



Newsletter

Editor : Yoshinosuke Fukuchi

Associate Editors : Takashi Horie, J. Patrick Barron, H. Sato Cochrane

Message from the President



It has been the longest three months for many countries in Asia. The severe acute respiratory syndrome (SARS) struck Asia and then the world with lightning speed, and from only southern China and Hong Kong in late February 2003, SARS had spread to 24 countries/regions within six weeks. By May 30, 2003, it had spread to 31 countries and regions worldwide, with a total of 8317 cases and 754 deaths. The worst hit five countries/regions in Asia (China, Hong Kong, Singapore, Taiwan and Vietnam) accounted for 96% of all cases and deaths.

The medical and scientific community has responded to this completely new infection with equally lightning speed. By early April, 2003, scientists from Canada, CDC (US) and Hong Kong identified a novel coronavirus never described before to be the causative agent for SARS, which was confirmed by the WHO on April 16, 2003. Two to three weeks later, these scientists, and also those from Singapore, have independently sequenced the genome of the SARS-virus,

paving the way to better diagnostic tests, possible targeted therapy and vaccine development, hopefully in the near future.

This SARS epidemic has hit Asia hard not only in medical, health and economic terms, but has simply turned everyday life into turmoil in many countries and regions—business, entertainment, schooling, travel, meetings, to mention just a few. Regarding turmoils in meeting /conference schedules, the APSR has not been spared. The 8th APSR Congress was originally scheduled to be held in Kuala Lumpur from 17 to 20 July 2003. After careful consideration of the SARS situation and the possible effects of it on the attendance, the Organising Committee has finally made the very difficult but correct decision to postpone it to 1-4 December, 2003. May I wish them every luck and success in the organization of the re-scheduled Congress. No doubt the Congress will have a good SARS symposium in the new programme.

Meanwhile, we are continuing to amend and update our Society's Charters and Bylaws to make them more fit for the purpose of the Society. In particular, the amendments will enable a better structure for membership and Executive Committee and Council of the Society. An Annual General Meeting of APSR will also be held during the annual congress.

I am also happy to report that APSR is now an active member of the Forum of International Respiratory Societies (FIRS), which also includes the ATS, ERS, ACCP, IUATLD, ALAT and ULASTER. To be part of FIRS indicates not only the recognition of APSR as a Society truly representing the Asian Pacific region, but also our commitment as a responsible member Society in the international respiratory community. I wish to thank Dr. Norbert Berend for attending the last FIRS meeting on behalf of APSR. The latest FIRS campaign is to push for the adoption of the Framework Convention on Tobacco Control (FCTC) in the World Health Organisation Annual Assembly in Geneva in May 2003. The FCTC is a concerted effort to enact strong tobacco control provisions and protect future generations from tobacco addiction, but there are efforts by some countries to open up the treaty to weakening amendments. The FIRS strongly opposes efforts to undermine the FCTC. The FIRS effort has turned out to be a success in the WHO Assembly.

Finally, may I reiterate that the Society needs YOUR support and participation. If you have any suggestions regarding Society initiatives and activities, please let us know.

Wah Kit Lam, M.D.
President, APSR
lamwk@hkucc.hku.hk

Rescheduling of the 8th Asian Pacific Society of Respirology Congress

The Organising Committee of the 8th Asian Pacific Society of Respirology Congress has decided to postpone the Congress in view of the Severe Acute Respiratory Syndrome (SARS) epidemic. The Congress is now rescheduled to be held on the new dates and at an exciting new venue as follows:

Dates: 1 to 4 December, 2003

**Venue: Sunway Lagoon Resort Hotel,
Petaling Jaya, Selangor, Malaysia**

We apologise for any inconvenience caused and will appreciate your continuing support and participation in the 8th APSR Congress. The revised programme will be sent to you once this has been finalised.

Chong-Kin Liam, M.D.

Congress President and Chairman of the
Organising Committee

SARS, newly identified emerging infectious disease

SARS is an atypical pneumonia with rapid deterioration of respiratory function, resulting in acute respiratory distress syndrome in about 20% of cases. No specific treatment has been established. Ribavirin with steroid therapy has been performed in Hong Kong but its effectiveness for the SARS virus is still controversial, because no randomized control trial has been carried out. The disease has been rapidly spread throughout the world by air travellers. The World Health Organization (WHO) issued a 'global alert' and warned the first travel advisory in its history. Although the transmission of the SARS virus between humans appears to be less than that of the influenza virus, the average mortality is 15%, ranging from less than 1% to more than 50%, depending on the age group, and is much higher than that of influenza. The route of transmission is mainly by droplets, but air-borne transmission cannot be ruled out. Therefore, infection control procedures in hospital settings require both droplet and air-borne precautions. Personal protective equipment, such as N95 masks, goggles, aprons, and gloves are recommended for all health care workers whenever they are in contact with patients who are suspected to be infected with SARS.

The SARS virus recently identified in Hong

Kong is a novel corona virus. The natural hosts of SARS virus have not been completely elucidated. The 'masked palm civet' (*Paguma larvata*) which is exported as an exotic pet to many countries has been reported as one of the potential natural hosts. This suggests that the reservoir of the virus may have been present in nature before this endemic. That means that the SARS endemic could occur regularly in every winter season, unless a life-long vaccine is developed. All chest physicians working in the Asian and Pacific area will need to take the possibility of SARS into account, when patients with a high fever present. Specific treatment as well as vaccine urgently need to be developed before the next endemic.

Satoshi Hori, M.D.

Department of Respiratory Medicine,
Juntendo University, School of Medicine
Tokyo

Future Relationship between the TSNZ and the APSR

I acknowledge with thanks, the congratulations from the APSR Executive Officers and President on my taking up the role as President of the Thoracic Society of Australia and New Zealand in early April.

The Thoracic Society of Australia and New Zealand consists of a membership of Respiratory Physicians, Respiratory Scientists and Respiratory Nurses. In addition there is representation by Thoracic Surgeons and a range of other health professionals involved in asthma education, pharmacy and pharmacology.

Some of the key goals for the Thoracic Society of Australia and New Zealand are advancing the respiratory health of the community and in particular reducing tobacco consumption. These goals I am sure are shared internationally by the respiratory community.

There are a range of issues that Societies with a relatively small membership are facing in the world. Some of these relate to the means of influencing evidence based medicine. There has been a tendency for each national society to develop its own guidelines, but the time and resources to review all of the evidence in the development of guidelines are so great that many guidelines will require an international group. National societies should be able to modify guidelines to make them congruent with their own practice.

However we are now in a new era where we should be pooling our resources and increasing cooperation between societies to provide the best outcomes. The Thoracic Society of Australia and New Zealand is looking forward to improving its links with the APSR.

There is already a strong record with the current editor of *Respirology* making a very major contribution to the APSR. The Thoracic Society of Australia and New Zealand has also acknowledged the relevance of *Respirology* for its members by publishing the scientific abstracts of the Annual Scientific Meeting within *Respirology* for a number of years.

We therefore acknowledge *Respirology* as being our preferred journal from the Society's point of view for publication of Society scientific contributions. We hope that over the next several years that we can work together to fostering increased collaboration and cooperation at a scientific and at a clinical level. There are many ways in which these activities may be facilitated and we look forward to discussing these with the APSR.

The Thoracic Society of Australia and New Zealand sends its best wishes to the APSR for its forthcoming scientific meeting.

Dick Ruffin, M.D.
President, TSANZ

"Management of COPD in the Pacific Rim: A Bridge to Tomorrow" in Kona, Hawaii

COPD is the fourth leading cause of death in the United States and is expected to be the fifth leading cause of death worldwide by 2020. The Asian-Pacific Region is disproportionately affected by COPD. To better understand the impact of COPD in the Asian-Pacific Region, a conference was held in Kona, Hawaii, entitled "Management of COPD in the Pacific Rim: A Bridge to Tomorrow" on January 10-12, 2003. There were more than 100 attendees from 17 countries.

The goals of the meeting were: 1) to develop a multidisciplinary forum to improve the understanding of the impact of COPD in the Pacific Rim, 2) to develop a scientific program where scientists and clinicians from East and West present and review the latest research and information on COPD in a context where social, cultural and geographic factors were discussed, 3) to incorporate representatives of lay advocacy groups into the COPD to represent the

perspective of COPD patients into this process, and 4) to establish research priorities for COPD relevant to the Pacific Rim.

The meeting was sponsored by the American Thoracic Society, the Asian Pacific Society of Respirology, the European Respiratory Society, Global Initiative for Obstructive Lung Disease (GOLD), the Latin American Thoracic Society (ALAT), the American Lung Association of Hawaii and the Hawaii Thoracic Society. The meeting was supported by a generous grant from Boehringer Ingelheim Pharmaceuticals, Inc., and Pfizer Pharmaceuticals, Inc. and the Alpha One Foundation. In addition, the scientific portion of the meeting was supported by a grant from the National Heart, Lung and Blood Institute at the National Institutes of Health (USA).

The meeting consisted of four key components: 1) topics relevant to COPD prevented by international experts in the field, 2) "state-of-the-state" presentations that present data from COPD in specific countries in the Asian-Pacific Region, 3) cross cultural presentations designed to promote cultural or geographic factors in the Asian-Pacific Region that impact COPD and 4) abstract presentations on COPD relevant to the meeting topics and elicited from around the world with a special focus for presentations from the Asian-Pacific Region.



Waikoloa Beach, Hawaii

Speakers included: W.J. Martin II (Cincinnati, USA), Daniel W.Y. Kwok (Honolulu, HI), Sonia Buist (Oregon, USA), Sanguan Nitayarumphong, M.D. (Ministry of Public Health Bangkok, Thailand), Peter Calverley (Liverpool, England), Yoshinosuke Fukuchi (Tokyo, Japan), Joseph Gerstein (Cambridge, USA), William Beckett (Rochester, USA), Nan-Shan Zhong (China), Stephen Rennard (Omaha, USA), Homer Boushey (San Francisco, USA), William MacNee (Edinburgh, Scotland), Wan- Cheng Tan (Singapore), Patricia Nishimoto, (Manoa, USA), James Hogg (British Columbia, Canada), Aziah Ahmad Mahayiddin (Kuala Lumpur, Malaysia),

Peter Pare (British Columbia, Canada), Bart Celli (Massachusetts, USA), John Walsh (Florida, USA).

The meeting was highly successful as scored by the attendees relevant to meeting the goals and objectives of the conference. A website has been established at <http://www.med.uc.edu/ats/> for further input into COPD in the Pacific Rim. Research priorities have been discussed both at the meeting in Kona, Hawaii, as well as a recent follow-up meeting during the American Thoracic Society International Conference in Seattle, Washington, (May 2003). Plans are underway to further define the research priorities as established at the meeting and to examine mechanisms for finding support for these initiatives. Planning is also underway for a second Kona COPD meeting in Hawaii in January/February, 2005.

William J. Martin, M.D.
President, ATS

WAM Committee Meets in ATS, Seattle

The 4th World Asthma Meeting (WAM) will be held 16-19 February 2004 in Bangkok, Thailand. The WAM International Organizing and Program Committee met on 19 May 2003 at the ATS Congress, Seattle, WA, USA. Attendees included representatives from the ATS, ERS, ACCP, AAAAI, GINA, IUATLD, and APSR.

Dr. Suchai Charoenratanakul, the WAM Congress President, reported that the scientific program is fully developed and even though it is early, has already received confirmation from nearly all invited speakers. He further reported that Dr. Romain Pauwels will be delivering the Keynote Speech for the four-day congress WAM, the theme of which is "Asthma: A World-Wide Approach to Understanding, Treatment, and Prevention" will feature more than 70 presentations by international asthma authorities. Post-graduate course modules will be conducted on the first day, while the succeeding days will be devoted to the scientific program. In keeping with its theme, the program will cover the following topics: Pathogenesis and Pathophysiology of Asthma on the first day, Treatments of Asthma on the second day, and Different Asthma Phenotypes on the third day.

There will also be a large exhibition alongside the conference. Several pharmaceutical companies have already confirmed their participation, and these include GlaxoSmithKline, Boehringer Ingelheim, Altana, AstraZeneca, Pfizer, Merck Sharp & Dohme, Thai Otsuka, Aerocrine,

Hamilton, Chest MI, E for L, Eco Medics, and Micro Medical.

Registration is now open for delegates through www.wam2004.com and abstracts may likewise be submitted by logging onto the WAM website. For more information, please contact the Congress Secretariat by calling +66 2 960 0141 or send an email to wam@bangkokrai.com

Sharon S. Mascarinas
Conference Manager

Report on Respiriology - May 2003

1. Associate Editors

After only a few weeks into his term of office as Associate Editor, Prof Kenneth Tsang and his colleagues in Hong Kong found themselves confronting the SARS outbreak. In recognition of his hugely increased clinical workload, we have temporarily suspended sending new manuscripts to Hong Kong for review. Shortly after, Prof Tan reported similar problems in Singapore with colleagues too preoccupied with SARS patients to have time to review manuscripts, and we have reduced considerably the number of manuscripts being sent to her.

This has placed a very significant burden on the two remaining Associate Editors, Prof Nishimura and Dr Stick, who have been reviewing more manuscripts than usual. I have also taken a number of manuscripts to send out for review. Following my request Prof Shiro Kira recommended three doctors who would act as "Locum Associate Editor" for a short while to help ease the burden on the Associate Editors. I am very pleased to welcome Dr Toshihiro Nukiwa in Sendai, Dr Kuniaki Seyama in Tokyo and Dr Yukihiro Sugiyama in Tokyo.

Some time ago Prof Nishimura indicated his intention to retire as Associate Editor, a role he has fulfilled since the beginning of 2000. Prof Michiaki Mishima, who is based at Kyoto University, will take his place, and I look forward to welcoming Prof Mishima to the Editorial Team later in 2003.

2. ISI Listing

We have received official notification from the ISI in the United States that our application for listing has been approved. The ISI counts all instances where Respiriology is cited in scientific journals over a two-year period, and then calculates the impact factor. Therefore all citations during 2003 and 2004 will be used to calculate our impact factor, which we will know in 2005. At this stage, referring to articles published in Respiriology in your papers, no

matter where they are published, will be of great benefit to the Journal in helping to increase our impact factor. Of course, we continue to encourage you and others to publish in *Respirology*.

3. Invited Reviews

Two series are currently running: "Cells of the Lung" and "Tobacco and Lung Health". The authors are high-profile people in their field, and their Reviews are in-depth and thought-provoking. Planning for a new series "Pleural Diseases" to begin in Volume 9 is very mature, and further series are at an earlier stage of planning.

4. Manuscript Submission

The rate at which manuscripts are being submitted continues to rise steadily, as shown on the attached chart. When I took on the task of Editor-in-Chief two and a half years ago we held 52 manuscripts either "under review" or "accepted and awaiting publication". We currently have 85 manuscripts under review and 16 accepted for the next issue. We now have enough accepted manuscripts for the next issue by the time of the closing date for the current issue. Interestingly, the countries where the manuscripts originate from have changed, with the majority coming from Japan in 2001 and the majority coming from Turkey in 2003. There is also a steady increase in the number of manuscripts submitted from the Middle East, Europe and the United States, which reflects the Journal's growing profile in the medical community beyond the Asia Pacific region (Table 1).

TABLE 1 COUNTRY OF ORIGIN OF MANUSCRIPTS

Country	2001	2002	2003 to 27 May	Country	2001	2002	2003 to 27 May
Australia	14	21	15	Korea South	1	3	1
Belgium	0	0	1	Kyrgyzstan	0	1	0
China	5	4	1	Lebanon	0	1	0
Croatia	0	1	0	Malaysia	6	2	0
Denmark	0	1	0	New Zealand	2	3	1
Egypt	0	1	1	Oman	0	1	0
Finland	0	1	1	Philippines	1	0	0
Germany	1	0	0	Saudi Arabia	1	2	0
Greece	1	1	2	Singapore	6	10	0
Hong Kong	4	4	3	Spain	2	1	0
India	2	1	1	Switzerland	1	0	0
Indonesia	0	1	0	Thailand	3	3	1
Iran	4	1	2	Turkey	12	22	20
Ireland	1	0	1	UK	1	3	2
Israel	0	1	0	USA	1	3	5
Japan	36	53	13	TOTAL	107	146	71

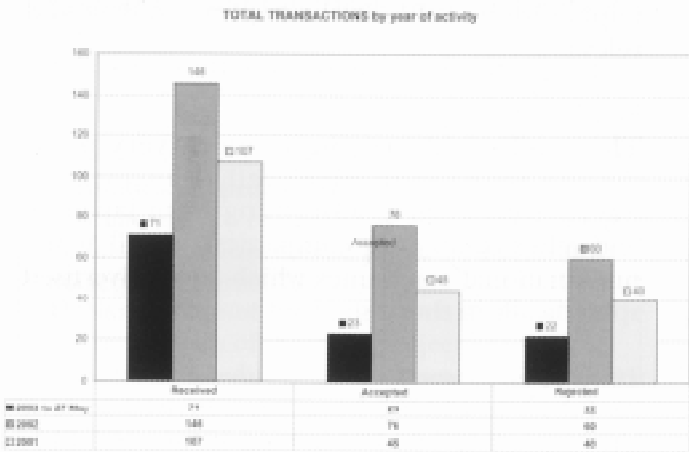
The increased inflow of manuscripts means that we fill our page budget for each issue, and carry manuscripts forward. Unless the acceptance rate is significantly reduced (which I would be reluctant to see), there is a case for increasing the frequency of publication, from quarterly to bi-monthly. This of course would increase the cost of printing and distributing the journal, but the per-copy cost decreases as the number of subscribers increases.

5. Accept/Reject rates

The acceptance rate has dropped from 53% last year to 50% this year. This is a reflection of the higher number of manuscripts submitted, rather than a decline in the standard of manuscripts. We are now accepting Case Reports only if they describe new or novel findings leading to hypotheses to be tested in larger series that report new treatment or diagnostic approaches, or that provide a timely and appropriate review of the literature of rare conditions.

6. Turnaround Times

Not counting the Invited Reviews which are not subject to peer review, the mean time from when a manuscript is received to when a final decision is made has continued to decrease. For accepted manuscripts it is currently 174 days, and for rejected manuscripts 111 days. Much of this improvement is due to the hard work of all the Associate Editors and the many referees who respond promptly to requests to review manuscripts.



7. Other Respiratory Organisations

Negotiations are at an advanced stage for the Japanese Respiratory Society to join the APSR en bloc. This would increase the subscriber base from the current 1,000 individual members to 11,000. The extent of secondary publication of selected articles in *Respirology* or the Japanese Respiratory Journal will need to be reviewed if this occurs.

Also at an advanced stage are arrangements for the members of the Thoracic Society of Australia and New Zealand (TSANZ) to join APSR and subscribe to *Respirology*, bringing a further 900 members. The TSANZ has recently indicated it wishes to adopt *Respirology* as its preferred journal.

Apart from increasing the circulation and profile of *Respirology*, increased readership will probably result in yet more manuscripts being submitted, and the Journal being able to move from quarterly to bi-monthly publication. The rate of manuscript submission is now putting considerable pressure on our ability to publish in a timely fashion.

8. Website

The APSR website is now updated regularly, with the calendar of forthcoming meetings matching that published in *Respirology* and in the APSR newsletter. The website is also being used as a vehicle to promote APSR Congresses, and now to advise of the postponement of the 8th Congress and relay news as it becomes available of the new dates.

The list of links to other respiratory organisations and sources of information relevant to respiratory specialists has now been updated. As part of the process of checking all the websites linked from the APSR site, reciprocal links have been set up from many of those sites back to APSR. As this will significantly increase the number of hits to the APSR website and thus increase the profile of the organisation it is imperative that the site be kept up to date and relevant.

9. Advertising

The level of advertising remains very poor, despite requests to Blackwell to investigate ways of encouraging advertising from Japanese and other Asian drug companies, as well as the multi-national companies which have advertised sporadically in the past.

10. COPE

As Editor-in-Chief I have been invited to join the Committee on Publishing Ethics (COPE), a London-based international organisation dedicated to ensuring high standards of ethics in medical publishing. I have reported two cases to COPE: both involved the use of questionnaires without the permission of the owners. In one case the author of a manuscript, when invited to revise, contacted the owner of the questionnaire to ask for help. In the second case the author claimed ISAAC (International Study of Asthma and Allergies in Childhood) status for a site which was not in fact registered as such. Both

manuscripts were rejected.

11. Blackwell Publishing Asia

A closer working relationship has been developed between the Editorial Office and Blackwell Publishing Asia. The main instrument is an action sheet, regularly updated by Blackwell personnel and the Editorial Office, with the aim of improving the overall standard of the Journal. It enables both parties to have a record of the status of various initiatives as well as setting out expected actions.

Phil Thompson, M.D.
Editor-in-Chief, APSR

Notice from the Secretariat

1) Members! Please send your e-mail address. We would like to update each member's details. Please send us an e-mail from your usual address, with your name and tell us if you would like us to:

- ☐ use e-mail for communicating APSR and related news
- ☐ use e-mail for sending educational materials including educational newsletters

Send your e-mail, to KYU00671@nifty.ne.jp

2) Congress in 2006 and 2007! We invite you to make a proposal to host the APSR Congress in 2006 or 2007. Bids will be considered at the next Executive Meeting. You will be asked to present your thoracic society's plans for the arrangements and infrastructure of the event (Local Organizing Committee, etc.). Please contact the Secretariat in Tokyo for more information.

3) The APSR website has been updated with new links to other respiratory organisations, sources of information, and regional conferences. (<http://www.apsresp.org>)

Forthcoming Meetings

2003

17th Asia-Pacific Congress on Diseases of the Chest
August 29-September 2, 2003, Istanbul, Turkey
Website: www.apcdc2003.org

13th European Respiratory Society (ERS) Congress
September 27-October 1, 2003, Vienna, Austria
Website: www.ersnet.org
E-mail: info@ersnet.org
Fax: +41 21 617 28 65

69th Annual Scientific Assembly of the American College of Chest Physicians
October 25-30, 2003, Orlando USA
Website: www.chestnet.org

8th Congress of the Asian Pacific Society of
Respirology (APSR)
December 1-4, 2003, Selangor, Malaysia
Website: www.my-mts.org
Email: acadmed@po.jaring.my
Fax: +60 3 2093 0900

2004
4th World Asthma Meeting
February 17-19, 2004, Bangkok, Thailand
Website: www.WAM2004.com
Email: sarmit@bangkokrai.com
Fax: +66 2 960 0140

TSANZ Annual Scientific Meetings
March 19-24, 2004, Sydney, NSW, Australia
Website: www.thoracic.org.au
Email: tsanz@fcconventions.com.au
Fax: +61 2 8 8363 1604

44th Annual Meeting of the Japanese Respiratory
Society (JRS)
March 31-April 2, 2004, Tokyo, Japan
Website: www.jrs.or.jp
Email: jrs44@med.nihon-u.ac.jp
Fax: +81 3 5986 0069

American Thoracic Society (ATS) International
Conference
May 21-26, 2004, Orlando, USA
Website: www.thoracic.org

14th European Respiratory Society (ERS) Congress
September 4-8, 2004, Glasgow, Scotland
Website: www.ersnet.org
Email: info@ersnet.org
Fax: +41 21 213 01 00

70th Annual Scientific Assembly of the American
College of Chest Physicians (CHEST 2004)
October 23-28, 2004, Seattle, USA
Website: www.chestnet.org

9th Congress of the Asian Pacific Society of
Respirology (APSR)
December 10-13, 2004, Hong Kong
Email: meeting@medimedia.com.hk

Japanese Respiratory Society The Harasawa Fellowship

I would like to introduce the Harasawa Fellowship.
Please read the following information and if you
meet the criteria, the Japan Respiratory Society
invites you to apply for Harasawa Fellowship
support.

We look forward to hearing from you.
Yoshinosuke Fukuchi, M.D.
Chairman, JRS

Terms of the Harasawa Fellowship

1: Name

This fellowship is named the "Harasawa
Fellowship".

2: Aim

This fellowship is part of the international
activities organized by the JRS. The aim is
to foster young researchers and specialized
clinicians from countries outside of Japan,
who would contribute to the progress and
development of respiratory study.

3: Object

- In principle, applicants are accepted from
countries represented by the Asian Pacific
Society of Respirology (APSR) and the Latin
American Thoracic Society (ALAT).

- Age limit: under 40 (as of the date of
application).

4: Management

Funding of this fellowship is based on donations
from honorary members, the family of the late
Michiyoshi Harasawa, other donations and from
the JRS budget.

5: Outline of the fellowship and selection of recipients

- Grants are given to help non-Japanese
nationals who wish to stay in Japan to train in
respiratory medicine.

- Two recipients are selected each year, and a
grant of ¥1,500,000 is given to each selected
recipient.

- Members of the Harasawa Selection
Committee select the recipients.

6: The Selection Committee

- The Selection Committee comprises of the
Chairman of the Board of Directors of the
JRS, President, Chairman of the International
Committee, Chairman of the Future Planning
Committee and Chairman of the Education
Committee.

- A candidate's study plan, the institute's
facilities, and also role and contribution to
his/her own country after returning, are all
considered in the selection process.

7: Application procedure

- Applicants are requested to send the following
details in English, to the Japanese Respiratory
Society Secretariat.

- 1) Name, date of birth, institution's name and
address, details of the study project. 6 copies

- 2) Applicant's education and research history. 6 copies

- 3) Recommendation and research project
prepared by a research leader of the proposed
host institute. 6 copies

- Applications from recipients of previous grants
will not be accepted.

- Send to:

Japanese Respiratory Society
2nd Floor, Shibata Bldg.
2-6-4 Uchi Kanda
Chiyoda-ku, Tokyo 101-0047

- Deadline for applications: 31st December,
2003

Officers of the APSR

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Congress President: Chong-Kin Liam
Congress President-elect: Wah Kit Lam
Past President : Shiro Kira
Past Congress President : Kwen-Tay Luh
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		Taiwan:	Pan-Chyr Yang Hsu-Tah Kuo Nai-San Wang
		Thailand:	Apirak Palwatwichai Chaivej Nuchprayoon

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Education Committee:

Wan-Cheng Tan (Chairperson)

Presidents: Michiyoshi Harasawa, Wan-Cheng Tan, Wei-Ci Luo, Ann J. Woolcock, Shiro Kira

Presidents of the Congresses:

1st Congress	Tokyo	1988	Michiyoshi Harasawa
2nd Congress	Bali	1990	Hood Alsagaff
3rd Congress	Singapore	1993	Wan-Cheng Tan
4th Congress	Beijing	1996	Wei-Ci Luo
5th Congress	Sydney	1998	J. Paul Seale
6th Congress	Florence	2000	Ann J. Woolcock
7th Congress	Taiwan	2002	Kwen-Tay Luh

The Asian Pacific Society of Respiriology

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