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Newsletter

The Asian Pacific Society of Respirology



(Front row from left: Dr. Hadiarto Mangunegoro, Dr. Wan-Cheng Tan, Dr. Teresita de Guia, Dr. Shiro Kira, Dr. Nan-Shan Zhong. Second row from left: Prof. J. P. Barron, Dr. We-Ci Luo, Dr. Ann J. Woolcock)

Congress report from the 4th APSR Congress, Beijing

October is the best month of the year, which attracted pulmonologists and chest physicians coming from different parts of the world to attend the conference in Beijing, an ancient capital adapted to modern life. There were 1,612 participants from various countries or districts; the number of the delegates and their working places are as shown in Table 1.

Eight hundred and ninety two papers including a comprehensive range of topical and critical issues in pulmonary problems and lung diseases were interchanged in the congress. Sixty four prominent speakers were invited to give reviews of the recent advances in different aspects of respirology. Twenty six companies took part in the medical exhibitions. More than 150 personnel worked for the congress, who all deserved gratitude and thanks.

The congress was a successful one, indeed. Participants from different countries expressed their views regarding the congress after the conference. A few comments are cited as follows:

"All of my colleagues were impressed not only by China and Beijing, but by the high quality of the conference and the remarkable organization that making it such a success." --
--- C.A. Hales, Professor, Harvard Medical School.

"I firmly believe that this has made a great success in contributing to the development of respiratory medicine in Asian Pacific area. Additionally, Gala Dinner at Great Hall of the People was unforgettably wonderful" ----- T.

Takizawa, Professor Emeritus, Tokyo Woman's Medical College, Japan.

"I enjoyed every minute of my time in the 4th Congress of the Asian Pacific Society of Respirology." ----- I. Kimura, Professor Emeritus, Okayama University Medical School, Japan.

"Such a good meeting attracting a large number of people for a good scientific program and for an excellent social program." ----- A.J. Woolcock, Professor, University of Sydney.

The above comments encouraged us to work better for the future affairs of the APSR and overcome the shortcomings that occurred in this congress.

Wei-Ci Luo, M.D.
President, APSR 4th Congress, Beijing

Participants of the 4th Congress of APSR (Table 1)

Countries / Districts	Number of participants
Argentina	1
Australia	26
Belgium	1
Canada	8
China	970
Denmark	1
Finland	1
France	1
Germany	5
Greece	1
Hong Kong	51
Indonesia	22
Japan	191
Korea	44
Malaysia	38
Myanmar	6
New Zealand	3
Pakistan	1
Philippines	68
Saudi Arabia	1
Singapore	22
South Africa	2
Sri Lanka	7
Switzerland	1
Sweden	8
Taiwan, China	25
Thailand	29
U.K.	19
U.S.A.	14
Vietnam	42
Total	1,612

Presidential Address

It is my great honor and privilege to be elected as the president of the Asian Pacific Society of Respirology.

The former presidents have contributed a lot to the society. Professor Emeritus. M. Harasawa was the first president of the APSR from the year of 1985 to 1993 and Professor W.C. Tan was the 2nd president from 1993 to 1996. Both of them established very good foundation for our society. The Advisory Committee and the officers of the APSR have achieved in many aspects so as to promote the development of the society.

Now, we have a scientific journal, "RESPIROLOGY" and volumes of newsletters. Continuing Medical Education Workshops of different topics were held for training and formulation of consensus. Formal congress of the APSR were organized every 2-3 years and gained great success as to foster research works and to organize the presentation of original scientific studies and reviews of the up to date knowledge.

At present, the Asian Pacific region has the fastest economic growth in the world and will have much changes in health studies and scientific explorations. APSR will meet the need of such development in this region. We hope that more doctors and researchers will be members of APSR and the activities of APSR will involve more Asian Pacific countries.

The 5th Congress of APSR will be held in October 1998 in Sydney. More papers and more participants are expected.

We need as much help as we can get from all APSR members. Constructive criticisms, suggestions and comments will nurture the growth of the society and are very much appreciated.

Wei-Ci Luo, M.D.
President, APSR '96-'98

Message from the Immediate past president 1993-1996

It has been an honor and pleasure for me to have served in the capacity of president of the APSR for the period straddling the third and fourth congresses of the society. During these three years, we have seen several major developments and milestones in the evolution of this society.

Apart from the two congresses, smaller scale educational activities of the society included three workshops: (i) pulmonary function symposium

held in conjunction with the 14th Annual Chest Convention in March 1995 in Manila, the Philippines; (ii) the International Respiratory Epidemiology course in Kuala Lumpur, Malaysia in March 1996; and (iii) the APSR workshop at the 36th congress of the Japan Society of Chest Diseases April 1996.

The society also saw the launch of the first issue of its journal *Respirology* in March 96. The support in terms of submission of manuscripts has been most encouraging to date. The editorial board is continuously auditing response and making necessary changes to make the journal both clinically and scientifically meaningful for practicing pulmonologists and respiratory scientists in the Asia-Pacific region.

The prediction for growth is good. Membership has grown cautiously but steadily so far. We anticipate this to intensify as APSR reaches its full potential and with increasing awareness of the scope and depth of the service the APSR can render to respiratory medicine in this part of the world. The prestige the APSR has certainly grown in international respiratory circles of renown such as the American Thoracic Society (ATS), the European Respiratory Society (ERS) and the American College of Chest Physicians (ACCP). Increasingly, the Society is referred to in their newsletters and business meetings. This has been made possible by the diligent efforts of the executive committee, in particular, Drs. Shiro Kira, Y Fukuchi and Ann Woolcock. It is no accident that the 6th meeting of the APSR in the year 2000 will be held in conjunction with the ATS, ERS and the IUATLD in Florence, Italy.

The APSR is a young society that is yet to achieve its full potential. It aims to be an indigenous cohesive homegrown regional society that will coordinate the activities of respiratory clinicians, academicians and scientists working in the Asian-Pacific region, yet, also be a hub for communication with the international network of respiratory medicine and science. We need and welcome many more ideas and suggestions from members on how to achieve these aims.

Lastly, I am glad to hand over the presidency of APSR to the wisdom of Dr. Luo Wei-Ci of China who is president from 1996-1998 and then to the dynamism of Dr. Ann Woolcock of Australia from 1998-2000.

Wan-Cheng Tan, M.D.
Past president
President, APSR '93-'96

ACTIVITIES OF THE APSR *RESPIROLOGY* now covered by *Excerpta Medica*

APSR official journal, *RESPIROLOGY*, has now been accepted for coverage in EMBASE, the *Excerpta Medica* database with the help of Blackwell Science Pty. Ltd. The Editorial Office is working towards the coverage by *Index Medicus* as well.

Submission of original papers are strongly encouraged. Notice to Contributors, manuscript checklist and copyright assignment form can be obtained from the APSR Office in Tokyo. The manuscripts should be sent to;

Shiro Kira, M.D.
Editor-in-Chief, *RESPIROLOGY*
Yoshikawa Bldg. No. 2, 2nd Floor
2-9-8 Hongo, Bunkyo-ku, Tokyo 113 Japan
Fax: +81-3-5684-3382

The 37th JSCD Annual Congress

The 37th Annual Meeting of Japan Society of Chest Diseases (JSCD) Congress will be held in Yokohama, Kanagawa prefecture on April 10-12, 1997. The President of the congress is Professor Takao Ohkubo, M.D. and the venue is Pacifico Yokohama.

The second APSR Workshop will be held on April 10, 1997 in Yokohama, Japan.

APSR Workshop Program 13:00~15:00 April 10, 1997

Special Lecture:

Peter T. Macklem, M.D.
"New methods of imaging the respiratory system"

R. Rodriguez Roisin, M.D.
"Positional changes and drug interventions in acute respiratory failure"

General Lecture:

1) HONG KONG : Kenneth Tsang, M.D.
"The clinical profile and respiratory ciliary assessment in Kartagener's syndrome"

2) INDONESIA: Priyanti Z. Soepandi, M.D.
"The pattern of microorganisms and efficacy of new macrolide in acute lower respiratory tract infections"

3) KOREA : O. Jung Kwon, M.D.
"Nitric oxide expression in airway epithelial cells in response to tubercle bacilli stimulation"

4) MALAYSIA : Chong-Kin Liam, M.D.
"Detection of *mycobacterium tuberculosis* in bronchoalveolar lavage from patients with sputum

smear-negative pulmonary tuberculosis using a polymerase chain reaction assay"

5) THAILAND : Phunsup Wongsurakiat, M.D.
"Diagnostic value of bronchoalveolar lavage and postbronchoscopic sputum cytology in peripheral lung cancer"

6) JAPAN : Kazuo Chin, M.D.
"New insights into the therapy and pathophysiology of patients with obstructive sleep apnea syndrome"

The APSR workshop is fully supported by JSCD. The International Relationship Committee of the JSCD is responsible for coordination of this workshop.

Yoshinosuke Fukuchi, M.D.
Chairman of IRC, JSCD
Juntendo University, Tokyo, Japan

Executive Meeting in Beijing

APSR Executive Meeting was held in two separate days during the 4th APSR Congress in Beijing.

Date: October 4, 1996 (12:00~15:00)
October 6, 1996 (12:30~14:30)

Place: Convention Center Rm. 3030

Attendants: JP Seale, AJ Woolcock, WC Luo, NS Zhong, SP Yang, WK Lam, H Mangunegoro, JP Barron, Y Fukuchi, S Kira, T Takizawa, YK Rhee, SH Park, BMZ Zainnudin, AA Mahayiddin, T de Guia, WC Tan, S Charoenratanakul, C Nuchprayoon
Secretary: C. Mori

Brief Congress report from Dr. WC Luo and financial report from Dr. Takao Takizawa were presented. The new officers of the APSR were elected as follows. For 1996-1998: President: Dr. WC Luo; President-elect: Dr. AJ Woolcock; Congress President for Sydney meeting: Dr. JP Seale; Secretary General: Dr. S Kira; Treasurer: Dr. Y Fukuchi. Next Executive Meeting was proposed to be held in July, 1997 in Singapore. Charter and Bylaws will further be discussed at the next Executive Meeting. The APSR Annual dues was decided to be raised to \$50.00 starting the fiscal year of 1997. The progress report on the journal was presented by Dr. S. Kira.

Report from Australia

The Thoracic Society of Australia and New Zealand (TSANZ) is the professional and scientific Society in Australia which represents the interests of respiratory disease. The discipline of thoracic medicine as a distinct branch of internal medicine began in Australasia in the 1940s when

the interests of tuberculosis physicians expanded progressively to include the full spectrum of respiratory disease. The TSANZ now has over 900 members, comprising practicing respiratory physicians, thoracic surgeons, respiratory scientists, respiratory nurses and physicians specializing in sleep related respiratory disorders.

Planning for the 5th APSR Congress 9th - 12th October 1998

The APSR Local Organizing Committee will be collaborating with the TSANZ in planning the next APSR Congress, which will be held at the Sydney Convention Centre at Darling Harbour. This purpose built Conference Centre is set in 50 hectares of parkland, gardens, museums and shopping malls. The venue is situated on the foreshore of Sydney Harbour, with spectacular views across the water to the City. Several hotels are within walking distance of the Centre and a monorail provides a 5 minute trip to the centre of the City.

Scientific Program

The Program Committee was impressed with the success of the Plenary Symposia at the Beijing Congress so there will be adequate provision for similar educational sessions. Important aspects of respiratory disease such as environmental pollution, lung cancer, asthma, chronic obstructive pulmonary disease, respiratory infection including tuberculosis and sleep related respiratory disorders, together with lung transplantation will be featured on the program. There will be ample opportunity for the presentation of original work as oral and poster communications.

Committees

Organizing Committee: J.P.Seale (Chair), C.W. Clarke, P. Thomas
Scientific Program Committee: N. Berend, J.P. Seale, A. J. Woolcock, D.H. Yates

Enquiries about 5th APSR Congress 1998

Enquiries about the Congress should be directed to APSR '98 Secretariat, GPO Box 128, Sydney NSW 2001, telephone 612 9262 2277, facsimile 612 9262 3135, email tourhosts@tourhosts.com.au.

Other activities of the National Society

The TSANZ has an Annual Scientific Meeting and this year it will be held in Wellington, New Zealand from the 6th -10th April 1997. This is a forum where original research is presented and typically there are 500 registrants and approximately 300 abstracts presented as oral or poster communication. The invited guest for the Wellington Meeting is Professor Malcolm Sears, who was originally from New Zealand, conducted important research on the problems

associated with regular beta agonist therapy. He is interested in the epidemiology of asthma and its natural history.

Every two years the Society has an Advanced Course which features workshops and discussion groups as a basis of extending knowledge, experience and technical skills. It will be held in September 1997 and will address the important topics of respiratory infection.

J.P. Seale, M.D.
Chair, Organizing Committee
5th APSR Congress 1998

Report from Hong Kong

Training and accreditation in respiratory medicine in Hong Kong

The Subspecialty Board in Respiratory Medicine of the Hong Kong Academy College of Physicians (Board Chairman: Prof. W K Lam), with strong participation from the Hong Kong Thoracic Society, has finalized the new structure of training and format of assessment leading to accreditation in respiratory medicine in Hong Kong. This new regulation and structure will commence on 1 July 1997.

1. ENTRY REQUIREMENTS for specialist training in respiratory medicine include 3 years accredited basic training in general internal medicine plus a pass in the Intermediate Examination of the Hong Kong College of Physicians or equivalent qualification [e.g. MRCP (UK)].

2. STRUCTURE

a) Specialist training in respiratory medicine consists of a minimum of 3 years supervised training by accredited specialist trainers in accredited training institutes/hospitals.

b) The trainee should preferably rotate between a minimum of 2 training hospitals to ensure

adequate scope of exposure to the wide spectrum of acute and chronic respiratory diseases and their management. The training hospitals should be complementary in their provision of the various aspects of training. (In Hong Kong, most of the respiratory departments/hospitals fall into one of the two types, namely acute care departments/hospitals including respiratory critical care, and chronic extended care departments/hospitals providing tuberculosis care, pulmonary rehabilitation and chronic ventilatory care.)

c) Training in recognized training centers overseas and basic research can be accredited up to a defined maximum period.

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Knowledge, skills and attitudes required are defined in details in the guidelines.

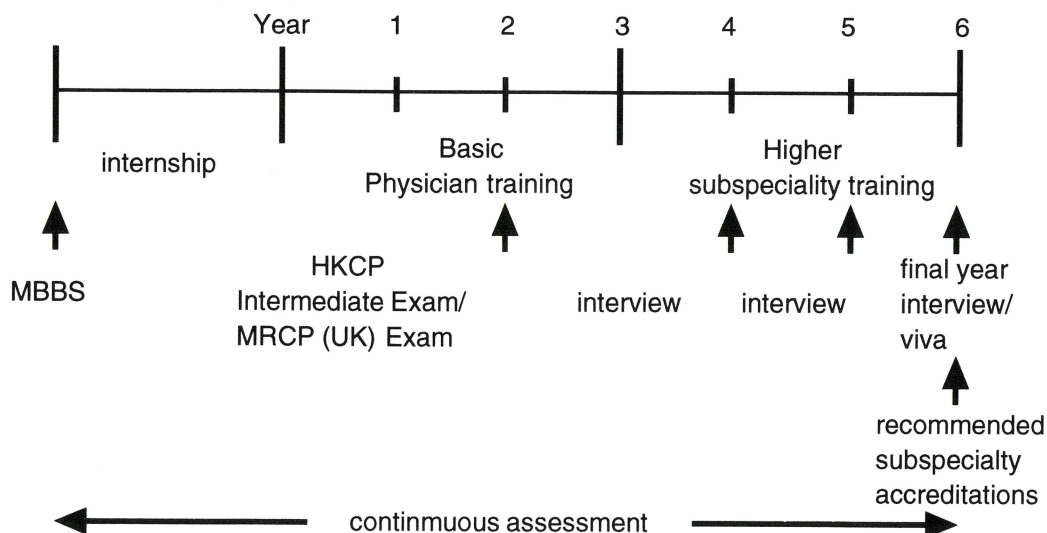
4. INSTITUTIONAL REQUIREMENTS & ACCREDITATION OF TRAINERS are also strictly defined.

5. EXIT ASSESSMENT

a) Assessment is continuous. The trainee will have a Training Record Book (Log Book) to record supervised procedures, in-patient and outpatient and outpatient clinical duties, postgraduate educational sessions, attendance of lectures, clinical meetings/conferences, journal readings, teaching duties and research participation and presentations at conferences etc.

b) The progress is continuously assessed by the trainer/supervisor.

c) There will be an Annual Assessment Process in form of an interview of the trainee by an Assessment Board. Apart from reviewing the trainee's training records and supervisor's assessments, the Board will also receive the trainee's comments on the strengths and weakness of the program and learning facilities of the institute.



d) In the final year of training, the trainee will prepare a dissertation of a topic (critical review on a relevant selected topic or original clinical research).

e) The final year Assessment Board (chaired by Chairman of Subspecialty Board) will examine the dissertation, interview the trainee, to examine all his/her training records and annual assessment reports and further examine the trainee's clinical and professional competence by way of a clinical viva.

The training of a respiratory physician from the end of internship to specialist status therefore requires a minimum of 6 years and can be envisaged as follows:

We have 14 accredited training centers in Hong Kong. We wish to be able to exchange ideas with all thoracic societies in the Asia-Pacific region and beyond regarding the training in respirology.

Wah-Kit LAM, M.D.
The University of Hong Kong

Report from Korea

The Korean Academy of Tuberculosis and Respiratory Disease has a membership of over 450. Its main activities in 1996 included the following:

1. Scientific Meeting in spring and fall with participation by overseas speakers:

- Pathology in Bronchial Asthma (Professor RW Beasley, New Zealand)
- Hypersensitivity pneumonitis (Professor M Ando, Japan)

2. Postgraduate course for the training of fellowship in subspecialty of pulmonology under the auspice of the Korean Society of Internal Medicine.

- Pulmonary function
- Mechanical ventilation
- Tuberculosis
- Lung cancer
- Recent advances in pulmonology
- Recent advances in pulmonary medicine and allergology

3. Organization of monthly clinical meetings which were presented on a rotating bases by the medical schools, National Medical Center and Tuberculosis Research Institute

4. Established committee of international liason, providing information for international meeting related with pulmonology and encouraging members to participate the international meeting of APSR, ATS and ERS.

5. For the convenience of international conference organizer, the roster of membership was published in bilingually, Korean and English. For those who are interested, a copy would be available by writing to following address:

Korean Academy of Tuberculosis and Respiratory Disease
14 Woomyundong, Sochogu, Seoul
137-140 Republic of Korea

Young-Soo Shim, M.D.
Seoul National University College of Medicine
Seoul, Korea

Report from Thailand

Thailand releases guidelines for managing COPD

Thailand released national guidelines for the management of chronic obstructive pulmonary diseases (COPD) in May 1996.

The new guidelines emphasize the appropriate use of drugs and oxygen therapy, as well as the importance of smoking cessation, pulmonary rehabilitation programs and self-management plans. It can be difficult for general physicians to keep up-to-date with the continually growing new research in COPD management. More than this, conclusions from studies can be conflicting. So we took on the role of evaluating the studies and producing a consensus on the optimal care for patients with COPD.

The main aims of the guidelines, are to reverse the nihilistic approach to COPD, improve COPD management, standardize the assessment of severity, identify specific goals of treatment and improve patients' quality and length of life.

The guidelines recommend $\beta 2$ agonists and anticholinergics as the mainstays of treatment and state that the two drugs should be given in combination if symptoms are continuous and worsen intermittently.

Theophylline is recommended for some patients, particularly those who are less compliant or unable to use inhaled therapy. Corticosteroids should be limited to those with an objective response-only 10% to 20% of patients.

Antibiotics are recommended early in an acute exacerbation to avoid the serious respiratory tract infection.

The guidelines emphasize the importance of pulmonary rehabilitation programs and state that they should involve educating patients about the disease, exercise training, physiotherapy, dietary

intervention, psychological evaluation and family support.

Self-management plans are also stressed. Patients should be able to recognize the early signs of exacerbation, such as changes in sputum color and cough pattern. Oral antibiotics should be on hand so that they can be taken at the first sign of a chest infection.

Self-administration of prednisolone closely monitored by a doctor should be considered. And antipyretic drugs can help reduce the ventilatory need when there is fever.

Long-term oxygen therapy should be prescribed in those with chronic hypoxemia-patients whose daytime PO₂ is less than 55 mmHg or whose PO₂ is between 55 and 59 mmHg with direct evidence of hypoxic end-organ damage such as cor pulmonale. Oxygen should be given for at least 15 hours a day with the flow rate sufficient to raise PO₂ above 70 mmHg, and there should be no interruption of oxygen that lasts longer than two hours.

Although we are aware that an oxygen concentrator is the best device to deliver long-term oxygen therapy, most patients in developing countries such as Thailand cannot afford to buy this expensive device and use compressed gas as an alternative.

The guidelines do not recommend pneumococcal vaccination, mucolytic agents, respiratory stimulants or lung volume reduction surgery. We believe that these treatments have not been shown to be cost effective. And we believe that more studies are needed before non invasive positive (or negative) pressure ventilation devices can be recommended.

Chaivej Nuchprayoon, M.D.
Suchai Charoenratanakul, M.D.
Thailand

World News:

ALAT: Newly formed Latin American Society. We welcome the Latin American Respiratory Society; ALAT (Asociación Latino Americana del Tórax) as a partner society in respirology in South America. Six countries (Argentina, Brazil, Chile, México, Uruguay, Venezuela) were represented at the first ALAT meeting in Venezuela in November 1996. Elected Executives are; Dr. José Jardim (President, Brazil), Dr. Rodrigo Moreno (Secretary, Chile), Dr. Elmano Marques (Treasure, Brazil).

SECRETARIAL REPORT

• Annual dues

The APSR journal and activities are supported by membership annual dues. As has been

decided at the Executive Meeting in Beijing, there will be a raise in the annual dues. Please pay your 1997 membership dues (JP¥5,000) before May 31, 1997. The membership card (valid through March 31, 1998) will be air mailed as a receipt. Your annual dues can be paid through any of the four major credit cards (VISA, Master, Diners, and Amex).

Please remember that bank drafts are not accepted. If you must send a bank draft, please pay a total of JP¥9,500 that is 1997 membership dues (JP¥5,000) plus bank handling fees (JP¥4,500).

Forthcoming important meetings of the APSR;

- 1997 April 10-12
APSR Workshop during the JSCD
37th Congress (Yokohama, Japan)
- May 16-21
ALA/ATS International Conference
(San Francisco, CA USA)
- July 26-27
APSR Executive Meeting
(Singapore)
- 1998 October 9-12
5th APSR Congress
(Sydney, Australia)
- 2000 August 30-September 3
6th APSR Congress
World Lung Health Conference
(Florence, Italy)

APSR Members (as of March 15, 1997)

Country	Number
Argentina	1
Australia	52
Canada	4
Egypt	1
France	1
Germany	1
Hong Kong	16
Indonesia	20
Italy	3
Japan	367
Kuwait	3
Malaysia	7
New Zealand	3
Pakistan	1
P. R. China	129
Philippines	27
Republic of Korea	24
Saudi Arabia	3
Singapore	8
Sweden	2
Taipei, China	62
Thailand	10
U. S. A.	7
United Kingdom	4
Total	756

Officers of the APSR

President: Wei-Ci Luo
President elect: Ann J Woolcock
Past President: Wan-Cheng Tan
Secretary General: Shiro Kira
Treasurer: Yoshinosuke Fukuchi

National Representatives:

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Beijing, China: Wei-Ci Luo
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Japan: T. Takishima
Korea: Young-Soo Shim
Malaysia: AA Mahayiddin
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Singapore: Wan-Cheng Tan
Taipei, China: Sze-Piao Yang
Thailand: C. Nuchprayoon

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Takao Takizawa
Ann J. Woolcock
Norbert Berend
Yoshinosuke Fukuchi
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President of the 2nd APSR Congress in Bali, 1990 - Hood Alsagaff
President of the 3rd APSR Congress in Singapore, 1993 - Wan-Cheng Tan
President of the 4th APSR Congress in Beijing, 1996 - Wei-Ci Luo
President of the 5th APSR Congress in Sydney, 1998 - J Paul Seale

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