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### PHA Office

Pulmonary Hypertension Association  
850 Sligo Avenue, Suite 800  
Silver Spring, MD 20910  
301-565-3004, 301-565-3994 (fax)  
[www.phassociation.org](http://www.phassociation.org)

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### Editorial Offices

*Advances in Pulmonary Hypertension*, DataMedica,  
P.O. Box 1688, Westhampton Beach, NY 11978  
Tel (631) 288-7733 Fax (631) 288-7744  
E-mail: Sue@Immunotherapy.org

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## Editor's Memo

# ATS Meeting Serves as Useful Measure Of Rising Interest in Pulmonary Hypertension



This year's meeting of the American Thoracic Society (ATS) was exciting from several vantage points, including the fact that it was the 100<sup>th</sup> anniversary of the ATS, a striking achievement for this venerable organization. The ATS meeting is the largest gathering of pulmonary and critical care specialists in the world. For those of us involved with or closely following developments in pulmonary hypertension (PH), the meeting was also notable because of the extensive focus devoted to PH at this meeting, in scientific sessions, debates, abstracts, and original research. As a moderator for some of these sessions, I was fortunate enough to personally become part of the lively and challenging discussions, including the controversies that fueled the debates.

Evidence of the growing interest in PH at this meeting can be quantified if one likes to keep track statistically of such trends. The ATS web site, for example, lists 322 abstracts on PH alone. This number is a good barometer for the rising interest in PH, especially when one considers that in 2004 the ATS had 272 abstracts on PH featured in its program. One of the abstracts in the 2005 session concerning the relationship of hypoxemia to pulmonary artery pressure in pulmonary arterial hypertension (PAH) was presented by Duke University investigators, including Victor F. Tapson, MD, my predecessor as Editor-in-Chief of *Advances in Pulmonary Hypertension*, and his colleague, Richard C. Redman, MD

Although PH associated with hypoxemic lung disease is a common problem, it is one of those areas where we need more information to more precisely identify how it should be classified. As their abstract and poster pointed out, little data exist regarding hypoxemia in patients with PAH. While it might appear intuitive, a clear correlation between hypoxemia and pulmonary artery pressure in this disease has not been shown, yet further characterization of this relationship may provide insight into the pathophysiology and clinical manifestations of PAH. As the conclusion notes: patients with severe PAH were significantly more hypoxemic than patients with mild to moderate PAH. Drs Tapson and Redman conclude that hypoxemia is generally more pronounced as PAH becomes more severe and may be more important in the pathophysiology of PAH than previously appreciated.

For more insights on this relationship, I encourage readers to review the information in an article by Robert Schilz, DO, PhD, in this issue, as well as the Roundtable discussion chaired by Richard Channick, MD. We would like to express our appreciation to Dr Channick for serving as the Guest Editor of this issue and bringing together the editorial content focusing on PH associated with lung diseases.

**Vallerie V. McLaughlin, MD**  
Editor-in-Chief

### Cover image:

Klee, Paul (1879-1940) © ARS, NY  
*Seiltänzer (Tightrope Walker)*. 1923. Lithograph. 44 x 26.8 cm. AM81-65-872.  
Location: Musée National d'Art Moderne, Centre Georges Pompidou, Paris, France  
Photo Credit: CNAC/MNAM/Dist. Réunion des Musées Nationaux / Art Resource, NY

Paul Klee was Swiss but lived most of his life in Germany. His style was so unique it is difficult to classify his work within expressionism or any movement. His whimsical, inventive, and abstract use of animate figures, color, title selections, and lines created musical and dreamlike works. *Tightrope Walker* is illustrative of his early style: a lighthearted colored sketch with a humorous central figure that heightens curiosity. His later works included bright impressionist-like paintings that reflected a fascination with color, but near subliminal sketching often permeated even these works. He was driven from his faculty position at the Düsseldorf Akademie in 1933 by the Nazis, who characterized his work as "degenerate." He produced over 10,000 paintings, sketches, and drawings despite having progressive diffuse scleroderma in his later years. He died with respiratory symptoms and heart failure suggestive of interstitial lung disease and/or pulmonary hypertension (his medical records were lost in a fire). Among his quotes inspirational to patients with scleroderma and other causes of lung disease: "A single day is enough to make us a little larger or, another time, a little smaller." In June 2005 the Zentrum Paul Klee will open in Bern, Switzerland, housing the largest collection of his work.