

**Report of the business meeting of Assembly 1, Stockholm, Monday 17/09/2007 (B. Balbi, Chair – J. Vansteenkiste, Secretary and Report)**

**Report from the group meetings**

1.1. Clinical

Group needs to define its objectives for the future.  
Promoting links with other groups and assemblies is vital.

1.2. Rehabilitation

Attendance to rehabilitation sessions at ERS improved over last year.  
Transverse activities with other assemblies should increase.  
A Task Force on rehabilitation in Europe, especially in regards to Eastern Europe, may be an opportunity. Bruno Balbi advises that Task Force proposals are to be in line with the recently reinforced ERS guidelines for Task Forces.

1.3. Imaging

The number of proposals is increasing, also those on imaging pattern recognition.  
The question is raised “who contacts who” for transverse activities.  
The quality of the abstracts was not satisfying. Bruno Balbi explains that at the ERS meeting abstracts from less developed regions deserve attention, in order to stimulate respiratory research all over Europe.  
Finally, the group mentions that the electronic poster format is a very good one for imaging contributions.

1.4. Interventional

Pneumothorax symposium had a very successful attendance.  
The group has an increasing number of abstracts.  
The group also mentions that many members of the group participated in paper in the Lancet.  
They asked ERS support for this project at its start, but this was not granted.

1.5. Parenchymal

Different proposals for Berlin 2008 were discussed.  
The group ask ERS support for cooperative efforts with WASOG (e.g. common courses).

1.6. Primary Care

Primary Care day on Saturday was good and well attended. The group mentions that this may be different according to countries.  
There was a very successful oral session at this meeting in Stockholm.  
The number of people attending the group meeting is improving (13 this year).

**Report from the Assembly Chair**

Four group officers in Assembly 1 need to be elected before Berlin 2008 (head and secretary of groups 1.2 and 1.5). The groups are encouraged to propose good candidates.

For the four new mandates of Assembly 1 in the council (replacing Levy, Noppen, Du Bois, and Vogelmeier), it is proposed that Monica Fletcher, Julius Janssen, Carlos Robalo Cordeiro,

and Otto Chris Burghuber are put forward. This is agreed upon by unanimous hand raised vote.

For the Long Range Planning Committee and Assembly Programme Committee, attendance at the meeting remains problematic. This is due to the timing (07:30 on a Sunday in a Convention Center where many people have next to one hour travel from hotel to meeting room). An other time spot is needed, Bruno Balbi will examine if this may be inserted in the Zurich meeting. Because of this, no proposal to replace Muller-Quernheim is put forward).

Elections for web coordinator for the Assembly.

Four of the five initial candidates are running (Antoniou from Romania declined). Two of the candidates (Lopez-Campos Bodineau from Spain and Corbetta from Italy) briefly present their application. The candidates from Thailand and Bulgaria are not present.

A secret vote on paper is made. There are 29 votes, 1 for Kostov, 10 for Corbetta, and 18 for Lopez-Campos Bodineau. The latter is elected.

A large number of symposium proposals for Berlin 2008 are listed.

*Pre-selected symposia:*

- Models of pulmonary rehabilitation in non-COPD
- Smoking-related lung disease: from emphysema to pulmonary fibrosis
- New imaging modalities in the staging of lung cancer

*Pending proposals are the following ones:*

1. Integrated multidisciplinary care of COPD 1.6
2. Acute respiratory decline in ILDs 1.5
3. Interactive approach in ILDs 1.5
4. Acute diffuse lung disease 1.5
5. Similarities and discrepancies between IPF and cancer 1.5
6. Pulmunology meets Hematology 1.5
7. Pulmonary Endoscopy in Clinical Practice 1.4
8. What went wrong and was never published 1.4
9. Tretament..central airways collapse 1.4
10. Interventional emphysema treatment 1.4
11. Management of SPN 1.3, 1.4
12. New imaging in oncology 1.3
13. A practical approach for CXR 1.3
14. Non pharmacological management of end-stage COPD 1.2
- 15. Physical activity 1.2**

*For these proposals, the groups put forward as their "first choice":*

- 1.2. Rehabilitation: proposal 15
- 1.3. Imaging: proposal 12
- 1.4. Interventional: proposal 8
- 1.5. Parenchymal: proposal 3
- 1.6. Primary Care: have only one proposal (number 1).

These proposals will be presented at the Scientific Committee for approval for the ERS 2008 Congress.

The "basic principles" for a good proposals (Symposia, Hot Topic, PG Courses etc.) remain: select a topic that could be of interest of many participants to the Congress, interact and network with other groups and assemblies in the choice of topics and speakers, fill in each

part the submission form, send it to the Office and relevant other members (e.g. Assembly Head and Secretary, Group Officers) on time for the deadlines.

## **Report from the Assembly Secretary**

### Postgraduate courses

It is explained that the number of PGCs depends on the infrastructure of the Convention Centre, and therefore may vary a bit from year to year. E.g. in Stockholm, there were 24 slots, 1 full day course and 22 half day courses, plus one extra educational workshop on cell culture. The number of slots in Berlin is expected to be similar, and to be divided over all Assemblies.

For our Assembly, there are 2 proposals for the “year 3” edition of the core curriculum:

- Year 3: COPD: educational approaches, management of acute exacerbations, severe and end-stage patients and the role of surgery. Organiser(s): Nicolino Ambrosino (Pisa, Italy), Bruno Balbi (Gussago, Italy). Organized jointly by the Clinical Assembly, the Respiratory Intensive care Assembly and the Thoracic surgery Assembly. Chairs: Bruno Balbi (Gussago, Italy), C. Roussos (Athens, Greece).
- Year 3: Interstitial lung diseases: selected orphan diseases. Chairs : Ph. Camus (Dijon, France), C. Vogelmeier (Marburg, Germany)

There are 4 other proposals discussed at the BM:

- HRCT of the lung: pattern recognition. Organiser(s): Walter De Wever (Leuven, Belgium), Group 1.03. Chairs: Gilbert Feretti (Grenobles, France), Reinhard Kubale (Germany)
- Is there a place for respiratory muscle training during rehabilitation of COPD patients? Organiser(s): Paltiel Weiner (Hadera, Israel), Alison McConnell (London, England), 1.2. Rehabilitation. Chairs: Paltiel Weiner (Hadera, Israel), Alison McConnell (London, England).
- Ventilatory management and cough enhancement in patients with neuromuscular disease. Organiser(s): Julia Bott (Chertsey, UK), Miguel R. Gonçlaves (Porto, Portugal), Scientific Groups on Physiotherapy (9.2), Non-invasive ventilatory support (2.2.), and Rehabilitation and chronic care (1.2).
- Interventional bronchoscopy: theory and practice [FULL DAY]. Organisers and Chairs: J. Janssens, Felix Herth, Group 1.4.

Last but not least, Head and Secretary of the Assembly would like to thank all members and officers for their support and participation to the activities of the Assembly. The success of 2007 Congress should lead us to a renewed commitment for upcoming events and deadlines.