



Editorial

 The Latin American Thoracic Association (ALAT): 30 Years of History[☆]

Asociación Latinoamericana del Tórax (ALAT): 30 años de historia

The Latin American Thoracic Association (ALAT) first began to take shape in Barcelona, where an international scientific program launched in the early 1980s had received significant scientific contributions from many Latin American researchers, but which had limited influence in the Ibero-American scene. That was the situation in October 1990, when Manuel Cosío, an internationally renowned Spanish pulmonologist (McGill University) and Roberto Rodríguez Roisin (Hospital Clínic) organized the “I Ibero-American Course in Pulmonology”, with 250 attendees and 51 Latin American and Spanish speakers who presented all their work in Spanish. The participation of Bartolomé Celli, E. Fernández, Manuel Giménez, Alejandro Grassino, Manel Jordana, Carmen Lisboa, Eulo Lupi-Herrera, Manuel Oyarzún, Daniel Rodenstein, Moisés Selman, Iasha Sznajder, and NOE Zamel generated considerable interest. The event was a great success and not only was the objective achieved (“...to gather a group of international experts in the field of respiratory medicine with the common denominator of a common language...”), but a commitment was made to continue with these meetings, although they would henceforth be held in the Ibero-American region under the name “Ibero-American Pulmonology Congress” to reflect the impact that had been made. Subsequent congresses took place in: II. Acapulco (1992); III. Viña del Mar (1994); and, IV. Caracas (1996), chaired by Moisés Selman, Rodrigo Moreno and Carlos Tálamo, respectively.

ALAT was founded in 1996 during the IV Ibero-American Pulmonology Congress meeting in Caracas. Its mission was to promote respiratory health and the advancement of scientific knowledge in the region by fostering high standards of quality in the prevention and care of respiratory diseases, and in research and education,^{1,2} in the conviction that knowledge is built and strengthened on the basis of teamwork, shared information networks, and collaborative effort. Ibero-America is made up of a group of widely differing countries and regions with common characteristics and strong ties, offering the possibility of forming large working groups with complementary strengths and skills, as has already been demonstrated on several occasions, for example in the PLATINO project.³ These countries share Spanish and Portuguese linguistic roots, and a particular way of viewing life that helps them converge and collaborate (Fig. 1).

The I ALAT Congress, organized by José Jardim, its first president, took place in Sao Paulo in 1998. Since then, ALAT has achieved maturity and widespread recognition, attributes that have helped it fulfil and further expand its mission.

Over a period of almost 25 years, each of the presidents (in order, since 1996: José Jardim, Carmen Lisboa, Carlos Torres-Duque, Carlos Luna, Rogelio Pérez-Padilla, Mauro Zamboni, María Victorina López, María Montes de Oca, Alejandro Casas, Andrés Palomar, Gustavo Zabert and Mark Cohen) and successive Boards have applied their own personal approach to promoting the development of our association. Some milestones should be mentioned:

- The drawing up and consolidation of ALAT statutes and functions; the development of scientific commissions and departments; and the design of a strategic plan.²
- The recognition of the ALAT Congress as the most important regular scientific meeting in respiratory health held in the Latin American region: 1: Sao Paulo (1998, José Jardim); 2: Cartagena de Indias (2000, Darío Maldonado); 3: Punta del Este (2002, Luis Piñeyro); 4: Buenos Aires (2004, Carlos Luna); 5: Cancún (2006, José Felipe Villegas); 6: Brasilia (2008, Rogelio Pérez-Padilla); 7: Lima (2010, Mauro Zamboni); 8: Montevideo (2012, María Victorina López); 9: Medellín (2014, Carlos Torres-Duque); 10: Santiago de Chile (2016, Francisco Arancibia); 11: Ciudad de México (2018, Andrés Palomar); 12: Ciudad de Panamá (2019, Lorena Noriega); 13: Buenos Aires (2020, Gustavo Zabert).
- The alliance with the Spanish Society of Pulmonology (SEPAR), which made it possible for ARCHIVOS DE BRONCONEUMOLOGÍA to also be the official ALAT journal, a beneficial partnership for both ALAT and ARCHIVOS, leading to the publication of important papers, and the implementation of the SEPAR-ALAT grants.
- The positioning of ALAT as the major professional representative of Latin American respiratory medicine and its alliance with the leading scientific societies in respiratory health: European Respiratory Society (ERS), American Thoracic Society (ATS), American College of Chest Physicians (ACCP), Asian Pacific Society of Respiratory (APSR), Pan African Thoracic Society (PATS), World Health Organization, International Union Against Tuberculosis and Respiratory Diseases, and active participation in the Forum of International Respiratory Societies (FIRS) and the Global Initiative for Obstructive Lung Disease (GOLD) and Global Initiative for Asthma (GINA) strategies, from which seminal papers have emerged (only a few are cited).^{4–11}

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Fig. 1. ALAT 30 years. Map of academic events.

– The scientific development of ALAT, reflected by the growing quality of the research and publications of its members, the most outstanding example of which has been the PLATINO Latin American Obstructive Disease Research Project,³ which has produced about 50 publications, guidelines and position papers,^{12,13} many in collaboration with ATS, ERS and other transnational scientific associations; training courses, such as MECOR Methods in Epidemiology, Clinical and Operations Research Course and ESPIROLAT spirometry courses; the educational journal *Respirar*¹⁴; and the growth of activities organized by the commissions and scientific departments in response to regional respiratory health requirements.¹⁵

The best way to build the future is to learn from the past. Thirty years ago, we embarked on our journey, and the sustained efforts of all who invested in the development of our association have made ALAT what it is today. The challenge will be to continue constructing our future with pride and enthusiasm. It is clear that our scientific and cultural heritage will help us attain the position we deserve universal respiratory health.

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