July 26, 2019

CTS INSPIRATIONS

CTS NEWS

President's Message

"Carl" the fog has rolled into San Francisco, so I know that Summer is well underway! Hopefully, you are finding some time to enjoy the beauty and different climates that California has to offer. As you look forward to the Fall, I hope you are making plans to be at our Southern California Conference from **October 4-5, 2019** at the Hotel Irvine in Irvine! The full program is now posted on our website and registration is open. *Don't miss out on the early bird rates…* and you will see that members receive a discounted rate. Please consider becoming a member if you are not already.

CTS Members – This week you will be receiving a Special Election Ballot to vote on amendments to our by-laws as well as for the Treasurer of our society and for a Representative to the ATS Council of Chapter Representatives (CCR) to replace our outgoing representative Angela Wang. A **Council of Chapter Representatives (CCR) Update** is include in this month's newsletter.

CTS works closely with the American Lung Association of California to advocate for public health initiatives that include fighting for clean air and a healthy climate. You can see some of these initiatives on the ALA-C Website: https://www.lung.org/local-content/_content-items/our-initiatives/current-initiatives/climate-change-in-california.html

Best regards,

Lorriana Leard, MD
President, California Thoracic Society

Join CTS in congratulating DR. NI-CHENG LIANG upon receiving The American Lung Association's Inaugural Outstanding Mother and Lung Health Provider Of The Year Award.

Today is a gift, that's why they call it the present.
—Kung-Fu Panda

Dr. Liang's acceptance speech:
https://vimeo.com/340705682/eae01923b6

Dr. Liang with her daughter, Nila and Dr. Timothy Morris, UCSD

Recurrent, Non-Malignant Chylothorax Refractory to Lymphangiography and Complicated by Acute Respiratory Failure

Ana Carolina Costa Monteiro, 2019 CTS Scholar Outstanding Pulmonary Poster Award (in photo on the right), Jane Yanagawa, Ravi Srinivasa, Joanne Bando

Background: Chylothorax is most commonly caused from trauma of the lymphatics (either iatrogenic or spontaneous) or from malignant lymphatic obstruction. We present a patient without surgical history and no malignant conditions with prior chylopericardium and a chylothorax that occurred 15 years after initial presentation.

Case Presentation: A 34-year-old male with a history of asthma, no surgical history and remote chylopericardium in 2003 of unclear etiology, presented to an outside hospital with shortness of breath after eating pizza. He was recently admitted for pneumonia with thoracentesis revealing 1.5L chylous effusion and was discharged on a course of azithromycin. He re-presented to the same outside hospital with shortness of breath and underwent 3 more thoracenteses consistent with chylothorax. He was subsequently referred to UCLA-Santa Monica for operative management. On admission to UCLA, he underwent thoracentesis and subsequent tube thoracostomy. He continued to have an output of at least 3L daily which was complicated by acute
respiratory failure and acute renal failure. On hospital day 3, a lymphangiogram revealed abnormal communication between the thoracic duct and dilated right peribronchial lymphatics. It also unveiled an ectatic lymphatic tributary from the terminal thoracic duct leading into dilated left peribronchial lymphatics and potentially the superior pericardium. Coil and glue embolization of the thoracic duct and glue embolization of the abnormal peribronchial lymphatics were then performed. However, he continued to have 1-2L of serosanguinous output a day. As such, on hospital day 7 the patient underwent VATS thoracic duct ligation and pleurodesis. He tolerated the procedure well and had diminishing output from his chest tube. He was discharged on postoperative day 9 breathing well on room air. Interestingly, mediastinal lymph node excisional biopsy revealed granulomas with histoplasma however no other evidence of active infection.

Conclusions: Chylothorax is a rare condition most commonly caused by post-operative complications or malignancy. The case presented here was distinctive in its high volume, unrelenting chylous output and the putative association with histoplasma. A literature review revealed one prior case report of histoplasma induced chylothorax in a pediatric patient. While arguably a case of incidentally found remote histoplasmosis may be unrelated to the high volume chylothorax, the multifocal ectasia and extent of deviation noted through to the terminal lymphatics would argue against spontaneous trauma of the lymphatic system and support mediastinal lymphadenopathy as the most likely etiology. In addition, no other causes for multicentric lymphadenopathy could be identified.

ARDS in a Patient with MDA5-Positive Dermatomyositis

Michele Quan, 2019 CTS Scholar Outstanding Critical Care Poster Award (in photo on the right), Abdul Zaid, James Anholm, Shen Wei, Lennard Specht

Introduction: Dermatomyositis, commonly described as an idiopathic inflammatory myopathy (IIM) together with polymyositis and inclusion-body myositis, is a microangiopathy affecting skin, muscle and lungs to varying extents in different populations. Although widely thought to be a disease restricted to muscle, interstitial lung disease (ILD) remains one of the major contributors of morbidity and mortality in IIM.

Case Description: A 47-year-old male with newly diagnosed dermatomyositis, evidence of anti-synthetase syndrome, positive for melanoma differentiation-associated gene 5 antibodies (MDA-5), and ILD initially presented to the hospital with hallucinations, fevers and dyspnea after a two week course of high dose steroids.
During hospitalization, the patient developed hypoxemic respiratory failure and was intubated. He progressed to acute respiratory distress syndrome (ARDS) and was treated with high dose steroids, cyclophosphamide, intravenous immunoglobulin, plasmapheresis, prone positioning, and low tidal volume ventilation. Despite aggressive treatment, patient succumbed to his illness one month into hospital course.

Discussion: Anti-MDA-5 antibodies are associated with a rapidly progressive course of ILD. In dermatomyositis patients, early detection of anti-MDA5 antibody is valuable in identifying those at high risk for developing rapidly progressive ILD. Steroids and various steroid-sparing agents are commonly used in ILD associated with dermatomyositis however, they have yet to be compared directly in a clinical trial.

Council of Chapter Representatives (CCR) Update

https://www.thoracic.org/members/chapters/

The American Thoracic Society state and regional chapters provide a vital forum for clinicians, researchers, and educators dedicated to improving the respiratory health in their region and the US. Each chapter elects a representative to the *Council of Chapter Representatives (CCR)*, which provides a national forum to address issues that are of relevance to the chapters. Chapter representatives provide an important link between the national and local organizations. They represent the concerns of their members to the Council and through the Council leadership, directly to the ATS Board of Directors. Importantly, the CCR holds 3 seats on the ATS Board of Directors. CCR Members also sit on **several ATS committees including Membership, Clinical Advisory and Research Advocacy**. Together with the Assemblies and Committees, the Chapters are one of the three pillars of the ATS organization.

Following the American Lung Association (ALA)-ATS split in 2000, chapter oversight was retained by the ALA for 7 years. In 2007, chapters returned to the ATS fold. Over the next several years, several chapters dissolved due to their losing the financial support of their local ALAs. The number of chapters fell to a low of 14. Subsequently, many of the remaining chapters struggled to find their footing but the CCR has worked diligently to rebuild the system, which is once again thriving. There are now **22 chapters**, with several more in the pipeline.

The ATS, through the CCR, has begun several initiatives aimed at supporting new chapters, educational activities aimed at trainees and young professionals, as well as projects specifically targeting burnout and wellness within our profession. Specifically, the benchmarks for 2019-202 include:

1. Provide education for medical professionals through chapter educational meetings;
2. Actively engage junior professionals in chapter and ATS activities at the local and national level;
3. Form new chapters to broaden opportunities for local medical education and the ATS and chapter presence;
4. Increase the value of ATS membership for clinicians and investigators in the ATS through chapter initiatives;
5. Promote awareness and the value of chapters within the ATS;
6. Support and participate in ATS advocacy initiatives at the local and national level.

If you have questions about ATS or its initiatives, the CCR Representative may be able to help. Here in California, the CCR Representative is a member of the Executive Committee and can be reached through **CTS**. **Members of the CCR are listed on the ATS website.**

All chapters are required to hold **annual scientific and business meetings** which all are welcome to attend.

SWJPCC Journal - Volume 18, Issue 6

Volume 18, Issue 6							
Title (Click on title to open the manuscript, **CME in Bold**)	**Journal Section**	**First Author**	**Year**	**Vol**	**Issue**	**Pages**	**Date Posted**
An Observational Study Demonstrating the Efficacy of Interleukin-1	Critical Care	Henry K	2019	18	6	177-86	6/28/19
Antagonist (Anakinra) in Critically-ill Patients with Hemophagocytic							
Lymphohistiocytosis							
Which Half Are You? Almost Half of Pediatric Oncologists and Intensivists	Critical Care	Hoehn KS	2019	18	6	167-76	6/19/19
Are Burnt Out……							
Adherence to Prescribed Medication and Its Association with Quality of Life	Pulmonary	kumar S SK	2019	18	6	157-66	6/18/19
Among COPD Patients Treated at a Tertiary Care Hospital in Puducherry							
– A Cross Sectional Study							
What Will Happen with the Generic Drug Companies' Lawsuit: Lessons from	Editorial	Robbins RA	2019	18	6	155-6	6/3/19
the Tobacco Settlement							
Medical Image of the Month: Thymolipoma	Imaging	Paliwal AK	2019	18	6	152-4	6/2/19
June 2019 Pulmonary Case of the Month: Try, Try Again	**Pulmonary**	**Wesselius LJ**	**2019**	**18**	**6**	**144-51**	**6/1/19**

California Thoracic Society
18 Bartol St. #1054 | San Francisco, CA, 94133 | 415-536-0287
Connect with CTS at https://calthoracic.org/

JOB POSTINGS

SLEEP PHYSICIAN

UCSF / SAN FRANCISCO VA

The University of California, San Francisco (UCSF) and San Francisco VA Health Care System (SFVAHCS) are seeking applications for the position of Staff Physician in the Pulmonary, Critical Care & Sleep Section. The SFVAHCS Pulmonary, Critical Care & Sleep Section is one of three Pulmonary, Critical Care & Sleep divisions within the UCSF Department of Medicine, which include the UCSF Medical Center and Zuckerberg San Francisco General Hospital. This individual will be appointed in the Health Sciences Clinical Series or Clinical X Series at UCSF and report to the SFVAHCS section chief. An MD, current Medical License, and board certification/eligibility is required in Sleep Medicine; board certification/eligibility in Internal Medicine and either or both Pulmonary Medicine/Critical Care Medicine is highly desired. The ideal candidate will be suitable for academic appointment at UCSF at the level of assistant or associate professor and will be an expert in the evaluation and management of sleep disordered breathing, movement disorders, insomnia, and circadian rhythm disorders.

We are seeking applicants with interest in one (or several) of the following areas: Telemedicine, Inpatient sleep consultation services including perioperative evaluation and management, Health Services Research, and Medical Education.

UC San Francisco seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence.

Applicants must also be eligible for appointment at the VA. The VA's basic qualification standards may be found at http://www.vacareers.va.gov/application-process/navigating/before-you-apply.asp.

The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status.

Please apply online via AP Recruit at https://aprecruit.ucsf.edu/JPF02483

DIRECTOR, INTERSTITIAL LUNG DISEASE PROGRAM
UNIVERSITY OF CALIFORNIA SAN FRANCISCO

The UCSF Division of Pulmonary, Critical Care, Allergy and Sleep Medicine, in the Department of Medicine invites applications for a faculty position to serve as Director, Interstitial Lung Disease Program. The desired starting date is July 1, 2019.

The UCSF Interstitial Lung Disease Program provides clinical care, conducts clinical research (including clinical trials) and performs disease-oriented translational research focused on interstitial lung diseases. The incumbent will be expected to grow the clinical and research program in interstitial lung disease at UCSF, and continue an independent research program that will attract and maintain extramural funding to support the incumbent, junior faculty, and trainees.

Candidates must have an M.D. or M.D/Ph.D., be board certified or eligible in Pulmonary Medicine, and must have outstanding team leadership and communication skills. The candidate must demonstrate leadership experience in the field of interstitial lung disease and a record of success in independently-funded research. Candidates must be at (or eligible for) the Associate Professor or Professor level. Preferred candidates will have a Master's degree in epidemiology and biostatistics (or equivalent).

UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence.

The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status.

Please apply online at https://aprecruit.ucsf.edu/apply/JPF02269. For more information, contact the Chair of the search committee Paul Wolters, M.D., at paul.wolters@ucsf.edu.