AABIP’s Vision: The American Association for Bronchology and Interventional Pulmonology is the leader in helping patients breathe easier and live longer through minimally invasive diagnostic and therapeutic interventions.

AABIP’s Mission: The mission of the American Association for Bronchology and Interventional Pulmonology is to advance the care of patients with thoracic diseases through the synergy of innovative technologies, minimally invasive procedures, and transformative education and research.

President’ Corner

AABIP’s Inaugural Conference 2018 – A Huge Success!

I am incredibly grateful to all the attendees and industry partners who made the Inaugural Conference of the American Association of Bronchology and Interventional Pulmonology (AABIP) that took place in Denver more successful than any of our expectations. As described by one of the attendees, “it was the best Interventional Pulmonology Conference I ever attended.” The Inaugural AABIP Conference was truly a conference for interventional pulmonologists, by interventional pulmonologists. More than 325 registered attendees and dozens of industry partners enjoyed two and a half days of scientific and social events. World-renowned national and international leaders, both junior and senior academic and non-academic physicians, participated and presented their research, global consensus, and expert opinions during the conference.

Educational sessions were designed to be both interactive and pertinent, focusing primarily on day-to-day clinical practice. The most common comment I received during the conference was that “we can’t decide which sessions to attend and which to miss.” In my book, that itself was an indication of our success.

The conference started with a Plenary Session lecture given by the “father of rigid bronchoscopy,” Professor Jean-Francois Dumon of France, who has mentored hundreds of interventional pulmonologists around the world. Attendees enjoyed listening to recounts of his decades of experience and even took selfies with him. Among the other international experts who gave plenary and breakout sessions were, Professor Henri Colt of the USA, Professor Semra Bilaceroglu of Turkey, Professor Mohammad Munavvar from the UK and Professor Rodolfo Maurice from New Zealand.
The breakout sessions were primarily focused on three major areas of IP namely: advanced diagnostic bronchoscopy, therapeutic bronchoscopy, and pleural disease. Sessions were specifically designed to include faculty representing both junior and senior colleagues from academic and non-academic backgrounds to make the lectures and interactive activities, pertinent for attendees from all aspects of the clinical spectrum.

I personally, was very impressed by the participation and enthusiasm shown by the Women in IP at the conference. Their participation speaks volumes for the gender equality efforts and policies of the AABIP. The Women in IP had a lunch session and an evening social event celebrating their prominent role in IP around the world and in the AABIP, and commemorated the event with the leadership of the AABIP.

Board Certified Interventional Pulmonologists also participated in a colorful convocation and award ceremony. This event culminated in a memorable cap and gown ceremony celebrating a milestone in our professional careers and acknowledging these stalwarts of the IP community.

Professor Atul Mehta received the Lifetime Achievement Award for his leadership and service for IP, AABIP, and the Journal of Bronchology and Interventional pulmonology for over a quarter century. In addition, Abdul “AB” Hamid Alraiyes received the Service Leadership Award for his selfless and tireless services for AABIP. AB continues to serve as the Director of Digital and Social Media of the AABIP.
We also hosted a social event for the advanced diagnostic bronchoscopists, reaffirming our commitment to all aspects of bronchoscopy and pleural procedures regardless of formal training in IP or IP board certifications. New editions to AABIP team, IP Anesthesiologists and Advanced Practice Providers showed enthusiasm through their participation in the academic and social events. Upwards of 40 high-class scientific and research posters were showcased during the conference and with awards presented to the top 3 submissions. Recent IP graduates, current IP fellows, and general pulmonary and critical care fellows enjoyed meeting and mingling with IP fellowship directors and senior IP colleagues in a friendly environment, at the wine and cheese reception and received career advice.

The conference concluded with a beautiful evening of music, food, and festivities filled with friends and families. This gathering was a lovely time for friends to let loose and enjoy the achievement of another milestone in the history of IP and the AABIP - the Inaugural AABIP Conference.

I hope to see you all again in Denver at the 2nd AABIP Conference next summer Aug 15-17 2019. Until then, please send me any suggestions, comments or critiques to make our next conference even more exciting.

Ali I. Musani MD
President AABIP

Advanced Practice Providers Chapter
The Inaugural AABIP Conference that took place August 23-25 in Denver was by all measures a resounding success, and a welcome reminder that the future of the organization is bright. A cornerstone of this success is the engagement of its members in quality clinical and translation research, which is clearly transitioning from a traditional descriptive paradigm to more thoughtful and well-designed studies. A total of 47 abstracts were selected by the AABIP research committee for poster presentation, among which 6 were voted as the best abstracts. The winners were invited to present their work during a dedicated plenary session:

1. Gustavo Cumbo-Nacheli MD, Michigan State University - Spectrum Health Medical Group
2. Christopher Radchenko, MD, Virginia Commonwealth University
3. Jason Akulian MD, MPH, University of North Carolina at Chapel Hill
4. Muhammad S. Ali, MD, Medical College of Wisconsin
5. Liliana Fernández T, MD, Universidad Icesi. Cali, Colombia
6. Maouelainin, Nina, DO, MBA, Lung Health Solutions

The AABIP research committee is grateful for the continued commitment of the organization to foster basic, translational and clinical research within the field of interventional pulmonology. With the recent unprecedented investment in research and development from our industry partners, critical appraisal of these new technologies, often launched on the market with little or no evidence, will be critical to ensure that they are clinically useful and safe for patients. In that context, we will be soon posting a request for application to our annual AABIP research grant. On behalf on the AABIP research committee, I would like to congratulate again all abstract presenters at this year’s #AABIPCON and hope to see you again next year!
We are pleased that over half of our members were able to attend the Inaugural AABIP Conference in Denver this year. As we look forward, we would like to encourage even greater participation in the AABIP. We wish to highlight the important role all the members of our respective IP teams play in the care of our patients with thoracic disease. IP physicians cannot provide comprehensive care by themselves – it takes a team, and we encourage you to invite the members of your respective institution’s IP teams to join the AABIP!

Please invite your colleagues to contact us about ways they can get involved with the AABIP. For those interested in becoming involved with our developing Chapters, please email me at dhsia@labiomed.org and we can direct them to the appropriate AABIP Chapter representatives.

- Advanced Practice Providers (NP and PA’s): Kelsey Cameron, PA-C. Yale New Haven Hospital
- Anesthesiology: Mona Sarkiss, MD, PhD. MD Anderson Cancer Center
- Bronchoscopy Techs (RT and RN’s): Leslie Kumpf, RRT, CPFT, AE-C. University of New Mexico Hospital.
AABIP Chapters Updates

Please contact the AABIP Chapter Representatives if you are interested in joining. For information on starting a new chapter, please refer to the Charter for AABIP Chapters or contact the Membership Committee Chair for more information.

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AABIP Clinician’s Guide to EBUS
Now available for iPhone and iPad

Advanced Practice Providers Enrichment Series

AABIP—AABIP Knowledge Assessment Tool (KAT)
Now available for iPad
Month 1: July

Me: (Counting freezing time for cryoprobe) One-one-thousand...Two-one-thousand...three...
Husband: Jasleen...
Me: (Thinking to myself) What is he doing in the OR?
Aloud: What?! Four-one-thousand...five...
Husband: Wake up! It's 1 AM! You are at home!
Oh Boy!

There are now more than 30 Interventional Pulmonary (IP) fellowship programs in the US. One may think IP is a small field, so how different can these programs truly be? If you have been fortunate enough to be on an extensive interview trail like me, you will realize that every program is unique. The procedures each one is recognized for, mentors that train you and the techniques that you learn, have a unique ability to shape and transform careers forever. Reason being - the skillset to be mastered is novel for most starting fellows and the training period is short (1 year for most) involving long hours with a small IP group. Your techniques, preferences, styles and thought processes are very likely to mimic your first teachers. So, choose wisely. Steps to achieve your goals will begin right here. Mentorship and a well-rounded program with emphasis on research were the reasons why I chose Vanderbilt, and rightly so.

Tip #1: If you get a chance, spend a month on IP rotation before applying. It can make you or break you, both in your favor.

Month 4: October

Unnamed Pulmonary Fellow: (Typing furiously) It's so hard scheduling these interviews with ICU schedule. What cool places are you going to Jasleen?
Me: (Panicking internally but with my classic calm look) Right....
It's hard enough to train your mind and muscles at a tender age of over thirty to acquire the fine motor skills needed for navigating to strategically placed nodules; working gently with steel, sharps, heat, cold and electricity through micro-apertures in the chest. At the same time, you must ensure that you don't forget to breathe yourself and look poised (cool).
Then, as you are barely getting the hang of it, it is time to find a job! You must sell your newly acquired skill set in a very variable job market. Your job finding curve WILL lag behind those in final years of other fellowships. But, it will be much steeper and you all will get there almost together. This year is a sprint, not a marathon. Don't panic, strategize. Then, keep calm and carry on.

Tip #2: Don't hold the rigid too rigidly. Relax your hands, loosen up and breathe, that will help – Something I learned from Otis Rickman.

Tip #3: Stay in touch with other IP fellows across the
Month 7: January

Interviewer: We are looking to start you at 80% general pulmonary/ICU and one administrative day to build the IP program, market it, visit community physicians, research, write IRB...

Me: (At the airport after some wine) – Sobbing!

Interventional Pulmonary jobs are quite variable. If you do not get what meets your needs at first, do not hesitate to ask and keep on looking. It is important to stand up for your goals and find the right fit for employment. When in doubt, don’t hesitate to reach out to mentors and several others who have been in your shoes. Negotiating can be key. “You are way too nice, girl, say this instead!”, Fabien Maldonado suggested as he helped me get through my negotiations.

If you need more IP time - ask for it, protected time – ask for it, academic title- ask for it, higher salary – ask for it, anything vital for your success – ask for it! Then, make the best of what you have.

Tip#4: Ask for it!

Month 10: April

Patient (Waking up from anesthesia): Can I call you Jazz-E?

Me: Sure...

Patient: Oh My God! I love you so much Jazz-E, love you so much!!

Interventional Pulmonary fellowship is not just about getting a job, it is simultaneously training you to do the job right. Small wins matter a lot. The rigid or stent you put in all by yourself, that tough nodule on the first attempt, kind words by patients, colleagues and mentors, enrolling the first patient of your study or enrolling the last patient in your study (Yes! I got both).

Complications happen also and can catch you by surprise, thankfully much less frequently. Analyze and reanalyze such events, think what could have been done differently and try running through back up plans beforehand. These are vital learning lessons and training to deal with these situations is key.

Tip#5: You can never be overprepared.

Month 12: June, at WCBIP, Rochester, MN

In a room with over 200 attendees from around the world.

Me: I know most of them and a lot of them know me too! How did that happen?

Interventional Pulmonary is a growing global family. You will be absorbed in. If you are interested, there are a lot of opportunities and you will be recognized. If you mess up, that can be recognized too. This is how families are; we talk to each other. Interventional Pulmonary is unique, fast-paced and is for those who are passionate about the field. It needs leaders in research and education to grow. If you are that person, you are welcome to join us!

Tip#6: Enjoy it. It’s worth it!
JOBIP Editor’s Choice

The Journal of Bronchology and Interventional Pulmonology, first and only journal dedicated to the specialty, is proud to present a special collection of “Editor’s Choice” articles. These papers provide readers with a wide array of studies destined to become classics in the field. New selections will be added to the collection as new content becomes available, so please check this space periodically for updates. Every issue of the journal will include 1-2 Editor’s Choice article. All articles in the collection may be freely accessed on the Journal’s website for all members and non-members.

The AABIP webinars are recorded and most of them are immediately available to members free of charge on our website at: http://aabronchology.org/education/webinars/

Webinar Schedule. Schedule is tentative and subject to change:

- **November 2018:** Pneumothorax and the Management of Bronchopleural Fistulas. Colleen Keyes, MD. Massachusetts General Hospital
- **December 2018:** Benign CAO: Strictures and Stenoses. Septimu Murgu, MD. University of Chicago
- **January 2019:** Use of Tunneled Pleural Catheters for Benign Pleural Effusions. Samira Shojae MD, Virginia Commonwealth University
- **March 2019:** Preoperative Evaluation for IP Patients, Angela Selzer MD, University of Colorado
- **April 2019:** Anesthesia Considerations for Rigid Bronchoscopy. Basem Abdelmalak MD, and Sonali Sethi, MD. Cleveland Clinic
Grateful: Praveen N. Mathur, MBBS (1950-2018)

Dr. Mathur helped establish the pleuroscopy program at Lahey Clinic and was a fixture in annual IP Course. Over the years he was on every podium addressing IP issues, collaborated on a number of publications and books. Read more about Dr. Mathur at the JOBIP

Write to us!
If you have comments on this issue or suggestions for upcoming editions write to
ah.alraiyes@gmail.com
SECOND CONFERENCE OF THE AABIP

DENVER, COLORADO
AUGUST 15, 16 & 17 2019

SAVE THE DATE
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