November 26, 2018

CTS INSPIRATIONS

CTS NEWS

President's Message

Dear friends and colleagues,

I hope you all had a wonderful Thanksgiving holiday. I always enjoy reflecting on the multiple things I am grateful for during this holiday. I spent the long weekend with my family in Idyllwild, a picturesque, idyllic mountain village that we love visiting. Our time there included an 8 mile hike up to Tahquitz Peak, 8800 feet above sea level. We were literally above the clouds! The long hike was a perfect time for reflection. Gratitude came easily. I was thankful for my beloved family, health, nature, the wonderful scenic terrain of California, clean crisp air… At the same time, the charred remains of the Cranston Fire were a stark reminder of how close Idyllwild and its residents came to devastation last summer, and made us pause to reflect on those affected by the recent wildfires in Paradise, CA and beyond. Finally, I am grateful for you, CTS members, for all you do to better the health of Californians. THANK YOU.

Philippe Montgrain, MD
President, California Thoracic Society

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CTS 2019 POSTER COMPETITION INVITATION EXTENDED TO NPPS

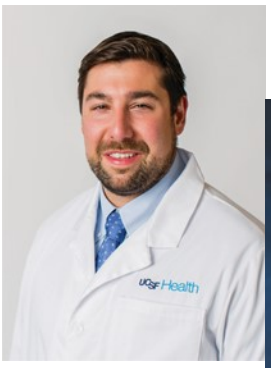
On behalf of the California Thoracic Society (CTS) we wanted to personally invite nurse practitioners, physician assistants, respiratory care practitioners, and registered nurses to participate in our 5th annual scientific poster competition featuring case reports and research abstracts pertaining to the adult and pediatric pulmonary, critical care and sleep medicine. This poster competition will take place at the annual CTS 2019 conference at the Portola Hotel in Monterey, California on January 18-19, 2019. Pulmonary, critical care and sleep abstracts submitted for national and state meetings may be submitted for the CTS 2019 conference.

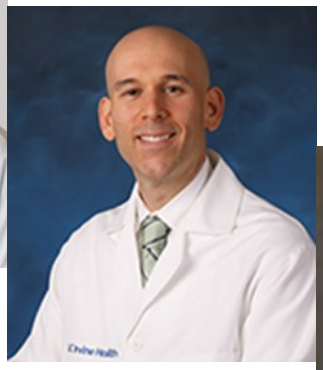
Details and requirements are available at https://calthoracic.org/2019-poster-abstract-submission/. **Please submit your abstract or case report by December 31, 2018 at 5:00 pm by completing the on-line Submission Form at https://calthoracic.org/2019-poster-abstract-submission/** Clinicians who submit accepted abstracts will receive:

1. 50% discount in conference registration fee. Please contact info@calthoracic.org to register after your poster has been accepted.

2. Notification of accepted abstracts after Friday, January 4, 2019. For additional questions, please contact Florence V. Chau-Etchepare, MD at fvchau@ucdavis.edu, Nicholas Kolaitis, MD at Nicholas.kolaitis@ucsf.org, or Janelle Vu Pugashetti, MD at javu@ucdavis.edu. Please share this invitation with your colleagues. Thank you!

2018 Update on Sarcoidosis





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Summary:

- Careful evaluation of sarcoid patients is needed for extent of organ involvement and disease activity prior to initiation of treatment because not all patients require systemic immunosuppression.
- Determining if nonspecific patient complaints are related to sarcoidosis is a challenging problem. A trial of conservative treatment is usually appropriate.
- Suspected cases of cardiac and neurologic sarcoidosis warrant evaluation at local centers with expertise in diagnosis, treatment, and management.
- Lung transplantation is a viable option for sarcoidosis patients with end stage lung disease or severe pulmonary hypertension.
- Both basic science and clinic research efforts are actively pursuing better understanding of the complex mechanisms underlying this disease process and the development of novel therapeutic agents for treatment.

Sarcoidosis is a systemic inflammatory disease of unknown etiology with no cure. It is a heterogeneous disease, affecting many different organs, although most commonly it involves the lungs. Treatment usually focuses on systemic immunosuppression, but this choice should be **carefully considered before initiation** as many patients with isolated pulmonary involvement will have mild disease and up to 50% of patients may undergo spontaneous remission within two years (1). Strong indications for treatment are clear organ damage or evidence of progressive inflammatory disease (2). Additional indications include most types of central nervous system disease, cardiac disease, hypercalcemia, and ocular inflammation (2). Thus, when evaluating patients, it is important to determine the extent of organ(s) involvement and the severity of active inflammation before beginning systemic therapy.

Many patients with sarcoidosis develop various nonspecific somatic complaints. Sleep disturbance is described in over half of all patients with sarcoidosis (3). Determining if these symptoms are actually

a manifestation of sarcoidosis may be quite challenging. A trial of treatment with less toxic therapies, such as NSAIDs, acetaminophen, and anti-depressant agents, as well as adjunctive therapies like exercise and holistic medicine (e.g. acupuncture) is usually warranted before considering immunosuppression. Again, this approach applies only after appropriate evaluation and exclusion of forms of sarcoidosis that require immunosuppression. Additionally, for patients with chronic cough without other symptoms, data supports the use of intensive speech therapy or gabapentin up to 300 mg TID for treatment (4,5).

There is general difficulty in predicting which patients with sarcoidosis will develop progressive pulmonary disease. In a large observational cohort of sarcoidosis patients followed for up to 7 years, radiographic findings of fibrosis and vital capacity of <2.5L were most predictive of end-stage disease (6). The most recent international guidelines for lung transplantation selection support referral after treatment failure, with any oxygen requirement, and with FVC <80% or DLCO <40% (7). Additionally, patients with both cardiac and pulmonary involvement, especially those with pulmonary hypertension, warrant early consideration for heart and lung transplantation. Compared to other interstitial lung diseases, sarcoidosis patients fare equally well after transplant, but may experience longer waiting times.

The most recent AASOG (Americas Association of Sarcoidosis and Other Granulomatous Diseases) meeting demonstrated a continued interest in cardiac sarcoidosis research. Manifestations of this sarcoid phenotype range from heart failure, to atrial and ventricular arrhythmias, to new heart block and conduction system abnormalities, to at the most extreme case sudden cardiac death. Multiple modalities are now used to diagnose and monitor these patients, facilitating the evaluation of these patients. Therefore, referral of suspected cardiac sarcoid patients to local centers with expertise is recommended.

In the area of scientific research, the NIH-sponsored clinical study Genomic Research in Alpha-1 Antitrypsin Deficiency and Sarcoidosis (GRADS) completed enrollment. This study should provide new insight into the heterogeneity of sarcoidosis by examining the differences in blood and lung gene expression across different sarcoidosis phenotypes and by studying the lung microbiome. Regarding clinical trials, it appears that the NIH and more pharmaceutical companies are now interested in developing focused trials targeting different aspects of the sarcoid disease process.

References:

1. Valeyre D, et al. Lancet. 2014 Mar 29;383(9923):1155-67.
2. Joint Statement of the American Thoracic Society (ATS)the European Respiratory Society (ERS)the World Association of Sarcoidosis and Other Granulomatous Disorders (WASOG) adopted by the ATS Board of Directors and by the ERS Executive Committee, February 1999. Am J Respir Crit Care Med, 160 (1999), pp. 736–755
3. Benn BS, et al. Respir Med 2018 Nov; 144: S35-40.
4. Ryan NM, et al. Lancet. 2012 Nov 3;380(9853):1583-9.
5. Chamberlain, SA, et al. Thorax 2017 Feb; 72(2): 129-36.
6. Oksana, SA, Nathan, SD. ERJ 2012 June; 39(6): 1520-33.
7. Weill D, et al. JHLT 2015 Jan; 34(1): 1-15.

CSRC CORNER—ADVOCACY IN 2019

By: Michael Madison and Rick Ford

In recent months, you may have heard of the Dynamex Ruling. Dynamax is a trucking company against which a formal complaint was lodged regarding its use of contract labor. This issue has been debated in the courts over the past 10 years. In short, this ruling impacts all employers in California that utilize "Independent Contractors." It establishes a new set of rules that defines criteria governing the transition of California's contracted workforce to employee status. This ruling effectively changes the definition of who is an "independent contractor" and who is an "employee" as it applies to wage orders approved by California's Industrial Welfare Commission. The new criteria consist of three factors to serve as a one-size-fits-all function. A worker must be considered an employee unless all three of the factors are met:

A. The worker is free from the employer's control and direction in connection with the performance of the work.

B. The worker performs work that is outside the usual course of the employer's business.

C. The worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed.

An estimated 2 million members of the California workforce are subject to being transitioned to employee status as a result of the new ruling. Physicians, contracted medical office staff, advisors, researchers, technical staff, respiratory therapist and nurses who work under independent contract agreements will also be impacted. At the same time, it is expected that providers/employers faced with the prospect of ballooning payroll and benefit obligations will limit positions in order to balance their books.

In order to help head off the potentially disastrous impact of the Dynamex ruling on the California economy, the California Chamber of Commerce has formed the "I'm Independent Coalition." This broad and rapidly growing coalition includes contractors, businesses (large and small) and professional associations from across California and is focused on supporting legislative solutions that properly frame and correct the issues created by this court imposed economic upheaval. The California Society for Respiratory Care (CSRC) is in support of the development of reasonable legislative actions to provide flexibility to the application of this new ABC Test. The CSRC has signed on as a member of the I'm Independent Coalition and will evaluate and support those legislative initiatives that help protect the ability of Respiratory Therapists, Nurses, Physicians and other allied health professionals to work in an independent contractor roles.

The CSRC encourages all allied health professional and professional associations to join the I'm Independent Coalition in support of reasonable legislative solutions to mitigate the potential negative impact on healthcare related jobs and the associated negative impact on the California economy. Additional information can be found at https://imindependent.co/.

SAVE THE DATE…….

The CTS Annual Conference will be held January 18 and 19, 2019 at the Portola Hotel in Monterey CA. Topics will include advances in ARDS, Sleep Disordered Breathing, Noninvasive Ventilation and more. For more information and to register go to the following link:

https://calthoracic.org/events/2019-annual-educational-conference/

June 2019

June 4-6, 2019 Save the Date!

CSRC 51st Annual Convention

Pechanga Resort and Casino
Temecula CA

Registration will open shortly.

Hotel reservations now open
Book your hotel rooms *online* or by calling 888-732-4264,
make sure to mention code: 6040016
Rate in effect until May 2, 2019, subject to availability.

For more information on this and other CSRC Educational Events, go to www.csrc.org.

Southwestern Journal of Pulmonary and Critical Care Medicine

Volume 17, Issue 4							
Title (Click on title to open the manuscript, **CME in Bold**)	**Journal Section**	**First Author**	**Year**	**Vol**	**Issue**	**Pages**	**Date Posted**
Big Pharma Gives Millions to Congress	News	Robbins RA	2018	17	4	117-8	10/24/18
September 2018 Arizona Thoracic Society Notes	Proceedings	Wesselius LJ	2018	17	4	116	10/3/18
Medical Image of the Month: Superior Vena Cava Syndrome	Imaging	Breshears E	2018	17	4	114-5	10/2/18
October 2018 Critical Care Case of the Month: A Pain in the Neck	**Critical Care**	**Raschke RA**	**2018**	**17**	**4**	**108-13**	**10/1/18**

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