American Association for Bronchology and Interventional Pulmonology

ROBERT LENTZ, MD

BOARD OF DIRECTOR NOMINEE

Vanderbilt University

I was pleased and flattered to receive a nomination for an AABIP Board of Directors position. This letter constitutes my statement of interest for this position.

I have been an AABIP member since early 2016 when I was a senior pulmonary/critical care fellow at Vanderbilt University Medical Center (VUMC). I completed my IP fellowship 2016-2017 as the inaugural VUMC IP fellow, then joined my mentors Otis Rickman and Fabien Maldonado as the third faculty interventional pulmonologist in VUMC's busy clinical IP program in July 2017, where I remain as an Assistant Professor of Medicine and Thoracic Surgery. In additional to my academic IP practice at VUMC, I also teach and practice advanced bronchoscopy at the Nashville Veteran's Affairs hospital.

This nominating cycle marks the first in which I have met the "five years from formal training" criterion. In this relatively short time, I have gained broad experience and exposure to many facets of the IP community and to the work/mission of the AABIP, in large part due to outstanding mentorship by the individuals mentioned above. Regarding the mission of education: as the inaugural IP fellow at my institution, I helped design the fellowship program and have been associate Program Director of the program for three years. In July 2022 I will assume the role of Program Director. I continue to teach advanced and therapeutic bronchoscopy daily to IP and general pulmonary fellows as well as a host of external rotators including thoracic surgery and anesthesia trainees. Regarding the mission of research, I have been fortunate to have been academically productive, including development and successful execution of several investigator-initiated multicenter randomized trials. I am an Editorial Board member at JOBIP. I am now taking on new roles as mentor to up-and-coming future advanced bronchoscopists and interventional pulmonologists. Regarding public outreach and dissemination of best practices, I have been a past speaker at the biannual research symposium and have participated in numerous AABIP podcasts. I also currently sit on the Infection Disease Society of America's expert panel for the management of Histoplasmosis as its only pulmonologist representative (principally related to a clinical niche in the management of the post-Histoplasma syndromes of mediastinal granuloma and fibrosing mediastinitis), which has provided valuable experience in the process of expert consensus and clinical guideline development and dissemination.

I believe this range of experiences and exposures makes me a strong candidate for a Board of Directors position. Our subspecialty, and therefore its flagship professional organization, will face numerous challenges over the next 5-10 years. Among them:

- Technological development will continue to accelerate, bringing new devices and techniques into our armamentarium, and with them questions about efficacy, training, and cost-effectiveness.
- Funding pathways for more translational and basic science research need further development.
- As we accumulate a greater volume of higher quality data, mechanisms to systematically assess, generate, and distribute best-practices will need bolstering.
- Our fellowship programs will continue to evolve and mature, and we must continue to endeavor to attract fellow candidates of the highest quality.

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Given my background, I believe I would offer a productive perspective on these matters, among others. I am particularly interested in the increasingly pressing issue of how we as a community thoughtfully evaluate and adopt novel technology/devices. For better or worse, for the foreseeable future, the vast majority of new devices intended for our use will be cleared by the FDA's 510(k) pathway, and therefore come to market without robust evidence of their utility or comparative data to legacy technologies/devices. Case in point: the most robust data in support of robotic bronchoscopy platforms, now three (Ion) and four (Monarch) years from FDA clearance, consists of several observational studies, most single-center and modest in size, with no in-human comparisons (randomized or otherwise) to legacy navigational platforms. Despite this evidence gap, robotic platforms have been widely adopted.

In this regulatory environment, it is incumbent on us, the principal users of these devices, to develop the infrastructure necessary to generate high quality data regarding new device performance, risks, and cost-efficacy if we are to optimally and responsibly care for our patients. I believe the AABIP can play a leading role in generating roadmaps for responsible evidence-based adoption of new technologies. This effort could have many facets, including fostering the development of multicenter networks intent on rapid throughput studies of new devices, exploration of pragmatic study designs to more efficiently generate comparisons to legacy devices, and mentorship for AABIP members participating in this effort.

I appreciate the opportunity to apply for this position and for your time and consideration.