January 23, 2023

California Thoracic Society
ATS Chapter

CTS INSPIRATIONS

CTS NEWS

President's Message

Dear CTS Community:

Across California, we've just experienced atmospheric river storms that have left us digging, cleaning, and recovering--still--from damage incurred by floods and landslides. Shootings in Monterey Park and Half Moon Bay have left us with at least 19 dead; we share heartbreak, anger, and feelings of helplessness in solidarity with our AAPI communities and collectively as citizens at large.

A tough way to start 2023 in California.

Yet, I reflect on what we do have, and marvel. Fortitude and resilience. Resourcefulness, ability, compassion, and purpose. Hope and optimism. I'm proud to be one of you.

Here at CTS, we open this new year with an expression of gratitude for 2022. Under the leadership of our President Michelle Cao and Executive Director Jason Seidler, we've remained strong as a non-profit medical society in the face of an existential COVID threat and more recent elemental disaster. Our educational offerings remain a source of joy through hard work by our Educational Committee chaired by Shazia Jamil and Annual Conference Committee chaired by Gaurav Singh and Nick Kolaitis. Our inaugural CTS fellows Solmaz Afshar and Laura Glassman convened with esteemed PCCSM fellowship program directors from throughout California to support our next generation of professionals and leaders. Ni-Chiang Liang and Nick Kolaitis, our Council of Chapter Representatives (CCR) leaders, have laid foundation for new partnership opportunities with ATS, our greater parent society. A special thank you to Angela Wang (CTS President 2015-2017): Angela, who has always served CTS with force, grace, and passion, will step down from her 7-year term as editor-in-chief of this newsletter. To all our committee chairs, editors, board of directors, staff, volunteers, and generous sponsors--thank you.

And above all, we thank you, our CTS membership and community. You and your dedication to work on behalf of your patients, your families, and for the field of pulmonary, critical care, and sleep medicine are our inspiration.

Happy New Year and we welcome 2023 with you!

Our 2023 CTS Executive Committee officers Tisha Wang, Brooks Kuhn, Michelle Cao, Nicolas Kolaitis, Ni-Cheng Liang, and I are excited to welcome Jessica Goggin as our new CTS Treasurer. We aim to serve CTS and all of you with enthusiasm and respect.

Lastly, we acknowledge that our cancellation of the CTS Annual Educational Conference in January due to site flooding caused, at a minimum, disruption and inconvenience. Our apologies. Through the extraordinary efforts of our speakers, sponsors, and planners, we are very pleased to reschedule and host this conference on March 16-19, 2023 in Monterey, CA. We look forward to seeing you there.

My appreciation to you all.

Sincerely yours,

George Su

MARCH 2023 CONFERENCE DETAILS

To register for the March 2023 conference, click on the following link:

CTS March 2023 Registration

To view the March 2023 program, click on the following link:

CTS-MARCH 2023-BROCHURE

The new Portola Hotel room block link for same reduced rate of $235 per night plus taxes is now active.

https://book.passkey.com/go/CTS032023Conf

Attendees can also call the hotel if they prefer:

Portola Hotel & Spa

1-866-711-1734

Mention that you are attending the California Thoracic Society Conference to get the group rate.

WHAT HAVE WE LEARNED FROM THE OBESITY PARADOX IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE?

Abebaw Mengistu Yohannes, PhD, MSc, ATSF, FCCP, FERS

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Chronic obstructive pulmonary disease (COPD) is characterized by airflow obstruction, accompanied by increased symptom burden including decreased physical activity. Patients experience frequent acute exacerbations, episodes of hospital admission, impaired quality of life and premature mortality. Furthermore, patients with COPD tend to suffer comorbid illnesses such as cardiovascular diseases, neuropsychiatric disorders, and metabolic derangements. A US study identified obesity (defined as body mass index (BMI) greater than 30 kg/m^2) affects over 50% patients with COPD[1] and relates to self-reported functional limitations. However, BMI is an imprecise measure, as it does not consider body composition by differentiating between the amount of metabolically and functionally active fat-free mass (FFM) rather than body weight or fat mass (FM). Obesity seems to have a protective effect on survival in patients with COPD,[2] although the exact mechanism and its relevance to clinical practice is entirely unclear. In contrast, low FFM was associated with elevated risk of morbidity and mortality.[3] A recent meta-analysis showed that obesity was associated with increased severity of COVID-19, with elevated rate of hospitalization, need for intensive care unit admission and mortality.[4] Thus, clinicians need complementary tools to guide in decision-making and crafting an individual patient-centered treatment plan. Such determination of body composition would be of high value in the management of patients with COPD.

Toward the goal of body composition determination, dual-energy X-ray absorptiometry (DEXA) provides better accuracy, reproducibility, and assessment of regional body composition. DEXA exhibits high precision compared with bedside bioelectrical impedance analysis (BIA).[5] Wan and colleagues[6] indicate DEXA should be considered as a relatively better diagnostic tool to determine both FFM (lean muscle) and FM. In addition, FM was associated with reduced exercise capacity and low physical activity. Despite the promising findings of this study and notwithstanding the limitations highlighted,[6, 7] clinicians should refer all patients with COPD to a pulmonary rehabilitation program after an acute exacerbation, to improve exercise capacity, psychological well-being and quality of life. Furthermore, a recent systematic review highlights the value of including exercise or physical activity interventions for patients with COPD with behavioral educational treatment plan to reduce the risk of cardiometabolic syndrome such as diabetes and cardiovascular diseases.[8] In addition, future research needs to demonstrate using randomized controlled trials of the benefits of nutritional counselling, and active engagement in moderate to high intensity exercise program in obese patients with COPD are worthy endeavors.

Take-home points

- Low free fat mass (FFM) in patients with chronic obstructive pulmonary disease (COPD) was related to increased risk of morbidity and mortality.

- Obesity has a protective effect in reducing overall risk of mortality in patients with chronic respiratory diseases.

- Consider dual X-ray absorptiometry (DEXA) as a diagnostic tool to measure both lean and fat mass, as they differentially relate to exercise capacity and physical activity.

- Prospective trials are required for a better guide of obesity management and shed light and unravel on the complexity of this emerging issue.

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Meet Jessica Goggin, RN, MAS, PhD
CTS Treasurer

Have you read any good books?

For me, "reading" these days includes both traditional reading and listening to audible books. I've turned my commute time into "me time" through listening to audio books, yet there is something I miss about the physical turning of a page that is cathartic, stimulating reflection and interaction with the story. Recently, one of my favorites on audio was *Think Again* by Adam Grant. In this book, Adam Grant encourages us to question our assumptions and challenge our long-held opinions, in other words to "Think Again". Our tendency to see issues as having two opposing sides drives us to think that one side is right, and one side is wrong. Adam encourages people to listen, and through listening, we can learn the nuances and complexity of issues, moving away from the right/wrong dichotomy and towards real conversation…I strive to do just that.

The book I am still listening to has quickly become one of my favorites, and I have been recommending it to friends and colleagues regularly. It is Four Thousand Weeks: Time Management for Mortals by Oliver Burkeman. In this book, he invites us to think differently about time. Adam Grant described Burkeman's book as "The most important book ever written about time management". It is at once philosophical, perhaps even existential, yet also practical. A key premise in the book is how acceptance of mortality improves our relationship with time. According to Burkeman, we will only live four thousand weeks, so we cannot possibly accomplish everything that we want to. This is illustrated in one of my much-loved quotes in the book: "Once you no longer need to convince yourself that you'll do everything that needs doing, you're free to focus on doing a few things that count," writes Burkeman (p. 233).

Which is more important: what you say or how you say it?

For me, how you say it is the most important. I should disclose that as a narrative researcher, I focus on how stories are told. Stories are the key unit through which experience is communicated, and these stories are co-constructed by the teller and the listener. The way in which we say something affects this construction, and the story literally changes based on how it is told and how it is heard. Stories are present throughout healthcare. When a patient speaks about their symptoms, they are sharing a story. When a physician consults with a colleague, they are also co-constructing a narrative (story). When a leader is presenting a business plan, this is co-construction as well. The way in which we listen and receive these stories then influences how the story evolves. Are we in a hurry? Do we look at our watch? Do we make eye contact and lean in to show our interest and concern? Are we fully present when the other person is speaking? Do we rush so much to an important point that we startle the listener? Do we circle around an important fact, diagnosis, or prognosis? At what pace are we speaking? Tone, pitch, verbal utterances, pauses…all of these are impactful. Of course, what you say is also important. But I would argue that how you say it has the greatest impact on our communication.

What's the best approach to solving a conflict?

I have found the best approach to solving a conflict includes:

1. Assume good intent. Assuming good intent helps you start to identify with the other person (or group or viewpoint) and start to view the situation through their perspective.

2. Listen. Listening is one of the most powerful actions we can take. We should strive to truly listen and not simply plan out what we want to say next.

3. Frame the conflict around a common accepted goal. For example, when addressing conflict at work, I like to frame all problems in a way that keeps the wellbeing of the patient at the center. This is the true north and becomes the lens to view the conflict or situation through.

4. When the conflict is between two people or two points of view, try to identify at least one other perspective in a conflict. I find people are more likely to be open to considering other perspectives when there are three or more positions than they are if the situation is framed as "us vs. them".

5. Listen again.

CSRC CORNER

Severe Weather: Creating a Plan for Patients and Resources for Practitioners

By Krystal Craddock MSRC, RRT, RRT-NPS, AE-C, CCM

The new year has come with severe weather for Californians, as wind, rain, and snow have caused flooding and power outages throughout the state. A reported 22 people have been killed through drownings, falling trees, and fatal weather-related car crashes[1], but often, the public overlooks our population of people that depend on home medical equipment to keep them alive. Pulmonary patients on home ventilators, oxygen concentrators, and various other therapies to manage their disease require electricity to function and/or charge. This is yet another scenario we should be talking to our patients about planning for.

Creating a plan for these patients during power outages can include having a list of family members or friends whom they can reach out to for an alternative location that may have power and transportation. California electric companies, including Edison and PG&E, have resources for people who need and have medical equipment, including early alerts for scheduled power outages and emergency numbers to call for specific resources for customers who use medical equipment. In addition, creating a list of shelters and charging stations in the community can also be a part of their emergency plan. Creating an "emergency kit" that includes back-up batteries for equipment that are frequently monitored and charged as well as oxygen cylinders, instead of a concentrator, is key. Patients should also have emergency numbers for their DME, specifically in these situations. Of course, we cannot forget to add flashlights to the kit to help avoid trips and falls during a power outage.

Creating a plan will, hopefully, empower patients to respond calmly and early in an emergency and avoid unnecessary ED visits due to power needs for medical equipment. When it comes to taking care of our Respiratory Care Practitioners who have suffered damage to their homes or other personal property as a result of any federally-declared natural disaster, the American Association for Respiratory Care has a Disaster Relief Fund where members can apply for up to $1000 in aid.[2] The website also provides a list of all federally-declared disaster areas and allows up to six months to apply for the aid.[2]

References

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Southwest Journal of Pulmonary, Critical Care and Sleep Volume 25

Volume 25 (July-December 2022)							
Title (Click on title to open the manuscript)	Journal Section	First Author	Year	Vol	Issue	Pages	Date Posted
December 2022 Medical Image of the Month: Bronchoesophageal Fistula in the Setting of Pulmonary Actinomycosis	Imaging	Fanous J	2022	25	6	97-100	12/2/22
December 2022 Pulmonary Case of the Month: New Therapy for Mediastinal Disease	Pulmonary	Wesselius LJ	2022	25	6	92-96	12/1/22
Amazon Launches New Messaged-Based Virtual Healthcare Service	News	Robbins RA	2022	25	5	90-91	11/19/22
Not All Dying Patients Are the Same	Editorials	Robbins RA	2022	25	5	88-89	11/20/22
Unintended Consequence of Jesse's Law in Arizona Critical Care Medicine	Critical Care	Jones-Adamczyk AL	2022	25	5	83-87	11/19/22
Impact of Cytomegalovirus DNAemia Below the Lower Limit of Quantification: Impact of Multistate Model in Lung Transplant Recipients	Critical Care	January SE	2022	25	5	73-82	11/17/22
Kaposi Sarcoma With Bilateral Chylothorax Responsive to Octreotide	Pulmonary	Iqbal H	2022	25	5	69-72	11/10/22
November 2022 Medical Image of the Month: COVID-19 Infection Presenting as Spontaneous Subcapsular Hematoma of the Kidney	Imaging	Dey K	2022	25	5	67-68	11/2/22
November 2022 Imaging Case of the Month: Out of Place in the Thorax	Imaging	Gotway MB	2022	25	5	61-66	11/1/22
Hospitals Say They Lose Money on Medicare Patients but Make Millions	News	Robbins RA	2022	25	4	59-60	10/30/22
The Potential Dangers of Quality Assurance, Physician Credentialing and Solutions for Their Improvement (Review)	General Medicine	Robbins RA	2022	25	4	52-58	10/17/22
Epiglottic Calcification: The Unexplored Relationship with Increasing Rates of Renal Disease	Correspondence	Ibrahim R	2022	25	4	50-51	10/10/22
October 2022 Medical Image of the Month: Infected Dasatinib Induced Chylothorax-The First Reported Case	Imaging	Mohammed M	2022	25	4	47-49	10/2/22
October 2022 Critical Care Case of the Month: A Middle-Aged Couple "Not Acting Right"	Critical Care	Robbins RA	2022	25	4	43-46	10/1/22
September 2022 Medical Image of the Month: Epiglottic Calcification	Imaging	Punatar S	2022	25	3	41-2	9/2/22
September 2022 Pulmonary Case of the Month: A Sanguinary Case	Pulmonary	Abdalla A	2022	25	3	37-40	9/1/22
Point-of-Care Ultrasound and Right Ventricular Strain: Utility in the Diagnosis of Pulmonary Embolism	Critical Care	Ibrahim R	2022	25	2	34-36	8/27/22
Point of Care Ultrasound Utility in the Setting of Chest Pain: A Case of Takotsubo Cardiomyopathy	Critical Care	Ibrahim R	2022	25	2	30-33	8/11/22
A Case of Brugada Phenocopy in Adrenal Insufficiency-Related Pericarditis	Critical Care	Kim A	2022	25	2	25-29	8/6/22
Medical Image of the Month: An Unexpected Cause of Chronic Cough	Imaging	Khair Y	2022	25	2	23-24	8/2/22
August 2022 Imaging Case of the Month: It's All About Location	Imaging	Gotway MB	2022	25	2	15-22	8/1/22
Effect Of Exogenous Melatonin on the Incidence of Delirium and Its Association with Severity of Illness in Postoperative Surgical ICU Patients	Critical Care	Gupta K	2022	25	1	7-14	7/25/22
July 2022 Medical Image of the Month: Pulmonary Nodule in the Setting of Pyoderma Gangrenosum (PG)	Imaging	Goswami U	2022	25	1	4-6	7/2/22
July 2022 Sleep Case of the Month: A Sleepy Scout	Sleep	Fukui CS	2022	25	1	1-3	7/1/22

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