

CHEST 2023

HONOLULU | OCTOBER 8-11

Hawaii

Aloha!



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Schedule at a Glance

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Dining and Sightseeing
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Cultivating 'Ohana: Meet
Our Community Partners

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VACCINE, ADJUVANTED)

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BIOMÉRIEUX

TAKE A BREATH. JOIN OUR LEARNING THEATER.



Molecular Diagnostics and PCT for Pneumonia and Antimicrobial Stewardship in the ICU

Featuring **Tufik Assad, MD, MSCI**

Learning Theater 3
Tuesday, October 10
11:45 am – 12:30 pm

Visit Booth 1139

This is a non-CME event and does not qualify for CME or CE, or MOC credit. This event is not part of the official CHEST Annual Meeting 2023 conference sessions. This event is not endorsed by CHEST and does not reflect the views or opinions of CHEST.

PIONEERING DIAGNOSTICS

Welcome to *Hawaii* and CHEST 2023!

ALOHA, AND WELCOME TO CHEST 2023 IN

Honolulu! I am thrilled to be here with all of you to experience the unique educational programming CHEST 2023 has to offer in pulmonary, critical care, and sleep medicine.

Aloha holds much more meaning than “hello” and “goodbye.” It literally translates to “presence” (alo) and “breath” (ha). There couldn’t be a more fitting place for CHEST 2023 than Hawai‘i, where the life-affirming presence of breath is celebrated in every greeting.

The stunning island setting is just one reason you’re here. The real draw is the outstanding educational and scientific programming. With more than 300 educational sessions in the program, there are multiple ways to increase your knowledge and mastery of skills that directly translate to your clinical practice.

As Chair of the Scientific Program Committee, my goal in planning this year’s meeting was to address key clinical issues and controversies with a multidisciplinary approach so that we hear from as many different voices as possible. That includes voices from different parts of the country, from different parts of the world, from different medical disciplines, and from different parts of the care

team. Education sessions include not only pulmonary, critical care, and sleep physicians, but also chest medicine providers across the spectrum—from thoracic surgeons, cardiologists, and pathologists to radiologists, respiratory therapists, and nurse practitioners—a true multidisciplinary team.

The number of abstracts submitted for CHEST 2023 was more than double the number submitted in previous years, and the level of science is phenomenal. The abstracts are being presented in multiple formats, including rapid-fire pods in the Exhibit Hall, where several abstracts on similar topics will be presented, as well as oral presentation sessions and posters.

The education CHEST is known for has been integrated into our unique island setting to give attendees an immersive cultural experience. Some sessions and events utilize outdoor spaces, while others weave native Hawaiian traditions and wellness practices into the program. One example is the CHEST After Hours special event at 3 PM Tuesday that will feature personal storytelling by chest physicians.

The art and culture of storytelling has been a Hawaiian tradition for generations, and our presence on this beautiful island gives us an opportunity to celebrate this native form of communication. From patients to practitioners and everyone in between, our individual stories give us a chance to connect through our commonalities and reflect on our differences.

We’re so glad you’re here. Thank you for joining us for what will be an outstanding experience filled with education, community, and connection. 🌺



Aneesa Das, MD, FCCP

Chair, CHEST 2023 Scientific Program Committee



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Catching Up With CHEST President Doreen J. Addrizzo-Harris, MD, FCCP

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Get to Know the CHEST Challenge Championship Finalists

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Island Adventures

Two Honolulu-based CHEST members offer their personal recommendations to help you make the most of your free time in Hawai'i.

46

Cultivating 'Ohana

Representatives from the Waianae Coast Comprehensive Health Center, Hawai'i LGBT Legacy Foundation, and Kōkua Kalihi Valley have been invited to CHEST 2023 to highlight their work and discuss their successful community intervention strategies.

50

Better Patient Outcomes in 5 Minutes

The First 5 Minutes® program helps clinicians improve their empathetic listening skills to establish trust in the first 5 minutes of a patient interaction.

53

Bridging the Diagnosis Gap in ILD

The Bridging Specialties™ program brings together pulmonologists and primary care physicians to improve awareness and decrease time-to-diagnosis of interstitial lung diseases.

CHEST 2023 *Hawaii*

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All information is correct as of September 12, 2023. Schedule and maps are subject to change. Check the CHEST Events app for updates.

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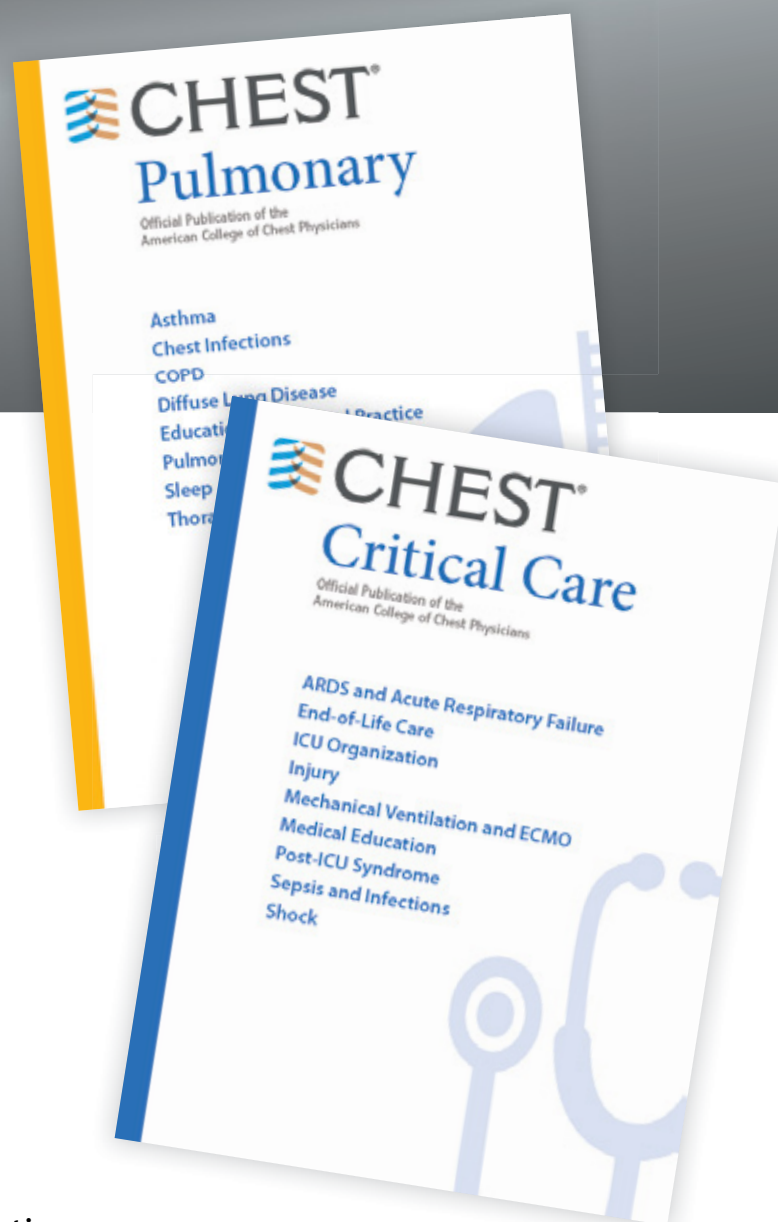
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**Learn More
& Submit**

REGISTRATION

Hawai'i Convention Center, Level 1

Friday, October 6	3 PM – 5 PM
Saturday, October 7	6 AM – 5 PM
Sunday, October 8	6 AM – 5 PM
Monday, October 9	6 AM – 4 PM
Tuesday, October 10	6:45 AM – 2:45 PM
Wednesday, October 11	6:45 AM – 1 PM

Hilton Hawaiian Village

Friday, October 6	3 PM – 8 PM
Saturday, October 7	6 AM – 6 PM
Sunday, October 8	5:30 AM – 7 PM

HELP DESK

Got questions? The CHEST Help Desk is located on Level 3 of the Hawai'i Convention Center.

Saturday, October 7	7 AM – 2:30 PM
Sunday, October 8	6:30 AM – 3 PM
Monday, October 9	6:45 AM – 4:30 PM
Tuesday, October 10	6:45 AM – 3:15 PM
Wednesday, October 11	6:45 AM – 1 PM

EXHIBIT HALL HOURS

Hawai'i Convention Center, Level 1

Monday, October 9	9:30 AM – 3:30 PM
Tuesday, October 10	9:30 AM – 2 PM
Wednesday, October 11	9:30 AM – 1 PM

Meeting

CHEST 2023 brings you the most up-to-date education in pulmonary, sleep, and critical care medicine through simulation sessions, original research presentations, interactive games, and so much more.

ON DEMAND PASS

Add an On Demand Pass to your meeting registration to catch up on sessions you miss in Honolulu. This \$75 pass grants you access to session slides with audio voice-over for a year after the meeting. Purchase the pass at the registration desk on Level 1 of the Hawai'i Convention Center until 1 PM Wednesday. *CME will not be provided for on-demand content.*

MEETING NEWS

Scan the QR code to visit chestdailynews.chestnet.org for the latest meeting news, including exclusive session coverage. The news site will be updated multiple times a day throughout the meeting, with additional post-meeting coverage continuing through late November.



CHEST 2023
by the
Numbers

344
CME-ELIGIBLE
SESSIONS

544
LEARNING
OPPORTUNITIES

704
EXPERT
FACULTY

4,400+
CHEST MEDICINE
PROFESSIONALS
IN ATTENDANCE

27
HOURS OF CME
AVAILABLE

3,906
ABSTRACTS AND CASE
REPORTS BEING
PRESENTED

25
SIMULATION
COURSES

59
AWARDS AND GRANTS
DISTRIBUTED

Basics

CME/CE/COA CLAIMING INSTRUCTIONS

The online evaluation system to claim CME/CE credit for CHEST 2023 will open at 12 PM CT on Wednesday, October 11, 2023. **You must complete the evaluation process and claim your credit by Thursday, February 8, 2024, at 11:59 PM CT.**

For more details, scan the QR code at right to visit the CHEST 2023 CME Information web page.



CERTIFICATES OF ATTENDANCE

If you need to obtain a certificate of attendance (COA) for your participation in CHEST 2023, visit the Help Desk, located outside Room 301A on Level 3 of the Hawai'i Convention Center. They will be able to assist you in printing a copy at designated kiosks. Your certificate and transcript can be viewed at any time under Claimed Activities on the Manage CME page in your CHEST account.

QUESTIONS? GET SUPPORT

The CHEST Help Team is available to connect with you to address your questions, comments, and concerns. Visit the Help Desk on site, or contact us via email or phone:

helpteam@chestnet.org | +1 (224) 521-9800

JOIN THE CONVERSATION ON SOCIAL MEDIA

What sessions are you enjoying? Who have you run into in the hallways? Share the fun you're having at CHEST 2023 on social media, and get the latest updates from CHEST and other attendees. Follow #CHEST2023 to stay in the loop.

 @accpchest |  @accpchest

 @accpchest

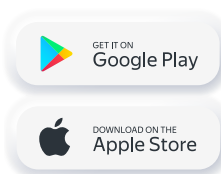
 American College of Chest Physicians



DOWNLOAD THE CHEST 2023 APP

Plan your schedule and ensure you don't miss key CHEST 2023 sessions with the CHEST Events app. The app is your best source of information to ensure that you maximize your experience at the meeting.

- Browse the entire educational program to build your personal schedule and bookmark sessions or speakers.
- Peruse detailed maps of the Hawai'i Convention Center, the Exhibit Hall, and the Hilton Hawaiian Village so that you can easily get wherever you're going.
- Find details on special events, how to claim CME credit, and on-site resources.
- Access a listing of exhibitors, and see where you can find companies in the Exhibit Hall.
- Be the first to know about important announcements and updates from CHEST.



Continued on next page ➔

CHEST 2023 Wellness Zone

Relax and rejuvenate at our exclusive CHEST 2023 Wellness Zone.

Designed to provide a respite amid the bustling meeting, the Wellness Zone will offer soothing massages, a healthy food demonstration, and mindful meditation sessions. A team of expert practitioners will ensure you leave feeling refreshed and energized. This year, we're excited to welcome nutritionist and fitness expert Andrea Metcalf, a best-selling author and speaker who's been featured on *The Today Show*, Oprah.com, and *HuffPost*.

Wellness Zone activities are primarily located in the Pā Kalihi Courtyard (outside Room 301), but some sessions may take place in nearby areas.

"I'm truly excited about the Wellness Zone, where people can really indulge and learn about traditional Hawaiian wellness practices and how they can apply them to their own lives."

Aneesa Das, MD, FCCP
Chair, CHEST 2023 Scientific
Program Committee



Wellness Zone Schedule

SUNDAY, October 8

Hours: 7 AM – 2 PM

Some sessions may take place outside these times

- | | |
|---------------------|--|
| 6:15 AM – 6:45 AM | Workout Tai Chi Morning Stretch |
| 9:15 AM – 9:45 AM | Lecture Eat This, Not That: Decoding Diet Trends and Healthy Eating |
| 11:45 AM – 12:15 PM | Food Demo Juicing vs Smoothies |
| 2 PM – 2:30 PM | Workout Sound Bath Healing Meditation |

MONDAY, October 9

Hours: 7 AM – 4:30 PM

Some sessions may take place outside these times

- | | |
|-------------------|--|
| 6:15 AM – 6:45 AM | Workout Beach Dance Party |
| 11:30 AM – 12 PM | Lecture Incorporating Meditation Into Your Daily Habits |
| 12:30 PM – 1 PM | Food Demo It's All Greek to Me |
| 2:15 PM – 2:45 PM | Workout Tai Chi Energizing Stretch Break |

TUESDAY, October 10

Hours: 7 AM – 3 PM

Some sessions may take place outside these times

- | | |
|---------------------|---|
| 6:15 AM – 6:45 AM | Workout Tai Chi Morning Stretch |
| 9:45 AM – 10:15 AM | Lecture How to Increase Flexibility and Reduce Joint Pain |
| 11:45 AM – 12:15 PM | Lecture Healthy Habits: Nutrition, Exercise, and Stress Reduction Tips for Achieving Work-Life Balance |
| 12:45 PM – 1:15 PM | Food Demo Smart Snacking |
| 2:45 PM – 3:15 PM | Workout Sound Bath Healing Meditation |

WEDNESDAY, October 11

Hours: 7 AM – 2:30 PM

Some sessions may take place outside these times

- | | |
|--------------------|--|
| 6:15 AM – 6:45 AM | Workout Beach Dance Party |
| 9:45 AM – 10:15 AM | Lecture Mindful Living: Simple Strategies to Eat Healthier, Stretch Often, and Enjoy Life |

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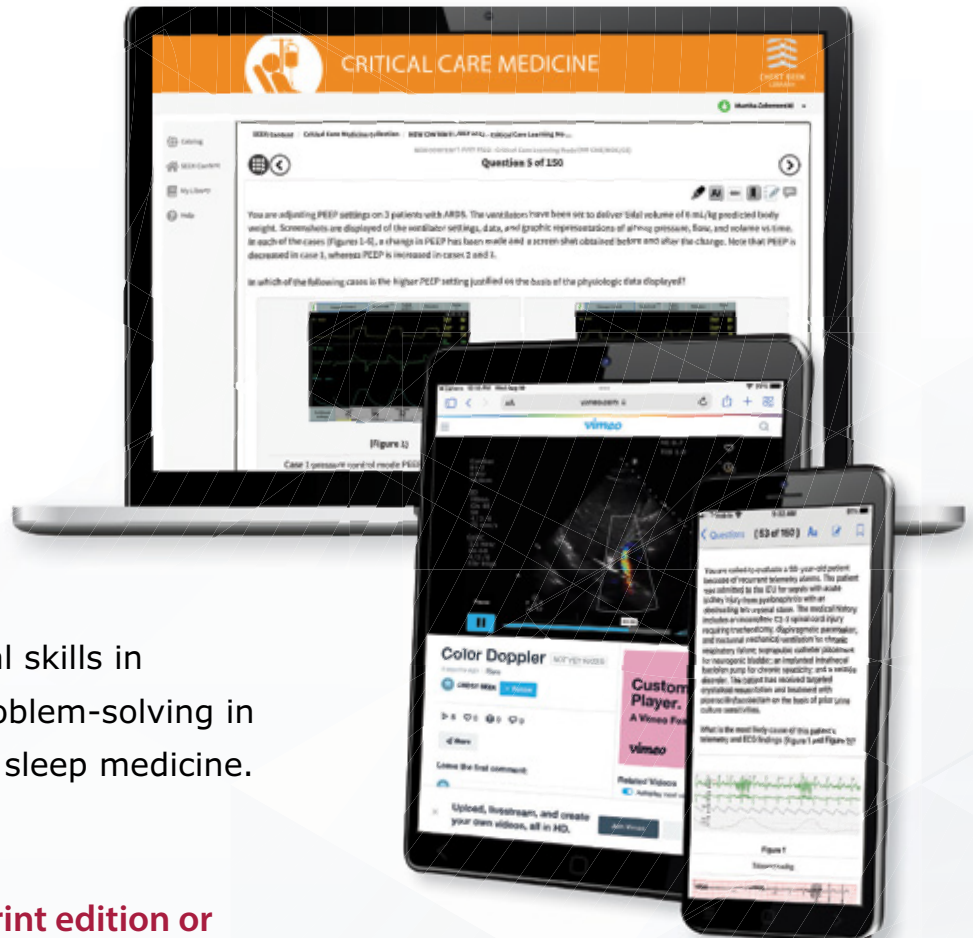


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Schedule at a Glance

SUNDAY, October 8

Meeting Hours	7 AM – 5:15 PM
Opening Session & Keynote Address	3:15 PM – 5:15 PM
Welcome Reception	5:15 PM – 8 PM

Sponsored by Viatris and Theravance Biopharma



MONDAY, October 9

Meeting Hours	7:15 AM – 4 PM
Exhibit Hall	9:30 AM – 3:30 PM
Women in Chest Medicine Luncheon	12:45 PM – 2:15 PM
Networks Mixer	4 PM – 5 PM

TUESDAY, October 10

Meeting Hours	7:15 AM – 2:45 PM
Exhibit Hall	9:30 AM – 2 PM
CHEST After Hours	3 PM – 5 PM
'Ohana Mixer	6 PM – 7 PM
CHEST Challenge Championship	7:30 PM – 8:45 PM

WEDNESDAY, October 11

Meeting Hours	7:15 AM – 2 PM
Exhibit Hall	9:30 AM – 1 PM

“CHEST 2023 provides not just opportunities to learn facts, nuances, or new methods in your discipline but a chance to interact on a personal level with providers from around the globe and master clinicians who are not always available to us in person.”

Amy E. Morris, MD, FCCP
Chair, CHEST Education Committee



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16 Wednesday Schedule



Photo by Vernon Brown

Room	7 AM – 8 AM	8 AM – 8:15 AM	8:15 AM – 9:15 AM	9:15 AM – 9:30 AM	9:30 AM – 10:30 AM	10:30 AM – 10:45 AM
310			Practice-Changing Research in Critical Care – Presented by the <i>CHEST</i> ® Journal		Critical Care Year in Review – I	
311	All That Wheezes Is Not Asthma: A Case-Based Approach		Sarcoidosis: Diagnosing and Managing Pulmonary, Endobronchial, and Cardiac Manifestations		Nuances of Patient Inhaler Device Use: Hands-on, Video Case-Based Learning	
312	Case Studies in Difficult Airway Management		Initiating Long-Term Home Noninvasive Ventilation in the ICU		Treatment of Cystic Fibrosis in the Age of CFTR Modulators	
313A	Telomeres and Interstitial Lung Disease: What Do We Need to Know?		Oncological Critical Care		Use of Telemedicine for Asthma and COPD Self-Management Among Underserved Populations	
313B			Management of Nonmalignant Pleural Effusion		Digging Into PAP Download Data: A Case-Based Session	
313C	My Patient Has Pulmonary Hypertension: What's Next?		Updates in Pediatric Pulmonology: Year in Review (Asthma, Sleep, CF, Muscular Dystrophies/SMA)		Women and Lung Disease: Sex-Distinct Care	
314	Sleep Medicine Year in Review: Update on Respiratory Sleep Disorders 2023		Shifting to Hawai'i: Jet Lag, Shift Workers, and Sleep for Health Care Providers		From Home Ventilation to Ambulatory Critical Care: Changing Paradigms in Chronic Respiratory Failure	
315	Eosinophilic Lung Diseases: Current Knowledge and Future Directions		SMART Therapy and Allergy Immunotherapy in GINA/EPR-4 Guidelines for Asthma Control: Pros and Cons		Tracheostomy in the ICU: From Beginning to End	
316B	Difficult Titrations: Working With Technologists in Between Science and Art		Rare Air: High Altitude Pathophysiology, Syndromes, Transport, and Management		Controversies in Cardiac Resuscitation Management: An Interactive Case-Based Discussion	
316C	The Intersection Between End-of-Life Care, Professional Burnout, and Team Engagement in Critical Care		Beyond the Individual: Team Cognition in Critical Care: An APCCMPD and CHEST Clinicians Educator Forum		Getting Beyond 'Read More': A Faculty Development Workshop on Narrative Assessment – An APCCMPD and CHEST Clinicians Educator Forum	
317A	This Is Our Lane: The Necessity of the Clinician Voice in Advocacy		Lung Cancer Screening, Diagnosis and Staging		Occupational and Environmental Lung: Challenges of High-Risk Occupations	
317B	Integration of APPs in the ICU: A Pro-Con Debate on APP Nonclinical Roles		New Insights Into Management of Obstructive Lung Disease		New Diagnostic Tools and Treatments in OSA in Adults and Children	
320	Heart Failure With Preserved Ejection Fraction: A New Pandemic That Is Staying Forever		Controversies in Fluid and Pressor Use in Critically Ill Patients		Lung Cancer in 2023: Shining a Light on Enduring Disparities	
322AB	Problem-Based Learning 2023: Case-Based Radiology Series on ILD – An Interactive Session		Problem-Based Learning 2023: Difficult Interstitial Lung Disease Cases		Problem-Based Learning 2023: Nonresolving Pneumonia	
323A	Multidisciplinary Management of Mediastinal Masses		Insights into Shock		Medications and Therapies in the ICU	
323B	Challenges in Management of Obstetric Emergencies in the Critical Care Setting		Chest Infections COVID 19: Adding Salt to the Wound		Diffuse Lung Disease: Emerging Biomarkers and Assessment Tools	
323C	Thomas L. Petty, MD, Master FCCP Endowed Memorial Lecture: COPD: A New Diagnostic Paradigm		Presidential Honor Lecture: Bronchiectasis: A Resurgent Disease		Novel Insights into Diagnosis of Pulmonary Hypertension	
324	What's New in Non-CF Bronchiectasis and NTM Lung Disease – A World Bronchiectasis Session		Hot Topics in Treatment of Central Sleep Apnea		Advances in Diagnosis and Treatment of Tuberculosis Disease	
Kalākau Ballroom	Sessions highlighted in YELLOW require additional registration. Inquire at CHEST Registration for details.				SIMULATION EBUS-Based Mediastinal Anatomy – Nodes, Vessels, and Landmarks	
			8:45 AM – 10:45 AM SIMULATION Bronchoscopic Evaluation and Management of Persistent Air Leaks			
					9:30 AM – 11:30 AM SIMULATION Who Needs Sedation Anyway? – Patient-Ventilator Dyssynchrony Advanced Critical Care Echocardiography ECMO: When to Start, When to Stop, and Everything in Between	
					9:45 AM – 11:45 AM SIMULATION Ultrasonography to Facilitate Vascular Access, Thoracentesis, Chest Tube Placement, and Paracentesis	
	7 AM – 8 AM	8 AM – 9 AM	9 AM – 10 AM	10 AM – 11 AM		

OCTOBER 8-11 **11**

Room	7:15 AM – 8:15 AM				8:30 AM – 9:30 AM				9:30 AM – 10:30 AM				10:30 AM – 11:30 AM							
310	Preventing Complications in ICU Airway Management												From Intubation to Extubation: A Review of the Most Recent Literature							
311	Status Asthmaticus From the ED to the ICU: A Choose Your Own Adventure Case-Based Review				Biologics in Airway Disorders: Emerging Data								Debates and Controversies in Cardiogenic Shock: What to Do With the Current Evidence?							
312	Herding Cats: Running Effective Rounds in the ICU				Severe ARDS: State-of-the-Art Management Strategies								Mock Multidisciplinary Discussion in Interstitial Lung Diseases: To Biopsy or Not							
313A	In the Age of Recalls, How Do I Manage These Other Devices?				And Sleep for All: Developing Effective Telesleep Across the United States															
313B	Margaret Pfrommer Endowed Memorial Lecture in Home-Based Mechanical Ventilation: Sleep-Disordered Breathing After Spinal Cord Injury				Best of CHEST® Journal: Chest Infections – Sex, Hearts, and NETs								Murray Kornfeld Memorial Founders Lecture: Inflammation: Shared Highways Leading to a Similar Destination							
313C	Diagnostic Challenges in OSA				Pneumothorax: Updates in Incidence, Management, and Treatment Options								Innovative Imaging Techniques for Interstitial Lung Diseases							
314	How to Handle the Com-PLEX-ity of Antibodies in Lung Transplantation				Insomnia! What to Do if You Do Not Have a Sleep Psychologist Available: A Case-Based Approach								POCUS Controversies in the ICU							
315	Cardiopulmonary Exercise Testing Pearls: Case-Based Interactive Session				Pardon the Interruption 2023: Controversies in Critical Care Tournament of Champions								Are the Viruses Taking Over Lower Respiratory Tract Infections?							
316B	Debates on the Management of Massive Pulmonary Embolism: Cracking the Clot				Beyond Survival: Approaches to Optimize Critical Illness Recovery								ICU Management of Patients With Obstructive Lung Disease							
316C	Teaching Strategies for Supervising Bedside Procedures: Beyond “See One, Do One, Teach One”				Caught in the Cavity: Challenging Cases of Cavitary Lung Disease								Air Pollution and Health: From Tailpipes and Smokestacks to Our Patients and Communities							
317A	Clean Air & Climate Advocacy for the Busy Clinician				Asthma and Allergy								Lung Cancer Treatments							
317B	Achieving Health Equity in Lung Cancer Screening				Teaching Methods After the Pandemic: Must Convert, Don’t Revert								Pulmonary Physiology: Exercise Testing in the 21st Century							
320	Advanced Topics in Nonrespiratory Critical Care: A Rapid-Fire Session				Pulmonary Vascular and Right Heart Imaging								Updates in Pleural Disease for 2023							
322AB	Problem-Based Learning 2023: Mastering Biologics in Asthma				Meet the Professor 2023: Thoracic Surgery Interactive Cases – Assessing the Borderline Patient and Sublobar Resection								Problem-Based Learning 2023: Advanced Positive Pressure Therapies and Noninvasive Ventilation							
323A	The Window Is Open: Multidisciplinary Considerations in Lung Cancer				Mechanical Ventilation: Beyond the Basics								Equitable Resource Allocation in COPD and Asthma							
323B	Endemic Fungal Infections: State-of-the-Art Diagnosis and Treatment				Diffuse Lung Disease: Medications – Is It the Problem or the Solution?								Remove That Blockage: Restoring Flow of Air or Blood							
323C	ATS/CHEST Session: Advances in Bronchiectasis 2023				Women as Leaders in Chest Medicine: Journeys and Stories Along the Way								Organizing Pneumonia: A CHEST-Fleischner Society Session							
324	Asthma, COPD, and Non-CF Bronchiectasis: A Breathtaking Review – Canadian Thoracic Society				Canadian Thoracic Society Honorary Lecture: Helping Kids Live Their Best Lives Using Respiratory Technology								Furthering Our Understanding of Post PE Dyspnea and NIV in Neuromuscular Disease – Canadian Thoracic Society							
Kalākau Ballroom	SIMULATION Chest Tube Placement and Management				SIMULATION Tunneled Indwelling Pleural Catheter: Placement, Management and Complications								SIMULATION EBUS-Based Mediastinal Anatomy – Nodes, Vessels, and Landmarks							
	7:15 AM – 9:15 AM SIMULATION Thoracic and Diaphragmatic Ultrasound for the Pulmonary Consultant								9:45 AM – 11:45 AM SIMULATION Transesophageal Echocardiography for the Intensivist											
					8:30 AM – 10:30 AM SIMULATION Who Needs Sedation Anyway? – Patient-Ventilator Dyssynchrony Cardiopulmonary Exercise Testing With Focus on Test Performance and Interpretation HiFi ICU Sim: Applying Airway, Ultrasound, and Mechanical Ventilation Skills to the Unstable Patient															
									9:30 AM– 11:30 AM SIMULATION The Bronchoscopy Grand Slam: Critical Skills and Complication Management Techniques											
Level 1	Sessions highlighted in YELLOW require additional registration. Inquire at CHEST Registration for details.								EXHIBIT HALL OPEN											
	7:15 AM – 8 AM				8 AM – 9 AM				9 AM – 10 AM				10 AM – 11 AM				11 AM – 12 PM			

“



The poster sessions often are where the future of pulmonary and critical care medicine is found, and I love going and seeing young faces and interacting with people in the sessions who are often attending their first-ever conference. Being an ambassador to pull those people into the fold [of the CHEST organization] often happens at the poster sessions.”

Gabriel T. Bosslet, MD, FCCP
Vice-Chair, CHEST 2023
Scientific Program Committee

11:30 AM – 1 PM	1 PM – 2 PM	2 PM – 3 PM	3 PM – 4 PM	Room
	Approach to CTD-ILD and IPAF: The Rheumatologist, Radiologist, and Pathologist Perspectives		Personalized Approach to Managing COPD: A 2023 Update	310
	Continuous Renal Replacement Therapy: A Primer for the Intensivist		Case-Based Ventilator Graphics: Using Graphics to Optimize Patient Management	311
	Sepsis Evidence Gaps and How to Overcome Them in Practice		Rapid-Fire: Clinical Challenges of Patients With HAP and VAP	312
	Whole Lot of Trachin’ Going on: Management of Post-Tracheostomy Complications		HIGH and LOW: A Deep Dive Into Barometric Pulmonary Physiology	313A
	Edward C. Rosenow III, MD, Master FCCP/ Master Teacher Endowed Honor Lecture: Stir It Up and Make It Stick! A Decade of Experiential Learning at CHEST		Behind the CHEST Transfusion in the ICU Guideline: Unmasking the Rhythm of Transfusion in the ICU, Decoding the Enigma of Red Cells and Platelets!	313B
	Chronic Cough: Symptom or Disease?		A Breath of Fresh Air: Bronchoscopic Interventions for Patients With COPD	313C
	PAP Adherence: Gaps and Opportunities		Home Rehabilitation, Health Coaching, and Remote Patient Monitoring: Implementation and Billing	314
	Advanced COPD Comprehensive Care: Denervation to Rehab		Evaluation and Management of Neuromuscular Respiratory Failure in the ICU	315
	Applicability of the New ESC/ERS PAH Guidelines in the US: A Pro-Con Debate		Women’s Sleep Health: An Update on Sleep Disorders in Women	316B
	Cardiac Waveforms in the ICU		Beyond Cystic Fibrosis: What Adult Pulmonologists Need to Know About Pediatric Lung Disease	316C
	Unusual Manifestations of Unusual Diseases		Care of the Transgender Patient: From Terminology to Clinics to ICUs	317A
	Lung Cancer: Rare Malignancies Presenting in the Lung		Pulmonary Critical Care APP Fellowship Programs	317B
	Maximizing Oxygen Efficacy in the Ambulatory Setting		Team up on Tumor Board	320
				322AB
	Extra-pulmonary and Extra-ordinary Infections		Critical Updates in Pediatric Sleep-Disordered Breathing	323A
	Broken Hearts		The Changing Landscape of Medical Education and the Power and Pitfalls of Using Social Media	323B
	Interstitial Lung Abnormality: A CHEST-Fleischner Society Session		Interactive Radiology Session: Case-Based Interpretations of Chest CT Scans	323C
	Pro/Con Debate: Biologics Should be Used for All Patients Requiring ICS – Canadian Thoracic Society		AABIP: Spotlight on Nodules: Unraveling the Future of Detection and Tracking With Radiomics and Beyond	324
	SIMULATION Bronchoscopic Management of Bleeding		SIMULATION Airway Foreign Body Management	
	1 PM – 2:30 PM SIMULATION Bronchoscopy-Assisted Percutaneous Tracheostomy Placement and Troubleshooting			
	1 PM – 3 PM SIMULATION So You’ve Intubated the Patient, Now What? – Initial and Subsequent Management of Mechanical Ventilation ECMO: When to Start, When to Stop, and Everything in Between Nightmares on Airway Street: Taking the Horror out of Airway Challenges			
		2 PM – 4 PM SIMULATION Echo for the Rapid Assessment of Hemodynamic Failure Ultrasonography to Facilitate Vascular Access, Thoracentesis, Chest Tube Placement, and Paracentesis		
Rapid-Fire Oral and Poster Research Presentations, Learning Theater Presentations, CHEST Educational Games, and More				Level 1
12 PM – 1 PM	1 PM – 2 PM	2 PM – 3 PM	3 PM – 4 PM	

	7:15 AM – 8:15 AM				8:30 AM – 9:30 AM				9:30 AM – 10:30 AM				10:30 AM – 11:30 AM							
Room																				
310	A Systematic Approach to Undifferentiated Shock: From POCUS to PACs!																			
311	Beyond Smoking: Identifying Those With Lung Cancer Risk				Rapid-Fire Topics in Lung Cancer and Pulmonary Procedures								Network Open Forum: Sleep Medicine Network							
312	Lung Pathology Review for Board Exams AND for Daily Practice				Interstitial Lung Disease after Surviving COVID-19: An Update for 2023								Network Open Forum: Thoracic Oncology and Chest Procedures Network							
313A	Preventing Opportunistic Infections in Immuno-compromised Hosts: Is It Even Possible?				Controversies in the Care of Patients With Severe CAP								Network Open Forum: Critical Care Network							
313B	Best of CHEST® Journal: Diffuse Lung Disease				Mark J. Rosen, MD, Master FCCP Endowed Memorial Lecture: Gamification in Medical Education: Why and How?								Late-Breaking Developments in the Management of Obstructive Lung Disease Late-Breaking Original Investigations							
313C	An Innovative, Highly Interactive Discussion of Intermediate-Risk Pulmonary Embolism				What's the Volume Status? – Pragmatic Methods for Hemodynamic Assessment of Fluid Tolerance								Network Open Forum: Diffuse Lung Disease and Lung Transplant Network							
314	How Fit is Fit? Optimizing Fitness Prior to Transplantation				Pulmonary Hypertension and the Methamphetamines Pandemic: Impact, Approach, and Addiction								Network Open Forum: Pulmonary Vascular and Cardiovascular Network							
315	Richard S. Irwin, MD, Master FCCP Honor Lecture: Lung Cancer – The Evolution and Changing Presentations of a Modern Disease				Pardon the Interruption 2023: Controversies in Asthma								Network Open Forum: Airways Disorders Network							
316B	Diffuse Lung Disease I Clinical Case Puzzlers				Diffuse Lung Disease II Clinical Case Puzzlers								Network Open Forum: Chest Infections and Disaster Response Network							
316C	Key Clinical Steps in Transitioning Patients With Chronic Hypercapnia to Home Mechanical Ventilation				Right Heart Failure: Keeping the Right Heart Right								Vasoactive Therapies in Refractory Septic Shock							
317A	CHEST Policy & Advocacy Forum				Bugs and Drugs in the ICU								Fierce Feedback: The Art of Giving Feedback in Difficult Situations							
317B	Drinking From the Fire Hose: Leading in an ICU				The Pleura: One Enigmatic Space, Multiple Riveting Diagnoses															
320	Asthma 2023: A Multidisciplinary Update				Update in Nonrespiratory Sleep Medicine: A Case-Based Approach								Right Patient, Right Settings: Targeted Strategies for Managing NIV in COPD, OHS, and NMD							
322AB	Problem-Based Learning 2023: Submassive Pulmonary Embolism Right Heart Failure				Meet the Professor 2023: Obesity Hypoventilation								Meet the Professor 2023: Battling Bronchiectasis Exacerbations							
323A	The Interprofessional Case for Compassion at the End of Life in the ICU				Pathology: A Diagnostic Key								Fungal and Mycobacterial Infection: When Its TB and Not TB							
323B	Instituting Change in Your Program: Leadership and Change Management for Clinicians and Educators				Not all Lung Problems Start Within the Lungs								Pleural Effusions							
323C					Lung Physiology Challenges								Lessons in Imaging from COVID 19							
324	AABIP: Picture Perfect: Mastering the Art of Imaging in the Bronchoscopy Suite				AABIP: Blueprint for Brilliance: Crafting a Future-Proof Pulmonary Procedure Service								An ICU Without Nurses: Whose Problem Is It?							
Ala Wai Terrace	Traditional Hawaiian and Evidence-based Wellness Practice for Sleep																			
Kaliakau Ballroom	SIMULATION EBUS-Based Mediastinal Anatomy – Nodes, Vessels, and Landmarks				8:30 AM – 10 AM SIMULATION Bronchoscopy-Assisted Percutaneous Tracheostomy Placement and Troubleshooting															
	7:15 AM – 9:15 AM SIMULATION Advanced Critical Care Echocardiography More Airway Nightmares: Taking the Horror out of Airway Challenges								9:45 AM – 11:45 AM SIMULATION Ultrasonography to Facilitate Vascular Access, Thoracentesis, Chest Tube Placement, and Paracentesis Thoracic and Diaphragmatic Ultrasound for the Pulmonary Consultant Maximize Your View: Expert Skills in Laryngoscopy											
	7:30 AM – 9:30 AM SIMULATION ECMO: When to Start, When to Stop, and Everything in Between																			
					8:30 AM – 10:30 AM SIMULATION So You've Intubated the Patient, Now What? – Initial and Subsequent Management of Mechanical Ventilation Comprehensive Endobronchial Ultrasound and Transbronchial Needle Aspiration (EBUS-TBNA)															
	Sessions highlighted in YELLOW require additional registration. Inquire at CHEST Registration for details.																			
Level 1																				
	7:15 AM – 8 AM				8 AM – 9 AM				9 AM – 10 AM				10 AM – 11 AM				11 AM – 12 PM			

11:30 AM – 1:45 PM

1:45 PM – 2:45 PM

“

I love that there's a cadence that varies at the meeting. CHEST Challenge is a loud, very interactive, high-energy sort of event. And then CHEST After Hours is much more intimate, feels very personal—a quieter but still powerful event. There are different ways to network and meet people with shared interests.”



Subani Chandra, MD, FCCP

Chair, CHEST Training & Transitions Committee

Cutting to the Heart of Sepsis: Cardiac Dysfunction in Sepsis and Septic Shock

Future Directions in Pulmonary Fibrosis

POCUS Cross Fire Debate: Clinically Relevant Controversies in Point-of-Care Ultrasound

Treatment Alternatives to CPAP for OSA

Medical Transport of Critically Ill Patients: A Road Less Traveled

Deep in the Heart of Sleep: New Opportunities to Fix Things

It's Just Heart Surgery: What Could Possibly Go Wrong?

Conducting Lung Cancer Screening in Your Community: Building and Maintaining a Sustainable Program

Pulmonary Infections Clinical Case Puzzlers

Evidence-Based ECMO: Advancing Support Beyond Historical Data

Nurturing Growth: Fostering Success in Trainees

Severity and Outcomes of Disease in Pulmonary Vascular Disease

The ABCs of E-COPD: A Deeper Look at Eosinophilic COPD

Robotic Revolution: The Changing Landscape of Bronchoscopy

Cannabis and Tobacco: Behind the Smoke Screen

Outcomes and Opportunities: Lung Transplantation

AABIP: The Minimally Invasive Movement: Are Less Invasive Tools Dethroning Rigid Bronchoscopy

SIMULATION

Bronchoscopic Management of Bleeding
Chest Tube Placement and Management

1 PM – 2:30 PM SIMULATION

Maybe We Don't Have to Intubate: High-Flow Nasal Cannula Oxygen Therapy and Noninvasive Ventilation for Acute Respiratory Failure

12:45 PM – 2:45 PM SIMULATION

Echo for the Rapid Assessment of Hemodynamic Failure
Can't Intubate, Can't Oxygenate: EGA and Cricothyrotomy for the Failed Airway

310

311

312

313A

313B

313C

314

315

316B

316C

317A

317B

320

322AB

323A

323B

323C

324

Aia Wai
Terrace

Kalakaua Ballroom

Level
1

Room

Tuesday Evening Events

'Ohana Mixer

Hilton Hawaiian Village,
South Pacific 1-2

6 PM – 7 PM



CHEST Challenge Championship

Hilton Hawaiian Village,
Coral Ballroom

7:30 PM – 8:45 PM



EXHIBIT HALL OPEN

12 PM – 1 PM

1 PM – 2 PM

2 PM – 3 PM

Room	7:15 AM – 8:15 AM	8:30 AM – 9:30 AM	9:30 AM – 10:30 AM	10:30 AM – 11:30 AM	11:30 AM – 1 PM	1 PM – 2 PM
310	Advanced Ventilator Management: Where Technology Meets Physiology	Critical Care Cardiology: Creating an Interdisciplinary Collaborative Network – A CHEST and the American College of Cardiology's Critical Care Cardiology Section		Interstitial Lung Abnormalities: When Are They Incidental? When Are They Interstitial Lung Disease?		
311	Challenges and Innovations to Improving Care for Rural Patients With Interstitial Lung Disease	Controversies in Mechanical Ventilator Liberation		Hands-on Training on Airway Clearance Techniques and Devices		Debunking Myths in Pleural Diseases
312	Emerging Special Pathogens in 2023: What All Providers Should Know	Current Controversies in Pulmonary Function Test Interpretation		Hospital-Acquired Sepsis: Should I Be Worried?		Hiding in Plain Sight: Cystic Fibrosis Diagnosis in Minorities and Adults
313A	Pain, Agitation and Delirium in the ICU: Prevention and Management	Preoperative Pulmonary Hypertension Shark Tank: An Interactive Experience		The Peripheral Lung Nodule: Where Are We Now?		Cardiac Valvular Urgencies in the ICU
313B	Practice Changing Research in Asthma and COPD – Presented by CHEST® Journal	Pasquale Ciglia Memorial Lecture in Interventional Medicine: Tissue Is the Issue: Where Do We Stand and How Do We Improve?		Distinguished Scientist Honor Lecture in Cardiopulmonary Physiology: Flow of Progress in Pulmonary Hypertension: From Pathologic Descriptors to Understanding Complex Mechanisms		Localized Lung Lesions: Beyond Malignancy
313C	The National Board of Echocardiography Certification in Advanced Critical Care Echocardiography	Stuck on Suction! The Dilemma of the Persistent Air Leak		What Medical Intensivists Need to Know About Trauma		Pulmonary and Sleep Manifestation of Neuromuscular Disease: Management, Transitions, and Acute Illness
314	Follow-up After Acute Pulmonary Embolism and the SEARCH Algorithm: A Rapid-Fire Discussion	New Horizons in Disorders of Central Hypersomnia: Updates on Diagnosis and Management				Critical Care Challenges in the Patient With Morbid Obesity
315	Pardon the Interruption 2023: Controversies in Interventional Pulmonology	Bronchoscopic Ablation of Peripheral Lung Tumors: A Pro-Con Debate		Changing the Course of the Vaping Epidemic Through Advocacy		
316B	Update in Neurocritical Care	Big Data in Sepsis: From Epidemiology to Diagnosis		Pulmonary Complications of Liver Disease		Lung Transplantation: What's New and on the Horizon
316C	Pleural Diseases Clinical Case Puzzlers	Sarcoidosis: Advanced-Level Care		Pulmonary Malignancies Clinical Case Puzzlers		Pulmonary Vascular Disease Clinical Case Puzzlers
317A	Challenges Faced by Education Faculty	Critical Complications of Treatment		Complicating My Heart: Unusual Cardiac Complications		
317B	Cardiothoracic Surgery: Cutting Edge	Lung Cancer: Interesting Lung Cancer Presentations		Systemic Diseases: Consequent or Subsequent Lung Involvement		
320	Good to Great: Changing the Practice of Respiratory Care	Asthma Across the Life Span				
322AB	Problem-Based Learning 2023: Lung Cancer Screening and Staging – Do's and Don't's	Problem-Based Learning 2023: Managing the Crashing Patient in the ICU Using the Latest Guidelines		Problem-Based Learning 2023: Using CPET to Solve Your Difficult Cases		
323A	Advancements in ECMO	Novel Pleural and Bronchoscopic Techniques		Curious and Special Case Reports in Pulmonary Vascular Disease		
323B	Personalized Medicine in Obstructive Lung Disease	Inflammation and Immunity in Cardiovascular Disease		Conflict Resolution and Preventing No-Win Communication in the ICU: The Kobayashi Maru		
323C	Sleep, Breathing, and the Heart	Pioneering Pathways to Improve Quality		Artificial Intelligence in Pulmonary and Critical Care: A Pro-Con Debate		
Level 1	Sessions highlighted in YELLOW require additional registration. Inquire at CHEST Registration for details.		EXHIBIT HALL OPEN			
	7:15 AM – 8 AM	8 AM – 9 AM	9 AM – 10 AM	10 AM – 11 AM	11 AM – 12 PM	12 PM – 1 PM
						1 PM – 2 PM



Keep your knowledge and skill set up to date with our expert-led continuing medical education courses. Get all the relevant updates, plus the irreplaceable benefits of hands-on instruction and practice.

2023 COURSES

CHEST Global Headquarters | Glenview, IL

- | | |
|-----------------------|--|
| NOV 17 | Comprehensive Pleural Procedures With Cadavers |
| NOV 18 | Advanced Airway Management With Cadavers |
| NOV 30 - DEC 1 | Ultrasonography: Essentials in Critical Care |
| DEC 7 - 8 | Extracorporeal Support for Respiratory and Cardiac Failure in Adults |
| NOV 28, DEC 5, 12, 14 | Critical Care Echocardiography Exam (CCEeXAM)
Board Review |



Register Today

NAVIGATING THE HAWAI'I CONVENTION CENTER

Registration & Exhibit Hall

Level 1



Incorporating Robotics into the Lung Cancer Space

ETHICON
Johnson & Johnson SURGICAL TECHNOLOGIES

Wednesday, October 11 | 9:45 - 10:30 | Live in Theatre 3

When detecting and treating lung cancer, time is of the essence. In this program, Dr. Justin Thomas, from Eisenhower Health, will discuss how he has incorporated the MONARCH™ Platform in the role of lung cancer diagnosis. Dr. Balaji Laxmanan, from J&J's Interventional Oncology team will then share progress in intratumoral therapy focused research using robotically assisted devices.

SPEAKERS



Justin Thomas, MD

Medical Director, Eisenhower Pulmonary,
Critical Care and Sleep Clinic
Director Bronchoscopy
Eisenhower Health



Dr. Balaji Laxmanan, MD, DAABIP

Senior Director, Clinical Development
Interventional Oncology
Johnson & Johnson

This is a non-CME event and does not qualify for CME, CE, or MOC credit. This event is not part of the official CHEST Annual Meeting 2023 conference sessions. This event is not an endorsement by CHEST and does not reflect the views or opinions of CHEST.

Indications for Use

The MONARCH™ Bronchoscope and the MONARCH™ Platform and its accessories are intended to provide bronchoscopic visualization of and access to patient airways for diagnostic and therapeutic procedures.

Important Safety Information

Complications from bronchoscopy may include breathing difficulty, vocal cord spasm, hoarseness, slight fever, vomiting, dizziness, bronchial spasm, infection, low blood oxygen, bleeding from biopsied site, or an allergic reaction to medications. More serious complications from bronchoscopy may include collapsed lung, respiratory failure, hemorrhage, burns, heart attack or cardiac arrhythmia.



NAVIGATING THE HAWAI'I CONVENTION CENTER

Session Rooms

Level 3





Kalākaua Ballroom & Rooftop Garden

Level 4



Class of 2023

FCCP Initiates



PURSUIT OF THE FELLOW OF THE AMERICAN

College of Chest Physicians (FCCP) designation demonstrates excellence in chest medicine and symbolizes commitment as a leader at the forefront of clinical chest medicine. In 2023, CHEST awarded a total of 123 FCCPs, representing 15 countries and 35 of the 50 United States.

Congratulations to those CHEST members who obtained the FCCP designation over the last year. They will be recognized at the CHEST 2023 Opening Session on Sunday, October 8, at 3:15 PM. Please join us in recognizing this year's initiates.

Adebayo Adeyinka, MD, FCCP
Albert Albay, MD, FCCP
Majdi Al Dliw, MD, FCCP
Syed Aleem, MBBS, DNB, FCCP
Muhammad Ali, MD, FCCP
Jaber Alqahtani, RT, MSc, FCCP
Abdulrahman Alshaya, PharmD, FCCP
Khaled Al-Zawaidi, MBBS, FCCP
Bashar Alzghoul, MD, FCCP
Martin Miguel Amor, MD, FCCP
Suneesh Anand, MD, FCCP
Siddharth Anand, MD, FCCP
Venkata Ravi Kumar Angirekula, MD, FCCP
Rodolfo Estrada Anzueto, MD, FCCP
Waqas Aslam, MD, FCCP
Hussein Assallum, MD, FCCP
Ridhwan Baba, MD, FCCP
Craig Backous, DO, FCCP
Seth Baker, MD, MPH, FCCP
Bathmapriya Balakrishnan, MD, FCCP
John Bishara, DO, FCCP
Lawrence Bistrong, MD, FCCP
Ng Boon Hau, MBBS, FCCP
Vaibhav Bora, MBBS, FCCP
Bhuvn Buddhdev, MD, FCCP

Casey Cable, MD, MSc, FCCP
Sean Callahan, MD, FCCP
Ronald Collier, MD, FCCP
Vikram Chabra, DO, FCCP
Neha Dangayach, MD, FCCP
Timothy Dempsey, MD, MPH, FCCP
Tejas Deshpande, MD, FCCP
Neranjana Dissanayake, MD, FCCP
Kathleen Doo, MD, FCCP
Nino Jessielito Doydora, MD, FCCP
Initha Elangovan, MD, FCCP
Alberto Fantin, MD, FCCP
Arjan Flora, MD, FCCP
Craig Fryman, MD, FCCP
Fernando Fuentes, MD, FCCP
Khalid Gafoor, DO, FCCP
Alice Gallo De Moraes, MD, FCCP
Subramanya Shyam Ganti, MD, FCCP
Jacqueline Geer, MD, FCCP
Gifty George, MD, FCCP
Amit Gohil, MBChB, FCCP
Kulothungan Gunasekaran, MD, FCCP

Ibrahim Hamdy El Sayed Feteih, MSc, FCCP
Garrett Harp, MD, FCCP
Muhammad Hayat Syed, MD, FCCP
Jared Intaphan, MD, FCCP
Rahul Jalan, MD, DNB, FCCP
Amber Jones, DO, MPH, FCCP
Alexandros Kalkanis, MD, FCCP
Muhammad Khawar, MD, FCCP
Aditya Kotecha, MD, FCCP
Prathik Krishnan, MD, FCCP
Sapan Kumar, MD, FCCP
Phyo Kyaw, MD, FCCP
Gonzalo Labarca Trucios, MD, FCCP
Charles Lanks, MD, FCCP
Alejandra Lastra, MD, FCCP
Chiou Perng Lee, MD, FCCP
Rachel Leonard, MD, FCCP
Hung-I Liao, MD, FCCP
Jeffrey Macaraeg, MD, FCCP
Christina MacRosty, DO, FCCP
Ahmed Mahgoub, MD, FCCP
Priyanka Makkar, MD, FCCP
Matthew Maslonka, MD, FCCP
John McClain, MD, FCCP
Michelle McLean, APRN-BC, FCCP
Vishisht Mehta, MBBS, FCCP
Kathryn Miley, DNP, FNP-BC, FCCP
Ivana Milojevic, MD, FCCP
Navin Mishra, MD, MPH, FCCP
Sreelatha Naik, MD, FCCP
Avinash Nair, MBBS, FCCP
Vivencio Navarro Jr., APRN-BC, FCCP
Yihenew Negatu, MD, FCCP
Ogugua Obi, MD, MSc, FCCP
Sahil Pandya, MD, FCCP
Ramakanth Pata, MD, FCCP
Sarang Patil, MD, FCCP
George Philip, MD, FCCP
Oleksandr Pistun, MD, FCCP

Rebecca Priebe, ACNP, FCCP
Aniket Rali, MD, FCCP
Sabarinath Ravichandar, MBBS, FCCP
Cedric "Jamie" Rutland, MD, FCCP
Rommel Sagana, MD, FCCP
Tamer Said Ahmed, MD, FCCP
Reza Samad, MD, FCCP
Lilit Sargsyan, MD, FCCP
Soumitra Sen, MD, FCCP
Aman Sethi, MD, FCCP
Varun Shah, MD, FCCP
Nafis Shamsid-Deen, MD, FCCP
Kiran Sharma, MBBS, FCCP
Pralhad Sharma, MD, FCCP
Muhammad Asim Siddique, MD, FCCP
Atif Siddiqui, MD, FCCP
Inderjit Singh, MD, FCCP
Sheryll Soriano, MD, FCCP
Robert Stewart, MD, FCCP
Kim Styrvoky, MD, FCCP
Rakeshkumar Subramanian, MD, FCCP
Dante Suffredini, MD, FCCP
Umer Ahmed Syed, MD, FCCP
Niroshan Thiruchelvam, MD, FCCP
Braghadheeswar Thyagarajan, MD, FCCP
Lauren Tobias, MD, FCCP
Gabor Varju, MD, FCCP
Ali Warda, MD, FCCP
Andrew Weber, MD, FCCP
Justin Weiner, DO, FCCP
James Williams, MD, FCCP
William Wooten III, FCCP
Natalie Yip, MD, FCCP
Meilin Young, MD, FCCP
Fady Youssef, MD, FCCP
Rajesh Zacharias, MBBS, FCCP
Rafia Zulfikar, MD, FCCP

LEARNING THEATER SESSION:

Reduction of Diagnostic Interventions on Benign Lung Nodules: Results from the Nodify XL2[®] Clinical Utility Study^{*}

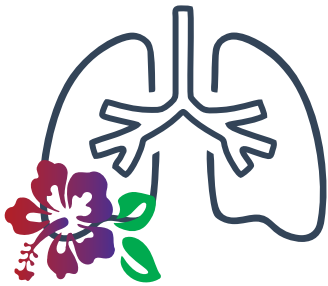
PRESENTED BY:

Michael Pritchett, DO, MPH

Jonathan Kurman, MD, MBA, FCCP

Learning Theater 4

Tuesday October 10th at 1:00 – 1:45 PM HST



FROM THE DATA:

Patients with benign nodules managed with the **Nodify XL2[®]** test were

74% less likely

to undergo an unnecessary invasive procedure compared to the control group in a prospective, real-world clinical utility registry study.^{**}

*This is a non-CME event and does not qualify for CME, CE, or MOC credit. This event is not part of the official CHEST Annual Meeting 2023 conference sessions. This event is not endorsed by CHEST and does not reflect the views or opinions of CHEST.

**Pritchett et al. *PLoS One*. 2023. 18(7) 10.1371/journal.pone.0287409

Honor and Memorial Lectures

RECOGNIZING INDIVIDUALS WHO ARE ADVANCING CHEST MEDICINE

The Honor and Memorial Lectures at CHEST 2023 recognize individuals who are advancing chest medicine, mentorship, training, and more.

Ahead of CHEST 2023, the chest medicine community nominated and selected 11 honorees to deliver lectures on topics including education, critical care, cardiopulmonary physiology, interventional medicine, mechanical ventilation, and COPD. Lectures are spread out over all 4 days of the meeting program, giving attendees the opportunity to hear each of the honorees' unique perspectives. Here's the complete list of this year's honorees and lecture schedule.

SUNDAY, OCTOBER 8

7 AM – 8 AM

Thomas L. Petty, MD, Master FCCP Endowed Memorial Lecture

Barry J. Make, MD, FCCP

COPD: A New Diagnostic Paradigm

Room 323C

The lecture is supported by CHEST and generous donations from our members.



1:30 PM – 2:30 PM

Roger C. Bone Memorial Lecture in Critical Care

Margaret A. Pisani, MD, MPH, FCCP

Honoring Lessons From the ICU: Carrying Forward Patient, Caregiver, and Team Wisdom

Room 323C

The lecture is supported by CHEST and generous donations from our members.



8:15 AM – 9:15 AM

Presidential Honor Lecture

Anne E. O'Donnell, MD, FCCP

Bronchiectasis: A Resurgent Disease

Room 323C



MONDAY, OCTOBER 9

7:15 AM – 8:15 AM

**Margaret Pfrommer Endowed
Memorial Lecture in Home-
Based Mechanical Ventilation**

David Berlowitz, PhD

*Sleep-Disordered Breathing
After Spinal Cord Injury*

Room 313B

*The lecture is jointly supported by CHEST and the
International Ventilator Users Network of Post-Polio
Health International.*



8:30 AM – 9:30 AM

**Canadian Thoracic Society
Honorary Lecture**

Sherri Katz, MD, FCCP

*Helping Kids Live Their Best
Lives Using Respiratory
Technology*

Room 324



10:30 AM – 11:30 AM

**Murray Kornfeld Memorial
Founders Lecture**

**Marilyn K. Glassberg, MD,
FCCP**

*Inflammation: Shared Highways
Leading to a Similar Destination*

Room 313B

*The lecture is supported by CHEST and generous
donations from our members.*



1 PM – 2 PM

**Edward C. Rosenow III, MD,
Master FCCP/Master Teacher
Endowed Honor Lecture**

Septimiu D. Murgu, MD, FCCP
*Stir It Up and Make It Stick! A
Decade of Experiential Learning
at CHEST*

Room 313B

*The lecture is supported by CHEST and generous
donations from our members.*



TUESDAY, OCTOBER 10

7:15 AM – 8:15 AM

**Richard S. Irwin, MD, Master
FCCP Honor Lecture**

Lynn T. Tanoue, MD, FCCP

*Lung Cancer – The Evolution
and Changing Presentations of a
Modern Disease*

Room 315

*The lecture is supported by CHEST and generous
donations from our members.*



8:30 AM – 9:30 AM

**Mark J. Rosen, MD, Master
FCCP Endowed Memorial
Lecture**

William F. Kelly, MD, FCCP

*Gamification in Medical
Education: Why and How?*

Room 313B

*The lecture is supported by CHEST and generous
donations from our members.*



WEDNESDAY, OCTOBER 11

8:30 AM – 9:30 AM

**Pasquale Ciaglia Memorial
Lecture in Interventional
Medicine**

Christine Argento, MD, FCCP

*Tissue Is the Issue: Where
Do We Stand and How Do We
Improve?*

Room 313B

*The lecture is supported by CHEST and generous
donations from our members.*



10:30 AM – 11:30 AM

**Distinguished Scientist Honor
Lecture in Cardiopulmonary
Physiology**

Jean M. Elwing, MD, FCCP

*Flow of Progress in Pulmonary
Hypertension: From Pathologic
Descriptors to Understanding
Complex Mechanisms*

Room 313B

*The lecture is supported by CHEST and generous
donations from our members.*



Understanding the Changing Treatment Landscape of Severe Asthma

This program will focus on the role of epithelial alarmins in the inflammatory cascade of asthma, and connecting clinical characteristics to patients' biomarkers for treatment. Topics include: current challenges in severe asthma management; the pathophysiology of severe asthma; targets for current and emerging treatments; and selecting treatments based on patient phenotypes.

Join Us for a Free CME Lunch Satellite Symposium
Sunday, October 8, 2023 | 12 – 1:15 p.m.
Hawai'i Convention Center | Room 312

FACULTY



Rohit K. Katial, MD, FAAAAI, FAAAAI, FACP
Professor of Medicine
Associate Vice President of Education
Director, Center for Clinical Immunology
Irene J. and Dr. Abraham E. Goldminz, Chair in Immunology and Respiratory Medicine
National Jewish Health | Denver, Colorado



Eileen Wang, MD, MPH
Associate Professor
Division of Allergy & Clinical Immunology
Department of Medicine
National Jewish Health | Denver, Colorado



Michael E. Wechsler, MD, MMSc
Director, The Cohen Family Asthma Institute
Professor of Medicine
Division of Pulmonary, Critical Care, & Sleep Medicine
National Jewish Health | Denver, Colorado



RSVP with QR code or visit
njhealth.org/SevereAsthmaHawaii

Please arrive early for registration and lunch before the program begins.

Visit National Jewish Health Booth #1838 in the exhibit hall.

For questions, contact the Office of Professional Education at National Jewish Health (303.398.1000 or 800.844.2305, ProEd@njhealth.org).

Supported by an educational grant from AstraZeneca Pharmaceuticals.

This symposium is not supported, endorsed, or accredited by the American College of Chest Physicians.

2023 Award Winners

Each year, CHEST recognizes members who are making an impact—through their dedication to the organization, by their contributions to medical research and clinical practice, through their commitment to educating the next generation, and so much more. Join us in recognizing the 2023 award recipients during the Opening Session at 3:15 PM on Sunday, October 8.



MASTER FCCP
John E. Studdard, MD, FCCP



DISTINGUISHED SERVICE AWARD
Victor J. Test, MD, FCCP



COLLEGE MEDALIST AWARD
Steven D. Nathan, MBBCh, FCCP



EARLY CAREER CLINICIAN EDUCATOR
Viren Kaul, MD, FCCP



MASTER CLINICIAN EDUCATOR
Christopher L. Carroll, MD, FCCP



ALFRED SOFFER AWARD FOR EDITORIAL EXCELLENCE
Laura Riordan, MS



PRESIDENTIAL CITATION
Scott Manaker, MD, PhD, FCCP



Prepare to serve your critical care patients with new levels of mastery.



**Register
Today**

Extracorporeal Support for Respiratory and Cardiac Failure in Adults

December 7-8

Gain the skills to identify, initiate, manage, and liberate patients from extracorporeal membrane oxygenation (ECMO) for severe respiratory and cardiac failure. During this 2-day course, our experts will guide you through:

- patient selection,
- ECMO circuit troubleshooting,
- complex management principles for patients supported by ECMO, and
- cannulation for VV (veno-venous)- and VA (veno-arterial)-ECMO.

CHEST Awards \$300,000 in Grants to Researchers and Community Volunteers

Each year, CHEST offers grants to research candidates, community service volunteers, and distinguished scholars. More than 1,000 recipients worldwide have received more than \$12 million in support and recognition of outstanding contributions to chest medicine.

This year, CHEST awarded \$300,000 in clinical research and community impact grants to 14 individuals. Grant recipients are recognized for their scientifically meritorious achievements, with rigorous metrics to track their projects' progress, and have innovative, novel approaches to addressing their research topic. CHEST grants have made a difference in patients' lives by leading to breakthroughs in the treatment and/or management of chest diseases and patient care. Congratulations to this year's grant winners.

CHEST Research Grant in Pulmonary Medicine

Aravind Menon, MD, Medical University of South Carolina, Charleston, SC

Evaluating the Role of Sex Hormones in Pulmonary Fibrosis

This grant is supported by CHEST and generous donations from our members.

CHEST Research Grant in Women's Lung Health Disparities

Chien-Ching Li, PhD, MPH, Rush University, Chicago, IL

Development and Testing of a Culturally and Linguistically Tailored Educational Materials on Environmental Smoke and Lung Cancer Risk for Chinese American Women

This grant is jointly supported by CHEST and the Respiratory Health Association.

CHEST Research Grant in Chronic Obstructive Pulmonary Disease

Natalia Smirnova, MD, Emory University, Atlanta, GA

End-of-Life Care Decisions and Quality in COPD: A Mixed-Methods Study
This grant is supported by AstraZeneca LP.

CHEST and AASM Foundation Research Grant in Sleep Medicine

Tetyana Kendzerska, MD, PhD, University of Ottawa, Ottawa, ON, Canada

Utility of Inpatient Assessment for Sleep-Disordered Breathing: A Retrospective Study of Health Administrative Data
This grant is jointly supported by CHEST and the American Academy of Sleep Medicine (AASM) Foundation.

CHEST Research Grant in COVID-19

Claire McGroder, MD, Columbia University Medical Center, New York, NY

Club Cell Dysregulation and COVID-19 Fibrosis

This grant is supported by CHEST and generous donations from our members.

CHEST Research Grant in Pulmonary Fibrosis

David Nagel, MD, PhD, University of Rochester Medical Center, Rochester, NY

Elastin Remodeling Promotes Pulmonary Fibrosis

This grant is supported by an independent grant from Boehringer Ingelheim Pharmaceuticals, Inc, and Genentech, Inc.

CHEST Research Grant in Pulmonary Fibrosis

William Whalen II, MD, Weill Cornell, New York, NY

TOLLIP Single Nucleotide Polymorphism (SNP) and Treatment Effect in Idiopathic Pulmonary Fibrosis (IPF)

This grant is supported by an independent grant from Boehringer Ingelheim Pharmaceuticals, Inc, and Genentech, Inc.

John R. Addrizzo, MD, FCCP, Research Grant in Sarcoidosis

Ali Mustafa, MD, Johns Hopkins Hospital, Baltimore, MD

Air Pollution in Sarcoidosis

This grant is in honor of John R. Addrizzo, MD, FCCP, and is jointly supported by the Addrizzo family and CHEST.

CHEST Young Investigator Grant

Elias Pratt, MD, Duke University, Durham, NC

Preventing Failed Extubations Cohort Study (PreFix Cohort Study)

This grant is supported by CHEST and generous donations from our members.

CHEST Community Impact Grant Honoring D. Robert McCaffree, MD, Master FCCP

Michael Miller, MD, MSc, Brigham and Women's Hospital, Boston, MA

Strengthening Respiratory Disease Diagnosis and Linkage to Care Among Rural Rwandan Mineworkers

This grant is supported by CHEST and generous donations from our members.

CHEST Community Impact Grant Honoring D. Robert McCaffree, MD, Master FCCP

Lenora Fernandez, MD, FCCP, University of the Philippines, Philippine General Hospital, Manila, Philippines

"Vaping Is So Not Cool" Education for Secondary School Students in the Philippines as a Low-Resource Setting Prototype

This grant is supported by CHEST and generous donations from our members.

CHEST Community Impact Grant Honoring D. Robert McCaffree, MD, Master FCCP

Fel Angelie Colon, MD, FCCP, CHEST Philippine Delegation, Iloilo City, Philippines

Youth Medical Chest Ambassadors

This grant is supported by CHEST and generous donations from our members.

CHEST Community Impact Grant Honoring D. Robert McCaffree, MD, Master FCCP

Michael Canarie, MD, Yale School of Medicine, New Haven, CT

Pediatric Critical Care in Resource-Limited Settings

This grant is supported by CHEST and generous donations from our members.

CHEST Community Impact Grant Honoring D. Robert McCaffree, MD, Master FCCP

Asefa Mekonnen, MD, FCCP, Rockville Internal Medicine Group, Rockville, MD

Tuberculosis Awareness Program for African Immigrants in the DMV Area

This grant is supported by CHEST and generous donations from our members.

CHEST/ALA/ATS Respiratory Health Equity Research Award

Stephanie LaBedz, MD, University of Illinois Chicago, Chicago, IL

Determinants of Medication Nonadherence Among Adults With Chronic Obstructive Pulmonary Disease

The Respiratory Health Equity Research Award is jointly supported by the American Lung Association (ALA), the American Thoracic Society (ATS), and CHEST.

CHEST Promotes Diversity in Chest Medicine Through Travel Grants

CHEST is committed to promoting diversity in chest medicine. Through our Diversity Travel Grants, we actively support and encourage the participation, engagement, and professional growth of our diverse and inclusive chest medicine clinician community.

These grants offer clinicians from underrepresented populations who are in training or within the first 5 years of practice complimentary registration to CHEST 2023 and a \$1,500 travel stipend. Congratulations to the winners of this year's diversity travel grants.

2023 DIVERSITY TRAVEL GRANT WINNERS

Olaedo Abana, MD
Christian Almanzar Zorilla
Ifeyanyichukwu Ugochukwu
Anidi, MD
Nancy Bethuel, MD
Idayat Brimah, MBBS
Vesna Buntak, MD
Agustin J. Cabrera
Hugo Carmona, MD
Juan Deleija-Lujano, MD
Landy Diaz, MD
Chidinma Ejikeme, MD
Wigdan Farah, MD
Chanel Fernandez, MD
Alexander Gomez, MD
Julia Graham, MD
Leian Joseph, MD
Ilana Krumm, MD
Salil Kulkarni, MD

Laura Leuenberger, MD
Lorenzo Leys, MD
Alicia Liendo, MD
Latonia Miller, MD
Andres Mora Carpio, MD
Stella Ogake, MD
Ijeoma Orabueze, MD
Mina Pirzadeh, MD
Irene Riestra Guiance, MD
Romy Rodriguez Ortega, MD
Luis Andres Sanchez Ato, MD
Vanessa Soetanto, MD
Meenakshi Sridhar, MD
Javier Torres Berrios, MD
Stephanie Van Decker, MD
Veronica Williams, MD
Aleksandra Yakhkind, MD
Nadia Yimer, MD



Our donors make it possible



Thank you to the many CHEST members who have supported the important work of our grantees by making a donation to support CHEST's philanthropy efforts. Your gifts empower the next generation of chest medicine specialists.

Scan the QR code to make a gift to CHEST philanthropy and inspire the future of medicine.



Catching Up With the **CHEST** President

Doreen J. Addrizzo-Harris, MD, FCCP

CHEST 2023 isn't the first time Doreen J. Addrizzo-Harris, MD, FCCP, has said "aloha" to Hawai'i. She was Vice-Chair of the CHEST Scientific Program Committee in 2011, the last time the annual meeting was held in Honolulu.

"That meeting was phenomenal. I lucked out that we're going back during my term as President," said Dr. Addrizzo-Harris, who will serve as CHEST President through the end of the year. It's a role she has fully embraced.

"My favorite part has been being a spokesperson for an organization that I think is so integral and so amazing for our profession," she said. "I truly enjoy being that person that everybody looks to and asks, 'Why do you love CHEST?'"

The reasons are many—from science and education to philanthropy and advocacy, with myriad reasons in between.

"It's an unbelievable organization, and not just because of the passion of its members," Dr. Addrizzo-Harris said. "It's also the high-quality educational materials that we produce, the

exceptional annual meeting, all of our live learning and online projects, and all of our international outreach."

CHEST has been a big part of Dr. Addrizzo-Harris' professional growth for nearly 30 years. She's the 85th CHEST President and the sixth woman to serve in the role. She has also worked on a number of committees, including the Marketing, Education, and Health and Science Policy committees. She has served on the editorial board for *CHEST Physician*®, led the Professional Standards Committee, and been a member of the Board of Regents and the CHEST Foundation Board of Trustees. Most recently, she served as the President of the CHEST Foundation from 2018 to 2019 and as Co-Chair of the Foundation Awards Committee from 2015 to 2020.



“If you have the energy and the passion to be involved, CHEST is doing so much that there’s a place for everyone.”

Doreen J. Addrizzo-Harris, MD, FCCP
CHEST President

During her year as President, Dr. Addrizzo-Harris prioritized CHEST’s diversity, equity, inclusion, and belonging initiatives. She has also focused on improving advocacy and fostering greater collaboration with CHEST’s international and sister societies.

Dr. Addrizzo-Harris is proud of the respect that CHEST has earned from its peer organizations, she said. This year’s meeting features multisociety symposia with panelists and speakers who bring multidisciplinary perspectives. She will be participating in a joint session on bronchiectasis, her area of expertise, with the American Thoracic Society. Another joint session with the Latin American Thoracic Society will focus on the challenges in managing tuberculosis.

Another focus of her presidency has been developing tools for members to improve their

communication skills, both with patients and each other. One example is the First 5 Minutes® program, which teaches evidence-based skills to establish trust with patients in the first 5 minutes of interactions (see page 50 for more information).

Supporting CHEST’s philanthropic efforts will always be important to Dr. Addrizzo-Harris. A fundraiser that she’s hosting in New York, on May 4, 2024, will benefit CHEST philanthropy and support diversity fellowships and clinical research grants.



Expanding CHEST membership also has been a presidential priority for Dr. Addrizzo-Harris. Part of that outreach includes developing educational tools for advanced practice providers and respiratory therapists who work with chest physicians every day.

“We want them to come and have a place where they can feel at home at the annual meeting,” she said.

Dr. Addrizzo-Harris has made supporting CHEST a priority throughout her career, and she encourages others to do the same.

“If you have the energy and the passion to be involved,” she said, “CHEST is doing so much that there’s a place for everyone.” 🌸



NEW OS DATA



ADAURA study design: Phase III, double-blind, randomized, placebo-controlled trial in 682 patients with completely resected AJCC 7th edition-defined stage IB, II, and IIIA EGFRm (exon 19 deletion or exon 21 L858R mutation) NSCLC with or without adjuvant chemotherapy. Patients were randomized 1:1 to either TAGRISSO (n=339; 80 mg orally, once daily) or placebo (n=343); the planned treatment duration was 3 years or until disease recurrence/unacceptable toxicity.¹

*Secondary endpoint in the ADAURA initial analysis. Primary endpoint in the initial analysis at 2 years was DFS in stage II-IIIa patients. Median DFS was not reached for TAGRISSO (95% CI: 38.8, NE) vs 19.6 months (95% CI: 16.6, 24.5) for placebo (HR=0.17 [95% CI: 0.12, 0.23]; $P<0.0001$).¹ Secondary endpoint in the ADAURA trial with 2 additional years of follow-up. Primary endpoint in the updated analysis was DFS in stage II-IIIa patients; median DFS was 65.8 months for TAGRISSO (95% CI: 54.4, NC) and was 21.9 months (95% CI: 16.6, 27.5) for placebo (HR=0.23 [95% CI: 0.18, 0.30]).² OS in the stage II-IIIa population and in the stage IB-IIIa population was a secondary endpoint in ADAURA. In the stage II-IIIa population, the OS HR was 0.49 (95% CI: 0.33, 0.73); $P<0.001$; n=470. Median OS was not reached in either TAGRISSO or placebo arm.³

INDICATION

- TAGRISSO is indicated as adjuvant therapy after tumor resection in adult patients with non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test

IMPORTANT SAFETY INFORMATION

- There are no contraindications for TAGRISSO
- Interstitial lung disease (ILD)/pneumonitis occurred in 3.8% of the 1479 TAGRISSO-treated patients; 0.3% of cases were fatal. Withhold TAGRISSO and promptly investigate for ILD in patients who present with worsening of respiratory symptoms which may be indicative of ILD (eg, dyspnea, cough and fever). Permanently discontinue TAGRISSO if ILD is confirmed
- Heart rate-corrected QT (QTc) interval prolongation occurs in TAGRISSO-treated patients. Of the 1479 TAGRISSO-treated patients in clinical trials, 0.8% were found to have a QTc >500 msec, and 3.1% of patients had an increase from baseline QTc >60 msec. No QTc-related arrhythmias were reported. Conduct periodic monitoring with ECGs and electrolytes in patients with congenital long QTc syndrome, congestive heart failure, electrolyte abnormalities, or those who are taking medications known to prolong the QTc interval. Permanently discontinue TAGRISSO in patients who develop QTc interval prolongation with signs/symptoms of life-threatening arrhythmia
- Cardiomyopathy occurred in 3% of the 1479 TAGRISSO-treated patients; 0.1% of cardiomyopathy cases were fatal. A decline in left ventricular ejection fraction (LVEF) $\geq 10\%$ from baseline and to <50% LVEF occurred in 3.2% of 1233 patients who had baseline and at least one follow-up LVEF assessment. In the ADAURA study, 1.5% (5/325) of TAGRISSO-treated patients experienced LVEF decreases $\geq 10\%$ from baseline and a drop to <50%. Conduct cardiac monitoring, including assessment of LVEF at baseline and during treatment, in patients with cardiac risk factors. Assess LVEF in patients who develop relevant cardiac signs or symptoms during treatment. For symptomatic congestive heart failure, permanently discontinue TAGRISSO
- Keratitis was reported in 0.7% of 1479 patients treated with TAGRISSO in clinical trials. Promptly refer patients with signs and symptoms suggestive of keratitis (such as eye inflammation, lacrimation, light sensitivity, blurred vision, eye pain and/or red eye) to an ophthalmologist

INITIAL DFS ANALYSIS: In resected stage IB-IIIa, median DFS was not reached (95% CI: NE, NE) for TAGRISSO vs 27.5 months (95% CI: 22.0, 35.0) for placebo; **HR=0.20** (95% CI: 0.15, 0.27); $P<0.0001$; $N=682$.^{1*}

Disease-free survival in resected stage IB-IIIa^{2†}

UPDATED DFS ANALYSIS

>5 years median DFS

65.8 months (95% CI: 61.7, NC) median DFS for TAGRISSO
and **28.1 months** (95% CI: 22.1, 35.0) for placebo

HR=0.27 (95% CI: 0.21, 0.34); $N=682$

- The updated DFS analysis was a prespecified exploratory endpoint and was not powered to show statistical significance

Overall survival in resected stage IB-IIIa^{3‡}

NEW

STATISTICALLY SIGNIFICANT OS

51%
reduced risk of death
vs placebo

HR=0.49 (95% CI: 0.34, 0.70); $P<0.001$; $N=682$

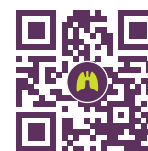
- Median OS was not reached in either TAGRISSO or placebo arm

Give appropriate patients with resected EGFRm NSCLC a chance to live longer

IMPORTANT SAFETY INFORMATION (Cont'd)

- Postmarketing cases consistent with erythema multiforme major (EMM), Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) have been reported in patients receiving TAGRISSO. Withhold TAGRISSO if EMM, SJS, or TEN is suspected and permanently discontinue if confirmed.
- Postmarketing cases of cutaneous vasculitis including leukocytoclastic vasculitis, urticarial vasculitis, and IgA vasculitis have been reported in patients receiving TAGRISSO. Withhold TAGRISSO if cutaneous vasculitis is suspected, evaluate for systemic involvement, and consider dermatology consultation. If no other etiology can be identified, consider permanent discontinuation of TAGRISSO based on severity
- Aplastic anemia has been reported in patients treated with TAGRISSO in clinical trials (0.07% of 1479) and postmarketing. Some cases had a fatal outcome. Inform patients of the signs and symptoms of aplastic anemia including but not limited to, new or persistent fevers, bruising, bleeding, and pallor. If aplastic anemia is suspected, withhold TAGRISSO and obtain a hematology consultation. If aplastic anemia is confirmed, permanently discontinue TAGRISSO. Perform complete blood count with differential before starting TAGRISSO, periodically throughout treatment, and more frequently if indicated
- Verify pregnancy status of females of reproductive potential prior to initiating TAGRISSO. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with TAGRISSO and for 6 weeks after the final dose. Advise males with female partners of reproductive potential to use effective contraception for 4 months after the final dose
- Most common ($\geq 20\%$) adverse reactions, including laboratory abnormalities, were leukopenia, lymphopenia, thrombocytopenia, diarrhea, anemia, rash, musculoskeletal pain, nail toxicity, neutropenia, dry skin, stomatitis, fatigue, and cough

See the groundbreaking data at [TagrissoHCP.com](https://tagrissohcp.com)



AJCC, American Joint Committee on Cancer; CI, confidence interval; DFS, disease-free survival; EGFRm, epidermal growth factor receptor mutation; HR, hazard ratio; L858R, exon 21 leucine 858 arginine substitution; NC, not calculable; NE, not estimable; NSCLC, non-small cell lung cancer; OS, overall survival.

References: 1. TAGRISSO [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2023. 2. Herbst RS, Wu YL, John T, et al. Adjuvant osimertinib for resected EGFR-mutated stage IB-IIIa non-small-cell lung cancer: updated results from the phase III randomized ADAURA trial [published online ahead of print January 31, 2023]. *J Clin Oncol*. doi:10.1200/JCO.22.02186. 3. Tsuboi M, Herbst RS, John T, et al. Overall survival with osimertinib in resected EGFR-mutated NSCLC [published online ahead of print June 4, 2023]. *N Engl J Med*. doi:10.1056/NEJMoa2304594.

You are encouraged to report the negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see Brief Summary of Prescribing Information on adjacent pages.



TAGRISSO® (osimertinib) tablets, for oral use
Brief Summary of Prescribing Information
For complete prescribing information consult official package insert.

INDICATIONS AND USAGE

Adjuvant Treatment of EGFR Mutation-Positive Non-Small Cell Lung Cancer (NSCLC)

TAGRISSO is indicated as adjuvant therapy after tumor resection in adult patients with non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test [see *Dosage and Administration (2.1) in the full Prescribing Information*].

First-line Treatment of EGFR Mutation-Positive Metastatic NSCLC

TAGRISSO is indicated for the first-line treatment of adult patients with metastatic NSCLC whose tumors have EGFR exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test [see *Dosage and Administration (2.1) in the full Prescribing Information*].

Previously Treated EGFR T790M Mutation-Positive Metastatic NSCLC

TAGRISSO is indicated for the treatment of adult patients with metastatic EGFR T790M mutation-positive NSCLC, as detected by an FDA-approved test, whose disease has progressed on or after EGFR tyrosine kinase inhibitor (TKI) therapy [see *Dosage and Administration (2.1) in the full Prescribing Information*].

DOSAGE AND ADMINISTRATION

Patient Selection

Select patients with resectable tumors for the adjuvant treatment of NSCLC with TAGRISSO based on the presence of EGFR exon 19 deletions or exon 21 L858R mutations in tumor specimens [see *Clinical Studies (14) in the full Prescribing Information*].

Select patients for the first-line treatment of metastatic EGFR-positive NSCLC with TAGRISSO based on the presence of EGFR exon 19 deletions or exon 21 L858R mutations in tumor or plasma specimens [see *Clinical Studies (14) in the full Prescribing Information*]. If these mutations are not detected in a plasma specimen, test tumor tissue if feasible.

Select patients for the treatment of metastatic EGFR T790M mutation-positive NSCLC with TAGRISSO following progression on or after EGFR TKI therapy based on the presence of an EGFR T790M mutation in tumor or plasma specimens [see *Clinical Studies (14) in the full Prescribing Information*]. Testing for the presence of the T790M mutation in plasma specimens is recommended only in patients for whom a tumor biopsy cannot be obtained. If this mutation is not detected in a plasma specimen, re-evaluate the feasibility of biopsy for tumor tissue testing.

Information on FDA-approved tests for the detection of EGFR mutations is available at <http://www.fda.gov/companiondiagnostics>.

Recommended Dosage Regimen

The recommended dosage of TAGRISSO is 80 mg tablet once a day. TAGRISSO can be taken with or without food.

If a dose of TAGRISSO is missed, do not make up the missed dose and take the next dose as scheduled.

Treat patients in the adjuvant setting until disease recurrence, or unacceptable toxicity, or for up to 3 years.

Treat patients with metastatic lung cancer until disease progression or unacceptable toxicity.

Administration to Patients Who Have Difficulty Swallowing Solids

Disperse tablet in 60 mL (2 ounces) of non-carbonated water only. Stir until tablet is dispersed into small pieces (the tablet will not completely dissolve) and swallow immediately. Do not crush, heat, or ultrasonicate during preparation. Rinse the container with 120 mL to 240 mL (4 to 8 ounces) of water and immediately drink.

If administration via nasogastric tube is required, disperse the tablet as above in 15 mL of non-carbonated water, and then use an additional 15 mL of water to transfer any residues to the syringe. The resulting 30 mL liquid should be administered as per the nasogastric tube instructions with appropriate water flushes (approximately 30 mL).

Dosage Modifications

Adverse Reactions

Table 1. Recommended Dosage Modifications for TAGRISSO

Target Organ	Adverse Reaction*	Dosage Modification
<i>Pulmonary [see Warnings and Precautions (5.1) in the full Prescribing Information]</i>	Interstitial lung disease (ILD)/Pneumonitis	Permanently discontinue TAGRISSO.

Table 1. Recommended Dosage Modifications for TAGRISSO (cont'd)

Target Organ	Adverse Reaction*	Dosage Modification
<i>Cardiac [see Warnings and Precautions (5.2, 5.3) in the full Prescribing Information]</i>	QTc [†] interval greater than 500 msec on at least 2 separate ECGs [‡]	Withhold TAGRISSO until QTc interval is less than 481 msec or recovery to baseline if baseline QTc is greater than or equal to 481 msec, then resume at 40 mg dose.
	QTc interval prolongation with signs/symptoms of life-threatening arrhythmia	Permanently discontinue TAGRISSO.
	Symptomatic congestive heart failure	Permanently discontinue TAGRISSO.
<i>Cutaneous [see Warnings and Precautions (5.5) in the full Prescribing Information]</i>	Erythema Multiforme Major (EMM), Stevens-Johnson syndrome (SJS), and Toxic Epidermal Necrolysis (TEN)	Withhold TAGRISSO if suspected and permanently discontinue if confirmed.
<i>Blood and bone marrow [see Warnings and Precautions (5.7) in the full Prescribing Information]</i>	Aplastic anemia	Withhold TAGRISSO if aplastic anemia is suspected and permanently discontinue if confirmed.
<i>Other [see Adverse Reactions (6.1) in the full Prescribing Information]</i>	Adverse reaction of Grade 3 or greater severity	Withhold TAGRISSO for up to 3 weeks.
	If improvement to Grade 0-2 within 3 weeks	Resume at 80 mg or 40 mg daily.
	If no improvement within 3 weeks	Permanently discontinue TAGRISSO.

* Adverse reactions graded by the National Cancer Institute Common Terminology Criteria for Adverse Events version 4.0 (NCI CTCAE v4.0).

[†] QTc = QT interval corrected for heart rate

[‡] ECGs = Electrocardiogram

Drug Interactions

Strong CYP3A4 Inducers

If concurrent use is unavoidable, increase TAGRISSO dosage to 160 mg daily when co-administering with a strong CYP3A inducer. Resume TAGRISSO at 80 mg 3 weeks after discontinuation of the strong CYP3A4 inducer [see *Drug Interactions (7) and Clinical Pharmacology (12.3) in the full Prescribing Information*].

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Interstitial Lung Disease/Pneumonitis

Interstitial lung disease (ILD)/pneumonitis occurred in 3.8% of the 1479 TAGRISSO-treated patients; 0.3% of cases were fatal.

Withhold TAGRISSO and promptly investigate for ILD in patients who present with worsening of respiratory symptoms which may be indicative of ILD (e.g., dyspnea, cough and fever). Permanently discontinue TAGRISSO if ILD/pneumonitis is confirmed [see *Dosage and Administration (2.4) and Adverse Reactions (6.1) in the full Prescribing Information*].

QTc Interval Prolongation

Heart rate-corrected QT (QTc) interval prolongation occurs in patients treated with TAGRISSO. Of the 1479 patients treated with TAGRISSO in clinical trials, 0.8% were found to have a QTc > 500 msec, and 3.1% of patients had an increase from baseline QTc > 60 msec [see *Clinical Pharmacology (12.2) in the full Prescribing Information*]. No QTc-related arrhythmias were reported.

Clinical trials of TAGRISSO did not enroll patients with baseline QTc of > 470 msec. Conduct periodic monitoring with ECGs and electrolytes in patients with congenital long QTc syndrome, congestive heart failure, electrolyte abnormalities, or those who are taking medications known to prolong the QTc interval. Permanently discontinue TAGRISSO in patients who develop QTc interval prolongation with

signs/symptoms of life-threatening arrhythmia [see *Dosage and Administration (2.4) in the full Prescribing Information*].

Cardiomyopathy

Across clinical trials, cardiomyopathy (defined as cardiac failure, chronic cardiac failure, congestive heart failure, pulmonary edema or decreased ejection fraction) occurred in 3% of the 1479 TAGRISSO-treated patients; 0.1% of cardiomyopathy cases were fatal.

A decline in left ventricular ejection fraction (LVEF) ≥10 percentage points from baseline and to less than 50% LVEF occurred in 3.2% of 1233 patients who had baseline and at least one follow-up LVEF assessment. In the ADAURA study, 1.5% (5/325) of patients treated with TAGRISSO experienced LVEF decreases greater than or equal to 10 percentage points and a drop to less than 50%.

Conduct cardiac monitoring, including assessment of LVEF at baseline and during treatment, in patients with cardiac risk factors. Assess LVEF in patients who develop relevant cardiac signs or symptoms during treatment. For symptomatic congestive heart failure, permanently discontinue TAGRISSO [see *Dosage and Administration (2.4) in the full Prescribing Information*].

Keratitis

Keratitis was reported in 0.7% of 1479 patients treated with TAGRISSO in clinical trials. Promptly refer patients with signs and symptoms suggestive of keratitis (such as eye inflammation, lacrimation, light sensitivity, blurred vision, eye pain and/or red eye) to an ophthalmologist.

Erythema Multiforme Major, Stevens-Johnson Syndrome, and Toxic Epidermal Necrolysis

Postmarketing cases consistent with erythema multiforme major (EMM), Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) have been reported in patients receiving TAGRISSO [see *Postmarketing (6.2) in the full Prescribing Information*]. Withhold TAGRISSO if EMM, SJS, or TEN is suspected and permanently discontinue if confirmed.

Cutaneous Vasculitis

Postmarketing cases of cutaneous vasculitis including leukocytoclastic vasculitis, urticarial vasculitis, and IgA vasculitis have been reported in patients receiving TAGRISSO [see *Postmarketing (6.2) in the full Prescribing Information*]. Withhold TAGRISSO if cutaneous vasculitis is suspected, evaluate for systemic involvement, and consider dermatology consultation. If no other etiology can be identified, consider permanent discontinuation of TAGRISSO based on severity.

Aplastic Anemia

Aplastic anemia has been reported in patients treated with TAGRISSO in clinical trials (0.07% of 1479) and postmarketing [see *Postmarketing (6.2) in the full Prescribing Information*]. Some cases had a fatal outcome. Inform patients of the signs and symptoms of aplastic anemia including but not limited to, new or persistent fevers, bruising, bleeding, and pallor. If aplastic anemia is suspected, withhold TAGRISSO and obtain a hematology consultation. If aplastic anemia is confirmed, permanently discontinue TAGRISSO [see *Dosage and Administration (2.4) in the full Prescribing Information*].

Perform complete blood count with differential before starting TAGRISSO, periodically throughout treatment, and more frequently if indicated.

Embryo-Fetal Toxicity

Based on data from animal studies and its mechanism of action, TAGRISSO can cause fetal harm when administered to a pregnant woman. In animal reproduction studies, osimertinib caused post-implantation fetal loss when administered during early development at a dose exposure 1.5 times the exposure at the recommended clinical dose. When males were treated prior to mating with untreated females, there was an increase in preimplantation embryonic loss at plasma exposures of approximately 0.5 times those observed at the recommended dose of 80 mg once daily. Verify pregnancy status of females of reproductive potential prior to initiating TAGRISSO. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with TAGRISSO and for 6 weeks after the final dose. Advise males with female partners of reproductive potential to use effective contraception for 4 months after the final dose [see *Use in Specific Populations (8.1, 8.3) in the full Prescribing Information*].

ADVERSE REACTIONS

The following adverse reactions are discussed in greater detail in other sections of the labeling:

- Interstitial Lung Disease/Pneumonitis [see *Warnings and Precautions (5.1) in the full Prescribing Information*]
- QTc Interval Prolongation [see *Warnings and Precautions (5.2) in the full Prescribing Information*]

- Cardiomyopathy [see Warnings and Precautions (5.3) in the full Prescribing Information]
- Keratitis [see Warnings and Precautions (5.4) in the full Prescribing Information]
- Erythema multiforme, Stevens-Johnson syndrome, and Toxic epidermal necrolysis [see Warnings and Precautions (5.5) in the full Prescribing Information]
- Cutaneous Vasculitis [see Warnings and Precautions (5.6) in the full Prescribing Information]
- Aplastic Anemia [see Warnings and Precautions (5.7) in the full Prescribing Information]

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The data in the Warnings and Precautions section reflect exposure to TAGRISSO in 1479 patients with EGFR mutation-positive NSCLC who received TAGRISSO at the recommended dose of 80 mg once daily in three randomized, controlled trials [ADAURA (n=337), FLAURA (n=279), and AURA3 (n=279)], two single arm trials [AURA Extension (n=201) and AURA2 (n=210)], and one dose-finding study, AURA1 (n=173) [see Warnings and Precautions (5) in the full Prescribing Information]. Among 1479 patients who received TAGRISSO, 81% were exposed for 6 months or longer and 60% were exposed for greater than one year. In this pooled safety population, the most common adverse reactions in ≥20% of 1479 patients who received TAGRISSO were diarrhea (47%), rash (45%), musculoskeletal pain (36%), nail toxicity (33%), dry skin (32%), stomatitis (26%), fatigue (21%), and cough (20%). The most common laboratory abnormalities in ≥20% of 1479 patients who received TAGRISSO were leukopenia (65%), lymphopenia (62%), thrombocytopenia (53%), anemia (47%), and neutropenia (33%).

The data described below reflect exposure to TAGRISSO (80 mg daily) in 337 patients with EGFR mutation-positive resectable NSCLC, and 558 patients with EGFR mutation-positive metastatic NSCLC in three randomized, controlled trials [ADAURA (n=337), FLAURA (n=279), and AURA3 (n=279)]. Patients with a history of interstitial lung disease, drug induced interstitial disease or radiation pneumonitis that required steroid treatment, serious arrhythmia or baseline QTc interval greater than 470 msec on electrocardiogram were excluded from enrollment in these studies.

Adjuvant Treatment of EGFR Mutation-Positive NSCLC

The safety of TAGRISSO was evaluated in ADAURA, a randomized, double-blind, placebo-controlled trial for the adjuvant treatment of patients with EGFR exon 19 deletions or exon 21 L858R mutation-positive NSCLC who had complete tumor resection, with or without prior adjuvant chemotherapy. At time of DFS analysis, the median duration of exposure to TAGRISSO was 22.5 months.

Serious adverse reactions were reported in 16% of patients treated with TAGRISSO. The most common serious adverse reaction (≥1%) was pneumonia (1.5%). Adverse reactions leading to dose reductions occurred in 9% of patients treated with TAGRISSO. The most frequent adverse reactions leading to dose reductions or interruptions were diarrhea (4.5%), stomatitis (3.9%), nail toxicity (1.8%) and rash (1.8%). Adverse reactions leading to permanent discontinuation occurred in 11% of patients treated with TAGRISSO. The most frequent adverse reactions leading to discontinuation of TAGRISSO were interstitial lung disease (2.7%), and rash (1.2%).

Tables 2 and 3 summarize common adverse reactions and laboratory abnormalities which occurred in ADAURA.

Table 2. Adverse Reactions Occurring in ≥10% of Patients Receiving TAGRISSO in ADAURA[®]

Adverse Reaction	TAGRISSO (N=337)		PLACEBO (N=343)	
	All Grades (%)	Grade 3 or higher [†] (%)	All Grades (%)	Grade 3 or higher [†] (%)
Gastrointestinal Disorders				
Diarrhea [*]	47	2.4	20	0.3
Stomatitis [‡]	32	1.8	7	0
Abdominal Pain ^{**}	12	0.3	7	0
Skin Disorders				
Rash [§]	40	0.6	19	0
Nail toxicity [¶]	37	0.9	3.8	0

Table 2. Adverse Reactions Occurring in ≥10% of Patients Receiving TAGRISSO in ADAURA[®] (cont'd)

Adverse Reaction	TAGRISSO (N=337)		PLACEBO (N=343)	
	All Grades (%)	Grade 3 or higher [†] (%)	All Grades (%)	Grade 3 or higher [†] (%)
Dry skin ^{§§}	29	0.3	7	0
Pruritus [‡]	19	0	9	0
Respiratory, Thoracic and Mediastinal Disorders				
Cough [‡]	19	0	19	0
Musculoskeletal and Connective Tissue Disorders				
Musculoskeletal Pain ^{††}	18	0.3	25	0.3
Infection and Infestation Disorders				
Nasopharyngitis	14	0	10	0
Upper respiratory tract infection	13	0.6	10	0
Urinary Tract Infection ^{¶¶}	10	0.3	7	0
General Disorders and Administration Site Conditions				
Fatigue ^{§§}	13	0.6	9	0.3
Nervous System Disorders				
Dizziness ^{##}	10	0	9	0
Metabolism and Nutrition Disorders				
Decreased appetite	13	0.6	3.8	0

^{¶¶} NCI CTCAE v4.0.

[†] All events were grade 3.

^{*} Includes diarrhea, colitis, enterocolitis, enteritis.

[‡] Includes aphthous ulcer, cheilitis, gingival ulceration, glossitis, tongue ulceration, stomatitis and mouth ulceration.

^{**} Includes abdominal discomfort, abdominal pain, abdominal lower pain, abdominal upper pain, epigastric discomfort, hepatic pain.

[§] Includes rash, rash generalized, rash erythematous, rash macular, rash maculo-papular, rash papular, rash pustular, rash pruritic, rash vesicular, rash follicular, erythema, folliculitis, acne, dermatitis, dermatitis acneiform, dermatitis bullous, dermatitis exfoliative generalized, drug eruption, eczema, eczema asteatotic, lichen planus, skin erosion, pustule.

[†] Includes nail bed disorder, nail bed inflammation, nail bed infection, nail discoloration, nail pigmentation, nail disorder, nail toxicity, nail dystrophy, nail infection, nail ridging, onychalgia, onychoclasia, onycholysis, onychomadesis, onychomalacia, paronychia.

^{§§} Includes dry skin, skin fissures, xerosis, eczema, xeroderma.

[‡] Includes pruritus, pruritus generalized, eyelid pruritus.

[‡] Includes cough, productive cough, upper-airway cough syndrome

^{††} Includes arthralgia, arthritis, back pain, bone pain, musculoskeletal chest pain, musculoskeletal pain, myalgia, neck pain, non-cardiac chest pain, pain in extremity, and spinal pain.

^{¶¶} Includes cystitis, urinary tract infection, and urinary tract infection bacterial.

[§] Includes asthenia, fatigue

^{##} Includes dizziness, vertigo, and vertigo positional.

Clinically relevant adverse reactions in ADAURA in <10% of patients receiving TAGRISSO were alopecia (6%), epistaxis (6%), interstitial lung disease (3%), palmar-plantar erythrodysesthesia syndrome (1.8%), urticaria (1.5%), keratitis (0.6%), QTc interval prolongation (0.6%), and erythema multiforme (0.3%). QTc interval prolongation represents the incidence of patients who had a QTcF prolongation >500msec.

Table 3. Laboratory Abnormalities Worsening from Baseline in ≥20% of Patients in ADAURA

Laboratory Abnormality ^{*,†}	TAGRISSO (N=337)		PLACEBO (N=343)	
	All Grades (%)	Grade 3 or Grade 4 (%)	All Grades (%)	Grade 3 or Grade 4 (%)
Hematology				
Leukopenia	54	0	25	0
Thrombocytopenia	47	0	7	0.3
Lymphopenia	44	3.4	14	0.9
Anemia	30	0	12	0.3
Neutropenia	26	0.6	10	0.3

Table 3. Laboratory Abnormalities Worsening from Baseline in ≥20% of Patients in ADAURA (cont'd)

Laboratory Abnormality ^{*,†}	TAGRISSO (N=337)		PLACEBO (N=343)	
	All Grades (%)	Grade 3 or Grade 4 (%)	All Grades (%)	Grade 3 or Grade 4 (%)
Chemistry				
Hyperglycemia	25	2.3	30	0.9
Hypermagnesemia	24	1.3	14	1.5
Hyponatremia	20	1.8	16	1.5

^{*} NCI CTCAE v4.0

[†] Based on the number of patients with available follow-up laboratory data

Laboratory abnormalities in ADAURA that occurred in <20% of patients receiving TAGRISSO was increased blood creatinine (10%).

Previously Untreated EGFR Mutation-Positive Metastatic Non-Small Cell Lung Cancer

The safety of TAGRISSO was evaluated in FLAURA, a multicenter international double-blind randomized (1:1) active controlled trial conducted in 556 patients with EGFR exon 19 deletion or exon 21 L858R mutation-positive, unresectable or metastatic NSCLC who had not received previous systemic treatment for advanced disease. The median duration of exposure to TAGRISSO was 16.2 months.

Serious adverse reactions were reported in 4% of patients treated with TAGRISSO; the most common serious adverse reactions (≥1%) were pneumonia (2.9%), ILD/pneumonitis (2.1%), and pulmonary embolism (1.8%). Dose reductions occurred in 2.9% of patients treated with TAGRISSO. The most frequent adverse reactions leading to dose reductions or interruptions were prolongation of the QT interval as assessed by ECG (4.3%), diarrhea (2.5%), and lymphopenia (1.1%). Adverse reactions leading to permanent discontinuation occurred in 13% of patients treated with TAGRISSO. The most frequent adverse reaction leading to discontinuation of TAGRISSO was ILD/pneumonitis (3.9%).

Tables 4 and 5 summarize common adverse reactions and laboratory abnormalities which occurred in FLAURA.

Table 4. Adverse Reactions Occurring in ≥10% of Patients Receiving TAGRISSO in FLAURA^{*}

Adverse Reaction	TAGRISSO (N=279)		EGFR TKI comparator (gefitinib or erlotinib) (N=277)	
	Any Grade (%)	Grade 3 or higher (%)	Any Grade (%)	Grade 3 or higher (%)
Gastrointestinal Disorders				
Diarrhea [†]	58	2.2	57	2.5
Stomatitis [‡]	32	0.7	22	1.1
Nausea	14	0	19	0
Constipation	15	0	13	0
Vomiting	11	0	11	1.4
Skin Disorders				
Rash [§]	58	1.1	78	7
Dry skin [§]	36	0.4	36	1.1
Nail toxicity [¶]	35	0.4	33	0.7
Pruritus [‡]	17	0.4	17	0
General Disorders and Administration Site Conditions				
Fatigue ^{§§}	21	1.4	15	1.4
Pyrexia	10	0	4	0.4
Metabolism and Nutrition Disorders				
Decreased appetite	20	2.5	19	1.8
Respiratory, Thoracic and Mediastinal Disorders				
Cough	17	0	15	0.4
Dyspnea	13	0.4	7	1.4
Neurologic Disorders				
Headache	12	0.4	7	0

Table 4. Adverse Reactions Occurring in ≥10% of Patients Receiving TAGRISSO in FLAURA* (cont'd)

Adverse Reaction	TAGRISSO (N=279)		EGFR TKI comparator (gefitinib or erlotinib) (N=277)	
	Any Grade (%)	Grade 3 or higher (%)	Any Grade (%)	Grade 3 or higher (%)
Cardiac Disorders				
Prolonged QT Interval [†]	10	2.2	4	0.7
Infection and Infestation Disorders				
Upper Respiratory Tract Infection	10	0	7	0

* NCI CTCAE v4.0

[†] One grade 5 (fatal) event was reported (diarrhea) for EGFR TKI comparator.[‡] Includes stomatitis and mouth ulceration.[§] Includes rash, rash generalized, rash erythematous, rash macular, rash maculo-papular, rash papular, rash pustular, rash pruritic, rash vesicular, rash follicular, erythema, folliculitis, acne, dermatitis, dermatitis acneiform, drug eruption, skin erosion, pustule.^{||} Includes dry skin, skin fissures, xerosis, eczema, xeroderma.[¶] Includes nail bed disorder, nail bed inflammation, nail bed infection, nail discoloration, nail pigmentation, nail disorder, nail toxicity, nail dystrophy, nail infection, nail ridging, onychalgia, onychoclasia, onycholysis, onychomadesis, onychomalacia, paronychia.^{‡‡} Includes pruritus, pruritus generalized, eyelid pruritus.^{‡‡‡} Includes fatigue, asthenia.^{‡‡‡‡} Includes prolonged QT interval reported as adverse reaction.

Clinically relevant adverse reactions in FLAURA in <10% of patients receiving TAGRISSO were alopecia (7%), epistaxis (6%), interstitial lung disease (3.9%), urticaria (2.2%), palmar-plantar erythrodysesthesia syndrome (1.4%), QTc interval prolongation (1.1%), and keratitis (0.4%). QTc interval prolongation represents the incidence of patients who had a QTcF prolongation >500msec.

Table 5. Laboratory Abnormalities Worsening from Baseline in ≥20% of Patients in FLAURA

Laboratory Abnormality* [†]	TAGRISSO (N=279)		EGFR TKI comparator (gefitinib or erlotinib) (N=277)	
	All Grades (%)	Grade 3 or Grade 4 (%)	All Grades (%)	Grade 3 or Grade 4 (%)
Hematology				
Lymphopenia	63	6	36	4.2
Anemia	59	0.7	47	0.4
Thrombocytopenia	51	0.7	12	0.4
Neutropenia	41	3	10	0
Chemistry				
Hyperglycemia [‡]	37	0	31	0.5
Hypermagnesemia	30	0.7	11	0.4
Hyponatremia	26	1.1	27	1.5
Increased AST	22	1.1	43	4.1
Increased ALT	21	0.7	52	8
Hypokalemia	16	0.4	22	1.1
Hyperbilirubinemia	14	0	29	1.1

* NCI CTCAE v4.0

[†] Each test incidence, except for hyperglycemia, is based on the number of patients who had both baseline and at least one on-study laboratory measurement available (TAGRISSO range: 267 - 273 and EGFR TKI comparator range: 256 - 268)[‡] Hyperglycemia is based on the number of patients who had both baseline and at least one on-study laboratory measurement available: TAGRISSO (179) and EGFR comparator (191)

Clinically relevant laboratory abnormalities in FLAURA that occurred in <20% of patients receiving TAGRISSO was increased blood creatinine (9%).

Previously Treated EGFR T790M Mutation-Positive Metastatic Non-Small Cell Lung Cancer

The safety of TAGRISSO was evaluated in AURA3, a multicenter international open label randomized (2:1) controlled trial conducted

in 419 patients with unresectable or metastatic EGFR T790M mutation-positive NSCLC who had progressive disease following first line EGFR TKI treatment. A total of 279 patients received TAGRISSO 80 mg orally once daily until intolerance to therapy, disease progression, or investigator determination that the patient was no longer benefiting from treatment. A total of 136 patients received pemetrexed plus either carboplatin or cisplatin every three weeks for up to 6 cycles; patients without disease progression after 4 cycles of chemotherapy could continue maintenance pemetrexed until disease progression, unacceptable toxicity, or investigator determination that the patient was no longer benefiting from treatment. Left Ventricular Ejection Fraction (LVEF) was evaluated at screening and every 12 weeks. The median duration of treatment was 8.1 months for patients treated with TAGRISSO and 4.2 months for chemotherapy-treated patients. The trial population characteristics were: median age 62 years, age less than 65 (58%), female (64%), Asian (65%), never smokers (68%), and ECOG PS 0 or 1 (100%).

Serious adverse reactions were reported in 18% of patients treated with TAGRISSO and 26% in the chemotherapy group. No single serious adverse reaction was reported in 2% or more patients treated with TAGRISSO. One patient (0.4%) treated with TAGRISSO experienced a fatal adverse reaction (ILD/pneumonitis).

Dose reductions occurred in 2.9% of patients treated with TAGRISSO. The most frequent adverse reactions leading to dose reductions or interruptions were prolongation of the QT interval as assessed by ECG (1.8%), neutropenia (1.1%), and diarrhea (1.1%). Adverse reactions resulting in permanent discontinuation of TAGRISSO occurred in 7% of patients treated with TAGRISSO. The most frequent adverse reaction leading to discontinuation of TAGRISSO was ILD/pneumonitis (3%).

Tables 6 and 7 summarize common adverse reactions and laboratory abnormalities which occurred in TAGRISSO-treated patients in AURA3.

Table 6. Adverse Reactions Occurring in ≥10% of Patients Receiving TAGRISSO in AURA3*

Adverse Reaction	TAGRISSO (N=279)		Chemotherapy (Pemetrexed/Cisplatin or Pemetrexed/Carboplatin) (N=136)	
	All Grades [†] (%)	Grade 3/4 [†] (%)	All Grades [†] (%)	Grade 3/4 [†] (%)
Gastrointestinal Disorders				
Diarrhea	41	1.1	11	1.5
Nausea	16	0.7	49	3.7
Stomatitis [‡]	19	0	15	1.5
Constipation	14	0	35	0
Vomiting	11	0.4	20	2.2
Skin Disorders				
Rash [‡]	34	0.7	6	0
Dry skin [§]	23	0	4.4	0
Nail toxicity [¶]	22	0	1.5	0
Pruritus [¶]	13	0	5	0
General Disorders and Administration Site Conditions				
Fatigue [‡]	22	1.8	40	5.1
Metabolism and Nutrition Disorders				
Decreased appetite	18	1.1	36	2.9
Respiratory, Thoracic and Mediastinal Disorders				
Cough	17	0	14	0
Musculoskeletal and Connective Tissue Disorders				
Back pain	10	0.4	9	0.7

* NCI CTCAE v4.0.

[†] No grade 4 events were reported.[‡] Includes stomatitis and mouth ulceration[§] Includes rash, rash generalized, rash erythematous, rash macular, rash maculo-papular, rash papular, rash pustular, erythema, folliculitis, acne, dermatitis, acneiform dermatitis, pustule.[¶] Includes dry skin, eczema, skin fissures, xerosis.^{‡‡} Includes nail disorders, nail bed disorders, nail bed inflammation, nail bed tenderness, nail discoloration, nail disorder, nail dystrophy, nail infection, nail ridging, nail toxicity, onychalgia, onychoclasia, onycholysis, onychomadesis, paronychia.^{‡‡‡} Includes pruritus, pruritus generalized, eyelid pruritus.^{‡‡‡‡} Includes fatigue, asthenia.

Clinically relevant adverse reactions in AURA3 in <10% of patients receiving TAGRISSO were epistaxis (5%), interstitial lung disease (3.9%), alopecia (3.6%), urticaria (2.9%), palmar-plantar erythrodysesthesia syndrome (1.8%), QTc interval prolongation (1.4%), keratitis (1.1%), and erythema multiforme (0.7%). QTc interval prolongation represents the incidence of patients who had a QTcF prolongation >500msec.

Table 7. Laboratory Abnormalities Worsening from Baseline in ≥20% of Patients in AURA3

Laboratory Abnormality* [†]	TAGRISSO (N=279)		Chemotherapy (Pemetrexed/Cisplatin or Pemetrexed/Carboplatin) (N=131)	
	All Grades (%)	Grade 3 or Grade 4 (%)	All Grades (%)	Grade 3 or Grade 4 (%)
Hematology				
Anemia	43	0	79	3.1
Lymphopenia	63	8	61	10
Thrombocytopenia	46	0.7	48	7
Neutropenia	27	2.2	49	12
Chemistry				
Hypermagnesemia [‡]	27	1.8	9	1.5
Hyponatremia [‡]	26	2.2	36	1.5
Hyperglycemia [‡]	20	0	NA	NA
Hypokalemia [‡]	9	1.4	18	1.5

NA=not applicable

* NCI CTCAE v4.0

[†] Each test incidence, except for hyperglycemia, is based on the number of patients who had both baseline and at least one on-study laboratory measurement available (TAGRISSO 279, Chemotherapy comparator 131)[‡] Hyperglycemia is based on the number of patients who had both baseline and at least one on-study laboratory measurement available (TAGRISSO 270, Chemotherapy 5; fasting glucose was not a protocol requirement for patients in the chemotherapy arm)

Clinically relevant laboratory abnormalities in AURA3 that occurred in <20% of patients receiving TAGRISSO included increased blood creatinine (7%).

Other Clinical Trials Experience

The following adverse reaction has been reported following administration of TAGRISSO: increased blood creatine phosphokinase.

Postmarketing Experience

The following adverse reactions have been identified during post-approval use of TAGRISSO. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

- *Skin and subcutaneous tissue:* Erythema multiforme major (EMM), Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), cutaneous vasculitis
- *Blood and lymphatic system disorders:* Aplastic anemia

DRUG INTERACTIONS

Effect of Other Drugs on Osimertinib

Strong CYP3A Inducers

Co-administering TAGRISSO with a strong CYP3A4 inducer decreased the exposure of osimertinib compared to administering TAGRISSO alone [see *Clinical Pharmacology* (12.3) in the full Prescribing Information]. Decreased osimertinib exposure may lead to reduced efficacy.

Avoid co-administering TAGRISSO with strong CYP3A inducers. Increase the TAGRISSO dosage when co-administering with a strong CYP3A4 inducer if concurrent use is unavoidable [see *Dosage and Administration* (2.4) in the full Prescribing Information]. No dose adjustments are required when TAGRISSO is used with moderate and/or weak CYP3A inducers.

Effect of Osimertinib on Other Drugs

Co-administering TAGRISSO with a breast cancer resistant protein (BCRP) or P-glycoprotein (P-gp) substrate increased the exposure of the substrate compared to administering it alone [see *Clinical Pharmacology* (12.3) in the full Prescribing Information]. Increased BCRP or P-gp substrate exposure may increase the risk of exposure-related toxicity.

Monitor for adverse reactions of the BCRP or P-gp substrate, unless otherwise instructed in its approved labeling, when co-administered with TAGRISSO.

Drugs That Prolong the QTc Interval

The effect of co-administering medicinal products known to prolong the QTc interval with TAGRISSO is unknown. When feasible, avoid concomitant administration of drugs known to prolong the QTc interval with known risk of Torsades de pointes. If not feasible to avoid concomitant administration of such drugs, conduct periodic ECG monitoring [see *Warnings and Precautions* (5.2) and *Clinical Pharmacology* (12.3) in the full Prescribing Information].

USE IN SPECIFIC POPULATIONS**Pregnancy****Risk Summary**

Based on data from animal studies and its mechanism of action [see *Clinical Pharmacology* (12.1) in the full Prescribing Information], TAGRISSO can cause fetal harm when administered to a pregnant woman. There are no available data on TAGRISSO use in pregnant women. Administration of osimertinib to pregnant rats was associated with embryolethality and reduced fetal growth at plasma exposures 1.5 times the exposure at the recommended clinical dose (see Data). Advise pregnant women of the potential risk to a fetus.

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data**Animal Data**

When administered to pregnant rats prior to embryonic implantation through the end of organogenesis (gestation days 2-20) at a dose of 20 mg/kg/day, which produced plasma exposures of approximately 1.5 times the clinical exposure, osimertinib caused post-implantation loss and early embryonic death. When administered to pregnant rats from implantation through the closure of the hard palate (gestation days 6 to 16) at doses of 1 mg/kg/day and above (0.1 times the AUC observed at the recommended clinical dose of 80 mg once daily), an equivocal increase in the rate of fetal malformations and variations was observed in treated litters relative to those of concurrent controls. When administered to pregnant dams at doses of 30 mg/kg/day during organogenesis through lactation Day 6, osimertinib caused an increase in total litter loss and postnatal death. At a dose of 20 mg/kg/day, osimertinib administration during the same period resulted in increased postnatal death as well as a slight reduction in mean pup weight at birth that increased in magnitude between lactation days 4 and 6.

Lactation**Risk Summary**

There are no data on the presence of osimertinib or its active metabolites in human milk, the effects of osimertinib on the breastfed infant or on milk production. Administration to rats during gestation and early lactation was associated with adverse effects, including reduced growth rates and neonatal death [see *Use in Specific Populations* (8.1) in the full Prescribing Information]. Because of the potential for serious adverse reactions in breastfed infants from osimertinib, advise women not to breastfeed during treatment with TAGRISSO and for 2 weeks after the final dose.

Females and Males of Reproductive Potential

Based on animal data, TAGRISSO can cause malformations, embryo lethality, and postnatal death at doses resulting in exposures 1.5 times or less the human exposure at the clinical dose of 80 mg daily [see *Use in Specific Populations* (8.1) in the full Prescribing Information].

Pregnancy Testing

Verify the pregnancy status of females of reproductive potential prior to initiating TAGRISSO.

Contraception**Females**

Advise females of reproductive potential to use effective contraception during treatment with TAGRISSO and for 6 weeks after the final dose [see *Use in Specific Populations* (8.1) in the full Prescribing Information].

Males

Advise male patients with female partners of reproductive potential to use effective contraception during and for 4 months following the final dose of TAGRISSO [see *Nonclinical Toxicology* (13.1) in the full Prescribing Information].

Infertility

Based on animal studies, TAGRISSO may impair fertility in females and males of reproductive potential. The effects on female fertility showed a trend toward reversibility. It is not known whether the effects on male fertility are reversible [see *Nonclinical Toxicology* (13.1) in the full Prescribing Information].

Pediatric Use

The safety and effectiveness of TAGRISSO in pediatric patients have not been established.

Geriatric Use

Forty-three percent (43%) of the 1479 patients in ADAURA (n=337), FLAURA (n=279), AURA3 (n=279), AURA Extension (n=201), AURA2 (n=210), and AURA1, (n=173) were 65 years of age and older. No overall differences in effectiveness were observed based on age. Exploratory analysis suggests a higher incidence of Grade 3 and 4 adverse reactions (35% vs 27%) and more frequent dose modifications for adverse reactions (32% vs 21%) in patients 65 years or older as compared to those younger than 65 years.

Renal Impairment

No dose adjustment is recommended in patients with creatinine clearance (CLcr) 15 - 89 mL/min, as estimated by Cockcroft-Gault. There is no recommended dose of TAGRISSO for patients with end-stage renal disease (CLcr <15 mL/min) [see *Clinical Pharmacology* (12.3) in the full Prescribing Information].

Hepatic Impairment

No dose adjustment is recommended in patients with mild to moderate hepatic impairment (Child-Pugh A and B or total bilirubin ≤ ULN and AST > ULN or total bilirubin 1 to 3 times ULN and any AST). There is no recommended dose for TAGRISSO for patients with severe hepatic impairment (total bilirubin between 3 to 10 times ULN and any AST) [see *Clinical Pharmacology* (12.3) in the full Prescribing Information].

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Stepping Up to the Challenge

Fellows from three pulmonary and critical care training programs have earned a spot in this year's CHEST Challenge Championship. Get to know this year's contestants before they battle it out for the Rosen Cup on Tuesday evening.

Each year, the CHEST Challenge Championship provides an unforgettable introduction to the rising stars of chest medicine.

Fellows from three pulmonary and critical care training programs have earned a spot in Tuesday night's *Jeopardy!*-style trivia extravaganza after a highly competitive qualifying quiz earlier this year. But to emerge as the last team standing, fellows must answer similarly robust, peer-reviewed questions in front of an electric crowd at CHEST 2023. Throw in a handful of special activities and surprises, and it's a one-of-a-kind experience that will put smiles on the faces of contestants and spectators alike, said CHEST Challenge Founder and 2023 Master of Ceremonies, William F. Kelly, MD, FCCP.

"In addition to serious competition, the event is exciting live theater where really anything can happen," Dr. Kelly said.

All CHEST 2023 attendees are invited to join this educating and entertaining event at the Hilton Hawaiian Village Coral Ballroom. Doors open at 7 PM Tuesday, and the championship game begins at 7:30 PM. The teams will compete for the Rosen Cup—named in the memory of former host and CHEST Past President, Mark J. Rosen, MD, Master FCCP.

"It's guaranteed that you will learn something new as you play along with the fellows answering questions—and see the fellows put through some hands-on, physical challenges that the world has never seen before, courtesy of the creative Training and Transitions Committee," Dr. Kelly said.

Before they take the stage, get to know the individual members from the three teams in the finals from the University of Oklahoma, the University of Southern California, and University of Texas Health Science Center Houston.



CHEST CHALLENGE FINALIST

University of Oklahoma Health Sciences Center

Program Director:

Houssein Youness, MD, FCCP


 Hiba Hammad
Altaq, MD

 Abdullah
Jahangir, MD

 Shiwani
Kamath, MD

Who or what has inspired you in your journey in pulmonary, critical care, and sleep medicine?

Dr. Hammad Altaq: In my journey in pulmonary [and] critical care, I have been fortunate to come across several inspiring figures who have shaped my passion for this field. One of these figures is my attending, Dr. Jad Kebbe. His dedication, expertise, and compassion have not only influenced my career choice but have also instilled in me a deep sense of purpose and served as a significant source of inspiration. Furthermore, his ability to approach each patient with empathy and compassion, while maintaining a high level of professionalism, has deeply influenced my own patient care philosophy. Witnessing his dedication to improving the lives of his patients has instilled in me a sense of purpose and a desire to make a meaningful impact in the lives of those I serve.

Dr. Jahangir: The resilience of the health care workforce to rise to the challenges of an unprecedented COVID pandemic. The way, as residents, we bonded over a crisis remains a source of inspiration for the rest of my life.

Dr. Kamath: I've had some wonderful attendings demonstrate leadership, selflessness, and kindness during a pandemic that destroyed so much. It's humbling yet empowering to help our patients during the most critical moments of their lives. Embracing the challenges we face with a close-knit team is the cherry on top.

What topics are you most interested in at CHEST 2023?

Dr. Hammad Altaq: The latest clinical advances, as well as newest scientific discoveries.

Dr. Jahangir: Recent practice-changing trials in sepsis and pneumonia management.

Dr. Kamath: I'm especially interested in learning more about pulmonary hypertension and seeing the interactive cases in interstitial lung disease. The Rapid-Fire Case Reports look exciting, too.

What's an activity or hobby you enjoy when you're not busy with studies or fellowship responsibilities?

Dr. Hammad Altaq: Photography allows me to freeze moments in time, preserving memories that can be cherished for years to come.

Dr. Jahangir: Playing with my 2-year-old.

Dr. Kamath: Picnics in the park and board game nights.

What's your favorite study snack?

Dr. Hammad Altaq: Almonds

Dr. Jahangir: Chocolates

Dr. Kamath: Kettle popcorn

What's your go-to hype music before a big event?

Dr. Hammad Altaq: "Don't Stop Believin'" by Journey and "Lose Yourself" by Eminem

Dr. Jahangir: Silence

Dr. Kamath: "Lose Yourself" by Eminem

If you could compete on one TV game show, what would it be?

Dr. Hammad Altaq: *Who Wants to Be a Millionaire?*

Dr. Jahangir: *KBC* (Kaun Banega Crorepati)

Dr. Kamath: *The Amazing Race*

What off-the-wall talent or odd knowledge can you fall back on during the skills portion of CHEST Challenge?

Dr. Hammad Altaq: I can generate random facts on a wide range of topics, tell jokes, or provide interesting trivia.

Dr. Jahangir: The knowledge that the procedure dummies cannot be killed!

Dr. Kamath: I've done enough escape rooms to figure out how to do things blindfolded or without looking.

Who would play you in the film version of CHEST Challenge 2023?

Dr. Hammad Altaq: Jim Parsons / Sheldon Lee Cooper in *The Big Bang Theory*

Dr. Jahangir: Javier Bardem / Anton Chigurh in *No Country for Old Men*

Dr. Kamath: Reese Witherspoon / Elle Woods in *Legally Blonde* (Me memorizing statistics: "When used appropriately, it has an 83% rate of return on a dinner invitation. It's called the bend and snap.")

CHEST CHALLENGE FINALIST

University of Southern California

Program Director:

May M. Lee, MD, FCCP



Navi
Kaur, MD



Mishaal
Talish, MD



Linda P.
Vien, MD

Who or what has inspired you in your journey in pulmonary, critical care, and sleep medicine?

Dr. Kaur: My journey into pulmonary, critical care, and sleep medicine (PCCSM) was actually inspired by Dr. Akram Khan, a PCCSM attending at OHSU when I was doing research with him during residency. He allowed me to join him on rounds at night, and that's where I realized, why would I want to be anywhere else? My interest in pulmonary [medicine] was piqued when I attended my first CHEST conference in New Orleans and realized the vast world of pulmonary [medicine] out here.

Dr. Talish: I was inspired mainly by the critical care aspect of it, through medical school and residency—mainly with regards to pathophysiology of critical care disease processes. Exposure to ventilator physiology got me interested in pulmonary medicine, and here I am today!

Dr. Vien: My experiences with patients, both inpatient and in clinic, have inspired my journey in pulmonary, critical care, and sleep medicine.

What topics are you most interested in at CHEST 2023?

Dr. Kaur: I'm interested in discussing interstitial lung diseases and pulmonary hypertension and learning about the innovations in critical care.

Dr. Talish: I'm most interested in case reports regarding uncommon disease presentations, as well as infectious disease updates in critical care.

Dr. Vien: I'm most interested in learning about interstitial lung diseases, asthma, lung transplantation, and pulmonary hypertension.

What's an activity or hobby you enjoy when you're not busy with studies or fellowship responsibilities?

Dr. Kaur: I enjoy hiking with my friends, soaking up the sun at the beach, and watching movies in my time away from responsibilities.

Dr. Talish: I enjoy music—playing the drums/guitar or jamming out with friends when I have some time.

Dr. Vien: I enjoy being outdoors, whether it be jogging, hiking, or sitting outdoors enjoying the nice breeze.

What's your favorite study snack?

Dr. Kaur: I would love to say almonds, but it's cookies or chips depending on whether I want sweet or savory.

Dr. Talish: Howlin' Ray's chicken wings (medium-plus heat) with Mario fries (sometimes)

Dr. Vien: Smartfood Flamin' Hot White Cheddar Popcorn

What's your go-to hype music before a big event?

Dr. Kaur: It depends on my mood, but hip-hop or Punjabi music are my go-to before a big event.

Dr. Talish: "Animals" by Martin Garrix

Dr. Vien: "We Will Rock You" by Queen

If you could compete on one TV game show, what would it be?

Dr. Kaur: *The Amazing Race*

Dr. Talish: *Whose Line Is It Anyway?*

Dr. Vien: *Family Feud*

What off-the-wall talent or odd knowledge can you fall back on during the skills portion of CHEST Challenge?

Dr. Kaur: My Bhangra skills

Dr. Talish: I can maybe wiggle one of my ears just hard enough to distract the other teams.

Dr. Vien: Writing backwards

Who would play you in the film version of CHEST Challenge 2023?

Dr. Kaur: Mirabel Madrigal from *Encanto*

Dr. Talish: Aaron Paul—someone who can be both very serious (*Black Mirror* / *Breaking Bad*) as well as comical (*BoJack Horseman*).

Dr. Vien: Groot from *Guardians of the Galaxy*



CHEST CHALLENGE FINALIST

University of Texas Health Science Center Houston

Program Director:

Mark T. Warner, MD, FCCP


 Khalid
Ahmed, MBBS

 Maria Azhar,
MD, MBBS

 Saad
Farooq, MD

Who or what has inspired you in your journey in pulmonary, critical care, and sleep medicine?

Dr. Ahmed: Dr. Ibrahim Fawzi, who was my first critical care attending. He was very enthusiastic and truly inspirational.

Dr. Azhar: Every patient whom I have helped breathe better has inspired me to learn more. Each challenging case has humbled and motivated me to continue this lifelong journey of commitment, knowledge, and excellence.

Dr. Farooq: My patients

What topics are you most interested in at CHEST 2023?

Dr. Ahmed: Pulmonary vascular disease (advances in pulmonary hypertension and pulmonary embolism management)

Dr. Azhar: Interstitial lung disease (changes/updates in treatment landscape), COPD/asthma updates, bronchiectasis

Dr. Farooq: I'm excited to learn about interstitial lung disease and pulmonary hypertension.

What's an activity or hobby you enjoy when you're not busy with studies or fellowship responsibilities?

Dr. Ahmed: Reading, mainly history.

Dr. Azhar: Gardening, reading, cooking, spending time with my family and close friends, hiking, and kayaking.

Dr. Farooq: I really like to travel and hike.

What's your favorite study snack?

Dr. Ahmed: CHEST SEEK™

Dr. Azhar: Chai with honey graham crackers, samosa

Dr. Farooq: Chocolate chip cookies

What's your go-to hype music before a big event?

Dr. Ahmed: Traditional Sudanese music

Dr. Azhar: "Jazba-e-Junoon (The Spirit of Passion)" by Pakistani sufi rock band Junoon

Dr. Farooq: "Stand Up (for the Champions)" by Right Said Fred

If you could compete on one TV game show, what would it be?

Dr. Ahmed: *Who Wants to Be a Millionaire?*

Dr. Azhar: *Master Chef*

Dr. Farooq: *Wipeout*

What off-the-wall talent or odd knowledge can you fall back on during the skills portion of CHEST Challenge?

Dr. Ahmed: I can grapple, in case things get physical.

Dr. Azhar: Acting and knowledge of the TV show *Friends*.

Dr. Farooq: I can sleep off any problem.

Who would play you in the film version of CHEST Challenge 2023?

Dr. Ahmed: Sylvester Stallone / Rocky Balboa from *Rocky*

Dr. Azhar: Julia Roberts

Dr. Farooq: Kal Penn


 CHEST
CHALLENGE




Island Adventures



Janet Myers, MD,
FCCP



Sam Evans, MD,
MS, FCCP

Two Honolulu-based CHEST members offer their personal recommendations to help you make the most of your free time in Hawai'i

Wheels down—CHEST has arrived in Hawai'i! We're excited for an action-packed meeting full of clinical education, networking, and lots of fun.

This archipelago of islands is not only a beautiful destination, but it's also a unique and complex place deserving of special care and respect. As you explore Hawai'i, we encourage you to keep in mind that we're guests visiting someone else's home.

We also recommend that you eat and adventure locally. Supporting small businesses is a great way to be a thoughtful traveler—plus, you'll have more opportunities to get out of your comfort zone and try new things.

To get the local perspective on the best places to go while you're in town, we asked Honolulu-based CHEST members Janet Myers, MD, FCCP, and Sam Evans, MD, MS, FCCP, to recommend their favorite restaurants and activities.

Restaurants

Fête

2 North Hotel St., Honolulu
(3 miles from the Hawai'i Convention Center)

James Beard Award—need we say more? In 2022, Chef Robynne Mai of Fête won the award for Best Chef: Northwest & Pacific. It was the first time a Hawai'i-based chef had won a James Beard Award in nearly 20 years. The restaurant was a top pick of both Dr. Evans and Dr. Myers, who noted that the Korean chicken sandwich and fried chicken are marquee dishes. Reservations are recommended.



Highway Inn

680 Ala Moana Blvd. #105, Honolulu
(2 miles from the Hawai'i Convention Center)

Since 1947, this diner has been serving up traditional Hawaiian plates for dine-in and take-out. Make sure to try the iconic lau lau, which is pork and butterfish slow-cooked in lū'au leaves. "Highway Inn is a great place for families and it's a quick ride from the conference center," Dr. Myers said. In 2010, it was featured on Food Network by—who else?—Guy Fieri.



The Manifest

32 North Hotel St., Honolulu
(3 miles from the Hawai'i Convention Center)

Located in historic Chinatown, this artsy locale is a coffee shop by day and chic cocktail bar by night. The toast bar (yes, toast bar!) has seven eye-popping choices like almond butter banana on wheat and bruschetta with blue cheese. This Native Hawaiian-owned spot is home to an art gallery for Pacific Islanders to showcase their work.

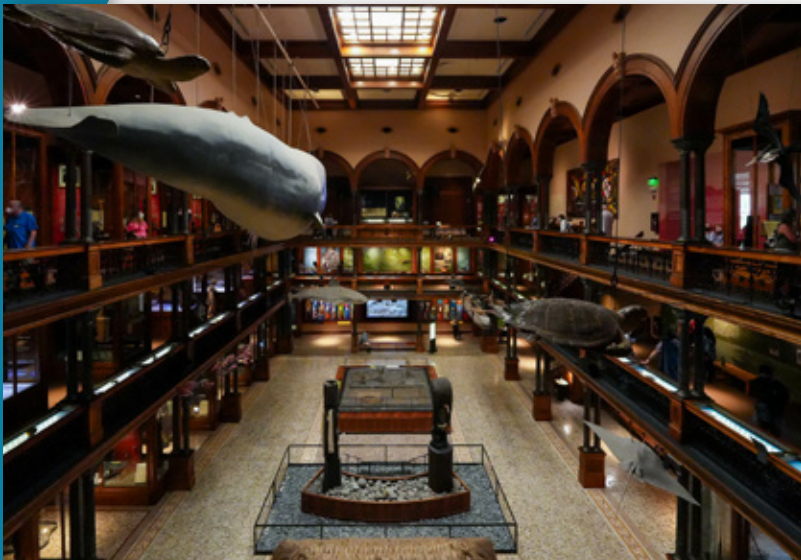


Monkeypod Kitchen

2169 Kālia Rd, Unit 111, Honolulu
(1 mile from the Hawai'i Convention Center)

This popular local outpost opened a new location in Waikīkī in July. You might say there's been excitement about the opening—the Instagram announcement got more than 6,000 likes. "Everything Peter Merriman does is fantastic. He's chef-owner of numerous outstanding restaurants on all islands," Dr. Evans said. Enjoy farm-to-table dishes like bulgogi pork tacos and seared ahi steak while you take in panoramic views of Waikīkī Beach.





Attractions

Bishop Museum

1525 Bernice St., Honolulu
(6 miles from the Hawai'i Convention Center)

Once the meeting ends, visit the Bishop Museum to see the largest collection of Hawaiian and Pacific cultural artifacts and natural history specimens in the world. The museum is named in honor of Princess Bernice Pauahi Bishop, the last descendant of the royal Kamehameha dynasty. "The Bishop Museum is great for families to learn about the history of Hawai'i," Dr. Myers said. You can also grab lunch at the Highway Inn's open air café on the museum campus. General admission is \$28.95 for adults and \$20.95 for youth.



Honolulu Museum of Art

900 South Beretania St., Honolulu
(2 miles from the Hawai'i Convention Center)

After taking in the scientific content at the meeting, step into a completely different world at the Honolulu Museum of Art. Check out the exhibit "Lauren Hana Chai: The Five Senses," where Hawai'i-based painter and ceramicist Lauren Hana Chai explores how elements like Korean folk art and Buddhist temple architecture intersect with modern society. Dr. Myers recommended you save time for the museum gift shop. Admission is \$20 for adults and free for kids.



North Shore of O'ahu

North Shore, Waialua
(33 miles from the Hawai'i Convention Center)

If you have time, a trek up to the North Shore of O'ahu is worth the journey. The North Shore is known for its laid-back feel and for being home to the world's premier surfing competitions. "There are outdoor adventures, food trucks, shopping, and great scenery," Dr. Myers said.

Outdoor Adventures

Water Activities

Waikīkī Beach
(1 mile from the Hawai'i Convention Center)

Dr. Myers' top recommendation is anything on the water, especially at Waikīkī Beach, located on the south shore of Honolulu. "Go surfing, paddle boarding, or snorkeling. If you're very adventurous, consider parasailing. Waikīkī has many options and places to rent equipment. Check out Hanauma Bay for snorkeling, too," she said.

Guided Hikes with the Sierra Club of Hawai'i

Waikīkī Beach O'ahu, Maui, Kaua'i, and Island of Hawai'i

If you're extending your stay after the meeting, check out the guided hikes offered by the Sierra Club of Hawai'i, an advocacy organization dedicated to safeguarding Hawai'i's natural resources. Trained guides can lead you safely on your trek and explain the islands' unique flora and fauna. Learn more at sierraclubhawaii.org/outings. 🌿

Find other local businesses
in the Native Hawaiian
Business Directory
(kanakaconomy.com)
and Shop Small Hawai'i
(shopsmallhawaii.com)

 **National Jewish Health**
Breathing Science is Life.

Keeping Pace with Bronchiectasis

Early Diagnosis, Management, and Emerging Treatments

Improve your ability to assess patients' natural history, clinical course, and disease progression while deepening your understanding of the role of neutrophilic inflammation and neutrophil serine protease inflammation (NSP) in NCFBE.

Join Us for a Free
CME Lunch Satellite Symposium
Sunday, October 8, 2023 12 – 1:15 p.m.

Hawai'i Convention Center | Room 316C

FACULTY



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Chief, Division of Mycobacterial and Respiratory Infections, National Jewish Health
Professor of Medicine, National Jewish Health, University of Colorado School of Medicine, and Icahn School of Medicine at Mt. Sinai
Denver, CO



Steven E. Lommatzsch, MD

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Professor of Medicine
Division of Pulmonology & Critical Care
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UT Health East Texas
Tyler, TX



RSVP with QR code or visit
njhealth.org/NCFBEHawaii

Please allow time for registration and lunch before the program begins.

Visit National Jewish Health booth
#1838 in the exhibit hall.

For questions, contact the Office of Professional Education at National Jewish Health (303.398.1000 or 800.844.2305, ProEd@njhealth.org).

Supported by an educational grant from Insmmed.

This symposium is not supported, endorsed, or accredited by the American College of Chest Physicians.



Cultivating *'Ohana*



'OHANA is a Hawaiian term that refers to kinship structures like family, friends, colleagues, and the broader community. According to Hawaiian customs, a successful and thriving *'ohana* is critical to the overall health of local communities.

The Waianae Coast Comprehensive Health Center, Hawai'i LGBT Legacy Foundation, and Kōkua Kalihi Valley are dedicated to fostering a healthy *'ohana* across the Hawaiian Islands. Representatives from the three organizations have been invited to CHEST 2023 to highlight their work and discuss their successful

community intervention strategies. All three organizations go above and beyond to make a public health impact within their communities, and CHEST is proud to have them as honored guests. Attendees are encouraged to visit with their representatives at the Experience CHEST booth during Exhibit Hall hours.

Waianae Coast Comprehensive Health Center

THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER

(WCCHC) is a federally qualified health center in a rural part of the Wai'anāe Coast of O'ahu. The nonprofit was created to address health disparities, improve population health, and reduce health inequities caused by financial and cultural barriers. WCCHC staff provides accessible and affordable comprehensive health care while respecting and preserving Hawaiian culture and traditions. The center encourages economic development by providing educational and career development resources designed to empower local participants.

The WCCHC's Keiki Produce Prescription (KPRx) program has operated since 2018 as an innovative solution to reduce food insecurity and childhood obesity. The KPRx program provides local children with vouchers for free fruits, vegetables, and poi from the Mākeke Wai'anāe and Mākeke 'Iki farmers markets. The vouchers can also be used in online marketplaces.

"Wai'anāe is considered a 'food desert' with few grocery stores and limited healthy food options," WCCHC Community Wellness Manager, Chereese Shelton, explained. "Fruits and vegetables are more expensive than candy or sugary beverages, so we're trying to make healthy and local produce more accessible to those in the community through food access and food-as-medicine programs."

While the initiative is still in its early stages, recent feasibility and pilot studies show promising results from the program.

The studies indicate that the fruit and vegetable intake of program participants has increased and that participants have tried new healthy foods thanks to the vouchers.

Chereese Shelton





Rick Ramirez, DNP, APRN



Hawai'i LGBT Legacy Foundation

THE HAWAII LGBT LEGACY FOUNDATION WAS ESTABLISHED TO support, empower, educate, unify, and facilitate LGBT organizations and individuals in Hawai'i. The foundation's broader goal is to create a healthier and more compassionate community at large.

The foundation produces Honolulu Pride (coincidentally celebrated in October), hosts the LGBTQ+ Center Honolulu, and designs educational programs that inform and empower Hawai'i's LGBTQIA+ community. At CHEST 2023, representatives from the foundation will discuss the medical disparities that affect the Hawaiian LGBTQ+ community.

"We are at a disparity for medical providers throughout the islands," said Hawai'i LGBT Legacy Foundation Board Secretary, Rick Ramirez, DNP, APRN. "For instance, on Maui there are no geriatricians and only one or two cardiologists. When patients require specialists for their care, they often have to take a plane to O'ahu or somewhere else for medical services."

The LGBTQ+ community still regularly deals with discriminatory or outdated care methods, Ramirez added. Only one provider provides gender-affirming care on the Hawaiian Islands.



Kōkua Kalihi Valley

THE THIRD COMMUNITY GROUP AT CHEST 2023 IS

Kōkua Kalihi Valley (KKV), a 50-year-old medical and dental service in O'ahu. When the COVID-19 pandemic hit, KKV staff called community members to assess people's health and provide assistance to those in need. They discovered that while most people were healthy, many struggled with food insecurity. In response, the organization created a program called Hui Hoaka and started delivering fresh food to patients in need.

"We quickly realized that this was about more than just food delivery," said KKV Research Coordinator, Megan Kiyomi Inada, DrPH, MPH, BS. "We were building relationships with people who felt deeply isolated. When we called, many people would start crying and say, 'Oh gosh, I thought I would be forgotten. Thank you so much for reaching out.'" 🌸



Megan Kiyomi Inada, DrPH, MPH, BS



Better Patient Outcomes in 5 Minutes

The First 5 Minutes® program helps clinicians improve their empathetic listening skills to establish trust in the first 5 minutes of a patient interaction

Experience and patient feedback indicate that patients are more willing to follow medical instructions when clinicians listen to them and make them feel understood. There are also data suggesting these patients have better long-term health outcomes. For busy clinicians, however, getting to know a patient in a short window of time is challenging.

CHEST's First 5 Minutes® program is designed to help clinicians establish patient connections faster and more meaningfully to improve health outcomes. The education program uses e-learning modules to provide clinicians with the tools needed to establish trust and rapport with their patients—all within the first 5 minutes of an interaction.

The program grew out of a CHEST Listening Tour in the fall of 2020, during which CHEST hosted virtual calls in five US cities experiencing disproportionately high rates of COVID-19 cases and mortality. The goal of the patient-focused tour was to gain insight and identify solutions to combat health inequities among marginalized communities.

"The pandemic really brought pulmonary and critical care to the forefront. We were the clinicians caring for these patients. With the recognition that COVID really brought awareness to inequities in health care, this was the right time to first launch the listening tour and hear how we could help our patients," said CHEST Past President, Stephanie Levine, MD, FCCP, Professor of Medicine in the Division of Pulmonary Diseases and Critical Care Medicine at the University of Texas Health Science Center in San Antonio, and a member of the First 5 Minutes Steering Committee.

"That led to the idea of the First 5 Minutes," she continued, "because if we can establish that trust and communication with our patient in the first 5 minutes of our encounters, that could potentially lead to a future lifetime of better health for that patient."

The program's interactive training model, which is led by relationship-centered communication trainers, is designed to improve clinicians' empathetic listening. Trust-building communication skills are part of the core curriculum, which includes:



Stephanie Levine,
MD, FCCP

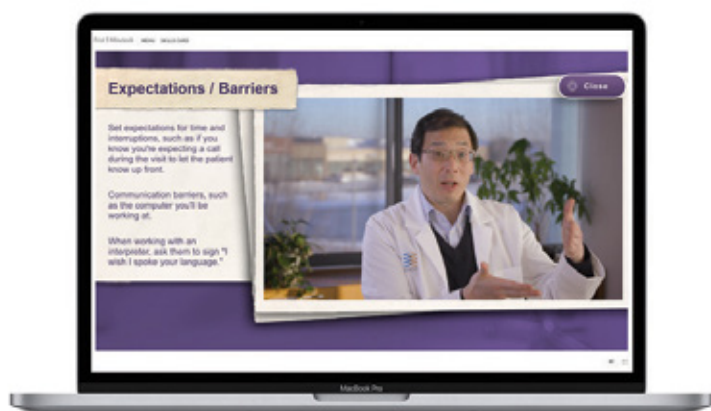
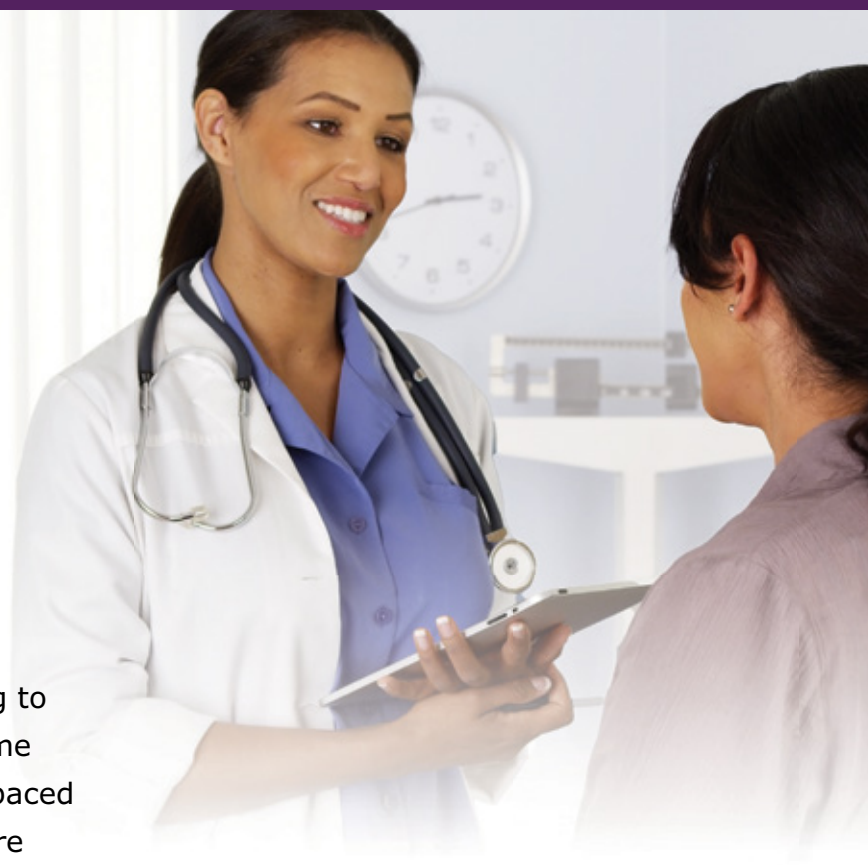


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Minimal Practice Changes, Major Patient Impact

Experience and patient feedback tell us patients are more compliant and have better outcomes when they feel understood. Getting to know your patients in the short window of time you have is challenging. Try these free, self-paced learning modules designed to help you nurture connections faster and more meaningfully.



Building Patient Trust Fundamentals

Quickly create rapport, respond with empathy, and build your relationship.

Building Patient Trust Skills Practice

Apply your empathetic communication skills by conversing with a simulated patient.

The First 5 Minutes® program consists of evidence-based skills to establish trust with your patients in the first 5 minutes of your interactions. With improved communication, you'll see that it takes less effort to help your patients more.



Get Started

CHEST gratefully acknowledges the following supporters of the First 5 Minutes: Founding Supporters - Amgen, AstraZeneca, Bexar County, Boehringer Ingelheim, Novartis, Regeneron, Sanofi, and VIATRIS. Trailblazer Supporter - GSK

- Understanding one's implicit bias and its impact on patient care through small group discussion and activities
- Relationship-centered interviewing and how it positively correlates to patient and clinician outcomes
- Role-playing exercises demonstrating how rapport is established
- Exercises covering the steps of patient- and clinician-centered interviewing

"Every 15 minutes, a medical provider is expected to see another patient," Dr. Levine said. "It can be challenging to demonstrate compassion and care in this brief window. Still, it is essential. The actions and words of the clinician have a tremendous impact on patient care. Together, we can serve as an example of how to improve the way we care for our patients to ensure every patient we treat feels welcomed, respected, and included in the decision-making process."

Additional information about the First 5 Minutes program can be found at chestnet.org and in the Experience CHEST booth in the CHEST 2023 Exhibit Hall. 🦋

First 5 Minutes®

Save time and see better outcomes with evidence-based approaches to developing patient trust.

1: BEGINNING THE INTERVIEW

Pause to Reflect on Implicit Bias

- What identities exist in the relationship?
- Reframe assumptions with curious questions

Create Rapport Quickly

- Greeting & introductions
- Explain your role: "I'm the lung doctor"
- Attend to comfort; small talk before big talk
- Set expectations for time/interruptions
- Address communication barriers

Elicit the List of ALL Items

- Acknowledge each item
- Exhaustive "What else?"

Negotiate the Agenda

- Establish patient's priorities
- State your clinical goals
- Negotiate a plan for the visit

2: RELATIONSHIP-BUILDING

Open the Conversation

- Open-ended question/request
- "Tell me all about X"
- Listen attentively and mostly silently

Explore Personal Story & Name Emotion

- Identify **Impact**, **Ideas**, and/or **Expectations**
- Reflect **Content** and Name **Emotions**

Respond with Empathy using PEARLS

P PARTNERSHIP:
Let's work together to make a plan that feels realistic to you.

E EMOTION:
It's frustrating to receive different messages at each visit.

A APOLOGY:
I'm sorry that I've kept you waiting.

APPRECIATION:
I appreciate you waiting. Your time is valuable.

R RESPECT:
You are a strong advocate for your family.

L LEGITIMIZATION:
A lot of people would feel upset if their concerns weren't addressed.

S SUPPORT:
I'll do everything I can to get to the bottom of this.

Transition to Clinical Exam

- If it's okay, I'd like to ask a few more questions.

Learn more about CHEST's First 5 Minutes® initiative

PEARLS ©The Academy of Communication in Healthcare

ACH Academy of Communication in Healthcare

CHEST

CHEST gratefully acknowledges the following supporters of the First 5 Minutes.

Founding Supporters: Amgen, AstraZeneca, Bexar County, Boehringer Ingelheim, Novartis, Regeneron, Sanofi, and VIATRIS

Trailblazer Supporter: GSK

Lessons from the CHEST Listening Tour

CHEST conducted a Listening Tour in the fall of 2020 involving virtual calls with patients in five US cities experiencing disproportionately high rates of COVID-19 cases and mortality. Here are just a few quotes from patients who participated in the Listening Tour:

"I feel like people are in a hurry. They can move fast, and I guess they think you can move fast too. And it's just not the case."

Rita Castro

"Trust, I think, for me, has to be built on the consistency of a caring clinician who takes the time to listen and respond accordingly."

Orlando Rivera

"Trust with my clinician was really critical in my willingness to follow their instructions and to work with them."

Aldophus Kindle

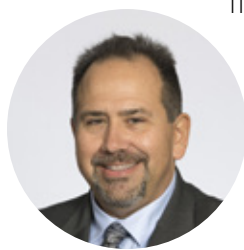
Bridging the Diagnosis Gap in ILD

The Bridging Specialties™: Timely Diagnosis for ILD program brings together pulmonologists and primary care physicians to improve awareness and decrease time to diagnosis of interstitial lung diseases

Interstitial lung disease (ILD) affects about 400,000 people in the US, so it's not a common diagnosis for primary care physicians (PCPs). Complicating a rarer disease, ILDs present with common symptoms like dyspnea, cough, and fatigue that are present in many conditions. As a result, diagnosing patients with ILD can be significantly delayed, sometimes resulting in irreversible lung damage before treatment begins.

To help bridge this diagnosis gap, CHEST teamed up with Three Lakes Foundation to launch the Bridging Specialties™: Timely Diagnosis for ILD initiative in May 2022. The program brings together pulmonary experts and PCPs to develop a clinician-guided approach for diagnosing ILD.

Three Lakes Foundation is a nonprofit dedicated to uniting research, industries, and philanthropy in the fight against pulmonary fibrosis (PF). According to a recent survey of 50 patients living with PF, the majority of respondents said their diagnosis took 2 years or longer.



William Lago, MD

"Patients first see their family medicine or primary care clinicians, and, all too often, the most complex lung diseases present in ways that are indistinguishable from more common conditions like asthma and COPD. Bringing together experts in both fields will yield the best results in creating a path to diagnosis," said William Lago, MD, a family medicine physician at Wooster Family Health Center, Cleveland Clinic Foundation, and a member of the Bridging Specialties steering committee. "By bringing together pulmonary and primary care physicians, I think we can make a better life for our patients."

The Bridging Specialties steering committee, which includes pulmonologists, PCPs, and a nursing professional, has worked to develop materials to help clinicians reduce the time it takes to reach an ILD diagnosis.

"Closing the gap in diagnosing ILDs like pulmonary fibrosis is critical so therapies can be initiated to manage the symptoms and progression of the disease," said steering committee member, Mary Beth Scholand, MD, FCCP, Associate Professor of Internal Medicine and Director of the



Continued on next page ➔

Interstitial Lung Program at the University of Utah. “Figuring this out early so that we can begin to develop a management plan together with our primary care colleagues in a timely manner is really the key.”

Additional information about the Bridging Specialties program can be found at chestnet.org.

Online resources include an ILD Clinician Toolkit with expert-created tools, such as:

- An ILD diagnosis and management checklist and resource guide



Mary Beth Scholand, MD, FCCP

- An ILD-specific patient questionnaire that can be downloaded and used in clinical practice
- An e-learning module reviewing key symptoms (like crackles on auscultation) and suggested patient workups
- A decision-making tool that walks clinicians through three patient scenarios
- An interactive story that allows clinicians to choose patient actions and learn about the impact of each decision

Information about Bridging Specialties is also available at CHEST 2023 in the Experience CHEST booth in the Exhibit Hall. 🦋

INTERSTITIAL LUNG DISEASE (ILD) CHECKLIST & RESOURCE GUIDE

For early ILD detection, partnership between primary care, pulmonology, and an ILD center, when available, is essential.

STEP 1
SUSPECTING ILD

EVALUATE

For classic symptoms and signs

- Chronic cough (*dry, nonproductive*)*
- Shortness of breath*
- Clubbing of fingers
- Oxygen desaturation with ambulation ($\geq 3\%$ drop in pulse oximetry)
- Hypoxemia at rest
- Crackles on auscultation

(listen using the QR code)

*Most common symptoms If patient is experiencing these, increase suspicion of ILD.

PROVIDE

ILD-specific questionnaire

Look for trends in responses

- History of smoking
- Familial history of ILDs
- Significant environmental exposure or risk factors

View and download the questionnaire

RECOGNIZE

Other potential conditions

Condition	Workup
Cardiac	ECG, Chest X-Ray†
Asthma/COPD	Spirometry, Chest X-Ray†

†Patients with mild symptoms may have normal chest x-ray results. A non-contrast CT scan of the chest, ideally HRCT, will detect even mild ILDs.

STEP 2
CONFIRMING ILD SUSPICION

Based on available resources, start with ordering imaging or referring the patient to an ILD specialist

ORDER IMAGING

Required to diagnose ILD

Per available resources:

Non-contrast CT scan

- HRCT scan is optimal, if available.

HRCT scan Requirements

- 1-2 mm cuts
- Without contrast

RESULTS

Pay attention to:

- Interstitial changes or markings
- Reticulations or reticular changes
- Traction bronchiectasis
- Architectural distortion
- Honeycombing

REFER

Basis for referral:

- Suspicion of ILD
- Spirometry shows restrictive patterns
- Patient has not responded to current treatment or management plan

ILD specialist will:

- Order HRCT scan
- Confirm and determine severity of ILD
- Order necessary bloodwork

Your ability to recognize and suspect ILD in a patient and refer them to an ILD specialist helps the patient receive a timely ILD diagnosis.

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Bridging Specialties™: Timely Diagnosis for ILD

Bridging Specialties™: Timely Diagnosis for ILD brings together pulmonologists and primary care physicians to define a clearer clinician-guided approach to diagnosis for interstitial lung diseases (ILDs).

Early diagnosis for ILDs is essential. Time is of the essence in diagnosing ILDs, but the signs can be difficult to recognize.



If you hear this, it might be ILD

A common symptom of ILD is a crackle on auscultation. It's important to listen at the bottom of the lungs, as this is where the crackles are most commonly heard.



Hear what crackles
can sound like.

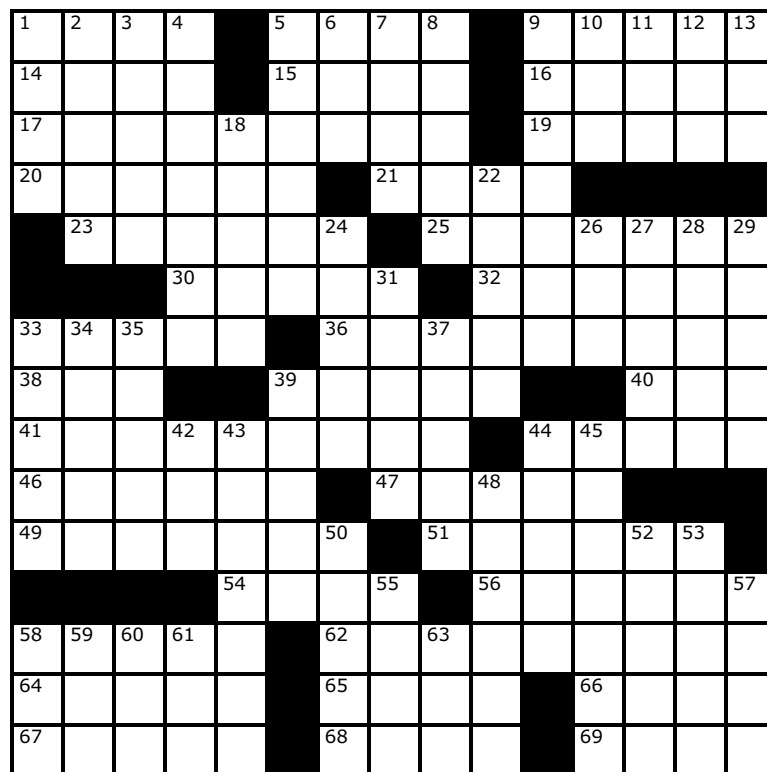
CHEST 2023 Crossword

Created by David P. Steensma, MD

ACROSS

1. Medical school head
5. Nurse Florence Nightingale: The Lady with the ____
9. Basic Halloween costume
14. Palindromic quip attributed to Napoleon: "Able was I, ____ saw Elba"
15. Anatomical canal or passage, and ongoing >\$20B nuclear fusion mega-project
16. Exceed
17. Kiss-eliciting Christmas greenery, studied in the 1980s in randomized trials in lung cancer
19. The ones over there
20. Looked into the airways or the gut
21. Nickname for the southern city where CHEST 2019 was held
23. Small harpsichord
25. Sleepwear with a Hindi name
30. Increasingly obsolete storage medium that could hold up to 700 MB
32. Edible corkscrews
33. Clothing for 13-Down answer
36. Pop, grunge, and metal groups
38. Lung disease with alveolar capillary bleeding, sometimes caused by antglomerular basement membrane antibodies
39. Greek colonnades
40. Drug class that increases hemoglobin and VTE risk
41. Requires assistance, like a trainee doing their first intubation
44. Thread holder
46. Manuscript slipups corrected after publication

47. Bellowing like a World Cup crowd
49. Beach area where surfing pioneer Duke Kahanamoku grew up
51. One way to fall
54. Metro, Tracker, Storm, and Prizm
56. Arizona State Sun ____
58. Device that transfers data to the internet
62. Foundation that runs the world's largest crowdsourced encyclopedia
64. Hajji's destination
65. "____, a plan, a canal: Panama"
66. Cheers
67. Heads a publication like *CHEST*® journal
68. Cairo's river
69. Color of cyanosis



DOWN

1. JFK, LBJ, FDR, etc
2. Clapton, Idle, and Cartman
3. Famous fable writer
4. Quibble about details
5. German songs
6. One-time telecom giant
7. "Look, Mom! It's __, __ TV!"
8. Where patients often wait before a bronchoscopy
9. Joined the workforce
10. "Come again?"
11. Laryngologist prefix
12. Protein treatment before polyacrylamide gel electrophoresis in western blotting
13. Clubbed foot part in chronic lung disease
18. Opposite of borrows
22. Birds that symbolize daybreak and frolicking
24. Vienna dessert; Hotel Sacher claims the "original"

26. __-__-glance
27. Actor Sal who died prematurely after being stabbed in the chest
28. Samuel Pepys diary entry: "____ to bed"
29. Rope fiber
31. Money, in slang
33. Tendon
34. The Barber of Seville, eg
35. SNL star Oteri
37. Bay of Naples isle that gave its name to a type of pants
39. In the summer of 2023, McDonald's briefly marketed a purple one honoring Grimace
42. Cowboys quarterback Prescott
43. Marks of shame
44. Massachusetts town where Giles Corey was asphyxiated by stones on his chest in 1692
45. Old saw

48. Water spirit whose "curse" gave her name to congenital central hypoventilation syndrome
50. Hawkeye State resident
52. Intellectual subject of The United States of Amnesia
53. Founder Yale of Yale University
55. California's ____ Valley, where coccidioidomycosis is endemic
57. Postpaid enclosure for paper manuscripts
58. Abbreviation on a French envelope
59. Wordy subject of The Professor and the Madman
60. Rank of fictional policemen Lestrade, George Gently, Tom Barnaby, and Takeshi Kido
61. Psychiatric prescription for severe depression (aspiration is a risk)
63. Seoul-based flag carrier

Answer key is on page 64.

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and Apply



HOURS

Monday, October 9
9:30 AM – 3:30 PM

Tuesday, October 10
9:30 AM – 2 PM

Wednesday, October 11
9:30 AM – 1 PM

EXHIBIT HALL HIGHLIGHTS

Experience CHEST

An exclusive area featuring bite-sized presentations from the top names in chest medicine, plus access to the CHEST Store and the free T-shirt giveaway

Poster Pavilions and Rapid Fire Presentation Areas

Select live presentations of scientific research and case reports

CHEST Games

Innovative and interactive educational opportunities, including Escape Rooms inside the hall

Learning Theaters

Focused presentations that offer clinical insights

Concessions

Lunch and snacks available for purchase



CHEST 2023 EX

Hawai'i Convention Center, Level 1





CHEST 2023 EXHIBITORS

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GSK Medical	1807

EXHIBIT HALL

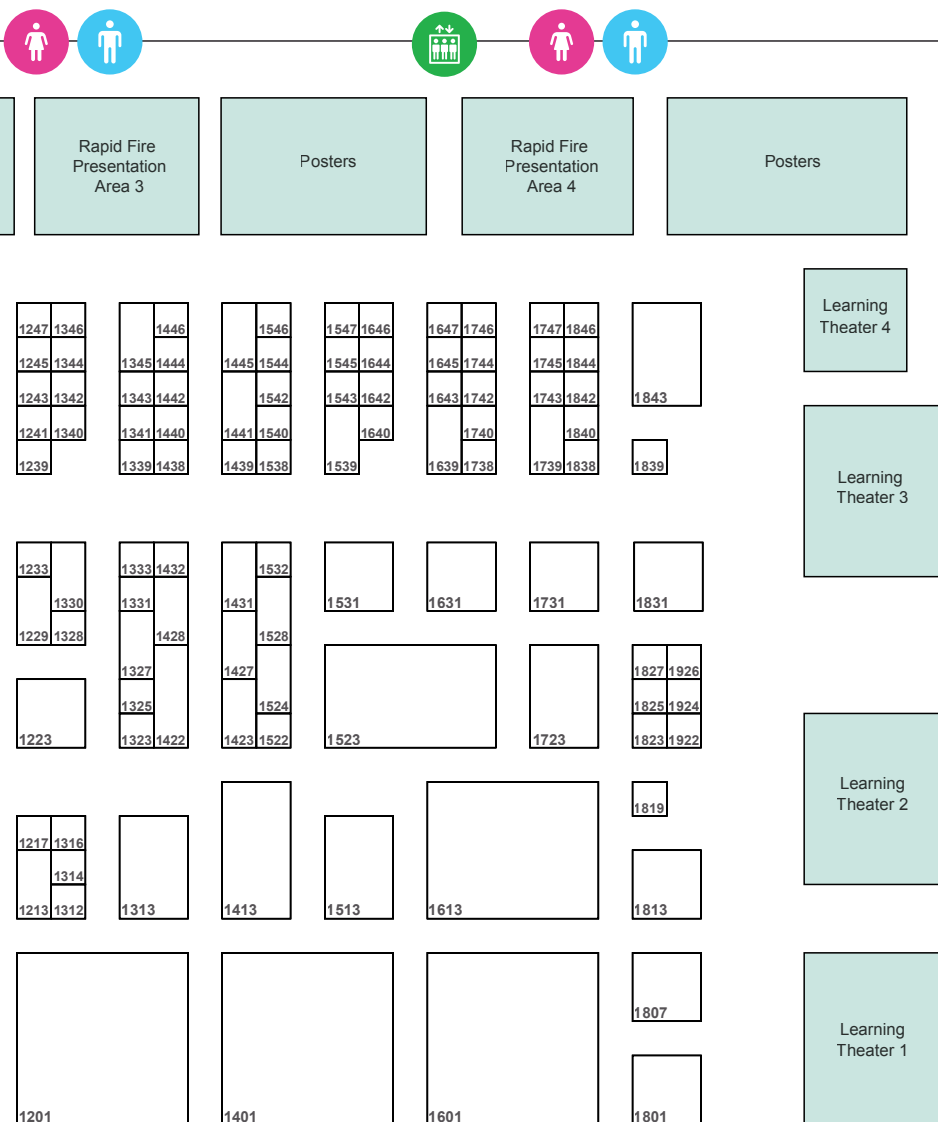


EXHIBIT HALL ENTRANCE

Continued on next page →

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PRIVATE MEETING SUITES

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GSK Medical	MS2
Insmad	MS3
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Boston Scientific	MS7
Ambu	MS8
Horizon	MS9
Ani Pharmaceuticals	MS10
Intuitive Surgical	MS11

U

United Therapeutics	1613
US Acute Care Solutions	1341
US Army Medicine	845

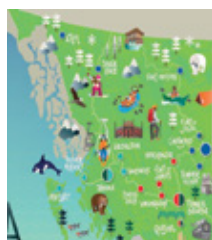
V-Z

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Veterans Health Administration . .	1343
Viatrix Theravance Biopharma, Inc	815, 1013
VitalGo	1346
Vyair Medical	1442
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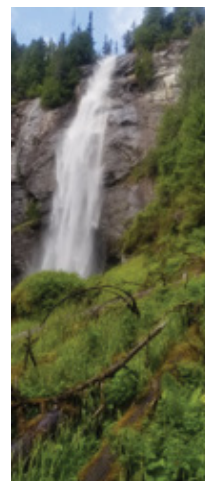
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PH-ILD: OPTIMIZING SCREENING STRATEGIES

for Accurate Diagnosis and Timely Intervention

Tues., Oct. 10 | Tapa Ballroom 1

5:15 – 5:30 AM Registration & Breakfast
5:30 – 6:45 AM CME Symposium

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Boston
CHEST 2024
October 6-9

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Share clinically relevant topic ideas that interest you and help shape our curriculum for CHEST 2024—the best learning event in chest medicine. This is your opportunity to:

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**Submit
Today**

Submission deadline:
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2 pm CT

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SAVE THE DATE! CHEST 2024 will be in Boston, Massachusetts, October 6 – 9, 2024

Learning Theaters

CHEST 2023 exhibitors will offer presentations throughout the meeting in Learning Theaters located in the Exhibit Hall. Stop by during breaks in the education schedule.

MONDAY, OCTOBER 9

9:45 AM – 10:30 AM

Understanding Chronic Cough: Patient Presentation and Assessment (*Merck & Co., Inc.*)
Learning Theater 1

Evidence Update for a PAH Therapy: 10 Years of Safety, Dosing, and Follow-Up (*Janssen*)
Learning Theater 2

Who's in Your Waiting Room? Identifying Uncontrolled Asthma Patients (*Regeneron Pharmaceuticals/Sanofi*)
Learning Theater 3

Preventing COPD Exacerbations: Can We Do More? (*GSK*)
Learning Theater 4

12 PM – 12:45 PM

Respiratory Syncytial Virus Disease Burden and Option for Vaccine (*GSK*)
Learning Theater 1

Aiming for Clinical Remission: The Next Frontier (*GSK*)
Learning Theater 2

Addressing Exacerbations and OCS Exposure in Severe Asthma Management (*AstraZeneca*)
Learning Theater 3

Go Paperless! Managing COPD and Asthma Using Digital CAT and ACT Tools in Epic (*GSK*)
Learning Theater 4

2:15 PM – 3 PM

Exploring the Role of Type 2 Inflammation in Chronic Obstructive Pulmonary Disease (*Regeneron Pharmaceuticals/Sanofi*)
Learning Theater 1

Fluid Management of Critical Care Patients (*Baxter Healthcare Corporation*)
Learning Theater 2

The Art of Managing Acute Pulmonary Embolism: Looking Beyond the Guidelines and Late-Breaking Data (*Inari*)
Learning Theater 3

Does the Current Approach to Asthma Rescue Therapy Meet the Challenge of Exacerbations? (*AstraZeneca*)
Learning Theater 4

TUESDAY, OCTOBER 10

9:45 AM – 10:30 AM

Pulmonary Arterial Hypertension: Overview, Pathophysiology, and Clinical Considerations (*Merck & Co., Inc.*)
Learning Theater 1

Biologic Intervention: When Could It Be Appropriate? (*Regeneron Pharmaceuticals/Sanofi*)
Learning Theater 2

An Effective, Broad-Spectrum Antibiotic for the Treatment of CABP in Adults (*Paratek Pharmaceuticals, Inc.*)
Learning Theater 3

Exploring the Inflammatory Pathophysiology in Eosinophilic COPD — Is There a Role for Precision Medicine? (*GSK*)
Learning Theater 4

11:45 AM – 12:30 PM

Understanding Severe Asthma: Taking a Closer Look at the Allergic + Eosinophilic Patient Type (*Amgen/AstraZeneca*)
Learning Theater 1

Case in Point: The Current State of OFEV® (Nintedanib) Capsules and the Key Role of Radiology (*Boehringer Ingelheim Pharmaceuticals, Inc.*)
Learning Theater 2

Molecular Diagnostics and PCT for Pneumonia and Antimicrobial Stewardship in the ICU (*bioMérieux, Inc.*)
Learning Theater 3

Should We Be Targeting Eosinophils Regardless of Allergic Status in Patients With Severe Eosinophilic Asthma? (*GSK*)
Learning Theater 4

1 PM – 1:45 PM

Closing the Gaps: The Importance of Early Detection — Equity and Optimization of Care in Lung Cancer (*AstraZeneca Oncology*)
Learning Theater 1

Detecting a Genomic UIP Pattern to Improve ILD Diagnostic and Prognostic Confidence With the Envisia Genomic Classifier (*Veracyte, Inc.*)
Learning Theater 2

1 PM – 1:45 PM

Rethinking the Role of Nebulization in the Maintenance Treatment of COPD (*Viatrix | Theravance Biopharma*)
Learning Theater 3

Reduction of Diagnostic Interventions on Benign Lung Nodules: Results From the Nodify XL2® Clinical Utility Study (*Biodesix, Inc.*)
Learning Theater 4

WEDNESDAY, OCTOBER 11

9:45 AM – 10:30 AM

Fluid Management of Critical Care Patients (*Baxter Healthcare Corporation*)
Learning Theater 1

The Role of the Pulmonologist in Infectious Disease Prevention — A Case Study Approach (*GSK*)
Learning Theater 2

Incorporating Robotics Into the Lung Cancer Space (*Ethicon*)
Learning Theater 3

Type 2 Inflammation and the Lungs: Implications for Asthma and Chronic Obstructive Pulmonary Disease (*Regeneron Pharmaceuticals/Sanofi*)
Learning Theater 4

11:45 AM – 12:30 PM

Real-time Radial EBUS Guided Nodule Biopsies - A New Frontier (*Boston Scientific*)
Learning Theater 1

Navigating Bronchiectasis Exacerbations: An Expert Discussion (*Insmad*)
Learning Theater 2

A Multidisciplinary Discussion: Neoadjuvant Treatment for Patients With Resectable NSCLC (*Bristol Myers Squibb*)
Learning Theater 3

Safety, Strategy, and the Sea of Data Surrounding Intermediate-Risk Pulmonary Embolism (*Boston Scientific*)
Learning Theater 4

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Please join us for a Learning Theater

Evidence Update for a PAH Therapy: 10 Years of Safety, Dosing, and Follow-up

Monday, October 9, 2023
9:45 AM – 10:30 AM HST

Learning Theater 2, Exhibit Hall
Hawai'i Convention Center

Pulmonary arterial hypertension (PAH) is a progressive disease characterized by restricted blood flow through the pulmonary vasculature ultimately leading to right heart failure.¹ This learning theater will feature Chad Miller, MD, a PAH thought leader, who will discuss updated evidence on safety, dosing, and follow-up for an important PAH therapy.

1. McLaughlin VV, Shah SJ, Souza R, et al. *J Am Coll Cardiol*. 2015; 65:1976-1997.



Faculty

Chad Miller, MD

Pulmonary Vascular Disease Program, Director
Division of Pulmonary, Critical Care and Sleep Medicine
Piedmont Healthcare
Atlanta, GA

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Industry-Supported CME Satellite Symposia

SUNDAY, OCTOBER 8

12 PM – 1:15 PM

Understanding the Changing Treatment Landscape of Severe Asthma

Convention Center, Room 312

This activity is supported by an educational grant from AstraZeneca Pharmaceuticals.

Keeping Pace With Bronchiectasis: Early Diagnosis, Management, and Emerging Treatments

Convention Center, Room 316C

This activity is supported by an educational grant from Insmmed.

MONDAY, OCTOBER 9

5:15 AM – 6:45 AM

Multidisciplinary Approach to the Management of Refractory Nontuberculous Mycobacterial Lung Disease

Hilton Hawaiian Village, Tapa Ballroom 1

This activity is supported by an educational grant from Insmmed.

Pulmonary Hypertension Management Master Class: Quickfire Cases

Hilton Hawaiian Village, Tapa Ballroom 2

This activity is supported by an educational grant from Actelion Pharmaceuticals US, Division of Janssen Pharmaceuticals; Bayer; Merck & Co., Inc.; and United Therapeutics, a public benefit company.

ANCA-Associated Vasculitis: The Pulmonologist's Role in Diagnosis, Treatment and Management

Hilton Hawaiian Village, Tapa Ballroom 3

This activity is supported by an educational grant from Amgen, Inc.

TUESDAY, OCTOBER 10

5:15 AM – 6:45 AM

PH-ILD: Optimizing Screening Strategies for Accurate Diagnosis and Timely Intervention

Hilton Hawaiian Village, Tapa Ballroom 1

This activity is supported by an educational grant from United Therapeutics Corporation.

When Hypersomnolence Is Not Sleep Apnea: Challenge Yourself With Real Patients With Idiopathic Hypersomnia

Hilton Hawaiian Village, Tapa Ballroom 2

This activity is supported by an educational grant from Jazz Pharmaceuticals.

Antimicrobials in Critical Care: Discussing Cases With the Experts

Hilton Hawaiian Village, Tapa Ballroom 3

This activity is supported by an educational grant from Merck & Co., Inc.

Industry-Supported Non-CME Satellite Symposia

MONDAY, OCTOBER 9

5:30 PM – 8:30 PM

Reframing Rescue Therapy to Help Prevent Asthma Exacerbations

Hilton Hawaiian Village, Tapa Ballroom 1

Sponsored by AstraZeneca

PH Associated With ILD: Making the Case for Early Detection and Treatment

Hilton Hawaiian Village, Tapa Ballroom 2

Sponsored by United Therapeutics

TUESDAY, OCTOBER 10

5:30 PM – 8:30 PM

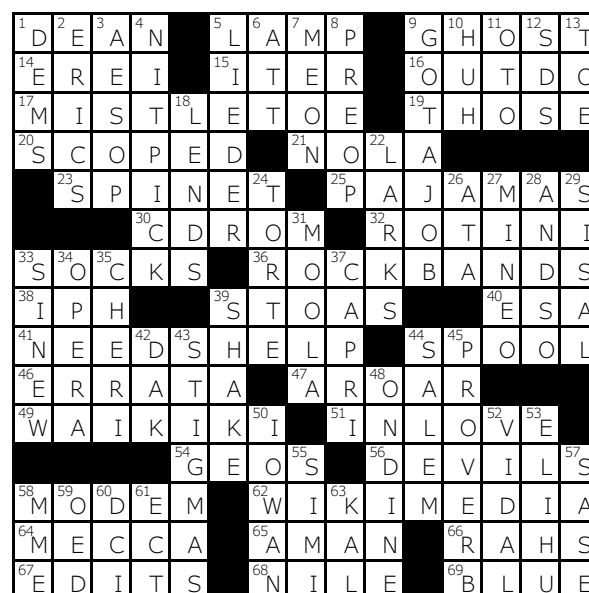
New Insights on COPD Exacerbations and Mortality

Hilton Hawaiian Village, Tapa Ballroom 1

Sponsored by AstraZeneca

CHEST 2023 Crossword

Answers to puzzle on page 56



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Pulmonary Arterial Hypertension Management Master Class Quickfire Cases

MONDAY, OCTOBER 9, 2023 | 5:45 AM — 6:45 AM HST

HILTON HAWAIIAN VILLAGE

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HYBRID

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Pulmonary & Critical Care Division
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Albuquerque, New Mexico



SPEAKERS

Jean M. Elwing, MD, FCCP

Professor of Medicine
Director, Pulmonary Hypertension Program
University of Cincinnati
Cincinnati, Ohio



Steven D. Nathan, MD, FCCP

Medical Director
Advanced Lung Disease and Transplant Program
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IN BRONCHIECTASIS,
NEUTROPHILIC INFLAMMATION
CAN BE A DAMAGING FORCE

Attend a Bronchiectasis Learning Theater at the CHEST Annual Meeting 2023

Navigating Bronchiectasis Exacerbations: An Expert Discussion



Colin Swenson, MD

Section Chief, Pulmonary & Critical Care
Medical Director, Respiratory Services
Emory St Joseph's Hospital



Wednesday, October 11



11:45 AM



Learning Theater 2

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Learn more about bronchiectasis at Insmed's **Booth #1001**
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