Preliminaries ATS/ERS Task Force

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| Preliminary List of Topic Areas and Potential Lead(s) | | |
| Topic/Section | Lead(s) | Comments/Areas for Further Discussion |
| Introduction/Inclusions Exclusions/Methods | Blanc/Redlich | This is where we say we are not covering malignancy but briefly summarize key reviews/meta-analyses. Similarly upper respiratory tract (aka rhinitis)? If the consensus is to not revisit asthma exacerbation we make that clear here too. We also should make clear the emphasis for asthma and COPD data certainly since ATS statement but also perhaps since other major systematic reviews |
| Asthma | Sigsgaard/Annesi-Maesano |  |
| COPD | Murgia/Miedinger/Fishwick | One real contribution will be to parse out airflow obstruction, chronic bronchitis and emphysema. Newer CT-based data should feature prominently |
| IPF and other interstitial pneumonias | Cummings/Reynolds |  |
| Granulomatous non-infectious disease | Balmes/Vinnikov | Includes sarcoid mimics and EAA/HP. May be some overlap in exposures with fibrosis above (e.g., rare earths, aluminum) |
| Respiratory Infections | Toren/Naidoo | Bacterial pneumonia, TB, other |
| Generic Issues/Questions Across Areas:  Emphasis on population attributable fraction (PAF) for all topics?  Any role for formal meta-analysis for any of the topics?  In addition to risk of disease, risk of disease severity/poorer outcomes among those with disease?  Methods for publication/data eligibility for consideration: likely to differ across topics but we should we set the rules in advance?  Other issues? Other oconidtions?  What about orphan respiratory tract conditions that may not fit so well into the above categories – put alveolar proteinosis with the interstitial pneumonias? How about obliterative bronchiolitis where does that go (as opposed to COP which does fit with the pneumonias)? | | |