2026 California Thoracic Society Annual Educational Conference

& Chronic Obstructive Pulmonary Disease Symposium

Thursday March 12, 2026-Sunday March 15, 2026

Earn up to 19 CME/CEU/MOC Credits

Jointly Provided by AKH Inc., Advancing Knowledge in Healthcare and the California Thoracic Society

PORTOLA HOTEL & SPA
AT MONTEREY BAY

Thursday March 12, 2026 (6 CME/CEU/MOC Credits)
COPD Symposium
Friday March 13, 2026 (6.5 CME/CEU/MOC Credits):
Advances in Interventional Pulmonary, Remote Monitoring in Pulmonary and Sleep Medicine, Approach to Symptom Management in Chronic Lung Disease and Critical Care
Saturday March 14, 2026 (6.5 CME/CEU/MOC Credits)
Sepsis and Shock, Extracorporeal Membrane Oxygenation, Inpatient Pulmonary Complications of Cancer Care
Sunday March 15, 2026
Fellow and Resident Track Symposium

California Thoracic Society
ATS Chapter Serving California and Arizona

AKH INC.
ADVANCING KNOWLEDGE IN HEALTHCARE

California Thoracic Society
Annual Conference
March 12-15, 2026
Portola Hotel and Spa, Monterey, CA

Friday March 13, 2026

Advances in Interventional Pulmonary

8:00 am – 8:10 am: Welcome and Introduction

8:10 am – 8:55 am: Keynote Address – Evolution of Bronchoscopy in Diagnosing Lung Nodules

- **Christine Argento, MD (Johns Hopkins) -** This speaker will discuss the recent advances in bronchoscopy from radial EBUS, to electromagnetic navigation, to robot technologies, and how advancement has improved lung nodule diagnosis.

8:55 am – 9:20 am: Implications of the new TNM9 staging for lung cancer

- **Colleen Channick, MD (UC Los Angeles) -** This speaker will discuss the new TNM staging system, how staging is currently performed, and how to approach staging in the patient with suspected lung cancer.

9:20 am – 9:45 am: Management of Central Airway Obstruction

- **Raed Alalawi, MD (Arizona-Phoenix)-** This speaker will discuss how interventional pulmonary practitioners can manage and treat central airway obstruction.

9:45 am – 10:10 am: The Changing Landscape of Pleural Disease Management

- **Joon Chang, MD (Stanford) -** This speaker will discuss advances in management of pleural disease by the interventional pulmonologist including when to use an intrapleural catheter, and when to use

10:10 am – 10:20 am: Question and Answer

10:20 am – 10:50 am: Break

Remote Monitoring in Lung Disease and Sleep Medicine

10:50 am – 11:15 am: Developing a home spirometry program

- **Steven Hays, MD (UC San Francisco) -** This speaker will discuss how to approach the development of a home spirometry program to monitor lung disease, how to use digital health technologies to integrate results into the EHR.

11:15 am – 11:40 am: Home Non-Invasive Ventilator Monitoring

- **Christal Hawkins, RRT (UC San Diego) -** This speaker will review how to monitor home non-invasive ventilators for compliance and for adequate control of sleep disordered breathing.

11:40 am – 11:55 am: Pro: Virtual Pulmonary Rehabilitation is Ready for Prime Time

- **Aimee Kizziar, RRT (UC Davis) -** This speaker will argue in favor of virtual pulmonary rehabilitation programs.

11:55 am – 12:10 pm: Con: Virtual Pulmonary Rehabilitation is not ready for Prime Time

- **Julia Rigler, BA. RRT (UC San Francisco) -** This speaker will argue against virtual pulmonary rehabilitation programs.

12:10 pm – 12:20 pm: Question and Answer

12:20 pm – 1:00 pm: Awards Ceremony

1:00 pm – 2:00 pm: Lunch

Hands On Session:

2:00 pm – 3:00 pm: Robotic Bronchoscopy **Raed Alalawi, MD (Arizona-Phoenix) & Joon Chang, MD (Stanford)** Cough Monitoring **Lauren Eggert, MD (UCSF)**; Endobronchial Ultrasound **Pranjal Patel, MD (Stanford)**; Home NIV **Krystle Leung, MD (Stanford)**

3:00 pm – 3:20 pm: Break

Approach to Symptom Management in the Pulmonary Patient

3:20 pm – 3:45 pm: Addressing the Unmet Needs of Refractory Chronic Cough

- **Krishna Sundar, MD FCCP FAASM ATSF (UC Davis) -** This speaker will discuss the etiology behind refractory chronic cough and the treatment approaches for management

3:45 pm – 4:10 pm: Frailty in Pulmonary and Critical Care Medicine

- **Jonathan Singer, MD MPH (UC San Francisco) -** This speaker will discuss the concept of frailty and how it impacts health in patients with lung disease. The speaker will also discuss how frailty can change as lung disease is treated.

4:10 pm – 4:35 pm: Palliative Care for the Patient with Chronic Lung Disease

- **Grace Amadi, MD (UC Davis) -** This speaker will discuss how palliative care teams can benefit patients with chronic various lung disease including ILD, COPD, and pulmonary hypertension.

4:35 pm – 5:00 pm: Palliative Care for the Patient with Critical Illness

- **B. Corbett Walsh, MD, MBE (UC Los Angeles) -** This speaker will discuss how palliative care teams can benefit the inpatient with advancing lung disease, the importance of advance care planning, and palliative care in the intensive care unit.

5:00 pm – 5:10 pm: Question and Answer

5:30 pm – 7:00 pm: Women in Pulmonary, Critical Care, and Sleep Medicine (NON-CME) – Food and beverages will be served

Julia Rigler, RCP has focused her work in Respiratory Care in the field of Pulmonary Rehabilitation for over two decades. She currently leads the Pulmonary Rehab program at UCSF. She is certified as a Medical Exercise Specialist from the American Council on Exercise .

Virtual Pulmonary Rehab is *NOT* Ready for Prime Time

Julia Rigler RCP

UCSF Pulmonary Rehab

Disclosures

- I have the following relationships with ACCME defined ineligible companies:
- Kivo Health
- **I WILL NOT** discuss off-label use and/or investigational use of any drugs or devices.

Definition: Pulmonary Rehab

Pulmonary rehabilitation (PR) is a structured, evidence-based program designed to improve the physical and emotional well-being of people with chronic lung diseases.

- **Supervised exercise training** *(improving endurance and strength)*
- **Breathing techniques** *(pursed-lip and diaphragmatic breathing)*
- **Education** *(lung disease management, oxygen, medications, secretion clearance, action plans)*
- **Nutritional counseling**
- **Psychological and *social support***

Evolution of Pulmonary Rehab

📚 **1990s–Present – Evidence-Based Standard**

- Clinical trials confirm benefits
- Guidelines from the American Thoracic Society
- Collaboration with the European Respiratory Society
-

➡️ ***Recognized as standard of care worldwide***

📌 **Key Outcomes Confirmed Across Trials:**

- ↑ 6-minute walk distance
- ↓ Dyspnea scores
- ↑ Quality of life (SGRQ, CRQ)
- ↓ Hospital admissions
- ↑ Functional independence

Rapid US VPR growth since 2020

- Center-based, in-person Pulmonary Rehab (PR) = 40 years evidence of effectiveness and safety.
- Virtual PR (VPR) = 7 years in US (quickly growing)

- **No standard VPR certification**
- **No standard VPR oversight**
- **VPR's fidelity to essential PR components?**

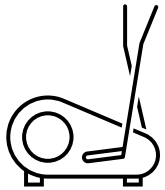
Limitations of VPR

1 Limited Supervision & Safety

⚠️ Lack of consistent monitoring → higher-risk patients may face safety issues

👀 Subtle signs like oxygen hypoxemia or dizziness may go unnoticed

2 Equipment & Space Constraints



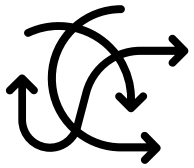
Limited access to exercise equipment

Home space may be too small or unsafe for some exercises

3 Technology Barriers

📱 Requires reliable internet & devices

⚡ Technical issues can interrupt sessions



👴 Patients with low technical literacy may struggle with tech navigation

Limitations of VPR

4 Reduced Social Interaction

🤝 Less peer support (lower motivation ?)

🗣️ Fewer opportunities for group camaraderie

5 Adherence Challenges

⏱️ Home distractions and lack of structured schedule

❌ Exercises may be performed incorrectly or inconsistently

Limitations of VPR

6️⃣ Limited Immediate Feedback

👁️ Clinicians may miss subtle issues with form or breathing

📊 Harder to track progress accurately without in-person assessments and tests

 How can clinicians develop an effective ExRx with appropriate progression?

7️⃣ Reimbursement & Access Issues

Insurance coverage varies $

🌐 Extra cost for internet or home equipment

Survey: Characteristics of U.S. VPR Programs

- 40 question survey from ATS PR Reimbursement Working Group
- US VPRs from ATS Livebetter database and ATS PR Assembly members.

Results

- *30 VPR programs*
- *Most use exercise Rx, aerobic & resistance training, education.*
- *Exercise equipment & pulse oximeters provided by 70% VPRs.*

Conclusions

- ***Few commercial models have in-person exercise testing.***
- ***There is an important need for :***
- *VPR quality metrics.*
- *Clinical trials comparing VPR to center-based PR.*

Moy ML, Corn J, Kizziar A, Garvey C, et al. Annals ATS https://doi.org/10.1513/AnnalsATS.202408-896OC PubMed: 40036795

Pulmonary Rehab Week (observed annually in March)

- March 8-14, 2026
- Share information with patients and colleagues about the benefits of Pulmonary
- Rehab
- Emphasize PR as standard of care
- Reinforce clinical benefits (decreased dyspnea, increased exercise tolerance,
- decreased hospital admissions, less mortality for COPD admissions)
- Can you think of any of YOUR patients that would be good candidates for PR?