MEETINGS CALENDAR

2007

> January 18–21 – Arizona – USA
Sleep Medicine 2007: The American College of Chest Physicians
Information: ACCP Customer Relations.
Tel: 800 3432227; E-mail: accp@chestnet.org

> January 22–26 – Leicester – UK
Postgraduate Course in Respiratory Physiology - Respiratory Function and its Application to Clinical Practice
Chair: A. Wardlaw.
Information: X. Whitfield-Grace, University of Leicester, University Road, Leicester, LE1 7RH, UK.
Tel: 44 1162522522; Fax: 44 1162522200; E-mail: whw@le.ac.uk; Internet: www.le.ac.uk

> February 16–18 – Orlando – USA
13th Annual Advances in Diagnosis and Treatment of Sleep Apnoea and Snoring
Information: B. Rosen, University of Pennsylvania Health System, Dept of Otorhinolaryngology, 5 Ravdin, 3400 Spruce Street, Philadelphia, PA 19104, USA.
Tel: 215 6622137; Fax: 215 6624515; Email: bonnie.rosen@uphs.upenn.edu; Internet: www.uphs.upenn.edu/permor

> February 23–24 – Milan – Italy
2nd International Meeting “Rare Pulmonary Diseases and Orphan Drugs in Respiratory Medicine (RiPDiD)” on “Old and New Targets for Therapies in Diffuse Lung Diseases”
Chair: S. Harari.
Information: F. Rovelli.
Tel: 39 02089053524; Fax: 39 02201395; Email: francesca@victoryproject.it

> March 2–3 – London – UK
Clinical Consensus on COPD
Chair: P. Calverley;
Topics: COPD: burden of disease; Therapeutic approaches; Exacerbations; Extrapulmonary manifestations.
Information: C. Carey, Conference Manager.
Tel: 44 2089107933; E-mail: charlotte.carey@reedexpo.co.uk; Internet: www.clinical-consensus-copd.com

> March 23–25 – Sicily – Italy
Fifth ERS Lung Science Conference
"Hypoxia in Lung Biology and Disease"
Topics: Hypoxia-dependent gene regulation; Chronic lung vascular remodelling in hypoxia; Hypoxia-driven angiogenesis; Hypoxia in lung development and alveolar remodelling; Hot topic session.
Information: European Respiratory Society, 4, Ave Sainte-Luce, CH-1003, Switzerland.
Tel: 41 212130101; Fax: 41 212130100; E-mail: info@ersnet.org; Internet: www.ersnet.org/lsc

> March 26–30 – Edinburgh – UK
Sleep Medicine Course
Information: R.L. Riha, Dept of Sleep Medicine, Royal Infirmary Edinburgh, 51 Little France Crescent, Little France, EH16 4SA, Edinburgh, Scotland.
E-mail: rriha1@staffmail.ed.ac.uk; Internet: www.show.scot.nhs.uk/sleep

> May 18–23 – San Francisco – USA
Topics: Respiratory disease; Basic and clinical science; Epidemiology and social; Biobehavioural; Psychosocial; Education aspects.
Information: 61 Broadway, New York, NY 10006-2755, USA.
Tel: 212 3158600; Fax: 212 3158653; E-mail: ats2007@thoracic.org; Internet: www.thoracic.org

> June 2–9 – Hamburg via Dresden to Prague
Chair: B. Lachmann.
Information: L. Visser-Isles, Dept of Anesthesiology, Erasmus Medical Center Rotterdam, Postbox 1738, 3000 DR, Rotterdam, The Netherlands.
Fax: 31 104089450; E-mail: b.lachmann@erasmusmc.nl

> June 16–20 – Tours – France
International Society for Aerosols in Medicine
16th International Congress
President: P. Diet
Information: Internet: www.isam.org
> June 22–25 – Istanbul – Turkey
World Asthma Meeting
WAM’2007 Istanbul
Chair: E. Dagli.
Topics: Epidemiology; Middle-low income countries; Pathogenesis; Clinics and management.
Tel: 90 2122586020; Fax: 90 2122586078;
E-mail: wam2007@figur.et;
Internet: wam2007.org

> September 15–19 – Stockholm – Sweden
ERS 17th Annual Congress
Information: European Respiratory Society, 4 Ave Sainte-Luce, CH-1003, Lausanne, Switzerland.
Tel: 41 212130101; Fax: 41 212130100;
E-mail: info@ersnet.org;
Internet: www.ersnet.org
Instructions to authors

Breathe - Continuing Medical Education for Respiratory Professionals, an official educational journal from the European Respiratory Society (ERS) and the ERS School, publishes four issues per year. Breathe provides up-to-date information on topics of interest for pneumologists, general practitioners and allied health professionals in their daily practice. Articles published in Breathe will focus on introducing basic concepts and state-of-the-art methods, rather than on reporting scientific work in progress, and will share educational information and offer readers the opportunity to have access to expert advice and views on selected topics.

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Categories of articles

1. Review/Clinical update articles
Max. length of text: 5,000 words (~10 printed pages); references, figures and tables excluded.

Authors need to supply enough images to illustrate each article, at least one per printed page. References should be limited as much as possible.

For each article, authors should define clear educational aims (2–3 aims per article). Authors should identify the long-term aims for the readers and short-term aims of their articles.

Summaries or abstracts need to be short, less than 100 words, and it should refer to the educational aims of the article. Authors might wish to raise questions in summaries or abstracts.

Key points should be indicated in highlighted boxes, to emphasise the essential points that readers should remember after having read an article.

Authors can include a personal statement, or ask one of their colleagues to do so. This could be particularly important in areas of controversy. Personal statements may also be used as a stylistic tool to express a different view than the one in the main article.

Authors should encourage readers to look for additional articles (2-5 further reading references should be provided for each article). A commentary of 2-3 sentences should accompany each reference.

Authors can also include links to non-commercial websites that they wish to recommend. A commentary of 2-3 sentences on the information provided by the site cited in reference should also be provided.

Some of the words used in an article might need clarification or a definition. A total of 5-10 words can be highlighted within each article and explained in more detail in a separate Glossary box.

Format of articles

The format of articles to be published in Breathe will be different than that of "traditional" peer-reviewed scientific journals. It is critical that all material be understandable by the target audience (pneumologists in private practice, general practitioners, allied health professionals).

Educational aims

1. Pulmonary arterial hypertension

Educational aims

1. Pulmonary arterial hypertension (PAH) is a rare, but serious, condition that affects the blood vessels of the lungs. It is characterised by a high blood pressure in the pulmonary arteries, which can lead to heart failure. PAH can be caused by various factors, including genetic mutations, inflammation, and exposure to toxins.

Summary

Pulmonary arterial hypertension (PAH) is a rare, but serious, condition that affects the blood vessels of the lungs. It is characterised by a high blood pressure in the pulmonary arteries, which can lead to heart failure. PAH can be caused by various factors, including genetic mutations, inflammation, and exposure to toxins.

Some of the key features of PAH include:

- Pulmonary arterial hypertension (PAH) is a rare, but serious, condition that affects the blood vessels of the lungs.
- PAH is characterised by a high blood pressure in the pulmonary arteries, which can lead to heart failure.
- PAH can be caused by various factors, including genetic mutations, inflammation, and exposure to toxins.

To improve awareness of PAH, and examples

To describe the novel classification of PH.

Electronic format, an electronic database or in any other electronic format, may be published in this journal. Material published in this journal may also be used as a stylistic tool to express a different view than the one in the main article.

Authors can also include links to non-commercial websites that they wish to recommend. A commentary of 2-3 sentences on the information provided by the site cited in reference should also be provided.

Some of the words used in an article might need clarification or a definition. A total of 5-10 words can be highlighted within each article and explained in more detail in a separate Glossary box.
Self-examination and self-evaluation

To help readers evaluate their understanding of a specific topic, authors should provide 4–5 self-evaluation questions with each article. Methods to test the knowledge of readers should be designed while an article is being prepared. Evaluation of the readers’ knowledge and understanding should be very closely linked to the educational aims of the article.

The following formats can be used: multiple choice questionnaires; a picture with 3–4 items to identify or qualify; a diagram with 2–4 points to assess (i.e. a spirometry diagram); a list of proposals to prioritise.

The correct answer(s) will be indicated with a comment and featured separately at the end of each article.

Review process and professional support for authors

In order to ensure that the Journal achieves its educational aims, all articles will be peer-reviewed and, in addition, reviewed by professionals in medical education. If authors cannot supply the different educational sections accompanying an article, they should at least provide enough indications to allow professional reviewers to edit these specific sections. Finalised articles, together with all corresponding educational sections, will be sent back to authors for approval.

We are currently revising guidelines and format for Case presentations. Therefore, please do not submit any Case presentations at present. Further information will follow in the March issue of Breathe.
Useful web links

**The Grace Initiative**
www.grace-lrti.org

This European Network of Excellence aims to integrate and coordinate the activities of physicians and scientists from many institutions in 14 European countries to combat antibiotic resistance in community-acquired lower respiratory tract infections. The educational part of the project, jointly run by the European Respiratory Society and European Society of Clinical Microbiology and Infectious Diseases (ESCMID), includes learning material developed through this initiative.

**Information for European patients**
www.european-lung-foundation.org

Now available in four languages (English, German, French and Spanish), the European Lung Foundation (ELF) website provides information to European patients about lung health and diseases. Let your patients know about these resources and the ELF activities.

**Disease Outbreaks**
www.who.int/wer

The Weekly Epidemiological Record (WER) serves as an instrument for the rapid dissemination of epidemiological information on cases and outbreaks of communicable diseases, including emerging or re-emerging infections. A new report is posted each Friday.

**EU Reports**
www.ec.europa.eu/health

The official website of DG Health and Consumer Protection provides access to European Union Health reports and main documents. A section of the site is dedicated to information about health status indicators collected within the European Community Health Indicators (ECHI) project, including data on lung cancer.
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March 2007

future review titles in Breathe include

> Ireland’s workplace smoking ban
> Causes and management of exacerbations of COPD
> Asthma and pregnancy

And...

> Case presentations
> Hot topics
> Educational activities

Breathe is also available online at www.breathe-cme.org

Access the online version and discover additional educational material from the ERS School.
Please feel free to send your comments, suggestions and questions to breathe@ersj.org.uk

ERRATUM


Unfortunately, references 22–24 were not included in the reference list. These are as follows:


Earn 2.0 CME credits by reading Breathe

1. Read the articles upon which the module is based. You may also read the article online.
2. Complete the CME test at the end of the issue, including the evaluation.
3. Answer the multiple-choice and/or true-false questions.
4. Submit the CME form either by fax or by e-mail (online form).
5. CME credits will be awarded for successful completion of a test with a grade of 70% or higher.
CME Exam and Evaluation (2 CME credits)

To receive CME credits, read the 2 CME articles in this issue, indicate the correct responses and complete the requested information below. The form is also available in electronic format at www.breathe-cme.org. To return the form, you can either:

> use this form and return it completed by FAX to +41 212130103
> save the electronic form as a Word document and send it by e-mail to school@ersnet.org

Certificates will be mailed to the address filled in below. Please allow 4 weeks for processing.

1. Applicant personal details

ERS Membership No. (if known): __________________________ Date of Birth (DD/MM/YYYY): __________________________

Family Name: __________________________ First Name: __________________________

Mailing Address: __________________________________________

Postal Code: ________ City: __________________________ Country: __________________________

Telephone: + ________ Fax: + ________

E-mail: __________________________

2. Please evaluate Breathe by circling/underlining your response.

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3. Educational questions. Answer by marking the correct answer.

1. Which of the following is the ATS definition of refractory asthma based on: ☐ The presence of airway remodelling. ☐ The occurrence of at least three respiratory infections per year. ☐ The amount of anti-asthma medication required. ☐ The degree of airway hyper-responsiveness. ☐ All of the above.

2. Which of the following clinical phenotypes of severe asthma is rare: ☐ Aspirin-sensitive asthma. ☐ Brittle asthma type II. ☐ Asthma with frequent exacerbations. ☐ Steroid-dependent asthma. ☐ Asthma with chronic persistent airflow limitation.

3. Which of the following factors is not a known risk factor for a (near-) fatal asthma attack: ☐ Lower socio-economic status. ☐ Depression. ☐ Illicit drug abuse. ☐ Genetic predisposition. ☐ Emergency visits for asthma in the past year.

4. Telecare, telemonitoring and telemedicine programmes will change: ☐ Modality of hospital access. ☐ Relationships between healthcare teams. ☐ Methods of drug prescription. ☐ All of the previous. ☐ None of the previous.

5. Telemedicine has to be considered as: ☐ A new mandatory alternative to hospital admission. ☐ A new supplement care instrument to use alongside conventional systems.

6. Scientific evidence has demonstrated the superiority of telemedicine versus standard follow up models. ☐ True. ☐ False.