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# Three years of activity of the Respiratory Diseases Commission of the Polish Academy of Sciences Clinical Pathophysiology Committee

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**The Clinical Pathophysiology Committee (CPC)** is the largest committee of the Medical Sciences Division of the Polish Academy of Sciences (PAS). It is composed of 30 members: professors from medical universities, research and development facilities and the Polish Academy of Sciences institutes, who represent various medical disciplines. It is an advisory and consultative body. Twelve specialist commissions headed by appointed CPC members operate within the structures of the Committee.

**The Respiratory Diseases Commission (RDC)** was established in September 2007 at a CPC meeting by the Chair of the Polish Academy of Sciences Medical Division. On 23 October 2007 the first RDC meeting took place, during which letters of appointment were presented to RDC members and the Commission's tasks and plans were discussed.

The tasks of the Commission include:

- to affect the development of a given scientific discipline on a national scale;
- to integrate scientific centres and scientific communities;
- to solve specific scientific problems;
- to develop expert opinions, assessments and scientific opinions for government agencies;
- to disseminate and implement results of research studies;
- to organise scientific conferences and meetings;
- to initiate research studies;

Members of the Commission include professors, pneumonologists and allergologists from the Institute of Tuberculosis and Lung Diseases and from Polish medical universities that had joined the Polish National Academic Medical Platform established at the initiative of this paper's author and signed on 8 March 2007 by the authorities of Polish medical universities in the presence of the minister of health, Zbigniew Religa.

The RDC is chaired by Prof. Ryszarda Chazan and includes the following members: Prof. Anna Bręborowicz, Prof. Halina Batura-Gabryel, Prof. Danuta Chmielewska-Szewczyk, Prof. Elżbieta Chyczewska, Prof. Waclaw Droszcz, Prof. Dorota Górecka, Prof. Paweł Górski, Prof. Iwona Grzelewska-Rzymowska, Prof. Karina Jahnz-Różyk, Prof. Renata Jankowska, Prof. Marek L. Kowalski, Prof. Jerzy Kozielski, Prof. Jan Kuś, Prof. Marek Kulus, Prof. Ryszard Kurzawa, Prof. Władysław Pierzchała, Prof. Tadeusz Płusa, Prof. Barbara Rogala, Prof. Kazimierz Roszkowski-Śliż, Prof. Paweł, Śliwiński, Prof. Jan Zieliński and Prof. Dariusz Ziara.

### Preparation of position statements

Between 2008 and 2010, based on international recommendations and the members' expertise, the Commission issued several position statements on important issues in the diagnosis and treatment of respiratory diseases. The following

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position statements: “Severe asthma” [1], “COPD — a lifestyle disease of the 21st century. Controversies and questions.” [2], “Respiratory infections” [3] and “Sepsis” [4] have been published by the Polish Academy of Sciences in at least 5000 copies each. Two further position statements are currently being prepared: “Diagnostic pitfalls in interstitial lung diseases” and “The management of chronic respiratory failure”, which are expected to be accepted for printing in March and September 2011, respectively.

These documents are intended for clinicians specialising in respiratory medicine and allergy, but also for internal medicine specialists, paediatricians and family physicians. They express opinions that take into account the current controversies.

The Commission members were also involved in the preparation and editing of the latest Polish Respiratory Society recommendations: “Recommendations on the diagnosis and treatment of chronic obstructive pulmonary disease” [5] and “Respiratory infections. Guidelines on the diagnosis and treatment.” [6].

### **International collaboration**

During one of the first meetings of the Commission the principles of operation of the Global Alliance Against Chronic Respiratory Diseases (GARD) in other countries were outlined and a progress report was presented on preparation activities for the development of extensive collaboration of the Committee within the frames of the Polish National Medical Platform within the GARD initiative. The initiative was supported at the CPC meeting. Following approval granted by the President of the Polish Academy of Sciences, the Committee’s accession to the international programme GARD was submitted. GARD is a World Health Organisation (WHO) initiative for the combat against respiratory diseases, which was joined by multiple international scientific societies.

One of the directions of the Commission’s activity is to develop collaboration with international scientific societies in the field of lung diseases in order to jointly discuss the greatest risks within the field of lung diseases in today’s world.

Two conferences on COPD entitled “How to reduce the burden of COPD” have been organised in the past three years in co-operation with the American Thoracic Society. The first one was held in Warsaw in October 2008 with lectures delivered by three American scientists: Richard Casabu-

ri, Richard ZuWallack i Bartolome Celli and six members of the Commission [7–19].

In September 2010, also in Warsaw, the second conference of the same title and the same formula took place. Polish scientists discussed issues related to the diagnosis and treatment of COPD. American colleagues presented issues related to the statistical analysis of drug studies, the natural history [20] and the pathogenesis of COPD [21]. The natural history of COPD was presented by the world’s leading epidemiologist in the field, Prof. David Mannino of the University of Kentucky, the pathogenesis was discussed by Prof. Steve Rennard, an international authority on emphysema. These two lectures, as well as the lecture by Prof. Halina Batura-Gabryel devoted to the role of inflammation markers in the diagnosis of COPD [22], have been published in the current issue of *Pneumonologia i Alergologia Polska*, while the other lectures will be published in the journal’s 3rd issue later this year.

In 2009 the RDC organised in Warsaw a conference entitled “Selected aspects of contemporary pneumonology” with a particular emphasis on interstitial lung diseases. Prof. Ulrich Costabel of the University of Essen, a renowned authority in the area of interstitial lung diseases, delivered two lectures: “Allergic alveolitis” and “Sarcoidosis”. Lectures were also given by members of the Commission: Prof. Jan Zieliński (“Pulmonary hypertension in the course of interstitial lung diseases”, Prof. Jan Kuś (“Idiopathic interstitial pulmonary fibrosis”), Prof. Halina Batura-Gabryel (“Pulmonary changes in the course of connective tissue diseases”), Prof. Iwona Grzelewska-Rzymowska (“Severe and difficult asthma”) and myself (“The management of asthma and COPD”).

The Commission has planned a conference entitled: “ABC of non-invasive positive pressure ventilation” to be held in Warsaw on 19 November 2011 with participation of Prof. Mike Kampelmacher of Utrecht University, an European authority in the field of non-invasive ventilation.

### **Participation in congresses and conferences**

The Commission has also initiated organising Polish Academy of Sciences sessions to be held during congresses and conferences of the Polish Respiratory Society and the Polish Allergy Society and to be organised by the Commission members. During these sessions a position statement on the issues addressed at the congresses and conferences that was drawn up by the Commission members was presented.

At the request of the President of the Polish Respiratory Society, Prof. Władysław Pierzchała, the Commission organised a scientific session entitled: "Respiratory infections" during the Polish Respiratory Society Congress 2008 held in Katowice, Poland. During the session the Commission's position on the diagnostic and therapeutic standards in respiratory infections in family practice was presented. During the conference entitled: "A national revision meeting on pneumonology" organised by Prof. Halina Batura-Gabryel in December 2009, a session on COPD was organised. During the conference entitled: "Allergic diseases of the respiratory system" organised by Prof. Ryszard Kurzawa in Krakow between 12 and 14 November 2008, an RDC session entitled: "Respiratory infections" was held.

The Commission has also took scientific patronage over several scientific and educational conferences organised between 2008 and 2010 by the Commission's members. In May 2010 a conference entitled: "Asthma, COPD and co-morbidities" was organised by Prof. Tadeusz Plusa. From 19 to 21 May 2011 a conference entitled: "Rational antibiotic therapy" took place with participation of the Commission's members.

The Commission has also took patronage over two international conferences organised by the Polish Pharmacoeconomic Society: International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Poland 2009 and ISPOR Poland 2010. Both conferences were organised by the President of the Society, Prof. Karina Jahnz-Różyk, member of the Commission.

One of the main goals of the Commission is to integrate research centres and scientific community. As part of cardiopulmonary collaboration the Commission took patronage over a series of conferences entitled: "Cardiac and respiratory diseases". The first conference, which was organised by myself and Prof. Andrzej Rynkiewicz, a cardiologist at the Medical University of Gdansk, took place in Sopot in November 2010. Further conferences are being planned in various Polish cities in 2011.

### **Expert opinions, assessments and scientific opinions**

One of the Commission's tasks is to draw up expert opinions, assessments and scientific opinions for government agencies.

In October 2008 the Commission sent a letter to the Minister of Science and Higher Education, Prof. Barbara Kudrycka, addressing the non-inclusion of respiratory pathophysiology in the scienti-

fic priorities of the national curriculum. Studies investigating the epidemiology, pathophysiology and early detection of COPD and the search for novel treatments were considered the most important as regards the development of research studies in this area. As regards COPD, the molecular mechanisms of the disease, factors modifying its natural history, the role of rehabilitation in delaying respiratory disability, novel treatments for respiratory failure, impact of early childhood on pulmonary health and lung transplantation were indicated by the Commission as the most important problems to solve.

The issue of tobacco-related diseases of the respiratory tract, which, in addition to COPD, include lung cancer, are closely associated with COPD. The causes of delayed diagnosis and development of methods allowing for early detection of lung cancer were indicated as a priority issue that needed to be addressed. The aim of the studies should be to find out why the prevalence of lung cancer in women, especially young women, is increasing.

The Commission also emphasised the necessity to support studies in the field of sleep-disordered breathing, in which the priority should be to elucidate the pathogenesis of obstructive sleep apnoea and the multiorgan consequences of the condition. The issue of orphan diseases was also touched upon.

One of the first initiatives of the Commission as part of supporting GARD in Poland was sending an appeal to the Minister of Health, Ewa Kopacz, and the Chair of the Health Commission at the Polish Parliament, Bolesław Piecha, in June 2008 concerning "The introduction of protection of non-smokers from the harmful effects of tobacco smoke from the environment or the so-called passive smoking" and requesting that parliamentary proceedings are undertaken to pass the draft ban on smoking in public places prepared already two years earlier (log on the Polish Academy of Sciences website to read the full text).

On 9 July 2009 the Commission sent a letter to the Minister of Health, Ewa Kopacz, regarding the reimbursement of drugs used in the treatment of tobacco dependence emphasising that smoking is the most common cause of morbidity and mortality. The Commission also stressed the problem of smoking among pregnant women, the smoking epidemic among teenagers and the consequences of passive smoking. The principal directions of effective anti-tobacco activities according to the opinion of the World Bank were presented. It was stressed that smoking cessation results to immediate savings in the outlays made by the public

healthcare provider and reduces the medial costs of tobacco-related diseases.

At the request of the Polish Agency for Health Technology Assessment the Commission presented an expert opinion on the application for the reimbursement of the medicinal product Champix (varenicline) in the indication of an aid to smoking cessation treatment in adults (log on the Polish Academy of Sciences website to read the full text).

In connection with the establishment of the Polish Academy of Sciences Expert Panel for Clinical Sciences by the President of the Academy I was appointed President of this Panel. Its goal was to draw up a document presenting the current status of science in clinical disciplines. The document presented the most important difficulties and obstacles which interfere with the realisation of research programmes conducted by clinical centres.

Among the negative phenomena in clinical sciences, in addition to the low outlays on research and development activities, the following problems were indicated:

- an excessively low number of investigators in clinical facilities (often the amount of clinical and laboratory work to be done takes up all of the investigators' time at work, which makes it impossible for them to conduct research studies);
- a decreasing number of doctors willing to pursue doctoral studies (due to the very low scholarships and no prospects for hospital posts due to the lack of vacancies);
- insufficient international mobility of Polish researchers representing clinical disciplines. Lack of fellowships, grants, funding of participation in scientific congresses for investigators willing to present their own research;
- an ever decreasing interest in funding investigator-initiated research projects by the pharmaceutical industry. Most studies are studies conducted for the pharmaceutical industry (an IF of publications too high for the actual scientific value of the results);
- increasing difficulty in collaboration between co-operating facilities: an increasingly complicated tender procedure that delays completion of the project, lack of competent officials who could take over clerical duties, an increasing amount of administrative work imposed on the researcher responsible for conducting the project;
- a considerable de-capitalisation of scientific equipment; the scientific equipment, out of necessity, is being used for rendering commercial services that are not always connected with the conduct of research projects.

In the report, I pointed out that without modern equipment it is difficult to keep up with the development of global science, which is why Polish studies, despite the considerable intellectual potential of the investigators, are not innovative. I also presented the positive tendencies observed in clinical sciences in the recent years in spite of the **systematically decreasing real outlays on the development of science:**

- an increasing number of facilities interested to conduct joint projects;
- an increasing number of scientific publications in peer-reviewed journals;
- an increasing number of publications per investigator;
- an increasing number of national grants completed by basic and clinical sciences departments not only at the same university;
- an increasing number of applications lodged by representatives of clinical sciences for international grants associated with the more extensive experience in conducting international projects;
- an increasing percentage of investigators in the total number of employees of clinical sciences facilities;
- original doctoral and habilitation theses in public commercial healthcare facilities under direction of independent scientists employed by medical universities;
- an increasing number of students involved in research studies.

## References

1. Astmy ciężka. Stanowisko Komisji Chorób Układu Oddechowego Komitetu Patofizjologii Klinicznej PAN, Warszawa 2008.
2. POChP — choroba cywilizacyjna XXI wieku. Kontrowersje i pytania. Stanowisko Komisji Chorób Układu Oddechowego Komitetu Patofizjologii Klinicznej PAN, Warszawa 2008.
3. Zakażenia układu oddechowego. Stanowisko Komisji Chorób Układu Oddechowego Komitetu Patofizjologii Klinicznej PAN, Warszawa 2009.
4. Sepsa. Stanowisko Komisji Chorób Układu Oddechowego Komitetu Patofizjologii Klinicznej PAN, Warszawa 2010.
5. Pierzchała W., Barczyk A., Górecka D., Sliwiński P., Zieliński J. Zalecenia Polskiego Towarzystwa Chorób Płuc Rozpoznawania i Leczenia Przewlekłej Obturacyjnej Choroby Płuc (POChP). *Pneumonol. Alergol. Pol.* 2010; 78: 318–347.
6. Chazan R. Zakażenia układu oddechowego. Wytyczne rozpoznawania i leczenia Polskiego Towarzystwa Chorób Płuc. *α-medica Press, Bielsko-Biała* 2010.
7. Casaburi R. Long-term oxygen therapy: state of the art. *Pneumonol. Alergol. Pol.* 2009; 77: 196–199.
8. Casaburi R. Strategies to reduce dynamic hyperinflation in chronic obstructive pulmonary disease. *Pneumonol. Alergol. Pol.* 2009; 77: 192–195.
9. ZuWallack R. Early diagnosis of COPD — rationale, methods and effects. *Pneumonol. Alergol. Pol.* 2009; 77: 72–76.
10. ZuWallack R. A history of pulmonary rehabilitation: back to the future. *Pneumonol. Alergol. Pol.* 2009; 77: 298–301.
11. Cote C.G., Celli B.R. BODE index: a new tool to stage and monitor progression of chronic obstructive pulmonary disease. *Pneumonol. Alergol. Pol.* 2009; 77: 305–313.
12. Celli B.R.: Novel concepts in the pharmacotherapy of chronic obstructive pulmonary disease. *Pneumonol. Alergol. Pol.* 2009; 77: 82–90.

13. Semik-Orzech A., Pierzchała W. Mechanizmy molekularne zapalenia w przewlekłej obturacyjnej chorobie płuc. *Pneumonol. Alergol. Pol.* 2009; 77: 66–71.
14. Zieliński J. Wczesne rozpoznawanie POChP — uzasadnienie, metody i wyniki. *Pneumonol. Alergol. Pol.* 2009; 77: 77–81.
15. Batura-Gabryel H. Zmiany ogólnoustrojowe u chorych na przewlekłą obturacyjną chorobę płuc. *Pneumonol. Alergol. Pol.* 2009; 77: 180–185.
16. Chazan R. Rola wziewnych kortykosteroidów w leczeniu POChP. *Pneumonol. Alergol. Pol.* 2009; 77: 186–191.
17. Górecka D. Porzucanie nałogu palenia w przewlekłej obturacyjnej chorobie płuc. *Pneumonol. Alergol. Pol.* 2009; 77: 294–297.
18. Jahnz-Różyk K. Farmakoekonomika przewlekłej obturacyjnej choroby płuc. *Pneumonol. Alergol. Pol.* 2009; 77: 302–304.
19. Rosenbaum W. Bridging the gap: the patient-doctor relationship. *Pneumonol. Alergol. Pol.* 2009; 77: 314–319.
20. Mannino D. Natural history of chronic obstructive pulmonary disease. *Pneumonol. Alergol. Pol.* 2011; 79: 139–143.
21. Rennard S. Pathogenesis of chronic obstructive pulmonary disease. *Pneumonol. Alergol. Pol.* 2011; 79: 132–138.
22. Batura-Gabryel H. Znaczenie biomarkerów w diagnostyce POChP. *Pneumonol. Alergol. Pol.* 2011; 79: 144–150.