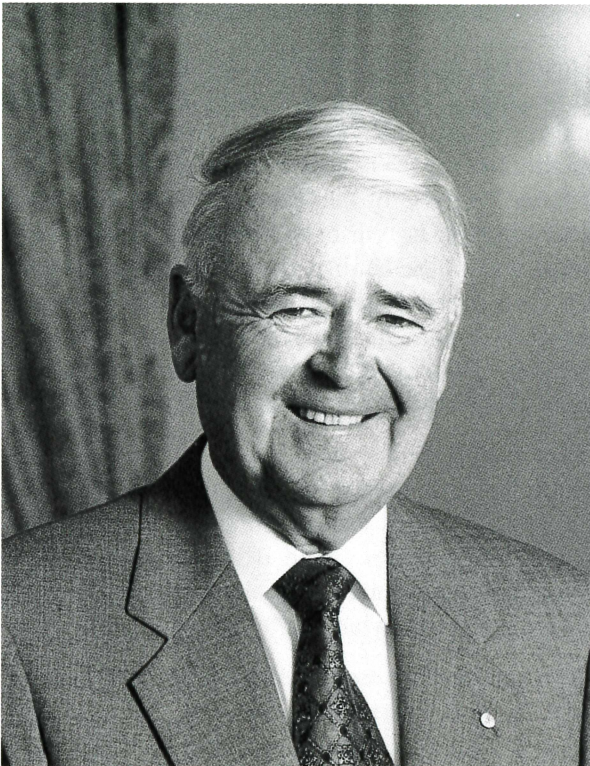




# Newsletter

Editor : Shiro Kira

Associate Editors : Yoshinosuke Fukuchi, J.Patrick Barron



## THE 5TH CONGRESS OF THE APSR

### WELCOME ADDRESS

SIR WILLIAM DEANE

GOVERNOR-GENERAL OF AUSTRALIA

It is a great pleasure for Helen and me to be with you this evening for this Official Opening of the 5th Congress of the Asian Pacific Society of Respiriology.

This is the first time that the Society's biennial Congress has been held in Australia. As Governor-General let me say how delighted we are that the Society, whose membership now spans some 30 countries mostly within our own region, should have selected Australia and this its oldest and largest city as the venue for this important Congress.

The primary purpose of the Congress is to provide a forum wherein physicians, scientists and health-care workers can share experience and knowledge, and explore new ideas to address the many problems of respiratory health and disease. The significance of the issues you will be discussing can scarcely be overstated. I wish to refer briefly to but some of those issues.

World Health Organisation materials indicate that acute respiratory infections kill some four million children every year in developing countries, including some three million who die of pneumonia. This huge loss of life occurs notwithstanding that there are two highly effective ways of preventing many deaths from pneumonia: the *Haemophilus influenzae* type b vaccine, and standardised antibiotic treatment regimens. As you are all aware, the vaccine has virtually eliminated disease caused by the organism in developed countries. But lack of adequate funding, the high cost of the vaccine and often less than optimal health care delivery services combine to preserve a situation where many, many children continue to die needlessly in developing countries, including countries in our region. Clearly, that situation is an intolerable one.

On the positive side, the World Health Organisation has incorporated simple and effective guidelines for the treatment of pneumonia and other acute respiratory infections in its Integrated Management of Childhood Illness strategy. I note that you will be hearing about the implementation of the strategy in The Philippines and that Dr. Paul Torzillo will speak about particular problems in case management.

Dr. Torzillo has also worked with and written extensively about, the appalling health problems -including respiratory disease - suffered by the Aboriginal people of Australia. I will refer to some of those problems a little later in these comments. I mention them here to make the point that, with the exception of indigenous people, the health standards enjoyed by Australians generally are considered to be among the best in the world. And so they are speaking generally. But when we come to look at some specific diseases, we see that the overall prognosis is not without serious concerns.

Thus, as the Australian Lung Foundation, of which I am Patron, has consistently stressed, almost every Australian family is touched by respiratory disease, with close to five and a half million people - nearly one in three of our population - suffering from one or other of the conditions. More than 13 million workdays are lost in Australia every year due to respiratory illness. That is one-third of all the workdays which are lost to illness.

And respiratory disease is the reason for more visits to General Practitioners than any other illness.

Lung cancer, for example, is the most common cause of death from cancer in Australian men. It is second only to breast cancer as a cause of cancer-related deaths among women. In all, some 6000 Australians contract the disease each year, most because of the malignant effects of smoking. In that regard, I notice one of your symposia will hear of the experience in Scotland where there is a very high rate of smoking by Western European standards. On the other hand, there are some biological mysteries about the low prevalence of lung disease in Japan, despite the relatively high rates of smoking in that country.

Asthma is another area emerging as a major health problem in the developed world - especially in Australia and New Zealand which have the highest recorded rates, and where both the direct and indirect costs of the disease, including lost productivity, have been increasing in recent years. Indeed, I understand from Professor Seale that the rate appears to have doubled here over the past decade. Certainly, the role of infection in early childhood will be discussed at your symposium on asthma as one of the critical factors in determining whether pre-disposed children actually develop the disease in later life.

On the other hand, tuberculosis is not a significant problem in Australia, although as you well know it is a very great problem globally. In 1996 a total of 1037 notifications were received in this country. The Commonwealth Department of Health and Family Services notes that the rates of TB have remained stable here over the past decade, and the majority of notifications and the highest rates of the disease continue to occur in overseas born people. In contrast, it has been estimated that, worldwide, more people are dying of the disease today than at any time in this century.

Appropriately, the Congress will be focusing on some of the major issues confronting the countries of the Asia-Pacific region - in particular, the accurate diagnosis of TB, the need for comprehensive health programs, and the provision of adequate anti-TB drugs. I might also mention the additional problem of the co-existence of TB and AIDS, which is beginning to manifest itself in some regional countries. The Health and Family Services Department noted last year that " ... the HIV pandemic and evolving multi-drug resistance together are challenging conventional treatment strategies and altering the dynamics of infection and disease".

I have mentioned the acute health disadvantages faced by the indigenous people of this country.

I would like to conclude these remarks with a reminder that high among those problems are very grave issues of respiratory disease.

It is now established that at every stage of life the health of indigenous Australians is incomparably worse and life expectancy dramatically lower than those of other Australians. Infant mortality and mortality from nearly all documented causes are much higher among indigenous people - symbolised, for me, in the awful statistic that an Aboriginal baby girl born today has a life expectancy of some 20 years less than a non-Aboriginal one.

Tragically, in certain respects the situation appears to be getting worse. In a review of mortality data and respiratory infection among Aboriginal people in the Northern Territory, undertaken by Dr. Graeme Maguire of the Menzies School of Health Research in Darwin of which I am Patron, it is noted that while the disparity in the mortality rates between indigenous and non-indigenous men in Australia has remained stable over the past two decades - although it has not improved - for indigenous women the disparity has actually increased.

What is of particular significance for this Congress is the fact that respiratory disease is the greatest contributor to this excess mortality of indigenous Australian women. And it is the second most important contributor, after circulatory disease, to the excess mortality among indigenous men.

In this, as in other areas of Aboriginal health, it can be difficult to isolate specific causes. Indeed, it can be difficult to isolate the overall problem of Aboriginal sickness and premature death from other areas of entrenched disadvantage such as education, housing, unemployment and lack of self-esteem. To say that is, however, only to emphasise that the problems of indigenous disadvantage in our country are of overwhelming national importance. I believe that there is now a shared determination on both sides of mainstream politics to confront and overcome those problems. Until we do overcome them, we are diminished as a nation. In so far as respiratory disease is concerned, major improvements should flow from the systematic effective implementation of known medical preventive or remedial treatments in the short term, and the intensification of medical research into the causes and the long term elimination of the disparities that exist in acute respiratory disease and mortality rates between indigenous and non-indigenous Australians. Hopefully, this Congress, with its incomparable cumulative professional experience and expertise, will help guide us along the way.

Ladies and gentlemen, in these opening remarks I have been able to touch on only a few of the many subjects you will be discussing during course of



this Congress. Nevertheless, I hope I have said sufficient to convey the importance which we in Australia attach to the great work you undertake on behalf of humanity within the region, and to assure you of the sincerity of our good wishes for the success of your deliberations.

Let me conclude by extending a particular welcome to those participants in the Congress who are visiting Australia from overseas. To each of you I extend a warm welcome. I hope that your visit to our country will be a very happy one. I hope that you will see as much of Australia as the length of your stay permits. And I hope that, when the time comes to return to your own countries, you carry with you very fond memories of Australia and of Australians.

And now, with great pleasure, I declare the 5th Congress of the Asian Pacific Society of Respiriology to be officially open.

## Message from the President

Dear Members of the APSR

The Executive Committee, which was elected in Sydney last October (see details on the back of the Newsletter), plans to meet in Taipei in July. Dr Luh will be our host and we are most grateful to him for organising this opportunity for us to meet.

Our next Congress will be part of the World Lung Meeting in Florence being held from August 30 - September 3, 2000. We hope that many APSR members will attend and that it will truly be a world meeting where our region is seen to be participating with North America and Europe.

Although the Sydney meeting was profitable, we still have financial restraints and we look forward to improving our services to members as our finances improve. The editorial committee is doing a good job with this Newsletter and the Journal and I thank them, particularly Prof. S. Kira and Prof. P. Thompson. In addition, I wish to thank Mrs Sato for her hard work on our behalf.

We need to discuss the balance between science and education in our future meetings to attract both scientists and clinicians. This will be a subject for discussion at the executive meeting. If you have ideas about how the APSR could help you and your career, please feel free to write to me at The Institute of Respiratory Medicine, Royal Prince Alfred Hospital, Camperdown, NSW 2050, Australia. We look forward to seeing you in Florence.

Ann J. Woolcock, M.D.

## Message from the Secretary General

- Following the example of the ERS -

As is clearly stated in the ERS NEWSLETTER Vol.9, No.1, March 1999, their first office was opened in Paris in 1991. They celebrated volume No. 10 of the official journal "European Respiratory Journal" in 1998. The ERS started almost the same time as the APSR. However, its growth has been very smooth and rapid, and it is successful in steadily expanding. Membership has spread not only all over Europe, but also all over the world, and it is now almost equivalent to the ATS in terms of activities. It has its own publishing company for official journals, Newsletters and the society booklets on special topics. It has an annual meeting regularly every autumn, as the ATS has an annual meeting every spring. Since the members come from all the countries of Europe, they are native speakers of many different tongues. The members of course use different languages, however, they willingly and actively share their research results, details of case reports and reviews, in English. Unlike in the 1970's, when English was not yet a common language for the Society and many people insisted on using their own native language, now almost all the members speak together in English. They seem to take the view that English is the only choice for communication within a multi-lingual membership. However, I feel from our experience it is not so easy for people with a non-native English background to communicate with native-English speakers. The ERS is a good example of how an international society with a multi-language background, can grow smoothly and successfully.

Let us reflect on our own growth. Ten years have passed since the first APSR Congress was held in Tokyo in 1988. The second was in Bali in 1990, the third in Singapore 1993, the fourth in Beijing 1996 and the fifth in Sydney 1998. The fourth and fifth Congresses were held two years apart, as specified in the Charter & Bylaws, whilst we were obliged to hold others at irregular intervals in the formative period. The membership reached around 1,000 by the 5th Congress, although we are still not satisfied with the numbers. Publication of our official journal "Respirology" has entered its fourth year, and it was successful in applying for indexing in Index Medicus in its second year of publication. Respirologists all over the world now can see every title and abstract of manuscripts presented in each issue of Respirology through Medline on the Internet. Each quarterly issue published was approximately 70 pages in the Volume 3, and this increased to 100 pages from Volume 4. This indicates that the flow of manuscripts is fairly smooth

and doctors who are interested in publishing their paper in our official journal "Respirology" are increasing, not only in the region, but also in the world. As editorial board members, we hope the publication frequency could increase to bi-monthly or even monthly.

I believe that our growth, while not slow, has been more gradual in comparison with that of the ERS. It is not difficult to find the causes for this. The main reason is that our member countries are spread out widely in both northern and southern hemispheres, and divided by many large borders of water such as the Pacific Ocean, Sea of Japan, East China Sea and South China Sea. It is not possible for members to gather for the Congress by trains and buses, as can be done in Europe. Furthermore, the problems of language is quite huge compared to the differences between European languages. While the membership of both Societies speak many languages, most languages of Europe have a similar Indo-European origin, and they have a long history of communications over many years. Multiplicity of languages therefore has probably not been such a hindrance to the progress of the ERS. Even so, members who are native speakers of English should always be aware that there are many non-native speakers around them and be careful to make their comments and discussion as understandable to the general audience as possible. One method to overcome these problems might be to have a meeting once each year in a different country of our region. Those participating in the meeting who had extra time could perhaps help in making contributions in that region. We have to emphasize the concept of the APSR as a single coherent body.

As the sole international society in the Asian-Pacific region, and as a participant of the World Congress of Lung Health in 2000 with the ATS, ERS and IUATLD, I believe the APSR must be an active and healthy society. We should have a larger membership in the region, especially given that our journal is valued by societies of respirology around the world.

I appeal to the officers, members and also to respirologists who have not yet joined the APSR, for more active discussion and communication at congresses, in our Newsletter, or in letters to the Tokyo Office or our President Dr. Ann Woolcock, to solve these difficulties. I value your continued support and efforts in increasing membership and promoting your APSR.

Shiro Kira, M.D.

## Report from Member Countries

### Indonesia

1. Total number of APSR members in Indonesia: 17
2. The activities in Indonesia are mainly initiated and coordinated by the Indonesian Association of Pulmonologist (PDPI) and Dept. of Pulmonary Medicine Faculty of Medicine University of Indonesia. The membership of PDPI comprises respiratory specialists and thoracic surgeons with main activities being:
  - a. Regular monthly discussion of respiratory problems
  - b. Lectures: guest lectures by visiting professors
  - c. Annual Scientific meeting
  - d. Every three years National Congress

We would like to announce that we will hold the 1st International Meeting of Respiratory Care Indonesia (Respina) on July 16-18, 1999 in the Shangri-La Hotel, Jakarta. The hosts of this meeting are:

- a. The Indonesian Association of Pulmonologists (PDPI)
- b. Department of Pulmonology, Faculty of Medicine, University of Indonesia
- c. The Indonesian Association of Bronchoscopy
- d. American College of Chest Physicians (ACCP)
- e. Asian Pacific Society of Respirology (APSR)

As you all realize, it is really not good timing to organize such a big meeting because of the financial and political situation. In spite of this we still hope that our annual meeting will succeed. We have obtained support from experts from Australia, the USA, Europe and Asia. The discussions held in each presentation will talk about infection, asthma, COPD and ICU, rehabilitation, etc.

The organizing committee are:

Honorary President: Dr. Hadiarto Mangunegoro, FCCP

Chairman: Dr. Menaldi Rasmin, FCCP

Secretary: Dr. Sutji Mariono

Scientific Committee: Dr. Ida Bernida

More than 400 participant members are expected to register for the meeting called "FROM PULMONOLOGY TO RESPIRATORY MEDICINE". We also invite you to come to Jakarta to attend our meeting, the conference facilities are excellent, there are plenty of hotels, some with inexpensive accommodation. Secretary of the committee: +62-21-4705684 (Fax).

In the year 2000, the 2nd International meeting of Respiratory Care Indonesia will be held in Bandung (West Java) on July 14 - 16, 1999.

3. We hope that we will be able to host the next APSR congress, because we would like to promote



the APSR among our members to increase the membership, to share our experiences and transfer of knowledge.

Hadiarto Mangunegoro, M.D.

## Beijing, China

Based on the GINA guidelines and American Guidelines on the management of COPD, <<China Guidelines in the Prevention and Management of COPD>> and <<China Guidelines in the Prevention and Management of Asthma>> (the second version) were published by the Session of COPD and Session of Asthma of Chinese Thoracic Association in 1998. The stipulation of China Guidelines are more concerned with the local health care resources and cultural background.

On 11 December, 1998, the World Asthma Day, many activities including consultation, the training of doctors, TV and radio programs and asthma clubs were carried out among 15 cities in China, with 2,500 medical workers and over 30,000 patients involving.

To promote and exchange the experience of the GINA Guidelines the International Meeting of Implementing GINA Management Strategies for Asthma will be held on 5 and 6 November, 1999 in Guangzhou China. Specialists from more than 30 countries will be attending.

The objectives of the meeting will be:

1. Review of implementation strategies at the level of health care authorities, health care organization, health care workers and patients.
2. Methods to evaluate the effects of different ways of implementation.
3. Compare the effectiveness of implementation strategies in different settings. On 7-9 November, 1999, the third Chinese National Congress on Asthma will be held.

In addition, during September of 1999, the Chinese National Congress on Respiratory Failure is planned to be held in Kunming, Yunnan Province.

Nan-Shan Zhong, M.D.

## Viet Nam

Two years ago, on July 29th 1997, we founded the Ho Chi Minh City Association of Asthmology and Allergology. It now includes more than 200 respirology and ENT physicians.

We organise a seminar every trimester to give continuing information to our physicians on asthma

diagnosis and treatment according to the International Consensus. Our last seminar was held on April 6th 1999, and was attended by more than 150 participants with two main topics: The role of cytokines in the pathogenesis of asthma and the use of inhaled cortico steroid in the early stage of asthma, including mild asthma.

Recently we organised our 1st club for asthmatic patients. It is also the first club in our country. It aims to educate asthmatic patients and their families in managing the disease.

Our difficulties:

We cannot provide all our patients with peak flow meter for assessment of severity of asthma because the financial situation.

Only 20% of our patients can benefit by the use of inhaled corticosteroids. Others have to take oral corticosteroids with minimal dose-efficiency.

Our hope is to send some young doctors to Japan or Australia to specialize in Respirology and in critical care medicine with the help of the APSR.

Dr. Nguyen Xuan Nghiem

President of Ho Chi Minh City Association of Asthmology and Allergology

## From the Editorial Board

What are the issues confronting an Associate Editor?

Your manuscript, once audited at the Tokyo office, is sent by courier to one of the Associate Editors. The Associate Editor has to consider the topic and nature of the manuscript and then choose two appropriate referees to review the manuscript. Choosing referees is a major task. One has to take into account (a) the clinical-scientific expertise of the referee, (b) their willingness to participate as a referee, (c) whether they have been a referee for the journal in the past, (d) any communication problems which might occur (slow postal service or poor facsimile systems, (e) the degree of expertise in writing/reviewing manuscripts, and (f) whether the referee is likely to be timely.

Once a manuscript has been sent to the referees it is important to maintain a watchful eye on whether the referee has replied. If no answer has been received within three weeks, a reminder is sent. On occasions a referee does not reply and a decision as to whether one should persevere or seek a third referee is required. Equally, when the referees' reports are in, if they are dramatically opposed then a third referee may need to be used.

A careful assessment of the referees' comments is required. Essentially the Associate Editor needs to decide if (a) it is immediately publishable, (b) with minor changes it could be published, (c) it could be published but major changes are required with possibly more experiments required, and (d) it is unsuitable for publication. This needs to be communicated to the authors and the editorial office, and the referees need to be thanked and exposed to each other's comments as a form of feedback.

The majority of manuscripts require revision or are rejected. When the revised manuscript is reviewed it is important to assess to what extent the criticisms from the referees have been addressed. It is always important to read the manuscript and as well as confirming that the science is appropriate to ensure that the English expression is adequate and if not to make appropriate modifications.

The final acceptance needs to be communicated to the authors and to the Tokyo editorial office. Timeliness is a critical issue in dealing with manuscripts and all steps in the process. It is important that this is constantly kept in mind.

Philip J. Thompson, M.D.  
Associate Editor

The APSR has grown and membership has changed remarkably since its establishment. Our greatest challenge, as with other organizations, occurs in these first few years as we work to establish a strong infrastructure. That includes a sound financial base for our society, a high quality official journal, and substantial conferences. To achieve these, we need the cooperation and hard work of members' contributions to the organization, including recruitment of new members from your colleagues and continued submission of papers for the journal and biennial APSR meeting.

It is very pleasing that the number of submissions to *Respirology* has steadily increased year by year since the initial publication. Our membership's interests span clinical medicine, basic and applied research, public health, and epidemiology. Much of the Editorial Office's concern through the last three years has been focused on a strategic plan for establishing the journal style and advertising it extensively on a global scale. Editorial staff have made much effort to attract new members by opening a branch office at APSR conferences in Beijing (1996) and Sydney (1998), the annual meetings of American Thoracic Society, European Respiratory Society, and Japan Respiratory Society. We have received many articles not only from Asian Pacific countries but also from European countries. I believe *Respirology* will be published bimonthly in

the near future if we can get more submissions from around the Asian and Oceanic countries.

As you know, *Respirology* has been covered by Index Medicus for more than two years. However, I have not yet heard what sort of impact our journal is having. The major reason may be that our journal is too young to be cited by others so frequently. How can we promote our journal, so that it ranks with the other major journals of respiratory medicine? It is difficult for us to compete with the leading journals in fields such as 'extremely advanced basic medicine' or 'large scale prospective studies of clinical trials'. However our journal must have a distinctive feature which distinguishes itself from others. For instance, we may get special merit by publishing articles about endemic diseases and tropical diseases that are common in the Asian Pacific region. Alternatively, epidemiological studies of respiratory diseases that are influenced by environmental factors, such as bronchial asthma, lung cancer, or pulmonary infections, may be other candidates. International collaboration on among the members' countries in these fields must improve the quality of the studies, and these must be different from that of western countries.

We check the format of every manuscript submitted for the journal before we send them to the Associate Editors. Although most authors follow the instructions for preparing manuscripts ("Notice to Contributors" on the last page of the journal), we sometimes find there is no short running title and/or extended abstract, unpublished observation or personal communication cited as a reference, several figures or tables printed on the same sheet, absence of internal scale on photomicrographs, and so on. Please do not forget to complete the manuscript checklist before submitting your paper to *Respirology*.

Hideki Takahashi, M.D.  
Assistant Editor



## Society's Activity

The APSR Executive Meeting will be held on July 23rd and 24th, 1999 at the National Taiwan University Hospital, Taipei, Taiwan.

Simltaneously, the Symposium on COPD will be held on July 24th, 1999, 1:00pm~6:00pm at 102 Lecture Hall, National Taiwan University, College of Medicine. The programme of the Symposium is as follows:-

	Topic	Speaker
1	Tobacco susceptibility in patients with COPD	Prof. Y.S. Shim (Korea)
2	Clinical application of new imaging techniques in COPD - The consensus	Prof. W.C. Tan (Singapore)
3	Respiration related systemic hypertension: Does COPD increase the prevalence of systemic hypertension	Dr. G.M. Shiao (Taipei)
4	Advances in drug treatment of COPD	Prof. J.P. Seale (Australia)
5	Ventilator management of COPD patients in ICU	Dr. P.C. Yang (Taipei)
6	Role of COPD management guideline - An international comparison	Prof. Y. Fukuchi (Japan)

## Forthcoming important meetings in Respiriology:

### 2000 World Congress on Sleep Apnea 12-15 March 2000, Sydney Convention & Exhibition Centre

Capital Conference Pty Ltd  
PO Box N399  
Grosvenor Place NSW 1220  
Tel: +61 (0)2 9252 3388  
Fax: +61 (0)2 9241 5282  
Email: capcon@ozemail.com.au

### 9th Congress of the International Association for the Study of Lung Cancer 11-15 September 2000

International Communications Specialists, Inc. (ICS)  
Sabo Kaikan-bekkan  
2-7-4 Hirakawa-cho, Chiyoda-ku, Tokyo 102-8646  
Tel: +81 (0)3 3263-6474  
Fax: +81 (0)3 3263-7077

#### 1999 October, 9-13

ERS meeting  
(Madrid, Spain)

#### 2000 August 30-September 3

6th APSR Congress  
World Lung Health Conference  
(Florence, Italy)

## APSR Members (as of May 1999)

Country NAME	Number of members
ARGENTINA	1
AUSTRALIA	62
BEIJING, CHINA	181
BELGIUM	1
BRAZIL	1
BRUNEI	1
CANADA	5
EGYPT	1
FRANCE	1
FRENCH POLYNESIA	2
GERMANY	1
HONG KONG, CHINA	38
ILE DE LA REUNION INDIAN OCEAN	1
INDIA	1
INDONESIA	17
ITALY	3
JAPAN	410
KUWAIT	3
MALAYSIA	24
NEW ZEALAND	7
NORWAY	1
PERU	1
PHILIPPINES	20
REPUBLIC OF KOREA	30
SAUDI ARABIA	6
SINGAPORE	15
SLOVENIA	1
SOUTH AFRICA	1
SPAIN	1
SRI LANKA	3
SWEDEN	6
SWITZERLAND	1
TAIPEI, CHINA	65
THAILAND	9
TURKEY	3
U.S.A.	11
UNITED KINGDOM	4
VIETNAM	7
Total	946

### **Officers of the APSR:**

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

### **Council Members**

Australia:	Philip John Thompson Stephen Michael Stick Deborah Yates	Beijing, China:	Wei-Wu Deng Yuan-Jue Zhu Nan Shan Zhong
Hong Kong, China:	Christopher K.W. Lai Alfred Y.C. Tam	Philippines:	Camilo Roa Teresita S. de Guia
Indonesia:	Hadiarto Mangunegoro Adji Widaja	Republic of Korea:	Sung-Kyu Kim Wong Dong Kim
Japan:	Masayuki Ando Shoji Kudoh Satoshi Kitamura Takashi Horie	Singapore:	Nyat-Kool Chin
Malaysia:	Aziah A. Mahayiddin	Taipei, China:	Kwen-Tay Luh Reury-Perng Perng Sow-Hsong Kuo
New Zealand:	John Kolbe	Thailand:	Suchai Charoenratanakul Praparn Youngchaiyud

### **Executive Members representing the Council Members**

Suchai Charoenratanakul  
Won Dong Kim  
Kwen-Tay Luh  
Hadiarto Mangunegoro

### **International Advisory Committee:**

J. Patrick Barron  
Norbert Berend  
Wah Kit Lam  
Young-Soo Shim  
Wan-Cheng Tan

### **Finance Committee:**

Yoshinosuke Fukuchi (Chairman)

### **Membership Committee:**

Teresita S. de Guia (Chairman)

### **Research & Education Committee:**

Nan-Shan Zhong (Chairman)

### **Publications Committee:**

Philip Thompson (Chairman)

President of the 1st APSR Congress in Tokyo, 1988	Michiyoshi Harasawa
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

### **The Asian Pacific Society of Respiriology**

Yoshikawa Bldg. No.2, 2nd Floor  
2-9-8 Hongo, Bunkyo-ku, Tokyo 113-0033 Japan  
Phone: +81-3-5684-3370, Fax: +81-3-5684-3382  
e-mail: KYU00671@nifty.ne.jp,  
apsrjp@aol.com  
Office Hours: 9:30 ~ 16:30 (Monday - Friday)

\* Please note the change of the e-mail address.