

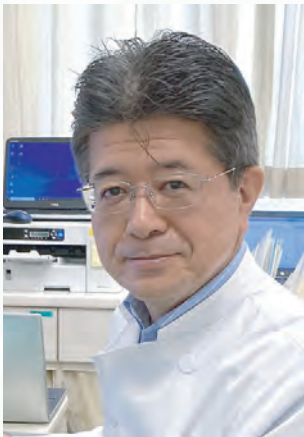
Non-Profit Organization Asian Pacific Association for Bronchology and Interventional Pulmonology (APAB)

No2. 2021

Newsletter



Theme: APCB acts to broaden and deepen the torch of learning



President remarks

Kiyoshi Shibuya

President APAB, Professor Chiba University

Director, Thoracic Surgery, Narita Red Cross Hospital

Welcome everyone to the Asian Pacific Association for Bronchology and Interventional Pulmonology (APAB). We'd like to extend a special thanks to our member, who will be interested in this second newsletter.

Covid-19 pandemic is still now around the world except for a few countries. Japan's government also declared emergency twice in the big cities including Tokyo, Osaka and Nagoya and Chiba etc. Covid -19 death in Japan is now more than 8000. We worried about how sad people who lost their loved ones suddenly were and could not face body. We would like to express our deepest condolences. Fortunately, newly infected people seems to be decreased and Covid-19 vaccine has begun now. We expect to overcoming Covid-19.

Every 2 years, from the 1st APCB was held in Chiba, Japan 2005, a total of eight times APCB were held. 8th APCB was held in Gold Coast, Australia, March 27th – 30th, 2019. This 2nd newsletter was based on mainly 2019APCB congress report made by Dr David Fielding, Congress President.

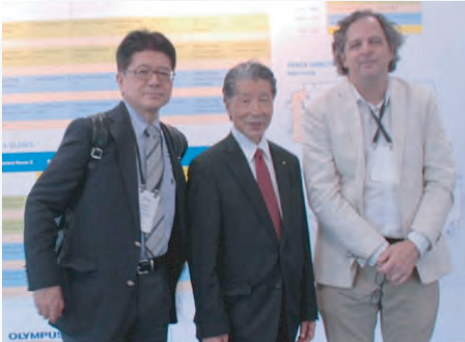
And also, 9th APCB 8-10 October 2021 in Malaysia will be held by completely WEB. The congress website is: www.apcb2021.com

I also hope increased APAB presence, in which a next APCB would be held every 2 years in future in close cooperation with the WABIP.

Thank you to everyone!" Best wishes.

APCB 2019

SUMMARY



Left to right : Dr Kiyoshi Shibuya, APAB President,
Dr Fujisawa, APAB Founding President,
Dr David Fielding APAB 2019 Congress President

The Asia Pacific Congress of Bronchology 7th meeting was successfully held on the Gold Coast from March 27th to 30th ,2019. The meeting was held with the great support of the Thoracic Society of Australia and New Zealand including the organizational support of The Conference Company. It was held immediately prior to the TSANZ Annual Scientific Meeting, at the time usually reserved for the Advanced Trainees training days, and indeed there was excellent attendance by Thoracic Medicine Trainees. The course was held with the support of a range of Medical instrument companies, who provided vital equipment for demonstrations, as well as companies involved more broadly in Thoracic Medicine. The conference also gratefully received the support of the World Association of Bronchology and Interventional Pulmonology.

The conference was run with a novel format which worked well in emphasizing the theme of the congress, which was focused on Hands-on training in procedural Thoracic Medicine. This built on a format previously used in part by Chest International congresses. Usually hands- on courses are run as satellite symposia at meetings, however on this occasion Hands-on was the nature of the sessions in the body of the meeting. This provided attendees with an unparalleled opportunity to learn not only the indications and draw backs of procedures as they relate to managing Thoracic conditions, but also and most importantly to receive hands-on training from world leaders in procedural Thoracic Medicine. The levels of content choice for attendees have never been offered before. The novel nature of the course design was welcomed by attendees, faculty and sponsors alike. Included in the body of the session choices was a hands-on Introduction to Bronchoscopy half day course, complete with a hands-on individual feed-back assessment given to all attendees. In addition there was a dedicated e-Poster session with over 40 posters submitted, with a poster prize awarded with funds from Astra Zeneca. Also, dedicated lectures on Advanced Bronchoscopic anatomy as well as Multidisciplinary Case discussions attended by the whole congress.

The Congress was a success only because of the hard work of a large faculty, comprising Course designers (TSANZ), Local Assistant Faculty, and International Faculty. It was also a novel design which included a range of new aspects for liaison with attendees which were well handled by The Conference Company. I hope that this kind of congress becomes a template, at least in part, for further TSANZ conferences as well as procedural conferences around the world.

<SUMMARY OF ATTENDEES>

included Australia,227,Japan,25,NewZealand,21,SouthKorea,7,USA,4,Indonesia,3,Malaysia,3, China,2,France,2,Hongkong,2,India,2,Singapore,2,Bangladesh,1,Canada,1,Germany,1, Romania,1,Saudi Arabia,1,Sri Lanka,1,Thailand,1,Taiwan,1,UK,1,Vietnam,1, and Total,310.

Summary of the Congress Design

The Congress theme was “Case Based Training- Practice and Theory” which plays a key part of modern learning methods. This style of learning took centre stage in the body of the Congress. Suitable for trainees and consultant thoracic physicians alike, case-based discussions were used to deliver up-to-date concepts in Bronchology.

We were exceptionally lucky to have Dr Eric Edell and Dr Henri Colt as Lead International Faculty, both of whom have many years’ experience in delivering innovative hands-on training all over the world.

The Congress had a novel format as follows:

- Each attendee chose 4 half day sessions out of a total of 10 sessions
- Each session ran for 3.5 hours and was divided as follows:
 - Case discussion with comments from faculty and questions from floor (30 mins)
 - Hands on: 3 key skills (90 mins)
 - Case presentations by trainees in response to a clinical case- what would they do/ what specimens would they take/ getting informed consent/ how would they respond to complications (The “4 box approach”) (1 hour)

In each session International and National faculty led case discussions and answered all questions from the attendees. There was a poster session at breakfast on Day 2. This was “electronic” with PDFs of all posters made available to all attendees. Posters presentations were all “mini orals” with electronic presentation of those PDFs by the trainees.

PROGRAM OUTLINE

	Thursday Mar 28	Friday Mar 29	Saturday Mar 30
Morning	Welcome	Poster Session	Experts’ Session: ‘How I do it’
	Hands on half day workshops from a choice of 8 workshops.	Hands on half day workshops from a choice of 8 workshops. Plus, choice of 2 Pediatric workshops.	2 Multidisciplinary Case Discussions with audience participation. TB and Mesothelioma cases.
Lunch			Course Close
Afternoon	Hands on half day workshops Choice of Workshops 1-8	Hands on half day workshops from a choice of 8 workshops. Plus, choice of 2 Pediatric workshops.	

EBUS TBNA

Objectives of Case-Based Discussions with Mentors included Use of ROSE, Linear EBUS to diagnose & stage in the one procedure, IHC to differentiate lung primary from other tumours, PD-L1 staining of TBNA specimens, Molecular testing of TBNA specimens, and to on.



Hands-on training on EBUS TBNA, EUS B and Making smears were performed with supervised teaching on models with real instruments, Developing Interpretive skills on Smear assessment and Key landmarks in EBUS and EUS B were remonstrated.

Interstitial Lung Disease

Objectives of Case-Based Discussions with Mentors were done on Cryo versus VATS biopsy, Rationale for biopsy with common radiologic patterns of ILD, Time points of RFTs over time- early / middle / too late in time course of illness, Side effects of Rx -what now, Timing of transplant and Managing an acute flare.

Hands-on training on Cryobiopsy, The role and placement of balloons and Different intubation techniques- ET tubes, rigid bronchoscopy were performed with supervised teaching on models with real instruments.



Developing Interpretive skills on Image/investigation interpretation, CT – is it IPF / NSIP and Biopsy interpretation- the key pathogenomic histologic features were demonstrated.

Large Airway Pathology

Objectives of Case-Based Discussions with Mentors were done on

- Complex carinal lesions including Discussion of local therapy options, To stent or not to stent. Progression after initial local control, disease progression complications of stenting can be discussed e.g. development of trachea-oesophageal fistula; granulation tissue etc.
- Tracheobronchomalacia including Typical symptoms Diagnostic techniques for TBM – CT criteria and examples; bronchoscopic assessment. Classification of TBM/EDAC, Therapeutic options were discussed.

Hands-on training on Rigid bronchoscope insertion and stent deployment were carried out with supervised teaching on models with real instruments.



Developing Interpretive skills on Video clips of debulking techniques APC, laser, snares, cryoresection, balloon dilatation, Examples of endobronchial obstruction/tumour Classification of airway stenosis by Freitag and Multimedia demonstration of stent insertion case – lesion requiring a stent for management of obstruction: planning and preparation of the case were demonstrated.

Pulmonary Nodule

Objectives of Case-Based Discussions with Mentors included 1) How to access the lesion and options to do so. If biopsy: CT guided biopsy or bronchoscope with radial,2) If bronchoscope: Cryo or Radial forceps or Radial brush or needle biopsy,3) Consider sampling to account for the two questions of malignancy vs infection,4) What concerns one might have when sampling a cavity, and so on.



Hands-on training on EBUS Guide sheath, Virtual bronchoscopy modules and Archimedes planning and sampling were performed with supervised teaching on models with real instruments.

Developing Interpretive skills included CT assessment.

Paediatrics

Objectives of Case-Based Discussions with Mentors included Vascular Ring (Double aortic arch): intraoperative and post-operative bronchoscopy, H shaped Tracheo-esophageal fistula: Diagnosis and cannulation, Missed Foreign body, its long-term complications and removal and Airway hemangioma with discussion around what constitutes atypical croup and recurrent croup.

Hands-on training on Foreign Body retrieval and Difficult intubation supervised teaching on models with real instruments.

Developing Interpretive skills included CT assessment of complex congenital airway and vascular anomalies.



Step by Step Bronchoscopy Training

Hands-on training on Building Step by step exercises into performing bronchoscopy, Mentoring on posture, handling, Improving skills for easier bronchoscopy and CT interpretation were carried out with supervised teaching on models with real instruments.

Developing Interpretive skills included Common and uncommon airway pathologies.



Ultrasound - Lung and Pleural

Objectives of Case - Based Discussions with Mentors included 1) Differentiate localised consolidation from a loculated effusion with internal structures, 2) Identify the cause of acute respiratory failure based on the presence or absence of Comets, Consolidation, Central venous pressure, Pleural effusion or zero findings. C3PO protocol-, 3) Sonographic significance of simple effusion-transudate or exudate and so on.



Hands - on training on Different probes and ultrasound hardware were carried out supervised teaching on models with real instruments.

Developing Interpretive skills included with Interpret all of the above appearances.

Valve Placement

Objectives of Case - Based Discussions with Mentors included 1) Assessing candidates for BLVR physiologic and radiologic parameters, 2) Different 6-minute walk results / lung volume results - do valve or not, 3) Comorbidities - pulm HT, IHD, mobility impairments / sputum / bronchiectasis / EDAC / OSAS, 4) Which lobe should be targeted and with what device / technique?, 5) Cause(s) of only partial atelectasis of lobes after BLVR and what should be done to address this/these? and 6) Management of air leaks.



Hands-on training on Strat X, Chartis and Valve insertion were carried out with supervised teaching on models with real instruments.

Developing Interpretive skills on CT assessment and VQ scan Assessment were performed.

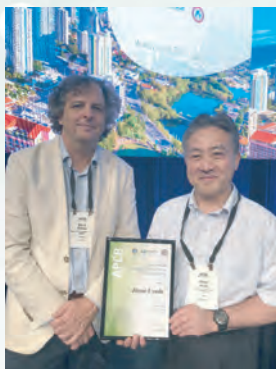
Multidisciplinary Case Discussions

Multidisciplinary case discussions regarding history, clinical, radiologic and management aspects of two clinical cases: "Mesothelioma" and "Tuberculosis" and chaired by Prof Henri Colt and had inputs from: Pathology: Dr David Godbolt

Interventional Pulmonology its including: Drs Michael Bint, Dr Steve Vincent, Dr Shiyue Li, Dr Gary Lee and TB Specialists: Dr Geoff Eather, Sr Catherine White, Palliative Care: Dr Andrew Broadbent

Oncology: Dr Jasothe Sanmugarajah, Surgery: Dr Morgan Windsor were actively participated on discussing.





BEST POSTER AWARD:
Dr Jitsuo Usuda



Announcement APCB2021 in Malaysia

The 9th Asian Pacific Congress on Bronchology and Interventional Pulmonology (APCB2021) is going to take place in Malaysia from the 8th to the 10th of October 2021. This is the first time that the congress is being held in Malaysia.

The congress website is : www.apcb2021.com

The event is hosted by the Malaysian Association for Bronchology and Interventional Pulmonology (MABIP) and jointly organised by the Asian Pacific Association for Bronchology and Interventional Pulmonology (APAB), Asian Pacific Interventional Pulmonology Alliance (APIPA) and is endorsed by the World Association for Bronchology and Interventional Pulmonology (WABIP). The Ministry of Health Malaysia supports the event. For the first time in the history of APCB, the 9th APCB will be conducted virtually.

In view of the current COVID 19 pandemic in Malaysia and around the world, the MABIP Executive Board had decided (after discussing with APAB) to conduct a virtual congress. The congress will feature both adult and paediatric topics. Besides didactic lectures, the congress will have case-based discussions, 'How-to-do' videos showing procedural techniques, oral and e-poster presentations and video festival. There will also be a recorded live case.

The Organizing Committee have invited renowned speakers from the Asian Pacific region as well as those from Europe and the USA to share their expertise, experience and insights. The registration fees have been made affordable to allow many doctors and allied health professionals to attend this event. We anticipate at least 3000 delegates to attend APCB2021.



A postscript

Takehiko Fujisawa

Founding President APAB, Professor Emeritus Chiba University,
President Chiba Foundation for Health Promotion and Disease Prevention

Eighth APCB was held in Gold Coast in Australia under the leadership of Professor Fielding and summarized in this NBEWSLETTER No.2. I deeply appreciate Prof. Fielding's efforts to promote the further development of bronchology and interventional pulmonology in Asian-Pacific region as well as all over the world and to introduce us the novel style of APCB meeting.

COVID-19 is globally spreading and more than two million and five hundred sixty people were passed away all over the world at March 5, 2021. In such a severe social circumstances, vaccination started in many countries and the report from Israel showed us the effectiveness of vaccination. I strongly hope that people all over the world can get vaccination and enjoy life without mask. The matter APAB members should do is to continue our duty step by step and to act overwhelming COVID-19.

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