

Giants in Chest Medicine: Emeritus Professor Peter D. Wagner, MD

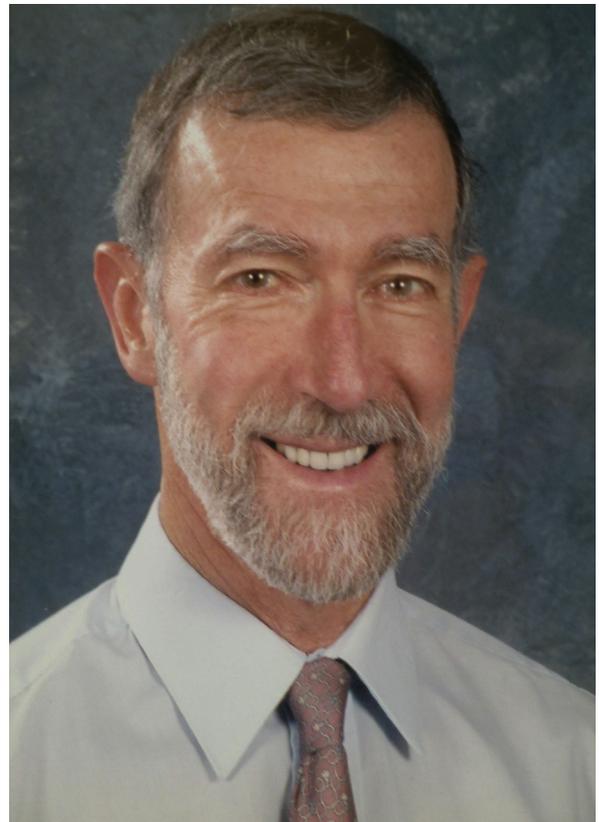


VIDEO

Tatum S. Simonson, PhD
La Jolla, CA

Following a distinguished career spanning > 50 years, Dr Peter Wagner reflects on having made his “best” career decision when he chose to train in medicine. Even at 17 years of age, his characteristic clarity and critical consideration led him to this path where his hard skills in mathematics and physics could meet challenges of complex problems related to health and disease. Built upon this foundation, Dr Wagner’s research has made extraordinary contributions in respiratory physiology and is complemented by his substantial contributions in mentoring and scientific leadership at local, national, and international levels.

As a medical student, Dr Wagner worked with physicians studying lung physiology and, following his passion to integrate research, published some of his earliest work in the *Journal of Applied Physiology*. After obtaining his medical and BSc (Medicine) degrees from Sydney University in 1968, he sought opportunities to work with top physiologists, including Dr John West at the University of California San Diego, from whom he accepted a postdoctoral position in 1970. Following the first lunar landing, Dr West had a NASA grant to study gravitational effects on lung function, providing the first of numerous opportunities throughout the course of Dr Wagner’s exemplary career in which he could rigorously apply his medical training to his scientific curiosity. Dr



Peter D. Wagner, MD

Wagner joined the faculty at University of California San Diego a few years later and remains there today as Emeritus Faculty.

Early in his career, Dr Wagner recognized a gap in the understanding of limitations to pulmonary gas exchange and sought innovative collaborations to advance the field. By coupling experimental measurements with computer modeling, he developed the multiple inert gas elimination technique (MIGET) to determine the distribution of ventilation and blood flow throughout the lungs. MIGET elegantly exploits the ability to simultaneously measure the exchange of six inert gases, each with distinct blood solubility, and from these

ABOUT THE AUTHOR/AFFILIATIONS: Tatum S. Simonson, PhD, is from the University of California San Diego.

FINANCIAL/NONFINANCIAL DISCLOSURES: None declared.

ADDITIONAL INFORMATION: See video interview of Dr Wagner online at chestjournal.org.

CORRESPONDENCE TO: Tatum S. Simonson, PhD, University of California San Diego, 9500 Gilman Dr, #0623A, La Jolla, CA 92093; e-mail: tsimonson@ucsd.edu

Copyright © 2018 American College of Chest Physicians. Published by Elsevier Inc. All rights reserved.

DOI: <https://doi.org/10.1016/j.chest.2018.09.029>

measurements, reconstruct the functional distribution of ventilation-perfusion ratios. This major contribution to the field, founded on Dr Wagner's rare combination of skills and drive to solve complex problems, has led to major advancements in respiratory physiology. More than 500 published studies have applied the principles of MIGET to contribute insights into lung physiology under various conditions in healthy individuals, patients, and animals.

Dr Wagner continued his pioneering investigative work as a member of the Operation Everest II research team, which examined, at unprecedented levels, human responses during a 40-day simulated ascent of Mount Everest. The simultaneous, multidisciplinary efforts of the investigative team captured extraordinary insights that simply could not be achieved in the field. These insights included Dr Wagner's work on diffusion limitation and ventilation-perfusion ratio inequality in the lung as well as establishing novel insights regarding the role tissue diffusion limitation plays in limiting maximal oxygen consumption. Dr Wagner's research continues to address the theoretical and experimental basis of oxygen transport and its limitations in the lungs and skeletal muscles utilizing multiple methods: mathematical modeling, cellular and molecular biology, and whole-animal and human research projects in the context of health and disease. The breadth and depth of his work are reflected in hundreds of invited chapters and more than a few hundred manuscripts.

As a mentor, Dr Wagner explains complex concepts with impeccable clarity, models high standards, and invests his time and effort far beyond the call of duty to help others answer the question at hand. He has established collaborations and training opportunities in more than a dozen countries and provided mentorship to hundreds of individuals, including many leaders in the field with successful research programs of their own. In addition, his formal teaching efforts are well recognized by numerous distinguished lecturer and teaching awards.

Dr Wagner's scientific leadership is exemplified by his roles as President of the American Thoracic Society, President of the American Physiological Society, and Division Chief of both Physiology and Pulmonary Critical Care at the University of California San Diego School of Medicine. Furthermore, he has served as both member and chair of National Institutes of Health study sections and dedicated his efforts as an Associate Editor

of the *Journal of Clinical Investigation* and Editor of the *Journal of Applied Physiology*.

Dr Wagner recently entered the "retirement" phase, in which he continues to pursue his varied interests in physiology with the same clarity and dedication he demonstrated throughout his career. While he remains focused on scientific and research objectives, he has reignited another passion also born during his early adulthood: an interest in wine and winemaking. Anyone who knows Dr Wagner will be impressed but not surprised that he has since built his own vineyard overlooking the Pacific Ocean. I encourage everyone to listen to Dr Wagner's interview, perhaps with a glass of wine made with the fruits of his labor, and be inspired by his insights, passion, and dedication to advancing our scientific understanding of respiratory physiology.

Suggested Readings

Wagner PD, Saltzman HA, West JB. Measurement of continuous distributions of ventilation/perfusion ratios: theory. *J Appl Physiol*. 1974;36(5):588-599.

Wagner PD, Naumann PF, Laravuso RB. Simultaneous measurement of eight foreign gases in blood by gas chromatography. *J Appl Physiol*. 1974;36(5):600-605.

Wagner PD, Laravuso RB, Uhl RR, West JB. Continuous distributions of ventilation/perfusion ratios in normal subjects breathing air and 100% O₂. *J Clin Invest*. 1974;54(1):54-68.

Wagner PD, Dantzker DR, Dueck R, Clausen JL, West JB. Ventilation/perfusion inequality in chronic obstructive pulmonary disease. *J Clin Invest*. 1977;59(2):203-216.

Evans JW, Wagner PD. Limits on V_a/Q distributions from analysis of experimental inert gas elimination. *J Appl Physiol*. 1977;42(6):889-898.

Wagner PD, Dantzker DR, Iacovoni VE, Tomlin WC, West JB. Ventilation/perfusion inequality in asymptomatic asthma. *Am Rev Respir Dis*. 1978;118(3):511-524.

Wagner PD, Gale GE, Moon RE, Torr-Bueno J, Stolp BW, Saltzman HA. Pulmonary gas exchange in humans exercising at sea level and simulated altitude. *J Appl Physiol*. 1986;61(1):260-270.

Wagner PD, Sutton JR, Reeves JT, Cymerman A, Groves BM, Malconian MK. Operation Everest II: pulmonary gas exchange during a simulated ascent of Mt. Everest. *J Appl Physiol*. 1987;63(6):2348-2359.

Roca J, Hogan MC, Story D, et al. Evidence for tissue diffusion limitation of V_{o₂}max in normal humans. *J Appl Physiol*. 1989;67(1):291-299.

Hogan MC, Bebout DE, Wagner PD. Effect of increased Hb-O₂ affinity on V_{o₂}max at constant O₂ delivery in dog muscle in situ. *J Appl Physiol*. 1991;70(6):2656-2662.

Richardson RS, Noyszewski EA, Kendrick KF, Leigh JS, Wagner PD. Myoglobin O₂ desaturation during exercise: evidence of limited O₂ transport. *J Clin Invest*. 1995;96(4):1916-1926.

Breen EC, Johnson EC, Wagner H, Tseng HM, Sung LA, Wagner PD. Angiogenic growth factor mRNA responses in muscle to a single bout of exercise. *J Appl Physiol*. 1996;81(1):355-361.

Wagner PD. A theoretical analysis of factors determining V_{o₂}max at sea level and altitude. *Resp Physiol*. 1996;106(3):329-343.

Wagner PD. Determinants of maximal oxygen transport and utilization. *Annu Rev Physiol*. 1996;58:21-50.

Tang K, Breen EC, Gerber HP, Ferrara NM, Wagner PD. Capillary regression in vascular endothelial growth factor-deficient skeletal muscle. *Physiol Genomics*. 2004;18(1):63-69.

- Guenette JA, Vogiatzis I, Zakythinos S, et al. Human respiratory muscle blood flow measured by near-infrared spectroscopy and indocyanine green. *J Appl Physiol*. 2008;104(4):1202-1210.
- Olfert IM, Howlett RA, Tang K, et al. Muscle-specific VEGF deficiency greatly reduces exercise endurance in mice. *J Physiol*. 2009;587(pt 8):1755-1767.
- Delavar H, Nogueira L, Wagner PD, Hogan MC, Metzger D, Breen EC. Skeletal myofiber VEGF is essential for the exercise training response in adult mice. *Am J Physiol Regul Integr Compar*. 2014;306(8):R586-R595.
- Vogiatzis I, Habazettl H, Louvaris Z, et al. A method for assessing heterogeneity of blood flow and metabolism in exercising normal human muscle by near infrared spectroscopy. *J Appl Physiol*. 2015;118(6):783-793.
- Simonson TS, Wei G, Wagner HE, et al. Low hemoglobin concentration in Tibetan males is associated with greater high altitude exercise capacity. *J Physiol*. 2015;593(14):3207-3218.
- Louvaris Z, Habazettl H, Asimakos A, et al. Heterogeneity of blood flow and metabolism during exercise in patients with chronic obstructive pulmonary disease. *Respir Physiol Neurobiol*. 2017;237:42-50.
- Houstis NE, Eisman AS, Pappagianopoulos PP, et al. Exercise intolerance in heart failure with preserved ejection fraction: diagnosing and ranking its causes using personalized O₂ pathway analysis. *Circulation*. 2018;137(2):148-161.