
NEWS BRIEFS

SAVE THE DATE: SOTA 2007 IN BOSTON

Mark your calendars: The 12th annual ATS State of the Art Course in pulmonary and critical care medicine will be held at the Westin Copley Place in Boston, **Thursday, March 1 to Sunday, March 4, 2007**.

Course directors Drs. Jesse Hall and Gregory Schmidt once again expect to provide more than 25 lectures and seven "Meet the Professor" sessions over three-and-a-half days. For more information, please contact Miriam Rodriguez, Manager of ATS Education and Training Programs, at mrodriguez@thoracic.org or (212) 315-8639.

CALL FOR ELECTRONIC SUBMISSION OF ATS ABSTRACTS FOR 2007



James M. Beck, M.D., Chair of the ATS International Conference Committee, invites you to submit abstracts to ATS 2007 in San Francisco, which will be held from May 18 to 23.

Submission of abstracts on all aspects of respiratory, critical care and sleep diseases and disorders (including basic and clinical science, epidemiology and social, biobehavorial, psychosocial and educational) are welcome for presentation.

The electronic abstract submission deadline is Wednesday, **October 18, 2006** (11:59 p.m. Central Time). For instructions and for electronic submission of abstracts, visit the ATS Web site at www.thoracic.org/go.cfm?call4abstracts.

The non-refundable processing fee for online abstract submission is $70. For more information, contact the ATS International Conference Unit at (212) 315-8658, by fax at (212) 315-8653 or by e-mail at ats2007@thoracic.org.

CALL FOR NOMINATIONS FOR 2007 ATS OUTSTANDING CLINICIAN AWARD

Each year, the ATS honors an exemplary pulmonary/critical care clinician through its Outstanding Clinician Award. The recipient is an individual recognized by his/her peers as having made substantial contributions to the clinical care of patients with lung disease, and to the missions of the ATS and the American Lung Association on a local and/or national level.

Any ATS or chapter member interested in nominating a colleague must forward the name and other pertinent information about the prospective nominee to the administrator of the local ATS chapter, after receiving confirmation that the nominee agrees to be considered. From that point, the nominee may advance through the selection process described below.

PHASE ONE

Each ATS chapter will select, either by vote of its full membership or by action of its Executive Committee, its own Outstanding Clinician Award recipient who will be recognized at chapter events and through chapter communications, such as mailings, newsletters and e-mail messages. Upon selection, the chapter administrator will forward an application to the ATS office to consider the local recipient for the national ATS Outstanding Clinician Award. Each ATS chapter and its respective lung association are eligible to submit one nomination for the national award by **October 27, 2006**.

PHASE TWO

The ATS Outstanding Clinician Award Selection Committee, comprising the Executive Committee of the Council of Chapter Representatives (CCR) and the chairs of the ATS Awards Committee, Assembly on Clinical Problems and Assembly on Pediatrics, will develop a slate of three finalists from all chapter nominations received. The slate will be presented at the winter CCR meeting in 2007.

At the meeting, chapter representatives and/or administrators, casting one vote per chapter, will select the 2007 ATS Outstanding Clinician Award recipient. The national recipient will be honored at the ATS Awards Ceremony at the 2007 International Conference in San Francisco.

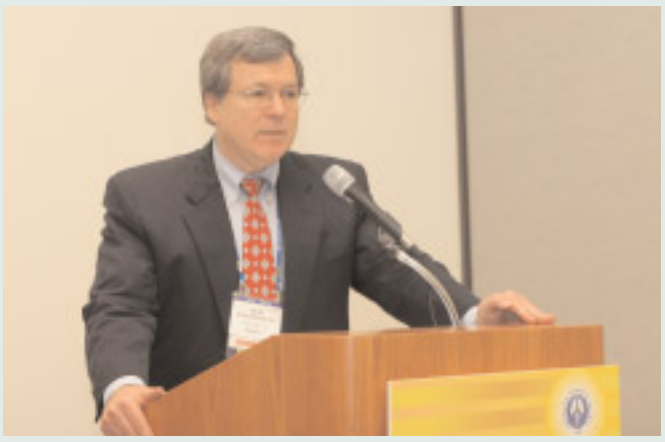
In addition, all ATS chapter Outstanding Clinician Awardees will be recognized through signage at the Center for Clinicians & Fellows and will receive an elegant wood plaque jointly presented by the ATS and their respective chapters.

For information on contacting your local chapter or to see more information on the local chapter and national ATS Outstanding Clinician Awards, please visit the ATS Web site at **www.thoracic.org/sections/chapters** or contact Allan P. Gordon, Associate Director of ATS Member Services & Chapter Relations, at agordon@thoracic.org.

2006 CONFERENCE RECEIVES RECORD PRESS COVERAGE

This year, a record number of national and international press covered the ATS International Conference. Since May, more than 800 media outlets–including the Associated Press, CNN and 55 of the top 100 newspapers in the U.S. by circulation–featured articles mentioning the meeting. Here is a selection of presentations that received the most media attention.

- **HHS Report Indicates Two-Thirds of ICU Patients Receive Suboptimal Care**
  - *South Florida Sun-Sentinel*
  - *Allentown Morning Call*
  - *Austin American Statesman*
  - *Boston Globe*
  - *Biloxi Sun Herald*
  - *Star Ledger*
  - *Hartford Courant*
  - *Kansas City Star*
  - *Las Vegas Sun*
  - *Minneapolis Star Tribune*
  - *Newsday*
  - *USA Today*
  - *Washington Post*
  - *AM New York*
- **Results And Interpretation Of Fluid And Catheter Treatment Trial (FACTT)** and **Study Design And Methods In The Fluid And Catheter Treatment Trial (FACTT)**
  - *Baltimore Sun*
  - *Los Angeles Times*
  - *HealthCentral*
  - *DrKoop.com*
  - *Medical Post*
  - *Reuters Health*
  - *Medscape.com*
  - *Dallas Morning News*
  - *Press Democrat*
  - *Globe and Mail*
  - *Yahoo! News*
  - *Forbes.com*
  - *Personal MD*
  - *Doctor's Guide to the Internet*
- **Asthma Intervention Research (AIR) Trial Evaluating Bronchial Thermoplasty: Early Results**
  - *Wall Street Journal*
  - *New York Times*
  - *Denver Post*
  - *Fort Worth Star-Telegram*
  - *Honolulu Advertiser*
  - *Houston Chronicle*
  - *Las Vegas Review Journal*
  - *Lincoln Journal Star*
  - *Miami Herald*
  - *Fresno Bee*
  - *Seattle Times*
  - *Birmingham News*
  - *Memphis Commercial Appeal*
  - *Charleston Gazette*
- **Exposure to Cats in Infancy Is Associated with Increased Prevalence of Eczema in Children of Non-Asthmatic Mothers**
  - *ABC News*
  - *FOX News*
  - *Daily Mail (UK)*
  - *WebMD*
  - *British Broadcasting Corporation*
  - *Yahoo! Health News*
  - *Herald Sun (Melbourne, Australia)*
  - *CBS News*
  - *MedPageToday.com*
  - *MSNBC*
  - *Therapy Times*
  - *Science Daily*
  - *Forbes.com*
  - *World Times*
- **Short Sleep Is a Risk Factor for Weight Gain**
  - *Arizona Daily Star*
  - *Boston Herald*
  - *Columbus Dispatch*
  - *New York Post*
  - *Newsday*
  - *Reading Eagle*
  - *Ivanhoe Newswire*
  - *Bloomberg News*
  - *United Press International*
  - *Associated Press*
  - *CBS News*
  - *BBC*
  - *Scripps Howard News Service*
  - *WebMD*
- **Marijuana Use and Lung Cancer: Results of a Case-Control Study**
  - *CNN*
  - *Orange County Register*
  - *Washington Times*
  - *Scientific American*
  - *New York Daily News*
  - *Winston-Salem Journal*
  - *Times of India*
  - *Denver Rocky Mountain News*
  - *San Francisco Chronicle*
  - *MSNBC*
  - *Reuters Health*
  - *Seattle Post-Intelligencer*
  - *Washington Post*
  - *Arizona Republic*



Herb Wiedemann, M.D, presented his research on fluid management of the critically ill during a press conference at the Conference. His research was later published in the *New England Journal of Medicine.*

WHO'S WHO at ATS

ROBB GLENNY
HOOKED ON PULMONARY MEDICINE

In his quest to better understand pulmonary vascular biology, physician-scientist Robb W. Glenny, M.D., has literally gone to extremes.

In 1998, to directly test the conventional wisdom that gravity is the primary determinate of blood flow in the lungs, he boarded NASA's zero gravity airplane—sometimes called the "weightless wonder" or the "vomit comet"—and set up a laboratory with seven researchers.

During repeated 65-second parabolic flights over the Gulf of Mexico, Dr. Glenny and his team measured pulmonary blood distribution in animals under normal, micro and increased gravity. Their findings—that gravitational force made little difference in all three scenarios—confirmed their hypothesis that blood flow is more dependent on the geometry of the pulmonary vascular tree than it is on gravity.

"To me, this experiment was most rewarding because it supported our predictions from fractal models that reached the same conclusions," said Dr. Glenny, who heads the Division of Pulmonary and Critical Care at the University of Washington in Seattle. "With my background in engineering and computer science, it is gratifying to make a discovery using mathematical modeling, and to confirm it in a 'real-world' setting."

He adds that fractals, geometric patterns used to produce shapes that cannot be represented by classical geometry, are especially useful in computer modeling of physiologic systems.

Dr. Glenny (top center), with his research team aboard the NASA KC-135 in 1998, found this study "most rewarding because it supported predictions from fractal models that reached the same conclusions."

An Indirect Path to Medicine

Before enrolling in the University of Virginia School of Medicine in 1980, Dr. Glenny planned on pursuing a career as a biomedical engineer. Yet, after completing his undergraduate work in engineering and earning a master's degree in computer science from Duke University, he realized his chosen field lacked a crucial element: patient care. "To a large degree, I've incorporated my technical interests with my passion for pulmonary physiology and mathematical modeling," he said. "To be able to use these tools while caring for patients is what makes it all come together."

Since publishing "Redistribution of Pulmonary Perfusion during Weightlessness and Increased Gravity" in the *Journal of Applied Physiology* in 2000, Dr. Glenny has continued to document the geometry of the pulmonary vascular tree through comparative animal models and fractal math, two techniques he says have been "dominant themes" throughout his career.

"Fractals provide unifying, simple models that are incredibly useful in understanding complex organ systems, like the lungs," he said. "More importantly, they make you see structure and function from all different perspectives, including those that defy the general consensus."

While he became "hooked" on pulmonary medicine during his internship and residency at Duke University, it wasn't until he began his fellowship at the University of Washington that he learned how using fractals could give insight into the lungs. "When I was in medical school, the mathematics had not yet made it into textbooks," he said. Once he arrived in Seattle, however, he met Jim Bassingthwaithe, M.D., Ph.D., a scientist who introduced him to fractal math and encouraged him to go in this "new direction."

Striking a Balance

Nearly 20 years later, as head of his division, Dr. Glenny divides his time between research, clinical work, teaching and administrative responsibilities. "One of the best things about the program here is that you can strike a balance like this," he said.

In addition to serving as Professor of Medicine, Physiology and Biophysics, he attends in the University Medical Center's ICU and directs the Lung Care Service Line. He also has a general outpatient clinic at Harborview Medical Center.

Although he has already written more than 100 articles and seven book chapters, Dr. Glenny has no plans to slow down. When he's not in the clinic, he is working on five active grants, four of which are funded by the NIH.

"All of my research up to this point focuses on various aspects of pulmonary physiology and circulation in relation to normal, healthy lungs," he explained. "The next stage will be to shift my focus to the vasculature and geometry of diseases like pulmonary hypertension and acute lung injury."

ATS Involvement

Since joining the ATS, Dr. Glenny has been active in the Assemblies on Pulmonary Circulation and Respiratory Structure and Function, which he feels "cater" to his research and clinical interests. He also chairs the ATS Nominating Committee, and serves on the Research Advocacy Committee and the Scientific Advisory Committee.

"The ATS is unique in that it gives people the opportunity to become involved in a national membership early in their careers," he said. "For me, this meant getting to know colleagues and developing mentors across the country, which helped enormously when I was first starting out."

On a Personal Note

Dr. Glenny lives in Seattle with his wife, Anne, a registered nurse, and their three children. In his free time, he enjoys coaching and playing soccer, traveling with his family, and maintaining a hydroponic greenhouse, where he grows vegetables year round.

"Working in the greenhouse is soothing, but home remodeling is my occupational therapy," he added with a laugh. "There's just something cathartic about pounding nails and thinking about things."

NEWS BRIEFS

"BEST OF ATS 2006"
Webcasts Now Available

The presenters' slides and/or audio of more than 100 sessions presented at the 2006 ATS International Conference are now available through the Society's "Best of ATS Conferences" portal, accessed exclusively through the ATS Web site at www.thoracic.org.

All full-Conference paid registrants at ATS 2006 in San Diego are being sent information on how to access free-of-charge more than 60 sessions presented from Sunday through Wednesday at the 2006 meeting. Full-Conference paid registrants who are ATS members will be able to use their ATS member login to access the portal.

New "Best of ATS Conferences" programs for 2006 include more than 400 presentations, including all four Clinical Year in Review sessions, all fifteen evening postgraduate courses and, for additional fees, select postgraduate courses and the 2006 State of the Art Course.

Access to webcasts of Friday and Saturday postgraduate courses will be available to ATS members who were full-Conference paid registrants at a reduced rate. Other ATS members and non-members, who were unable to attend the Conference or did not attend as full-Conference paid registrants, will also be able to access the 2006 webcasts at special pricing.

For more information, click on the "Best of ATS Conferences" button on the Society's homepage.

HELP SELECT THE NEXT ATS SECRETARY-TREASURER

The ATS Nominating Committee is seeking candidates to be elected ATS Secretary-Treasurer for 2007 to 2008. Remember, the successful candidate will advance through the leadership offices and serve as ATS President in 2010 to 2011.

To submit your nomination:

1) Get permission from the candidate to submit his/her name. (Self nominations are also encouraged).

2) Write a nominating letter addressing the qualifications and experience of the nominee in terms of leadership style and skills, scientific and clinical reputation, administrative ability, diplomacy and service to the ATS.

3) Obtain the promise of additional letters of support from two ATS members. Attach their names to your letter.

4) Send these materials to the attention of the "ATS Nominating Committee" by fax at (212) 315-8630 or by mail at 61 Broadway, 4th Floor, New York, NY 10006.

the ADVOCATE

CMS PROPOSES REVISIONS TO OXYGEN REIMBURSEMENT

In July, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule that would significantly change how Medicare reimburses for home oxygen. The rule provides regulatory guidance on the implementation of the recently passed Deficit Reduction Act (DRA).

Under current policy, the CMS pays for oxygen on a monthly rental basis for as long as the Medicare beneficiary needs oxygen. The new rule implements provisions of the DRA by limiting payment for oxygen to 36 months and transferring the title of oxygen equipment, including tanks, backup systems, masks and tubing, to the Medicare beneficiary. The DRA does allow for payments beyond the 36 month period to refill oxygen and for maintenance and repair.

Most surprisingly, the rule changes the oxygen reimbursement system from modality neutral to modality specific, something that was not part of the DRA. The CMS has proposed replacing the existing payment policy from a $200/month payment (+$32/ month for portable systems) to a six-tier system that would be effective January 1, 2007.

The proposed rule also addresses other key issues, such as the useful life of oxygen equipment, provider assignment, requirements for providers to continue service to beneficiaries, warranty requires, reimbursement for service and repair, and equipment replacement provisions.

The ATS Washington Office and the ATS Clinical Practice Committee are analyzing the proposed regulation, and will submit comments on its potential impacts on home oxygen patients.

Medicare's Proposed Six-Tier Payment System for Home Oxygen—This chart lists the new equipment categories, monthly rental reimbursement for 36 months and any continuing reimbursement for refills beyond that period.

EQUIPMENT CATEGORY	EQUIPMENT RENTAL/ REFILLS: Months 1-36	REFILLS ONLY Months: 37-60	TOTAL 36 MOS. PAYMENTS	TOTAL 60 MOS. PAYMENTS
A - Concentrator & gas/liquid portable	$209	$55	$7,524	$8,844
B - Concentrator and/or O_2 generating portable	$241	$0	$8,676	$8,676
C - Gas or liquid stationary& gas or liquid portable	$209	$156	$7,524	$11,268
D –Gas or liquid stationary & O_2 generating portable	$241	$101	$8,676	$11,100
E - Concentrator only	$177	$0	$4,248	$4,248
F - Gas or Liquid stationary only	$177	$101	$4,248	$6,672
Current payment system (Stationary & Portable)	$232	$232	$8,352	$13,920
Current payment system (Stationary only)	$200	$200	$7,200	$12,000

RESEARCH

Senate Provides Less Than One Percent Increase for NIH, Cuts CDC

In July, the Senate Appropriations Committee passed the FY07 Labor Health and Human Services Appropriations bill (L-HHS), which provides funding for the National Institutes of the Health (NIH), Centers for Disease Control (CDC), and the rest of the Public Health Service and the Departments of Labor and Education.

The bill, which is not expected to be considered by the full Senate until after the November elections, provides the NIH with $28.55 billion, an increase of $220 million (+0.78 percent). Institutes of interest to the respiratory community received the following proposed funding:

- *NHLBI: $2,924.3 million (+$4.5 million)*
- *NIAID: $4,395.5 million (+$15.2 million)*
- *NIEHS $641.3 million (+$0.6 million)*
- *NINR: $137.8 (+$0.6 million)*
- *Fogarty International Center: $66.8 million (+$0.5 million)*

The bill provides $6.195 billion for the CDC, a cut of $185.4 million from current funding. Programs of interest to the respiratory community received the following: the TB control program was cut by $1 million, the National Institute of Occupational Safety and Health saw its budget cut by $5 million, and the Chronic Disease Prevention program budget was increased by $9.7 million, including an $800,000 increase for tobacco control related programs.

Senate Funds VA Research Program at '06 Level

In related news, the Senate Appropriations Committee passed the FY07 Military Construction and Veterans Affairs Appropriations Bill, which provides funding for the Department of Veterans Affairs.

Like the House Appropriations Committee, which passed its version of the bill earlier this summer, the Senate committee allotted $412 million for the VA research program, an amount equal to its current budget, and $13 million more than the Bush Administration requested. The committee earmarked $15 million for Persian Gulf War Illness research.

TUBERCULOSIS

Sherrod Brown (D-NM)

Heather Wilson (R-OH)

In July, Representatives Sherrod Brown (D-OH) and Heather Wilson (R-NM) introduced the Comprehensive Tuberculosis (TB) Elimination Action of 2006. If passed, this legislation would expand federal activities on TB control and elimination by:

- Authorizing increased funds for TB training, treatment and education programs at the CDC;
- Authorizing and expanding CDC-sponsored demonstration activities on TB elimination;
- Expanding research and research training programs at the NIH;
- Authorizing funding for the "Blueprint Plan for TB Vaccine Development;"
- Expanding existing TB training programs at the NIH Fogarty International Center;
- Creating loan repayment opportunities for physicians/researchers enrolled in NIH TB training programs.

ATS President John E. Heffner, M.D., sent a letter to the House of Representatives expressing the ATS's strong support of the legislation.

CLEAN AIR

ATS Joins Supreme Court Case on Clean Air Act

The ATS and several other health organizations have filed an amicus curiae or "friend of the court brief" in *Environmental Protection Agency v. Duke Energy Corporation*, a lawsuit to be heard by the Supreme Court regarding the interpretation and enforcement of the Clean Air Act.

The key issue in the case is the definition of "modification" as it is applied to two separate programs within the Clean Air Act: 1) the New Source Review (NSR) program, which requires industrial facilities modernizing their physical plants to install available pollution control equipment, and 2) the Prevention of Significant Deterioration (PSD) program, which requires industrial facilities to maintain "appropriate upkeep" at their physical plants to prevent deterioration that could result in increased pollution.

The section of the Clean Air Act that focuses on the legislative authority of the NSR defines modification as "any change that results in an increase in the hourly rate of pollution emissions." The EPA defines "modification" for the PSD program as any change that results in an increase in the total annual pollution emissions.

In this case, Duke Power conducted renovations on eight power plants in North and South Carolina that allowed it to run the facilities several hours longer each day (at the same pollution/hour ratio) than it could prior to the maintenance effort.

The EPA holds that Duke violated the PSD program by increasing total annual pollution output, while Duke argues that the EPA's definition of modification in the PSD program is invalid. The power company feels the definition of modification in the NSR program enacted by Congress (increasing pollution/hour ratio) should apply to the PSD program. Because the maintenance Duke conducted on their power plants did not increase the pollution/hour ratio (even though they are running the plant more hours per day), they claim they are in compliance with the Clean Air Act.

The Advocate has been prepared by the ATS Washington Office to educate and update ATS members on pertinent legislative and regulatory issues. The ATS Washington Office is the hub of a nationwide Legislative Network that enables state and local ATS and ALA volunteers, members and staff to participate in grass roots advocacy or public policy initiatives. The Washington Office maintains an advocacy Web site at www.thoracic.org/advocacy and can be contacted at (202) 785-3355.

Bill

ATS ASSEMBLIES UNDERTAKE CUTTING-EDGE ASTHMA PROJECTS

(continued from page 1)

Asthma Screening in Children

The Assemblies on Behavioral Science (BSA) and Pediatrics (PEDS) have been examining the following question: Given the currently available evidence, should we be conducting asthma screening in children?

"Because of the large public health burden from uncontrolled pediatric asthma, the urge to conduct population screening is quite natural," said Lynn B. Gerald, Ph.D., M.S.P.H., Co-Chair of "Issues in Screening Asthma in Children."

"Despite the prevalent fervor in some sectors to screen for asthma, a recently published critical analysis suggested that, given the techniques currently available to identify patients with asthma, and the outcomes data from screening programs to date, wide-scale asthma screening should not be undertaken."

Given the "non-trivial costs" of screening on an already burdened healthcare system, the impact of asthma testing on health outcomes must be carefully considered, Dr. Gerald noted. The two ATS assemblies convened a multi-disciplinary panel of experts to examine issues related to screening for asthma in children in May 2005. The proceedings of this workshop, including the group's recommendations for future directions, are expected to appear in *Proceedings of the American Thoracic Society* later this year.

Occupational Asthma

With so many questions about occupational asthma unanswered, the Assembly on Environmental and Occupational Health (EOH) co-sponsored a workshop on the issue with the ERS. The workshop, held in Toronto in May 2004, featured about 60 international experts on the subject. The result was a report that identified 100 key questions and issues related to occupational asthma, which was published in the *European Respiratory Journal* in March 2006.

"Our aim was to highlight the areas that need to be addressed, including the definition of occupational asthma, research questions, diagnosis and social issues resulting from the disease," said Project Chair Susan Tarlo, M.D.

The experts considered ethical issues, such as how genetic screening for risk factors related to occupational asthma might be used to discriminate against workers. They looked at questions that need to be answered through research, including how skin exposure of certain agents might lead to occupational asthma, and what screening measures best detect the disease at an early stage. The experts also examined issues related to quality of life and disability.

The group is planning another workshop in May 2007. "We hope to see what progress has been made in addressing questions raised at the previous meeting, and plan to expand our scope to look at rhinitis and asthma at work," Dr. Tarlo said.

Occupational Allergens

The Assembly on EOH is also raising awareness about occupational allergens that cause asthma. The Assembly sponsored workshops at the 2005 and 2006 ATS International Conferences on low-molecular weight occupational allergens, and hopes to publish the proceedings in 2007.

Low-molecular weight occupational allergens are much smaller than high-molecular weight allergens, often possess inherent chemical reactivity, and may cause different immune and asthmatic responses, explained Project Chair Adam Wisnewski, Ph.D.

"High-molecular weight allergens often produce a rapid, early response, while low-molecular weight allergens may be more prone to cause delayed asthmatic responses," he said. "Because of these delayed responses, a worker may not have symptoms until he gets home in the evening, and may not connect his asthma with his work."

Many primary care physicians also may be unaware of how ubiquitous these chemicals are in the workplace, or where they can send samples for testing, Dr. Wisnewski noted.

Another aim of the workshops was to help develop appropriate allergy blood tests for occupational asthma. "There is no specific test right now, other than directly exposing workers to a chemical and seeing if they have an asthmatic attack," Dr. Wisnewski said. "If we can identify people who are sensitive to a particular chemical and can remove them from that occupational exposure earlier, there is evidence their long-term prognosis will improve."

TOP: (L to R) Adam Wisnewski, Ph.D.; Lynn Gerald, Ph.D., M.S.P.H.; John Mastronarde, M.D.
BOTTOM: (L to R) D. Robin Taylor, M.D.; Susan Tarlo, M.D.; Helen Reddel, M.D., Ph.D.

CONFERENCES, COURSES AND MEETINGS

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

DATE & PLACE	TITLE	CONTACT
September 27 to 30 Indianapolis, Indiana	"Integrative Physiology of Exercise, Discovery and Application of Cardiovascular, Pulmonary and Metabolic Science," sponsored by the American College of Sports Medicine	Phone: (317) 637-9200, ext. 135 e-mail: jsenior@acsm.org www.acsm.org
October 4 Cincinnati, Ohio	"Spirometry for Physicians," sponsored by the University of Cincinnati, Department of Environmental Health	Phone: (513) 558-1234 Fax: (513) 475-7711 www.DrMcKay.com
October 18 Hartford, Connecticut	**"Connecticut Thoracic Society Annual Meeting," held in conjunction with the American Lung Association of Connecticut's "Women's Health Conference and Luncheon"**	**Phone: (860) 289-5401 www.alact.org**
October 21 to 26 Salt Lake City, Utah	"CHEST 2006," sponsored by the American College of Chest Physicians	Phone: (800) 343-2227 www.chestnet.org
October 23 to 25 Cincinnati, Ohio	"Respiratory Protection & Fit Testing Workshop," sponsored by the University of Cincinnati Department of Environmental Health	Phone: (513) 558-1234 www.DrMcKay.com
October 31 to November 4 Paris, France	**"37th Union World Conference on Lung Health Update," sponsored by the International Union Against Tuberculosis and Lung Disease**	**e-mail: paris2006@iuatld.org www.worldlunghealth.org**
November 13 to 14 Bethesda, Maryland	**"Fourth Symposium on the Functional Genomics of Critical Illness and Injury: Surviving Stress," sponsored by the National Institutes of Health**	**Phone: (410) 377-0110 e-mail: Anne@strategicresults.com www.strategicresults.com/fg4/**
November 19 to 22 Kyoto, Japan	**"11th Congress of the Asian Pacific Society of Respiratory (APSR)"**	**Phone: + 8175 751 3832 www.apsr2006.org**
March 1 to 4, 2007 Boston, Massachusetts	**"The ATS State of the Art Course in Pulmonary Medicine and Critical Care"**	**Miriam Rodriguez Phone: (212) 315-8639 e-mail: mrodriguez@thoracic.org www.thoracic.org**

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.

WHITE

2005 Firestone Riesling ($7 to $9). Here is another widely available bargain standard that should be tried every year. This vintage is marked by lush ripe fruit with a touch of sweetness. There is a very appealing element of green olive that takes the edge off the sweetness. The critical part—acidity—is excellent. This wine should be drunk quite cold—as it warms in the glass, the sweetness takes over. The wine does not see oak, and is very clean, straight-forward and refreshing.

RED

2004 Hahn Cabernet ($9 to $11). Hahn is on a roll—I have recommended their Meritage previously. This vintage, better than their 2003 version, has lovely vanilla that integrates with very forward black cherry fruit on both the nose and palate. It is soft, ripe and rich on the palate and the combination of ripeness, vanilla and alcohol make it seem almost a touch sweet, but it does not have significant residual sugar and is therefore dry. It is very approachable right now with soft tannins and good acid balance, and will do well for perhaps two to three years. But why age it when it is so nice right now?