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

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/](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/](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 fychau@ucdavis.edu, Nicholas Kolaitis, MD at Nicholas.kolaitis@ucsf.edu, or Janelle Vu Pugashetti, MD at javu@ucdavis.edu. Please share this invitation with your colleagues. Thank you!
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 therapi
dies, 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 immu
nosuppression. 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 pul
monary 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 dis
ease (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). Addi
tionally, patients with both cardiac and pulmonary involvement, especially those with pulmonary hy
pertension, warrant early consideration for heart and lung transplantation. Compared to other inter
stitial lung diseases, sarcoidosis patients fare equally well after transplant, but may experience long
er waiting times.

The most recent AASOG (Americas Association of Sarcoidosis and Other Granulomatous Diseas
es) 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 saeroid patients to local centers with ex
pertise 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. Re
garding clinical trials, it appears that the NIH and more pharmaceutical companies are now interest
ed in developing focused trials targeting different aspects of the saeroid disease process.

References:

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,
In recent months, you may have heard of the Dynamex Ruling. Dynamex 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.
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