1. Welcome
2. Update ARF section courses:
   - Masterclass Mechanical Ventilation
   - Advanced Bedside Monitoring in ARF
   - Airway Workshop
   - Plan for FTM courses in Acute Respiratory Failure and Mechanical Ventilation
   - ARF Webinars
3. Research activities endorsed by ARF
   - ESICM ARDS Guidelines
   - Taskforce on Dyspnoea
   - ESICM – ERS Weaning guideline 2023
   - Call for proposals
4. Chair Elect Dr Lise Piquilloud
5. Call for Deputy Chair Elect ARF
6. Update LIVES 2022 and call for proposals Lives 2023
7. AOB
UPDATE ARF SECTION COURSES - TEACHING
ARF Section
Educational activities

- Mechanical Ventilation

- LIVES educational activities (workshops)
  - LIVES40 Madrid
  - LIVES 2022 Paris

- 2023 activities in Acute Respiratory Failure & Mechanical Ventilation
2022: Mechanical Ventilation (MV)

High participation: 70 participants
Of all participants (n=48), 40 (83.33%) completed both pre and post-test.

The mean before the event was 55.12 ± 9.08 SD (Median 55.35) vs. 59.17 ± 10.72 (Median 60.67) after.

Significant knowledge increase of 4.05% (p<0.05).

Edition 2019 (Face to face)

Of all participants (n=39), 27 (69.23%) completed both pre and post-test.

The mean before the event was 68.72 ± 6.22 SD (Median 68.18) vs. 73.06 ± 6.10 (Median 72.73) after.

Significant knowledge increase of 4.33% (p<0.05).

Edition 2020 (Live virtual)

Of all participants (n=65), 47 (72.30%) completed both pre and post-test.

The mean before the event was 75.83 ± 9.91 SD (Median 78) vs. 81.15 ± 6.90 (Median 82) after.

Significant knowledge increase of 5.32% (p<0.05).

Edition 2021 June (Live virtual)

Of all the participants (n=74), 66 (89.19%) completed both pre and post-test.

The mean before the event was 76.27 ± 7.24 SD (Median 76) vs. 81.70 ± 5.48 (Median 82) after.

Significant knowledge increase of 5.42% (p-value<0.05).

Edition 2021 Oct/Nov (Live virtual)

Of all the participants (n=75), 63 (84%) completed both pre and post-test.

The mean before our educational intervention was 76.38 ± 8.82 SD (Median 78) vs. 78.22 ± 9.34 SD (Median 80) after.

Knowledge increase of 1.84% (p-value<0.05).

Edition 2022 (Live virtual)

Of all the participants (n=70), 46 (65.71%) completed both pre and post-test.

The mean before our educational intervention was 74.65 ± 8.83 SD (Median 74) vs. 79.52 ± 8.94 SD (Median 82) after.

Significant knowledge increase of 4.87% (p-value<0.05).
Participants Feedback MV – Face to face

2018
Face to face

2019

2020
LIVE virtual

What was your overall impression of this event’s Programme?
- Excellent: 6%
- Good: 26%
- Fairly good: 68%

How useful for your professional activity did you find this event?
- Extremely useful: 26%
- Useful: 74%

What was your overall impression of this event's Programme?
- Excellent: 21%
- Good: 79%

How useful for your professional activity did you find this event?
- Extremely useful: 15%
- Useful: 85%

What was your overall impression of this event's programme?
- Excellent: 21%
- Good: 2%
- Fairly good: 77%

How useful for your professional activity did you find this event?
- Extremely useful: 17%
- Useful: 81%
What was your overall impression of this event's Programme?

- Excellent: 68%
- Good: 29%
- Fairly good: 3%

How useful for your professional activity did you find this event?

- Extremely useful: 34%
- Useful: 66%

What was your overall impression of this event's Programme?

- Excellent: 69%
- Good: 28%
- Fairly good: 1%

How useful for your professional activity did you find this event?

- Extremely useful: 29.85%
- Useful: 68.66%
- Not useful: 1.49%

What was your overall impression of this event's Programme?

- Excellent: 70%
- Good: 25%
- Fairly good: 5%

How useful for your professional activity did you find this event?

- Extremely useful: 27%
- Useful: 71%
- Not useful: 2%
Follow up survey results (%)

Respondents=10 (n<50% of total attendees)
✓ 70% found it very useful for personal clinical practice
✓ 78% changed their patient management (from somewhat to very much)
✓ 70% find it very useful to have an advanced MV training

Due to low response rate we can see some trends but cannot draw conclusions
LIVES educational activities
LIVES Madrid (May 12-14, 2022)

Hands-on MV: 57 participants

Hands-on Airway Management: 22 participants
LIVES Paris (October 22-26, 2022)

- **Pre-congress courses (October 22-23)**
  - Mechanical Ventilation (51 participants)
  - Advanced Bedside Monitoring in Acute Respiratory Failure (55 participants)

- **Congress Workshops (October 24-26)**
  - Hands-on in Mechanical Ventilation (120 participants)

- **Case-based fundamentals (October 25)**
  - COPD, muscle weakness and the art of weaning (open to 100 participants)
2023 Activities

- **LEVEL 1. Foundation course (introductory) in Acute Respiratory Failure & Mechanical Ventilation (L. Camporota & O. Roca) (Virtual event) February 23-24, 2023**

- **LEVEL 2. Transition course (application) in Acute Respiratory Failure and Mechanical Ventilation (L. Heunks & L. Piquilloud) (Virtual event) June 5-6, 2023**

- **LEVEL 3. Master course (integration and simulation) in Acute Respiratory Failure and Mechanical Ventilation (L. Heunks & L. Piquilloud) (face to face pre-congress) October 21-22, 2023**

- **Hands-on and Simulations (face to face during congress) TBD**
RESEARCH ACTIVITIES ENDORSED BY THE ARF
Goals

• To update *evidence* regarding ventilatory management of ARDS
• To add information pertinent to *COVID-19 ARDS*
• To organise the evidence based on *methodological* criteria
• To integrate the evidence with “*expert opinion*”
How do we propose we achieve these goals?

• ESICM “appointed”:
  • 3 “chairpersons”: Carolyn Calfee, Luigi Camporota, Giacomo Grasselli
  • 1 methodologist: Daniele Poole

• Identified topics and domains of interest

• Identified a “faculty” group of expert in the field: balancing inclusiveness, range of expertise, geography.. and manageable number.

• This process has gone through several iterations

• Nominated one coordinator per topic

• Patient and Public representative
Categories:

• Definition
• Phenotypes
• Management
Categories:

**Definition:**
- Identify potential gaps in Berlin definition and areas of uncertainty; propose potential solutions/areas of uncertainty for future study
- We do not intend to propose a “new” Definition.

**Phenotypes:**
- Identify and specify distinct phenotypes of ARDS (clinical, radiologic, physiologic, biologic) that may be relevant for future clinical trials or clinical practice

**Management:**
- Update recently published treatment guidelines based on new evidence that has arisen, and provide expert commentary on incorporating new information into clinical practice
Topics: 9 “Domains”

1. Definition
2. Phenotypes
3. HFNC
4. CPAP-NIV
5. Tidal volumes
6. PEEP-RM
7. Prone Position
8. NMBA
9. ECMO & ECCO$_2$R
Remit from ESICM: Consensus document on ARDS Definition, Phenotypes, and Management

- **Definition:** Goal not to propose new definition per se, but to identify issues with current definition and research gaps
  - Chair: Niall Ferguson

- **Phenotypes:** How should ARDS phenotypes be defined, identified; what is the evidence to date and research gaps?
  - Chairs: John Laffey, Lieuwe Bos

- **Management Domains:**
  - **HFNC:** Chair Michelle Gong
  - **NIV:** Chair Lise Piquilloud
  - **TV:** Chair Karen Burns
  - **PEEP/RM:** Chairs Jeremy Beitler, Josef Kesecioglu
  - **Prone:** Chair Claude Guerin
  - **NMB:** Chair Sheila Myatra
  - **ECMO/ECCOR:** Chair Danny McAuley
Within each “Domain” Group:

Specific questions of interest will be formulated by domain chair and domain members, with input from guideline chairs.

These questions will be reviewed by the steering committee, consisting of all the domain chairs plus GG, LC, CC and DP.

Systematic review performed by methodologist and team, focusing on period since latest guidelines published.

Methodologist and team will summarize data from articles selected, and will grade evidence.

Draft manuscript section/s

Recommendations will then be presented to larger group (i.e. entire guideline committee) for their input; how will this input be incorporated?

Domain group will review these results and then come to consensus on answers to questions (“recommendations”) using Delphi method. Additional details on this process in the “Consensus ESICM ARDS” document.

Methodologist may perform additional meta-analysis when appropriate to combine selected studies. Additional details on this process in the “Consensus ESICM ARDS” document.

Domain coordinators will work closely with Methodologist, chairs
Chairs will coordinate also with other Societies (e.g., ATS)
The Guideline will be “ESICM” guideline
To be Presented
25th October @10:10 Grand Amphi
Dyspnea in acutely ill mechanically ventilated patients

Pr Alexandre DEMOULE
Medical ICU and Respiratory Division
La Pitié-Salpêtrière Hospital
Sorbonne University
Paris, France
Dyspnea in the ICU

• Among the worst suffering
• ICU: one of the most prominent and distressing symptoms
• A neglected symptom, as opposed to pain

• Dyspnea
  – Seems frequent and severe in ICU patients
  – Could affect the outcome and the ICU burden
  – Is difficult to detect in the ICU setting
Very large ERS/ESICM group

**Intensivists, Pulmonologists, Nurse, Psychiatrist, Physiologists**

- Chairs: A Demoule, L Heunks, L Camporota, M Antonelli, T Similowski
- ERS: M Johnson, D Adler, R Schwasztein, M Campbell, M Basoglu, W Windisch
- ERS and ESICM: P Navalesi, M Decavèlè, F Abroug
- ESICM: J Mancebo, P Pelosi, M Herridge, E Azoulay, G Grasselli
Statement Objectives

1) Pathophysiology of dyspnea and its risk factors

2) The prevalence of dyspnea, underestimation

3) Short and middle term clinical impact of dyspnea

4) Tools that can be used to detect and quantify dyspnea

5) Interventions that are susceptible to relieve dyspnea
Timetable

- **Sept 2019.** Kick-off meeting, ERS meeting
  - definition of subgroups
  - formulation of the main questions and subquestions
- **Oct 2020.** Kick-off online meeting, ERS and ESICM panelists
- **Nov 2020 – Dec 2021.** Literature searches and COVID surges
- **Jan – Mar 2022.** Review of full-text articles by each group
- **Apr – Sept 2022.** Groups writing phase
- **Oct 2022.** Manuscript preparation
- **Nov – Dec 2022.** Revision of the drafts, writing committee, teleconf
- **Jan – Feb 2023.** Production of the final document.
Clinical Practices Guidelines on Weaning from Mechanical Ventilation
Clinical Practices Guidelines on Weaning from Mechanical Ventilation

ERS Co-chairs:
Martin Dres (Co-chair, France),
Paolo Navalesi (Co-chair, Italy)

ESICM Co-chairs:
John Laffey (Co-chair, Ireland),
Nicole Juffermans (Co-chair, Netherlands)

ERS Methodologist:
Blin Nagavci

Task Force members
1. Irene Arago, Porto, Portugal
2. Laurent Brochard, Toronto, Canada
3. Agnes Dechartres, Paris, France
4. Rik Gosselink, Belgium
5. Nicholas Hart, London, UK
6. Gonzalo Hernández, Madrid, Spain
7. Leo Heunks, Amsterdam, Netherlands
8. Lara Pisani, Bologna, Italy
9. Louise Rose, London, UK
10. Greet Hermans, Leuven, Belgium
11. Tai Pham, Paris, France
12. Lise Piquilloud, Lausanne, Switzerland
13. Mariangela Pellegrini, Uppsala, Sweden
14. Neuza Reis, Lisbon, Portugal
Clinical Practices Guidelines on Weaning from Mechanical Ventilation

**Timeline:**

- **ERS Kick-off meeting:** November 2021
- **Co-endorsement ERS-ESICM:** March 2022
- **Kick-off ERS-ESICM** meeting September 2022
- **Sharing tasks** between panelists: October 2022
RESEARCH PROJECT IDEAS – CALL FOR PROPOSALS
ARF Section Meeting

1. Welcome
2. Update ARF section courses:
   - Masterclass Mechanical Ventilation
   - Advanced Bedside Monitoring in ARF
   - Airway Workshop
   - Plan for FTM courses in Acute Respiratory Failure and Mechanical Ventilation
   - ARF Webinars
3. Research activities endorsed by ARF
   - ESICM ARDS Guidelines
   - Taskforce on Dyspnoea
   - ESICM – ERS Weaning guideline 2023
   - Call for proposals
4. Chair Elect Dr Lise Piquilloud
5. Call for Deputy Chair Elect ARF
6. Update LIVES 2022 and call for proposals Lives 2023
7. AOB
CALL FOR RESEARCH COMMITTEE REPRESENTATIVE (Past Deputy)
UPDATE LIVES 2022 – CALL FOR PROPOSALS LIVES 2023
QUESTIONS ?