

May15, 2017



# CTS INSPIRATIONS

## CTS NEWS

### President's Letter

A note of sincere thanks to all of you as CTS members. We are proud to represent you and your work as innovative, tireless clinicians and scientists. Please know that we are grateful for your unique and often unrecognized contributions to CTS, and the remarkable care and oversight that you provide to persons with lung disease. We are here to serve you. Angela Wang MD, immediate past CTS president and current editor of CTS Inspirations has highlighted below some of the unique contributions many of you are making to the science and practice of pulmonary medicine in the form of presentations at the Upcoming ATS meeting in Washington DC.



A reminder at ATS in Washington DC, **Asha Devereaux MD**, former CTS President will be honored as California Thoracic Society Outstanding Clinician of the Year at a reception on Monday, May 22 from 4:00-5:00 pm in the Clinicians Center at the Washington Convention Center, Hall D (Middle Building, Level 2). Light hors d'œuvres and refreshments will be available. This will also be a chance to meet our new Executive Director, Phil Porte. We hope you can join us and we encourage you to extend the invitation to other CTS leaders and members.



ATS is inviting attendees to a rally at the U.S. Capitol on Tuesday, May 23 from 5:30 – 6:30 p.m. in support of research funding, healthcare coverage for all Americans, clean air and other public health policies. A strong presence at the rally will send a strong message to patients and community of our commitment to science, health and the environment. This rally was organized in response to proposed cuts to federal funding for scientific research and the easing of environmental and health, which threaten the health of our patients.

<b>What:</b>	ATS Rally at the US Capitol: Lab Coats for Lungs <a href="#">Please bring your lab coats for the rally!</a>
<b>When:</b>	Tuesday, May 23, 5:30 – 6:30 p.m.
<b>Where:</b>	Upper Senate Park (across Delaware Avenue from Russell Senate Office building/ across Constitution Ave. from the US Capitol)
<b>Directions:</b>	The rally site is 1.5 miles from the Walter E. Washington Convention Center. See maps on the rally website for walking directions'  Shuttle busing will be available for the first 200 attendees
<b>Sign Up:</b>	Please sign up if you plan to attend the rally so we can obtain a rough head count

To view the rally website and RSVP, please visit <http://conference.thoracic.org/go/rally/>

## Management of Adults with Hospital-Acquired and Ventilator-Associated Pneumonia: Seven Takeaways from the 2016 Guidelines

Daniel A. Sweeney, MD, UCSD



In 2016 a new guideline for the management of hospital-acquired (HAP) and ventilator-associated pneumonia (VAP) was prepared by an expert panel composed of members of the American Thoracic Society and Infectious Disease Society of America [1]. This comprehensive guideline—51 pages, 364 references, and a 300-page supplement—replaces the guidelines released in 2005 [2]. Highlights from this new document include:

- 1. Health Care-Associated Pneumonia (HCAP) is no longer apart of the guidelines lexicon.** The classification, HCAP—first introduced in the 2005 guidelines—has been omitted in the current rendition. When compared with community-acquired pneumonia, HCAP has not consistently proven to be useful at the bedside as it does not identify patients at increased risk for multidrug resistant (MDR) organisms nor does it identify patients with an increased risk of mortality [3].
- 2. Focus on risk factors for MDR organisms.** Estimating the risk for MDR infection is crucial to choosing appropriate empiric therapy for HAP or VAP. Accordingly, the guidelines panel performed a series of meta-analyses to identify MDR risk factors for HAP and VAP (see Table 2, of The Guidelines for a complete list of risk factors). Of note, *intravenous* antibiotics in the prior 90 days was a risk factor for both HAP and VAP.
- 3. An emphasis on the importance of local antibiograms for guiding empiric therapy.** The prevalence of MDR organisms varies greatly by geographic region [4]. Whenever possible local antibiograms should be developed and used to ensure adequate treatment while limiting unnecessary antibiotic use.
- 4. Vancomycin and linezolid are equivalent therapies for the treatment of methicillin-resistant *Staphylococcus aureus* (MRSA) VAP/HAP.** For patients with MRSA HAP or VAP, Meta-analyses performed by the guidelines panel did not detect any difference in outcomes (mortality; clinical cure in intention-to-treat populations) or adverse effects resulting in the treatment discontinuation. The decision to choose one drug over the other should thus be based on cost or concerns for specific adverse effects.
- 5. Seven days of antimicrobial therapy is recommended for both HAP and VAP.** The guidelines panelists did not identify any outcome difference between shorter or longer courses (typically 7 versus 10-15 days, respectfully) in terms of clinical cure or mortality. While one prior review suggested that short course therapy for the treatment of non-fermenting gram-negative pathogens (i.e., *Pseudomonas* and *Acinetobacter*) could lead to increased rates of recurrence, newly updated meta-analyses by the guideline committee did not detect such an association [5].
- 6. Procalcitonin (PCT) may be used to guide de-escalation of empiric antimicrobial coverage for HAP/VAP especially if considering a treatment course longer than seven days.** The guidelines committee reviewed 14 studies and found that antibiotic course guided by PCT (either using an absolute value or a declining trend) was associated with decreased antibiotic exposure without being associated with increase in mortality or treatment failure.
- 7. Adjunctive inhaled antibiotics should be used to treat patients with VAP due to gram-negative bacilli that are susceptible to only aminoglycosides or polymyxins.** Meta-analyses performed by the guidelines committee found improved clinical cure rates when adjunctive inhaled colistin was used to treat highly resistant *Acinetobacter* and *Pseudomonas*; neither increased nephrotoxicity nor increased resistance was detected. It should be noted that inhaled colistin should only be prescribed with the guidance of an experience ICU pharmacist.

While the new guideline contains multiple recommendations that are new since the 2005 version was published, many questions regarding the diagnosis and treatment of HAP/VAP remain unanswered and should be the focus of future research endeavors.

## REFERENCES:

1. Kalil AC, Metersky ML, Klompas M, Muscedere J, Sweeney DA, Palmer LB, Napolitano LM, O'Grady NP, Bartlett JG, Carratala J *et al*: **Management of Adults With Hospital-acquired and Ventilator-associated Pneumonia: 2016 Clinical Practice Guidelines by the Infectious Diseases Society of America and the American Thoracic Society.** *Clin Infect Dis* 2016, **63**(5):e61-e111.
2. American Thoracic S, Infectious Diseases Society of A: **Guidelines for the management of adults with hospital-acquired, ventilator-associated, and healthcare-associated pneumonia.** *Am J Respir Crit Care Med* 2005, **171**(4):388-416.
3. Chalmers JD, Rother C, Salih W, Ewig S: **Healthcare-associated pneumonia does not accurately identify potentially resistant pathogens: a systematic review and meta-analysis.** *Clin Infect Dis* 2014, **58**(3):330-339.
4. Rello J, Sa-Borges M, Correa H, Leal SR, Baraiibar J: **Variations in etiology of ventilator-associated pneumonia across four treatment sites: implications for antimicrobial prescribing practices.** *Am J Respir Crit Care Med* 1999, **160**(2):608-613.
5. Pugh R, Grant C, Cooke RP, Dempsey G: **Short-course versus prolonged-course antibiotic therapy for hospital-acquired pneumonia in critically ill adults.** *Cochrane Database Syst Rev* 2015 (8):CD007577.



For more information go to <https://calthoracic.org/membership/>

## CTS at ATS 2017

CTS members are active at the national level as well, advocating for our profession and patients. CTS member activities run the gamut from career development to leading clinical and basic scientific research to public policy. CTS is your local gateway to the vast resources available in our state and through ATS. Looking to get more involved in the local or national level? Have questions about committees? Sessions? Looking for guidance about grants? The VA Healthcare system? Contact us at [info@calthoracic.org](mailto:info@calthoracic.org) or come meet us on **MONDAY 5/22/2017 at 4 p.m.** at the Clinicians Center!

Below highlights some of the ATS involvement of CTS leadership and committee members.

### Ni Cheng Liang, MD

UCSD

CTS Multidisciplinary Committee/COPD Course

#### 1) FROM RESEARCH TO BEDSIDE: OPTIMIZING WELL-BEING THROUGH INTEGRATIVE THERAPY

**Monday: 5/22/2017**

9:15 a.m. – 11:15 a.m.

Walter E. Washington Convention Center, Room 102 A-B (South Building, Street Level) Chairing:  
T.T. Von Visger, MSN, CNS, CCNS, PCCN, *N. Liang, MD*

9:15 Patient Education/A Patient's Perspective, V. Sharma, PhD

9:35 Mindfulness for Patients with COPD, R. Benzo, MD, MSc 9:55 Music Intervention in Critically Ill Patients, L.L. Chlan, PhD, RN

10:15 Tai Chi Practice for Patients with Pulmonary Conditions, M.L. Moy, MD, MSc

10:35 NIH Funding for Integrative Therapy Research, L.M. Mudd, PhD

10:55 Integrative Therapy Use and Practice: International Perspective, J. Adams, PhD

#### 2) ATS INTEGRATIVE THERAPIES INTEREST GROUP MEETING AT ATS 2017

**Wednesday, May 24th, 2017**

11:45 a.m.—1:15 p.m. Lunch will be served

Location: Grant Hyatt Washing DC Hotel – Timber Creek A-B (Constitutional Level 3B)A

### Shazia Jamil, MD

Scripps Clinic

CTS Education Committee Co-chair

#### CC4: SLEEP MEDICINE CLINICAL CORE CURRICULUM I (Session Chair)

**Tuesday 5/23/2017: 11:45 a.m.- 1:15 p.m.**

Hall E (Middle Building, Level 2), Walter E. Washington Convention Center

#### CC6 - SLEEP MEDICINE CLINICAL CORE CURRICULUM II (Session Chair)

**Wednesday 5/24/2017 1:30 p.m. - 3:30 p.m.**

Marriott Marquis Washington, Independence Ballroom E-H (Level M4)

The ATS Clinical Core Curriculum Symposia focus on a 3-year content cycle of key medical content in the areas of Pulmonary, Critical Care, and Sleep Medicine. The topics are also aligned with corresponding MOC Medical Knowledge modules. This symposium is intended to assist clinicians with staying current with the growth of information relevant to their medical practice, as well as provide an opportunity to evaluate individual knowledge and skills while earning MOC Medical Knowledge points. (1.5 CME/1.5 MOC/1.8 Nursing CE)

**Daniel Lesser, MD**

UCSD

CTS Education Committee

Dan will be teaching a class at the **resident boot camp** "*top 5 pediatric pulmonary consults*"

**Bill Stringer, MD**

Harbor-UCLA

CTS Past-President and Co-Chair Multidisciplinary Committee

**Posters:**

- 1) P555 A Pilot Study of Cortical Oxygenation in Septic Shock by Time-Resolved Near-Infrared Spectroscopy/C.W. Lanks, C.B Kim, J. Fu, D. DaCosta, D.W. Chang, D. Hsia, W.W. Stringer, H.B.Rossiter, Torrance, CA, p.A1803
- 2) Diagnostic Value of FEV3/FEV6 Abnormality in Smokers and Ex-Smokers with Preserved Ratio Impaired Spirometry (PRISm)  
A.D. Can, A. Gorek Dilektasli, J. Porszasz, W.W. Stringer, J. Hansen, R. Casaburi, Torrance, CA, p.A4861

**COPD Gene Investigators Meeting (Saturday)****Chris Garvey FNP, MSN, MPA, MAACVPR**

UCSF

CTS President

**Scientific Symposium A7-HOT TOPICS IN PULMONARY REHABILITATION**

Sunday May 21, 2017 9:15 – 11:15 a.m.

Walter E. Washington Convention Center Rm 143 A-C (Middle Building, Street Level)

**Optimizing Patient Centered Approaches in Pulmonary, Sleep, and Critical Care \****Optimizing Home Oxygen Therapy Workshop**

Friday May 19, 2017

**Posters**

- 1) Pre-habilitation” of frail candidates for lung transplantation using a mobile health enabled home-based intervention is feasible and safe: J Singer, et al.
- 2) Equipment, access and worry about running short of oxygen: Key concerns in the Patient Supplemental Oxygen Survey, Lindell K, et al.
- 3) Patient Supplemental Oxygen Survey: Results of the American Thoracic Society Nursing Assembly Oxygen Working Group, Jacobs S, et al.

**Lekshmi Santhosh MD**

UCSF

CTS Healthcare Policy and 2017 ATS Hill Day Fellow

- 1) **TEACH Mixer for fellows interested in Medical Education**  
Sunday 5/21/2017 (Center for Career Development)
- 2) **"What Learners Value from Intensive Care Unit Attendings"**  
Wednesday 5/24/2017  
My faculty mentor will be presenting on my behalf as I am unfortunately unable to attend.

**Jim Brown, MD**

UCSF / SFVA

Chair, CTS Healthcare Policy Committee

Chairing two sessions:

- 1) VA Research Career Development Award  
**Monday, May 22, 12:15 - 1:15 pm**, Room 102 A-B, Washington Convention Center.  
Two of the speakers will be John Greenland and Jim Beck, current and former VA Career Development Awardees.
- 2) **VA Interest Group Meeting**, Sunday, May 21, 11:45 - 1:15 pm, Renaissance Washington DC Downtown Hotel, Room Mount Vernon Square A.

Claire Yarbrough will speak on *physicians' pay in the VA*, Katie Sarmiento on new programs to *expand sleep medicine services for Veterans living in rural areas*, Eric Garshick on *deployment-related respiratory illnesses*, and Angela Farbrinni on an initiative to develop a *national lung cancer screening program in the VA*.

I'm also participating in the Tuesday morning, May 22, ATS Hill activities to advocate for the NIH budget, health care reform, and tobacco cessation.

**Dan Crouch, MD**

UCSD

CTS Education Committee

Dan will be participating in the *resident boot camp* and attending the ATS Education Committee meeting.

**California Thoracic Society****18 Bartol St. #1054 | San Francisco, CA, 94133 | 415-536-0287****Connect with CTS at <https://calthoracic.org/>****CTS Editors:****Angela Wang, MD****Chris Garvey, NP****Laren Tan, MD**