

AN OFFICIAL PUBLICATION OF THE AMERICAN COLLEGE OF CHEST PHYSICIANS

CHEST 2025

CHICAGO

October 19-22



9
30
42

View Schedule at a Glance

Celebrate 90 Years of CHEST

Meet Community Connections Partners

PHinding Pulmonary Hypertension:

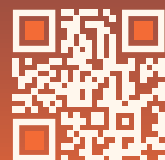
Exploring Best Practices in PH-ILD Detection and Management

AT CHEST 2025, **CHICAGO, IL**
MARRIOTT MARQUIS,
GREAT LAKES BALLROOM ABC

DATE
20
OCT

TIME
6:15PM REGISTRATION & DINNER
6:30PM PRESENTATION

Join the discussion! This event brings together experts and experienced clinicians at the forefront of PH-ILD care and research. We aim to review clinical evidence related to screening, diagnosis, and treatment.



REGISTER HERE



Kelley Brant, NP
Pulmonary Nurse Practitioner
Intermountain Health



Kevin Flaherty, MD
Professor of Internal Medicine
University of Michigan Health

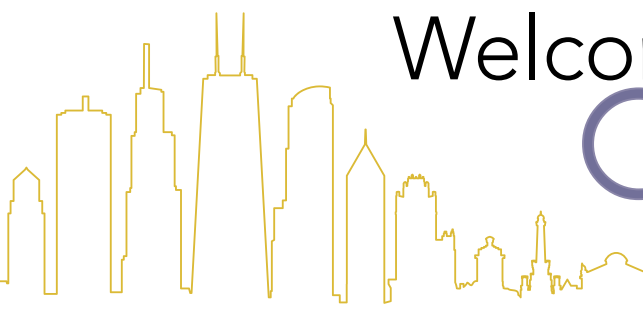


Steve Nathan, MD
Medical Director
Inova Fairfax Hospital

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 2025 conference sessions. This event is not an endorsement by CHEST and does not reflect the views or opinions of CHEST.

**United
Therapeutics**
CORPORATION

**Medical
Affairs**



Welcome to CHICAGO and CHEST 2025

Chicago is a city defined by innovation, grit, and a dynamic spirit. As the birthplace of the skyscraper, it has long symbolized rising above challenges and reaching new heights. It's also a vibrant hub of world-class science and a rich tapestry of diverse communities—qualities that have also shaped CHEST.

This year's meeting is especially meaningful as we celebrate 90 years of CHEST (see page 30 for some historical context). Since our first annual meeting in 1935, CHEST has been driven by a commitment to advancing science, education, and patient care. Chicago is the perfect setting to honor that legacy—and to look ahead to the future of pulmonary, critical care, and sleep medicine.

Over the next few days, you'll experience a program designed to inspire, inform, and challenge you. There are more than 300 educational sessions that examine the latest breakthroughs and explore what lies ahead. Leading experts will share their clinical insights through lectures, interactive sessions, roundtable conversations, and live podcast recordings. We'll also dive into some of the most pressing issues of our time—from artificial intelligence and climate change to health equity, pandemic preparedness, and the evolving research landscape.

As Chair of the CHEST 2025 Scientific Program Committee, I'm thrilled to welcome you to the meeting. Whether you're a trainee, early career professional,

or seasoned clinician, we have content tailored just for you. Our program reflects the power of multidisciplinary collaboration, recognizing that we move forward together—across professions, specialties, and backgrounds.

At the heart of CHEST is the joy of connection and community. Throughout the week, you'll find countless ways to engage with colleagues old and new. CHEST Networks and Interest Groups often feel like a professional home, and you can experience that camaraderie at two evening events on Monday—the Networks Mixer at 5:30 PM and the Cultures and Communities Reception at 6:00 PM.

Also on Monday night, you'll be able to experience our popular storytelling event, CHEST After Hours, at 6:00 PM. And don't miss the high-energy, always-entertaining CHEST Challenge Championship on Tuesday at 6:00 PM, where we'll cheer on the rising stars of our field. (See page 38 to meet the CHEST Challenge teams and page 40 for a preview of the After Hours event.) One thing's for sure: It'll be difficult to choose among all of these one-of-a-kind events.

This week is our opportunity to learn, connect, be inspired, and help shape the future of CHEST for the next 90 years.

Enjoy your time in Chicago. I'm so glad you're here, and I look forward to seeing you around the convention center!



Sandhya Khurana, MD, FCCP

Chair, CHEST 2025 Scientific Program Committee



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1935 to 2025: CHEST at 90



For nearly a century—through medical advances, pandemics, and a name change or two—CHEST's mission has been rooted in education.

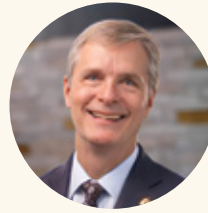
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90 for 90 Campaign



To commemorate the 90th anniversary, 90 early career clinicians received travel grants to attend CHEST 2025 through a dedicated fundraising campaign.

36



Opening the Door, Leading the Way: Catch up with President John Howington, MD, MBA, FCCP

38

Get to know the CHEST Challenge Championship Finalists



The Stories That Shape Us

CHEST After Hours participants describe the annual storytelling event as a profound experience.

42

Hometown Heroes



Representatives from the Chicago Asthma Consortium, CommunityHealth, and Mobile Care Chicago have been invited to CHEST 2025 to highlight their work and discuss their successful community intervention strategies.

46

Cultivating Success



The Hennepin Healthcare Talent Garden CHEST Scholars program aims to transform community care by helping youth from historically excluded communities envision careers in medicine.

CHEST 2025

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The American College of Chest Physicians (CHEST) is the global leader in advancing best patient outcomes through innovative chest medicine education, clinical research, and team-based care.

American College of Chest Physicians
2595 Patriot Boulevard | Glenview, Illinois 60026
800-343-2227 | 224-521-9800 | chestnet.org

TriStar Event Media, LLC
7285 W. 132nd Street, Suite 300 | Overland Park, Kansas 66213
913-491-4200 | tristareventmedia.com

CHEST STAFF

John Howington, MD, MBA, FCCP
President

Robert Musacchio, PhD
Executive Vice President & CEO

Jennifer Szabo, CAE
Publisher and Chief Operations Officer

Susan Rice, MEd
Senior Director, Communications and Publishing

Heather Watkins
Director, Content Strategy and Operations

Rebecca Barshop
Managing Editor, News Channels

Laura DiMasi
Senior Specialist, Public Relations and Communications

All information is correct as of October 2, 2025. Schedule and maps are subject to change. Check the CHEST Events app for updates.

BRONCHIECTASIS

and the Vicious Vortex:

Transforming Care Through Targeted Interventions



Charles Daley, MD
National Jewish Health



Steven E. Lommatzsch, MD
National Jewish Health



Shoshana Zha, MD, PhD
University of California
-San Francisco

Lunch Symposium



Sunday, October 19, 2025

12-12:15 p.m. (CDT):
Check in and Lunch

12:15-1:15 p.m. (CDT):
Educational Program

McCormick Place Convention Center
Room N427

1.0 CME/MOC

RSVP with QR code or visit NJHealth.org/Bronchiectasis

Visit National Jewish Health booth #2307 in the exhibit hall.



Supported by an Educational Grant from Insmmed.

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



National Jewish Health

Breathing Science is Life.

MEDICAL MYTH-BUSTING

Separating Fact from Fiction in ILD Diagnosis, Treatment and Care

Monday, October 20, 2025

6-6:30 a.m. (CDT): Check in and Breakfast

6:30-7:30 a.m. (CDT): Educational Program

Marriott Marquis Chicago
Grand Horizon Ballroom ABC

1.0 CME/MOC



Ayodeji Adegunsaye
MD, MSc, PhD, FCCP
University of Chicago Medicine



Barbara Goldstein
MD, MMSc
Denver Arthritis Clinic



Joshua J. Solomon
MD
National Jewish Health

Breakfast Symposium



National Jewish Health

Breathing Science is Life.

RSVP with QR code or visit NJHealth.org/MythBustingILD

Visit National Jewish Health booth #2307 in the exhibit hall.



This activity is supported by an independent medical educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

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

MEETING BASICS

You've made it to Chicago—now make your way around the meeting like a pro



MEETING NEWS

Visit chestphysician.org/annual-meeting or scan the QR code 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 mid-November.



WI-FI

Complimentary Wi-Fi is provided for CHEST 2025 attendees at both McCormick Place and Marriott Marquis Chicago. Connect with the following credentials:

Network: CHEST2025

Password: chest2025

CONNECT ON SOCIAL MEDIA

What sessions are you enjoying? Who have you run into in the hallways? Share the fun you're having at CHEST 2025 on social media and get the latest updates from CHEST and other attendees. Follow **#CHEST2025** to stay in the loop and **#CHEST90** to join the 90th anniversary celebrations.

    @accpchest

 American College of Chest Physicians

ACTIVATE YOUR FREE CHEST MEDCAST SUBSCRIPTION

Paid, full-conference registrants receive a year of access to our on-demand educational streaming platform, CHEST MedCast. Enjoy watching past annual meeting sessions, simulation videos, clinical webinars, and more, PLUS CHEST 2025 session recordings starting in November.



SHUTTLE SERVICE

Complimentary shuttles will run approximately every 20 to 30 minutes between select CHEST hotels and the McCormick Place Convention Center. Hotels with shuttle service include Hilton Chicago, Hyatt Regency Chicago, Intercontinental Chicago, Omni Chicago, Chicago Marriott Mag Mile, Residence Inn River North, and Springhill Suites River North.

Operating Hours

Saturday, October 18	5:30 AM – 6:00 PM
Sunday, October 19	5:30 AM – 9:30 PM
Monday, October 20	5:30 AM – 9:30 PM
Tuesday, October 21	5:30 AM – 9:30 PM
Wednesday, October 22	5:30 AM – 5:00 PM

Please note that the complimentary shuttles will run from all hotel shuttle routes for the scheduled morning symposia and evening events at the Marriott Marquis.

Routes

Riders can check the status of the next bus by scanning this QR code.

Route 1 – Red

Hilton Chicago

Route 2 – Yellow

Hyatt Regency Chicago

Route 3 – Blue

Intercontinental Chicago
Omni Chicago
Chicago Marriott Mag Mile
Residence Inn River North
Springhill Suites River North



CLAIM CME/CE/COA

The online evaluation system to claim CME/CE credit will open at the conclusion of CHEST 2025. **You must complete the evaluation process and claim your credit by April 8, 2026, at 11:59 PM CT.** For more details, scan the QR code to visit the CHEST 2025 CME Information webpage.



CERTIFICATE OF ATTENDANCE

To complete the CME Activity Evaluation for CHEST 2025, claim CME/CE credits, and download CME/CE certificates and certificates of attendance (COA), please see the instructions below. **You must complete your evaluation and download your certificate by April 8, 2026.**

- Visit the CME/CE Evaluation webpage and sign in to your CHEST account.
- Complete the CHEST Annual Meeting 2025 Comprehensive Evaluation.
- Complete the claiming prompts. Finalize by clicking the Claim button.
- Your certificate and transcript can be viewed under Claimed Activities on the Manage CME page.

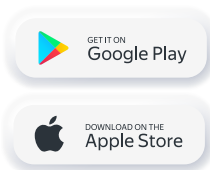
If you need to obtain a certificate of attendance for your participation in CHEST 2025, you will be able to obtain one online. If you need help, contact CMESupport@chestnet.org. For faster assistance, outline the specific problem you are having, and provide your CHEST ID and contact information.

DOWNLOAD THE APP

Plan your schedule and ensure you don't miss key CHEST 2025 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 McCormick Place Convention Center and the Exhibit Hall 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.



QUESTIONS?

The CHEST Help Team is available to connect with you to address your questions, comments, and concerns. Visit the Help Desks on site or contact us at helpteam@chestnet.org or +1 (224) 521-9800.

REGISTRATION

Friday, October 17

McCormick Place 3:00 PM – 5:00 PM
Marriott Marquis 3:00 PM – 8:00 PM

Saturday, October 18

McCormick Place 6:00 AM – 5:00 PM
Marriott Marquis 6:00 AM – 5:00 PM

Sunday, October 19

McCormick Place 6:30 AM – 5:00 PM
Marriott Marquis 5:30 AM – 6:30 PM

Monday, October 20

McCormick Place 7:00 AM – 5:00 PM

Tuesday, October 21

McCormick Place 7:30 AM – 5:00 PM

Wednesday, October 22

McCormick Place 7:30 AM – 2:30 PM

HELP DESKS

South Building Help Desk

Saturday 7:00 AM – 6:00 PM
Sunday 7:30 AM – 5:30 PM
Monday 7:30 AM – 6:00 PM
Tuesday 7:30 AM – 5:30 PM
Wednesday 7:30 AM – 12:30 PM

Lakeside Center Help Desk

Saturday 7:00 AM – 6:00 PM
Sunday 7:30 AM – 5:30 PM
Monday 7:30 AM – 6:00 PM
Tuesday 7:30 AM – 5:30 PM
Wednesday 7:30 AM – 4:30 PM

Presenter and Moderator Help Desk

Have questions about your poster presentation? Stop by the presenter and moderator help desk, conveniently located near Experience CHEST.

EXHIBIT HALL

Monday 10:00 AM – 4:00 PM
Tuesday 10:00 AM – 3:00 PM
Wednesday 10:00 AM – 2:30 PM

CHEST BY THE NUMBERS

600+ total sessions

27.5 CME hours available

924 presenting faculty

4,032 abstracts/case reports presented

60 simulation courses

32 ribbons for your badge at registration

5,700 souvenir T-shirts to claim at Experience CHEST

Wellness Zone

Embrace the serenity of the Wellness Zone at this year's annual meeting. Located on the Level 3 lobby of the Lakeside Center, the Wellness Zone offers a haven for attendees seeking a few moments of tranquility and self-care.

FEATURED EVENTS

SUNDAY, OCTOBER 19

Hours: 7:15 AM – 4:00 PM

7:15 AM – 7:45 AM **WORKOUT**
Morning Gentle Yoga

12:15 PM – 12:45 PM **LECTURE**
Back in Action: The Real Fix for Pain, Posture, and Prevention

12:45 PM – 1:15 PM **LECTURE**
From Burned Out to Balanced: Strategies to Reclaim Your Energy

2:30 PM – 3:00 PM **WORKOUT**
Sound Bath Healing Meditation

MONDAY, OCTOBER 20

Hours: 7:00 AM – 4:00 PM

7:15 AM – 7:45 AM **WORKOUT**
Tai Chi Fitness

10:15 AM – 10:45 AM **LECTURE**
Biofeedback 2.0: Using Data to Optimize Your Health and Recovery

12:15 PM – 12:45 PM **LECTURE**
Calm Is a Skill: Breath, Stillness, and the Art of Regulation

2:30 PM – 3:00 PM **WORKOUT**
Fun Dance Fitness

TUESDAY, OCTOBER 21

Hours: 7:00 AM – 4:00 PM

7:15 AM – 7:45 AM **WORKOUT**
Morning Gentle Yoga

10:15 AM – 10:45 AM **LECTURE**
Gut Check: Healing Your Microbiome for Brain and Body Health

1:00 PM – 1:30 PM **LECTURE**
Calm Is a Skill: Breath, Stillness, and the Art of Regulation

2:30 PM – 3:00 PM **WORKOUT**
Tai Chi Fitness

WEDNESDAY, OCTOBER 22

Hours: 7:00 AM – 1:00 PM

7:15 AM – 7:45 AM **WORKOUT**
Tai Chi Fitness

10:30 AM – 11:00 AM **LECTURE**
Back in Action: The Real Fix for Pain, Posture, Prevention

The Premier Educational Resource in Chest Medicine

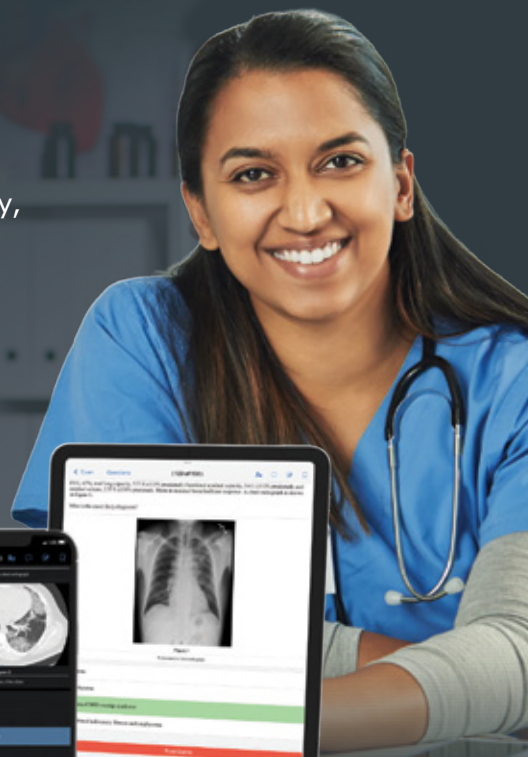
With CHEST SEEK® Library, you gain access to:

- More than 1,250 questions in critical care, pulmonary, and sleep medicine
- Detailed rationales, recorded discussions, and concise summary key points
- Timed mock exams to test your clinical expertise



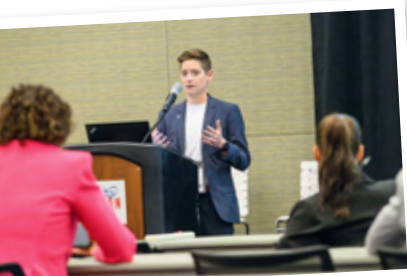
Enhance
Your Clinical
Knowledge

 CHEST®



Trainee Lounge

Come mingle and network with your fellow trainees and CHEST leaders while also attending informative and educational career events. All events will take place in the Trainee Lounge at McCormick Place, South Building, Room 405AB.



SUNDAY, OCTOBER 19

9:45 AM – 10:15 AM
Welcome to CHEST:
Make the Most Out of
Your Meeting Experience:
Trainee Lounge
Presentation

11:00 AM – 12:00 PM
Women in Chest Medicine
Speed Mentoring

12:15 PM – 1:15 PM
Voices of Care: Inclusive
Conversations With
LGBTQ+ Patients

1:30 PM – 2:30 PM
How We Teach: Medical
Education Tips and Tricks

4:00 PM – 5:00 PM
Helping Fellows Find Their
Niche

MONDAY, OCTOBER 20

8:00 AM – 9:00 AM
Financial Literacy 101

11:00 AM – 12:00 PM
Fellowship to First
Job, Navigating
Employment:
Should I Do an
Advanced Fellowship or
Look for a Job?

1:30 PM – 2:30 PM
ABIM Pulmonary and
Critical Care Board
Strategies

4:30 PM – 5:30 PM
Trainee Wine & Cheese
Reception

TUESDAY, OCTOBER 21

8:00 AM – 9:00 AM
How I Built This Career:
Ask Me Anything Series

12:15 PM – 1:15 PM
Parenting in Medicine

1:30 PM – 2:30 PM
New to Research and
Navigating Changes in a
Research Landscape

2:45 PM – 3:45 PM
Level Up: A Trainee's
Guide to Professional
Growth in PCCM
(An APCCMPD Session)

4:00 PM – 5:00 PM
Medical Education:
Building Your Portfolio

WEDNESDAY, OCTOBER 22

9:15 AM – 10:15 AM
So You Want to Be a
Pulmonary and Critical
Care Fellow?

Could your patient's CHRONIC COUGH be masking aPAP?

Autoimmune pulmonary alveolar proteinosis (aPAP) is a rare lung disease that presents with **nonspecific pulmonary symptoms**.¹⁻³

Testing for GM-CSF autoantibodies **may help confirm or rule out aPAP sooner**.^{1,2}

Visit us at Booth #2237 to learn more

GM-CSF=granulocyte-macrophage colony-stimulating factor.

References: 1. McCarthy C, Avetisyan R, Carey BC, Chalk C, Trapnell BC. Prevalence and healthcare burden of pulmonary alveolar proteinosis. *Orphanet J Rare Dis*. 2018;13(1):129-133. doi:10.1186/s13023018-0846-y. 2. McCarthy C, Kokosi M, Bonella F. Shaping the future of an ultra-rare disease: unmet needs in the diagnosis and treatment of pulmonary alveolar proteinosis. *Curr Opin Pulm Med*. 2019;25(5):450-458. doi:10.1097/MCP.0000000000000601.X 3. McCarthy C, Carey BC, Trapnell BC. Autoimmune pulmonary alveolar proteinosis. *Am J Respir Crit Care Med*. 2022;205(9):1016-1035. doi:10.1164/rccm.202112-2742SO.

aPAP
ClearPath™

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JOIN US AT CHEST FOR OUR EXPERT-LED DISEASE EDUCATION PANEL DISCUSSIONS

Many Paths, One Goal

BEC-oming Clear: Charting the Path to Precision Medicine in COPD Care

Monday, October 20, 2025
2:30 – 3:15 PM CST

McCormick Center,
Learning Theater 4



Reynold Panettieri, Jr,
MD



Corinne Young,
MSN, FNP-C, FCCP

Learn About
Blood Eosinophil
Testing in COPD



Beyond the Cough: Recognizing, Diagnosing, and Managing the Invisible Burden of Refractory Chronic Cough

Monday, October 20, 2025
2:30 – 3:15 PM CST

McCormick Center,
Learning Theater 3



Michael S. Blaiss, MD,
FACAAI, FAAAAI



Rachel Taliercio,
DO

Learn More
About RCC



Many Paths, One Goal: How Can We Strive for More in Severe Asthma Management

Tuesday, October 21, 2025
10:30 – 11:15 AM CST

McCormick Center,
Learning Theater 1



Diego J. Maselli,
MD, FCCP, ATSF



Richard P. Ramonell,
MD

Severe Asthma:
Inside the
Experience



Visit GSK US Medical Affairs — Booth #1802

Starting Monday, October 20th

Join us to learn more about how we're walking the path of
innovation and care together for patients with respiratory disease

These are non-CME events and do not qualify for CME or CE, or MOC credit. These events are not part of the official CHEST Annual Meeting 2025 conference sessions. These events are not endorsed by CHEST and do not reflect the views or opinions of CHEST. These presentations are sponsored by GSK, are considered non-promotional and are intended to support disease state education.

CHEST 2025 PROGRAM

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Schedule at a Glance

SATURDAY, OCTOBER 18

Education Hours 7:30 AM – 5:30 PM

SUNDAY, OCTOBER 19

Education Hours 8:00 AM – 5:00 PM

Opening Session and

Keynote Address 8:00 AM – 9:30 AM

APP Forum Lunch 12:00 PM – 1:15 PM

All-Attendee Welcome

Reception 5:30 PM – 7:30 PM

Sponsored by Viatris and Theravance Biopharma

CHEST Donor

Reception 7:00 PM – 9:00 PM

MONDAY, OCTOBER 20

Education Hours 8:00 AM – 5:30 PM

Exhibit Hall 10:00 AM – 4:00 PM

Women in Chest Medicine

Luncheon 12:00 PM – 1:30 PM

Sponsored by United Therapeutics

Trainee Lounge Wine &

Cheese Reception 4:30 PM – 5:30 PM

Sponsored by Insmid

Career Fair 4:00 PM – 6:00 PM

Networks Mixer 5:30 PM – 6:30 PM

Cheers and Challenges: Game On!

(for APPs) 5:30 PM – 7:00 PM

Cultures and Communities

Reception 6:00 PM – 7:00 PM

Sponsored by Chiesi

CHEST After Hours 6:00 PM – 8:00 PM

TUESDAY, OCTOBER 21

Education Hours 8:00 AM – 5:00 PM

Exhibit Hall 10:00 AM – 3:00 PM

Network Open

Forums 11:15 AM – 12:15 PM

Respiratory Care

Luncheon 12:15 PM – 1:45 PM

Sponsored by The National Board for Respiratory Care

CHEST Challenge

Championship 5:00 PM – 7:30 PM

WEDNESDAY, OCTOBER 22

Education Hours 8:00 AM – 4:30 PM

Exhibit Hall 10:00 AM – 2:30 PM

SATURDAY OCTOBER 18

Room		7 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	2 PM – 3 PM	3 PM – 4 PM	4 PM – 5 PM	5 PM – 6 PM
SOUTH BUILDING	401AB		PG 8:00 AM – 4:30 PM Educator Development Course (Limited Seating)									
	402AB		PG 8:00 AM – 4:30 PM Leadership Development Course (Limited Seating)									
LAKESIDE CENTER	257		SIM 7:30 AM – 11:30 AM Advanced Skills in Ultrasound-Guided Pleural Procedures: A Hands-On Cadaver-Based Simulation Course					SIM 1:30 PM – 5:30 PM Advanced Skills in Airway Management: A Hands-On Cadaver- Based Simulation Course				
	271		PG 12:00 PM – 5:00 PM Critical Care Review for APPs: Core Competencies									
	350		PG 7:30 AM – 5:00 PM Pulmonary Literature Review and Interactive Complex Case Presentations									
	352							MC 1:00 PM – 5:15 PM Interstitial Lung Diseases: Case Studies and Multidisciplinary Discussions				
	353A		PG 7:30 AM – 12:00 PM Pulmonary Hypertension: From Basics to Bedside and Theory to Therapy					MC 1:00 PM – 5:30 PM Critical Care: Cutting Edge and Beyond the Evidence				
	353B		SIM 7:30 AM – 5:30 PM Advanced Critical Care Echocardiography: A Hands-On Simulation Course									
	451A		MC 7:30 AM – 5:00 PM Obstructive Lung Disease Academy: Hands-On Skills, Real Cases, Lasting Impact									
	451B		SIM 7:30 AM – 5:00 PM Advanced Robotic and Navigational Bronchoscopy: A Hands-On Simulation Course									
Room		7 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	2 PM – 3 PM	3 PM – 4 PM	4 PM – 5 PM	5 PM – 6 PM

Sessions highlighted in **TEAL** require additional registration. Inquire at Registration for details.

MC = Master Class

PG = Postgraduate Course

SIM = Simulation

SUNDAY

OCTOBER 19

Opening Session

Lakeside Center,
Arie Crown Theater
8:00 AM – 9:30 AM



Keynote Speaker

Sean Swarner, adventurer
and cancer survivor

Also Featuring:

- CHEST Awards Recognition
- FCCP New Initiates Recognition
- President's Address by John A. Howington, MD, MBA, FCCP
- Welcome Speech by CHEST 2025 Scientific Program Committee Chair Sandhya Khurana, MD, FCCP

APP Forum Lunch

Lakeside Center,
Room 271A
12:00 PM – 1:15 PM

All-Attendee Welcome Reception

Marriott Marquis,
Grand Horizon ABC
5:30 PM – 7:30 PM
*Sponsored by Viatrix and
Theravance Biopharma*

CHEST Donor Reception

Marriott Marquis,
ABC Building
7:00 PM – 9:00 PM
Invitation only

Sessions highlighted in **TEAL** require additional registration. Inquire at Registration for details.

PBL = Problem-Based Learning
SIM = Simulation

Room	9:45 AM – 10:45 AM				11:00 AM – 12:00 PM				12:00 PM – 1:30 PM				
SOUTH BUILDING	402AB	CHEST Guidelines: Transfusion of Blood Products in the ICU				Sleep Medicine Year in Review 1: Update on Respiratory Sleep Disorders							
	403AB	PFTs in the GLI Era: Strengths and Challenges				Pulmonary Function Crossfire: Cases at the Intersection of Physiology and Clinical Medicine							
	501AB	Changemakers: Promoting Health Care Sustainability in Your Institution				Updates in Pulmonary Embolism							
	501CD	Advancing Procedural Teaching: Mastering Simulation Instruction, Assessment, and Innovation				Risk Stratification, Imaging Advances, and Real-World Data in Lung Cancer							
	502	The Pulmonologist's Role in Lung Transplant: Referral, Optimization, and Posttransplant Care				Mycobacterial and Nontuberculosis Mycobacterial Infections: Challenges and Changes							
	503	Navigating Sleep-Disordered Breathing in the Perioperative Setting				Septic Shock: Advancements in Management and Therapeutic Strategies							
	504	CF Conundrum: Nondiagnostic Tests and Atypical Presentations				Shifting Paradigms in Drug Use and ICU Outcomes: Windy City Innovations							
	505	Updates in Chronic Cough				Optimizing Lung Cancer Screening: An International Perspective							
LAKESIDE CENTER	350	Best of CHEST® Journals, Presented by CHEST® Journal, CHEST® Critical Care, and CHEST® Pulmonary				Looking Back on 40 Years in Home Care: A Respiratory Therapist's Experience							
	351					Intensivist Response to Climate Change-Induced Natural Disasters							
	352	Clinical Care in Interstitial Lung Disease: Primer for New Providers				HP and ABPA: Prevention and Management Strategies							
	353A	Intermediate-Risk PE 201: Updated Guidelines, Treatment Controversies, and Future Directions				Equipping Physicians to Address Mental Health Challenges of Patients and Colleagues							
	353B	Ten Things About Allergy You Need to Know				Selecting the Right Biologic in Asthma Management							
	353C	Ventilator-Associated Pneumonia: Diagnosis and Management				Cardiovascular Comorbidities in Pulmonary Arterial Hypertension and Clinical Trials: Do They Exist?							
	450A	Paths to Recovery: A Cardiogenic Shock Journey, From the Critical Care Time Podcast				Tracheostomy Complications Management							
	450B	Leadership in Turbulent Times: Facing Challenges in Funding and Policy											
	451A	TNM-9 Lung Cancer Classification: Updates and Challenges				The Undiagnosed Pleural Effusion: Tackling Management Challenges							
	451B	Cardiac Output Monitoring in 2025: The Good, the Bad, and the ECHO				Critical Care Dermatology: Management of Life-Threatening Conditions							
HALL E	SIM 9:45 AM – 10:45 AM • Bronchoscopic Management of Bleeding • Chest Tube Placement and Management				SIM 11:00 AM – 12:00 PM • EBUS-Based Mediastinal Anatomy: Nodes, Vessels, and Landmarks • Escape Room: Intubate This Patient—and Fast!								
	SIM 9:45 AM – 12:15 PM Can't Intubate, Can't Oxygenate: EGA and Cricothyrotomy for the Failed Airway												
	SIM 9:45 AM – 12:45 PM Advanced Critical Care Echocardiography (ACCE)												
					SIM 11:00 AM – 12:30 PM NIV and HFNC in Acute Respiratory Failure: An Interactive Approach to Mastering Noninvasive Support								
	256	PBL 9:45 AM – 10:45 AM Best Practices in Managing Sarcoidosis				PBL 11:00 AM – 12:00 PM Case-Based Radiology Series on ILD: An Interactive Session							
Room	10 AM – 11 AM				11 AM – 12 PM				12 PM – 1 PM				

See page 60 for Industry-supported CME satellite lunch symposia

See page
60 for
**Industry-
supported
CME satellite
lunch
symposia**

1:30 PM – 2:30 PM				2:45 PM – 3:45 PM				4:00 PM – 5:00 PM				Room				
LGBTQ+ Health in 2025				Pardon the Disruption: Asthma				Transplant ICU and You: Updates for the Intensivist				402AB				
CHEST Forum: Clinical Cases in Post-Lung Transplant Recipient Management: Perspectives From East and West				Navigating Uncertainty: What Lung Transplant Teaches Us About Educating Physicians in Pulmonary and Critical Care Medicine				CHEST Forum: Clinical Cases in Post-Lung Transplant Recipient Management: Perspectives From East and West Panel Discussion				403AB				
Cardiothoracic Disorders: Heart Broken Blues				High-Yield POCUS				Incorporating Health Equity Into Medical Education				501AB				
Targeted Therapies, Tumor Biology, and Precision Approaches in Lung Cancer				Unusual Manifestations of Malignancy				The Benefits of APPs Working With Physicians in the ICU				501CD				
Pneumonia: New Approaches and Insights				Systemic Disorders in Critical Care				Indoor Air Quality: Heating, Cooking, Homes, and Health				502				
ARDS: Early Detection, Addressing Disparities, and Improving Patient Outcomes				When the Heart Hides the Truth: Unusual Presentations and Critical Complications				Targeted Strategies for Managing NIV in COPD, OHS, and NMD: Right Patient, Right Settings				503				
Clinical Care Pathways to Improve Patient Care				Not Your Average Bug: Unusual Chest Infections				Test Your Knowledge: New Horizons in Central Hypersomnia and RLS				504				
From Acute to Chronic PE: Crossroads for Clinicians and Radiologists (A Fleischner Society Session)				Interstitial Lung Abnormality: Narrative Review, Radiographic Findings, and Algorithmic Approach to Diagnosis and Management (A Fleischner Society Session)								505				
Lessons From Roger Bone: Shaping a Career at the Crossroads of Science, Education, and Service								Blurring the Line Between Practice and Research: A Learning Health Care System for Bronchoscopy				350				
CHEST's First 5 Minutes®				Resuscitation and Approaching Organ Injuries				Pumping on Propofol: Caring for the Critically Ill Postpartum Patient				351				
Transitioning From Critical Care: Palliative Cessation of Ventilation, HFNC, RRT, LVAD, and ECMO				Digital Medical Technologies for Respiratory Disorders				Enhancing Quality of Life in PAH: Exploring Risk Stratification, Palliative Care, and Lung Transplantation				352				
Navigating Career and Parenthood: Strategies for Work-Life Harmony				Updates in Pediatric Pulmonology: Year in Review – Muscular Dystrophies, CF, SCD, and Prematurity/BPD				Smoking Cessation: Cutting-Edge Strategies				353A				
RLS, Hypersomnia, and Insomnia: Challenging Cases of Medication Choice				Advances in Heart Failure With Preserved Ejection Fraction (HFpEF)				Telomeres and Genetics in ILD: The Long and Short of It				353B				
Pulmonary Vascular and Right Heart Imaging				High-Flow Nasal Cannula Outpatient Therapy				Ambulatory Ultrasound Evaluation of Unexplained Dyspnea				353C				
Interpreting Noninvasive Ventilator Device Data: A Hands-On Approach				Clinical Trials in Interstitial Lung Diseases: Current and Future				Vaccines Against Respiratory Infections: State-of-the-Art Update				450A				
Bronchiectasis and NTM Workshop – Bridging Our Knowledge for the Future: How to Provide the Best in Multidisciplinary Care												450B				
Cutting-Edge Asthma Updates From National Research Networks				Malignant Pleural Effusions: A Comprehensive Review				The Multidisciplinary Approach to Early-Stage Lung Cancer Treatment: Breaking Barriers				451A				
ICU to Home: Initiating Long-Term Home Noninvasive Ventilation in the ICU				Evidence-Based Care After Prolonged Mechanical Ventilation				Asthma Comorbidities: Management Strategies				451B				
SIM 1:30 PM – 2:30 PM • Escape Room: Intubate This Patient—and Fast! • NEW! VV ECMO: Who, When, and How to Manage Emergencies				SIM 2:45 PM – 3:45 PM • Escape Room: Intubate This Patient—and Fast! • NEW! VV ECMO: Who, When, and How to Manage Emergencies				SIM 4:00 PM – 5:00 PM • Escape Room: Intubate This Patient—and Fast! • NEW! VV ECMO: Who, When, and How to Manage Emergencies				HALL E				
SIM 1:30 PM – 2:30 PM Safe and Effective Percutaneous Tracheostomy: A Step-by-Step Approach				SIM 2:30 PM – 5:00 PM Optimal Use of Cardiopulmonary Exercise Testing in Patient Care												
				SIM 2:00 PM – 5:00 PM • The Bronchoscopy Grand Slam: Critical Skills and Complication Management Techniques • The Soiled Airway: When Blood and Puke Hit the Screen • Transesophageal Echocardiography for the Intensivist												
				SIM 2:45 PM – 4:45 PM • Advanced Patient-Ventilator Asynchrony Management: From Waveforms to Solutions • Ultrasonography to Facilitate Vascular Access, Pleural Procedures, and Paracentesis												
PBL 1:30 PM – 2:30 PM Challenging Interstitial Lung Disease Cases				PBL 2:45 PM – 3:45 PM Advanced Positive Pressure Therapies and Noninvasive Ventilation				PBL 4:00 PM – 5:00 PM Latest Evidence-Based Management of the Crashing ICU Patient				256				
1 PM – 2 PM				2 PM – 3 PM				3 PM – 4 PM				4 PM – 5 PM				Room

SOUTH BUILDING

LAKEVIEW CENTER

MONDAY

OCTOBER 20

Women in Chest Medicine Luncheon

South Building,
Room 406A

12:00 PM – 1:30 PM

Advance registration required

Sponsored by United Therapeutics

Trainee Lounge Wine & Cheese Reception

South Building,
Room 405

4:30 PM – 5:30 PM

For trainees only

Sponsored by Insmid

Career Fair

Lakeside Center,
Level 3 Foyer

4:00 PM – 6:00 PM

Networks Mixer

South Building,
406 Foyer

5:30 PM – 6:30 PM

Cheers and Challenges: Game On! (for APPs)

Marriott Marquis,
Great Lakes EFG

5:30 PM – 7:00 PM

Cultures and Communities Reception

Marriott Marquis,
Level 33

6:00 PM – 7:00 PM

Sponsored by Chiesi

CHEST After Hours

Marriott Marquis,
ABC Building

6:00 PM – 8:00 PM

Advance registration encouraged
See page 40 for a preview

Sessions highlighted in **TEAL** require additional registration. Inquire at Registration for details.

PBL = Problem-Based Learning
SIM = Simulation

Room		8:00 AM – 9:00 AM		9:15 AM – 10:15 AM				11:00 AM – 12:00 PM
SOUTH BUILDING	401AB	Mastering Noninvasive Ventilation in the Hospital: From ICU to Discharge		Central Sleep Apnea in Heart Failure: How RCTs Influence Clinical Management Decisions		Visit the Exhibit Hall		Pulmonary Fibrosis Care Disparities: Race, Gender, and Neighborhood-Based Solutions
	401CD	Debriefing Difficult Events in the ICU: A Practical Approach		Medical Education Gamification Workshop: Strategies for Diverse Settings				Leveraging Networking, Mentorship, and Coaching for Career Growth (An APAPP Session)
	402AB	PulmPEEPs Live Podcast		Fungal Pneumonias: Challenges in Diagnosis and Treatment				The Role of Thoracoscopy in Empyema: A Pro-Con Debate
	403AB	Breaking News! New Coverage Guidelines for NIV in COPD		90 Years of Progress: TB – Past, Present, and Future				From Chest Radiograph to CT Scan Screening for Lung Cancer: How Far We Have Come and How Far We Have to Go
	501AB	Federal Mandates and Impact on PCCSM Health		The Bleeding Lung				Insights in Asthma
	501CD	Updates in Pediatric Pulmonology: Year in Review #2		Mediastinal Cases That Defy the Diagnostic Norm				Recent Insights in Cardiovascular Diseases
	502	Pulmonary Vascular Challenges in Cirrhosis		Cardiac Critical Care Cases				Evolving Strategies in COPD Management
	503	Opportunistic Pulmonary Infections and Their Mimics		Complex Pleural Cases: Rare but Revealing				Predictors in Pulmonary Vascular Disease
	504	High Altitude or Undersea? The Effects of Air Travel, Altitude, and Diving on Pulmonary Physiology		Systemic Interstitial Lung Diseases				Enhancing Care and Optimizing Resource Utilization in the ICU
	505	Oncological Critical Care: Life, Death, and Dignity in the ICU		Decoding ILD Pathology				Caring for the Critically Ill Patient With Morbid Obesity
LAKESIDE CENTER	350			Evolution of Management for Early-Stage NSCLC at the Quarter Pole of the New Century: The Surgeon's Perspective		Burnout and Well-Being Through the Lens of Diverse Health Care Providers		
	351	Targeting Optimal O ₂ and CO ₂ in ARDS		Critical Illness AKI and Organ-Crosstalk		Mechanical Circulatory Support in CT Surgery: Maximum Overdrive		
	352	SARD-ILD Management: Insights From Recent Clinical Guidelines		Pulmonary Sarcoidosis: What Is the Gold Standard in Treatment Outcomes?		Neoadjuvant Immunotherapy for Resectable Lung Cancer: Challenges in Management		
	353A	Cutting-Edge Updates on Phage Therapy, Pulmonary Embolism, and Lung Cancer Screening (A Canadian Thoracic Society Session)		Progress in Non-CF Bronchiectasis That Is Hard to Beat!		From TB to RSV: A State-of-the-Art Review of the Canadian TB Standards and Vaccinations in Pulmonary Disease (A Canadian Thoracic Society Session)		
	353B	Transesophageal Echocardiography in Cardiovascular ICU Emergencies		Deconstructing Sex-Specific Variables in Diagnosis and Treatment of Sleep Disorders		In-Hospital Sleep Testing: A Pro-Con Debate		
	353C	Asthma: Tailoring Management for Most at Risk		EBUS Mediastinal Staging NSCLC Quality Metrics: Looking to the Future		Chest Infections in Patients With Solid Organ Transplantation		
	450A	ICU Management of Severe Pulmonary Embolism		Treatment of PAH in the Age of Sotatercept		NTM Pulmonary Disease and Care Advancements		
	450B	A PFT-Focused Journey Through Asthma, COPD, and ILD				Person-Centered ICU Care for Individuals With Developmental Disabilities		
	451A	90 Years of Progress: Mechanical Ventilation – Past, Present, and Future		Comparing Latest Asthma Guidelines for Mild Disease		Severe Asthma Across the Lifespan: Shared Challenges and Innovative Solutions		
	451B	Advanced Diagnostic Bronchoscopy 2025: Who Should Be Driving the Scope? A Pro-Con Debate		Critical Care Year in Review: Part I		Critical Care Year in Review: Part II		
	HALL E	EXHIBIT HALL OPEN 10:00 AM – 4:00 PM						
Inside the Exhibit Hall Rapid Fire Original Investigations 10:20 AM – 10:50 AM Case Report Posters 12:30 PM – 1:15 PM Rapid Fire Case Reports 12:30 PM – 1:15 PM and 2:35 PM – 3:10 PM		SIM 9:15 AM – 10:15 AM Chest Tube Placement and Management		SIM 10:30 AM – 12:30 PM NEW! One-on-One Coaching: Ultrasound Needle Guidance for Vascular and Pleural Procedures				
		SIM 9:00 AM – 12:00 PM • From Crisis to Control: Stabilizing the Crashing Patient • Mastering Home Mechanical Ventilation Management in Neuromuscular Respiratory Failure						
		SIM 9:15 AM – 11:15 AM Advanced Patient-Ventilator Asynchrony Management: From Waveforms to Solutions						
256			SIM 9:15 AM – 11:45 AM Optimal Use of Cardiopulmonary Exercise Testing in Patient Care					
			SIM 9:15 AM – 12:15 PM • Bronchoscopic Valve Placement for Air Leak Management and Lung Volume Reduction • Transesophageal Echocardiography for the Intensivist					
	PBL 8:00 AM – 9:00 AM Managing Pulmonary Arterial Hypertension With Cardiopulmonary Comorbidities		PBL 9:15 AM – 10:15 AM Managing Obesity-Associated Lung Disease in the GLP-1 Era		SIM 11:00 AM – 12:00 PM • EBUS-Based Mediastinal Anatomy: Nodes, Vessels, and Landmarks • NEW! ECMO Cannulation and Initiation			
						PBL 11:00 AM – 12:00 PM Management of Non-CF Bronchiectasis		
Room		8 AM – 9 AM		9 AM – 10 AM	10 AM – 11 AM			11 AM – 12 PM

Inside the Exhibit Hall

Rapid Fire Original Investigations
10:20 AM – 10:50 AM

Case Report Posters
12:30 PM – 1:15 PM

Rapid Fire Case Reports
12:30 PM – 1:15 PM and
2:35 PM – 3:10 PM

PBL 8:00 AM – 9:00 AM
Managing Pulmonary Arterial Hypertension With Cardiopulmonary Comorbidities

PBL 9:15 AM – 10:15 AM
Managing Obesity-Associated Lung Disease in the GLP-1 Era

PBL 11:00 AM – 12:00 PM
Management of Non-CF Bronchiectasis

1:30 PM – 2:30 PM				3:15 PM – 4:15 PM				4:30 PM – 5:30 PM				Room
Cross-Species Collaboration: Using Veterinary Insights to Advance Human Respiratory Disease Care				Transcutaneous CO ₂ Monitoring: Real-World Insights Into Adult and Pediatric Care				Pulmonary Rehabilitation: Toward Precision Medicine				401AB
Clinician Educator Forum: Enhancing Faculty Clinical and Professional Feedback to Trainees Using Debriefing With Good Judgment (An APCCMPD and CHEST Session)				Clinician Educator Forum: Faculty Development for Fellows: Curriculum Development for Teaching Nonclinical Skills (An APCCMPD and CHEST Session)				Clinician Educator Forum: How Novice Educators Become Experts (An APCCMPD and CHEST Session)				401CD
The Physiology of Near Drowning				Pardon the Disruption: Lung Transplant				Sepsis in the Immunocompromised Patient: Updates in Diagnosis and Management				402AB
90 Years of Progress: Lung Cancer – Past, Present, and Future				In Sync: Mastering the Art of Patient-Ventilator Harmony With Advanced Tools				Practice-Changing Research in Critical Care, Presented by <i>CHEST</i> ® Journal				403AB
Noninvasive Ventilation: Managing Risks and Best Practices in the ICU				Leadership Skills for the ICU: In Fellowship and Beyond				Pulmonary Embolism Response Teams (PERTs): Community Health Care Builds				501AB
New Insights in Heart Failure				Secondary Spontaneous Pneumothorax: Causes, Challenges, and Clinical Solutions				Climate Change and the Rising Burden of Pulmonary Disease				501CD
Beyond the Inhaler: Systems-Based Innovations in Asthma Care				Handheld POCUS Devices: Origins, Current Use, and Future Directions				New Bilevel PAP Reimbursement Criteria: Getting the Right Device				502
Hot Topics in PH and CTEPH				90 Years of Progress: Diffuse Lung Disease – Past, Present, and Future				Harnessing AI in Sleep Medicine: A Practical Guide for Busy, Not-Too-Tech-Savvy Clinicians				503
Unique Scenarios in Critical Care				Tackling Sepsis in the Pregnant Patient				Advanced Diagnostic Bronchoscopy Controversies				504
Mechanical Ventilation Precision Tools for Optimal Outcomes				AI and ICU Design: Enhancing Critical Care Efficiency				Post-ICU Care Syndrome and Recovery: What We Can Do in the ICU				505
Lung Cancer Screening: Saving Lives With Science and Policy				The Lung Health Crisis: The Achilles' Heel We Didn't Know We Had				Teaching Medicine in the Past, Present, and Future				350
Navigating the PE Guideline Landscape: How to Make Sense of Competing Guidance and What's Coming in the Near Future				Managing ILD-PH: Key Advances in Treatment				Assessing the Critically Ill Lung Transplant Candidate				351
Emerging Pathogen Preparedness: Bridging National Strategies and Local Readiness				Interstitial Lung Abnormalities: Recognition and Risk Stratification				Redefining COPD? A Pro-Con Debate				352
Use of the Global Lung Function Initiative Z Scores for Interpretation Advances in Pulmonary Function Testing and Its Clinical Application: A Pro-Con Debate (A Canadian Thoracic Society Session)				Wildfires: Assessing and Communicating the Respiratory Health Risks				Equitable Representation in Critical Care Trials: Who, What, When, Where, Why, and How				353A
High-Risk PE Management: A Case-Based Panel Discussion				Management of the Ground Glass Opacity: A Multidisciplinary Interactive Session				PH-ILD Controversies: A Pro-Con Debate				353B
Drug-Induced Lung Disease: Vascular, Parenchymal, and Pleural				Advances in Non-Type 2 Severe Asthma: Mechanisms and Therapeutics				Pleural Disease Updates: Translating Guidelines and Trials Into Practice				353C
Sleep Medicine Year in Review 2: Nonrespiratory Sleep Medicine				Narrative Medicine: A Mechanism to Address Burnout Among Critical Care Providers				The Vaping and Cannabis Epidemic: Call to Action				450A
				Honing Your Skills in Point-of-Care Ultrasonography Documentation and Quality Assurance								450B
Lung Cancer Management in High-Risk Patients				The Treatment of Obesity in Sleep Medicine in the Era of GLP-1 Agonists				Controversies in Brain Death				451A
Sepsis Update 2025				Early-Stage Lung Cancer: Strategies in the Age of Sublobar Resection				Bronchiectasis: Current Strategies and New Concepts				451B
EXHIBIT HALL OPEN 10:00 AM – 4:00 PM												SOUTH BUILDING
SIM 1:00 PM – 3:00 PM NEW! Ominous Airways: Conquer Your Worst Fears				SIM 3:15 PM – 4:15 PM NEW! ECMO Cannulation and Initiation								
SIM 1:30 PM – 2:30 PM • Bronchoscopic Management of Bleeding • Mastering Tunneled Indwelling Pleural Catheter: A Hands-On Simulation Experience • NEW! ECMO Cannulation and Initiation				SIM 3:15 PM – 5:15 PM • Comprehensive Endobronchial Ultrasound and Transbronchial Needle Aspiration (EBUS-TBNA) • Everything You Wanted to Know About Acute and Chronic Tracheostomy Care but Were Too Afraid to Ask! • Mastering Ventilator Management in Acute Respiratory Failure: A Hands-On Experience • Ultrasonography to Facilitate Vascular Access, Pleural Procedures, and Paracentesis								
				SIM 3:30 PM – 5:30 PM Awake Intubation in the ICU, Guideline-Based: This Is NOT the Bronch Suite								
				SIM 2:30 PM – 5:30 PM Thoracic and Diaphragm Ultrasound for the ICU, Consults, and Clinic								
PBL 1:30 PM – 2:30 PM Mastering Biologics in Asthma								PBL 4:30 PM – 5:30 PM Optimizing Management in Intermediate-High Risk Pulmonary Embolism: Navigating the Gray Zone – Problem-Based Learning 2025				256
												LAKESIDE CENTER
1 PM – 2 PM				2 PM – 3 PM				3 PM – 4 PM				
								4 PM – 5 PM				
								5 PM – 5:30 PM				
												Room

Visit the Exhibit Hall

Visit the Exhibit Hall

TUESDAY

OCTOBER 21

Network Open Forums

Various locations
11:15 AM – 12:15 PM

Respiratory Care Luncheon

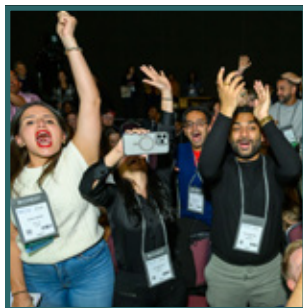
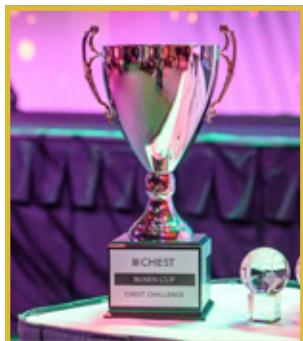
South Building,
Room 406B
12:15 PM – 1:45 PM

Advance registration required
Sponsored by *The National Board for Respiratory Care*

CHEST Challenge Championship

Lakeside Center,
Arie Crown Theater
5:00 PM – 7:30 PM

Badge required for entry
See page 38 for a preview



Sessions highlighted in **TEAL** require additional registration. Inquire at Registration for details.

PBL = Problem-Based Learning
SIM = Simulation

Room	8:00 AM – 9:00 AM	9:15 AM – 10:15 AM		11:15 AM – 12:15 PM
SOUTH BUILDING	401AB Hypoglossal Nerve Stimulation: The Best Thing Since CPAP?	Mastering NIV: Beyond IPAP and EPAP		
	401CD Toxicologic Review of Inhaled Poisons	Running Effective Rounds in the ICU		Education on the Fly: Successful Procedural and Ventilator Chalk Talks
	402AB Live! <i>ICU Ed and Todd-Cast</i> : Best Critical Care News at CHEST 2025	Current Controversies in COPD: A Pro-Con Debate		
	403AB	90 Years of Progress: Respiratory Vaccines – The Past, Present, and Future		
	501AB Controversies in Medical Education: A Pro-Con Debate	Under Pressure: Unique Cases in Pulmonary Vascular Medicine		Lung Cancer Epidemiology, Disparities, and Procedural Advances
	501CD			Fibrillating and Ischemic Heart
	502 Reemerging Infections in Pulmonary and Critical Care Medicine: What's Old Is New Again	Deadly Doses: Drugs and Critical Reactions		Updates in Pulmonary Medicine Topics: Late-Breaking Scientific Abstracts
	503 Pulmonary Circulation Advanced Interrogation: How I Do It	Life-Threatening Compressions		VA ECMO in Cardiogenic Shock: Addressing Disparities, Prognostication, Efficacy, and Patient Outcomes
	504 Biologics in Severe Asthma Advances: The Latest Innovations	Rare and Zoonotic Pulmonary Infections		Hot Topics in Sarcoidosis
	505	The Future of Bronchoscopic Treatments of Malignant Lung Nodules (An AABIP Session)		Code Bronch: ICU Airway Hacks When Help Is Hours Away (An AABIP Session)
LAKESIDE CENTER	350 Practice-Changing Research in Sleep, Presented by <i>CHEST®</i> Journal	Sarcoidosis: Causes and Effects		Airways Disorders Network Session
	351 Clinical Ethics in the ICU: A Practice Guide Using an Interactive Case-Based Approach	AATS, CHEST, and STS Lung Cancer Guidelines		Thoracic Oncology and Chest Procedures Network Session
	352 Pneumothorax and Persistent Air Leak: Insight From the New CHEST Guidelines	Vulnerable Patient Populations: What Every Provider Should Know		Chest Infections and Disaster Response Network Session
	353A The Future of Pulmonary Rehab: Telemedicine and Personalization	Bridging Evidence and Practice: New Guidelines for Sleep-Disordered Breathing in Hospitalized Patients		Diffuse Lung Disease and Lung Transplant Network Session
	353B Antifibrotics and Pulmonary Vasodilators in Pulmonary Sarcoidosis: A Pro-Con Debate	POCUS Controversies in the ICU: Focus on Diaphragm Ultrasound and VExUS		Pulmonary Vascular and Cardiovascular Network Session
	353C Biomarkers for Lung Nodule Risk Stratification: Actually Helpful?	The Next Frontier of Evaluating Asthma: Oscillometry, Lung Clearance Index, CT/MRI, and Other Novel Biomarkers		Sleep Medicine Network Session
	450A Controversies in Mechanical Ventilator Liberation	Translating OSA Endophenotyping Into Clinical Trials: Late-Breaking Phase 3 Results From SynAIRgy and LunAIRo		Critical Care Network Session
	450B How to Use AI in Pulmonary and Critical Care Medicine: Real Takeaways for Using AI in Pulmonary and Critical Care Medicine			
	451A Lung Transplantation Clinical Case Puzzlers I	Pulmonary Infections Clinical Case Puzzlers		
	451B Hemodynamic Monitoring Guideline Updates for Adult Patients With Sepsis and Septic Shock: Part 1	Hemodynamic Monitoring Guideline Updates for Adult Patients With Sepsis and Septic Shock: Part 2		Advanced Practice Respiratory Therapist: Developing a New Advanced Practice Provider Role
HALL E	SIM 8:00 AM – 10:00 AM Everything You Wanted to Know About Acute and Chronic Tracheostomy Care but Were Too Afraid to Ask!		SIM 10:15 AM – 12:15 PM Care of the Pulmonary Patient With Home Noninvasive Ventilation	
	SIM 9:15 AM – 10:15 AM • EBUS-Based Mediastinal Anatomy: Nodes, Vessels, and Landmarks • Foreign Body Management		SIM 10:30 AM – 12:30 PM • Mastering Ventilator Management in Acute Respiratory Failure: A Hands-On Experience • NEW! One-on-One Coaching: Ultrasound Needle Guidance for Vascular and Pleural Procedures	
	SIM 9:15 AM – 11:15 AM NEW! Airway Heroes Rescue of Failing Awake Intubations			
	SIM 9:15 AM – 12:15 PM • Echocardiography for the Rapid Assessment of Shock • Managing the ECMO Patient From Start to Finish: VV, VA, and eCPR			
256	PBL 8:00 AM – 9:00 AM A Patient-Centered Approach to Management of Pleural Effusion	PBL 9:15 AM – 10:15 AM The Do's and Don'ts Lung Cancer Screening and Staging		SIM 11:15 AM – 12:15 PM Chest Tube Placement and Management PBL 11:15 AM – 12:15 PM Refractory Cough: When Everything Else Fails
Room	8 AM – 9 AM	9 AM – 10 AM	10 AM – 11 AM	11 AM – 12 PM

Visit
the
Exhibit
Hall

12:15 PM – 2:45 PM										2:45 PM – 3:45 PM										4:00 PM – 5:00 PM										Room																				
Inside the Exhibit Hall Rapid Fire Original Investigations 10:20 AM – 11:05 AM and 1:45 PM – 2:30 PM Case Report Posters 10:20 AM – 11:05 AM Rapid Fire Case Reports 12:30 PM – 1:15 PM Global Case Report Posters 1:45 PM – 2:30 PM Original Investigations Posters 1:45 PM – 2:30 PM																														Update in Tuberculosis										Extracorporeal Cardiopulmonary Resuscitation for In-Hospital Cardiac Arrest										401AB
																														Race and Ethnicity in PH: Addressing Gaps in Research and Care																				401CD
																														Pardon the Disruption: Medical Education										Confronting Dyspnea in COPD										402AB
																														90 Years of Progress: Asthma – Past, Present, and Future																				403AB
																														COPD Care Optimization: A Multidisciplinary Approach										Translating Evidence Into Practice: Key Insights From the Latest AARC Clinical Practice Guidelines (An AARC Session)										501AB
																														SGLT2 and GLP-1 Inhibitors in Cardiopulmonary Disease										Pulmonary Population Health: Improving Outcomes by the Thousands										501CD
																														VV ECMO: Strategies for Predicting and Managing Complications										Pulmonary Disease in Pregnancy: Management From Conception to Birth										502
																														Cardiogenic Shock										Navigating Priority Areas in Non-CF Bronchiectasis										503
																														Diagnosis, Treatment, and Prognosis of Fibrosing Lung Disease										Massive Hemoptysis Management: Novelties and Controversies										504
																														The Pleural Playbook: Practical Pearls to Elevate Quality and Safety of Your Pleural Interventions (An AABIP Session)										Diagnostics and Therapeutics in Interventional Pulmonology and Pleural Disease: 2025 Year in Review (An AABIP Session)										505
																														CHEST North American Bronchiectasis Guidelines: Everything You Need to Know										Humanizing Dying in the ICU, One Wish at a Time: The 3 Wishes Program										350
																														ICU Delirium Identification and Management										Navigating Hepatic Crisis: Strategic Management of Liver Failure in Resource-Limited Settings										351
																														Drug-Induced Interstitial Lung Diseases From Modern Cancer Treatments										Your Patient Wants a GLP-1 Agonist for OSA: What Next?										352
																														Optimizing Pressure Support in Neuromuscular Disease: Targets and Specific Adjustments										CTEPH: A Multidisciplinary Approach										353A
																														ARDS: Individualized Care Using Research and Physiology at the Cutting Edge										Pro-Con Debate: OSA Phenotypic Subtypes – Clinical Relevance and Practicality										353B
																														AI-Driven Decision Support in Thoracic Oncology: Advancing Precision and Challenges										Challenging Chest Infections: Case-Based Discussions of Pseudomonas, NTM, and TB										353C
																														Inhalers for Experts: Hands-On and Video Case-Based Advanced Techniques										Central Airway Obstruction: Lessons From CHEST Guidelines										450A
																																								Practice-Changing Updates in Pulmonary Medicine – Expert Panel Review										450B
Pleural Diseases Clinical Case Puzzlers										Right Ventricular Failure: Invasive and Noninvasive Diagnosis and Monitoring										451A																														
Central Sleep Apnea: Pioneering Treatment Approaches										Lung Pathology Review for Daily Practice and Board Exams										451B																														
EXHIBIT HALL OPEN 10:00 AM – 3:00 PM																																																		
										SIM 1:30 PM – 4:00 PM Can't Intubate, Can't Oxygenate: EGA and Cricothyrotomy for the Failed Airway										HALL E																														
										SIM 2:45 AM – 3:45 PM • Bronchoscopic Management of Bleeding • Foreign Body Management																																								
										SIM 2:00 PM – 5:00 PM Advanced Critical Care Echocardiography (ACCE)																																								
										SIM 2:45 PM – 4:45 PM Care of the Pulmonary Patient With Home Noninvasive Ventilation																																								
										PBL 2:45 PM – 3:45 PM Applying Advanced Therapies in Severe COPD										PBL 4:00 PM – 5:00 PM A Guidelines-Based Approach to Evaluation of Pulmonary Nodules										256																				
12 PM – 1 PM										1 PM – 2 PM										2 PM – 3 PM										3 PM – 4 PM										4 PM – 5 PM										Room

WEDNESDAY
OCTOBER 22



Room		8:00 AM – 9:00 AM				9:15 AM – 10:15 AM				10:15 AM – 11:15 AM			
SOUTH BUILDING	401AB	Climate and Clean Air Action Local Approaches: From Schools to Statehouses				Choose Your Own Adventure in PAH Management: The Pros and Cons							
	401CD	Preserving Public Health in America: Confronting New Federal Policies				Artificial Intelligence for Clinician-Educators in Pulmonary, Critical Care, and Sleep Medicine							
	501AB	Updates in Pulmonary Procedures				Interesting Bronchoscopic Procedures							
	501CD	Next-Gen Teaching: Innovating Medical Education											
	502	Advancements in Mechanical Ventilation Strategies and Weaning Techniques				Updates on Solid Organ Transplants							
	503	Pleural Effusions: Diagnostics, Interventions, and Outcomes				Vascular Problems in Critical Care							
	504	Autoimmune and Endocrine Disorders in Cardiology				Drugs and Lungs: Not Always a Happy Combination							
	505	Hypoventilation Syndromes Across the Lifespan: A New Home Ventilation Population Needing Adult Care				Updates on Procedures and Therapies in Pediatrics							
LAKESIDE CENTER	350	Practice-Changing Research in Thoracic Oncology, Presented by <i>CHEST</i> ® Journal											
	351	Tele-Intensive Care: Revolutionizing Bedside Care				Heart-Lung Interactions in Critically Ill Patients							
	352	Lung Transplantation Hot Takes: Controversies and Opportunities				Specialty-Based Critical Care Programs: How to Build Them							
	353A	Right Ventricular Failure in Critical Care: Approaches to Management				Health Equity in Lung Cancer Screening and Nodule Evaluation							
	353B	Resectable Non-Small Cell Lung Cancer: Defining the Role of Surgery				Sarcoidosis Management: A Case-Based Approach From Diagnosis to Transplant							
	353C	Asthma: Year in Review				Hypoventilation Syndromes: Physiological Targets for Optimization							
	450A	Advanced Management of Neurologic Emergencies in the ICU											
	450B	ARDS Mimics You Can't Miss				Airway Management in 2025: Endotracheal Intubation Approaches							
	451A	Diffuse Lung Disease Clinical Case Puzzlers				Pulmonary Malignancies and Airways Diseases Clinical Case Puzzlers							
	451B	The New ATS Community-Acquired Pneumonia (CAP) Guidelines: Key Recommendations and Integration Challenges				The Future of COPD Management							
Room		8 AM – 9 AM				9 AM – 10 AM				10 AM – 11 AM			

Inside the Exhibit Hall

Original Investigations Posters
10:20 AM – 11:05 AM

Rapid Fire Case Reports
10:20 AM – 11:05 AM and
12:30 PM – 1:15 PM

Case Report Posters
12:30 PM – 1:15 PM

Inside the Exhibit Hall

Original Investigations Posters

10:20 AM – 11:05 AM

Rapid Fire Case Reports

10:20 AM – 11:05 AM and
12:30 PM – 1:15 PM

Case Report Posters

12:30 PM – 1:15 PM

11:15 AM – 12:15 PM				12:15 PM – 2:15 PM				2:15 PM – 3:15 PM				3:30 PM – 4:30 PM				Room									
																Room									
Advances in Critical Care: New Trials and New Approaches				Visit the Exhibit Hall												401AB									
Health Care MBA in an Hour: Negotiation, Strategy, and Leadership Skills																401CD									
																501AB									
																501CD									
Unusual Cases in Critical Illness																502									
Masqueraders and Mayhem: Rare Cardiac Emergencies With High-Risk Diagnoses																503									
Cancer Therapeutics Beyond Traditional Chemotherapy																504									
Advanced Hemodynamics in the ICU																505									
Mechanical Ventilation in Special Populations: Neurological Injuries, Obstetrics, and RV Failure								Telemedicine Advances for Sleep and Home-Assisted Ventilation				Neurocritical Care for the Medical Intensivist				350									
Obesity Hypoventilation Syndrome: Where Are We Now and Where Are We Going?								Caring for the Critically Ill Patient With Obesity: An Overview				Critical Conversations in the ICU: Navigating Goals Amid Fighters and Miracles				351									
COPD Management: Advanced Pharmacological Options								POCUS Clips: Pearls, Protocols, and Pitfalls				COPD, ILD, OSA, and Overlap Syndromes: Challenges and Solutions				352									
Right Ventricular Failure: From Physiology to Management								Postpulmonary Embolism Care Controversies								353A									
Unexplained Dyspnea: A Case-Based, Interactive Session								PAP Nonadherence in OSA: Management Strategies				Thoracic Diagnostics: Mediastinal Mysteries and Pulmonary Puzzles				353B									
ECMO for Nontraditional Indications								Radiology AI: Moving Forward With Momentum				Complex Pulmonary Function Patterns: A Case-Based Discussion				353C									
Biopsy in Interstitial Lung Diseases: A Multidisciplinary Discussion								Sleep and Dementia: Unraveling a Complex Bidirectional Relationship								450A									
Difficult Airway Management Due to Anatomic Challenges: Case Studies								Cardiopulmonary Exercise Testing Pearls: Case-Based Interactive Session								450B									
Lung Transplantation Clinical Case Puzzlers II								The Clinical Impact of Hypercapnia in Airway Diseases								451A									
Bronchoscopic Lung Volume Reduction Complications: Managing the Unexpected																451B									
EXHIBIT HALL OPEN 10:00 AM – 2:30 PM																Room									
																Room									
11 AM – 12 PM				12 PM – 1 PM				1 PM – 2 PM				2 PM – 3 PM				3 PM – 4 PM				4 PM – 5 PM				Room	

Visit
the
Exhibit
Hall

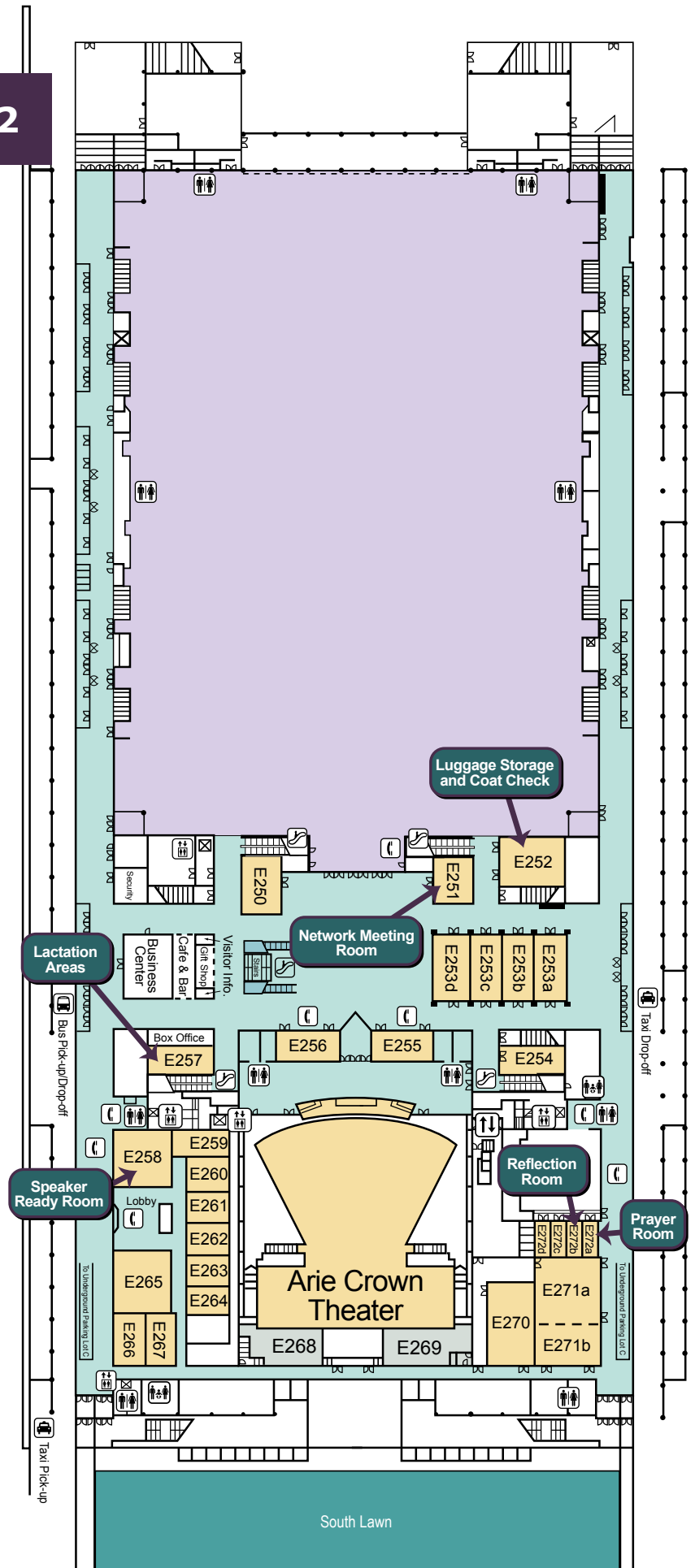
SOUTH BUILDING

LAKESIDE CENTER

McCormick Place

LAKESIDE CENTER

LEVEL 2



LEVEL 3

Exhibit Hall
(See detailed map on pages 62-63)

Level 3 Lobby

Help Desk

Cafe

Lakeside Fountain Terrace

West Terrace

East Terrace

South Terrace

Arie Crown Theater

Balcony Seating

E350
E351
E352

E353a
E353b
E353c

LEVEL 4

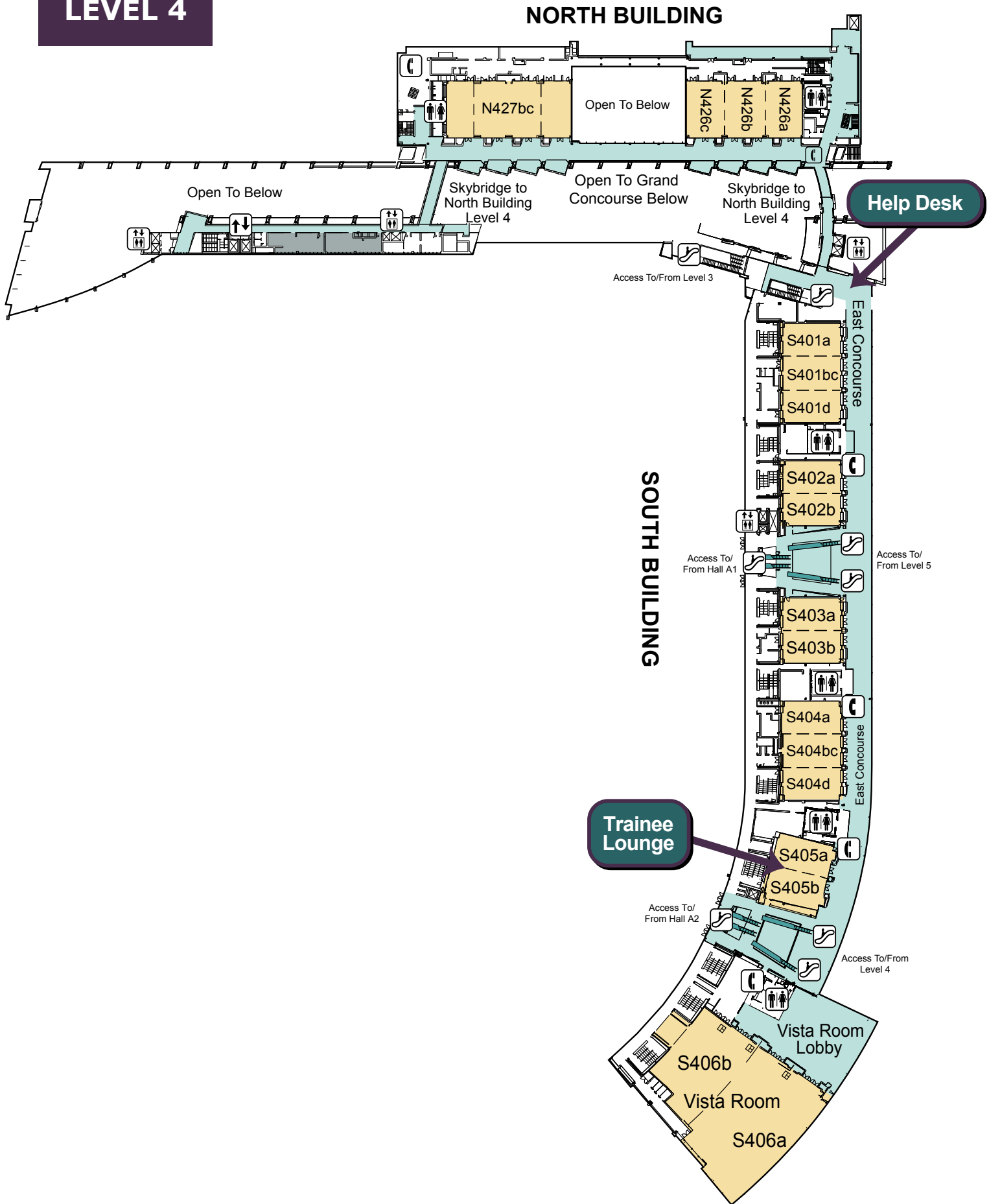
Arie Crown Theater

E450a
E450b

E451a
E451b

Grand Concourse bridge to and from North/South Buildings, Conference Center and Hyatt Regency McCormick Place

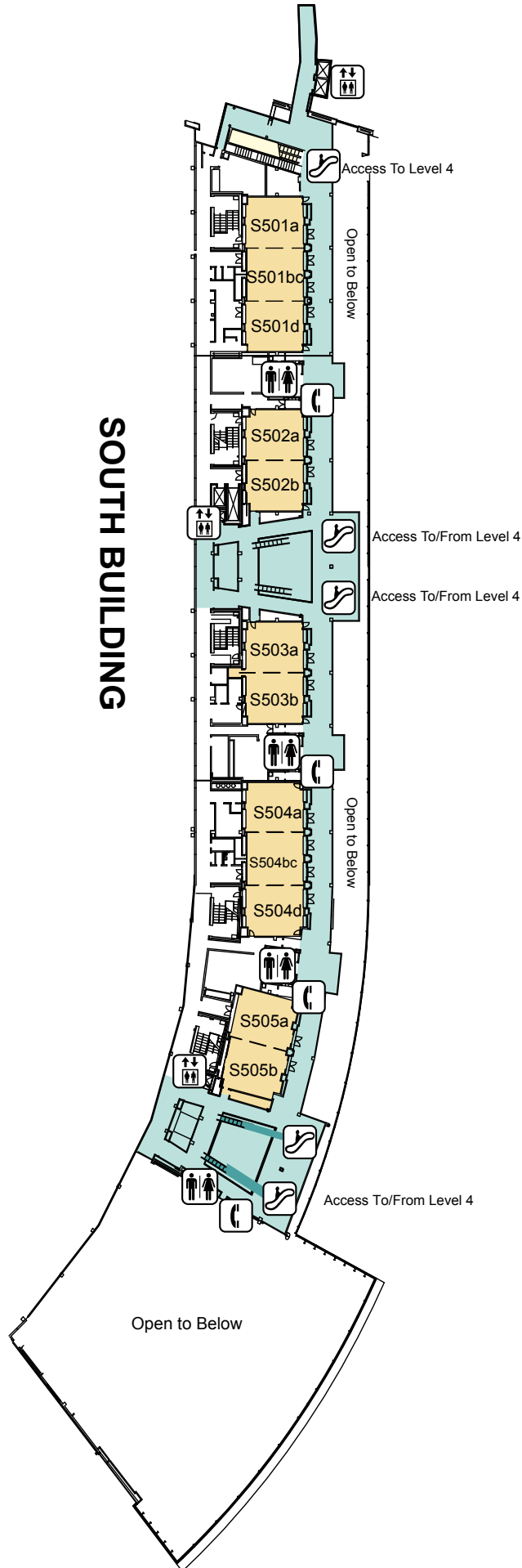
LEVEL 4



McCormick Place

NORTH & SOUTH BUILDINGS

LEVEL 5



HONOR AND MEMORIAL LECTURES

The CHEST 2025 Honor and Memorial Lectures recognize individuals who are advancing chest medicine, mentorship, training, and more. Ahead of the annual meeting, the chest medicine community nominated the honorees to deliver lectures on topics including critical care, interventional medicine, mechanical ventilation, medical education, and COPD. Lectures are spread out across the meeting program, giving attendees the opportunity to hear the honorees' unique perspectives.

DEDICATION TO EDUCATION

Do you want to support excellence in education and invest in your peers' research, clinical practice advancements, and commitment to chest medicine? Scan the QR code or visit chestnet.org/donate to make a gift to CHEST. Select "Dedication to education" to help us enhance and expand Honor and Memorial Lectures at future annual meetings.



Sunday, October 19

11:00 AM – 12:00 PM

Margaret Pfrommer Endowed Memorial Lecture in Home-Based Mechanical Ventilation

Angela C. King, BS, RPFT, RRT-NPS

Looking Back on 40 Years in Home Care—A Respiratory Therapist's Experience

Lakeside Center, Room 350

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



2:45 PM – 3:45 PM

Edward C. Rosenow III, MD, Master FCCP/Master Teacher Memorial Lecture

Deborah Jo Levine, MD, MS, FCCP

Navigating Uncertainty: What Lung Transplant Teaches Us About Educating Physicians in Pulmonary and Critical Care Medicine

South Building, Room 403AB

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



1:30 PM – 2:30 PM

Roger C. Bone Memorial Lecture in Critical Care

Marcos I. Restrepo, MD, PhD, FCCP

Lessons from Roger Bone: Shaping a Career at the Crossroads of Science, Education, and Service

Lakeside Center, Room 350

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



4:00 PM – 5:00 PM

Pasquale Ciaglia Memorial Lecture in Interventional Medicine

Fabien Maldonado, MD, FCCP

Blurring the Line Between Practice and Research: A Learning Health Care System for Bronchoscopy

Lakeside Center, Room 350

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



Monday, October 20

9:15 AM – 10:15 AM

Murray Kornfeld Presidential Honor Lecture

Sudish C. Murthy, MD, PhD, FCCP

Evolution of Management for Early-Stage NSCLC at the Quarter Pole of the New Century: The Surgeon's Perspective

Lakeside Center, Room 350



1:30 PM – 2:30 PM

James B. D. Mark, MD, FCCP Memorial Lecture

Douglas E. Wood, MD, FCCP

Lung Cancer Screening: Saving Lives with Science and Policy

Lakeside Center, Room 350



9:15 AM – 10:15 AM

Canadian Thoracic Society Honorary Lecture

Sharon Dell, MD

Progress in Noncystic Fibrosis Bronchiectasis That Is Hard to Beat!

Lakeside Center, Room 353A



3:15 PM – 4:15 PM

Thomas L. Petty, MD, Master FCCP Memorial Lecture

MeiLan K. Han, MD, FCCP

The Lung Health Crisis: The Achilles' Heel We Didn't Know We Had

Lakeside Center, Room 350

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



11:00 AM – 12:00 PM

Paul A. Kvale, MD, Master FCCP Memorial Lecture

Gerard A. Silvestri, MD, MS, Master FCCP

From Chest Radiograph to CT Scan Screening for Lung Cancer: How Far We Have Come and How Far We Have to Go

South Building, Room 403AB



4:30 PM – 5:30 PM

Mark J. Rosen, MD, Master FCCP Memorial Lecture

Matthew C. Miles, MD, MEd, FCCP

Teaching Medicine in the Past, Present, and Future

Lakeside Center, Room 350

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



Tuesday, October 21

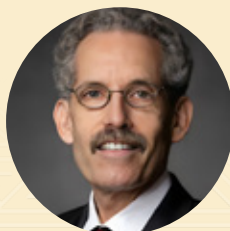
9:15 AM – 10:15 AM

Om P. Sharma, MD, Master FCCP Memorial Lecture

David J. Prezant, MD, FCCP

Sarcoidosis: Causes and Effects

Lakeside Center, Room 350
The lecture is supported by CHEST and generous gifts from our members.



4:00 PM – 5:00 PM

Richard S. Irwin, MD, Master FCCP Honor Lecture

Thanh Huynh Neville, MD

Humanizing Dying in the ICU, One Wish at a Time: The 3 Wishes Program

Lakeside Center, Room 350

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



Rising Above

Sean Swarner, inspirational cancer survivor and adventurer, to deliver CHEST 2025 keynote address

The way Sean Swarner sees it, chest medicine professionals give people like him the opportunity to truly live—not just survive.

A world record-holding adventurer, Swarner realized the importance of that distinction at 13 years old when he was diagnosed with stage IV Hodgkin lymphoma. Following treatment and remission, he received a second cancer diagnosis at age 16—this time a primitive neuroectodermal tumor in his chest, also known as an Askin sarcoma.

“It’s interesting how much the teen years influence our future. For me, it was going through two terminal cancers and essentially playing Twister with the Grim Reaper,” Swarner said.

“I remember being given 14 days to live. I was read my last rites,” he continued. “When you’re at such an impressionable age—when your friends are out chasing girls, collecting baseball cards, worried about the latest

hairstyles—you develop a different perspective when your own mortality is at risk. I’ve carried that through into the present, understanding how fragile life is and how I want to go out there and help other people.”

Swarner will deliver the keynote address during the CHEST 2025 Opening Session, which begins at 8:00 AM on Sunday, October 19, in the Arie Crown Theater of the Lakeside Center. He will share lessons learned not only from overcoming slim survival odds during his childhood but also from making history as the first cancer survivor to crest the summit of Mount Everest—with just one functioning lung, no less.

Since accomplishing that feat in his late 20s, Swarner has continued pushing his limits by scaling the tallest mountain on each continent—the “Seven Summits” in mountaineering parlance. He has also skied to the North and South Poles, completed the Ironman World Championship, and he recently ran seven marathons in seven days on seven continents.

Along the way, he has helped to empower other cancer survivors by founding a nonprofit, The CancerClimber Association.



“Whatever your goal is, find a deeper meaning behind it,” he said. “When you do that, not only will you always have motivation to keep going even if the struggle gets difficult, you’re also going to truly appreciate the end result.”

Swarner’s story resonated with CHEST President John Howington, MD, MBA, FCCP. Dr. Howington is a thoracic surgeon as well as an avid hiker who has trekked on two of the Seven Summits, so he can appreciate Swarner’s remarkable physical and mental endurance.

“Losing part of someone’s lung alters them. It’s enlightening and encouraging to see someone not only survive but thrive after that brush with death,” Dr. Howington said. “He’s an example for other patients that there is a bright future ahead once you’ve battled and beat cancer.”

The Opening Session will also include remarks from Dr. Howington and CHEST 2025 Scientific Program Committee Chair Sandhya Khurana, MD, FCCP, as well as awards recognition and the annual convocation for new Fellows of the American College of Chest Physicians (FCCP). ■



Live From CHEST 2025

Medical podcasts have captured the attention of health care professionals around the world thanks to their engaging blend of education and entertainment. Annual meeting attendees once again have an opportunity to attend live recordings of some well-known pulmonary and critical care podcasts at CHEST 2025.



Paths to Recovery: A Cardiogenic Shock Journey, From the Critical Care Time Podcast

9:45 AM – 10:45 AM
Sunday, October 19
Lakeside Center, Room 450A



PulmPEEPs Live Podcast

8:00 AM – 9:00 AM
Monday, October 20
South Building,
Room 402AB



Live! ICU Ed and Todd-Cast: Best Critical Care News at CHEST 2025

8:00 AM – 9:00 AM
Tuesday, October 21
South Building, Room 402AB

Behind the Mic With the Critical Care Time Podcasters

Cyrus Askin, MD, and Nick Mark, MD, start their recording with Shawna Pandya, MD, and kick off the 40th episode of their *Critical Care Time* podcast with a discussion about microgravity and medical research.

It's a natural opening theme considering Dr. Pandya is Canada's first female commercial astronaut and a thought leader in the effort to develop equipment and procedures to overcome the operational challenges of medical care during prolonged space exploration.

But once the podcast team learns that Dr. Pandya is also a practicing rural emergency physician who serves more than 30 sites across remote areas of Alberta, the conversation quickly shifts to other themes: how advances in emergency medical care in space are applicable to remote rural telecare; Soviet physician Leonid Rogozov's 1961 auto-appendectomy in an isolated Antarctic scientific base; the development of dosage-delivery applications for use in both ICUs and on the International Space Station; and how research on the robustness of "adorable, jacked-up, muscular mutant mice" in space is revealing insights into muscular atrophy, bone density loss, and pathologies such as Duchenne muscular dystrophy.

"So I need to get huge like a yoked mouse," Dr. Askin jokes before the

conversation turns serious again with a discussion about how this research might guide ICU teams to care for patients who are less mobile, and how conclusions from the space-murine study might apply to rehabilitation therapy.

This type of free-ranging conversation—equally erudite and entertaining—represents the blend of medical knowledge and

levity that Drs. Askin and Mark have fostered since their podcast launched in August 2023.

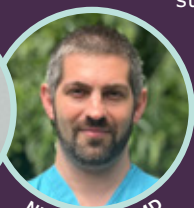
Critical Care Time in particular appeals to ICU team members and other emergency medicine professionals because it approaches the theme with what Dr. Askin calls "home cooking"—a genuine dialogue between two colleagues and friends who share pride in their work, respect for how others are advancing the field, and an eager curiosity to learn from their guests.

At CHEST 2025, Dr. Mark said he's looking forward to a new learning opportunity—the chance to spontaneously experience "aha" moments of insight with a room full of experts as they record a panel and audience discussion of selected case studies. "The energy and the excitement of having this audience in the room will be fantastic," he said.

"Or, if we just re-create the *Star Wars Holiday Special*, then we'll have done a good job," Dr. Askin deadpanned.



CYRUS ASKIN, MD



NICK MARK, MD

Q&A With Edward Qian, MD, MSACI

Edward Qian, MD, MSACI, is co-host of the *ICU-Ed and Todd-Cast* podcast, which has released more than 70 episodes since its January 2023 launch. The show presents recent clinical trials and significant journal articles curated by Dr. Qian and Todd Rice MD, MSCI, FCCP.



EDWARD QIAN, MD, MSACI

Which episodes best define the focus of the podcast? I would suggest these three: *LIVE @ CHEST 2024: Minocycline for Delirium and Amio vs. Lido for Cardiac Arrest* (October 7, 2024); *PREOXI with Kevin Gibbs* (June 13, 2024); and *REMAP-CAP Steroids* (May 6, 2025).

Who's your ideal guest? Anybody enthusiastic about discussing critical care and how the most recent literature impacts how we care for our patients.

What's a benefit of podcasts over other learning formats? Accessibility is probably the biggest thing. You can listen while on the move, whereas with traditional publications you have to be somewhat idle. Reading journal articles in depth takes a lot of time, so we're happy to take on some of that time burden and share it in a digestible way.

What's an interesting fact recently shared on your podcast? A portmanteau is the combination of two words without an apostrophe, whereas a contraction is a combination of two words with an apostrophe.

2025 Award Winners

Each year, CHEST recognizes members who are making an impact—through their dedication to the organization, their contributions to medical research and clinical practice, their commitment to educating the next generation, and so much more. Join us in recognizing the 2025 award recipients during the Opening Session at 8:00 AM on Sunday, October 19.



COLLEGE MEDALIST AWARD

Carolyn M. D'Ambrosio, MD, MS, FCCP



EARLY CAREER CLINICIAN EDUCATOR

Alice Gallo De Moraes, MD, FCCP



MASTER FCCP

Stephanie M. Levine, MD, FCCP



DISTINGUISHED SERVICE AWARD

Michael E. Nelson, MD, FCCP



MASTER CLINICIAN EDUCATOR

Mangala Narasimhan, DO, FCCP



ALFRED SOFFER AWARD FOR EDITORIAL EXCELLENCE

Darcy D. Marciniuk, MD, Master FCCP



PRESIDENTIAL CITATION

Frank C. Detterbeck, MD, FCCP

Network Rising Star Awards

The Network Rising Star Award, established in 2024, was created to recognize the contributions of an early career clinician practicing in their respective area under CHEST's Network structure. This award recognizes individual contributions in the areas of clinical care, education, research, and/or other scholarly activity, and someone who has shown growth and potential within the Network and CHEST. These individuals will be recognized during their respective Network Open Forums from 11:15 AM to 12:15 PM on Tuesday, October 21.



AIRWAYS DISORDERS NETWORK

Sarah P. Cohen, MD



CHEST INFECTIONS AND DISASTER RESPONSE NETWORK

Richa Nahar, MD



CRITICAL CARE NETWORK

Samuel Garcia, MD



DIFFUSE LUNG DISEASE AND LUNG TRANSPLANT NETWORK

Fatima Zeba, MD



PULMONARY VASCULAR AND CARDIOVASCULAR NETWORK

Nicholas Villalobos, MD



SLEEP MEDICINE NETWORK

Lena Xiao, MD



THORACIC ONCOLOGY AND CHEST PROCEDURES NETWORK

Jennifer D. Duke, MD

Clinical Research and Community Impact Grants

Each year, CHEST offers grants to research candidates, community volunteers, and distinguished scholars. More than 1,000 recipients worldwide have received more than \$12.5 million in philanthropic support and recognition of their outstanding contributions to chest medicine.

This year, CHEST awarded \$535,000 in clinical research and community impact grants to 14 individuals. Ninety-nine percent of this funding comes from

generous gifts from CHEST members and supporters. 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 award recipients.

Research Grantees

CHEST Equitable Community Health Impact Grant

Debasree Banerjee, MD, MS, FCCP

Brown University, Rhode Island Hospital, Providence, RI

Creating Pathways for Sustainable Pulmonary Subspecialty Care for Individuals Experiencing Homelessness in Rhode Island: Smoking Cessation and Lung Cancer Screening

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

CHEST Research Grant in COPD

Andrew Kouri, MD, PhD

Women's College Hospital, Toronto, Ontario, Canada

Co-Development and Evaluation of an Evidence-Based Chronic Obstructive Pulmonary Disease Action Plan

This grant is supported by AstraZeneca LP.

CHEST Research Grant in Sleep Medicine

Vesna Buntak, MD

Brown University, Providence, RI

Peroneal Electrical Nerve Stimulation in Pregnancy for Restless Legs Syndrome: Tolerance, Adherence, and Barriers to Use

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

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

Amr Aboelnasr, MD

Cook County Health, Chicago, IL

Investigating Myocardial Blood Flow in Sarcoidosis-Associated Pulmonary Hypertension Using Combined Perfusion-Metabolism Cardiac PET

This grant is supported by CHEST and made possible through the leadership and generosity of Dr. Doreen Addrizzo-Harris, along with contributions from attendees of her 2024 Kentucky Derby event.

CHEST Research Grant in Nontuberculous Mycobacteria Diseases/ Bronchiectasis

Cesar Cristancho Rojas, MD, MMSc

Oregon Health & Science University, Portland, OR

Exacerbation Rates and the Impact of Inhaled Antibiotics Therapy in Adults with Non-Cystic Fibrosis Bronchiectasis: A Population-Based Longitudinal Analysis

This grant is supported by CHEST and made possible through the leadership and generosity of Dr. Doreen Addrizzo-Harris, along with contributions from attendees of her 2024 Kentucky Derby event.

CHEST Research Grant in Women's Lung Health Disparities

Claudia Tejera Quesada, MD

The University of Alabama at Birmingham, Birmingham, AL

Hormonal Fluctuations and Lung Function Variability

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

CHEST Young Investigator Research Grant

Wigdan Farah, MBBS, MPH

Mayo Clinic, Rochester, MN

Impact of Social Drivers of Health on Longitudinal Lung Function Trajectory in Patients with Preserved Ratio Impaired Spirometry (PRISM) and Restrictive Lung Disease

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

CHEST/ALA Guideline Implementation Research Grant for COPD Management

Crystal North, MD, MPH

Massachusetts General Hospital, Boston, MA

Community Learning to Eliminate Air Pollution Risk Among People at Risk for COPD: The CLEAR-COPD Study

This grant is supported by CHEST and the American Lung Association (ALA).

CHEST/ALA/ATS Respiratory Health Equity Research Award

John Brems, MD

Johns Hopkins University, Baltimore, MD

Addressing Inequities from Before Medically Advised Discharges After Asthma Exacerbation

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

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

These grants support significant community-based projects worldwide that demonstrate a clear positive impact on the lung health of a community and have the potential for long-term sustainability and reproducibility. The grants are supported by CHEST and generous donations from our members. Here are this year's recipients:

Panagis Galiatsatos, MD, MHS

Johns Hopkins University, Baltimore, MD

Lung Health Ambassador Program for the Cheyenne River Lakota Sioux Tribal Community

Holly Keyt, MD, FCCP

University Health Transplant Institute, San Antonio, TX

The University Health Transplant Institute GLADIATOR Lung Program

Opeoluwa Olukorede, MD

Worcester RISE for Health, Worcester, MA

Worcester RISE for Health: LTBI

Jonathan Popler, MD, FCCP

Children's Physician Group, Atlanta, GA

Camp Trach Me Away Summer Camp

Dana Wade, MD

Monitor My Health, Inc, Bridgeport, CT

Breathe Easy: Lung Health Explorers Program



Class of 2025

CHEST FELLOWS

Congratulations to the CHEST members who obtained the FCCP designation over the last year. Pursuit of the FCCP designation demonstrates excellence in chest medicine and symbolizes commitment as a leader at the forefront of clinical chest medicine.

In 2025, CHEST awarded 122 FCCPs, representing seven countries and 31 of the 50 United States. They will be recognized during the CHEST 2025 Opening Session at 8:00 AM on Sunday, October 19. Please join us in recognizing this year's new initiates.*

A

Mohammad Abu Hishmeh, MD, FCCP
Natalie Achamallah, MD, FCCP
Bimaje Akpa, MD, FCCP
Cristito Alea, MD, FCCP
Zia Arshad, MD, FCCP

B

Christina Bach, MD, FCCP
Pooja Belligund, MBBS, FCCP

C

Fernando Caceres, MD, FCCP
Melissa Carlucci, DNP, FCCP
Gerardo Catalasan, MD, FCCP
June Chae, MD, FCCP
Carol Choe, MD, FCCP
Deborah Clauss, APRN-BC, FCCP
Leah Cohen, MD, FCCP

D

Jalal Damani, DO, FCCP
Dawn DeMeo, MD, FCCP
Sunjay Devarajan, MD, FCCP
Raymond Dominic Savio, MD, FCCP

E

Nalaka Bandara Egodawela, MBBS, FCCP
Walid Eltaraboulsi, MD, FCCP
Brian Erstad, PharmD, FCCP
Anthony Esposito, MD, FCCP

F

Samid Farooqui, MD, FCCP
Daniel Fein, MD, FCCP
Bruno Ferreira Rodrigues, MD, FCCP
Xavier Fonseca, MD, FCCP
Veronica Franco, MD, FCCP
James Frank, MD, FCCP
Laura Frye, MD, FCCP

G

Maneesh Gaddam, MD, FCCP
Narayana Gandham, MD, FCCP
Alehegn Gelaye, MD, FCCP
Disha Geriani, MD, FCCP
Hayley Gershengorn, MD, FCCP
Sana Ghalib, MD, FCCP
Yanglin Guo, MD, FCCP

H

Karin Marie Halvorson, MD, FCCP
MeiLan Han, MD, FCCP
Syed Hassan, MBBS, FCCP
Bradley Hayward, MD, FCCP
William Healy, MD, FCCP
Tamer Hudali, MD, FCCP

I-J

Isaac Ikwu, MD, FCCP
Shais Jallu, MD, FCCP
Arun Jose, MD, FCCP

K

Mohammad Kamrul Islam, MD, FCCP
Amaraja Kanitkar, MD, FCCP
Maryam Kaous, MD, FCCP
Dae Hyeon Kim, MD, FCCP
Timothy Kinsey, PA-C, FCCP
Vikas Koppurapu, MD, FCCP
Sathish Krishnan, MD, FCCP
Faeq Kukhon, MD, FCCP
Aleksandra Kwasnik, MD, FCCP

L

Amos Lal, MBBS, FCCP
Brett Lindgren, DO, FCCP
Clauden Louis, MD, MS, FCCP
Reinalyn Luceño, MD, FCCP
Robert Lucia, DNP, FCCP

M

Farah Madhani-Lovely, MD, FCCP
Ahmed Mahmoud, MBBS, FCCP
Mina Makary, MD, FCCP
Zin Mar Htun, MD, FCCP
Cameron McBride, MD, FCCP
Sarah Medrek, MD, FCCP
Devanshi Mehta, MD, FCCP
Charles Murphy, MD, FCCP
Tun Myat, MBBS, FCCP

N

Jason Nam, MD, FCCP
Syed Nazeer Mahmood, MD, FCCP
Khai Lip Ng, MD, FCCP
Niraj Niraula, MD, FCCP
Alan Nyquist, MD, FCCP

O

Adewale Olayode, MD, FCCP
Ikenna Onyebueke, MBBS, FCCP
Jose Orsini, MD, FCCP

P-Q

Harneet Pahwa, MD, FCCP
Niral Patel, MD, FCCP
Avignat Patel, MD, FCCP
Robin Paudel, MD, FCCP
Cheryl Paulson, RRT, FCCP
Yeh-Han Poh, MBBS, FCCP
Justin Poon, MD, FCCP
Sayedmohammad Pourshahid, MD, FCCP
Devendra Prasad Singh, MBBS, FCCP
Caroline Quill, MD, FCCP

R

Sheldon Rao, MD, FCCP
Krishidhar Rao Nunna, MD, FCCP
Nitin Rathi, MBBS, FCCP
Mandeep Singh Rahi, MD, FCCP
Raju Reddy, MD, FCCP
Felix Reyes, MD, FCCP
Brittany Rosales, MD, FCCP
Jonah Rubin, MD, FCCP

S

Rahat Salamat, MBBS, FCCP
Paloma Sanchez, MD, FCCP
Ryota Sato, MD, FCCP
Ashley Scott, MD, FCCP
Antonious Selvam, MBBS, FCCP
Mustapha Serhan, MBBS, FCCP
Ahmed Sesay, MD, FCCP
Jatan Shah, MD, FCCP
Vishad Sheth, MD, FCCP
Aryan Shiari, MD, FCCP
Caroline Simon, MBBS, FCCP
Leeah Sloan, PA-C, FCCP
Bronwyn L. Small, MD, FCCP
Nathan Smischney, MD, FCCP
Lauren Smith, DO, FCCP
Sumeet Soni, MD, FCCP
Vijay Srinivasan, MD, FCCP
Lakshman Swamy, MD, FCCP

T-U

Sritika Thapa, MD, FCCP
Stanley Thomas, DO, FCCP
Omesh Toolsie, MD, FCCP
Sarah Tomashefski, NP-C, FCCP
Grant Turner, MD, FCCP
Toribiong Uchel, MD, FCCP

V-W

Shrey Velani, MD, FCCP
Rajeev Viswanathan, MBBS, FCCP
Rhea Votipka, APRN-BC, FCCP
Kelvin Wong, MD, FCCP

*List accurate as of July 31, 2025

A Diagnosis She Didn't See Coming

One woman's journey from an unexpected diagnosis to learning how to manage a chronic, progressive lung condition.

When Lavonda was told she had bronchiectasis, she didn't know what the word meant.

"I had never heard of it before," Lavonda recalls. "At first, I thought it couldn't be that serious."

The diagnosis came in 2008, after an incident in a hot yoga class where she suddenly felt lightheaded, struggled to breathe and thought she might faint. Assuming it was pneumonia, she went to her primary care physician who recommended she see a pulmonologist. But a CT scan revealed something far less familiar – a chronic lung condition that would change how she thought about her day-to-day and lifelong health.

She soon learned about the disease from her physician who explained that with bronchiectasis, the airways become permanently widened, making it harder to clear mucus and bacteria. It's a chronic and progressive disease, which means the effects can be long term and may get worse over time, causing potential lung damage.

Symptoms started slowly

In the first few years after her diagnosis, Lavonda believed she could live almost normally with bronchiectasis. She saw her pulmonologist every six months who prescribed occasional airway clearance and antibiotics when flare-ups occurred, usually once or twice a year.

"Back then, I thought bronchiectasis just meant I'd get sick sometimes and bounce back," she explains. "It didn't feel like it would change my life very much."

Over time, Lavonda's flare-ups became more frequent, sometimes happening four or five times a year. That's when she realized the disease was more serious than she first believed.

During this period she was also diagnosed with a rare bacterial infection of the lungs. After consulting with a new pulmonologist to treat this infection, she learned her lung health had deteriorated due to her bronchiectasis, prompting her to begin taking her disease management more seriously.

The importance of early awareness

There are approximately 500,000 people in the U.S. diagnosed with bronchiectasis, and it is estimated that millions more are living with this disease globally. Because the symptoms of BE overlap with many other respiratory conditions, it can take time to get diagnosed. Bronchiectasis is progressive, meaning it can get worse over time, and can lead to permanent lung damage.

For patients who want to learn more, resources like ExploreBE.com provide valuable information about diagnosis and management.

A positive, proactive perspective

"I never feel like the disease stops me until I have a flare," Lavonda says. "That's when I'm more tired, I don't get as much done and sometimes I even have to miss out on things like sitting on the beach with my family." Despite those challenges, she focuses on staying positive and mindful of what might trigger setbacks. "I try to be mindful of what will trigger a flare. I avoid crowds, I try to stay active. I don't want bronchiectasis to control me."

Lavonda hopes her story helps others understand the importance of recognizing and managing the condition. *"It can sneak up on you," she says. "At first, I didn't even know what bronchiectasis was or how to pronounce it. But if I follow my doctor's advice and stay active, I feel like I'm doing something positive for my health."* Her advice is clear: *"Don't ignore it. Learn about it. Be proactive. You really can take steps that may make a real difference."*

If you've been diagnosed with bronchiectasis and are experiencing recurring symptoms, talk with your doctor about ways to manage the disease.

This article and ExploreBE.com are sponsored by Insmid Incorporated.



CHEST at 90

Through changes and challenges, CHEST has cultivated a legacy of learning, leadership, and lung health

The role of education is overwhelmingly important to the history of CHEST, according to CHEST Past President Deborah Shure, MD, Master FCCP.

"Everything springs from education," she said.

This approach has defined CHEST for nine decades, beginning with the founding years—when TB education transformed the life of one Murray Kornfeld.

THE TB YEARS

In the parlance of his day, Murray Kornfeld was a "go-getter," a dynamic manager in a New York export-import firm before he turned 25. So, in 1917, when Kornfeld contracted pulmonary



Murray Kornfeld

TB, he had no patience for an illness that was treated at the time through isolated convalescence.

After only six months of rest, Kornfeld resumed traveling through South America and reaching potential business partners via ship, railroad, and mule.

When a second bout of TB struck in 1923, Kornfeld reported to a sanatorium for a short rest. But the

disease had a different timetable—one that demanded six years.

Being sidelined from his adventurous life transformed Kornfeld and his understanding of the disease. He came to believe that physicians were misdiagnosing TB but could vastly improve treatment outcomes if they had the means to access more knowledge.

By 1935, Kornfeld had gathered a group of physicians to form the



Pope Pius XII

A Historic Journey

1937

The organization is renamed American College of Chest Physicians to reflect a larger role in the advancement of medical science beyond treating TB.

1940

Committees and sections (now known as CHEST Networks) are created to address clinical issues in specific fields.

1943

The FCCP designation is introduced to signify fellows of the organization.

1950

The first International Congress on Diseases of the Chest is held in Rome with Pope Pius XII in attendance. This meeting establishes the organization as an influential organization with global reach in chest medicine education.

1935

The Federation of American Sanatoria (now known as CHEST) is founded with the intention to discuss the role of sanatoria as it relates to early diagnosis of TB. In March, the journal *Diseases of the Chest* is launched by the Federation of American Sanatoria. The first annual meeting is held August 9 to 10 in Albuquerque, New Mexico, with 38 registrants.

1945

CHEST postgraduate courses are offered throughout the year to help educate physicians returning from service in WWII.

1949

CHEST partners with the National Cancer Institute of the US Public Health Service to conduct research on lung cancer.



Federation of American Sanatoria, the precursor to the American College of Chest Physicians. He had also published *Diseases of the Chest*, the precursor to the journal *CHEST*®.

Ten years later, the organization had 24 chapters and 1,766 members.

POST-WAR EXPANSION

As vaccines, anti-TB drugs, and testing improved patient outcomes, the journal expanded its focus to consider issues such as allergic, occupational, suppurative, and neoplastic chest diseases, as well as medical economics.

By the early 1950s, *Diseases of the Chest* began to devote nearly one-third of its pages

to conditions other than TB. It continued this expanded approach through 1970, when it was renamed to *CHEST*.

The organization grew as well. By 1985, it had grown to approximately 14,000 members and preparations were made for a grand 50th

anniversary gathering in New Orleans featuring an address by outgoing Past President Dick Briggs Jr, MD, Master FCCP.

KEEPING PEOPLE UP TO DATE

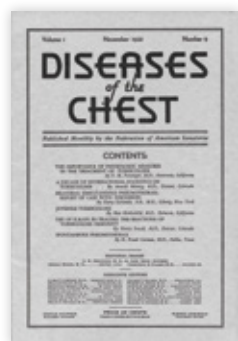
In 1968, after two years in the US Air Force and completing his medical residency, Dr. Briggs accepted a position as professor at the University of Alabama at Birmingham School of Medicine,

where he would teach and treat patients his entire professional career.

Dr. Briggs' dual commitment to education and clinical practice reflects what he sees as *CHEST*'s greatest strength.

"In my opinion, the continuing education of physicians who are already trained as internists and pulmonary specialists is the major impact of the American College of Chest Physicians," Dr. Briggs said.

As an example, Dr. Briggs pointed to the role that *CHEST* played in educating clinicians about the transformative power of ventilators and in establishing critical care as a key subfield of respiratory and pulmonary medicine.



1951
The organization moves to 112 East Chestnut Street, Chicago.

1960
CHEST's journal cites smoking as a probable cause of lung cancer.

1968
CHEST and the US Public Health Service partner to evaluate the physician's role in smoking cessation and educate physicians on helping their patients to quit smoking.

1984
CHEST launches its board review program for pulmonary medicine.

1989
CHEST launches its board review program for critical care medicine.

1953
Edward Robitzek, MD, FCCP, publishes groundbreaking data on a new drug to treat TB in *CHEST*'s journal and presents the research at the CHEST Annual Meeting.

1965
CHEST's work contributes to the passage of the bill requiring the Surgeon General's warning label to be printed on all cigarette packages.

1970
The journal *Diseases of the Chest* is renamed *CHEST*, as it is known today.

1986
The first guidelines on antithrombotic therapy are published as a supplement to the journal *CHEST*.

1990
CHEST plays a key role in the passage of legislation to ban smoking on domestic flights within the US.

Article and
timeline
continued on
next page

"Over the years, the American College of Chest Physicians, and the journal it has produced, helped to keep people who were interested in lung disease—and dealing with lung disease every day—up to date with the latest information about what was working and what wasn't working," Dr. Briggs said. "It has also helped prepare members for pulmonary and critical care medicine [board exams], and it has done this while remaining focused on people."

PAYING IT FORWARD

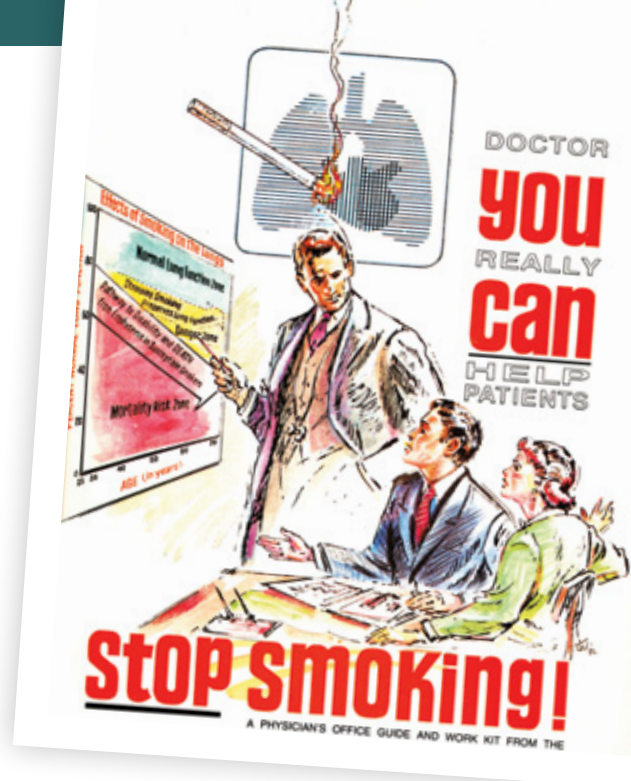
In the late '70s and early '80s, Dr. Shure was a fellow at the University of California, San Diego, conducting research on a new bronchoscopic technique for obtaining lung tissue using fine-needle aspiration. When she presented a paper on her research, she was approached by *CHEST* Editor in Chief Alfred Soffer, MD, Master FCCP, who said: "You need to be a part of the College."

This was Dr. Shure's introduction to the American College of Chest Physicians and what she characterizes as a family of professionals who share goals of

improving medical knowledge and supporting one another's efforts.

The warm welcome was even more significant, Dr. Shure said, given how few women were involved in the field and how difficult it was to be part of a minority group in the profession. During her term as *CHEST*'s first female President from 1995 to 1996, Dr. Shure was approached by junior members, international members, and members of diverse backgrounds who told her how important it was to see her in the position. Throughout her presidency, she strove to fully integrate international members into positions of leadership. In turn, they provided key insights and leadership for important *CHEST* initiatives, such as the global fight against tobacco smoking.

To this day, the international character of *CHEST* strengthens the organization's core educational mission by drawing on the experiences of different clinical practices from around the globe, Dr. Shure noted. "Education, clinical education, and the education of how we can



work together—that's all part of it," she said.

FROM SAVING LIVES TO CHANGING LIVES

Allen I. Goldberg, MD, MBA, Master FCCP, was introduced to *CHEST* in the early 1980s. This initial affiliation reinforced two important lessons Dr. Goldberg received from his mentor, Surgeon General C. Everett Koop, MD, ScD, FCCP (Hon). The first was to join organizations and surround yourself with talented, experienced people to effect change. The second was to always pursue more education.

1991
ACCP-SEEK is introduced for board review self-study education.

1995
CHEST adds a philanthropic arm to the organization offering grants for research, education, and community impact. Thanks to the generosity of donors, *CHEST* philanthropy has awarded \$14 million in grant funding since its launch.

2007
CHEST begins offering a sleep medicine board review course.

2014
CHEST builds the Innovation, Simulation, and Training Center in Glenview, Illinois, featuring a dedicated simulation wing. The advanced simulation capabilities lead to *CHEST* becoming the first medical association in the United States to receive accreditation from the Society for Simulation in Healthcare.

1995
Deborah Shure, MD, Master FCCP, becomes the first female president of the organization.

2002
CHEST Challenge is introduced at the Annual Meeting.

2005
Simulation exercises are offered at the *CHEST* Annual Meeting for the first time.

2009
The journal *CHEST* is voted one of the 100 most influential journals over the last 100 years in medicine and biology by the Biomedical and Life Sciences Division of the Special Libraries Association.

2020
CHEST members stand on the frontlines of the COVID-19 pandemic, caring for the sickest patients. The COVID-19 Task Force is created to disseminate best practices to clinicians around the world.

Through CHEST, Dr. Goldberg said he encountered “a loving and supportive culture—a family,” as well as immense support from his mentors within the organization, which included Dr. Shure, Bart Chernow, MD, Master FCCP, and Robert McCaffree, MD, Master FCCP. In 1995, Dr. Goldberg became the organization’s Treasurer and began what he described as “five of the most amazing years of my life,” which included his term as President from 1998 to 1999.

CHEST was already one of the world’s leading medical education organizations, Dr. Goldberg said. But the creation of the CHEST Foundation (now CHEST philanthropy) became “a tipping point” that would bring the findings of academic and clinical research into communities across the globe through impactful, science-based programs.

PREPARING FOR THE FUTURE

Noting that CHEST has been immensely successful in uniting professionals across the globe, Dr. Goldberg urged the organization to apply this cross-cultural expertise to educational

programs bridging differences within the US, such as the rural-urban divide. He would also like CHEST to consider offering certifications or educational programs in health care management so that clinicians could better navigate “the cultural difference between medicine and management.”

Thinking more broadly, Dr. Shure said mistrust in and hostility toward science is a global phenomenon and might require a global answer. Trust in the expertise and connections that organizations such as CHEST have built could help counter this trend, she said.

“I like to think there is always hope,” Dr. Shure said. “I think the bottom line is that we have this sense of family and community—of supporting one another—and we have this vision of an expanded family, a worldwide family. We are all in the same boat, and we are all paddling.” ■



Special Sessions at CHEST 2025

To mark 90 years of CHEST, the Scientific Program Committee has planned a series of sessions highlighting the past, present, and future of several lung topics. Look for these sessions in the CHEST Events app for more details.

MONDAY, OCTOBER 20

8:00 AM – 9:00 AM

90 Years of Progress: Mechanical Ventilation – Past, Present, and Future

Lakeside Center, Room 451A

9:15 AM – 10:15 AM

90 Years of Progress: TB – Past, Present, and Future

South Building, Room 403AB

1:30 PM – 2:30 PM

90 Years of Progress: Lung Cancer – Past, Present, and Future

South Building, Room 403AB

3:15 PM – 4:15 PM

90 Years of Progress: Diffuse Lung Disease – Past, Present, and Future

South Building, Room 503

TUESDAY, OCTOBER 21

9:15 AM – 10:15 AM

90 Years of Progress: Respiratory Vaccines – Past, Present, and Future

South Building, Room 403AB

2:45 PM – 3:45 PM

90 Years of Progress: Asthma – Past, Present, and Future

South Building, Room 403AB



90 for 90

Honoring the Past, Investing in the Future

To commemorate CHEST's 90th anniversary, 90 early career clinicians received travel grants to attend CHEST 2025 through a dedicated fundraising campaign

As CHEST celebrates its 90th anniversary this year, the organization is investing in 90 early career clinicians who can shape the future of pulmonary, critical care, and sleep medicine. This initiative, called the 90 for 90 Campaign, includes travel grants for the 90 clinicians to attend CHEST 2025 in Chicago. Each grant includes free meeting registration and a \$1,000 stipend to cover travel costs.

Just as importantly, the grant program connects the clinicians with the larger CHEST professional network. Each

recipient is paired with a mentor, ensuring that they have the knowledge they need to advance patient care where they live and work. This exponentially expands the impact of CHEST's world-class clinical education, noted Robert De Marco, MD, FCCP, Chair of the CHEST Board of Advisors.



Robert De Marco, MD, FCCP

"It's about how you will take something you learned and bring it back to your community," he said.

REAL-WORLD IMPACT

Sudha Misra, MD, had heard others question the feasibility of pursuing research while at a community-based fellowship program.

"There's this belief that fellows or trainees who are in community-based settings don't do much research or don't have enough resources to pursue academic research," she said. "And that was a question that plagued me."

When Dr. Misra received a travel grant to attend CHEST 2024, she took the opportunity to ask "every single person I came across"—including CHEST Presidents, past and present—for input about the feasibility of pursuing research while at a community-based fellowship program. Inspired by their responses, less than a year



Sudha Misra, MD

later Dr. Misra helped conduct the first research symposium in her program at Reading Hospital, Tower Health, in Pennsylvania.

"The reason I think it happened, entirely, is because all these people gave me hope. They gave me the belief," Dr. Misra said. "Where we are, we have enough. We have smart people; we have brilliant people. We can come together and organize research in our way, at our level."

FILLING MANY NEEDS

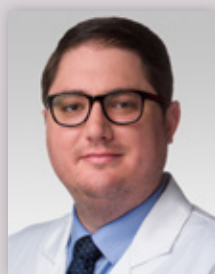
The CHEST Travel Grant program has been building momentum for several years. Donors funded 35 travel grants in 2023 and 55 in 2024.

CHEST Travel Grants help early career clinicians navigate hurdles and focus on what really matters, said Anthony J. Esposito, MD, who received a travel grant to attend CHEST 2024 as a junior faculty member.

"When you have early career professionals come to a conference

like this and get exposed to new technologies and new ways of approaching clinical problems, it doesn't just help us—it helps our patients,” Dr. Esposito said.

Dr. Esposito, Assistant Professor at Northwestern University's Feinberg School of Medicine, added that



Anthony J. Esposito, MD

the mentorship component of the travel grant was especially meaningful for furthering his career. His mentor guided him through the ins and outs of being a leader, collaborated

on a session proposal, and recommended Dr. Esposito for induction as a Fellow of the American College of Chest Physicians at this year's meeting.

Although CHEST 2025 is underway, the 90 for 90 Campaign will remain open until the end of the year in an effort to maximize support for CHEST's commitment to education, mentorship, and equity in access. Members of the CHEST community can contribute gifts of any size through the CHEST website at **chestnet.org/donate**, or at the Grantee Showcase Pod in the Exhibit Hall.

As with all CHEST philanthropy gifts, every dollar is passed along fully to the grant recipient. ■

Our Donors Make It Possible

Thank you to the many CHEST members who have supported the important work of our grantees by making a gift 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 today and inspire the future of medicine.



CHEST 2025 Travel Grant Recipients

Congratulations to the 90 recipients of this year's travel grants!

Nawal Aamir, MD	Anika Chowdhury, MD	Tasmea Haque, MD	Donna Oh	Zhayna Spooner, MD
Andrew Abrahamian, MD	Chebly Dagher, MD	Samira Hayee, MBBS	Kimberley Okoyeze, MD	PL Sriram
Brian Adams	Joshua Raphael G. De Guzman, MD	Alan Hu, MD	Sarang Patil, MD	Vilte Stefanija Diksaite, MD
Aamer Ahmad, MBBS	Michelle Delgadillo, AGACNP-BC	Nanditha Karra, MBBS	Shirley Perez Anel, MD	Shilpa Sridhar, MD
Neil Alden Tan, MD	Valeria Demeneghi Aleman, MD	Mounicka Karthikeyan, MBBS	Shreya Podder, MD	Ann Susan Paul, MBBS
Moe Ameri, MD, MSc	Shubh Desai	Clara Keum, MD	Ana Polanco Montero	Robert Tuosto, DO
Elaine Araujo de Souza	Adolfo Diaz-Barba, MD	Antoine Kharsa, MD	Carra M. Powell, MD	Noor ul ain Alvi, MD
Erik Avis, DO	George Doumat, MD	Manav Limbachiya	Christopher John Q. Quadra, MD	Katrina Villegas, MD
Laith Ayasa, MD	Ahmed Dudic	Belissa A. Lopez-Pena, MD	Sreya Rahman	Manuel Villegas Roberson, MD
Jyoti Bajpai, MBBS	Rida Ejaz, MBBS	Diksha Mahadeva Gowda, MBBS	Armando Reyes Yparraguirre, MD	Francisco Vizcaino, MD
Santosh Basyal, MBBS	Abuoma Ekpendu, DO	Zin Mar Htun, MBBS, MS	Melina Sanchez, BA	Tyler West, RRT, RRT-ACCS
Killen Briones-Zamora, MD	Minaam Farooq, MBBS	Juan Martinez Ortega, MD	Parthkumar Satashia, MBBS	Rebecca Wolff, DO
Ennajee Brisbane, MD	Falah Fayaz	Bibi Maryam, MD	Naina Sawal, MD	Abhishek Yadav, MBBS
Anouar Bouabdellah, MD	Enrique Gerardo Villarreal Noyola, MD	Kevin Meek, DO	Chail Shah, MD	Beverly Christine B. Yu, MD
Emory Buck, MD	Michelle Guadalupe Ortiz	Hicham Mekkaoui	Vivek Singh, MD, RRT-ACCS, RRT-NPS	Craig Yugawa, MD
Luca Calero, PA-C	Astha Guliani, MD	Chase Mitchell	Saiyara Sheikh Shama, MD	Bugra Zengin, MD
Rendy Javier Chaparro Reyes, MD	Aaron Haag, DO	Ghanshyam Mudigonda, MBBS	Prinay Sohal, MBBS	Mina Zhang, MD
Ana Chavez Velasquez, MD, MS	Mohammad Hashim Salameh, MD	Chidimma Nwafor	Rupali Sood, MD, MPH	
Kevin Chiu, MD				



OPENING THE DOOR, LEADING THE WAY

Catch up with CHEST President John Howington, MD, MBA, FCCP

It's ironic that CHEST President John Howington, MD, MBA, FCCP, attended his first annual meeting in "The Big Easy."

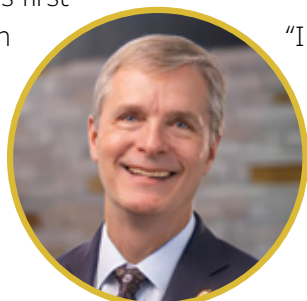
He had been invited to CHEST 1997 in New Orleans as a co-moderator.

However, when the senior moderator had travel issues, Dr. Howington found himself leading the session on his own—just four months out of fellowship.

It wasn't the low-pressure introduction to CHEST that he might have hoped for, but getting to that point hadn't been easy either.

Dr. Howington was born in Nashville, Tennessee, the youngest of eight. He was raised by a single mother with a minimum wage job, and no close male family members had finished college, let alone

become a thoracic surgeon as he eventually did.



"I grew up in a blue-collar community. They had their own struggles, but they took time to support little John Howington," he said.

He found another supportive community at his first CHEST meeting where he made lifelong friends and connected with CHEST leaders who encouraged him to stay involved.

"My goal is to inspire people to remember why they got into this field to begin with."

John Howington, MD, MBA, FCCP

CHEST President

Over the years, Dr. Howington has served on the Scientific Presentation and Awards Committee, the Interventional Chest Diagnostic Procedures Network, Thoracic Oncology Network, Council of Networks, Scientific Program Committee, and the Membership Committee. He has been President of the CHEST Foundation (now CHEST philanthropy), Chair of the Finance Committee, and a Regent-at-Large. He is now the 87th CHEST President.

"Trust me, when I finished my training, I had no perception of myself being president of a national association," he said. "I was just thrilled to be at the meeting, to be invited to co-moderate. And the rest is just people—leaders opening the door for others, paying it forward."

Dr. Howington has also contributed to multiple editions of CHEST's lung cancer clinical practice guidelines.



The Journey Ahead

CHEST President John Howington, MD, MBA, FCCP, answers five questions about the present and future of CHEST.

What are the three most important issues in chest medicine?

First, substantial funding cuts for medical research, which will have a compounding effect over time, stalling the great advances in science that lead to cures like those achieved with cystic fibrosis. Second, significant cuts to Medicaid, which negatively impact vulnerable patient populations, including critical access and the rural hospitals that care for them. Third, lack of federal government support of proven vaccines to reduce infectious respiratory illness.

How does CHEST membership help medical professionals navigate these issues?

CHEST works in partnership with like-minded health care associations to advocate for our members and the patients they care for in their practices. CHEST is a trusted source of the best evidence for optimal patient care in chest medicine.

What is CHEST doing to make an impact in the coming decade?

CHEST continuously works to innovate and improve its educational materials to meet the needs of all providers of chest medicine. There is an ever-increasing depth and breadth of new medical knowledge that one individual cannot assimilate alone. CHEST works to prioritize and package that information for our members so they feel confident they are providing state-of-the-art care for their patients.

What is CHEST doing to protect and nourish the incoming workforce?

We offer educational products to meet the needs of varied learning styles. We offer traditional in-person educational sessions like Board Review and the CHEST Annual Meeting. In addition, we offer online access to those events, as well as to additional educational tools like the CHEST SEEK® Library, CHEST Curriculum Pathways, and CHEST MedCast. We also offer hands-on simulation courses at our headquarters in Glenview, Illinois.

What are CHEST's goals leading up to its centennial in 2035?

CHEST should be the go-to source for the entire team of providers, not just physicians, in the chest medicine space. Care of patients with chest diseases is a team effort, and we are the association dedicated to providing the best, cutting-edge education to the whole team.

He was an author for the first set of stage II non-small cell lung cancer (NSCLC) guidelines published in 2003, as well as updated stage I and II NSCLC guidelines published in 2007 and 2013. This past summer, he led the publication of the newest early-stage NSCLC guideline, which had been in the works for years. The new guideline and its 17 recommendations can be found on the journal *CHEST*® website.

Dr. Howington's term as CHEST President has coincided with unprecedented headwinds in science and health care, but his focus has remained firmly on patients and the organization's mission. He has been energized, he said, by recent treatment advancements—in not only lung cancer but also asthma, COPD, and other diseases.

"There's so much information coming at us now. It's challenging to process," he said. "That'll be part of CHEST's role for our members in the future—to take in that vast amount of knowledge and give it back to our members in a package that's usable in their day-to-day practice so their patients will benefit."

Dr. Howington has been encouraged by the positive momentum within CHEST since the outbreak of the COVID-19 pandemic. The organization's current membership and resources better reflect today's multidisciplinary teams, he said, while record numbers of early career clinicians have attended recent annual meetings and submitted abstracts.

As he wraps up his presidential term, Dr. Howington hopes to maintain an outward focus, support the next generation of clinicians, and go the extra mile when called upon—just as he did three decades ago at his first annual meeting.

"My goal is to inspire people to remember why they got into this field to begin with," he said. "Remember yourself as a bright-eyed medical student—the white coat ceremonies, that excitement and enthusiasm. Recognize the incredible advancements in medicine and science. And allow that to replenish you when you're tired. If you maintain that focus on others, you can overcome more obstacles than you anticipate." ■

Chasing the CHAMPIONSHIP

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



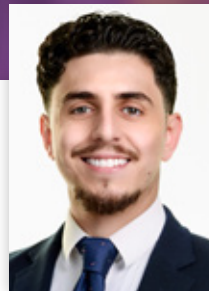
YOU'RE INVITED

The live, *Jeopardy!*-style game show takes place on Tuesday, October 21, in the Arie Crown Theater at the Lakeside Center. Doors open at 5:00 PM for a reception, and the championship event begins at 6:00 PM.

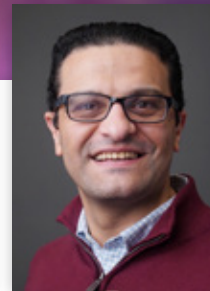
"Come be part of the magic," said CHEST Challenge founder and Master of Ceremonies William F. Kelly, MD, FCCP. "Your cheers, your energy, your support—they fuel these future leaders. Beyond the funnest, fastest, evidence-based pulmonary/critical care review you'll ever experience, this year promises even more audience interaction, more thrilling fellow hands-on challenges, and more giveaways than ever before."

WHOSE BOVINE IS BEST?

Vote for your favorite CHEST Challenge finalist team mascot—Marshall University's Thundering Herd, University at Buffalo's Bulls, or University of Colorado's Buffaloes—and support your home team! Give just \$5 to back your favorite mascot and support CHEST philanthropy. And tell your friends and colleagues at home to vote, too!



Abdul Muhsen
Z. Abdeen, MD



Zakaria Alagha,
MD, MSc



Saif Ghishan,
MD

CHEST CHALLENGE FINALIST

Marshall University

Program Director: Yousef R. Shweihat, MD, FCCP

What's your favorite study snack?

Dr. Abdeen: Espresso so strong it could resuscitate a hypoxic vent—and maybe a protein bar, if I'm feeling generous.

Dr. Alagha: Strong Turkish coffee—because nothing says "focus" like caffeine.

Dr. Ghishan: Protein bars.

What item would you put in a time capsule to commemorate your fellowship experience?

Dr. Abdeen: A pulse ox that survived three codes and one blizzard.

Dr. Alagha: My cracked stethoscope with a sticky note: "Survived codes, consults, and caffeine overdoses. Barely."

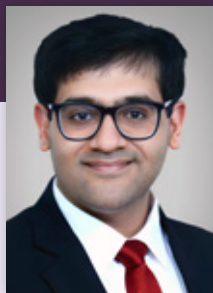
Dr. Ghishan: My Ford Mustang. It came up in my residency graduation, relating it to me because it's fast to act but fun to be around.

What's an appropriate name and mascot for your team?

Dr. Abdeen: The Bronchi Bois. Mascot: Lil Mucus, a grinning cartoon plug that always clogs up the competition.



Jessica Baek,
MD



Rishabh Bansal,
MBBS



Yu-Che Lee,
MD, MPH

CHEST CHALLENGE FINALIST

University at Buffalo

Program Director: Gregory Fuhrer, MD

What's your hidden talent or an after-hours hobby?

Dr. Baek: Playing the piano.

Dr. Bansal: I have a knack for mimicking friends and coworkers, which always brings some laughs after a busy day.

Dr. Lee: I enjoy playing badminton and tennis, going for a jog, and traveling whenever I get the chance.

What chest medicine topic are you passionate about?

Dr. Baek: Women in medicine; impact of biology and social construct of gender on lung, sleep health, and critical illness.

Dr. Bansal: Chest physiotherapy—often overlooked, but incredibly impactful when done right.

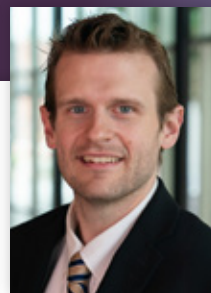
Dr. Lee: I'm passionate about the role of biologics in treating airway diseases. It's an exciting and evolving area with great potential.

What's an appropriate name and mascot for your team?

Dr. Lee: Buffalo Code Blues, powered by Victor E. Bull, charging through chest cases with brains, brawn, and a shot of caffeine.



Jacquelyn
Kercheval, MD



Christiaan Rees,
MD, PhD



James
Wykowski, MD

CHEST CHALLENGE FINALIST

University of Colorado

Program Director: Tristan J. Huie, MD, FCCP

What off-the-wall, nonmedical topic could you present a session on?

Dr. Kercheval: Currently, the US Women's National Soccer Team. But I just planted a couple of garden boxes, so I'll hopefully be able to do a session on backyard gardening in a year or so.

Dr. Rees: Living in Denver, I've become immersed in the brewery culture and could probably present an entire session relating to beer (both making and consuming).

Dr. Wykowski: Sourdough bread and the impact of altitude on baking.

Who would play you in a TV show about your fellowship?

Dr. Kercheval: I think it would be fun to be played by the cartoon character Kim Possible, with whom I share reddish hair and green eyes—and whose ability to remain calm in the face of emergencies is aspirational.

Dr. Rees: Based on appearance, former *Doctor Who* actor Matt Smith. Based on personality, *It's Always Sunny in Philadelphia* actor Charlie Day.

Dr. Wykowski: Jake Fox, MD, MPH, co-fellow at the University of Colorado—that guy can do anything.

What's an appropriate name and mascot for your team?

Dr. Kercheval: Denver Branch-Os, with the mascot being an alveolus holding a bronchoscope as a hiking pole as it summits a mountain. ■

The Stories That Shape Us



Kara Dupuy-McCauley, MD, FCCP, and Lakshman Swamy, MD, FCCP

After Hours participants describe the annual storytelling event at the CHEST Annual Meeting as a life-changing experience

When Kara Dupuy-McCauley, MD, FCCP, played keyboards during the inaugural After Hours event at CHEST 2022 in Nashville, she rediscovered her love for music and performing. Trained as a pianist from her youth to her mid-20s, Dr. Dupuy-McCauley stepped away from her keyboard during her medical training to focus on a demanding career path that led her to becoming a pulmonologist and sleep medicine specialist at The Mayo Clinic. Reconnecting with music and committing to hours of practice for the After Hours live performance became a means of recapturing part of her identity.

But what surprised and delighted her the most was the reaction from her colleagues in the audience. “There were so many people I didn’t know who came up to me and said things like, ‘I used to paint, and

I really want to get back to that—I’m inspired!’” Dr. Dupuy-McCauley recalled.

This type of discovery—about oneself and shared in a supportive setting—is what makes After Hours such a unique and dynamic annual meeting event. The innovative performance series, a meeting highlight each year for Dr. Dupuy-McCauley and many others, will continue at CHEST 2025 in Chicago.

A STORYTELLING SPEAKEASY

The initial idea for After Hours took shape in the runup to CHEST 2022. Teresa Rodriguez-Aviles, CHEST Senior Manager for Education Learning Events, said the original goal was to create a space that was “intimate, like a speakeasy for stories that had nothing to do with medicine, but would highlight the human side of the clinicians we work with.”

"We recognize that they are more than medical professionals treating patients and that they have whole lives outside of that," she said.

Spearheaded that first year by Gabriel Bosslet, MD, FCCP, Rana Awdish, MD, FCCP, and Dr. Dupuy-McCauley, After Hours continued at CHEST 2023 in Hawai'i. The event expanded at CHEST 2024 in Boston through a partnership with the professional storytelling group The Nocturnists Satellites Program, which provided coaches to help After Hours speakers prepare for the event.

Lakshman Swamy, MD, FCCP, performed during the 2024 event and joins Dr. Dupuy-McCauley as a co-organizer this year. The coaching he received from The Nocturnists last year allowed him to improve his story until it became "honed and sharpened, and made into something very powerful" as a live stage presentation, he said.

AMONG PEERS

After Hours stories touch on themes that clinicians already share among themselves, as well as with family and friends—issues like burnout, balancing a career with family life, and other challenges common to medical professionals. But After Hours elevates these conversations by giving them a degree of festivity and by putting them in front of an ideal audience, Drs. Dupuy-McCauley and Swamy said.

"I think a big part of it is the spirit of the society, of the membership, of the people who come together and who have these shared

experiences," said Dr. Swamy, a pulmonary and critical care physician with faculty appointments at Harvard Medical School and the University of Massachusetts Chan Medical School. "People come together and sit in that auditorium, then someone goes up there and starts telling their story directly out of their heart. That story will resonate because these are your people up there. There is a connection you have with the others just walking in the room. I think that's the magic of After Hours, and it sort of builds on the magic of what CHEST is in the first place... what makes CHEST so different from other societies and other gatherings and meetings."

While the clinical and the research presentations at CHEST are the main attraction, After Hours adds something different to the meeting, Dr. Dupuy-McCauley said. "This is acknowledging that we are not just doctors but whole people," she said. "We are better doctors when we are nurturing our whole selves. Instead of detracting from being a doctor, sometimes nurturing other parts of your life can make you a better doctor."

Witnessing the After Hours performances is a powerful experience, Dr. Swamy added. "It's far from just being an entertaining experience or a touchy-feely experience—it's profound and it can really alter you and change you from that day on," he said. "It can change the way you approach the bedside, your colleagues, your career—everything." ■

After Hours 2025

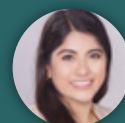
This year's After Hours program hits the stage on Monday, October 20, at the Marriott Marquis, ABC Level 1, near the convention center. Doors open at 5:30 PM, with light refreshments and musical entertainment until the performances begin at approximately 6:30 PM.

After Hours is free to all CHEST 2025 attendees. Organizers will work to accommodate all attendees, but capacity is limited to 300, so entrance will be prioritized for those who register in advance.

Storytellers



Christopher Carroll, MD, FCCP



Ana Chavez Velasquez, MD



Joey Gee, PA-C



Erika MacIntyre, MD



Hometown Heroes

As CHEST 2025 convenes at Chicago's McCormick Place, about 25 miles south of CHEST Global Headquarters in Glenview, Illinois, CHEST Community Connections is highlighting the critical services provided by three local health groups: Chicago Asthma Consortium, CommunityHealth, and Mobile Care Chicago.

Through the Community Connections initiative, now in its third year, CHEST partners with nonprofits in the host city of the CHEST Annual Meeting. Each organization receives an unrestricted grant of \$5,000 and is given a platform in the Exhibit Hall to inform CHEST attendees about their work.

Elizabeth Stigler, PhD, who coordinates the initiative each year in her role as CHEST's Director of Diversity, Equity, Inclusion, and Belonging, said Community Connections reflects CHEST's commitment to support transformative, community-led care.

"We feel it is important to meaningfully contribute to the site of our annual meeting, and we want to do that beyond coming in for four to five days and doing just one thing, such as cleaning a beach or a park," Dr. Stigler said. "We recognize there are client-facing organizations on the ground and connected to their patients and communities. They have those relationships, they understand the landscape of need, and they know the state of public and community health in their cities better than we do."

The annual Community Connections initiative also includes a premeeting, off-site volunteer activity for CHEST leadership. The goal of the event, as well as the broader Community Connections program, is to foster a two-way partnership, said Dr. Stigler, noting that CHEST leadership and members often take away actionable ideas from their encounters with the participating nonprofits. This year's activity was with the Chicago Asthma Consortium on the Saturday before the meeting.

"It's a knowledge-transfer opportunity," Dr. Stigler said. "The initiatives, strategies, and services that these organizations employ might be novel, innovative, and something that our attendees might be able to take back to their own patients or communities."

Community Connections in the Exhibit Hall

The three Community Connections partner groups have been invited to present information about their missions and work at Experience CHEST in the Exhibit Hall. Group representatives will also attend the Cultures and Communities Reception, which begins at 6 PM on Monday, October 20, on Level 33 of the Marriott Marquis.

PRESENTATIONS: TUESDAY, OCTOBER 21

Location: Experience CHEST

11:15 AM - 11:30 AM	CommunityHealth
11:30 AM - 11:45 AM	Mobile Care Chicago
11:45 AM - 12:00 PM	Chicago Asthma Consortium

Chicago Asthma Consortium

Asthma is a disease of disparity. The chronic lung condition affects nearly 25 million Americans, but the burden of asthma “falls disproportionately on racial and ethnic minority populations,” according to a 2020 Asthma and Allergy Foundation of America report.

These disparities are particularly pronounced in Chicago, which was characterized as “an epicenter for asthma-related health inequities affecting children in the United States” in a 2020 study by the University of Illinois, Chicago.



Rachelle Paul-Brutus, MPH

Founded in 1996, the Chicago Asthma Consortium (CAC) works to overcome these disparities through educational programs and community involvement. The group supports a range of in-person and virtual educational events, including webinars, lunch-and-learns, conferences, and community gatherings to connect researchers, experts, patients, and community members so that they can learn from one another.

“As a community-based organization, we have the privilege of connecting with a diverse group of partners who are passionate about the fight against asthma,” said CAC Executive Director Rachelle Paul-Brutus, MPH. “These partners include health practitioners, nurses, community health workers, researchers, respiratory health therapists, pharmacists, leaders from community-based organizations, asthma stakeholders, and community members who can tell us their lived experience with asthma and inform the type of work that is important to them.”

This community-centered approach allows for information and conversations to reflect the varied realities and concerns of each community, Paul-Brutus said.

“We have such different neighborhoods and communities that we cannot have a one-size-fits-all approach to the issue,” she said. “We need to be intentional about addressing the disparities. Depending on where you live in Chicago, for example, the air quality is not the same. You have some neighborhoods close to industrial corridors and others close to nature. One neighborhood is close to a park and another is close to a railroad track. Your approach to asthma in Lincoln Park, for example, is not going to be the same as your approach on the southeast side of Chicago.”

It’s important to recognize how changes in personal habits, communities, and policy can improve individual and community health, Paul-Brutus said.

“We have a solid foundation,” she said. “The data we receive from the city, the county, and the state show the disparities of asthma, but it also gives me hope and the strength to keep going, regardless of the situation we live in. We want to make sure that we continue to impact lives—this is too important to stop.”



CommunityHealth

The mission of CommunityHealth is both unique and simple, according to Alice Woo, the Chicago nonprofit's Funder and Donor Relations Manager.

"We are one of the largest volunteer-based clinics in the country and we serve uninsured patients," Woo explained. "We don't do any insurance billing—no reimbursement model. We simply provide care with no charge to the patient."

CommunityHealth was founded in 1993 when the late Serafino Garella, MD, organized a group of young, like-minded colleagues to survey the health care needs of Chicago communities. After discovering that nearly half the people they talked to lacked insurance or a consistent medical provider, Dr. Garella secured funding and support for a free walk-in clinic twice a week.

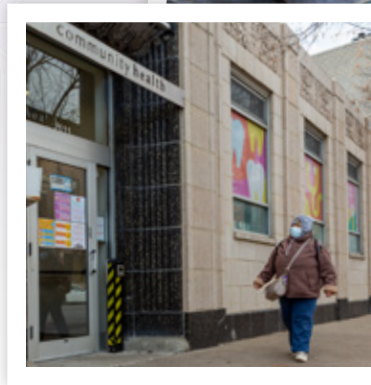
More than 30 years later, the program has expanded to a full-service volunteer clinic with an in-house pharmacy and more than 20 specialties, including dental, sleep, behavioral health, cardiology, nephrology, and physical therapy. CommunityHealth also operates three microsites across Chicago.

The clinic has five full-time staff members—two behavioral health counselors, a dentist, a director of clinical operations, and a nurse practitioner. Volunteers provide all other medical services. Those volunteers include retired, midcareer, and early career professionals, as well as medical students and residents.

CommunityHealth works with 16 academic institutions throughout Chicago to recruit volunteer caregivers. Students and residents from these institutions provide



Alice Woo



a dependable way to staff clinics, "and some of these volunteers stick around for decades," Woo said.

One former volunteer who has made a significant impact is Justin Fiala, MD, an ICU physician and sleep medicine specialist who volunteered as a student at the University of Illinois, Chicago, and later returned to Chicago as an Assistant Professor at Northwestern University's Feinberg School of Medicine. Dr. Fiala reunited with CommunityHealth in 2021 to help establish a sleep clinic backed by a grant from Northwestern and the American Academy of Sleep Medicine Foundation. He also spearheaded an initiative to secure donated CPAP machines and print customized CPAP masks courtesy of a 3D printer made available by Northwestern.

All of CommunityHealth's initiatives are guided by partnerships with community organizations working from within the cultural context of the neighborhoods, and often through language interpretation, with Spanish and Polish being the most in-demand, Woo said.

"Part of the strength of these partnerships is the understanding that CommunityHealth's work in preventive care, and [providing] consistent care for uninsured people, is preventing ER visits," Woo said. "It's estimated that we save local emergency rooms around \$9 million per year just by preventing emergency situations and conditions from getting too far along."

Mobile Care Chicago

In 1998, four local physicians teamed up to counteract geographic health disparities in Chicago by focusing on areas that had abnormally high asthma mortality rates. This collaboration led to the formation of Mobile Care Chicago (MCC), and in 1999, the group launched its first Asthma Van—an RV transformed into a clinic to provide care for kids in Chicago neighborhoods with high asthma rates.

With the support of a CHEST grant in 2000, MCC was able to deliver free medical and preventative care to those without access in their own communities. “CHEST helped to launch us into the mobile care we are today,” said Executive Director Matt Siemer.



Matt Siemer

MCC now has a fleet of six mobile units, which includes three asthma and allergy mobile clinics, plus vans for dental, vision, opioid recovery, and food allergies. Each van, uniquely painted by local artists, is staffed with a mobile team—a nurse practitioner or medical doctor, a nurse, a medical assistant, and a clinical technician who also serves as the van’s driver—with the goal of diagnosing, educating, and providing ongoing care for kids.

To make this care more convenient for working parents, MCC partners with 60 Chicago Public Schools and 25 Lake County schools, giving greater

access to interface with health professionals like school nurses, Siemer said.

Appointments are year-round and open to all kids, even if they do not attend the school where one of the vans is visiting.

A second CHEST Community Impact Grant in 2018 helped expand the program to explore social determinants of health—environmental factors, substandard housing, air quality, mental health, and other factors. “Every time that we’ve had a significant new expansion or innovation, CHEST is always there alongside it,” Siemer said.

In 2024, another CHEST Community Impact Grant helped MCC enhance its ability to serve young adults (ages 16+) who had visited the Asthma Van since they were kids.

“Now, 10% of our patient population fits the young adult category, and next year it’s going to be 12%,” Siemer said. “As our Asthma Van patients age, they turn from children into young adults into adults who have a new perception of what health care can be—an alternative to institutional medicine.”

Many of these patients have grown up using mobile health care and now bring their own kids and spread the word to their neighbors. “Asthma is a contextual disease and it takes a community effort,” Siemer said. “Our Asthma Van can get you thinking about care in a different way.”

This story about Mobile Care Chicago is adapted from “Where the Rubber Meets the Remedies,” by Morgan Lord, which originally appeared in CHEST Advocates. ■



The Talent Garden

WHERE DREAMS TAKE ROOT

The Hennepin Healthcare Talent Garden CHEST Scholars program aims to transform community care by helping youth from historically excluded communities envision careers in medicine

Lyn Ampey, Abigail Putz, Amy Vasquez, and Martin Villalba—remember these names. They are the 2025 Hennepin Healthcare Talent Garden CHEST Scholars—some of the nation’s brightest and most promising medical minds of the future.

Through a competitive selection process, CHEST awarded the four aspiring medical professionals all-expenses-paid scholarships to attend CHEST 2025 and participate in an innovative, six-week paid internship at Hennepin County Medical Center in Minneapolis. On Monday, October 20, they will present their research in the Exhibit Hall.

For CHEST, the scholarship program is an opportunity to support a relatively new medical education program focused on serving underrepresented communities that’s already impacting lives and the medical workforce of the future. For this year’s scholars, all high school seniors from Minnesota, the program is a chance to visualize themselves as medical professionals and serve as ambassadors for their peers who have had similar lived experiences.



The 2025 Hennepin Healthcare Talent Garden Scholars (from left): Abigail Putz, Amy Vasquez, Martin Villalba, and Lyn Ampey

A MINI MED SCHOOL

The Talent Garden program began as the brainchild of Nneka Sederstrom, PhD, MPH, MA, FCCP, in the late 2010s and early 2020s. As Chief Health Equity Officer at Hennepin Healthcare in Minneapolis, Dr. Sederstrom wanted to create an opportunity for students of underrepresented communities to spend a Saturday with medical professionals, ideally those who looked like them or shared similar backgrounds. These meetings would allow the students to share time and space with medical professionals and reinforce the notion that they, too, could step into these roles.



Nneka Sederstrom, PhD, MPH, MA, FCCP

“Initially, I wanted it to be a massive, one-day convention with 1,000 kids and a convention center—a mini med school, a mini med convention... a baby CHEST,” Dr. Sederstrom said. “We would have speakers who would talk about their life, their journey, and how they became a clinician—and the kids could interact with them and ask questions.”

Dr. Sederstrom’s expectations for the event evolved, but its fundamental goals remained the same—to create an opportunity for kids to see themselves in these spaces and know there are people like them who are already there.

The first Saturday program, the Black Men with Stethoscopes Youth Summit, was held in December 2021 and included 88 Black male students in middle and high school. During the one-day seminar, the students participated



in simulations while learning about research conducted by Black male medical professionals.

The initial focus on Black male students was based on the demographics of the Minneapolis region and a handful of studies, including a report by the Association of American Medical Colleges that only 3% of US medical school applicants self-identified as Black men.

The success of the initial program allowed the Talent Garden to rapidly expand. With support from Hennepin Healthcare and primary funding from Blue Cross and Blue Shield of Minnesota, the Talent Garden program now offers several six-hour events every school year, including Latine Youth with Stethoscopes, Black Youth with Stethoscopes, Asian Youth with Stethoscopes, and American Indian Youth with Stethoscopes. The program has organized a total of 15 summits for 1,183 young students of color as it approaches its four-year anniversary.

Beyond the numbers, there are hundreds of little moments that illustrate the program's success, Dr. Sederstrom said. One example was a presentation by Thomas Wyatt, MD, Chair of the Department of Emergency Medicine at Hennepin Healthcare and Associate Professor of Emergency Medicine at the University of Minnesota. A citizen of both the Shawnee (Saawanooki) and the Quapaw (Ogapah) nations, Dr. Wyatt told students how he was repeatedly discouraged from going to college and applying to medical school, and how these barriers and prejudices had followed him throughout his early career.

"And this kid was listening, and asked: 'People are always telling me I won't amount to anything. How did you get over the fact that everybody was telling you that you couldn't do it?'" Dr. Sederstrom recalled. "Dr. Wyatt looked at him and said, 'I just had to believe that it was not true. Now, look at

Continued on next page →

Fruits OF THEIR LABOR

The first groups of Talent Garden graduates have continued their education and early career success. Of the 65 former interns (2022–2024):

23 are pursuing premedical studies

20 have entered nursing school

4 of these **20** nursing school students are working as CNAs while in school

4 are studying to become physician assistants/associates

3 are studying to become clinical psychologists

2 are studying to become dental hygienists

2 are enrolled in a seven-year BA/MD program

1 is studying to become a licensed clinical social worker

Talent Garden interns have enrolled in several colleges and universities, including: The City College of New York, University of Wisconsin–Madison, University of Notre Dame, University of San Diego, Carleton College, Loyola Marymount University, the University of Minnesota, and more.

Past and present Talent Garden interns are fluent in multiple languages in addition to English, including: American Sign Language, Amharic, Arabic, Cantonese, French, Fulani, Korean, Hmong, Japanese, Lakota, Oromo, Spanish, Somali, and Swahili.



me—you can tell it isn't true.' And the kid was silent and looked at Dr. Wyatt like, 'Yes, you did that—and I can do this.' It was a powerful moment."

SUMMER CAMP

Since 2022, the Talent Garden has also sponsored an annual, intensive six-week summer internship for high school students. The first cohorts from these internships are nearing the completion of their undergraduate degrees and taking positions in medical programs.

Jim Peters, Health Equity Program Development Manager for Hennepin Healthcare and the Talent Garden program coordinator, explained that each student leaves the program with a range of clinical experiences—from working in a radiology lab to observing knee-replacement surgeries and childbirths—while learning from medical professionals who might become mentors for life. The enjoyment and reward that the medical professionals gain from mentoring the interns has been an inspiring development, he added.



Jim Peters



"The kids pick up a lot of confidence, reassurance, and support from their mentors, and we have a number of physicians and nurses at all stages of their careers who have stayed in touch with these young people," Peters said. "A couple of times, the past interns have written me

and said, 'Would I be bothering this doctor if I wrote to them?' And I have responded, 'Bother them! They'll be delighted to know you got into Notre Dame, Rutgers, the University of



Planting THE SEEDS



To support the Talent Garden program, as well as other CHEST scholarship and grant initiatives, visit chestnet.org/donate and select "Dedication to education."

Minnesota, or to the university you wanted, or to learn that you're doing neurology research this summer."

As the Talent Garden has flourished, Peters said the program's greatest strength is the ability to identify talented youth and provide experiences to inspire them to reach their potential. "Even if we're just giving them rollerblades to move along on their journey a bit faster, the fact that young people of such caliber are excited enough to join this program tells me we are doing something right," he said.

A BRIGHT FUTURE

Both Dr. Sederstrom and Peters said they expect the Talent Garden to have a cumulative impact over many years. Some of the program's graduates are already working as emergency responders and building successful careers—and all Talent Garden internship graduates have gone on to colleges or universities.

Ideally, the Talent Garden—or programs like it—will become more common throughout the nation. Dr. Sederstrom and Peters supported the launch of a similar program in Bemidji, Minnesota, and are eager to share their experiences with other communities.

"I am happy to give anybody the road map of how we did it because we can't be the only solve for this," Dr. Sederstrom said. "If we're alone, then the bit we are doing is not going to increase the number of kids of color as clinicians and in other health spaces across the nation. Everybody should have a program like this for their community to create clinicians who look like the community they represent." ■

CHEST expands program to improve timely diagnosis and patient outcomes

Timely Diagnosis for PH-ILD

“We know that patients with PH-ILD have higher morbidity and mortality compared with those with ILD alone. Time is of the essence. The earlier we identify this process, the more opportunity we have to intervene.”



Deborah Jo Levine, MD, FCCP
Steering Committee Member

Supported by United Therapeutics

Timely Diagnosis for NTM Pulmonary Disease and Bronchiectasis

“Many of the patients have been to many physicians over the years, and by the time they come to us, they have lost a significant portion of lung function. Early diagnosis can help preserve that lung function and help patients resolve symptoms more quickly, and both improve and preserve their quality of life.”



Doreen J. Addrizzo-Harris, MD, FCCP
Steering Committee Chair

Sponsored by Inmed Incorporated

The Bridging Specialties initiative launched in 2022, drawing on the combined strengths of pulmonary and primary care experts to close diagnostic gaps and improve patient outcomes. The program now includes four initiatives. To learn more about the Bridging Specialties initiatives, visit Experience CHEST in the Exhibit Hall.

Timely Diagnosis for ILD

“While interstitial lung diseases do not affect a substantial amount of the population, those touched by the disease are impacted tremendously. Any delay in receiving a diagnosis is time that could be dedicated to finding a treatment therapy that can improve their quality of life.”



Andrew H. Limper, MD, FCCP
Steering Committee Member

*Founding Sponsor: Three Lakes Foundation
Sustaining Partner: Boehringer Ingelheim Pharmaceuticals, Inc.*

Timely Diagnosis and Treatment for COPD

“Connecting patients to the correct diagnosis sooner decreases symptom burden and improves their quality of life. It's all about timely interventions that make a meaningful difference.”



Megan Conroy, MD, MAEd, FCCP
Steering Committee Chair

Supported by Regeneron Pharmaceuticals Inc. and Sanofi

Validating Excellence in Critical Care



CHEST offers first-of-its-kind certification for APPs in critical care

By Madeleine Burry

If you're a physician assistant/associate (PA) or nurse practitioner (NP) in critical care—or if you work with one—you're well acquainted with the valuable, essential work that advanced practice providers (APPs) perform in this setting. APPs bring a wide range of skills, from stabilizing patients to providing hands-on care in the ICU, often spending more time interacting with patients than physicians can, said Robb Rabito, MEd, Senior Director, Strategy, at CHEST.

Yet, despite the importance of their role, there has been no certification available for an APP's body of knowledge and experience in critical care—until now. Last month, CHEST debuted the first-of-its-kind critical care certification exam for APPs. The test was administered to more than 100 clinicians.

It's "one exam that can validate both professions," said Allison Wynes, DNP, ACNP-BC, FCCP, at University of Iowa Health Care. And the certification also leads to benefits for the patients and multidisciplinary teams working in critical care.



Allison Wynes,
DNP, ACNP-BC,
FCCP



Leeah Sloan,
MS, PA-C

WHAT'S COVERED?

CHEST's Advanced Practice Provider Critical Care Exam is divided up into 11 domains.

To determine these 11 topics—as well as each one's percentage of the exam—CHEST used a rigorous and data-driven approach aligning with professional certification standards. It began with insight from the people who know the field best: APPs. A steering committee was assembled, made up of APPs with at least five years of experience across a variety of critical care environments, including surgical ICUs, pediatric ICUs, and others, said Leeah Sloan, MS, PA-C, Manager, Critical Care Advanced Practice Providers, at Henry Ford Health.

Committee members focused on foundational areas for practicing critical care that are meaningful across these different ICU environments. "The certification exam will be really applicable to the job you're doing every day and the care you're giving every day," Dr. Wynes noted. CHEST also underwent a job task analysis to examine all the tasks an APP might perform in a critical care setting.

At each step, the team verified that the exam topic areas reflected what APPs encounter when providing critical care. For instance, a survey sent to hundreds of APPs allowed practitioners from around the country to weigh in on the specifications and specific elements APPs would need knowledge of in the exam. From there, the group developed a blueprint for the scope of work for APPs in critical care medicine, Rabito said.

With the topics set, CHEST confirmed that the exam mirrored the critical care physician board certification closely. "[The certification covers] what every provider

needs to know when they're working in critical care, whether you're a physician or an APP—it's what our patients need, [and] it's the care that we're providing day to day," Dr. Wynes said.

WHY CERTIFICATION FOR APPS MATTERS

If you're not part of a team operating in the critical care environment, you might wonder: What makes this certification important and necessary?

One reason, Sloan noted, is the gap in education from when an APP graduates a program to when they practice in an ICU. "Our training programs, both acute care nurse practitioner and physician associate programs, really don't adequately prepare you for the level of care that you're expected to provide," Sloan said. Training can be focused on what you'll need to know as a generalist, which means that for APPs in critical care, a lot of education happens on the job, Sloan pointed out.

That can lead to an uneven playing field. Some APPs might wind up with a helpful physician mentor or find time to perform the research needed to gain a high level of performance; others might not. "We wanted to bridge that gap in education [with this certification]," Sloan said.

Taking the extra step to earn the certification legitimizes an APP's practice and ability to work in critical care. "It's a signifier that says, 'Yes, I know what I'm doing.

Yes, I belong here. Yes, I can take good care of these patients,'" Dr. Wynes said. "It's not just a check-the-box certification."

That legitimization is meaningful to APPs—not to mention fosters collaboration with physicians and trust from patients, Sloan said. Plus, the certification helps patients know that "qualified providers [are] caring for you at your sickest," she added.

Certification might also provide APPs with an edge when job hunting, providing physician groups and hospital organizations with a quick view into a practitioner's competence, Sloan said.

CERTIFICATION FROM CHEST IS MEANINGFUL

There are some critical care fellowship programs for APPs scattered throughout the United States. But there's no standard certification, and it's meaningful that this certification is offered by CHEST. A physician may not be familiar with organizations geared toward NPs or PAs (and a PA may not know NP-focused accrediting agencies, and vice versa). But health care providers in the critical care space know CHEST well.

"It's an organization that we can all interact with or be a part of and get education from all together," Dr. Wynes said.

Rabito added that by providing a standard for knowledge across institutions, this certification "will ensure that patients are

getting the best care possible in the ICU, and that's what is most important."

GETTING STARTED

CHEST plans to administer the exam again twice in 2026—in the spring from April 21 to May 8 and in the fall from October 27 to November 13. Visit **chestnet.org/APP-exam** for information on how to apply and to join the mailing list, so you can stay in the loop.

In the meantime, CHEST has created core education modules, with foundational lectures and test review questions, to support APPs as they drill into the various topics covered on the exam.

- **Essential Critical Care Concepts for APPs:** Watch more than 23 hours of lectures on topics such as respiratory failure and mechanical support, cardiovascular critical care, and hematologic and oncologic critical care.
- **Critical Care Flashcards for APPs:** Refresh your knowledge of core critical care concepts with this set of over 100 digital flashcards.
- **CHEST SEEK® Critical Care Medicine for APPs:** Validate your expertise with 100 case-based questions covering relevant clinical scenarios.

Visit the APP Pod at Experience CHEST in the Exhibit Hall to learn more about test preparation products or the certification exam. ■

EXPANDING THE First 5 Minutes® Initiative

CHEST's First 5 Minutes program is designed to help clinicians build patient trust quickly and improve long-term health outcomes

At a time when misinformation can spread faster than science-based evidence, trust between patients and clinicians is more important than ever. To aid clinicians in developing skills to establish trusted connections quickly, CHEST created the First 5 Minutes (F5M) program.

The F5M program includes in-person workshops and e-learning modules that combine didactic education, interactive role-playing, and a range of virtual learning approaches.

Melissa Bustamante, LSW, CHEST Senior Specialist, Member Equity and Inclusion, said the curriculum equips clinicians with knowledge and interpersonal skills.

"CHEST is well-known for providing top-tier education, and clinician education is more than just rote memory and skills lab ability," Bustamante said. "A well-rounded clinician needs patience, empathy, and a relationship with their patients."

EXPANDING THE CONVERSATION IN ILD

This year, a new web-based F5M series focuses on interstitial lung disease (ILD) and expands on



Debasree Banerjee, MD, MS, FCCP

CHEST's First 5 Minutes®

1:30 PM – 2:30 PM Sunday, October 19
Lakeside Center, Room 351

This session will highlight the tools available in the First 5 Minutes program, which focus on essential communication strategies, cultural humility, responding with empathy, and building relationships.



the series' communication and relationship-building strategies.

"In this module, we were careful to think about approaching patients with a holistic lens, highlighting ways in which the patients' lives might be affected by their disease process," said Debasree Banerjee, MD, MS, FCCP, who has spearheaded the web-based learning modules.

The Compassionate ILD Care program features three conversation-focused micromodules on ILD diagnosis, treatment, and management. The curriculum guides clinicians through having difficult discussions with patients, such

as worsening disease or limited treatment options.

"Meeting a patient where they want to be met—in terms of information, delivery, etc—is the preparation needed to have the best possible outcome," Dr. Banerjee said.

PATIENT-CENTERED CONVERSATIONS

Another new F5M program that will be available in the coming months addresses patient-centered approaches to rapid response, crisis response, and critical care.

The podcast and two e-learning modules for this program blend foundational F5M strategies with an emphasis on avoiding stigma and implicit bias in clinician-patient interactions.

The module emphasizes recognizing what matters most to the patient, avoiding assumptions, and using language that doesn't stigmatize. It also encourages inviting patients to shape the conversation, rather than following an internal clinical checklist.

"It allows the patient to feel empowered to ask questions and share additional concerns that could affect their engagement with treatment or the outcome itself," Bustamante said. ■

CHEST gratefully acknowledges the following supporters of First 5 Minutes®

Founding Supporters: Amgen, AstraZeneca, Bexar County, Boehringer Ingelheim, Novartis, Sanofi Regeneron, and VIATRIS | Trailblazer Supporter: GSK

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CHEST 2025 SCIENTIFIC PROGRAM COMMITTEE

CHEST thanks the leadership and members of the Scientific Program Committee for helping to make our 90th anniversary meeting a success!

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Chicago

Cheat Sheet

By Morgan Lord

Fall in the Windy City means crisp air, changing leaves, and thinning crowds. Pack on the layers and lace up your walking shoes because there's plenty to explore while you're in town for CHEST 2025.



Restaurants

Au Cheval

800 W. Randolph St. (4.2 miles from McCormick Place)

The Fulton market neighborhood is home to some of the hippest and best restaurants in the city, including Au Cheval. This is a great spot for a cheeseburger with popular add-ons like thick-cut bacon and a fried egg. It's called Au Cheval for a reason—eggs can be added to top off burgers, crispy fries, foie gras, and even salads. Be prepared for a wait; unfortunately, you can't make a reservation. So put your name on the list and grab a drink at the neighboring Lone Wolf bar. Tip: Go in smaller groups to this well-frequented spot.

Bavette Bar & Boeuf

218 W. Kinzie St. (5.8 miles from McCormick Place)

Chicago is home to many steak houses, but Bavette is the place locals love. Because of that, it will be tough to score a reservation if you haven't already booked it. If you have, this high-end family-owned steak house serves mouthwatering steaks along with seafood, fried chicken, and pork chops. Bavette is a great spot to get a taste of Old Chicago with a new twist—and it's worth the splurge.

Bronzeville Winery

4420 S Cottage Grove Ave. (3.1 miles from McCormick Place)

Tucked into the heart of historic Bronzeville is this local, Black-owned, and woman-owned gem dedicated to community care and engagement through curating locally sourced wines, food, and vibes. Stop in for a bite, a flight, or a late night!

Eleven City Diner

1112 S. Wabash Ave. (1.6 miles from McCormick Place)

If you're in the mood for an old-school delicatessen, this is your spot for breakfast, lunch, or dinner. The menu includes favorites like matzoh ball soup, potato pancakes (two ways), Reubens, corned beef and pastrami sandwiches, big salads, cocktails, sodas, and shakes. Because it's a Loop neighborhood favorite, there can sometimes be a wait—but once seated, you usually get served swiftly.



Nuevo Leon

3657 W 26th St. Ste 65 (6.1 miles from McCormick Place)

This no-frills authentic Mexican eatery has been serving renowned refried beans, al pastor, and chilaquiles for nearly 50 years. It's been called "a little piece of Mexico in Chicago." Bring your friends and a big appetite.

Phoenix Restaurant

2131 S Archer Ave. (1.1 miles from McCormick Place)

We've already got CHEST 2026 on the mind... Grab 10 of your closest friends and head to Phoenix in Chinatown for mouth-watering dim sum. Pro tip: The more people you bring, the more dim sum you will get to try. If you find yourself looking for a spot to walk off the delicious meal, head to Ping Tom Park where you will enjoy unparalleled views of the city skyline as you walk along the river.

The Purple Pig

444 Michigan Ave. (3.1 miles from McCormick Place)

This locally owned Streeterville restaurant is known for its pork dishes and extensive wine options. The Mediterranean-inspired menu is based on the season and there are always unique cured meats and cheese plates. Vegetarians and seafood lovers also have plentiful options, and all pasta is made in house. If you plan on dining with a group, this is a good spot to make a reservation for larger parties.



Three Dots and a Dash

435 N Clark St. (5.2 miles from McCormick Place)

In the River North neighborhood, tucked down an alley, you'll find a tropical getaway in the middle of the city. This local bar is an ideal spot for upscale tiki drinks and appetizers (such as the pu pu platter, skirt steak skewers, and Thai curry crab rangoon dip). There's Polynesian-inspired décor, fun drink names, and, of course, tiny umbrellas. Make reservations in advance if you want to visit with a group.

Activities

Capture Cloud Gate

201 E. Randolph St. (2.8 miles from McCormick Place)

When it comes to public art, this one is worth the trip. Cloud Gate, also known as "the Bean," is a 110-ton, stainless steel sculpture that reflects the city skyline. You can touch its surface and stroll under it for a "hall of mirrors" moment—making it an ideal photo op. It sits in Millennium Park, a 25-acre urban oasis alongside Lake Michigan.

Take in the Chicago Cultural Center

78 E. Washington St. (2.8 miles from McCormick Place)

Right across the street from "the Bean" is the Chicago Cultural Center, arguably one of the coolest spots in Chicago because of its free public art exhibits, gorgeous landmark building, and the Buddy shop, where local artists sell their goods and artwork. It's a great place to snag a true Chicago souvenir. Before leaving, check out the exterior Kerry James Marshall mural, which honors 20 women who have shaped Chicago's arts and cultural landscape.

Visit the DuSable Black History Museum and Education Center

740 East 56th Pl. (4.6 miles from McCormick Place)

America's oldest independent Black history museum, The DuSable is "dedicated to the collection, documentation, preservation, study and dissemination of the history, art and culture of African Americans and of Black people worldwide. The DuSable Museum narrates stories and shares contributions that educate all people about Black excellence through exhibits, programs, and special events."

See Skyscrapers by Boat

112 E. Wacker Dr.

(3 miles from McCormick Place)

Chicago is home to many firsts, including the first successful open-heart surgery and the first skyscraper, the latter of which you can learn more about on the Chicago Architecture Center's First Lady boat tour. It's a 90-minute cruise up and down the Chicago River and into the mouth of Lake Michigan, with captivating storytellers shedding light on the buildings that make up Chicago's skyline. You can get tickets in advance, and tours depart almost every hour. It's a fun group outing pre- or post-dinner—final tours set sail around 8 PM—and there's a bar on board.



Head to the Museum Campus

1400 S. Lake Shore Dr. (3 miles from McCormick Place)

Pick a museum that sparks your interest at Museum Campus. Take an hour to see Sue, the largest and most complete Tyrannosaurus rex skeleton ever found, at the Field Museum. Hop over to the Adler Planetarium, the first planetarium in the Western Hemisphere, or go under the sea at the Shedd Aquarium. If you're more of an art lover, you're just a short ride to the Art Institute of Chicago, home of "A Sunday on La Grande Jatte" and "American Gothic."

See the National Museum of Mexican Art

1852 W 19th St. (3.8 miles from McCormick Place)

Home to one of the country's largest Mexican art collections from ancient Mexico to the present, the NMMA has been a Pilsen staple for more than 40 years. As the first Latino museum accredited by the American Alliance of Museums, NMMA offers innovative and unique exhibitions and cultural programs that demonstrate the breadth and depth of Mexican art, culture, and history.

Laugh at The Second City

230 W North Ave. (5 miles from McCormick Place)

While you're in the Second City, why not stop by The Second City—a time capsule of comedy legends featuring new shows nightly. The sketch comedy show "Chaos Theory of Everything" will be showing on the e.t.c. stage at 7:00 PM on Sunday, October 19.

Goodbye, Windy City... Hello, City of Eternal Sunshine!



The CHEST Annual Meeting will head to Phoenix for the first time ever in 2026

A good meeting city must have hotels, restaurants, and gathering spots close to the convention center so attendees can easily catch up with friends and colleagues. It should offer nearby attractions for families accompanying attendees, and it should allow attendees to travel easily between all of these places as well as the airport.

By those standards, Phoenix checks all the boxes, according to Amy E. Morris, MD, FCCP, CHEST 2026 Scientific Program Committee Chair.



Amy E. Morris, MD, FCCP

"Nothing matches the energy of the CHEST Annual Meeting, and we're looking forward to continuing the excitement that we have in Chicago and bringing that to Phoenix in 2026."

One of the city's biggest attractions is the natural beauty of the Phoenix Mountains, which cut through the center of the city. This complex of mountains offers trails with magnificent views, including the popular Camelback Mountain trail, as well as the less strenuous Lookout and Shadow

Mountain trails and the more arduous Piestewa Peak trail.

Family attractions near the convention center include the Children's Museum of Phoenix, the Arizona Science Center, the OdySea Aquarium, and the unique Musical Instrument Museum—all with interactive learning stations for young minds.

Phoenix is also a well-established foodie town featuring a blend of southwest-inspired fare and international cuisine, with several James Beard Award-winning chefs running restaurants. There are several popular eateries within a few blocks of the convention center—from the Mexican-inspired Chico Malo and the Italian fine-dining Mancuso's Restaurant to the Cornish Pasty Co., home of authentic Cornish pasties.

An open and affirming city, Phoenix has a thriving LGBTQIA+ community with a major Pride

Festival in mid-October and the welcoming Melrose District, home to a vibrant nightlife as well as unique boutiques, restaurants, and coffee shops.

So make plans to be in Phoenix next year, October 18 to 21, and join thousands of chest medicine professionals for CHEST 2026.

"We want to help our patients as best as we can, and that requires staying on top of our practice and keeping current with the literature," said Dr. Morris, Associate Professor, Division of Pulmonary, Critical Care and Sleep Medicine at the University of Washington. "The CHEST Annual Meeting is a great way to do that while also recharging your community batteries by seeing old friends and colleagues in an environment of learning and collaboration."

Stop by Experience CHEST in the Exhibit Hall to book your hotel for Phoenix today. ■

CALL FOR TOPICS IS OPEN FOR CHEST 2026

Share clinically relevant topic ideas that interest you and help shape our curriculum for CHEST 2026—the best learning event in chest medicine. This is your opportunity to collaborate with experts in the field, receive recognition and feedback from the CHEST community, and expand your professional portfolio. Submit today! Deadline is December 2, 2025, 2:00 PM CT.



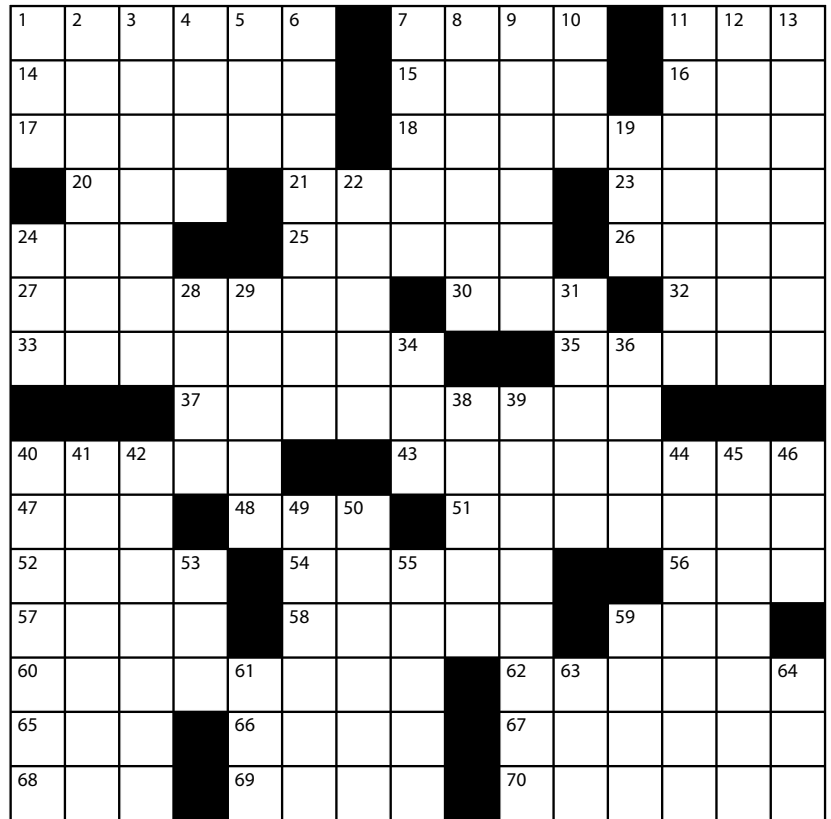
CHEST 2025 Crossword

Created by David P. Steensma, MD

ACROSS

1. Airway sound derived from an Old Norse word that meant "to hiss"
7. "I Walk the Line" singer (who was frequently hospitalized with pneumonia)
11. [This wasn't my mistake]
14. Basil-based sauces
15. Black-and-white cookie (the same color scheme as a chest X-ray)
16. Due follower, in Bologna
17. "We ____ the same"—popular social media meme
18. Great musical artists, or perhaps those technically gifted with a bronchoscope
20. Commercial suffix with Motor-, maker of 67 Across
21. Anatomical canals—also a tool used to assess the quality of childcare (acronym)
23. Abbr. for expected energy not supplied
24. Common soccer (football) score
25. French Revolution leader immortalized in a famous Jacques-Louis David painting
26. Sign gas
27. Tribe indigenous to New York, one of the five nations of the Iroquois Confederacy

30. Shout loudly: "She yelled at the ____ of her lungs"
32. "La la" preceder
33. They may come out of the woodwork
35. Church recesses
37. What you might need to do with your presentation if you can't make it to a conference in person
40. Body section whose name has the same origin as "cyst" and was originally used for a box
43. Drove quickly
47. PC network with limited spread, useful in hospitals
48. National airline of Denmark, Norway, and Sweden
51. Legal name for renters
52. "Come ____, bro"—a modern version of "Bring it on!"
54. Underground network
56. *Crying Game* and *V for Vendetta* star Stephen
57. Eurasia's ____ Mountains, conventionally dividing two continents
58. Rake over the coals, playfully
59. "____, humbug!"
60. Medical conference segments
62. Behaves theatrically
65. Publishers' hirees, for short
66. Russian refusal



Answer key on page 58

67. "Ancient" technology that many hospitals still use
68. 180° from NNW
69. 1950s British actress Diana—one letter short of Jim Morrison's 1960s band, but sounding the same
70. Talks back, in a fresh way

DOWN

1. New Deal organization
2. Female protagonist in novels or films (e.g., Jane Eyre or Katniss Everdeen)
3. Someone who puts a listing on eBay or Facebook Marketplace
4. 11,000-foot Italian peak
5. Animal park
6. Ballpark figure
7. Rising star, "up-and-____"
8. Noah's landfall Mounts

9. Makes sure it gets done
10. Sounds from Santa Claus, usually coming in threes
11. They run east to west in Manhattan
12. Taconite, hematite, or magnetite
13. Small aircrafts made in Kansas
19. Big ____ Conference (B1G), an athletic organization which weirdly now includes 18 institutions and two affiliate institutions
22. Stun gun
24. "Hey, ____ so fast, mister!"
28. Rapsallions
29. Various soils
31. Labor's partner on your bill at the garage
34. Stitch up
36. Adobe creations?
38. Ancient Britons
39. Ballroom dances
40. Legal contract parts
41. Intense dislikes

42. All together
44. Makes bubbly, if water; makes gassy, if a lung
45. "Now, look..."
46. Organization with airport body scanners
49. Dry gully
50. Best time to eat fresh fruit: ____ rather than later
53. Unofficial spelling of Chicago's above-street railways and last name of South African golfer
55. Kilns that give their name to a rare inherited metabolic syndrome
59. Marshes that sometimes preserve ancient burials
61. Application to the FDA to permit administration of a new compound to humans in clinical trials
63. Child's plaintive cry (e.g., after scraping a knee)
64. Barbecue sound

LEARNING THEATERS

CHEST 2025 exhibitors are staging presentations throughout the meeting in four learning theaters inside the Exhibit Hall. Stop by during breaks in the educational schedule.

MONDAY, OCTOBER 20

10:15 AM – 11:00 AM

NOW APPROVED YUTREPIA™ (treprostinil) Inhalation Powder: Advancing the Power of Prostacyclins in PAH and PH-ILD

Liquidia

Learning Theater 1

Many Triggers, a Targeted Approach: Helping to Understand the Spectrum of Severe Asthma

AstraZeneca

Learning Theater 2

Two Experts, Type 2 Inflammation: Everyday Insights for Asthma and COPD Care

Sanofi|Regeneron

Learning Theater 3

Shifting the Asthma Care Paradigm: Clinical Evidence for Anti-Inflammatory Rescue

AstraZeneca

Learning Theater 4

12:15 PM – 1:00 PM

Patient Cases for the Chronic Treatment of Adults With PAH

Johnson & Johnson

Learning Theater 1

Targeted Management in Bronchiectasis Care

Insmid Incorporated

Learning Theater 2

Navigating the COPD Patient Journey With Nebulized Maintenance Therapy

Viatrix

Learning Theater 3

One Approach, Many Patients: Addressing Eosinophilic Inflammation

AstraZeneca

Learning Theater 4

2:30 PM – 3:15 PM

COPD Case Discussions: Eosinophils as a Biomarker of Type 2 Inflammation That Predicts Therapeutic Response

Sanofi|Regeneron

Learning Theater 1

From Innovation to Impact: How AI Algorithms, Integration, and Visualization Are Raising the Bar for RAB

Johnson & Johnson MedTech

Learning Theater 2

Beyond the Cough: Recognizing, Diagnosing, and Managing the Invisible Burden of Refractory Chronic Cough

GSK

Learning Theater 3

BEC-oming Clear: Charting the Path to Precision Medicine in COPD Care

GSK

Learning Theater 4

TUESDAY, OCTOBER 21

10:30 AM – 11:15 AM

Many Paths, One Goal: How Can We Strive for More in Severe Asthma Management?

GSK

Learning Theater 1

A Fresh Perspective on Airway Diseases: Connecting Epithelial Cytokines in Severe Asthma, CRSwNP, and COPD

AstraZeneca

Learning Theater 2

Expert Discussion: Emerging Evidence on a PAH Treatment

Johnson & Johnson

Learning Theater 3

Advancing Acute PE Care: Looking Beyond the Guidelines and Highlighting Late-Breaking Data

Inari

Learning Theater 4

12:30 PM – 1:15 PM

Advances in Autoimmune Pulmonary Alveolar Proteinosis

Savara

Learning Theater 1

IL-33 in COPD: Two Sides to the Story

AstraZeneca

Learning Theater 2

Are Your Patients at Greater Risk of COPD Exacerbations? It's Time to Rethink Management for COPD With an Eosinophilic Phenotype

GSK

Learning Theater 3

Taking Control: The Urgent Need to Identify and Address Uncontrolled Asthma

AstraZeneca

Learning Theater 4

2:00 PM – 2:45 PM

Triple Therapy in Focus: The Importance of a Proactive Approach

AstraZeneca

Learning Theater 1

Boehringer Ingelheim Learning Theater: Updates in a Rare Lung Disease

Boehringer Ingelheim

Learning Theater 2

Decoding Inflammation in COPD: The Role of the ST2/IL-33 Pathway

Genentech

Learning Theater 3

Driving to a New Standard of Care in Lung Nodule Management: Preliminary Results From the Nodify Lung Real-World CLARIFY Study

Biodesix

Learning Theater 4

WEDNESDAY, OCTOBER 22

10:30 AM – 11:15 AM

Going Beyond Exacerbations: Lung Function, Symptoms, and Quality of Life

Sanofi US Respiratory Medical

Learning Theater 1

Clinical Considerations on the Improvement of Wakefulness in Patients With Excessive Daytime Sleepiness due to OSA

Axsome Therapeutics

Learning Theater 2

Spotlight on a Treatment Option for Pulmonary Arterial Hypertension (PAH)

Merck & Co., Inc.

Learning Theater 3

A Closer Look at Single Inhaler Triple Therapy for COPD and the Latest Real-World Evidence

GSK

Learning Theater 4

12:30 PM – 1:15 PM

At a Crossroads: Recognizing and Addressing Barriers to Asthma Control

GSK

Learning Theater 1

From Acute Respiratory Failure (ARF) to Action: Foundations of ECCO2R in Critical Care

Vantive

Learning Theater 2

Dawn of a New Era: Targeting the Neuromuscular Root Cause of OSA With Oral Pharmacotherapy

Apnimed

Learning Theater 3

Bronchiectasis: Clear Diagnosis, Unclear Treatment Plans – The Evolving Role of Devices in Airway Clearance Therapy

Inogen

Learning Theater 4

ANSWERS TO CROSSWORD PUZZLE ON PAGE 57

S	E	S	S	V	S	S	R	O	D	E	S	S
S	R	E	G	V	P	I	E	A	N	S	D	E
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C	I	S	H	S	V	C	E	Z	E	E	H	M

Please join us for two Learning Theaters

Patient cases for the chronic treatment of adults with PAH

Faculty



Naomi Habib, MD

Pulmonary and Critical Care Medicine
Norton Thoracic Institute, Dignity Health
St. Joseph's Hospital and Medical Center
Phoenix, Arizona

The consultant is a paid speaker for Johnson & Johnson.

Monday, October 20, 2025
12:15 PM – 1:00 PM

**Learning Theater 1, Exhibit Hall
McCormick Place**

This program will feature a PAH thought leader, who will review a treatment option for patients with pulmonary arterial hypertension (PAH), incorporating patient case examples.

Expert discussion: emerging evidence on a PAH treatment

Tuesday, October 21, 2025
10:30 AM – 11:15 AM

**Learning Theater 3, Exhibit Hall
McCormick Place**

This program will feature a panel of pulmonary arterial hypertension (PAH) thought leaders, who will discuss concepts around guideline recommendations, pivotal trial data and two post hoc analyses, as well as real world evidence in patients with PAH.

Faculty



Jean Elwing, MD

University of Cincinnati Pulmonary
Cincinnati, Ohio



J. Wesley McConnell, MD

Norton Healthcare
Louisville, Kentucky

Consultants are paid speakers for Johnson & Johnson.

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Johnson & Johnson

INDUSTRY-SUPPORTED CME SATELLITE SYMPOSIA

SUNDAY, OCTOBER 19

12:00 PM – 1:15 PM

Reclaiming Control in Refractory Chronic Cough: Evidence-Based, Patient Centered Diagnosis

South Building, Room 401

CME Provider: Clinical Care Options, LLC

This activity is supported by an independent medical education grant from GSK.

Transforming Outcomes in Severe Asthma: Opportunities to Address Unmet Needs and Support Equitable Care Amid an Evolving Landscape

South Building, Room 404

CME Provider: Prime Education, LLC

This activity is supported by an independent medical education grant from GSK.

In Conversation: Multidisciplinary Perspectives on Chronic Airway Diseases

South Building, Room 406A

CME Provider: National Jewish Health

This activity is supported by an educational grant from AstraZeneca.

Breaking the Cycle: Prioritizing Weight Loss to Improve OSA Management

South Building, Room 406B

CME Provider: Clinical Care Options, LLC

in partnership with Smart Patients

This activity is supported by an educational grant from Lilly.

The Plot (and Sputum) Thickens: Encountering Carbapenem Resistance in Critically Ill Patients

North Building, Room 426

CME Provider: Clinical Care Options, LLC

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

Bronchiectasis and the Vicious Vortex: Transforming Patient Care Through Targeted Interventions

North Building, Room 427

CME Provider: National Jewish Health

This activity is supported by an educational grant from Inmed.

MONDAY, OCTOBER 20

6:00 AM – 7:30 AM

Innovating Care for Chronic Respiratory Diseases: Targeting IL-33 and Epithelial Alarmins

Marriott Marquis Hotel, Great Lakes ABC

CME Provider: National Jewish Health

This activity is supported by an educational grant from AstraZeneca.

The Amazing Pulmonary Arterial Hypertension Race: Join the Clinical Challenge

Marriott Marquis Hotel, Grand Horizon EFG

CME Provider: Medscape Education

This activity is supported by an independent educational grant from Johnson and Johnson.

Team Trivia! How Do You Rank with the Latest Advancements in EGPA Diagnosis and Management?

Marriott Marquis Hotel, Great Lakes EFG

CME Provider: Clinical Care Options, LLC

This activity is supported by an educational grant from AstraZeneca.

Medical Myth-Busting: Separating Fact from Fiction in ILD Diagnosis, Treatment and Care

Marriott Marquis Hotel, Grand Horizon ABC

CME Provider: National Jewish Health

This activity is supported by an independent medical educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

TUESDAY, OCTOBER 21

6:00 AM – 7:30 AM

Precision in Pulmonology: Personalizing Care for Patients with COPD in an Era of New Treatment Options

Marriott Marquis Hotel, Grand Horizon ABC

CME Provider: Prime Education, LLC

This activity is supported by educational grants from GSK and Genentech, a member of the Roche Group.

Staying on Track with MAC Lung Disease Care: From Accurate Diagnosis to Evolving Management Strategies

Marriott Marquis Hotel, Great Lakes EFG

CME Provider: Answers in CME, Inc.

This activity is supported by an educational grant from Inmed.

Clearing the Air on Fibrosing ILDs: Pulmonologist Conversations on Timely Diagnosis and Modern Care With Antifibrotic Therapy

Marriott Marquis Hotel, Great Lakes ABC

CME Provider: PVI, PeerView Institute for Medical Education

This activity is supported by an independent medical educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

WEDNESDAY, OCTOBER 22

6:00 AM – 7:30 AM

Shifting the PAH Paradigm: Early Detection, Treatment Escalation Strategies, and Novel Therapies

Marriott Marquis Hotel, Great Lakes EFG

CME Provider: Prime Education, LLC

This activity is supported by an educational grant from Merck Sharp & Dohme LLC.

6:30 AM – 7:30 AM

Precision Medicine Approaches in Pulmonology: The Intersection of Biologics, Inhalers, and Nebulizers

Marriott Marquis Hotel, Great Lakes ABC

CME Provider: CHEST

This activity is supported by an educational grant from Genentech, a member of the Roche Group.

INDUSTRY-SUPPORTED NON-CME BREAKFAST SYMPOSIA

SUNDAY, OCTOBER 19

PROBLEM-BASED LEARNING BREAKFASTS

6:00 AM – 7:30 AM

Type 2 Inflammation in COPD for Physicians

North Building, Room 426

This non-CME activity sponsored by an educational grant from Regeneron.

Type 2 Inflammation in COPD for APPs

North Building, Room 427

This non-CME activity sponsored by an educational grant from Regeneron.

Bridging Specialties in ILD: Recognizing Early Signs to Reach a Timely Diagnosis

South Building, Room 401

This non-CME activity sponsored by an educational grant from Boehringer Ingelheim.

Join the Conversation! Topics in Chronic Respiratory Disease

South Building, Room 404

This non-CME activity sponsored by an educational grant from AstraZeneca.

The Importance of Early Detection of Alpha-1: A Case-Based Approach

South Building, Room 406B

This non-CME activity sponsored by an educational grant from Grifols.

INDUSTRY-SUPPORTED NON-CME DINNER SYMPOSIA

MONDAY, OCTOBER 20

6:00 PM – 9:00 PM

PHinding Pulmonary Hypertension: Exploring Best Practices in PH-ILD Detection and Management

Marriott Marquis Hotel, Great Lakes ABC

United Therapeutics

Priorities in COPD Patient Care: Evaluating Across Patient Outcomes

Marriott Marquis Hotel, Grand Horizon ABC

Sanofi

Dyspnea in COPD: Still Gasping for Attention

Marriott Marquis Hotel, Grand Horizon EFG

Verona

TUESDAY, OCTOBER 21

6:00 PM – 9:00 PM

Boehringer Ingelheim Symposium: Updates in a Rare Lung Disease

Marriott Marquis Hotel, Great Lakes ABC

Boehringer Ingelheim

Evaluating Type 2 Inflammation in the Lower and Upper Airways and Results From Two Phase 4 Trials: VESTIGE and EVEREST

Marriott Marquis Hotel, Grand Horizon ABC

Sanofi

The Silent Zone: Unmasking Small Airway Disease in Asthma and COPD Care

Marriott Marquis Hotel, Grand Horizon EFG

Chiesi

In Conversation

Multidisciplinary Perspectives on Chronic Airways Disease

Sunday, October 19

12 – 12:15 p.m. (CDT): Check in and Lunch
12:15 – 1:15 p.m. (CDT): Educational Program



**National Jewish
Health**

Breathing Science is Life.

McCormick Place
Convention Center
Room S406a

1.0
CME/MOC



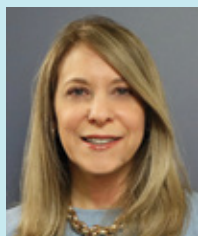
CME LUNCH

Visit National Jewish Health booth
#2307 in the exhibit hall.

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



Miguel J. Lanz, MD,
FAAAAI, FAAAAI
Nicklaus Children's Hospital



Linda Rogers, MD
Icahn School of Medicine
at Mount Sinai



Eileen Wang, MD, MPH
National Jewish Health



Michael E. Wechsler,
MD, MMSc
National Jewish Health

RSVP with QR code or visit NJHealth.org/ChronicAirwayDiseases



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Innovating Care for Chronic Respiratory Diseases: Targeting IL-33 and Epithelial Alarmins



**National Jewish
Health**

Breathing Science is Life.

Monday, October 20

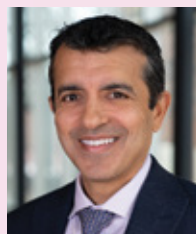
6:30 a.m. – 7:30 a.m.
CME/MOC Breakfast

Chicago

Marriott Marquis
Great Lakes
Ballroom ABC



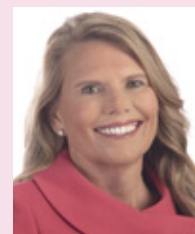
William J. Janssen, MD
National Jewish Health



Rohit Katial, MD,
FAAAAI, FAAAAI, FACP
National Jewish Health



Monica Kraft, MD
Mount Sinai Health
System



Katharine M.
Woessner, MD, FAAAAI
Scripps Health

1.0 CME/MOC

CME BREAKFAST

Visit National Jewish Health booth #2307 in the exhibit hall.



**RSVP with QR code or visit
NJHealth.org/IL33EpithelialAlarmins**

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CHEST 2025 EXHIBIT HALL

LAKEVIEW CENTER LEVEL 3

Monday, October 20 | 10:00 AM – 4:00 PM
Tuesday, October 21 | 10:00 AM – 3:00 PM
Wednesday, October 22 | 10:00 AM – 2:30 PM

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PHinding Pulmonary Hypertension:
*Exploring Best Practices in PH-ILD
Detection and Management*

**MARRIOTT MARQUIS,
GREAT LAKES BALLROOM ABC
MONDAY, OCTOBER 20TH**



REGISTER HERE

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 souvenir T-shirt

Poster Pavilions and Rapid-Fire Presentation Areas

Live presentations of scientific research and case reports

CHEST Games

Interactive educational opportunities, including the Windy City Secrets: A COPD Mystery escape room

Learning Theaters

Focused industry presentations that offer clinical insights

Concessions

Lunch and snacks available for purchase

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Rapid Fire Area 3

Poster Area 5

Rapid Fire Area 4

Poster Area 6

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Poster Area 2

Rapid Fire Area 1

Poster Area 1

ENTRANCE

ENTRANCE

REGISTRATION & DINNER: 6:15 PM
PRESENTATION: 6:30 PM

FOR MORE INFO, VISIT BOOTH #831

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RARE LUNG DISEASES**

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how we are reimagining the future of
pulmonary fibrosis treatment with inhaled
formulations of pirfenidone and nintedanib.

avalynpharma.com

THREE EVENTS. ONE CONFERENCE. **ENDLESS INSIGHTS.**

SUNDAY

TRANSFORMING OUTCOMES IN

SEVERE ASTHMA:

OPPORTUNITIES TO ADDRESS UNMET NEEDS
AND SUPPORT EQUITABLE CARE AMID AN
EVOLVING LANDSCAPE

OCTOBER 19, 2025 - 12:00 PM

MCCORMICK PLACE CONVENTION CENTER

ROOM S404



Scan to register or visit
livecme.org/CHEST-2025-ASTHMA

This activity is provided by PRIME Education. There is no fee to participate. This educational activity is supported by an independent medical educational grant from GSK.

EXPERT FACULTY:



Njira Lugogo, MD

Professor of Medicine
Director, Michigan Medicine Asthma Program
Division of Pulmonary, Critical Care Medicine
University of Michigan



Praveen Akuthota, MD

Professor of Medicine
Division of Pulmonary, Critical Care & Sleep
Medicine University of California, San Diego
San Diego, CA



Ryan J. Atkinson, PharmD, MBA

Vice President, Payer Contracting
Amber Specialty Pharmacy



**Join Us
For Lunch!**



TUESDAY

PRECISION IN

PULMONOLOGY:

PERSONALIZING CARE FOR PATIENTS WITH
COPD IN AN ERA OF NOVEL TREATMENT
OPTIONS

OCTOBER 21, 2025 - 6:00 AM

MARRIOTT MARQUIS CHICAGO

GRAND HORIZON ABC



Scan to register or visit
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EXPERT FACULTY:



Fernando J Martinez, MD, MS

Bruce Webster Professor of Medicine
Chief, Division of Pulmonary and Critical Care Medicine
York-Presbyterian Hospital and Weill Cornell Medicine
New York, NY



Sanjay Sethi, MD

Professor
Chief, Division of Pulmonary, Critical Care,
and Sleep Medicine
Department of Medicine
Jacobs School of Medicine & Biomedical Sciences
University at Buffalo, SUNY
Buffalo, NY



Ryan J. Atkinson, PharmD, MBA

Vice President, Payer Contracting
Amber Specialty Pharmacy



**Join Us
For Breakfast!**



WEDNESDAY

SHIFTING THE

PAH PARADIGM:

EARLY DETECTION, TREATMENT ESCALATION
STRATEGIES, AND NOVEL THERAPIES

OCTOBER 22, 2025 - 6:00 AM

MARRIOTT MARQUIS CHICAGO

GREAT LAKES EFG



Scan to register or visit
livecme.org/CHEST-2025-PAH

This activity is provided by PRIME Education. There is no fee to participate. This activity is supported by an educational grant from Merck Sharp & Dohme LLC.

EXPERT FACULTY:



Jeremy Feldman, MD, FCCP

Director, Pulmonary Hypertension Program
Medical Director, High Risk Care



Sonja Bartolome, MD

Director, Pulmonary Vascular Disease Program
Professor, Internal Medicine, Pulmonary
and Critical Care
UT Southwestern
Dallas, TX



Ryan J. Atkinson, PharmD, MBA

Vice President, Payer Contracting
Amber Specialty Pharmacy



**Join Us
For Breakfast!**





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(brensocatib) tablets, 10 mg • 25 mg

Join a Learning Theater presentation at CHEST 2025

Bronchiectasis Care with BRINSUPRI: The First Approval in NCFB



James D Chalmers, MBChB, PhD

Chair of Respiratory Research
University of Dundee, Scotland

Join a leading pulmonology expert who will provide an overview of bronchiectasis, introduce BRINSUPRI as a novel treatment option, and present key findings from the pivotal Phase 3 ASPEN trial.

This event is not part of the official CHEST Annual Meeting 2025 conference sessions. This event is not endorsed by CHEST and does not reflect the views or opinions of CHEST.
NCFB=non-cystic fibrosis bronchiectasis.

INDICATION

BRINSUPRI is indicated for the treatment of non-cystic fibrosis bronchiectasis (NCFB) in adult and pediatric patients 12 years of age and older.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Dermatologic Adverse Reactions

Treatment with BRINSUPRI is associated with an increase in dermatologic adverse reactions, including rash, dry skin, and hyperkeratosis. Monitor patients for development of new rashes or skin conditions and refer patients to a dermatologist for evaluation of new dermatologic findings.

Gingival and Periodontal Adverse Reactions

Treatment with BRINSUPRI is associated with an increase in gingival and periodontal adverse reactions. Refer patients to dental care services for regular dental checkups while taking BRINSUPRI. Advise patients to perform routine dental hygiene.

Live Attenuated Vaccines

It is unknown whether administration of live attenuated vaccines during BRINSUPRI treatment will affect the safety or effectiveness of these vaccines. The use of live attenuated vaccines should be avoided in patients receiving BRINSUPRI.

ADVERSE REACTIONS

The most common adverse reactions $\geq 2\%$ in the ASPEN trial included upper respiratory tract infection, headache, rash, dry skin, hyperkeratosis, and hypertension. The safety profile for adult patients with NCFB in WILLOW was generally similar to ASPEN, except for a higher incidence of gingival and periodontal adverse reactions.

Less Common Adverse Reactions

Liver Function Test Elevations

In ASPEN, there was an increase from baseline in average ALT, AST, and alkaline phosphatase levels at all time points from Week 4 through Week 56 in both BRINSUPRI 10 mg and 25 mg arms compared to placebo. The incidence of ALT $>3\times$ upper limit of normal (ULN) was 0%, 1.2%, and 0.9%; the incidence of AST $>3\times$ ULN was 0.2%, 0.3%, and 0.5%; and the incidence of alkaline phosphatase $>1.5\times$ ULN was 2.5%, 4.1%, and 4.0% in patients treated with placebo and BRINSUPRI 10 mg and 25 mg, respectively.

Skin Cancers

In ASPEN, the incidence of skin cancers among patients treated with BRINSUPRI 10 mg and 25 mg was 0.5% and 1.9%, respectively, compared to 1.1% in placebo-treated patients.



October 20, 2025



12:15 to 1 PM CT



Learning Theater 2

McCormick Place North Building
2301 S King Dr, Chicago, IL 60616



**Discover more about BRINSUPRI
at booth 1816 or visit
BRINSUPRIhcp.com**

Alopecia

In ASPEN, the incidence of alopecia among patients treated with BRINSUPRI 10 mg and 25 mg was 1.5% and 1.6% respectively, compared to 0.4% in placebo-treated patients.

USE IN SPECIFIC POPULATIONS

Pregnancy: There are no clinical data on the use of BRINSUPRI in pregnant women.

Lactation: There is no information regarding the presence of BRINSUPRI and/or its metabolite(s) in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for BRINSUPRI and any potential adverse effects on the breastfed child from BRINSUPRI or from the underlying maternal condition.

Pediatric use: The safety and effectiveness of BRINSUPRI for the treatment of NCFB have been established in pediatric patients aged 12 years and older. Common adverse reactions in pediatric patients aged 12 years and older enrolled in ASPEN were consistent with those in adults. The safety and effectiveness of BRINSUPRI have not been established in pediatric patients younger than 12 years of age.



**Scan for full Prescribing Information or
visit BRINSUPRIhcp.com**

This presentation does not qualify for continuing medical education (CME). Attendance at this program is limited to healthcare professionals; guests or spouses cannot be accommodated. If you are a licensed US physician, any meals provided are reportable under Federal Open Payments. If you are a healthcare professional licensed in one or more states that place restrictions on meals provided by pharmaceutical companies, we may request that you do not consume any food or beverage provided by Insmed. VA/DoD personnel, please ensure you are meeting federal and site-specific expectations when attending programs.



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