



# Newsletter

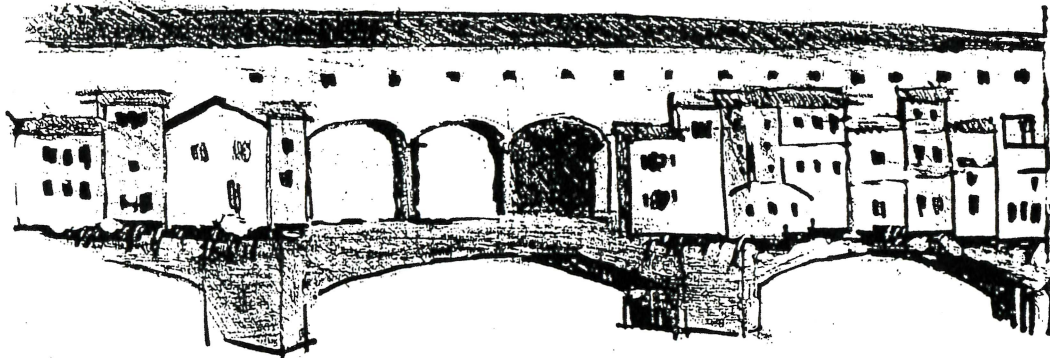
Editor : Shiro Kira

Associate Editors : Yoshinosuke Fukuchi, J.Patrick Barron

## WORLD CONGRESS *on* LUNG HEALTH

*Firenze 2000*

AUG. 30<sup>th</sup> - SEPT. 3<sup>rd</sup>



### Members of the Asian Pacific Society of Respiriology

Dear Members

Since the last Newsletter the Executive Committee has met in Taipei in a meeting hosted by Dr. Kwen-Tay Luh. We discussed the future activities of the APSR and the problems of our finances. We have decided to increase the fees from April 2000 in order to cover the cost of our Journal, *Respirology*. We also need to increase our membership to make the Society viable.

Our next congress will be in Florence at the end of August 2000 when we will meet with the ERS, the ATS and the IUATLD. It is important that a large number of delegates attend from our region. The abstract deadline is February 2nd. Please try to send an abstract - hopefully about respiratory problems in our region. When you complete the form for your registration, please ensure that you put your APSR membership number on it. There will be a meeting of the Council Members in Florence as well as the executive.

We will try to have meetings of some form (probably workshops) in our Region in both 2000 and 2001. After Florence, the next APSR Congress will be in Taipei in October 2002. After that, we hope to have yearly Congresses.

We have a new Treasurer, Dr T. Horie and a new associate editor, Dr M. Nishimura and we welcome them both. I wish to thank all the people who are working hard for the APSR, especially Dr Fukuchi who is the new Secretary General. My special thanks to Dr Shiro Kira the retiring Secretary General who is the new President Elect and continues as the Editor in Chief of the Journal.

I look forward to seeing you all in Florence!

Ann Woolcock, M.D.  
President

## A message from incoming Secretary General

I have succeeded the chair of the Secretary General of the APSR from Professor Shiro Kira as of October 1999 after his resignation. Dr. Kira has been the Secretary since the very beginning of this Society as a member of the steering committee and played such an important task of consolidating, promoting and solidifying every aspect of the activities of the APSR with enormous effort and a firm commitment to perfection. I would like to take this opportunity to express my sincere thanks and appreciation for his personal guidance, as well as his strong leadership in the development of the Society. It has been my honor and privilege that I could learn a great deal about APSR activity directly through this long association with Dr. Kira over the past 15 years.

The APSR now faces the new millennium. We will be co-sponsoring the world congress on lung health in year 2000, the last year of the 20th century, in Florence with ERS, ATS and IUATLD. I believe that this is a significant achievement, because we aimed at being a part of the global respiratory forum as a representative academic organization from this part of the world. I would like to invite all members to try to participate this world congress. It is hoped that APSR will recruit several hundred registrants for the meeting within this region. We should express our firm commitment to the global promotion of respiratory medicine by making a substantial contribution to the success of this first world meeting in respirology.

Despite the great amount of the progress made by all the members of the Society in the past, there are many other issues, which still await further consideration.

To list a few, these are:

- 1) structuring a more solid financial base for running the society,
- 2) finding a better strategy to increase membership,
- 3) promoting our own cooperative investigation in various respiratory diseases within the region, not only in our own field of respirology, but also in other fields of study,
- 4) creating closer relationship with national respiratory societies of the member countries,
- 5) exchanging more resources, both human and financial, with other international organizations worldwide.

I would like to welcome maximum input from all the members of the Society regarding any of the issues listed above or any other problems, for healthy advancement of our society.

Yoshinosuke Fukuchi, M.D.  
Secretary General

## Change of the Secretary General

The first World Congress on Lung Health is going to be held in Florence, Italy in 2000 combined with the ERS, ATS, IUATLD and APSR, and preparations are steadily progressing. I have been the Secretary General of the APSR since its inception, and our main aim has been to organize our own respiratory society in the Asian Pacific region at an international level. I sent letters to leaders in Europe and America at that time to ask their opinions concerning having an international level respiratory society, with participation of respirologists from all over the world. I attach the replies from the past President of ATS, the late Professor K.M. Moser and Professor R. Pannier in Belgium who was a President of SEP (see Letters 1 and 2). I have worked under the guidance of the first President, the Professor Emeritus of Tokyo University: Michiyoshi Harasawa, the treasurer: Takao Takizawa, the second APSR Congress President: Hood Alsagaf, the second President: W.C. Tan, the third President: W.C. Luo, the fifth APSR Congress President: J.P. Seale and the fourth President: A.J. Woolcock. I also must mention Professor J.F. Murray, Professor S. Bovornkitti of Thailand and Professor S.P. Yang of Taiwan who worked from the beginning of the Society and who have all contributed greatly to the establishment and growth of the APSR.

With everyone's cooperation and support, we hold biennial Congresses, and the 6th APSR Congress, in Florence will be held in 2000 together with the first World Congress as mentioned above. The 7th Congress will be held in Taipei with Kwen-Tay Luh, Professor of the National Taiwan University as the Congress President, in 2002. After that occasion, some members are talking of following the example of ERS, by holding a congress every year.

We must take a serious look at our Society's financial situation and future prospects, as I explained at the Executive Meeting held in Taipei this year (the minutes are available at the APSR office). We have been managing so far with profits from the Congresses, support from pharmaceutical companies and the Taipei Tuberculosis Protection Group, and backing by the Japan Respiratory Society, since the APSR started. As the increase of the membership fee to US\$75.00 was approved at the last Executive Meeting, the fee now just covers the cost of publishing Respirology, but not any secretariat or administrative expenses. This at least avoids a deficit when members join the APSR. However, the membership is not increasing as we hoped, and we should always keep an eye on the financial situation carefully.

The smooth publishing of Respirology is a natural expectation for a major international Society for

studies on chest and respiratory. I am delighted with what has been achieved and would like to express my deep appreciation to the editorial members. The editing of Volume 5, No. 1 is completed, and it is now in a process of printing. Respiriology has started to appear in MEDLINE and Index Medicus. This began when Volume 2 was published, and subsequently Volume 1 has been added retrospectively to complete the set.

The Charter and Bylaws are now substantially established. The Executive Committee had been formed from representatives from each country. Since 1998, the executive committee has been composed of officers and four executive members who are elected from the councilors whose numbers are

decided depending on the number of members in each country. Regular Executive Meetings are now held, and a Council Meeting is held at each APSR Congress. Specialized committees such as Publication, International Advisory, Research/Education and Membership are formed under the Executive Committee. Under the chairperson's supervision, we are expecting an active dialogue via e-mail targeted to improve the Society's foundation. The names of the executive officers are printed on the last page of the Newsletter.

Looking back at what I have just written, it sounds as though the Society is growing well, but I must say that its situation is still not very stable. The number of members is not yet over 1,000, even

Dear Dr. Kira:

Thank you so much for your letter of 17 May. I certainly agree with your view that interaction among pneumonologists should be encouraged.

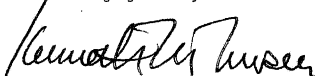
However, I am not certain that an additional Society or Annual Congress will be useful. The American Thoracic Society, as you know, holds an annual meeting which is attended by chest physicians from many countries. Also, the American College of Chest Physicians and the International College of Chest Physicians holds not only an annual meeting in the U.S., but an International one which, I believe, has been held in Japan on several occasions.

Perhaps discussions with these groups may prove fruitful. Both have large experiences in the development of Congress-type meetings.

If such an approach does not, in your view, meet the need you perceive, then I could certainly endorse a meeting in Tokyo in 1985. There would be question as to how resources would be generated for delegate travel, what topics should be discussed and how this group would differ from others.

I look forward to your comments and will be pleased to explore this interesting idea further with you in the future.

Sincerely yours,



Kenneth M. Moser, M.D.  
Director, Division of  
Pulmonary and Critical  
Care Medicine

KMM:11g

Letter 1 (dated May 26, 1983)

My dear Colleague,

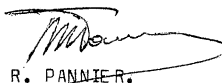
On 16 August I mailed you a letter concerning your visit to Belgium and a meeting we should have contemplating the possibility of a meeting on pulmonary diseases on world level.

I am still looking forward to meet you on 21 or 22 September.

As I only come back from England on 21 September in the morning and not at 17 as mentioned in my letter if necessary you could always call me up at the hospital A.Z. St. JAN BRUGES tel 050 32 08 32

It would be best if we could meet on Wednesday afternoon or on Thursday.

Yours sincerely,



R. PANNIER.

*if it is not too late, let me know your plans by letter.*

Letter 2 (dated September 2, 1983)



though there are 12 member countries in the region. We need continued efforts to invite more members from each country. I would like to introduce the example of the ERS, and urge you to think about the development of our Society. The ERS started at the same time as the APSR. The combined Congress of SEP and SEPCR was held in London in 1990, the two societies merged and the ERS was founded in 1991. The reasons for the increased strength of this combined group are obvious; members no longer need to decide on loyalties and priorities, attendance and commitment is enhanced and more economic use of their time and money is achieved. Becoming the only Society in Europe, the ERS provides harmony, cooperation and united activity with the ATS, the IUATLD and the APSR. The result is the World Congress on Lung Health in 2000. As the only society supported by its membership with its own publications (journal and newsletter) regular congresses and other activities, I sincerely hope that the APSR will attract all of the resources of professionals in respiratory medicine in the Asian Pacific area, as it will allow more effective use to be made of our limited resources rather than international events held simply for presentation of clinical data the educational value of which is not clear.

In this way the APSR can play a viable role in unified activity in the field of respirology, with the ATS, ERS and IUATLD and any other suitable organizations wishing to contribute to globalization in this field.

I wish I could leave a more stable, satisfied and accomplished state to the new Secretary General and Executive members, but unfortunately, I am leaving many problems behind. I trust there will be continued good guidance from the President and the new Secretary General, and this is my message of hope to you all.

Shiro Kira, M.D.

### **Message from The Congress President Elect of the 7th Congress of APSR**

On behalf of the organizing committee, I would like to say how honored we are that the Seventh Congress of the Asian Pacific Society of Respirology (APSR) is to be held in Taipei, Taiwan October 25-26, 2002. We cordially invite you to attend this congress.

As we all are aware, respiratory diseases continue to increase in importance as causes of disability and death worldwide. Although many health issues are of global interest, there are some health concerns that are specific to Asian Pacific Countries. The congress will provide a forum for presenting and exchanging scientific and clinical ideas on respirol-

ogy, either global or Asian Pacific. The program will cover a variety of plenary lectures, symposia, workshops, sunrise session, oral and poster presentation and case discussion. We believe that the congress will improve the exchange of scientific information, promote international cooperation, and upgrade the quality of research and clinical practice in the field of respirology.

Taiwan is a beautiful island. Taipei, the island's largest metropolis, one of the fastest growing cities in Asia, still preserves rich Chinese cultural heritage. Although, Taiwan was struck by a disastrous earthquake in September this year, we believe we can complete our recovery by 2002. In addition to the scientific program, we offer you the chance to visit the Palace Museum in Taipei, which houses the world's largest, collection of Chinese art treasures, Lungshan (Dragon Mountain) Temple, one of finest example of the temple architecture in Taipei, and other interesting places.

Again, welcome to the 2002 APSR Congress, to Taipei and to Taiwan.

Kwen-Tay Luh, M.D.  
The President Elect  
7th Congress of the APSR  
Taipei, Taiwan

## **Report from Member Countries**

### **Australia**

As a paediatric respiratory specialist in Australia I can report that the profession is striving for excellence in patient care and research. Every teaching hospital and every state has at least one busy paediatric respiratory centre and many university academic departments have members who are paediatric pulmonologists. The Australasian Paediatric Respiratory Group (APRG) comprises over 40 paediatric respiratory specialists from Australia and New Zealand who meet regularly to discuss research and clinical issues. The paediatric specialist interest group of the Thoracic Society of Australia and New Zealand (TSANZ) is a broader group that also includes respiratory scientists, allied health professionals and nurses interested in paediatric respiratory disease.

These groups have been responsible for the publication of a number of position papers on clinical issues and have formulated guidelines for paediatric respiratory and sleep training and laboratory standards. Members of the APRG have published over 40 articles in peer reviewed international journals in the past year in areas as diverse as immunology, infant lung function, genetic epidemiology, sleep, SIDS, asthma and cystic fibrosis. Each major centre has active research programs and

some can rightfully claim to be at the cutting edge of paediatric respiratory research.

Significant issues in Australia that need sustained and urgent attention are, high asthma prevalence and health care utilisation by asthma sufferers, the poor respiratory health of indigenous children and the abuse of tobacco by children and pregnant mothers. An area that has developed rapidly in recent years has been paediatric sleep medicine and dedicated paediatric sleep laboratories now exist in every major centre.

The relationship between adult and paediatric respiratory specialists is excellent. The TSANZ has a paediatrician on each of the standing committees and whilst not guaranteed, there has always been paediatric representation at executive level.

The APRG provides a convenient interface between clinicians and the pharmaceutical industry and will be an instrument for the development of multicentre clinical trials in Australia. The APRG has facilitated useful collaborations and number of collaborative studies are currently underway or planned for example, genetic risk factors for asthma, quality of life and psychosocial factors in cystic fibrosis and cognitive effects of obstructive sleep apnea in young children.

Paediatric respirologists in Australia would welcome closer contact with other centres in the Asia-Pacific region. I hope that APSR will be a vehicle for dialogue between specialists and scientists within the region and would like to see the development of a paediatric network within the region that could be an instrument to promote areas of common concern.

To this end I would strongly encourage anyone interested in spending time in Australia to make contact with senior physicians in any of the major centres. A list can be obtained from Dr James Martin in Adelaide (martinaj@wch.sa.gov.au). Perhaps regional collaboration can be fostered by the expansion of personal ties and friendships between individuals working in this exciting, challenging and diverse region of the world

Stephen Stick, M.D.  
Princess Margaret Hospital

## Beijing, China

The Chinese National Congress on Respiratory Failure was held in Kunming city, Yunnan province last September. During the conference, modes of mechanical ventilation in cases of respiratory failure were discussed; the strategies for applying positive expiratory end pressure (PEEP) during respiratory failure; the nutritional support in COPD complicated with respiratory failure etc. were reported. More than 423 papers were presented in the con-

gress. It was a successful scientific conference.

The Third Chinese National Congress on asthma was held in Guangzhou on November 7th to 9th, 1999. Professor Nan-Shan Zhong gave a speech on the prevention and management of asthma in next decade, Dr. Sergion Romagnani reported "The role of Th 2 responses in the pathogenesis of allergy and asthma" and Dr. Jean Bousquet reported "Remodeling in asthma". There were 283 papers presented in the congress.

Luo Wei Ci, M.D.  
Peking Union Medical College Hospital

## Hong Kong, China

The past 15 months have been a very exciting period for the "Respiratory Community" in Hong Kong. Highlights of the activities are listed below:

1. Over 1,000 delegates from over 40 countries gathered in Hong Kong during the period of 4th to 7th June 1999 for the 20th Eastern Region Conference of the IUATLD. This event was jointly organised by the Hong Kong Thoracic Society (HKTS) and ACCP (HK & Macau Chapter), and hosted by The Hong Kong Tuberculosis, Chest & Heart Diseases Association. A guest faculty of more than 40 world-renowned speakers from Asia, North America, Europe and Australia presented the most up-to-date data on various topics of Respiratory Medicine.

2. The Hong Kong Allergy Convention, organised jointly by the Hong Kong Institute of Allergy and American College of Allergy, Asthma & Immunology, was held on the weekend of 12-13 December 1998. More than 20 top allergists, respiratory physicians, ENT specialists and dermatologists from overseas, together with a number of local speakers including many active members of the 2 local chest societies, discussed the latest developments in asthma, rhinosinusitis, cutaneous allergy, anaphylaxis, food and drug allergy.

3. To mark the first ever World Asthma Day, the Hong Kong Asthma Society, with the support of the HKTS, conducted a campaign to raise the awareness of asthma in late November through December 1998. This included a series of educational seminars for the lay public, a press conference, a fun day with performances by local celebrities and prize presentations for asthmatic children who excel in school, sports or fine art.

4. A book titled "Current Management of COPD", authored by active members of the 2 chest societies, has recently been published by the Hong Kong Lung Foundation. It comprises 15 chapters and provides a comprehensive review on the important management issues relating to COPD including pharmacotherapy and surgical treatment, manage-

ment of acute exacerbations, pulmonary rehabilitation, ethical issues relating to mechanical ventilation, air travel, etc. This book aims to provide a handy reference for all health professionals involved in the care of COPD patients. Anyone who is interested in obtaining a copy can contact me\*.

5. The HKTS and ACCP (HK & Macau Chapter) continue to hold regular clinical meetings, at least once every 6 weeks, during which local experts and sometimes overseas speakers review important topics in clinical Respiratory Medicine.

6. As reported by Professor W K Lam in last year's newsletter, respiratory trainees in Hong Kong have to undergo a structured training programme in Respiratory Medicine for a minimum period of 3 years (plus a 3-year period of basic medical training) before they are allowed to sit for an exit examination. This examination is organised by the Respiratory Specialty Board of the Hong Kong Academy of Medicine and was first conducted in June 1998. Since then, there have been 6 candidates who successfully passed the examination and become specialists in Respiratory Medicine.

I have also been asked by the Chief Editor to express my hopes and expectations with regard to the APSR. The following are some of the issues that I hope the Society may consider:

1. To hold an annual scientific meeting rather than the current policy of having only one meeting every 2 years. This will provide more opportunity for members from different countries to learn from each other and foster stronger friendship.
2. To organise educational seminars/workshops in developing countries within the region. This will involve a certain amount of funding from APSR to cover the travel expenses of speakers.
3. To establish an exchange programme for respiratory trainees to learn from centres outside their own countries. This will broaden their exposure not only to clinical medicine, but will also provide them with research experience which may otherwise be not possible.

Christopher Lai, M.D.

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Fax: (852)2522 2188;  
e-mail: keilai@netvigator.com

## TAIWAN

### Activities of our society

Clinical meetings were organized weekly on a rotating bases by participating chest physicians. Interpretation of chest radiograms and critical care medicine issues were presented and discussed.

Workshops for the management of asthma, especially for the local practitioners were held through-

out the major counties of Taiwan from April to July this year. Postgraduate courses on chest radiography for the training of pulmonary fellows were held on July 11 and 25 in Taipei and Taichung.

The APSR Executive meeting was held in Taipei on July 23 and 24. During the meeting, a symposium on COPD presented by the executive members was held. In the business meeting, Taipei was approved by the executive members as the host for the 2002 APSR Congress with Professor Kwen-Tay Luh of National Taiwan University Hospital as the president.

Intensive training courses on Respiratory Care was held on September 11th and 12th with over 250 participants.

A symposium on sleep-related disorders was held on October 8, 1999. The first International Conference on Immuno-pharmacology of Bronchial Asthma and the Annual Congress for SPCCM, Taiwan 1999 will be held from the 10th to 12th December at Chang Gung Memorial Hospital, Tayuan. The topic of lectures and symposium will include:

- \_ Recent advance in airway inflammation
- \_ Inflammatory mediators
- \_ Inflammatory cell modulation

Min-Jen Perng, M.D.  
Mackay Memorial Hospital

## September 21st Earthquake in Taiwan

The 921 earthquake probably was the strongest earthquake in Taiwan this century. It occurred at 1:47 am on September 21, 1999. Based on the report in the Central Weather Bureau in Taiwan, the epicenter was located 12.5 km from Sun-Moon Lake in mountainous central Taiwan, and it was only one km below the earth surface. The magnitude measured was 7.3 on the Richter scale. However, according to the U.S. Geological Survey, the severity measure of the earthquake was up to 7.6.

The earthquake initially caused a shut down of power, followed by a series of terrible tremors. The earthquake hit almost the entire island, even in Taipei, which was about 200 km away from the earthquake epicenter. We felt severe tremors and many buildings collapsed. Serious damage occurred after the earthquake, with the most severe effects in Nantou county, and along the fault line, spreading to Taichung, Yun Lin, Chung Hwa Chiayi counties and even in Taipei. Thousands of buildings collapsed and a total of 2290 people were killed, more than 10,000 injured and 100,000 homeless.

Medical teams and rescuers were formed automatically by the surrounding Medical Centers and hos-



pitals, and were immediately sent to the disaster area to assist the rescue of the trapped and injured people. We are very appreciative that there were at least more than 11 countries sending search and rescue teams to Taiwan. The foreign experts from United States, Germany, Russia, Japan, South Korea, Israel, the Philippines, Britain, Singapore, Thailand, Turkey, Switzerland, Mexico and other countries, brought their equipment and search dogs, immediately arrived in Taiwan on Sept. 23 to help the rescue efforts. Several trapped victims were therefore rescued from the earthquake debris by their help.

President Lee Teng-Hui announced a six-month state of emergency to tackle the after math of the quake. The military and civilians of the entire country joined together, participating in rescue and rebuilding effort by donating money, food, and equipment, and even rushed to the disaster area to help the injured. There was also many aid from foreign countries.

It is now two months since the earthquake, and we have passed the immediate recovery. Major manufacturing, economic and the health system are gradually getting into order. However, there are still many people suffering from post trauma syndrome, who may still need continuous psychological support. However, the rebuilding process still has a long way to go. This bad experience also made the health authorities in Taiwan realize the importance of disaster and emergency medicine. We need good preparations for unexpected disasters in the coming years.

Pan-Chyr Yang, M.D.  
National Taiwan University Hospital

### **Forthcoming important meetings in Respirology:**

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

Contact  
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

**2000 March, 22-24**  
APSR Workshop during  
the 40th JRS Annual Scientific Meeting  
(Hiroshima, Japan)

**2000 May, 5-10**  
ATS Annual Meeting  
(Toronto, Canada)

**2000 August 30-September 3**  
6th APSR Congress  
World Lung Health Conference  
(Florence, Italy)

### **Notice from the Editorial Office**

1) This is to advise you of some changes within the Executive Committee as from 1st October 1999.

Secretary General: Dr. Y. Fukuchi  
(replacing Dr. S. Kira)  
Treasurer: Dr. T. Horie (replacing Dr. Y. Fukuchi)  
Associate Editor: Dr. M. Nishimura  
(replacing Dr. Y. Fukuchi)

2) Increase of membership fee

Please note the membership fee will increase from US\$50.00 to US\$75.00 as from 1st April, 2000.

### **APSR Members (as of November 1999)**

<b>Country NAME</b>	<b>Number of members</b>
ARGENTINA	1
AUSTRALIA	64
BEIJING, CHINA	174
BELGIUM	1
BRUNEI	1
CANADA	4
EGYPT	1
FRANCE	1
FRENCH POLYNESIA	2
GERMANY	1
HONG KONG, CHINA	38
ILE DE LA REUNION INDIAN OCEAN	1
INDIA	2
INDONESIA	17
ITALY	3
JAPAN	401
KUWAIT	3
MALAYSIA	24
NEW ZEALAND	7
NORWAY	1
PERU	1
PHILIPPINES	20
REPUBLIC OF KOREA	30
SAUDI ARABIA	6
SINGAPORE	12
SLOVENIA	1
SOUTH AFRICA	1
SPAIN	1
SRILANKA	3
SWEDEN	6
SWITZERLAND	1
TAIPEI, CHINA	65
THAILAND	9
TURKEY	4
U.S.A.	13
UNITED KINGDOM	3
VIETNAM	5
<b>Total</b>	<b>928</b>

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

President: Ann J Woolcock  
President-elect: Shiro Kira  
Congress President-elect: Kwen-Tay Luh  
Past President: Wei-Ci Luo  
Past Congress President: J. Paul Seale  
Secretary General: Yoshinosuke Fukuchi  
Treasurer: Takashi Horie

### **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 Yoshikazu Kawakami	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 Respirology**

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