Message from the President

I am very pleased to report on the continuing close cooperation between the APSR and our sister international Respiratory Societies. At the end of 2007 we signed an agreement with the ATS for a 15% reciprocal membership fee discount for members of both Societies. During our meeting with the ERS leadership held at the recent ATS conference we signed a similar agreement with the ERS. These discounts apply to both individual and en bloc APSR members and offer a substantial saving to members of multiple Societies. It should serve as a further inducement to join these Societies and become actively involved in shaping research, clinical and educational activities provided to the members. In relation to APSR membership, I am delighted that the JRS and TSPCCM have extended their MOU’s as National Member Societies providing en bloc membership in the APSR for all their members.

The cooperation between international societies is enshrined in the Forum of International Respiratory Societies (FIRS) which meets at a dedicated FIRS meeting in January, with additional meetings held at the ATS and ERS Conferences. This year we welcome a new member to FIRS, the Pan African Thoracic Society (PATS). Under the leadership of Dr. Ben Kheder this Society has recently been formed to bring together respiratory physicians across a vast and medically underserviced continent. This will be a major challenge for PATS and all members of FIRS have resolved to assist in their endeavours.

In line with APSR policy to develop educational opportunities for its members, an ESAP (Educational Seminar of the Asian Pacific Society of Respirology) was recently held in Hong Kong on the topic of Tuberculosis. This meeting was held in conjunction with the Hong Kong Thoracic Society, the Hong Kong Tuberculosis, Chest and Heart Disease Association, and the Hong Kong Chapter of the ACCP. The local organising committee under Dr. Bing Lam did an excellent job and the meeting was very well attended and highly successful.

In March 2009 a major international meeting on tobacco control (14th World Conference on Tobacco or Health) will be held in Mumbai, India. The APSR has been asked to contribute to this conference and, recognising the huge problem of smoking in our region, will be contributing a symposium under the Chairmanship of Dr. Matthew Peters.

The Executive of the APSR is continuing to work on the Charter and Bylaws to strengthen the workings of the Society. Earlier this year a Conflict of Interest (COI) Policy was approved and will be in effect at the time of the Bangkok conference. All speakers will be asked to complete a COI statement when agreeing to participate.

This brings me to the annual conference, the most important event on the calendar for the APSR. The program has now been completed under the direction of Dr. Kwun Fong and the Central Congress Committee with the local arrangements also in an advanced stage of preparation. It looks like Dr. Arth Nana and his colleagues will deliver a superb venue and facilities in exciting and beautiful Bangkok. In line with recent Congresses, a large number of travel awards will again be offered to assist our younger colleagues and trainees to attend the conference. I would also like to remind you to apply for the ATS travel awards when you submit your abstracts for the Congress. Two travel grants to attend next year’s ATS in San Diego will be awarded so please look for the notice elsewhere in this newsletter.

I very much look forward to seeing you all again in Bangkok. So please enter the dates in your calendar and start preparing your abstracts.

Norbert Berend
Welcome Message from the Congress President

On behalf of the Local Organizing Committee, it is such a great pleasure and honour to extend my cordial invitation to you to the 13th Congress of the Asian Pacific Society of Respirology which will be held 19-22 November 2008 at Queen Sirikit National Convention Center, Bangkok, Thailand.

At this moment, the Local Organizing Committee has almost completed all logistics works concerned with the Congress. For the scientific sessions, many interesting respiratory topics have been planned. For instance, tropical lung diseases, emerging respiratory infections, sleep-disordered breathing, interventional pulmonology, etc. These will lead to very interesting discussion in finding better ways of medical treatment.

We can assure you that Thailand is ready in every way for holding this Congress. Facilities and services are world-class standard, together with many exotic tourist attractions representing Thailand’s history and unique culture which will certainly please you throughout your stay. Your support by attending will be of benefit to all of us. In return, you will gain from the programme new knowledge of trends and medical improvements, and in addition, you will receive a warm welcome from the people of Thailand.

So come and enjoy your stay in Thailand and keep this Congress as one of your great and memorable experiences.

Arth Nana

Educational Seminar of APSR (ESAP) Hong Kong

Recently, the APSR has supported the Hong Kong Thoracic Society and the American College of Chest Physicians (Hong Kong and Macau Chapter) in organizing an Educational Seminar of the Asian Pacific Society of Respirology (ESAP): Tuberculosis in the Asia-Pacific region in the 21st Century (March 29, 2008).

I am very grateful to have had the opportunity to join the seminar personally, and it was a truly successful event. There were about 400 participants and outstanding speakers from Japan, U.S.A., China and Hong Kong. The topics covered the local epidemiology in the Asia-Pacific region, an overview of tuberculosis control in China, and tuberculosis’ impact on lifestyles. Other emergent topics included the recent advances in diagnosis of tuberculosis infection, immunopathogenesis and the potential for vaccine development, as well as the multidrug-resistant tuberculosis in the Asia-Pacific Region. The speakers explored in-depth local regional problems, future possibilities to improve diagnosis, contemporary treatment, and chemotherapy.

This Educational Seminar was also a great success in raising people’s concerns about this disease, helping them to know more about how it might affect people’s lives, and what people and governments could do to combat this disease. As tuberculosis is a prevailing disease in the Asia-Pacific region, I believe it was right for the APSR to assist this event. It is our obligation to improve people’s health and I hope this is a good start on lung health care in the Asia-Pacific region.

Pan-Chyr Yang/Secretary General
Message from the Editor-in-Chief  
– June 2008

Respirology New ISI Impact Factor
We have just been notified of our new impact factor for 2007 of 1.847. This represents an increase by 22% compared with last year and we remain committed to a similar or greater improvement each year.

In 2007, there has been a significant increase in the circulation of Respirology worldwide, in particular via online subscription, with a 33.76% increase in the number of libraries with access to the Journal and an important increase in article download of 24% compared with 2006, reflecting the continuing interest for our Journal.

Growing Editorial Team
The growth and development of Respirology has been such that we have increased the number of Editors in order to respond to the increase in manuscript submission and be in a position to conduct an excellent and efficient peer-review process. I am fortunate to be assisted in the role of Editor in Chief by Dr. Gary Lee and Dr. Philip Bardin, and we have a wonderful team of 14 Associate Editors of worldwide standing taking charge of the review process of the manuscripts we receive. We are also in the process of finalising our Editorial Board and I would like to refer you to our inside front cover for the organisation of our Editorial Team.

Special Series
We are proud to announce that we are continuing publication of the Presidents' Series and this year we are starting a new review Series on Infectious Diseases. The Review Series Editors for this are Dr. Ken Tsang from Hong Kong and Dr. Grant Waterer from Australia.

Latest Statistics on the Journal
Manuscript Central and the increase in our Editorial Team has vastly improved turn-around time and capacity for management of submissions which continue to increase significantly. The latest statistics are published in each issue of Respirology.

Our current average time:
- from submission to 1st decision: 35 days
- from submission of a revision to decision: 16 days

Our publisher has also introduced the publication of accepted manuscript on-line prior to their publication in the journal and is currently publishing manuscripts on-line within 30 days on average from receiving them.

Back issue of the Journal available on-line
All back issues of Respirology to Volume 1 have been digitised and are now available on-line for readers.

Philip J. Thompson

Councillor’s Report

Australia
The Thoracic Society of Australia and New Zealand (TSANZ) is an en bloc member of the APSR and hence all 1,140 members of TSANZ are also members of the APSR. The TSANZ includes among its members medical, nursing, allied health clinicians and public health workers in the field of respiratory health. There are also a large number of scientists in various disciplines related to respiratory medicine and science. The objectives of the TSANZ include education and training of the respiratory health workforce, promotion of research, maintenance and enhancement of professional standards, and public advocacy in relation to respiratory health issues. The major activity of the society is its annual conference, at which research is presented and discussed and a range of education activities are undertaken. In addition, local branch meetings, mainly educational in nature, are undertaken in each State of Australia and in New Zealand. A number of standing committees exist to pursue the educational, advocacy and professional standards objectives of the society.

The highlights of the past year have been two highly successful conferences. In December 2007, Australia hosted the 12th Congress of the APSR, held jointly with the American College of Chest Physicians (ACCP), in Surfer’s Paradise on the Gold Coast. Overall attendance was 1,567 registrants from 38 countries; 432 of these were TSANZ members. Financially the meeting was the most successful APSR Congress held to date. Delegates at the Congress, travelling from all member countries of the APSR and several other countries, attended a stimulating and varied scientific and educational program,
which covered many topics relevant to our region including lung cancer, avian influenza, tuberculosis and the emerging burden of smoking-related lung diseases. After a brief period to catch our breath, members of the TSANZ travelled to Melbourne in March this year for that society’s annual scientific meeting. As usual, it too was well attended and provided a valuable platform for young, and not-so-young, respiratory scientists and clinicians to present their research and learn of the latest developments in the field. The Australian Society of Respiratory Science held their scientific meeting immediately before the TSANZ, further enhancing the value of the meeting period.

The next annual scientific meeting of the TSANZ will be held in March 2009 in Darwin. The program for that meeting will include a focus on indigenous lung health, a subject of great concern to Australians and particularly important in the Northern Territory, and also tuberculosis. As usual, a Travelling Fellowship will be awarded to allow a member of the APSR to attend that meeting to present his or her work. See details of this award at http://www.apsresp.org/scholarships/2008/tsanz01.html

As mentioned, indigenous disadvantage and ill-health is a subject of major concern to Australians. Life expectancy for indigenous Australians is 17 years less than for non-indigenous Australians. A high prevalence of chronic lung disease is one of the contributing factors and the TSANZ, together with other organisations involved in lung health advocacy in Australia, is drawing attention to this issue and attempting to promote solutions by hosting an indigenous lung health summit later this year. Members of the TSANZ are also engaged in nationwide study to measure the prevalence of COPD (BOLD–Australia) in which one site, in Western Australia, is specifically surveying indigenous Australians.

The indigenous lung health summit is the first outcome of a TSANZ initiative to develop a range of collaborative activities between lung health advocacy groups in Australia. These organisations represent patients with asthma and with other lung diseases, various professional organisations involved in the care of people with respiratory and allergic diseases, and other relevant stakeholders. We hope that, speaking with a single voice, the interests of people with respiratory disease and those who seek to assist them, will be heard more clearly in the future.

Another step forward in bringing together those involved in the care of patients with respiratory disease has been the reintegration of respiratory paediatricians into the TSANZ. For some years they had been represented by a separate organisation. Bringing those who care for young people with respiratory disease into the same organisation as those who care for adults, will help in the seamless transition of patients through the life course of many chronic respiratory diseases, in particular asthma and cystic fibrosis.

Finally, the interests of people with cystic fibrosis in Australia have been further advanced by the publication of “Cystic Fibrosis Standards of Care”, which was launched recently at the Annual Scientific Meeting of the TSANZ (http://www.cysticfibrosis.org.au/document.php?documentid=494). Resulting from a highly successful collaboration among clinicians caring for patients with CF, it is hoped that this document will help to ensure that patients have access to high quality care, and hence best possible outcomes, wherever they are in Australia.

This is a brief snapshot of some of the activities of the TSANZ. Respiratory medicine and science, and the interests of patients with respiratory illness, are being vigorously pursued in Australia and New Zealand. APSR members in these countries look forward to future collaborations within the organisation for our mutual benefit, with the ultimate goal of enhancing respiratory health in the Asia Pacific region.

Guy B. Marks/Christine R. Jenkins

Taiwan
The 2008 Annual Meeting of the Taiwan Society of Pulmonary and Critical Care Medicine (TSPCCM) will be held on December 13 and 14, 2008 at the National Taiwan University College of Medicine, Taipei, Taiwan. The TSPCCM is a fast-growing society. Every year, more than 800 active members participate in the meeting and enjoy the activities; the Society have developed well-organized academic interactions among the members through various symposia, special lectures, satellite conferences, free paper discussions, and poster discussions. This year, our main topics for the meeting will include perspectives on respiratory viruses in the post-SARS era,
current status of development of influenza vaccines, recent innovation of sleep apnea syndrome, complex sleep apnea, recent advances in EGFR in lung cancer, stem cell and lung biology, and recent advances of anti-IgE therapy for asthma. In addition to domestic speakers, we are also honored to invite guest speakers from North America and the Asian-Pacific region to share their experiences and perspectives on respiratory and critical care medicine. The website of the Annual Meeting is www.tspccm.org.tw and the e-mail address is spccm@mars.seed.net.tw.

Pan-Chyr Yang

Reports from the award winners to attend the ATS International Conference

In May 2008, I was fortunate to be able to attend the ATS International Conference held in Toronto, Canada, having been the recipient of an APSR Travel Grant. It was my first opportunity to attend the ATS, despite attending many other national and international transplant and respiratory scientific meetings, and I was amazed at the number of attendees, the size of the venue, and the extensive program. I was thrilled that the 3 abstracts I submitted to the meeting were all accepted for presentation (as posters) as this allowed my colleagues and I to present key areas of lung transplant research being undertaken by The Alfred’s Lung Transplant (LTx) Service.

As an APSR award recipient I was also invited to co-chair a poster-discussion session titled Lung Transplantation: Pathogenesis of Ischemia-Reperfusion and Obliterative Bronchiolitis (OB). This session required the 4 moderators to lead a discussion amongst the attendees and the presenter of each poster after they had briefly outlined their research aims & results, and covered many diverse mechanisms of ischemia-reperfusion injury and potential immune-modulation that pre-dispose the lung transplant recipient to development of OB or bronchiolitis obliterans syndrome (BOS-chronic rejection). Some of the attendees reported that this was one of the most interesting lung transplant poster sessions they had ever attended at the ATS, and I was impressed with the novel and potential clinical applications of the research.

Some of the most educational sessions I attended were the ‘Clinical Year in Review Sessions’ where clinical experts reviewed the current literature and presented a thought-provoking summary to the audience. The session that included Interstitial Lung Disease, Pulmonary Vascular Disease and Lung Transplantation was of particular interest due to my clinical and research experience in these conditions. It was pleasing to note that in general, Australian patients are receiving first-rate, evidence-based clinical management for these devastating conditions, with results on par with those reported by the larger US centres.

Apart from facilitating my attendance at the ATS, the APSR travel grant also provided the opportunity for I, along with A/Prof Greg Snell (Medical Head, Alfred LTx Service) to visit Toronto General Hospital and view the ex-vivo lung perfusion set-up used by Prof Shaf Keshavjee and his team to evaluate human lungs rejected for transplantation. The Alfred’s LTx program was the first in Australia to undertake Donation after Cardiac Death (DCD) lung donation and transplantation, following 3 years of clinical research using the ex-vivo perfusion rig to evaluate the effects of warm ischemia on DCD lungs. It was extremely beneficial to see the advances in ex-vivo technology that are being used by the Canadian team, and we will certainly endeavour to incorporate some of their refinements into our current ex-vivo research protocol.

I was pleased to be able to spend some time sightseeing around the city of Toronto, even venturing up the CN Tower, luckily choosing the only day of fine weather which ensured one could appreciate the magnificent views across the city and surrounding suburbs. Toronto is not unlike Melbourne, with a city business centre that is almost ghostly during weekends, becoming a bustling metropolis as thousands of workers arrive at their offices on
work days. Quite a contrast!

Being awarded the APSR travel grant also encouraged me to take the ‘around the world option’ to Toronto, so I could also attend the 4th International Meeting on Transplantation from Non-Heart Beating Donors (NHBD or DCD) which was held in London, immediately prior to the ATS. This conference was attended by over 600 transplant physicians, surgeons, ethicists, donor and recipient coordinators, ICU physicians and nurses from UK, Europe, USA and Australia. Topics included challenging ethical issues such as the ‘Fine Line between Life & Death’, and the current and future status of DCD in different continents. It was impressive to note some European countries have recently achieved DCD donation rates of 50% and current DCD rates in the UK and USA are 29% & 10.5% respectively. Surprisingly, I learnt that DCD rates in Australia have reached 10% in the past 12 months, despite only a small number of hospitals being approved for DCD donation and transplantation.

In conclusion I wish to sincerely thank the APSR for the opportunity to attend the ATS and expand my clinical knowledge of respiratory medicine outside my areas of expertise. The additional expertise gained from attending the DCD meeting in London prior to the ATS, and visiting the excellent research precinct at Toronto General Hospital made the trip even more professionally and personally beneficial.

Bronwyn Levvey
Lung Transplant Service, The Alfred Hospital & Monash University, Australia

I had a chance to chair a mini-symposium session entitled “New concepts from animal models of allergic inflammation”. I had many things to do before and during the session. We had 11 speakers with a variety of topics in the session and I looked through all the abstracts, previous related publications and some review articles before the meeting in order to comprehend their works and find out what kind of new concepts I could learn. These steps really improved my logical thinking skills and taught me how to review papers, both of which are essential for my career development. During the session, I caught up with new data shown in the slides, questioned the speakers, kept the time schedule, and organized a part of the session. I do not think I did so well as a session chairperson, but the experience was valuable for me.

I also had an opportunity to present my recent work entitled “Extracellular signal-regulated kinase 1/2-dependent pathways are essential for effector memory CD8\(^+\) T cell-mediated airway hyperresponsiveness and inflammation” as a thematic poster presentation in signal transduction session on the last day of the conference. My current research theme is the role of leukotriene B\(_4\)/BLT1 pathway and extracellular signal-regulated kinases in the development of effector memory CD8\(^+\) T cell-mediated airway hyperresponsiveness and allergic airway inflammation. The poster presentation provided a good opportunity to discuss my own and others’ research works openly and frankly with many other researchers at the same time, to exchange research information, and to show me the direction of my future research. Attending the ATS International Meeting also provided a special opportunity, not only to update my knowledge, but also to meet many old colleagues and friends from different countries.

Although the weather during the conference was rainy and chilly, I enjoyed a half day visit to the Royal Ontario Museum after the meeting, where I looked around famous ancient Egyptian collections, many dinosaur fossils, and a special exhibition for the famous naturalist Charles Darwin. I also enjoyed walking around Toronto University and eating Chinese cuisine with my old colleagues and friends.

I now realize how this experience was important for my future career development. Finally, I would like to express my sincere
thanks to the APSR for supporting my travel to attend the ATS International Conference and for providing me an important opportunity to chair a session as an APSR featured speaker.

Hiroshi Ohnishi
Division of Cell Biology, Department of Pediatrics, National Jewish Medical and Research Center, USA

APSР Travel Awards to attend the ATS International Conference in San Diego May 15-20, 2009
The Awards include a return economy airfare up to a maximum of US$3,000 and US$1,500 towards the cost of accommodation and registration. Please apply to the APSР Secretariat (kyu00671@nifty.com) by OCTOBER 29, 2008
Details: www.apsresp.org/scholarships/2008/ats01.html

FORTHCOMING MEETINGS

2008
12th PCCP Midyear Convention
21-22 August 2008, Cebu City, Philippines
Email: pccp@zpdee.net
Website: www.philchest.org

2nd Australian Lung Cancer Conference
21-24th August 2008, Gold Coast, Australia
Email: info@alcc.net.au
Website: www.alcc.net.au

Annual International Scientific Assembly of the ACCP
25-30 October 2008, Miami, USA
Website: www.chestnet.org/CHEST/

107th Annual Meeting of Korean Academy of Tuberculosis and Respiratory Diseases
13-14 November 2008, Seoul, Korea
Email: katrd@lungkorea.com
Website: www.lungkorea.com

Educational Seminar of the APSР (ESAP)
“Setting up a Pulmonary Function Laboratory”
18th November 2008, Bangkok, Thailand
Email:secretariat@apsr2008.org
Website: www.apsr2008.org

13th Congress of the Asian Pacific Society of Respirology
19-22 November 2008, Bangkok, Thailand
Email:secretariat@apsr2008.org
Website:www.apsr2008.org

Airway Symposium
28 November 2008, Seoul, Korea
Email: katrd@lungkorea.com
Website: www.lungkorea.com

2009
28th PCCP Annual Chest Convention
1-4 March 2009, Manila, Philippines
Email: pccp@zpdee.net
Website: www.philchest.org

TSANZ Annual Scientific Meeting
4–8 April 2009, Darwin, Australia
Website: www.thoracic.org.au/meetings.html

ATS, Annual Meeting of the American Lung Association and American Thoracic Society
15–20 May 2009, San Diego, USA
Website: www.thoracic.org

Bangladesh Lung Foundation
May 2009, Dhaka, Bangladesh
Website: www.lungbd.org

49th Annual Meeting of the Japanese Respiratory Society
12–14 June 2009, Tokyo, Japan
Website: www.jrs.or.jp

13th World Conference on Lung Cancer (WCLC 2009)
31 July–4 August 2009, San Francisco, USA
Email: wclc2009/meetics.com
Website: www.2009worldlungcancer.org.

ERS 2009 Annual Congress
12–16 September 2009, Vienna, Austria
Website: www.ers.net.org

Annual International Scientific Assembly of the ACCP
31 October-5 November 2009, San Diego, USA
Website: www.chestnet.org/CHEST/

14th Congress of the Asian Pacific Society of Respirology/3rd Joint Congress of the APSР/ACCP
14-18 November 2009, Seoul, Korea
Email: apsr2009@intercom.co.kr
Website:www.apsr2009.org
Notices from the Secretariat

1. Congress in 2011
We invite you to make a proposal to host the APSR Congress in 2011. 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. Email: kyu00671@nifty.com

2. APSR Research Awards
There have been two prestigious lectures given at the APSR Congresses, named in honour of prominent scientists in the Asia Pacific region, these being the Harasawa and Woolcock lectures. Traditionally, nominations for the lecturers have come from the JRS and TSANZ. The APSR Executive, with approval of the JRS and TSANZ, has resolved to broaden the criteria for these lectures and to link them to research awards to be bestowed by the APSR and similarly named the Harasawa and Woolcock Research Awards. Nominations can now come from ANY current member of the APSR and nominees can also be ANY current member of the APSR whose work enshrines excellence in respiratory research and research translation. The nominations should be sent to the APSR secretariat and will be considered by the APSR Research Committee.

3. The APSR Medal
The APSR Executive has resolved to bestow an APSR Medal at the Annual Congress. The award of this medal will be made for advancement of respirology in the Asia-Pacific region in fields other than research but including major achievements in advocacy, teaching, clinical practice or leadership. Nominations can be made by ANY current member of the APSR and nominees can be ANY current member of the APSR fulfilling the criteria. Nominations should be sent to the APSR secretariat and will be considered by a committee comprising the Chair of the Strategic Planning Committee, Chair of the Education Committee, Secretary General, Past President and President of the APSR.

4. Online membership application
We’ve made applying for membership easier through a new online application form. This new form includes the option to state your ATS or ERS membership number to qualify for a 15% discount from membership dues. The new form is at http://www.apsresp.org/membership.html

On behalf of the Members, Officers and Secretariat of the APSR, we wish to extend our sincerest sympathies to the people in both Myanmar and China, and our deepest regrets for the terrible loss of lives in the recent natural disasters. The cyclone in Myanmar and the earthquake in Sichuan claimed thousands of lives, and razed houses, schools, roads and bridges. For the survivors, the grief suffered from loss of family members and friends, the loss of their homes and property, and the loss of their jobs and livelihood, is just too enormous to comprehend.

We very much admire the rapid reaction of the Chinese Government and it was heartening to see the success of the immediate rescue and relief operations undertaken by the Government and various other organizations. It is our earnest prayer and hope that the continuing relief efforts will reduce the sufferings of the people affected. At this time of grief and mourning, our thoughts and prayers are with the people of Myanmar and China.