ATS Spotlight 2026: Pulmonary Rehabilitation Assembly Early Career Professionals

Sairam Raghavan, MD, M.Ed
Attending Physician
Pulmonary and Critical Care Medicine
MedStar Health

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Tell us about yourself.

I graduated from my Pulmonary and Critical Care Medicine fellowship from Cleveland Clinic in 2025 and started my career as an attending physician at MedStar Southern Maryland Hospital Center, Clinton, Maryland. I am passionate about optimizing outcomes in patients with respiratory failure and helping patients with uncontrolled dyspnea through pulmonary rehabilitation.

Is your research clinical, basic science, or translational?

My research is primarily clinical.

Tell us about your research.

I have authored my hospital's guidelines for a respiratory therapist driven mechanical ventilation protocol for all patients requiring mechanical ventilation. I am also a member of MedStar Health's clinical practice guideline committee for respiratory failure. As a part of this, I am helping author and review respiratory therapist driven protocols for spontaneous breathing trials and long-term mechanical ventilation weaning for the MedStar enterprise.

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Where do you see yourself in 5 years?

I see myself implementing evidenced based protocols for my hospital's Pulmonary Rehabilitation program. As a founding member of my hospital's Pulmonary Medicine service line, I will observe the impact of early referrals for Pulmonary Rehabilitation for patients for patients admitted with Chronic Obstructive Pulmonary Disease (COPD) exacerbations. After implementation of this essential service, I wish to investigate the effects of a guided breathwork session with proprioceptive feedback on patients' perception of dyspnea.

How has the Pulmonary Rehabilitation Assembly contributed to your career?

I am grateful to the Pulmonary Rehabilitation assembly for providing me the necessary exposure to literature surrounding Pulmonary Rehabilitation and exercise physiology at the tail end of my fellowship training. The opportunity to network with professionals across the globe and the health care spectrum has broadened my perspective on what we have to offer our patients with uncontrolled dyspnea.

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Title: Goals of chronic obstructive pulmonary disease management: a focused review for clinicians

Methods: Narrative clinical review

Results: The contemporary targeted interventions for COPD include the novel phosphodiesterase inhibitor ensifentrine, the interleukin-4 receptor (IL4R alpha subunit) antibody dupilumab, augmentation therapy for alpha-1 antitrypsin deficiency. Other interventions promoting physical and mental well being include re-envisioned pulmonary rehabilitation, self-management, targeting of comorbidities such as sarcopenia, and virtual health coaching interventions to expand patient access. Opioids did not relieve dyspnea and did not change total step count.

Conclusions: Advances in precision therapy are complemented by the discovery of novel pathophysiology pathways and behavioral and rehabilitation interventions as a holistic view of COPD management emerges. The management of COPD continues to evolve with new tools including precision medicine and individualized care. Comorbidities remain important determinants of health, yet their prevalence and impact are underestimated.

KEY POINTS

- Targeted therapy for chronic obstructive pulmonary disease (COPD) includes dupilumab for COPD with eosinophilia and type 2 inflammation, phosphodiesterase 3–4 inhibitors particularly in those with repeated exacerbations and chronic bronchitis, augmentation therapy in patients with alpha-1 antitrypsin deficiency.
- Nonpharmacologic approaches such as self-management, health-coaching, rehabilitation including tele-rehabilitation have demonstrated benefits on quality of life and prevention of exacerbations in COPD
- Compared to monotherapy or dual therapy, triple inhaler therapy improves quality of life, reduces exacerbations, may improve survival, and reduces rate of decline of lung function. Discontinuing inhaled corticosteroids may be appropriate in those with no exacerbations in the preceding year.
- Oxygen supplementation remains essential to improve survival in those with severe resting hypoxemia, though hours of use may be relaxed to 15 h per day.
- Comorbidities such as cardiovascular disease, lung cancer, malnutrition, mental health, obstructive sleep apnea, osteoporosis and sarcopenia can adversely impact outcomes and should be screened for and treated.

Raghavan S, Hatipoğlu U, Aboussouan LS. Goals of chronic obstructive pulmonary disease management: a focused review for clinicians. Current Opinion in Pulmonary Medicine. 2025 Mar 1;31(2):156-64.

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