**President’ Corner**

And just like that, my two years at the helm of the AABIP have come to an end. As I reflect on my journey, I am filled with joy, excitement and hope.

The AABIP has come a long way to become the vibrant organization that is today and the voice of interventional pulmonology and advanced bronchoscopy.

We have accomplished a lot together: AABIP board certification examination, accreditation standards for IP fellowships, practice resources such as the billing and coding symposium, the annual survey of IP salary and wRVU, educational offerings including our monthly webinars, EBUS smart phone App, bi-annual research symposia and IP review course, and our thriving Journal of Bronchology and Interventional Pulmonology.

A few weeks ago, we had our interview day with the candidates for IP fellowship at my institution. It is a hectic day with 5-6 candidates coming in and out of my office; "The Men and Women in Black" I call them as they walk in donning the traditional dark suits that have become the proper interview attire (pink anyone?). As I listened to their aspirations and felt their energy, a veil of comfort descended upon me and replaced the fatigue traditionally felt toward the end of the day. “Our future is in good hands” I kept thinking. I turned to our fellowship program director, Dr. Kamran Mahmood, and asked him if we can take them all! He smiled at me politely questioning my judgment. Well, we can’t take them all, but the AABIP will embrace them and welcome them to an IP community that is inclusive, innovative and genuinely invested in the best interest of the interventional pulmonologists. The AABIP is the true home of IP and bronchoscopy and will continue to push the boundaries to advance the field and serve our members and patients.

Additionally, we have not forgotten about our advanced bronchoscopists: our advanced bronchoscopy task force met and decided to launch a preceptorship program where an advanced bronchoscopist can sign up for a day of tutoring, discussion and procedure observation; stay tuned for details in the winter.

It’s been a privilege and honor to serve the AABIP and its valued members. It is time for me to pass the baton to the capable hands of Dr. Ali Musani and head to the beach for an extended sabbatical in the Caribbean; but alas, I snap back to reality with my nurse’s voice calling me to report to room 1 in the endoscopy suite where my patient is ready for me to start an EBUS procedure.

Momen M. Wahidi, MD, MBA
AABIP, Past-President
Interventional Pulmonology (IP) has grown exponentially over the last two decades and is considered as an integral discipline of medicine and surgery such as thoracic oncology, thoracic surgery, and pulmonary and critical care medicine.

When I did IP fellowship in 2002, there were only five IP training programs in the country. Currently, there are more than 34 IP fellowship programs in the United States and Canada, and more are showing up annually. In the last decade, IP has grown tremendously on organizational and academic levels as a specialty. The American Association of Bronchology and Interventional Pulmonology (AABIP) has been serving the advanced bronchoscopists and interventional pulmonologists of the United States for more than 25 years. The AABIP has achieved tremendous milestones in these two and a half decades including accreditation of IP fellowships, board certification, indexing of the Journal of Bronchology and Interventional Pulmonology (JOBIP), annual postgraduate symposium, research seminars, and research grant award. The AABIP also offers numerous benefits to members and non-members such as access to research seminars, local chapters and their academic activities, webinars, newsletters, and educational apps.

As the leading organization and the primary representative of advanced bronchoscopists and interventional pulmonologists of the USA, we intend to grow our membership by expanding our programs of service and stress upon inclusivity. We will continue to grow our offerings to bronchoscopists, pleurologists, and thoracic proceduralists by adding new educational and training activities in the form of local preceptorship programs, national steering committees, and meetings. We will also continue to stay engaged with our members and non-members, who are involved in advanced bronchoscopy, IP, and pleural procedures to understand their needs. As an organization, the AABIP will stay nimble and united to meet the needs of bronchoscopists and pleurologists around the country.

We will continue to support our journal, the JOBIP, by providing the most qualified individuals to serve as the chief editor and associate editors as our current chief editor and the associate editors complete their tenure in December 2017. Most importantly, we will need our members to put their best work forward for publications in the JOBIP. Enhancing collaborations with our counterparts abroad and industries will be a continued effort in the coming years. Finally, we will continue to be the voice of our members by providing them a unified platform and dedicated leadership.

Ali I. Musani MD
AABIP, President
As 2017 comes to a close, the AABIP Research Committee and Research Symposium staff are looking forward to an amazing 2018 full of success and collaboration among the members of our great society. Attached are some of the updates:

During the AABIP Fall research symposium multiple interesting talks presented.

Dr. Thomas Gildea presented a talk about the new generation of 3D printed airway stenting.

He presented the concept of 3D airway stents printing with his background of silicone stents customization for benign airway disease.

Additional financial funding for the AABIP Research Symposium has been a success over the past year. The latter has been obtained through submission of education grants from the Research Committee and Symposium chairpersons.

Allied health professionals are encouraged to participate in submissions to the symposium, and discuss other potential collaborations and projects.

AABIP Research Symposium Organizers:

Dr. Fabien Maldonado (Chair)
Dr. Christine Argento (Vice-Chair)

Journal of Bronchology Reviewer’s Editorial Excellence Award was given to Dr. Ayse E. Kupeli for her outstanding editorial services to the journal. Both recipients of the 2017 JOBIP Editorial Excellence were awarded $1000 donated by the JOBIP Editor in Chief, Dr. Atul Mehta.

AABIP Research Grant

AABIP Research Grant funding information: (https://aabronchology.org/category/research/grants/) One award of up to $20,000 per year with a possibility of renewal for one more year. No more than 10% of the awarded amount can be used to support the salary of investigators. Travel costs and publication charges will be limited to $1000 each. Applicants should be a permanent resident, or on an appropriate working visa, of the US or Canada. The study supported by the AABIP must be carried out in the United States or Canada at an accredited medical institution in the discipline of IP. Preference will be given to individuals who are within 10 years of completing formalized training. If the applicant is currently in training the application should clearly outline the mentoring environment of the institution and the qualifications of the mentor supervising the study. Applicants should be members in good standing of the AABIP. The applicant must submit a study budget and a letter from the department chair and the institutional grants office to show that the institution where research will be carried out has the infrastructure to carry out such research. These items include:

- Investigation Review Board (IRB)
- Health Information Patient Privacy Act (HIPPA) compliance certificate
- Federal Wide Assurance Certificate or its number
- Institutional and personal certificate of Human research compliance
- Institutional and personal certificate of Animal research compliance (if animal research is part of the application)
- Financial accountability structure

If the applicant seeks a second year of funding, the AABIP research committee will review the data accumulated in the first half of the study to consider granting another year of funding. These applications will be reviewed with other new and renewal applications for a fair competition.

The AABIP REQUIRES that the data generated from the study supported by its funding be presented at the annual AABIP meeting (Usually at the post graduate course on the first day of American College of Chest Physicians meeting (ACCP CHEST Conference). The AABIP also REQUIRES the recipient to submit their work / manuscript for publication to JOBIP). The manuscript will only be published if it is accepted by the journal in accordance with its peer review criteria. The publication should mention the funding source as the AABIP. The AABIP ENCOURAGES the recipient to present their preliminary or final results at the AABIP biannual research symposia held during ACCP and ATS (American Thoracic Society) meetings. Applications should follow an NIH style format. The background, preliminary data, specific aims and research design is limited to 8 pages. In addition, an NIH formatted biosketch for each investigator should be submitted. The application must be submitted on line through the AABIP website, and emailed to the chairperson of the AABIP Research Committee (dates and addresses will follow in a communications to the members).
A variety of topics were covered, including a pro-con style discussion on the use of cryobiopsy, the adequacy of guided bronchoscopic techniques for peripheral lesion biopsy, indwelling tunneled catheters for non-malignant conditions and bronchoscopic lung volume reduction.

Pulmonologist and lung cancer specialist, Dr. James Jett, discussed the state of the art in testing for molecular markers in lung cancer, emphasizing the need for bronchoscopists to provide increasing amounts of tissue for advanced mutational analysis.

Dr. Alain Tremblay followed with an overview of the various needles now available for use with EBUS. One message that was consistent throughout the day was the need for robust clinical evidence to support the procedures that chest physicians are currently asked to perform as well as for those procedures they will be asked to perform in the very near future.

The annual AABIP Business Meeting was also held as part of the Post Graduate Course. This included the recognition of outgoing AABIP leadership and review of prominent IP-related publications from this past year by AABIP President Ali Musani. The day then concluded with hands-on procedure simulation sessions and case discussions.
The 4th annual Update in IP and Board Review was held on October 27th in conjunction with the activities at the recent ACCP CHEST Conference. Dr. Kazuhiro Yasufuku co-chaired the event and his staff hosted the course in a fantastic venue at Toronto Western Hospital. A total of 52 attendees participated in the full-day learning activities covering a comprehensive range of interventional pulmonology topics.

In addition to focused didactic lectures, the course learners and faculty engaged in case-based, panel discussions on Lung Cancer and Advanced Diagnostic Bronchoscopy, Airway Disorders and Therapeutic Bronchoscopy, and Pleural Disorders moderated in spirited fashion by Dr. Septimu Murgu. Attending learners demonstrated their acquired knowledge using feedback from an audience response system and direct interaction with the course faculty.

All in all, it was a busy but exciting day for both learners and faculty alike. On behalf of the course faculty and organizers, we would like to express our best wishes to everyone taking the upcoming IP Board Exam!
Advanced Bronchoscopy Membership in the AABIP

Jaspal Singh, MD MHS MHA FCCP

There is a contingency of the AABIP that are non-board-certified in interventional pulmonology (IP), and I have been kindly asked to comment on the relationship and needs of the advanced bronchoscopist and the AABIP.

To clarify, advanced bronchoscopy is a term loosely applied towards having additional skills and training in endobronchial ultrasound, peripheral navigation, therapies delivered via flexible bronchoscopy, and related technologies. As some of these tools and techniques were not readily available for many of us to master during fellowship, competency often developed post-fellowship through a combination of didactics, simulation, preceptorships, and clinical experience. For these opportunities, we are grateful for gifted instructors (many from the AABIP) as well as support from other professional societies and corporate sponsorship. Such strategies have served the pulmonary and bronchoscopy community reasonably well, just as similar paradigms have been used for other disciplines’ post-graduate procedural training needs (e.g. advanced gastroenterology endoscopic procedures, cardiovascular procedures, etc.). However, with board training in IP being recommended by the AABIP, advanced bronchoscopists might need clarification and guidance regarding the best approach to acquire skills, training, and practice integration as the bronchoscopy discipline evolves. Recently, the AABIP has created a taskforce to better understand and serve the non-IP-certified advanced bronchoscopy community, trying to understand issues such as:

- Understanding newer diagnostic and therapeutic modalities via flexible bronchoscopy, and how to best master and incorporate these into clinical practice.
- Defining skills, techniques and training pathways for non-pulmonologists (e.g. surgeons, intensivists) in bronchoscopy.
- Identification of metrics and outcomes pertinent to bronchoscopy.
- Exploring certification standards so that our patients, communities, and relevant organizations trust certain standards have been met.
- Tools to overcome regulatory, financial, and logistical challenges in advanced bronchoscopy.

By offering robust educational opportunities, developing practice based tools and resources, and creating tighter relationships between the IP and non-IP pulmonary community, we are hopeful that the AABIP can continue to effectively serve the community of advanced bronchoscopists. Still, some may wonder that while the AABIP is stressing fellowship certification, why then is there a need for the AABIP to develop its Advanced Bronchoscopy membership?

Simply stated, our pulmonary patient population needs more pulmonologists to have skills in advanced bronchoscopy. Per the 2016 AAMC physician survey, there are roughly 5,400 physicians that identify themselves as pulmonologists in the entire USA, roughly 1 pulmonologist per 58,000 U.S. residents. As such, certain areas of the country have critical access issues to pulmonary expertise that will not be solved in the foreseeable future. The workforce demands of the practicing pulmonologist are already challenging, and demands will expand further with effects of lung cancer screening, incidental nodule detection, environmental effects, aging, and the increasingly medical complexity of our population. Meanwhile, just as other disciplines have evolved with minimally invasive technologies, so is bronchoscopy evolving towards enhanced utility, efficacy and safety. As such, advanced bronchoscopy often requires further training combined with knowledge and skills in practice integration. We need more pulmonologists to have these skills.

Many AABIP members might suggest board certification in IP would supply the requisite skills and knowledge. However, for many of us, IP fellowships are/were either not available or not pragmatic. Moreover, leaving or postponing practice for a year to pursue board certification would further exacerbate existing pulmonologist access issues. Per the AABIP website, only about 300 pulmonologists are board-certified in interventional pulmonology, and only 34 training programs exist today; while these numbers are constantly growing, an IP-certified workforce is some years away from meeting the demands of the expanding pulmonary patient population. We need skilled bronchoscopists today who can rise to the challenge of our patients’ and communities’ needs.

With all this in mind, I look forward to working with the AABIP to develop resources and solutions for the advanced bronchoscopy community.
ATTN: ADVANCED PRACTICE PROVIDERS – NURSE PRACTITIONER AND PHYSICIAN ASSISTANTS IN INTERVENTIONAL PULMONOLOGY

Did you know the American Association of Bronchology and Interventional Pulmonology (AABIP) has a dedicated chapter for Advanced Practice Providers (APP)?

Come collaborate with other APPs in your field!

Some past focus topics have been on how your role fits within the team, inpatient and outpatient management of patients with lung nodules, pleural catheters, stents.

Benefits include:

- Quarterly meetings, 3 phone in and 1 in person at annual CHEST meeting
- Educational webinars
- Access to the Journal of Bronchology and Interventional Pulmonology
- A chance to become part of a growing field of APPs in Interventional Pulmonology

To join please visit: https://aabronchology.org/ and click on the link to register.

For questions contact:

President: Kelsey Cameron, PA-C  Kelsey.cameron@YNHH.org
Membership Committee: Kimberly Sivertsen, APN  ksivertsen@medicine.bsd.uchicago.edu

For More information please visit http://aabronchology.org/educaton/webinars/ matio and enjoy our webinar “How to incorporate advanced practice provider in IP Practice.
For the past six years, the AABIP has awarded the Geoffrey McLennan Memorial Award for Advances in Interventional Pulmonology.

Congratulations to Dr. Folch the 5th annual recipient of the award

Dr. Folch is an Assistant Professor of Medicine at Harvard Medical School and Co-Director of Interventional Pulmonology and Chief of the Center of Complex Chest Disease at Massachusetts General Hospital.

Dr. Folch recognized at the 25th Annual Assembly of the AABIP in Toronto, he presented the McLennan lecture.
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