ANNUAL REPORT

2015-2016





Contents

3	Presidents' letter
5	Introduction
6	Advancing respiratory science
8	Fostering scientific exchange and dialogue
10	Disseminating knowledge
11	Enhancing public health
12	Supporting young scientists
13	Nurturing local collaboration
14	Building industry partnerships
16	Promoting global health
18	Teaching the teachers
19	Enabling continuous learning
21	Providing guidance on clinical care
22	Advancing patient care
23	Executing the ATS mission
24	Maintaining a strong society
25	Communicating the news
27	Financial highlights
29	Board of directors
31	Committee chairs

33 | Journal editors

Presidents' letter

The mission of the ATS is to improve health worldwide by advancing research, clinical care, and public health in respiratory disease, critical illness, and sleep disorders. During the past two years, the Society has taken numerous concrete steps to help advance that mission on a global level.

The key to this success is developing talent to sustain the effort for years to come. That is why the next generation has been a core theme for the past several years, and continued during our presidencies.

The International Conference has long been a cornerstone of the Society and a place where "today's science meets tomorrow's care." With this in mind, we are expanding our program offerings to young professionals so they can learn about the extraordinary opportunities in the fields of respiratory, critical care, and sleep medicine. Our Resident Boot Camp is a two-day course for third- and fourth-year internal medicine and pediatric residents (as well as chief residents and hospitalists) who have matched into an adult or pediatric pulmonary and critical care fellowship program. The Boot Camp provides residents with knowledge that all incoming first-year fellows should have. In the past two years the program has grown from 70 to 140 participants and has a long waiting list.

The Fellows Track Symposium allows adult and pediatric fellows in pulmonary, critical care, and sleep medicine programs to attend a two-day course covering cutting-edge topics in the field of respiratory medicine. That program has grown from 125 to 225 participants in the past three years.

The Student Scholars Program provides medical, graduate, and nursing students with exposure to the excitement of the scientific, translational, and clinical information presented at the conference. It offers a compelling series of reasons for students to consider applying to an adult or pediatric pulmonary, critical care, and sleep fellowship program after their residency. Of course, the ultimate goal is to increase physician workforce numbers in clinical and research careers in these critical areas.

The ATS Foundation Research Program advances the fight against respiratory diseases by providing funding for junior investigators just starting their research careers. The ATS awarded 25 such grants in 2015.

Not all programming for young professionals is offered at the International Conference. The Global Scholars Program was created to help address the shortage of advanced training programs in respiratory, critical care, and sleep medicine in middle- and low-income countries where the burdens of these diseases and conditions are immense. Junior professionals learn via live webinars about a range of related topics. Students who successfully complete the program will receive certificates designating them as ATS Global Scholars, which can be used to help establish credentials with government agencies, professional colleagues, and patients. In addition, top candidates receive travel scholarships to attend the next ATS International Conference. The Global Scholars Program is the presidential initiative of Atul Malhotra, MD (2015-2016) and has numerous sites throughout Africa and India.



Atul Malhotra, MD



Thomas Ferkol, MD

The Global Leadership Program aims to identify, train, and foster an international community of peer leaders and advocates in adult and pediatric pulmonary, critical care, and sleep medicine by annually selecting 20 to 25 international members who are within 10 years of completing their fellowship. These future leaders will have training in 'team science' and collaborate with diverse team members to support academic organizational leadership, learn to manage change initiatives within complex organizations, and adapt their leadership behaviors to effectively address strategic, operational, and global challenges. Ultimately, the ATS Leadership Program provides additional training for promising early career physicians and future leaders in respiratory science and, by extension, the Society.

To help further our global mission of reducing lung morbidity and mortality, ATS has joined with its partners in the Forum of International Respiratory Societies to promote the "Decade of the Lung" and aggressively advocate for moving five key respiratory diseases—asthma, COPD, lung cancer, respiratory infections, and tuberculosis—to the top of the world's public health agenda. Similar efforts have achieved impressive results, such as the successful promotion of the importance of lung health at the United Nations' High-Level Meeting on Non-communicable Diseases and its satellite programs.

In many parts of the world, we are best known for the ATS MECOR program. Each year we support research physicians and related health care professionals in middle- and low-income countries who attend an intense one-week course designed to strengthen their capacity and leadership in epidemiological, clinical, and operations research. MECOR currently has more than 1,800 graduates in Asia, Africa, Latin America, and the Middle East. Many MECOR graduates have received additional funding from the ATS Foundation to allow them to continue pursuing their own research projects.

Moving forward, ATS will continue to expand its longstanding commitment to young professionals while building its international presence, all in the name of advancing the ATS mission.

Thomas Ferkol, MD President

American Thoracic Society

2014-2015

Atul Malhotra, MD

President

American Thoracic Society

2015-2016

Introduction



Respiratory diseases remain one of the main threats to public health worldwide. Regardless of whether you live in New York City, a small village in Uganda, or a suburban community in China, the risk of respiratory-related disease is significant. In fact, according to the Forum of International Respiratory Societies, of which the American Thoracic Society is a founding member, more than 500 million people globally suffer from a respiratory-related disorder. Some of these are well known, such as asthma, COPD, lung cancer, and tuberculosis. Others, such as sarcoidosis, scleroderma, and lymphangioleiomyomatosis, are rare and chiefly only known to those who live with them, their families, and doctors. Some of the causes are well known, including environmental conditions and heredity. Others are not.

However, there is a common thread that unites all these diseases: the need for research into causes and cures and the ability to translate that research into clinical care. Since 1905, the American Thoracic Society has been pursuing research and clinical care to improve lung health on a global level. In 2015 we continued to make important strides to fulfill that mission, as outlined in this annual report.





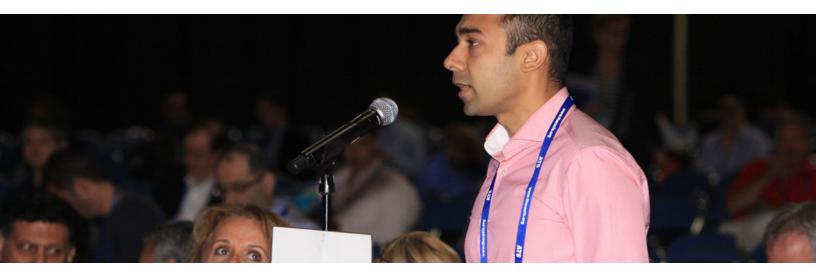








Advancing respiratory science



The American Thoracic Society has 14 **assemblies** and three sections that are subdivisions of the Society. Representing the heart of the Society's mission, all are comprised of members with similar interests within the broad fields of respiratory, critical care, and sleep medicine. Through these assemblies and sections, ATS members review, analyze, and disseminate the latest basic science, translational, and clinical information. This collaboration brings together expertise from many different institutions, not to mention countries, on scientific problems and clinical issues. This meeting of the minds often results in a dialogue that advances biomedical sciences, improves patient care, and reduces the prevalence of disease.

One of the most important functions of the assemblies and sections is programming the ATS International Conference. Among those in the respiratory community, the conference is widely recognized as featuring the best science. This is no accident. Our assemblies and sections reflect our members' commitment to innovation.

Assemblies also offer a forum for members to launch projects and activities that benefit their own work in the field and the ATS at large. For new ATS members, assemblies represent a conduit for ensuring that the greatest benefits of ATS membership are attained.

In 2015, highlights of assembly activities included:

- Assembly mentoring programs: Designed to foster formal facilitated mentoring connections, ATS Assembly Mentoring Programs offer valuable advice and wisdom at critical points in a member's career development. In 2015, the ATS had nine successful mentoring programs, including the Assemblies on Behavioral Science and Health Services Research, Critical Care, Sleep and Respiratory Neurobiology, and Thoracic Oncology. Combined, 2015 ATS Mentoring Programs served more than 400 participants and matched 208 mentees. Looking ahead to 2016, the ATS Assemblies on Nursing and Pediatrics will create a mentorship program to identify key networking and other opportunities.
- Journal clubs: Journal clubs explore high-impact literature and approaches used to
 address clinical, translational, and basic research problems. The journal clubs are
 conducted on a web-based platform that allows real-time discussion both online
 and by phone. This interactive setup benefits fellows and trainees, who have the
 opportunity to take an active role in participating and leading a session. Members
 can also receive academic credit for this through their institutions. In 2015, all ATS
 assemblies conducted journal clubs on a regular basis.

• **Digital communications**: Assemblies are increasingly leveraging the opportunities presented by online and social media to share ideas and advance basic and translational research and clinical care. Many assemblies have their own Facebook and Twitter accounts, and several also produce podcasts on a regular basis.

ATS Scientific Assemblies

Assembly on Allergy, Immunology and Inflammation (All)

Assembly on Behavioral Science and Health Services Research (BSHSR)

Assembly on Critical Care (CC)

Assembly on Clinical Problems (CP)

Assembly on Environmental, Occupational and Population Health (EOPH)

Assembly on Microbiology, Tuberculosis and Pulmonary Infections (MTPI)

Assembly on Nursing (NUR)

Assembly on Pediatrics (PEDS)

Assembly on Pulmonary Circulation (PC)

Assembly on Pulmonary Rehabilitation (PR)

Assembly on Respiratory Cell and Molecular Biology (RCMB)

Assembly on Respiratory Structure and Function (RSF)

Assembly on Sleep and Respiratory Neurobiology (SRN)

Assembly on Thoracic Oncology (TO)



Fostering scientific exchange and dialogue



The ATS International Conference is where 15,000 clinicians, researchers, academics, and related health care professionals in the fields of respiratory, critical care, and sleep medicine gather to meet, share, network, learn, and, ultimately, move the needle on lung health. It truly is the place for everyone interested in being where today's science meets tomorrow's care.

At the 2015 ATS Conference in Denver, the Society marked the 110th anniversary of its founding. To celebrate this historic moment, the Society presented the Discoveries Series, featuring eight lectures given by leading scientists, clinicians, and public health experts on major biomedical discoveries and public health milestones that changed the trajectory of pulmonary, critical care, and sleep medicine. Topics included:

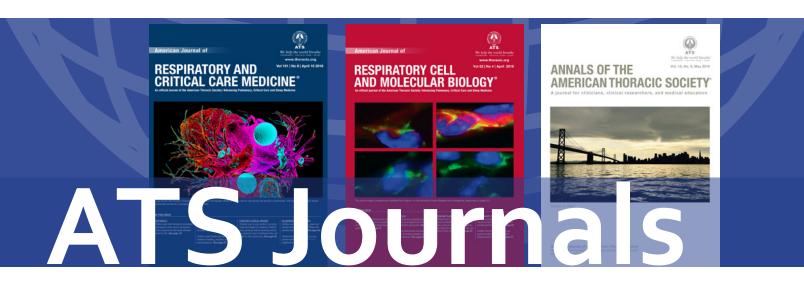
- "Past, Present, and Future of Bronchoscopy," presented by Atul Mehta, MD
- "Mechanical Ventilation: From Vesalius to VILI," presented by Arthur Slutsky, MD
- "Lung Regeneration: An Achievable Mission," presented by Darrell Kotton, MD
- "Two Billion and Counting: Reinvigorating the Battle against an Old Foe, TB," presented by Trevor Mundel, MD, PhD
- "The Surgeon Generals' Reports: Fifty Years of Progress," presented by Jonathan Samet, MD, MS
- "Asthma: The Emergence of Molecular Phenotyping and Its Impact on Therapy," presented by Sally Wenzel, MD
- "Lung Development and Disease: Lessons from Newborn Infants," presented by Jeffrey A. Whitsett, MD
- "Sleep Disordered Breathing –An Opportunity to Apply P4 Medicine," presented by Allan I. Pack, MBChB, PhD

ATS 2015 also featured more than 800 speakers participating in 500 sessions and more than 6,000 abstracts and case reports. In addition to the general sessions, the conference featured postgraduate courses; meet the professor, sunrise, faculty development, and medical education seminars; thematic seminar series; and workshops. The exhibit hall had more than 200 exhibitors.

ATS In	ternational Conferenc	e
	2014 (San Diego)	2015 (Denver)
Total Attendance	14,388	13,610
Total Abstracts	5,743	5,482
Total Case Reports	761	830
Late Breaking Abstracts	264	182
Exhibiting Companies	212	219
Countries Represented	93	95



Disseminating knowledge



The ATS publishes three peer-reviewed **journals** to help clinicians, researchers, and others interested in adult and pediatric pulmonary, critical care, and sleep medicine keep up to date on the latest developments in respiratory medicine.

The American Journal of Respiratory and Critical Care Medicine (Blue Journal) focuses on human biology, disease, and translational research, as well as select animal studies that contribute to the understanding of the pathophysiology and treatment of diseases that affect the respiratory system and critically ill patients. Clinical trials are published, along with review, state-of-the-art, and original research articles. The Blue Journal has the highest impact factor in its field.

The American Journal of Respiratory Cell and Molecular Biology (Red Journal) publishes papers that report significant and original observations in the area of pulmonary biology. The focus of the Journal includes, but is not limited to, cellular, biochemical, molecular, developmental, genetic, and immunologic studies of lung cells and molecules.

Annals of the ATS (White Journal) publishes authoritative coverage of adult and pediatric pulmonary and respiratory sleep medicine and adult medical critical care. The Journal encompasses content that is applicable to clinical practice, the formative and continuing education of clinical specialists, and advancement of public health.

During the past year, the ATS introduced many significant enhancements to improve the overall value of the journals. These include:

- Institution of ORCID: unique identifier for author names
- A Kudos partnership that will improve usage and citations for authors
- New editor columns in ATS News to raise the overall visibility of key articles
- More clinical trials published in AJRCCM
- Establishment of the AJRCCM Early Career Group to involve, encourage, and support junior scientists in the publication process. The group of 5 handles the editorial processes for the Image and Beyond the Blue journal sections
- Faster review turnaround time for AJRCMB manuscripts
- AnnalsATS Core Curriculum Series
- CME, ABIM, and ABP MOC certification options for AnnalsATS
- Two journal sessions scheduled for the ATS International Conference
- The availability of archived content from AJRCCM dating back to 1959

Enhancing public health



Advocacy is a core priority at the ATS. The Society maintains a government relations office in Washington, D.C. that represents ATS members and their patients and supports the regulatory and legislative priorities crucial to advancing pulmonary, critical care, and sleep medicine. Through the Washington office, the Society offers science-based studies and testimony before congressional panels, lobbies members of Congress, maintains strong relationships with key federal agencies, such as the NIH, EPA and the VA, and files amicus briefs when regulations are challenged in court.

The Society's major priorities and accomplishments for the past year include:

- Supported budget increases for research funding at the National Institutes of Health and Veterans Administration
- Secured clarification that Medicare will cover low-dose computed tomography scans and follow-up visits ordered by specialists treating lung cancer patients
- Advocated for a stricter U.S. Environmental Protection Agency (EPA) standard for ozone pollution and carbon pollution
- Supported stable funding for respiratory health programs at the Centers for Disease Control and Prevention and the EPA
- Supported increased Medicare reimbursement for pulmonary rehabilitation services
- Blocked legislation that would have stopped, weakened, or delayed the EPA's authority to regulate air pollution
- Supported Department of Housing and Urban Development policies to eliminate smoking in multi-unit public housing
- Met with Food and Drug Administration (FDA) and White House officials urging swift and effective FDA regulation of all tobacco products, including e-cigarettes
- Participated in court action to ensure that quality medical experts can participate in federal advisory panels
- Supported legislation to reauthorize and expand U.S. and international tuberculosis control efforts
- Participated in court action to preserve the EPA's authority to regulate greenhouse gas emissions
- Provided timely coding, billing, and regulatory compliance information to practicing clinicians

Supporting young scientists



More than 500 million people worldwide suffer from chronic respiratory conditions, affecting those in every country and every socioeconomic group.

The **ATS Foundation** is the philanthropic arm of the American Thoracic Society. It was established in 2004 to raise funds for the ATS Foundation Research Program to advance the fight against respiratory diseases by providing funding for junior investigators just starting their research careers.

Since its inception, it has given 189 awards totaling more than \$14.9 million. Importantly, because the Foundation is supported by the ATS, 100% of research donations go toward research grants and awards.

In 2015, the Foundation raised \$841,364 for the ATS Foundation Research Program, exceeding 2014 research revenues by 19%. Other notable accomplishments included:

- Launched a recurring giving program, providing donors with a convenient way to donate to the Foundation on a monthly basis
- Kicked off the 2015 Assembly Challenge during the month of December, resulting in the Foundation gaining 100 new donors
- Increased social media presence on Twitter, Facebook, and Instagram
- Redesigned the ATS Foundation's website

The funds raised by the ATS Foundation are invested in talent that will enrich the respiratory research community for years to come. It dedicates resources to outstanding young investigators and underfunded areas of inquiry, such as rare diseases, providing grant support worldwide to combat the global burden of respiratory diseases. Based on 2014 fundraising efforts, the ATS Foundation Research Program was able to give 20 awards, totaling \$565,000, in 2015. These were distributed as follows:

- Partner awards (the grant award is split between ATS and its partner to fund diseasespecific research)
- 6 Unrestricted awards
- 3 Recognition awards
- 4 MECOR awards

Also in 2015, Letters of Intent submitted to the Research Program, an important first step in the grant application process, increased 80% versus 2014. This important benchmark illustrates how competitive the ATS Foundation Research Program has become.

Nurturing local collaboration



Under the banner of the American Thoracic Society, **Thoracic Society Chapters** represent states or wider geographic areas. Each chapter designates a representative to the Council of Chapter Representatives (CCR), and three elected CCR officers in turn serve as voting members of the ATS Board of Directors.

Chapters enjoy continuous growth at the ATS. Currently, there are 18 active chapters; there were 17 in 2014 versus 14 active chapters four years ago. In addition, six new chapters are in the early planning stage. Educational meetings to share knowledge are at the core of the chapter mission. Meetings can take many forms, including one or multi-day annual conferences and quarterly or monthly case conferences. Most offer specific opportunities for visibility by fellows in poster sessions, fellows forums, and related activities. Chapter highlights from the past year include:

- Awards: The 2015 ATS Outstanding Clinician Award recipient was James Lamberti, MD, nominated by the Metro DCThoracic Society Chapter. Additionally, members from Arizona, California, and New York State received Chapter Outstanding Clinician Awards.
- Health Equality: The CCR, with input from the Tobacco Action and the Patient and Family Education Committees, created a poster on sleep apnea that was distributed in underserved areas. It directs patients to the ATS patient education information sheet on this topic. It was also circulated at the Public Advisory Roundtable patient conference on sleep apnea and at the ATS Center at the 2015 International Conference. The CCR is planning an e-cigarette poster for 2016.
- Advocacy: For many years now, chapter representatives have participated in the ATS's advocacy efforts. In 2015, 13 chapter representatives participated in ATS Hill Day, where members visit their congressional representatives to advocate for issues that ultimately benefit patients. Chapters also provide local support of ATS advocacy issues.
- Great Cases Symposium: CCR continues to host and/or moderate this popular Symposium at the International Conference.

Building industry partnerships



ATS values its relationships with its industry partners, recognizing that **corporate alliances** are an integral part of improving health worldwide by advancing research, clinical care, and public health in respiratory disease, critical illness, and sleep disorders. To that end, ATS offers a number of opportunities and resources for those businesses and related professional organizations that share the Society's goals.

One such opportunity is the ATS Clinical Trials Resources Page, launched in 2014 in an effort to advance the speed of discovery and develop new solutions for patients. Generating high traffic since its launch, the page connects the ATS community to current, ongoing clinical trials in pulmonary, critical care, and sleep medicine being conducted by participating pharmaceutical and device companies. The ATS hopes to grow this valuable resource for clinicians, patients, and researchers to advance the combined goal of improving and advancing patient care.

In 2015 the ATS Drug/Device Discovery and Development, or 'Quad D', Committee launched a new initiative at the ATS 2015 International Conference to address Dr. Ferkol's presidential theme of developing the next generation of researchers and clinicians. Called the BEAR (Building Education to Advance Research) Cage, this constructive shark tank–like workshop in the Science and Innovation Center was designed to improve highly innovative translational research proposals and promote new opportunities for collaboration and mentorship. The Quad D Committee received 11 proposals from three continents representing all three pillars of the ATS: respiratory, critical care, and sleep medicine. Finalists were chosen to pitch their research in front of a live audience at the conference, with the winner receiving a cash prize.

In addition, corporate partners were generous supporters of the ATS Foundation Benefit. This is the premier social and networking reception held during the conference and is a key source of unrestricted research grants the Foundation awards to young investigators in pulmonary, critical care, and sleep medicine. Corporate partners are always exceptionally supportive of the benefit, contributing \$265,000 to the event in 2015.

Finally, the exhibit hall at ATS 2015 was an enormous success. Two-hundred and nineteen exhibitors showcasing the latest products and services in pulmonary, critical care, and sleep medicine occupied more than 58,000 net square feet of space in Denver, an increase of approximately 18% versus 2014 in San Diego. The exhibit hall for ATS 2014 was honored as one of Trade Show Executive magazine's Fastest 50 for both net square feet and number of exhibitors. (Trade Show Executive Fastest 50 is given to the top 50 fastest-growing trade shows in the United States.)

New members that joined ATS in 2015 included Genentech-Novartis and Mallinckrodt Pharmaceuticals. The membership in the ATS corporate alliance program in 2015 included:

	ATS Corporate Members	
Actelion Pharmaceuticals US, Inc.	BMS-Pfizer Alliance	MEDA Pharmaceuticals Inc.
Allergan, plc	Genentech	Mylan Inc.
Aradigm Corporation	Genentech-Novartis	Sunovion Pharmaceuticals, Inc.
AstraZeneca LP	Gilead Sciences, Inc.	TEVA Respiratory
Bayer HealthCare	GlaxoSmithKline	United Therapeutics Corporation
Boehringer Ingelheim Pharmaceuticals, Inc.	Insmed Incorporated	Vertex Pharmaceuticals, Inc.
Boston Scientific Corporation, Inc.	Mallinckrodt Pharmaceuticals	Vitalograph, Ltd



Promoting global health



Despite its name, the American Thoracic Society is an international organization. In fact, the ATS has members from 129 countries, and 33% of our membership resides outside the United States.

An overarching principle of the Society is that it has the opportunity and responsibility to improve **world lung health**. Broadly speaking, the ATS pursues this objective through the following activities:

- Engaging international organizations, such as the World Health Organization
- Providing global education, research, and research training
- Engaging ATS members to participate in these initiatives
- Pursuing its broad global health policy
- Providing technical assistance and other capacity-building support

• China

The centerpiece of ATS's international activities is its **Methods in Epidemiologic, Clinical,** and **Operations Research** (MECOR) program. This intensive, one-week course for physicians and related health care professionals is designed to strengthen capacity and leadership in epidemiological, clinical, and operations research related to respiratory conditions, critical care, and sleep medicine in middle- and low-income countries. In 2015, the ATS ran seven such training programs in the following regions:

Latin AmericaAfricaVietnam

Another key effort for ATS is its involvement in the **Forum of International Respiratory Societies** (FIRS), of which ATS is a founding member. Respiratory diseases, in particular the big five—COPD, asthma, acute respiratory infections, tuberculosis, and lung cancer—account for a great burden to society and are a barrier to sustainable development. In fact, respiratory diseases affect more than 500 million people globally, and governments, policy makers, professional societies, donors, and communities should make lung health a global health priority.

Turkey

In order to contribute to this ambitious goal, FIRS launched the Decade of the Lung in September 2015. This initiative advocates for lung health by engaging as many organizations as possible, governmental and non-governmental, to strengthen prevention efforts. These include the implementation of the WHO Framework Convention on Tobacco Control and MPOWER, measures intended to reduce the use of tobacco and establish effective treatment programs.

Finally, the ATS Global Scholars Program was launched in 2015 to help address the shortage of advanced training programs in respiratory, critical care, and sleep medicine in middle- and low-income countries where the burdens of these diseases and conditions are immense. Junior professionals learn via live webinars about a range of topics in pulmonary, critical care, and sleep medicine. The Global Scholars Program is the presidential initiative of Atul Malhotra, MD (2015-2016).

There are 25 lectures in the series, each of which includes a pre- and post-test. Students who successfully complete the program receive certificates designating them as ATS Global Scholars, which can be used to help establish credentials with government agencies, professional colleagues, and patients.

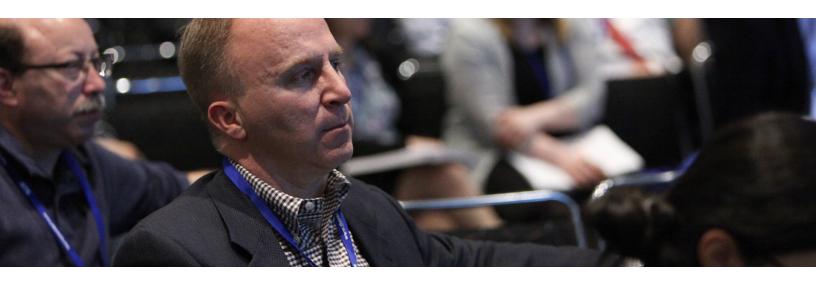
At the end of December 2015, there were a total of 130 students in eight countries. Facilities participating in the program include:

- Mbarara University of Science & Technology (Uganda)
- Mulago Hospital (Uganda)
- Maputo Central Hospital (Mozambique)
- Moi Teaching and Referral Hospital (Kenya)
- Bugando Medical Centre (Tanzania)
- University Teaching Hospital of Kigali (Rwanda)
- Centre Hospitalier Universitaire de Butare (Rwanda)
- AIC Kijabe Hospital (Kenya)
- All India Institute of Medical Sciences (India)
- Jos University Teaching Hospital (Nigeria)
- University of the Andes (Columbia)

Looking ahead, it is anticipated the program will expand to additional hospitals and universities in Latin America, Asia, and Africa.



Teaching the teachers



In 2015, ATS established the **Association of Pulmonary, Critical Care, and Sleep Division Directors**. This unique organization provides a forum for division directors to exchange ideas, seek input on new challenges and, in general, share knowledge, thus providing invaluable resources for this group of leaders. ATS is pleased to provide the staff support for this otherwise independent organization.



In addition, ATS launched the first ATS-APCCMPD-PEPTDA Forum for Clinician Educators at the International Conference in Denver. ATS worked with the Section on Medical Education, the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD), and the Pediatric Pulmonology Training Directors Association (PEPTDA) to present a joint event that featured discussions on best practices for teaching students as well as the 2015 Innovations in Fellowship Education Award.

The new **Emerging Leaders Program** aims to identify, train, and foster a community of peer leaders and advocates in adult and pediatric pulmonary, critical care, and sleep medicine. Participants are nominated by current ATS leaders, who also serve as mentors. These future leaders receive training in team science and collaborate with diverse team members to support academic organizational leadership, learn to manage change initiatives within complex organizations, and adapt their leadership behaviors to effectively address strategic, operational, and global challenges. This program, part of Dr. Ferkol's Presidential Initiative, is an innovation incubator for ideas that can serve the ATS and the participants' home institutions while ultimately helping achieve the larger goal of improving lung health.

Enabling continuous learning



The ATS is dedicated to **life long learning** and the improvement of the pulmonary, critical care, and sleep community. As such, ATS offers many products and programs designed to help foster learning needs at all stages of a professional career. And, the Society is committed to continually improving its overall education resources through our International Conference, publications, and online offerings.

In 2015, the Society doubled the size of the Resident Boot Camp, from 70 to 140 participants. The Boot Camp is a two-day course for third- and fourth-year internal medicine and pediatric residents (as well as chief residents and hospitalists) who have matched into an adult or pediatric pulmonary and critical care fellowship program in July 2016.

In addition, in 2015, ATS completed the first 3-year cycle of Adult and Pediatric Core Curricula. Elements of this program include:

- Nine new American Board of Internal Medicine modules, offering more than 90 new points
- Nine new American Board of Pediatrics Part II modules, three for the Core and six additional postgraduate course modules. Altogether, they total more than 90 new credits
- Core Curriculum AnnalsATS series in which members access Maintenance of Certification (MOC) modules through the journal

Core sessions at the International Conference receive outstanding course evaluations. Participants stated that the core curricula and opportunities to gain MOC credit improved their experiences at the conference and were significant reasons to attend the meeting.

In addition, at the 2015 conference, the ATS programmed six new, skill-based postgraduate courses, including:

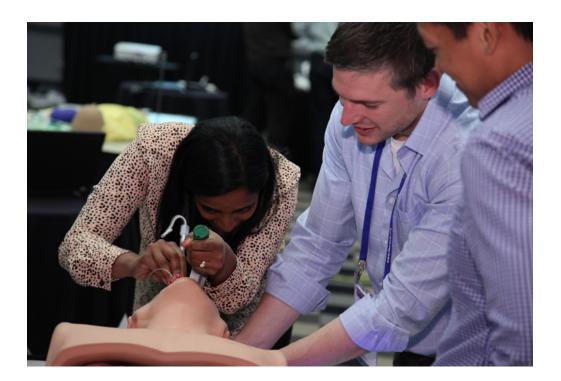
- Bronchoscopy Course and Workshop
- Critical Care Ultrasound and Echocardiography: Part I and Part II
- ECMO: Comprehensive Approach for Pediatric and Adult Critical Care and Pulmonary Practitioners

- New Approaches to Evaluating Function and Exercise in Patients with Pulmonary Disease
- Interventional Approaches to Pleural Diseases: New Concepts and Future Directions

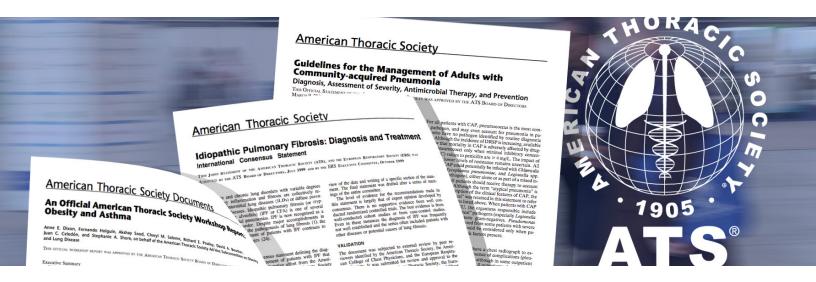
Not all enhancements were focused on the conference. In 2015, ATS launched the ATS Fellowship Toolkit: a website that contains FREE online resources and tools specifically designed for fellows. More than 800 fellows requested access to this resource in just the first four months (June–September).

Improvements to the ATS store include:

- Free access to MOC modules with educational summaries and the ATS Review for the Pulmonary Boards downloadable e-book for ATS members
- Compilation of ATS Scientific and Clinical Sessions webcast library of more than 6,000 presentations from ATS years 2009–2015



Providing guidance on clinical care



Official documents include clinical practice guidelines, policy statements, research statements, technical standards, and workshop reports, many of which are developed collaboratively with other professional societies. Official documents published during 2015 include:

- An Official American Thoracic Society Policy Statement: Managing Conscientious Objections in Intensive Care Medicine
- An Official American Thoracic Society/European Respiratory Society Statement: Research Questions in Chronic Obstructive Pulmonary Disease
- An Official American Thoracic Society Workshop Report: Stem Cells and Cell Therapies in Lung Biology and Diseases
- Official American Thoracic Society Technical Standards: Flexible Airway Endoscopy in Children
- An Official ATS/AACN/CHEST/ESICM/SCCM Policy Statement: Responding to Requests for Potentially Inappropriate Treatments in Intensive Care Units
- An Official American Thoracic Society Workshop Report: Presentations and Discussion of the Fifth Jack Pepys Workshop on Asthma in the Workplace: Comparisons between Asthma in the Workplace and Non-Work-related Asthma
- An Official American Thoracic Society Statement: Importance of Healthy Sleep: Recommendations and Future Priorities
- An Official ATS/ERS/JRS/ALAT Clinical Practice Guideline: Treatment of Idiopathic Pulmonary Fibrosis
- An Official American Thoracic Society Research Statement: Current Understanding and Future Research Needs in Tobacco Control and Treatment
- An Official American Thoracic Society Research Statement: A Research Framework for Pulmonary Nodule Evaluation and Management
- An Official American Thoracic Society/European Respiratory Society Research Statement: Interstitial Pneumonia with Autoimmune Features
- An Official American Thoracic Society/American College of Chest Physicians Policy Statement: Implementation of Low-Dose Computed Tomography Lung Cancer Screening Programs in Clinical Practice
- Pediatric Pulmonary Hypertension: Guidelines from the American Heart Association and American Thoracic Society
- An Official American Thoracic Society/European Respiratory Society Policy Statement: Enhancing Implementation, Use, and Delivery of Pulmonary Rehabilitation

Advancing patient care



Launched in 2014, the **Patient Resources** section of the ATS website is designed to provide high-quality, peer-reviewed patient education materials to a diverse stakeholder audience, including patients, families, caregivers, health care providers, health care systems, and the general public. The Patient Information Series, the Society's premier patient education materials, complies with currently accepted standards for health literacy and is available for free on the website in English and Spanish; many Patient Information Series materials are also published in AJRCCM, the Society's flagship journal. There are nearly 100 covered topics as of February 2016, including a wide selection in pulmonary, critical care, and sleep medicine. A complete list of all patient education materials, in alphabetical and by-topic formats, can be found at www.thoracic.org/patients.

The ATS recently initiated several new patient education materials in alternative formats. These include the new Lung Cancer Screening Decision Aid, which is part of a new decision aid program, and videos featuring lung disease experts and/or patients. Clinicians are encouraged to utilize these materials as part of their health education programming.

In 2015, the ATS also created a special Patient Information Series piece, titled "Asthma Today," that captured related content from the International Conference and synthesized it in a patient-friendly manner. Similar products will be produced from the 2016 conference.

All of these products are designed to complement patient education efforts implemented in various health care environments and can be adapted for dissemination via electronic medical records systems, standard email systems, or hard copy (PDF) format.

The ATS Public Advisory Roundtable (PAR) is a key ATS initiative and a mutually beneficial partnership wherein 15 public interest organizations representing people affected by respiratory diseases, sleep-related conditions, or related critical illnesses collaborate with the Society to advance their shared educational, research, patient care, and advocacy goals. PAR is a unique program among scientific and medical societies worldwide as patients' perspectives are directly integrated into the Society-wide agenda.

Among its programming, PAR sponsors "Lung Disease Week at ATS": a series of weeklong, disease-specific events hosted by patient advocates in conjunction with leading medical experts. Much of the content presented during each Lung Disease Week is specifically developed for patients and their families, and some is intended for physicians and other experts. Content includes patient stories, testimonials, interviews, videos, photos, supportgroup information, details on ongoing legislative efforts, scientific abstracts, and articles.

Executing the ATS mission



Twenty-eight **committees** and subcommittees function as the nerve center of the ATS, directing the wide array of activities that advance the Society's mission. They oversee this work and facilitate implementation in collaboration with other ATS entities (assemblies, task forces, journal editors, etc.) and staff. Some are standing committees; others are formed or re-appointed at the discretion of the President. The President appoints committee members for one-year terms.

ATS Co	mmittees
Awards Committee	Members in Transition and Training Committee
Clinical Practice Committee	Membership Committee
Clinicians Advisory Committee	Nominating Committee
Council of Chapter Representatives	Patient and Family Education Committee
Documents Development and Implementation Committee	Proficiency Standards for Clinical Pulmonary Functions Testing Committee
Drug Device Discovery and Development Committee	Planning and Evaluation Committee
Education Committee	Project Review Subcommittee
Environment and Health Policy Committee	Publications Policy Committee
Ethics and Conflict of Interest Committee	Quality Improvement Committee
Finance Committee	Research Advocacy Committee
Health Equality Subcommittee	Scientific Advisory Committee
Health Policy Committee	Tobacco Action Committee
International Conference Committee	Training Committee
International Health Committee	Web Editorial Committee

Maintaining a strong society



The lifeblood of any society is its **membership**, and the ATS is fortunate to have an active, engaged, and growing membership. In the last two years membership has grown 10.9%, to 15,638 (as of December 2015). ATS continues to enjoy strong international participation, as 33% of our members are located outside the US, representing 129 countries.

This increase reflects a number of factors, including effective member recruitment and retention programs, and a stronger presence at peer conferences around the world that collectively communicate the value of ATS membership. Fundamentally strong membership reflects the fact that researchers, clinicians, academics, and related health care professionals in the fields of pulmonary, critical care, and sleep medicine recognize that ATS is their professional home.

This is borne out by the fact that our membership renewal rate of 86.3% (as of January 2015) is higher than the national average of 79% among 325 membership organizations, as stated by MGI's Membership Marketing Benchmarking Report.

Within the last year, ATS created a new membership brochure and a first-time member testimonial video to broaden the message about the value of ATS to new and prospective members. New member benefits include:

- Springer/ATS respiratory medicine books free e-books and discounted print books
- Guideline pocket cards discounted prices on ATS summary guides



Communicating the news



Given the extensive array of activities the ATS and its members are engaged in on an ongoing basis, **communication** is of paramount importance. In 2015 the ATS continued efforts to expand overall integration of its many communications channels to keep Society members and others interested in pulmonary, critical care, and sleep medicine better informed.

Core elements of ATS communications include:

- Media relations: the ATS leverages its strong relationships with members of the press
 by issuing numerous press releases to promote research, new clinical guidelines, and
 official Society statements on public policy issues. In 2015, ATS activities received
 coverage in numerous news outlets, including *The New York Times, The Wall Street
 Journal, Shanghai Daily, Daily Mail* (UK), CBS News, BBC News, Bloomberg, MedPage
 Today, and others.
- **Newsletters**: These electronic newsletters keep members abreast of current events within the respiratory community as well as at the Society itself:
 - ATS Morning Minute
 - ATS Stat
 - ATS News
 - Coding & Billing Quarterly
 - Washington Letter
 - ATS Conference Reporter
 - ATS Research News Quarterly
- International conference: The International Conference is the largest single
 undertaking of the year, and communications play a critical part in assuring its
 success. Related activities include pre-event marketing, issuing press releases, holding
 on-site press events, and publishing a Daily Bulletin.

• **Websites**: The ATS maintains a number of websites that help promote the Society's mission. These include:

Unique website page vie	ws - 6/1/14 - 5/31/15
Thoracic.org	3,486,926
ATSjournals.org	5,769,206
Conference.Thoracic.org	703,666
Foundation.Thoracic.org	26,820
Patients.thoracic.org	51,207

- ATS patient information series: Thanks to a Google Ad Grant, this series is being
 promoted through Google AdWords. In 2015, the campaign resulted in almost 110,000
 downloads of patient factsheets and more than 10.5 million impressions on the
 Patient section of the ATS website.
- Social media: The Society is active on a number of different outlets and is planning to specialize the communications function for each, including Facebook (79,000 likes), Twitter (10,000 followers), Instagram (1,000 followers), and LinkedIn (4,000 connections).
- **Design:** In 2015, ATS completed a comprehensive rebranding. This has helped present the multiple capabilities of the Society in an integrated manner, position the ATS as a global society, and meet the needs of a new generation of doctors, researchers, opinion and policy makers, and patients.



Financial highlights



The American Thoracic Society continues to enjoy strong financial health. The below **financial highlights** represent the Society's position as of December 31, 2014, the last year for which audited data is available.

As of December 31, 2014, the Society had current assets totaling \$11.5 million and investments totaling \$15.4 million. Property and intangibles totaled \$4.5 million. Total Assets on December 31, 2014 equaled \$31.9 million, compared to \$29.9 million at the end of 2013.

The Society had current liabilities of \$11.9 million. This included \$7.6 million in deferred dues and conference revenue; \$1.7 million owed to the ATS Foundation, and \$1.2 million in defined benefit plan obligations (paid in March 2015).

The ATS had Total Net Assets of \$19.0 million.

Total revenue and support totaled \$26.8 million, a \$2.6 million increase from the prior year. Expenses totaled \$25.4 million, an increase of \$4.2 million.

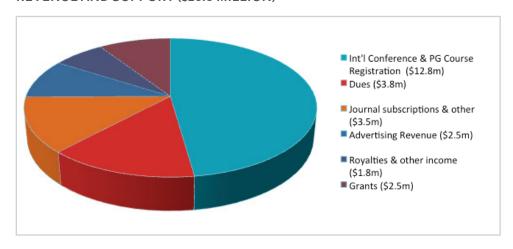
Program expenses were 66% of total expenses; supporting services were 34% of total expenses. This was the same allocation as in 2013.

The total operating surplus equaled \$1.4 million. The non-operating investment earnings totaled \$987,000, and the defined benefit expense adjustment, based on actuarial calculations, totaled \$285,000.

Total increase in net assets of \$2.1 million is a result of changes in both revenue and expenditures.

Functional Expenses (\$25.3 million)				
	2014 - \$	%	2013 - \$	%
nt'l Conference	5,814,727	23	5637,523	27
ournals	3,511,874	14	3,078,385	14
1embership	389,843	2	438,017	2
ssemblies	876,045	3	861,818	4
ernational	1,698,198	7	1,249,395	6
ucation	2,495,944	10	2,128,505	10
search Admin	1.995,618	8	467,236	2
ınagement	8,119,894	32	6,013,381	33
ΓS Fundraising	479,067	2	373,025	2
tals	25,372,210	100	21,147,285	100

REVENUE AND SUPPORT (\$26.8 MILLION)



Board of directors: 2014-2015

Thomas W. Ferkol, MD President
Atul Malhotra, MD President-elect

Patricia W. Finn, MD Immediate Past President

David Gozal, MD Vice President

Marc Moss, MD Secretary–Treasurer

Stephen C. Crane, PhD, MPH Executive Director

James Beck, MD Presidential Appointee

Roy Brower, MD Presidential Appointee

Shannon S. Carson, MD

Chair, Assembly on Critical Care

Robin R. Deterding, MD

Chair, Assembly on Pediatrics

DorAnne Donesky, PhD, ANP-BC

Chair, Assembly on Nursing

James F. Donohue, MD Chair, Foundation Board of Trustees

Gregory P. Downey, MD Chair, Assembly on Allergy, Immunology and

Inflammation

Roger S. Goldstein, MD

Chair, Assembly on Pulmonary Rehabilitation

Robin L. Gross, MD

Chair, Council of Chapter Representatives

Naftali Kaminski, MD

Chair, Assembly on Respiratory Cell and

Molecular Biology

Steven H. Kirtland, MD

Chair-elect, Council of Chapter Representatives

Samya Z. Nasr, MD

Immediate Past Chair, Council of Chapter

Representatives

Reynold A. Panettieri, MD Chair, Assembly on Respiratory Structure and

Function

Irina Petrache, MD Chair, International Conference Committee

Vsevolod (Seva) Y. Polotsky, MD, PhD Chair, Assembly on Sleep and Respiratory

Neurobiology

Gregory Porta

Chair, ATS-Public Advisory Roundtable

Charles A. Powell, MD

Chair, Assembly on Thoracic Oncology

Carrie A. Redlich, MD, MPH

Chair, Assembly on Environmental,
Occupational and Population Health

Chair, Assembly on Behavioral Science and

Health Services Research

Gregory Tino, MD Chair, Assembly on Clinical Problems

Carey C. Thomson, MD, MPH Chair, Education Committee

Richard G. Wunderink, MD Chair, Assembly on Microbiology, Tuberculosis

and Pulmonary Infections

Jason X. J. Yuan, MD, PhD Chair, Assembly on Pulmonary Circulation

Stephanie Davis, MD Presidential Appointee, Non-voting
Jess Mandel, MD Presidential Appointee, Non-voting
Jessica Pittman, MD Presidential Appointee, Non-voting

Kristin A. Riekert, PhD

Board of directors: 2015-2016

Atul Malhotra, MD President

David Gozal, MD President-elect

Thomas W. Ferkol, MD Immediate Past President

Marc Moss, MD Vice President

Polly E. Parsons, MD Secretary—Treasurer

Stephen C. Crane, PhD, MPH Executive Director

James Beck, MD Presidential Appointee

Zea Borok, MD Chair, International Conference Committee

Carolyn Calfee, MD Chair, Assembly on Critical Care

James Chmiel, MD, MPH Chair, Assembly on Pediatrics

DorAnne Donesky, PhD, ANP-BC Chair, Assembly on Nursing

James F. Donohue, MD

Chair, Foundation Board of Trustees

Michael K. Gould, MD

Chair, Assembly on Thoracic Oncology

Robin L. Gross, MD

Immediate Past Chair, Council of Chapter

Representatives

Jack R. Harkema, DVM, PhD Chair, Assembly on Environmental,

Occupational and Population Health

Rolf Hubmayr, MD Presidential Appointee

Naftali Kaminski, MD Chair, Assembly on Respiratory Cell and

Molecular Biology

Stephen P. Kantrow, MD

Chair-elect, Council of Chapter Representatives

Steven H. Kirtland, MD

Chair, Council of Chapter Representatives

Mitchell A. Olman, MD

Chair, Assembly on Allergy, Immunology and

Inflammation

Reynold A. Panettieri, MD Chair, Assembly on Respiratory Structure and

Function

Susheel P. Patil, MD Chair, Assembly on Sleep and Respiratory

Neurobiology

Gregory Porta Chair, ATS-Public Advisory Roundtable

Kristin A. Riekert, PhD Chair, Assembly on Behavioral Science and

Health Services Research

Carolyn Rochester, MD Chair, Assembly on Pulmonary Rehabilitation
Troy Stevens, PhD Chair, Assembly on Pulmonary Circulation

Carey C. Thomson, MD, MPH Chair, Education Committee

Gregory Tino, MD Chair, Assembly on Clinical Problems

Richard G. Wunderink, MD Chair, Assembly on Microbiology, Tuberculosis

and Pulmonary Infections

Laura Crotty-Alexander, MD Presidential Appointee, Non-voting

Jess Mandel, MD Presidential Appointee, Non-voting

ATS committee chairs & vice-chairs: 2014-2015

Awards Committee Chair, John W. Christman, MD Vice-chair, Andrew Halayko, MSc, PhD

Clinical Practice Committee Chair, Katina Nicolacakis, MD

Clinicians Advisory Committee Chair, Ann Schneidman, MS, CNS, RN Vice-chair, David Hotchkin, MD

Council of Chapter Representatives Chair, Robin Gross, MD

Documents Development and Implementation Committee Chair, Michael Gould, MD, MS Vice-chair, Colin Cooke, MD

Drug/Device Discovery and **Development Committee** Chair, Theodore Reiss, MD, MBE Vice-chair, Paul Rowe, MD

Education Committee Chair, Carey Thomson, MD, MPH Vice-chair, Jason Poston, MD Vice-chair, Gaetane Michaud, MD

Environmental Health Policy Committee Chair, Christopher Slatore, MD Chair, John Balmes, MD Vice-chair, George Thurston, DSc

Ethics and Conflict of Interest Committee Chair, Mark Siegel, MD Vice-chair, Leonard Sicilian, MD Vice-chair, Scott Halpern, MD, PhD,

Finance Committee Chair, Atul Malhotra, MD Chair-appointee: David Gozal, MD

MBE

Health Equality Subcommittee Chair, Alvin Thomas, MD Vice-chair, Jess Roman Rodriguez, MD

Health Policy Committee Chair, Ivor Douglas, MD, FRCP Vice-chair, Dona Upson, MD

International Conference Committee Chair, Irina Petrache, MD Chair-appointee: Zea Borok, MD

International Health Committee Chair, Gustavo Matute-Bello, MD

Members in Transition and Training Committee Chair, Peter Chen, MD Vice-chair, Jeremy Richards, MA, MD

Membership Committee Chair, Yolanda Mageto, MD, MPH Vice-chair, Lynn Gerald, MD, MSPH

Nominating Committee Chair, J. Randall Curtis, MD, MPH

Patient and Family Education Committee

Vice-chair, Howard Panitch, MD

Planning and Evaluation Committee Chair, James Beck, MD Vice-chair, Jess Mandel, MD

Proficiency Standards for Pulmonary Function Laboratories Committee Chair, Bruce Culver, MD

Program Review Subcommittee Chair, Jess Mandel, MD Vice-chair, Suzanna McColley, MD Public Advisory Roundtable Chair, Gregory Porta

Publications Policy Committee Chair, Roy Brower, MD

Quality Improvement Committee Chair, Robert Hyzy, MD Vice-chair, Michael Howell, MD, MPH

Research Advocacy Committee Chair, Linda Nici, MD Vice-chair, Veena B. Antony, MD

Scientific Advisory Committee Chair, Eric White, MD Vice-chair, Karen Ridge, PhD

Tobacco Action Committee Chair, Frank Leone, MD Vice-chair, Patricia Folan, RN, DNP

Training Committee Chair, Jennifer McCallister, MD Vice-chair, Laura Crotty-Alexander, MD

Web Editorial Committee Chair, Nitin Seam, MD

ATS committee chairs & vice-chairs: 2015-2016

Awards Committee Chair, Andrew Halayko, MSc, PhD Vice-chair, Andrew Ries, MD

Clinical Practice Committee
Chair, Katina Nicolacakis, MD
Vice-chair, Stephen Hoffmann, MD

Clinicians Advisory Committee Chair, Ann Schneidman, MS, CNS, RN Vice-chair, David Hotchkin, MD Vice-chair, Julian Allen, MD

Council of Chapter Representatives Chair, Steven H. Kirtland, MD

Documents Development and Implementation Committee Chair, Colin Cooke, MD Raed Dweik, MD

Drug/Device Discovery and Development Committee

Chair, Theodore Reiss, MD, MBE Vice-chair, Timothy R. Watkins, MD

Education Committee
Chair, Carey Thomson, MD, MPH
Vice-chair, Jason Poston, MD
Vice-chair, Gaetane Michaud, MD

Environmental Health Policy Committee Chair, George Thurston, DSc Vice-chair, Mary Rice, MD

Ethics and Conflict of Interest Committee Chair, Mark Siegel, MD Vice-chair, Scott Halpern, MD, PhD, MBE Vice-chair, David Chooljian, MD, JD Finance Committee
Chair, David Gozal, MD
Chair-appointee: Marc Moss, MD

Health Equality Subcommittee Chair, Jesse Roman Rodriguez, MD Vice-chair, Juan Celedon, MD, DrPH

Health Policy Committee Chair, Dona Upson, MD Vice-chair, Sarah Lyon, MD

International Conference Committee Chair, Zea Borok, MD Chair-appointee: Jess Mandel, MD

International Health Committee Chair, Gustavo Matute-Bello, MD Vice-chair, Stephen B. Gordon, MD

Members in Transition and Training Committee Chair, Peter Chen, MD Vice-chair, Jeremy Richards, MA, MD

Membership Committee Chair, Yolanda Mageto, MD, MPH Vice-chair, Janet Lee, MD

Nominating Committee Chair, J. Randall Curtis, MD, MPH

Patient and Family Education Committee Chair, Christopher Slatore, MD Vice-chair, Jean-Marie Bruzzese, PhD

Planning and Evaluation Committee
Chair, James Beck, MD
Vice-chair, Karen Fagan, MD

Proficiency Standards for Pulmonary Function Laboratories Committee Chair, Bruce Culver, MD Vice-chair, David Kaminsky, MD

Program Review Subcommittee Chair, Susanna McColley, MD

Public Advisory Roundtable Chair, Gregory Porta

Publications Policy Committee Chair, Rolf Hubmayr, MD Vice-chair, Roy Brower, MD

Quality Improvement Committee Chair, Robert Hyzy, MD Vice-chair, Michael Howell, MD, MPH

Research Advocacy Committee Chair, Linda Nici, MD Vice-chair, Veena B. Antony, MD

Scientific Advisory Committee Chair, Eric White, MD Vice-chair, Clay Marsh, MD

Tobacco Action Committee Chair, Frank Leone, MD Vice-chair, Patricia Folan, RN, DNP

Training Committee
Chair, Jennifer McCallister, MD
Vice-chair, Laura Crotty-Alexander, MD

Web Editorial Committee Chair, Nitin Seam, MD

ATS journal editors

American Journal of Respiratory and Critical Care Medicine

Editor in Chief: Jadwiga (Wisia) Anna Wedzicha, MD

American Journal of Respiratory Cell and Molecular Biology

Editor in Chief: Kenneth Adler, PhD

Annals of the American Thoracic Society

Editor in Chief: John Hansen-Flaschen, MD



