

Save The Date!
Florida Thoracic Society Third Annual Conference

November 6 - 7, 2026
The Rosen Centre
Orlando, FL



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Upcoming Events:

Orlando O2 Breath Walk
March 21st, 2026

Fight for Air Climb
Sponsored by the American Lung Association
April 11, 2026, 8AM - 12PM
Bank of America Plaza
Tampa, FL
Contact: Steven Riddle at
Steven.Riddle@lung.org, 813-712-2309

Event Details

Where	Lake Eola Park Orlando, FL
Starts	03/21/2026 @ 9:00 AM
Ends	11:00 AM
Check-in Time	8:30 AM to 9:00 AM
Registration Cutoff	03/20/2026 @ 11:45 PM
Donation Cutoff	12/31/2026 @ 7:00 PM
Contact	Sarah Smith
Phone	240-485-0775
Email Address	events@phassociation.org

Landscape of Advanced Lung Disease in Florida

Engaging Our Members. Strengthening Our State

Florida’s respiratory community is witnessing a measurable shift in the complexity and volume of advanced lung disease. From interstitial lung disease and pulmonary hypertension to advanced COPD and transplant-eligible patients, the demands on pulmonologists—across both community and academic settings—continue to grow.

This is not simply a clinical trend. It is a statewide call for coordination.

1. Clinical Landscape and System Priorities

A. Epidemiologic Trends Across Florida

Advanced lung disease is no longer confined to tertiary referral centers. Community practices are increasingly encountering:

- Rising diagnoses of **interstitial lung disease (ILD)** and pulmonary fibrosis
- Persistent high-burden **COPD** with frequent hospitalizations
- Increasing identification of **pulmonary hypertension (PH)**
- Post-inflammatory and post-viral fibrotic lung disease
- A growing cohort of transplant-eligible patients

Earlier recognition has improved, yet referral patterns for advanced therapies remain variable across regions.

B. Advanced Therapies: Infrastructure and Access

Florida has developed meaningful capability in advanced respiratory support, including:

- Established lung transplant programs within select tertiary centers
- Expanded use of antifibrotic and targeted PH therapies
- Increasing extracorporeal life support (ECMO) availability for refractory respiratory failure.

However, access disparities persist between metropolitan and non-metropolitan regions. Referral timing often remains reactive rather than proactive—particularly in ILD and PH populations where earlier evaluation may improve candidacy and outcomes.

C. System-Level Imperatives

To strengthen statewide care delivery, several priorities emerge:

- Standardized referral triggers for transplant and advanced therapy evaluation
- Clear pathways for inter-center transfers in decompensating patients
- Shared benchmarking of outcomes across institutions
- Education initiatives focused on early escalation criteria

The Florida Thoracic Society (FTS) is uniquely positioned to convene community pulmonologists, academic leaders, transplant programs, and policy stakeholders to formalize these pathways.

2. Integrating Transplant and ECMO – A Coordinated Model

A. Lung Transplantation: Shifting Earlier in the Disease Course

The transplant paradigm continues to evolve. Increasingly, best outcomes are associated with:

- Earlier transplant consultation
- Multidisciplinary evaluation in progressive ILD and PH
- Structured longitudinal follow-up before crisis-level deterioration

Delayed referral narrows candidacy. Early engagement expands options.

B. ECMO as Bridge and Rescue

Extracorporeal life support has matured beyond rescue therapy. In carefully selected patients, ECMO serves as:

- Bridge-to-recovery in reversible pathology
- Bridge-to-decision in uncertain trajectories
- Bridge-to-transplant in select advanced lung disease candidates

Standardized criteria for ECMO candidacy and regional transfer protocols remain an opportunity for alignment across Florida centers.

3. Building a Statewide Advanced Lung Disease Network

FTS proposes a coordinated framework built upon:

- A Florida Advanced Lung Disease Working Group
- Development of a voluntary statewide outcomes registry
- Quarterly complex-case forums
- Publication of a Florida-specific advanced lung disease landscape report
- Structured collaboration between community and academic programs

Such an initiative would enhance equity in access, improve referral timing, and elevate outcome transparency statewide.

4. Call to Action

FTS members are invited to participate in shaping this initiative. By aligning clinical expertise with collaborative governance, Florida can establish a benchmark model for advanced lung disease integration—linking early recognition, advanced therapeutics, transplant evaluation, and extracorporeal support within a coordinated statewide strategy.

Those interested in contributing to the Advanced Lung Disease Working Group may contact the leadership team of Florida Thoracic Society (An ATS Chapter). Contact: Muhammadraheelq@usf.edu

Pulmonary Hypertension Program Spotlight - Orlando Health

Program Overview & Team

Our Pulmonary Hypertension (PH) program is a multidisciplinary, rapidly growing center currently consisting of four dedicated providers: Dr. Roberto Swazo, Dr. Hadi Chohan, Samantha Sugerman, NP, and Melissa Rundecker, RN, who serves as our PH Nurse Coordinator. Together, we provide comprehensive, longitudinal care for patients across the spectrum of pulmonary vascular disease, with a strong emphasis on guideline-directed therapy, patient education, and close follow-up.

Program Inception: The PH program was formally established in July 2022, with the goal of building a high-quality, regionally accessible referral center for patients with pulmonary hypertension across Central Florida and beyond.

Awards & Accreditation: In a short period of time, the program has experienced significant growth and was recently recognized as a Pulmonary Hypertension Center of Excellence (PHCC). Additionally, we have been acknowledged as one of the fastest-growing pulmonary hypertension programs in the state of Florida, reflecting both increasing referral volume and the expanding complexity of care delivered.

Program Size & Growth: Since its inception, the program has grown substantially. In July 2022, we were managing approximately 12 patients, primarily on basic oral therapies. Today, we care for nearly 200 patients receiving the full spectrum of pulmonary hypertension treatments, including oral, inhaled, and parenteral therapies. This growth reflects increased regional awareness, strong referral partnerships, and our ability to manage advanced and high-risk PH populations.

Research & Academic Engagement: Our program actively participates in the Pulmonary Hypertension Association Registry (PHAR), contributing to national data aimed at improving outcomes and advancing the understanding of pulmonary hypertension. In addition, we are in the process of initiating a pulmonary hypertension–interstitial lung disease (PH-ILD) study, with plans to further expand our research footprint.

Future Growth & Upcoming Initiatives: Looking ahead, we are focused on both community engagement and program expansion. We will be hosting the first Orlando-region Pulmonary Hypertension Walk, sponsored by the Pulmonary Hypertension Association, to raise awareness and support patients and families affected by PH. Given the program's rapid growth, we plan to expand our clinical and research infrastructure by adding a second advanced practice provider and hiring a dedicated research coordinator, with the long-term goal of participating in phase III clinical trials.

Additional Highlights: What sets our program apart is a strong commitment to multidisciplinary collaboration, patient-centered care, and education—both for patients and referring providers. We are deeply invested in building regional partnerships and serving as a resource for clinicians across Florida managing patients with pulmonary hypertension, from early diagnosis through advanced disease management.

A Memorial Tribute to Dr. James Davis Cury

Dr. James Davis Cury—“Dave” to all who were fortunate enough to know him—was not only an exceptional physician, educator, and leader, but also a cherished mentor, trusted friend, and guiding force in countless lives. His passing leaves an immeasurable void in our division, our institution, and in the hearts of those who had the privilege of learning from and working alongside him. As the founding physician and first Program Director of the Pulmonary and Critical Care Fellowship at UF Health Jacksonville in 2008, Dr. Cury built more than a training program—he built a family. His vision, dedication, and unwavering commitment to excellence shaped generations of pulmonary and critical care physicians, instilling in them not only clinical mastery, but also humility, compassion, integrity, and humanity. The culture of our division today is, in many ways, a reflection of his values.

Dr. Cury’s brilliance as a clinician was matched only by his extraordinary gift as a teacher. A 15-time Teacher of the Year, he had the rare ability to make complex medicine understandable, engaging, and deeply meaningful. He taught not just from textbooks, but from lived experience—through bedside teaching, thoughtful mentorship, and a relentless pursuit of excellence. He modeled what it meant to be a complete physician: clinically astute, intellectually curious, ethically grounded, and profoundly compassionate. To me personally, Dr. Cury was far more than a mentor. He was a guiding light throughout my professional journey—a steadfast supporter, a trusted advisor, and a dear friend. He believed in me, challenged me, pushed me to grow, and celebrated every milestone as if it were his own. His encouragement shaped my path, and his example continues to guide my leadership, teaching, and care for patients. I am only one among countless physicians who owe our careers, our confidence, and our commitment to excellence to his mentorship.

Beyond his immense professional contributions, Dr Cury was larger than life. His infectious energy, legendary humor, unforgettable stories, and iconic dance moves could transform even the heaviest day into one filled with laughter. His warmth and generosity made everyone feel seen, valued, and welcome. He built deep and lasting relationships, treating colleagues and trainees as extended family, and taking immense pride in their successes. At his core, Dr Cury was deeply devoted to his family. He was a loving husband to Raegan and a proud, playful father to Chandler and Davis. He spoke of them often, beaming with pride, and carried their love with him in everything he did. His life reflected a beautiful balance—an unwavering dedication to medicine, and an equally fierce commitment to joy, laughter, and family.

Dr. Cury leaves behind a legacy that transcends titles, awards, and publications. His true legacy lives on in the thousands of patients he healed, the physicians he trained, the colleagues he inspired, and the friends he uplifted. His impact will echo for generations. We are profoundly grateful for the time we had with him and forever changed by the privilege of knowing him. Though he is deeply missed, his spirit, wisdom, and joy remain woven into the fabric of our lives and our work.

Rest in peace, Dr Cury. Your light will never fade.



