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's Corner

The past two years were probably the fastest two years of my life. I remember vividly how I prepared for my first presidential speech for the membership meeting at CHEST 2017. And, now here I am, saying goodbye in my last President's Corner in the AABIP Newsletter.

I feel humbled to have served as President and proud to have accomplished so much in such a short time period.

AABIP continues to be the sole voice of interventional pulmonologists and advanced diagnostic bronchoscopists in the United States, and it is stronger than ever. I would like to highlight some of AABIP's significant achievements in the last couple of years, which have fundamentally changed AABIP into a more inclusive, transparent, and forward-looking organization.

The first AABIP conference in Denver in 2018 was a nerve-racking endeavor that turned out to be a nothing less than a spectacular success. We had more than 330 delegates in attendance, a highly successful academic program, and best of all, we did not lose any money!

The second AABIP conference was beyond anyone's imagination: more than 450 delegates, fully sold-out corporate events, and beautifully organized social and group activities. Financially, we exceeded our expectations. The annual conference has truly become the centerpiece of our activities and the flagship event of AABIP.

It was our longstanding desire to bring back into the fold bronchoscopists who are not

Special points of interest:

- President's Corner
- AABIP Research Committee Updates
- AABIP Conference Chapters Update
- Why I want to be an Interventional Pulmonologist
- Upcoming Webinars
- CAQ Information
- AABIP Biostatistics Course
“interventional pulmonology trained or certified” in order to grow our field and educational mission together. In this spirit of inclusivity, AABIP organized the first Certificate of Added Qualification (CAQ) in Advanced Diagnostic Bronchoscopy.

This test will consist of two parts, the Knowledge Assessment Test (KAT), which is slated for December 6, 2019, and the Procedural Skills Assessment Test (PAT), which will take place on March 11, 2020. We see a great enthusiasm for the CAQ from different people in the field already. I firmly believe that this certification will validate the importance of advanced diagnostic bronchoscopy and provide practitioners the well-deserved recognition they need in order to garner institutional support in setting up comprehensive programs such as lung cancer screening and lung nodule management.

AABIP has always supported diversity and inclusivity. Women make up approximately 20% of our membership, but we had only one woman on the 13-member Board of Directors. Last year we made a concerted effort and unanimously passed a resolution that women will comprise at least 20% of the leadership and membership of every standing committee. We also encouraged women to participate in the electoral process of the BOD and the Executive Committee.

We used the power of voting to bring about nothing short of a mini revolution that brought more women onto the Board. I am incredibly proud to announce that we just elected our first-ever female Secretary Treasurer (Carla Lamb, MD), who will one day be our future president. We also elected two more women to the Board, totaling four women (including one current member) on the Board, exceeding our target.

AABIP completed the painstaking process with the ACCP, ATS, and AIPPD of certifying more than 35 interventional pulmonology (IP) fellowship programs. The joint accreditation of IP fellowships underscores our dedication to the mission of teaching and training the next generation of interventional pulmonologists.

Our collaboration with local and international organizations dedicated to similar causes continues. Earlier this year, we jointly launched a social media educational platform with the World Association for Bronchology and Interventional Pulmonology (WABIP). This platform now has hundreds of followers from all over the world who discuss difficult cases and share educational material via WhatsApp on a daily basis.
AABIP also announced the launch of its first video journal, under the editorship of George Eapen, MD. I am quite confident that it will be a great success, as well.

My most significant honor has been to serve on the Board, which is filled with compassionate, hardworking, and dedicated individuals. Occasionally, as in any organization, we disagreed and debated issues to the point of frustration, but in the end, we were always able to make decisions democratically. Then we left our differences of opinion behind and put all of our energy and abilities into the task at hand. We worked as a single team to achieve so much in the last couple of years.

I have known all the new Board members for a long time. They are all well-established leaders and educators in the field of IP. I have complete confidence that AABIP's incoming President, George Eapen, MD, will continue to grow the organization and take us to greater heights with his incredible military-style discipline and his common-sense approach. I also can't say enough good things about the newly elected Board members and the Secretary/Treasurer Carla Lamb, MD. I have known Carla to be a true champion of education for more than a decade. I am confident that she will achieve a lot in the next several years as the leader of AABIP with a broad platform.

President-elect, Tim Murgu, MD, is a world-renowned educator in procedural disciplines in IP. He will be a great leader and a fantastic partner for Dr. Lamb and George Eapen MD to move the educational mission of AABIP forward.

As an ex-officio executive committee member, I will continue to serve the Board as a loyal servant and raise my voice for the right causes. I will be at the disposal of the President and the Board. I wish you and AABIP many years of prosperity and continued service to our membership.

Ali Musani, MD
President AABIP
2017–2019
The AABIP research committee had a busy semester, with an unprecedented number of applications for the AABIP research grant, a very successful AABIP research symposium at ATS and three abstract sessions in addition to the second AABIP research symposium at the AABIP annual meeting in Denver, CO.

The AABIP again generously posted a request for application for interventional pulmonology-related research applications for a total of $20,000 with the possibility of a second-year extension with the same amount. Many talented researchers competed for this award, with proposals spanning the entire spectrum of basic, translational and clinical research. The Committee reviewed all applications individually and as a group, with ratings following the NIH format, and each applicant received for the first time individual written and structured feedback from reviewers. Jeffrey Thiboutot, current interventional pulmonary fellow at Johns Hopkins University, was the recipient of this year’s award for his translational project evaluating the value of optical coherence tomography on response to bronchial thermoplasty treatment of asthma. Dr. Thiboutot is currently writing a training grant (K-award) on the topic, based in part on research work supported by the AABIP.

During the second annual AABIP conference our research symposium took a place with great attendance.

Our guest speaker was Dr. Kazuhiro Yasufuku on the future of IP research.

The ATS research symposium in Dallas, TX was by all measures a resounding success. The theme was pleural research, and the Interventional Pulmonology Outcomes Group, IPOG, was introduced as a developing effort spearheaded by Drs. Lonny Yarmus from Johns Hopkins University and Fabien Maldonado from Vanderbilt University, aimed at offering a robust research infrastructure for industry-funded but investigator-initiated clinical trials within the field of interventional pulmonology. Two projects were presented including the pleural manometry study, recently published in Lancet Respiratory Medicine, by Dr. Robert Lentz an the Newton study, a study evaluating different drainage methods for patients with indwelling pleural catheters, but Dr. Jeffrey Thiboutot. This was followed by a feature presentation of IPOG by Dr. Lonny Yarmus describing the rationale and the vision for the project, motivated by the rapidly evolving technological landscape in the field of IP.
We had a good number of submitted research abstracts this year far exceeded the number submitted last year with close to 90 individual abstracts. The oral presentation sessions, and 3 top research abstracts were presented.

The AABIP research committee is seeking applications from members who would like to be involved. Announcements in that regard are expected on the fall, Stay tuned!
Photo gallery from the 2nd AABIP Conference

AABIP Advanced Practice Provider Chapter

Advanced Diagnostic Bronchoscopist Session

Fellows and Junior Faculty Mentoring Session

Women of the AABIP Session

Fellows and Junior Faculty Mentoring Session
Photo gallery from the 2nd AABIP Conference
Why I want to be an Interventional Pulmonologist

Interventional Pulmonology (IP) is a specialty that combines academic expertise with procedural proficiency. The first advanced procedure I was able to witness was a navigational bronchoscopy. Using a GPS-like system to navigate the bronchial tree seemed like a simple concept, but after actually seeing it, it was much more sophisticated than I could have ever imagined. I’ll never forget my attending joking about waiting for Siri to give us the next turn by turn direction; I anxiously waited for the machine to say something, but sadly I think voice directions aren’t going to be available until the next update. Watching that procedure sparked my interest and motivated me to start learning everything I could about IP. I started reading about the procedures, the life of an IP physician, and how to become an Interventionalist.

Throughout my fellowship, I’ve learned that procedural proficiency is important, but I am starting to understand that a large part of IP training is identifying when conservative management should be utilized. However, when a procedure is indicated, the need to safely and efficiently treat the patient’s pathology becomes an exciting new challenge. From assisting in a medical thoracoscopy to attempting to navigate to a right apical 1 centimeter lesion, every procedure I was involved in became more and more enjoyable. As I progressed, I realized the only part I hated was handing the bronchoscope back to my attending so we wouldn’t have to “be here all day”.

IP also lets physicians manage high risk patients that would not be candidates for more invasive procedures, such as improving the quality of life of a patient with an endobronchial lesion via rigid bronchoscopy, diagnosing an interstitial lung disease with cryobiopsy, or treating a bronchopleural fistula with an endobronchial valve. Becoming proficient in these procedures is something I am truly passionate about.

Even as today’s medical specialties reach a higher level of complexity, there always seems to be more to discover. I am most excited about the relative youth of IP, allowing researchers to be on the forefront of care. Learning the most advanced procedural methods, working with companies to develop new tools and modalities, and conducting my own research would provide me a sense of progression and accomplishment.

When I applied for IP I was very excited to begin my new adventure, further hone my clinical and procedural skills, and become an excellent future interventional pulmonologist. IP is accelerating at an unprecedented rate, and I want to be on the front lines.
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:

- **Nov 2019** Which Stent is Best? SEMS vs. Silicone: A Pro/Con Debate Colleen Channick, MD (UCLA) and George Cheng, MD, PhD (Duke University)
- **Dec 2019** Procedural Techniques: Electrocautery and Argon Plasma Coagulation - Gateway into Therapeutic Bronchoscopy Samaan Rafeq (New York University)
- **Jan 2020** Procedural Techniques: PDT and Brachytherapy - What is the Role for Ablation with Delayed Effect? Nick Pastis MUSC
- **Feb 2020** Cost Analysis for IP Procedures - Demonstrating Value of What We Do Kasia Czarnecka U Toronto
The Certificate Of Added Qualification (CAQ) in Advanced Diagnostic Bronchoscopy
CAQ Knowledge Assessment Test Content

**Disease Specific Knowledge 37%**

Comprehensive evaluation and management of patients with thoracic malignancies 8%

- Lung cancer screening
- Pulmonary nodules
- Lung cancer diagnosis, including molecular and immune markers
- Lung cancer staging

Lung cancer treatment, including the basics of chemotherapy, targeted genetic therapy, immunotherapy, radiation, and surgical therapy

- Other intrathoracic malignancies
- Peri-procedure management 8%
- Procedural Anesthesia 8%
  - Moderate & deep sedation
  - General anesthesia
  - Local anesthesia

Management of complications of bronchoscopy 7%

- Benign lung disease workup 3%
  - Interstitial lung disease
  - Sarcoidosis
  - Infections

Ethics and palliation 3%

**Disease Specific Knowledge 37%**

Routine diagnostic bronchoscopy procedures 8%

- Bronchoalveolar lavage
- Transbronchial biopsy
- Endobronchial biopsy
- Conventional transbronchial needle aspirate

- Convex and radial EBUS 8%
- Navigation bronchoscopy 5%
- Sample handling, including rapid on-site evaluation (ROSE) 6%
- Surgical interventions 2%
- Mediastinoscopy, video-assisted thoracoscopy, lobectomy, pneumonectomy and robotic thoracic surgery
- CT-guided transthoracic needle aspirate 1%
- Yield, complications, etc.

- Thoracic anatomy 7%
  - Airway anatomy
  - EBUS related mediastinal anatomy
- Pulmonary physiology pertinent to bronchoscopic procedures 7%
- Airway management during bronchoscopy 9%
- Management of the difficult airway 7%
  - Bronchoscopic and non-bronchoscopic techniques
- Coding and billing for bronchoscopy 3%
AABIP INTRODUCTION TO BIOSTATISTICS COURSE

Online sessions will be held
October 2019 through February 2020.

AABIP-WABIP WhatsApp 📞
Congratulations to Carla Lamb MD
The newly elected incoming AABIP Secretary-Treasurer

Congratulations to the newly elected incoming AABIP Board Of Directors
AABIP Executive Officers

Ali Musani, MD
President
University of Colorado

Septimiu Murgu, MD
Secretary Treasure
University of Chicago

Georgie Eapen, MD
Vice-President
University of Texas
MD Anderson

Momen Wahidi, MD
Past President (Ex Officio)
Duke University
Medical Center

Abdul Hamid Alraiyes, MD
Editor, AABIP Newsletter
AABIP social media curator

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

Connect with us!
@AAB_IP