

Sessions & Abstracts

Session 1 - Impact of Co-morbid Conditions on Care of COPD Patients

Chairs: S. Hurd, *USA* & M. Franchi, *Italy*

Speaker: L. Fabbri, *Italy*

Impact of Co-morbid Conditions on Care of COPD Patients

Abstract by Leonardo M. Fabbri, MD

University of Modena & Reggio Emilia and Policlinico di Modena, *Italy*

Chronic obstructive pulmonary disease (COPD) is one of the most important diseases caused by smoking. According to the GOLD guidelines, the only treatment that affects COPD progression is smoking cessation. Despite an understanding of the inflammatory nature of COPD, none of the existing medications have been shown to modify the long-term decline in lung function that is the hallmark of the disease. Therefore, the goals of COPD management include relief of symptoms, prevention of disease progression, improvement of exercise tolerance and quality of life, and prevention and management of exacerbations, all while keeping side effects from treatment to a minimum. These goals can be achieved by reduction of exposure to COPD risk factors, management of stable COPD and its co-morbidities, and prompt recognition and management of COPD exacerbations.

Smoking cessation is the most effective intervention to reduce the risk of developing COPD, slow its progression, and reduce mortality. Pharmacotherapy (nicotine replacement, bupropion/nortryptiline, and/or varenicline) may help patients stop smoking. Also, occupational, indoor, and outdoor air pollution should be avoided. Pharmacologic treatment of COPD may improve symptoms, reduce the frequency and severity of exacerbations, improve health status, and improve exercise tolerance. Although their mechanisms of action in the disease are poorly understood, inhaled beta2-agonists and/or anticholinergics are central to pharmacologic management of COPD, and are used both on an as-needed basis to relieve intermittent or worsening symptoms and on a regular basis (particularly long-acting beta2-agonists {LABAs} and anticholinergics {LAMAs}) to prevent/reduce symptoms and prevent exacerbations. Non-pharmacologic treatments include rehabilitation, oxygen therapy, and surgical interventions.

The diagnosis, assessment of severity, and treatment of COPD may be greatly affected by the presence of co-morbid conditions. Therefore, lung function measurements, non-invasive assessment of left ventricular function (e.g., echocardiography and brain natriuretic peptide measurement), and/or blood sugar monitoring, may be useful to identify these co-morbidities in these patients. Similarly, smoking prevention and cessation, diet and weight control, and exercise and rehabilitation all have the potential to beneficially affect not only COPD but also its co-morbidities.

Pharmacologic treatment of chronic co-morbidities in COPD patients is more complex, as drugs are usually developed for single diseases or organs. Interestingly, however, much of relevance to COPD can be learned from other chronic conditions, especially diabetes. Glucose control with insulin and/or oral anti-diabetic agents not only controls diabetes but also prevents and contributes to treating systemic effects and co-morbidities, particularly cardiovascular diseases. Likewise, antihypertensive agents not only help control blood pressure but are also associated with dramatic prevention of coronary and cerebrovascular disease, producing marked reductions in mortality. More recently, drugs used for the treatment of erectile dysfunction, hypertension, chronic heart failure, and lipid disorders have all been shown to have unexpected beneficial effects in COPD patients. Statins, which are used primarily as lipid-lowering agents, also have potent anti-inflammatory properties in the lung, and have been shown to positively affect chronic co-morbidities associated with metabolic syndrome (e.g., chronic heart failure), vascular diseases, and COPD. β -blockers, which are considered to be life-saving drugs for patients with chronic heart failure, have also been recently shown to provide benefits in COPD patients (although they may carry some risks in COPD patients with an asthmatic component to their disease). Beneficial effects on COPD have also been reported from ACE inhibitors and angiotensin receptor blockers. Interestingly, similar effects may also occur in the opposite direction: drugs specifically developed for and used to treat COPD, e.g., inhaled bronchodilators and inhaled steroids alone or in combination with inhaled bronchodilators, may have significant beneficial effects on cardiovascular diseases and other common chronic co-morbidities of COPD.

Session 2 - Implementation of Effective COPD Management Programs

Chairs: M. Salapatas, *Greece* & Y. Mohammad, *Syria*

Speakers: L. Corbetta, *Italy* & N. Zhong, *China*

Implementation of Effective COPD Management Programs: *The Italian Experience*

Abstract by Professor Lorenzo Corbetta

University of Florence and Careggi Hospital, *Italy*

Evidence is increasing that a chronic disease management program for COPD patients reduces hospital admissions and bed days. Key elements of such a program are patient participation and information sharing among members of the patient's health care team. The Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines provide some helpful strategies for increasing patient participation in their care. The success of GOLD rests not only on its scientific profile, but also on the dissemination of the guidelines worldwide. In Italy, this dissemination began in 2002, immediately after the launch of the first version of the GOLD guidelines, and over the last eight years an implementation strategy has emerged which includes 10 key points:

1. An annual scientific meeting to discuss the international guidelines, held every March since 2002 with the participation of the patients' Associations
2. Translation and publication of all GOLD materials, and adaptation at a national level of the GOLD guidelines, which can be freely accessed by specialists and general practitioners for educational purposes
3. A joint project, LIBRA (Linee Guida Italiane BPCO, Rinite, Asma), that brings together the Italian leaders of the main international guideline efforts in pneumology: GOLD, the Global Initiative for Asthma (GINA), and the Allergic Rhinitis and its Impact on Asthma (ARIA) Initiative
4. Close relationships among the country's lung societies, general practitioner associations, and patient organizations to collaborate on dissemination
5. Organization of World COPD Day activities with the Italian Association of COPD Patients
6. Development of the Website www.goldcopd.it and multimedia materials
7. Organization of CME courses on COPD using the official GOLD and LIBRA materials
8. Fundraising
9. Collaboration with the media to raise awareness of COPD
10. Official participation in the Global Alliance Against Chronic Respiratory Diseases (GARD) program of WHO

Session 3 - Barriers to Care of COPD Patients

Chairs: V. Lopez, *Uruguay* & S.E. Myrseth, *Norway*

Speakers: Y. Hoshino, *Japan* & B. Thoonen, *Netherlands*

Barriers to Care and Needs of Patients with COPD

Abstract by Bart Thoonen, MD, *Netherlands*

COPD is a disabling disease, and most patients with COPD suffer from some degree of limitation to their daily activities. The challenges for effective COPD care are to reduce those limitations, to improve patient quality of life, and to slow the progression of COPD. These are the goals that can be found in most professional guidelines for COPD, and around which the organization of care revolves. In order for patients to receive effective care, health system accessibility and a proper diagnosis are paramount. In addition, however, patients experience the consequences of their COPD and must deal with related problems themselves as they move through their daily lives. Therefore, in order to manage COPD effectively, patients must be empowered to take charge of their own COPD at any place and any time, backed up by professional support when required. In other words, the development of effective self-management strategies within a firm patient-physician partnership is important to meet the needs of patients and secure their rights to information about and treatment for their disease. The general practice setting provides specific possibilities to provide the care and partnerships needed.

COPD Patients' Unmet Needs: The Japanese Experience

Abstract by Yuma Hoshino MD, PhD, and Michiaki Mishima, MD, PhD, *Japan*

A recent national survey, the Nippon COPD Epidemiology (NICE) study, estimated that there are 5.3 million people with COPD in Japan, 95% of whom are undiagnosed and have received insufficient medical treatment. In response to these findings, the Japanese Respiratory Society (JRS) has been working on raising awareness of COPD to facilitate early detection and intervention as well as prevention of the disease. Among the activities have been a media forum on World COPD Day and patient education on the concept of "lung age."

The JRS has also done a survey of patients with respiratory disability, one-third of whom have COPD, and published the Japanese White Paper on Home Respiratory Care in 2005. In this paper, the unmet needs of patients with COPD were summarized as follows: improvement in activities of daily living, access to educational programs such as rehabilitation, financial support for direct and indirect medical costs, designation of physical handicap and long-term care insurance, and access to home oxygen therapy. These needs are directly related to a number of the rights set forth in the COPD Patients' Bill of Rights. To follow up on the issues raised by the survey, the JRS has proposed national guidelines for respiratory care, and worked with Japan's health ministry in cooperation with patient organizations in the country to implement these guidelines.

Session 4 - Implementation of National/Regional Programs to Prevent COPD

Chairs: E. Mantzouranis, *Switzerland* & J. Walsh, *USA*

Speakers: J-P Zellweger, *Switzerland* & N. Zhong, *China*

Clinical Aspects of Smoking Cessation

Abstract by Jean-Pierre Zellweger, MD , *The Union*

Smoking is the most important cause of COPD, and smoking cessation one of the only interventions with a proven impact on the course of the disease. Therefore, counseling COPD patients who smoke, and offering them advice and assistance with smoking cessation, is considered a key duty of the treating physician and a very cost-effective intervention.

In settings where nicotine replacement therapy and pharmacological support are not available (i.e., in the majority of countries), the best option is the so-called "minimal intervention" given by the physician, and by any health-care worker, caring for the COPD patient. Clear information about the health effects of smoking, advice to stop, and further support for a quit attempt significantly increase the chance that a smoker will stop smoking. Even a brief intervention (3 to 10 minutes) can be effective.

Of course, not all smokers will stop immediately after having received this advice from their physician, but most will start considering the arguments in favour of cessation. When they do make an attempt to quit, some smokers experience difficulties such as withdrawal symptoms, weight gain, or mood changes, and may need further advice and support from their physician. Good physician knowledge of the benefits of cessation and of the problems possibly associated with withdrawal are an important requisite to increase the possibility of success.

Session 5 - Raising Awareness of COPD: What can be done to improve COPD care?

Chairs: G. Viegi, *Italy* & M. Fletcher, *UK*

Speakers: C. Lenfant, *USA* & M. Hübel, *Brussels* & J. Bousquet, *France*

Abstract not available at press time.

Session 6 - Establishing COPD Patient Organizations

Chairs: O. Spranger, *Austria* & D. Price, *UK*

Speakers: P. Frith, *Australia* & M. Franchi, *Italy*

Establishing COPD Patient Organizations

Abstract by Mariadelaide Franchi, ICC Co-Chair, *Italy*

The importance of COPD patient associations in improving care of COPD and the lives of COPD patients is recognized worldwide. Unfortunately, such associations have been established in very few countries to date, and where they do exist they often have difficulty in growing to the extent where they can represent the real burden of COPD on society.

The **mission** of a COPD patient association is to improve health conditions, quality of life, and the life expectancy of people with this disease, and to safeguard the rights of patients, their families and caregivers. Associations must represent the opinions, views and expectations of COPD patients.

The statutes of a new association must take into consideration local laws regarding non-profit organizations. Associations should define a code of ethics and conduct to ensure that all decisions and activities are developed with transparency, independent of all stakeholders. Associations need appropriate resources, human resources, and financial support, and should define a fundraising policy at the outset.

The **priorities** of a patient association should be to promote:

- Disease prevention and environmental control
- Early diagnosis
- Access of all patients to a personalized therapy plan
- A global or holistic approach to patient care
- Continuity of health and social assistance

An association's **strategy** in carrying out its mission should focus on prevention (promoting initiatives to prevent the development of COPD, encouraging a correct and early diagnosis, and ensuring good quality indoor and outdoor air) as well as management and care (improving health conditions and quality of life of patients, their families, and caregivers; ensuring high-quality health services that correspond to the needs of patients; and ensuring that COPD patients worldwide have equal access to care as patients with other health conditions).

In order to carry out their mission, patient associations should be highly knowledgeable in the field of health policy, and specifically about respiratory diseases. Strategies to **build capacity** in this area include:

- Establish a scientific committee
- Form partnerships with scientific societies
- Collaborate with health institutions
- Participate in the drafting and updating of COPD guidelines
- Participate in scientific meetings
- Network with local, national, and international organizations

The real **value** of patient associations is to provide help to people, and to be a reference point for everyone concerned. Associations should be able to obtain and analyze information about the experiences of patients and to use it to improve these patients' rights, to understand the critical aspects of the situation, and to find the most effective solutions.

The **primary activities** that patient associations may undertake in order to carry out their mission include:

- Provide services that met the needs, interests, and expectations of patients
- Advocate at local, national, and international levels to obtain public interventions in favour of COPD patients
- Promote information, education, and prevention campaigns
- Encourage scientific research

Methods of improving **communication with COPD patients** include telephone help lines, distribution of written information, Websites, awareness campaigns, and specific surveys.

To implement the association's programmes, **partnerships** are paramount, and there is a need to form effective alliances with health institutions, scientific societies (specialists, general practitioners, nurses, respiratory therapists, and other health care professionals), and other patient organizations.

The Australian Lung Foundation (ALF): *Established roles in support and advocacy*

Abstract by Peter Frith, MB BS, FRACP, FCCP, and Heather Allen
National COPD Program, The Australian Lung Foundation, *Australia*

The ALF is Australia's lead support organisation for lung disease. This national not-for-profit institution raises funds to drive scientific research, develop patient educational materials, develop and maintain clinical practice guidelines that actually help health professionals, advocate for policy change at government and community levels, and increase the penetration of the national network of patient support groups ('Lung Net').

A National COPD Program Committee oversees a series of "portfolios" that cover Guideline Development, Patient Taskforce, Pulmonary Rehabilitation Toolkit, General Practice, Asthma and Respiratory Educators, Pharmacy, and Industry Partners and Sponsors.

Direct patient support is provided through the 'LungNet' network, a national Tollfree access number, a patient newsletter, an online forum and a wide range of free educational materials.

ALF has been directly engaged in piloting programs in regional and remote Australia to encourage early COPD diagnosis through public awareness and targeted case finding in primary care and pharmacies as well as pulmonary rehabilitation ('Lungs in Action').

A recent high-level advocacy document based on health economic arguments has been presented to the national government, followed by partnership with health policy-makers as well as better coordination with other support organisations (especially asthma).

The COPD Program will be described and outcome data presented.

COPD in Latin America: *New insights from the PLATINO Study*

Abstract by María Victorina López Varela, MD
University of Montevideo and Hospital Maciel, *Uruguay*

Chronic obstructive pulmonary disease (COPD) is a major cause of chronic morbidity and mortality and various studies have shown recent increases in the prevalence of this disease throughout the world. Guidelines for the diagnosis and management of patients with COPD have been published.

The PLATINO study is a population-based epidemiologic study designed to evaluate the prevalence of COPD in five Latin American cities (São Paulo, Brazil; Santiago de Chile, Chile, Mexico City, Mexico; Montevideo, Uruguay; and Caracas, Venezuela). This study has found a crude rate of COPD, defined as GOLD Stage I or higher, between 7.8% and 19.7% depending on the country.

Some studies highlight the fact that COPD is often underdiagnosed and undertreated by physicians, and possibly under-recognized by patients. Data from the PLATINO study indicate that in Latin America, COPD is indeed often under- and misdiagnosed. In consequence, patients are undertreated even when their lung function is severely impaired, and management of the disease often falls short of recommended guidelines.

Data from PLATINO study, indicate that in Latin America, COPD is often under and misdiagnosed. In consequence On the other hand, due to an incorrect diagnosis, subjects without COPD can use respiratory medications: in the PLATINO study one-half of treated subjects were using medication for airflow obstruction without being obstructed.

More recently, it has been reported that patients poorly perceive the severity of their disease: in the PLATINO study, half of the subjects in GOLD Stage II and one-third of those in stages III and IV qualified their health status as good to excellent. There are disparities between dyspnea scores, limitations of physical activity, severity of airway obstruction, and general health status.

Exacerbations, or recurrent acute deteriorations in symptoms, are common in COPD patients. Frequent exacerbations are associated with a faster decline in lung function (forced expiratory volume in one second, FEV1), impaired health status,

increased airway and systemic inflammatory changes, more hospital admissions, longer hospital stays, and worse survival. In addition, exacerbations have a significant socioeconomic impact, as they are the largest driver of direct costs for the treatment of COPD. PLATINO showed that among individuals with airflow limitation, a significant proportion reported symptom-defined exacerbations with a progressive increase in the proportion as disease severity increased.

COPD is now defined as being associated with clinically relevant extrapulmonary manifestations, and systemic consequences are recognized as important features of the disease that contribute to exercise intolerance, decreased health status, and increased mortality. Among the most extensively studied systemic features are unexplained weight loss, alterations in body mass index (BMI), and changes in body composition. BMI alterations were common in individuals with COPD identified in the PLATINO study, and the proportion of persons with COPD progressively increased as BMI decreased.

In summary: data from a population-based epidemiologic study in Latin America (PLATINO) reflect patients' underestimation of the disease, even when it is severe, and emphasize the need to improve COPD prevention and screening measures in order to minimize the burden of disease in this population. The PLATINO data also reflect uncertainty about COPD on the part of diagnosing physicians, emphasizing the need to improve the implementation of COPD guidelines.

Session 7 - Conference Summary and COPD Patients' Bill of Rights

Chairs: M. Franchi, *Italy* & Y. Mohammad, *Syria*

Speakers: V. Lopez, *Uruguay* & M. Salapatas, *Greece* & J. Scheld, *Switzerland*

Conference Summary and COPD Patients' Bill of Rights

J. Scheld, ICC coordinator and editor, *Switzerland*

COPD is a serious, devastating lung disease that is increasing in prevalence, and currently represents the fourth leading cause of death worldwide. Cigarette smoking and indoor air pollution (primarily from biomass fuels used for cooking/heating), are the main causes of COPD, and the disease is therefore widespread in all regions of the world. Unfortunately, this disease is widely under-diagnosed and under-treated, and COPD patients often also suffer from co-morbidities that complicate the management of their lung disease and further erode quality of life. In substantial portions of the world, awareness of the disease, its causes, and how to prevent it is low. Additionally, diagnosis and medical treatment, including pharmacologic therapy, are not available or affordable in some areas of the world.

This conference shows that fighting COPD at the global level must be a joint effort of patient organizations, physicians, health care facilities, and governmental institutions, who must collaborate in the following efforts:

- Raising awareness about the disease, diagnosis, and treatment
- Introducing strict smoking bans in public areas
- Creating and carrying out effective COPD prevention programs
- Creating and carrying out effective COPD management programs
- Ensuring that medication is available and affordable for COPD patients

Based on all discussions and workshops during this conference, all participants agreed on the following principles, which we call the COPD Patients' Bill of Rights:

- The right to receive early and accurate diagnosis
- The right for information and education about COPD
- The right for support and understanding
- The right to receive care and treatment that will benefit them
- The right to their fair share of society's involvement and investment in their welfare and care
- The right to advocate with other COPD patients and supporters for improved COPD care and COPD prevention
- The right to safe air and environment

Burden of Obstructive Lung Disease in Bangladesh (BOLD-BD): Findings of First National COPD Prevalence Study

Abstract by Professor Md. Rashidul Hassan (*Principal Investigator*) and
Dr. Kazi Saifuddin Bennoor (*Co-Investigator*), Bangladesh

COPD is a major cause of chronic morbidity and mortality worldwide, and is projected to be the fourth leading cause of disability in 2020. In Bangladesh, physicians regularly encounter COPD among older age groups. However, no epidemiological data have been available about the prevalence of COPD in Bangladesh. BOLD-BD, a cross-sectional prevalence study, was initiated to measure the magnitude of the problem of COPD in our country.

The BOLD-BD study involved a total of 2,947 subjects at least 40 years of age, from both rural and urban areas and from all regions of the country. All subjects were interviewed with a pre-tested questionnaire, and received spirometry with bronchodilator reversibility testing. A fixed ratio of FEV1/FVC <70%, not reversed after bronchodilation with 200 mcg of inhaled salbutamol, was the diagnostic criterion for COPD.

We found a prevalence of COPD among people 40 years and older of 21.58%, and estimate that there are 6,042,400 people with COPD in Bangladesh. The overall prevalence of COPD in the general population in Bangladesh is estimated to be 4.32%, similar to the COPD prevalence that has been found in neighboring India.

The largest group (45.13%) of patients in our study suffered from moderate COPD, and the disease hits hardest those who are still in the productive phase of life (42% of COPD sufferers in our study were between 40 and 50 years old, with the prevalence declining with increasing age). In general, males suffer more than females (62.47% vs. 37.26%).

From our findings, it is obvious that COPD is a disease of poor peoples. Over 80% patients belong to lower socio-economic groups, and about 50% are illiterate.

More of the patients identified in our study came from urban areas (61.52%) than rural areas (38.48%), although among female COPD patients, the urban-rural split is almost equal (50.21% and 49.79% respectively, indicating a higher prevalence of the disease in village women). Exposure to biomass smoke (from open stoves/wood fires) appears to be a significant risk factor in COPD. More than 82% COPD patients, and 86% of female patients, are exposed to it.

The majority (63%) of COPD patients identified in our study are active smokers. The rate of smoking is extremely high among male COPD patients (about 88%), but much lower among females (only 20%). We found a positive relation between COPD prevalence and increasing pack-years of cigarette consumption. In our study, the majority of smokers (80%) needed only around 10 pack-years of smoking to develop the disease. This finding yields a more alarming picture than international studies, which have suggested 20 pack-years as the benchmark for risk of developing COPD.

Faculty Biographies



Professor Jean Bousquet, MD, PhD
University Hospital Arnaud de Villeneuve, Montpellier, France

Jean Bousquet is a Professor of Pulmonary Medicine at the University of Montpellier in France. He holds a PhD in pharmacy and an MD with training in allergology and thoracic medicine.

For many years, Professor Bousquet's research was focused on Mediterranean allergens and allergen-specific immunotherapy. He then shifted his focus towards asthma, pioneering research on the contribution of inflammation to asthma severity and on airway remodeling in asthma. He has examined the relationships between co-occurring asthma and rhinitis, and his research now focuses on severe asthma.

Professor Bousquet was the founder of the Allergic Rhinitis and its Impact on Asthma (ARIA) initiative, and continues to serve as its Chairman. He served for 13 years as Director of the INSERM Laboratory for the Immunopathology of Asthma, and is a past Chair of the Global Initiative for Asthma (GINA). Currently, he is also Chairman of the World Health Organization (WHO) Global Alliance against Chronic Respiratory Diseases (GARD), Director of the WHO Collaborating Centre for Asthma and Rhinitis in Montpellier, and Vice-President of the European Union-funded network of excellence GA2LEN (Global Allergy and Asthma European Network). Professor Bousquet is a member of various international and national professional societies and has edited or served on the editorial boards of a number of prestigious medical journals in the field of thoracic medicine and allergology. He is the author of 10 books and over 525 peer-reviewed papers.



Professor Lorenzo Corbetta
Associate Professor in Respiratory Medicine and
Director of the Interventional Bronchoscopy Unit
University of Florence - Careggi Hospital
Viale Morgagni 85; 50139 Florence, Italy
Tel.: +39-055-4271462, Fax: +39-055-4271464
E-mail: lorenzo.corbetta@unifi.it

Professor Corbetta is the Global Initiative for Chronic Obstructive Lung Disease (GOLD) National Leader for Italy, coordinator of the LIBRA project (which produces unified Italian Guidelines for the treatment of COPD, rhinitis, and asthma), and member of the Scientific Committee of the Italian Society of COPD Patients. He is the author of about 50 peer-reviewed articles and book chapters on asthma, COPD, and interventional pulmonology.



Leonardo M. Fabbri, MD
Professor of Respiratory Medicine
Department of Oncology, Hematology and Respiratory Diseases
Section of Respiratory Diseases
University of Modena and Reggio Emilia
Via del Pozzo 71, 41100 Modena, Italy
Phone: (+39-059) 4222198 - 4224198
Fax: (+39-059) 4224231
Email: leonardo.fabbri@unimore.it

Since March 2000, Dr. Fabbri has headed the Department of Respiratory Diseases at the University Hospital of Modena and Reggio Emilia. He served as President of the European Respiratory Society (ERS) from 2007-2008, was a member of the Executive Committee of the Global Initiative on Asthma (GINA) from 1990 to 2001, a member of the Scientific Committee of the Global Initiative for Chronic Obstructive Lung Disease (GOLD) from 1997 to 2005 (Chair from 2001-2004), and a member of the GOLD Executive Committee from 2001-2005 (and served as Chair of that Committee from 2004-2005). He has authored more than 250 papers in peer-reviewed journals, and currently is Associate Editor of both the American Journal of Respiratory and Critical Care Medicine and the European Respiratory Journal.



Ferruccio Fazio, MD
Ministry of Labour, Health and Welfare, Italy

Dr. Fazio is currently the Vice Minister at the Italian Ministry of Labour, Health and Welfare. Trained in internal medicine and radiology, he has previously held various teaching and administrative appointments at the Scientific Institute S. Raffaele and the University of Milano-Bicocca, both in Milan, Italy. He has served as Professor of Nuclear Medicine at the University of Milano-Bicocca; Chair of the Departments of Nuclear Medicine and Radiation Oncology at the Scientific Institute S. Raffaele; Director of the PET/Cyclotron Centre at the Scientific Institute H. S. Raffaele; Director of the School of Radiology at the University of Milano-Bicocca; and Director of the Centre of Excellence "Laboratory of Clinical and Cognitive Neuroimages" at the University of Milano-Bicocca. He has also taught at the University of Pisa and the Royal Postgraduate Medical School at the University of London. He has published more than 350 papers in international peer-reviewed journals.



Monica Fletcher, MSc
Chief Executive, Education for Health, Warwick, UK
Email: m.fletcher@educationforhealth.org

Monica, with a clinical background in primary care nursing, has been Chief Executive of Education for Health since 2001 and is responsible for leading both the UK and US organisations. She has a particular interest in education and research. She is Editor of the BJPCN (respiratory); a member of the BTS / SIGN Asthma Guidelines Executive Committee, and the Respiratory and Allergy Expert Advisory Group for the MHRA. She is Chairman of the Primary Care Group of the European Respiratory Society (ERS), Committee member of the European Lung Foundation (ELF), and a member of the American Thoracic Society Nursing Assembly long-term Planning and Programme Committees.



Mariadelaide Franchi
Co-Chair, ICC Executive Committee
via Cassia, 605 - 00189 Roma, Italy
Tel. +39 06 33253020
Fax + 39 06 33259798
Mobile +39 335 5487098
E mail: franchima@tin.it

Mariadelaide Franchi is the Co-Chair of the International COPD Coalition (ICC) Executive Committee, and since 2001 has served as President of the Italian COPD Patients Association. She has been a member of the Italian Working Group for the establishment of national guidelines for COPD prevention and care (Agenzia per i Servizi Sanitari Regionali-ASSR, 2007), and a member of the National

Coordinating Committee of Chronic Patients' Associations (2000). She is also an honorary member of and COPD consultant to EFA, and was named Honorary President of Federasma in 2000.

With facility in Italian, French, English, and Spanish, Ms. Franchi has authored articles in both Italian and English, and has spoken at a variety of international and national medical conferences where she has represented the COPD patient's point of view. She edits *Il Gabbiano*, the newsletter of A.S.M.A., and *FOCUS BPCO*, the newsletter of the Italian COPD Patients Association.



Professor Peter Frith, MB BS, FRACP, FCCP
Department of Respiratory Medicine
Repatriation General Hospital
Daws Road, Daw Park SA 5041 Australia
Email: peter.frith@rgh.sa.gov.au
Phone: +61 8 8275 1738

Peter Frith is a Professor of Respiratory Medicine at Flinders University of South Australia and the Head of Respiratory Services for Repatriation General Hospital and the Adelaide Health Service. He is a respected senior respiratory physician with research interests and clinical experience that overlap – COPD and other chronic lung diseases, pulmonary rehabilitation, integrated care of chronic conditions, diagnosis and management guidelines for COPD and pulmonary rehabilitation, and mental health effects and management in COPD.

His early research career at McMaster University related to validation of challenge tests for asthma. More recently his research has been collaborative, including several current National Health and Medical Research Council Project Grants relating to home oxygen therapy and drug therapies for dyspnea. He has been Lead Investigator on several studies evaluating diagnostic screening tools for COPD. He is national Chairman of the Australian Lung Foundation's COPD Program and Australia's representative on the International COPD Coalition and the Global Education Council for Chronic Respiratory Disease.

He has authored over 100 peer-reviewed scientific publications, has recently completed a second edition of a comprehensive evidence-based Manual for Pulmonary Rehabilitation, and has taken a lead role in the development of the Australian and New Zealand COPD Management Guidelines ("COPD-X"). He sits on COPD Advisory Committees for several pharmaceutical companies and advisor to government and other organisations on chronic respiratory disease. He is a keen contributor to education and training of general practitioners and physician trainees as well as nurses, and has a core role in developing and evaluating better ways of integrating the care of people with chronic and complex conditions between community and hospitals.



Yuma Hoshino, MD, PhD
Kyoto University, Japan
Email: yuma@kuhp.kyoto-u.ac.jp

Yuma Hoshino is a chest physician and holds degrees in medicine from Kyoto University (M.D. in 1993 and Ph.D. in 2002). His research focuses on smoke-related pulmonary disorders. Following a residency and clinical/research fellowship in Kyoto, he studied at McGill University, Montreal, as a postdoctoral fellow from 2002 to 2004. Since then he has been engaged in clinical and basic research on COPD at Kyoto University as an Assistant Professor (2005-2008) and a Lecturer (2008-present.) From 2005-2008 he was also involved in translational research at Kyoto University to develop a novel drug for ARDS/ALI and interstitial pneumonia.



Suzanne S. Hurd, Ph.D.
PO Box 65278, Vancouver, Washington 98665
Email: Hurd1839@comcast.net

Suzanne S. Hurd served as Director, Division of Lung Diseases, National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health (NIH) until her retirement in December 1999. She currently serves as Scientific Director for the Global Initiative for Asthma (GINA) and Global Initiative for Chronic Obstructive Lung Disease (GOLD).

Dr. Hurd received her Ph.D. degree in biochemistry from the University of Washington, Seattle, Washington, and worked in the biochemistry department, University of California, Berkeley, California, prior to joining the NIH in 1969. At NIH, Dr. Hurd served in several positions within the Division of Lung Diseases; she was named Director in 1984. She served as the Acting Director, National Institute on Nursing Research in 1995 and Director, Women's Health Initiative, NHLBI, 1997-1999.

Dr. Hurd received a number of awards from the NIH and the Department of Health and Human Services and has been recognized for her work in research in respiratory diseases by the American Academy of Allergy, Asthma and Immunology, the American Thoracic Society, and the American College of Chest Physicians.



María Victorina López Varela, MD
University of Montevideo and Hospital Maciel, Uruguay

María Victorina López Varela is a Professor of Pulmonary Function at the University of Montevideo, Uruguay. Her research, which focuses on COPD, smoking cessation, pulmonary function, and pulmonary rehabilitation, has been published in national and international journals. She is the Principal Investigator in Uruguay of the PLATINO Project, which focuses on the epidemiology of COPD in five Latin-American Cities: PLATINO.

Dr. López Varela has served on the guidelines committees of the Global Initiative for Chronic Obstructive Lung Disease (GOLD), the Sociedad Española de Medicina Respiratoria (SEPAR), and the Asociación Latinoamericana del Torax (ALAT). She is a member of several respiratory societies, including the European Respiratory Society and the American Thoracic Society. She has been active in

ALAT, serving as Director of the COPD Department from 2004-2006; Treasurer from 2006-2008; and President-Elect since 2008. She has also served as President of the Sociedad de Neumología y Enfermedades del Tórax del Uruguay.



Eva Mantzouranis, MD, PhD
World Health Organization
Email: mantzouranise@who.int

Dr. Mantzouranis currently serves as the World Health Organization (WHO) Medical Officer responsible for Chronic Respiratory Diseases. She is an Associate Professor of Pediatrics at the University of Crete, and Director of the pediatric Division of Allergy, Immunology, and Respiratory Diseases. Her academic career has included positions at the Universities of Athens and Crete, and at Harvard University in Boston, Massachusetts, USA. She has been the Director of Allergy, Immunology, and Respiratory Diseases in the Department of Pediatrics at Boston City Hospital and currently holds this position at University Hospital in Crete. In addition to teaching, Dr. Mantzouranis cares for patients with respiratory, allergic, and immunologic diseases, and conducts basic and clinical research.

She has given many lectures at national and international conferences and written scientific articles and book chapters on respiratory disease-related topics. She served as the Medical Officer for Respiratory Diseases at WHO in the period before the launch of GARD, in spring 2006, and has now returned to WHO to take on that position again.



Dr. Yousser Mohammad
Co-Chair, ICC Executive Committee
P.O.Box:1479, Lattakia — SYRIA
Mobile: 963933755240
Email: mohamyou@scs-net.org

Dr. Yousser Mohammad is the Co-Chair of the International COPD Coalition (ICC) Executive Committee and a Professor of Chest Diseases at Tishreen University in Lattakia, Syria. She was trained at the Université de Montpellier in France and in 2000 was a visiting professor at Wayne State University in Detroit, Michigan. She also serves as a WHO Consultant in Non-Communicable Diseases.

She is a co-founder of the National Group of Education for COPD and Asthma in Syria. This group's activities are focused on improving communication between patients and health care providers, and include educational meetings for the community and its institutions and activities celebrating World Asthma Day, World No Tobacco Day, and World COPD Day.

Dr. Mohammad's research activity has been patient centered. For example, she and her students have investigated the danger of smoking Narguileh in women and children, and conducted surveys on the current state of asthma and COPD patient education.



Svein Erik Myrseth
Norway

Svein Erik Myrseth is 69 years old. He attended Air Defence Artillery Officers School and served some years in the Royal Norwegian Air Force. After retiring from the military he returned to school for training in sales and marketing, and worked with several pharmaceutical companies. He has suffered from severe asthma for more than 40 years, and when the asthma restricted his working ability he studied pedagogic and special education at Østfold University College and Lillehammer University College and worked as a teacher. Since he retired 20 years ago, he has been working with patient organizations both nationally and internationally. Securing patients' rights to diagnosis, treatment, and rehabilitation has been the aim of his work. Svein E. has been married to Liv for 47 years, has 10 grandchildren and 2 great grandchildren.



David Price, MD
UK

David Price completed his medical degree at Cambridge University in 1984 and his general practitioner training in Norwich in 1989. Between 1990 and 2000, he worked as a principal in general practice in Norwich, and he continues to work there as a GP with a special interest in respiratory disease. David Price is currently the General Practice Airways Group Professor of Primary Care Respiratory Medicine at the University of Aberdeen, Scotland, a Visiting Fellow at the University of East Anglia, and Affiliate Associate Professor in the Department of General Practice at the University of Adelaide, Australia.

David Price is extensively involved in respiratory and allergy education and research. His special areas of interest are screening, 'real-life' effectiveness and cost-effectiveness of interventions, compliance, and patient attitudes to their disease. He has authored over 160 peer-reviewed publications since 2000 and is currently responsible for research grants in excess of \$20 million. Professor Price currently heads the research committee of the International Primary Care Respiratory Group, and is a member of the executive committees for the ARIA and EPOS guidelines groups.



Marianella Salpatas
European Federation of Allergy and Airways Diseases Patients Association (EFA)

Marianella Salpatas is Acting President of the European Federation of Allergy and Airways Diseases Patients Association (EFA). Ms. Salpatas works on methods of improving communication with COPD patients include telephone help lines, distribution of written information, Websites, awareness campaigns, and specific surveys.

Her work is founded on the idea that partnerships are paramount, and there is a need to form effective alliances with health institutions, scientific societies (for specialists, general practitioners, nurses, respiratory therapists, and other health care professionals), and other patient organizations.



Jochen Scheld, PhD
ICC Coordinator and Editor

Jochen Scheld is 44 years old, a German national living in Switzerland. His scientific background is in chemistry, in which he holds a PhD from the University of Regensburg, Germany. He started his professional career in the pharmaceutical industry. Having worked in different functions (sales, marketing, communication) in the respiratory area for more than 10 years, culminating with a position as a manager in global respiratory marketing for Novartis at the company's headquarters in Basel, Switzerland, he started his own business as a consultant in marketing/communication, four years ago. Given his knowledge in the respiratory field, especially asthma and COPD, he works for GOLD, GARD, the US COPD Coalition, and the ICC on various projects.



Otto Spranger, JD, MD
Austrian Lung Union
Altgasse 8-10, 1130 Vienna, Austria
Tel.: +43 676 62 64 001
E-Mail: spranger@bscc.at

A native of Vienna, Austria, Otto Spranger holds degrees in law and medicine from the University of Vienna. He is the Director of Communication Consultancy Ltd., and for the past 11 years has been Managing Director of the Austrian Lung Union, one of the largest patient organisations in Austria. He is also President of the Center of Patient Organisations in Vienna, a member of the Board and Treasurer of the European Federation of Allergy and Airways Diseases Patients Associations (since 2001), and a member of the Viennese Ethics Committee.



Bart Thoonen, MD
Netherlands
Email: b.thoonen@elg.umcn.nl

Bart Thoonen is a Dutch family physician with a special interest in asthma and COPD. In 2002 he wrote a thesis about self-management of asthma among patients in general practice. Findings from his research have been translated to practice in the form of tools for patients and implementation guidelines and workshops for professionals. Subsequently he has participated in research and publications on asthma and COPD in general practice, with specific topics including diagnosing asthma and COPD, disease management, and self-management of asthma and COPD.

Currently he is coordinator of an education program for GPs with a special interest in asthma/COPD, and works as staff-teacher in the department of postgraduate training for general practice. His areas of interest are asthma and COPD education, medical education and e-learning.

Bart Thoonen is member of the board of the Dutch GP expert group on asthma and COPD, and advises on Website content for the Dutch National Asthma Foundation.



Giovanni Viegi, MD
Italy
Email: giovanni.viegi@ibim.cnr.it

Giovanni Viegi is the Director of the CNR Institute of Biomedicine and Molecular Immunology (IBIM) in Palermo, Italy. He also serves as Scientific Head of the Pulmonary Environmental Epidemiology Unit of the CNR Institute of Clinical Physiology (IFC) in Pisa, and a Contract Professor on the Faculty of Environmental Sciences at the University of Pisa. Educated at the University of Pisa, Dr. Viegi has training in pneumology and occupational medicine.

He is a member of the Executive Committee and Vice-President of the Italian Society of Respiratory Medicine (SIMeR), and a member of the GARD Planning Group. His current research includes coordinating the Italian government-funded research project "Respiratory allergic diseases: Monitoring study of GINA and ARIA guidelines (ARGA)," and participating in several EU-funded

projects: "Indicators for monitoring COPD and asthma in the EU (IMCAII)"; "Co-ordination action on indoor air quality and health effects (ENVIE)"; "Genomics to combat resistance against antibiotics in community-acquired lower respiratory tract infections in Europe (GRACE)"; "Geriatric study in Europe on health effects of air quality in nursing homes (GERIE)"; "For a better understanding of COPD exacerbations (COST B29)"; and "Interventions on health effects of health environment (HESEINT)".



John W. Walsh
COPD Foundation

John W. Walsh is the Co-founder and President of the COPD Foundation, a not-for-profit organization dedicated to developing and supporting programs which improve the quality of life through research, education, early diagnosis and enhanced therapy for persons whose lives are impacted by chronic obstructive pulmonary disease. He is also the Co-founder of the Alpha-1 Foundation (a research organization) and AlphaNet, Inc. (a unique not-for-profit disease management services company run by and for patients). He is a member of the NIH Director's Council of Public Representatives and is a member of the US COPD Coalition Executive Committee, past Chair of the International COPD Coalition (2006-2008), past Chair (2005-2006) of the National Health Council's Board of Directors, past Chair and a member of the American Thoracic Society Public Advisory Roundtable (PAR), was the Presidential Appointee (2004-2005) of the American Thoracic Society's Board of Directors, and

is a trustee of the Foundation of the American Thoracic Society. He regularly testifies before Congress and advisory groups as a patient advocate. Mr. Walsh was diagnosed with Alpha-1 genetic-related COPD in 1989.



Jean-Pierre Zellweger, MD
International Union against Tuberculosis and Lung Disease (*The Union*)

Jean-Pierre Zellweger is a Swiss chest physician, and has been involved for many years in smoking cessation and in training physicians in counseling and other interventions with smokers. He participated in the editing of the Swiss clinical Guidelines for smoking cessation. As a member of the International Union against Tuberculosis and Lung Disease (*The Union*), he was involved in the preparation of a consensus document on smoking counseling for patients with tuberculosis.



Nanshan Zhong, MD, FCCP, FRCP (Ireland), FHKMA, Hon MD (Edin), FRCS (Edin)
Professor of Medicine, Guangzhou Medical College
President, Chinese Medical Association

Guangzhou Medical College Professor Nanshan Zhong is the Head of Guangzhou Institute of Respiratory Diseases, President of the Chinese Medical Association, a Medical Consultant on Chronic Respiratory Diseases to the WHO, Chairman of the Guangdong Society of Scientific Technology, and a member of the Chinese Academy of Engineering. He received his medical degree from Beijing University Medical School, and later studied at Edinburgh University and London University as a fellow scholar, researching hyperoxia and hypoxia and their impacts on pulmonary blood circulation.

For most of his career, Professor Zhong has been working in the fields of clinical practice, teaching, and scientific research related to respiratory. He developed an easy method of determining airway responsiveness with histamine to be used in epidemiological asthma surveys, documented the concept of latent asthma, established the technique for synchronized dynamic monitoring of diaphragmatic function under progressively increased submaximal exercise, and invented a patented instrument for assessment of diaphragmatic function. His laboratory at the Guangzhou Institute of Respiratory Diseases conducts research on acute emergent respiratory infection, asthma, COPD, and lung cancer. One of his important research interests is the electric frequency ablation of intratracheal tumors. Over the course of his career, Professor Zhong has completed more than 20 national or provincial research projects, some of which have been recognized with distinguished awards from the Chinese state. He has published more than 70 papers in leading medical and respiratory journals worldwide His books include *An English-Chinese-Japanese Illustrative Medical Dictionary* and *Asthma: from benchtop to bedside*.