ATS 2025 Highlights

Respiratory Structure and Function Early Career Professionals

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Get to know members of the RSF Assembly

Is your research clinical, basic science or translational?

Clinical research. I am currently being supervised by Prof. Danilo C. Berton, MD PhD.

Tell us about your research?

My main research focuses on chronic fibrosing ILD (cf-ILD). We aim to identify prognostic variables using pulmonary function tests and the six-minute walk test (6MWT), fostering a better assessment of exercise-induced desaturation. We are currently examining the relationship between certain data (such as FVC decline and NADIR-SpO_2) and specific outcomes in patients with cf-ILD.
I have also focused on research about airborne diseases, pulmonary function, and safety protocols in laboratories. We recently published a paper which aimed to describe the frequency of patients who developed suspected symptoms of COVID-19 during the reopening of our facilities amid the pandemic, fostering advancements in both clinical practice and research development.

Where do you see yourself in 5 years?

I envision beginning my residency training soon after graduating from medical school. I also aim to enroll in a PhD program, dedicating myself to impactful research and scientific publications. My ultimate goal is to contribute to the advancement of medical knowledge and to present my research on international platforms, sharing valuable insights with the global community.

What do you find is the major benefit of RSF Assembly Membership?

The network opportunities and the chance to discuss high-quality research.

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Assessment of COVID-19 incidence after performing pulmonary function tests during the pandemic

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Objective

We aimed to describe the frequency of patients who developed suspected symptoms of COVID-19, prompting SARS-CoV-2 testing after undergoing PFT during the reopening of a laboratory amid the deceleration of the pandemic.

Methods

We analyzed a retrospective cohort of individuals referred for PFT between May and August 2021. Two weeks post-PFT, phone calls were made asking about suspected symptoms of COVID-19, leading to SARS-CoV-2 testing. The medical data of the participants who did not answer the phone calls were reviewed through institutional electronic records. The minimum sample size of 338 individuals was calculated to detect an incidence of COVID-19 at least ten times higher than the surrounding local rate (0.08 %).

Results

360 patients (40.6 % men; 56.5 ± 17.6 years) were included. PFT was primarily indicated for functional and prognostic assessments of chronic respiratory diseases. 316 patients answered the follow-up phone calls. Following PFT, most patients (357/360) did not report suspected symptoms leading to COVID-19 confirmation testing. 3 patients underwent RT-PCR testing, which yielded negative results.

Conclusion

Patients in this real-life cohort, after performing PFT, did not experience an outbreak (with a rate of at least ten times the surrounding local rate) or a cluster (with two or more cases) of symptomatic COVID-19.