

# chimera

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PUBLISHED QUARTERLY FOR MEMBERS OF  
**AMERICAN SOCIETY OF TRANSPLANT SURGEONS**

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## LETTER FROM THE p r e s i d e n t



Dear Colleagues:

I don't know about you, but I always feel somewhat ambivalent about this time of year. The summer has come to an end and I realize that I didn't accomplish much of what I had hoped to do (e.g. my handicap remains in double digits). Conversely, Fall is a time when many of us "get back in the saddle" in our academic and clinical practices with renewed energy and plans to make the coming year both productive and successful. The ASTS is also ready to embark upon the coming year with new initiatives that, I believe, will be of great importance to our membership. I'd like to update you on several of these.

The ASTS has recently signed an agreement to "partner" with the NIH in conducting the very important *Adult-to-Adult Living Liver Donor Cohort Study*. This unique and novel partnership permits our Society to participate in study design and data interpretation while also enabling the NIH to enroll a larger number of centers than would otherwise have been possible. In return, the ASTS will make a yearly financial contribution to the NIH to help defray the research costs. Councilor Bob Merion will serve as a liaison between the Society and the NIH in this effort. I

believe this inaugural association between the ASTS and the NIH is a very unique and important endeavor for us as it may set the stage for the ASTS to initiate additional multi-center clinical trials to be conducted under the auspices of the NIH. In this regard, I am charging the Scientific Studies Committee to work with Councilor Osama Gaber to develop an ASTS process both for identifying important clinical questions to be studied and for submitting them to the NIH for evaluation. Perhaps you all can participate in this endeavor by availing yourselves to the new ASTS *Clinical Trials Board* on the ASTS website.

It is my belief that one of the goals of the ASTS should be to better serve all of its members. To this end, this summer we embarked on a new initiative in the arena of reimbursement, a topic of growing concern for both transplant professionals and our hospitals. The ASTS has secured the services of a Washington, D.C., based attorney, Ms. Diane Millman, who specializes in medical reimbursement. She will work closely with the ASTS ad hoc Committee on Professional Reimbursement, headed by Mike Abecassis, to interact with the government and other professional groups to give transplant surgeons a "louder voice" in the processes of determining appropriate reimbursement for our services, improving payments to the hospitals for transplant admissions, and securing wider insurance coverage for our patients. The committee's initial project is to obtain new CPT codes for live liver-donor partial hepatectomies. This will then be followed by work on developing new thoracic transplant codes. I hope to be able to share with you more about this important activity in future letters.

In closing, I wish to remind all of you of the annual ASTS "State-of-the-Art" Winter Symposium to be held again at the Eden Roc Resort in Miami Beach this coming January. This year's topic, *Tumors in Transplantation*, is one of clinical importance to all of us. The Vanguard Committee, under the leadership of Sandy Feng, has done a great job in getting it ready to roll. I hope to see many of you there, not only for the educational experience, but also for the sheer fun of seeing *old friends!* Best wishes.

Jim Schulak, MD  
President

The ASTS Council and Committee Chairmen/women met on September 12 and 13, 2002. The following is from reports presented at that meeting.

**Education Committee:** ASTS Education Committee Chairman, Mitch Henry, reported that ASTS currently has 68 accredited facilities. At this time there are four applications pending which include one thoracic. Six facilities will be up for reaccreditation by the end of 2002.

**Membership Committee:** ASTS Membership Committee Chairman, Douglas Farmer, reported that ASTS currently has 900 Members (this does not include pending membership applications). Projects his committee is working on include obtaining the names of all transplant fellows at ASTS accredited institutions. Program Directors had been sent a letter requesting this information. If they have not responded they are encouraged to do so as soon as possible.

**Thoracic Organ Transplantation Committee:** Mark Barr, as Chairman of the ASTS Thoracic Committee, reported that the ASTS/STS symposium at the Society of Thoracic Surgeons will be held in San Diego on Thursday, January 30, 2003 from 5:15-6:45pm. The speakers and topics are:

Mechanical Circulatory Support: Are We Any Closer To a Product for the Consumer?

Robert L. Komos, MD

Surgical Director: Thoracic Transplantation and Artificial Heart Program

Medical Director McGowan Institute for Regenerative Medicine

University of Pittsburgh School of Medicine

Current Status of Lung Transplantation

G. Alexander Patterson, MD

Joseph C. Bancroft Professor of Surgery

Chief, Section of General Thoracic Surgery

Washington University School of Medicine

Is Heart/Lung Transplantation Ready for Tolerance?

Joren C. Madsen, MD, D. Phil.

Surgical Director, Cardiac Transplantation Unit

Massachusetts General Hospital

The Thoracic Committee is also working on reimbursement issues for mechanical cardiac assist devices.

**Vanguard Committee Report:** Sandy Feng, Chairwoman of the ASTS Vanguard Committee, reported on the program for the 2003 ASTS Winter Symposium on Tumors in Transplantation (which appears in this issue of the *Chimera*). She noted that there will be a Transplantation Reimbursement mini-sym-

posium as well as a Vanguard Committee Career Development mini-symposium at the January 24-26, 2003 meeting to be held at the Eden Roc Spa and Resort, Miami Beach, Florida. The Vanguard Committee has also developed a communication package which includes a letter from the Vanguard Committee to new Members encouraging them to participate more in the activities of the Society. In addition, the Vanguard Committee sent a proposal for a Sunrise Symposium at the American Transplant Congress for 2003 and would like to try and increase the participation of junior ASTS Members qualified to be abstract reviewers. The Vanguard Committee will also be involved in a database project which will consist of an ad hoc committee of representatives from the Vanguard Committee, the Membership Committee, Informatics and Data Management Committee and the Ad Hoc Committee on Workforce. 🐉



## **ASTS Foundation**

The ASTS Foundation held its first Board of Directors meeting on September 12, 2002. The bylaws of the Foundation stipulate that the Immediate Past President of ASTS will serve as the President of the Foundation. Thus Marc Lorber, being the Immediate Past President, conducted the business of the Foundation as its first President. James Schulak will serve as the Foundation Vice President and Richard Howard will serve as the Secretary/Treasurer. The annual meeting of the Foundation will take place each Spring at the time of the annual congress. The Foundation Board will next meet in January, 2003, during the ASTS Winter Symposium and will focus on a mission statement. 🐉

# Congress Struggles With Crucial Transplant-Related Issues

**I**n what will undoubtedly become a confusing and drawn out end-of-year legislative session, Congress will attempt to tackle major issues directly affecting transplant surgeons. Medicare physician payments, access to immunosuppressive drugs, and the future of medical education all are uncertain. Despite the recent political rhetoric surrounding the prescription drug debate, it is unlikely that a compromise Medicare drug bill can be reached. However, many more Medicare issues crucial to transplant surgeons are yet to be resolved before Congress adjourns for the year.

## **Medicare Prescription Drugs and “Provider Giveback” Package**

The week of June 17, 2002, the House of Representatives Energy and Commerce Committee and the Ways and Means Committee considered Medicare prescription drug coverage and reform legislation by marking up H.R. 4954, the “Medicare Modernization and Prescription Drug Act of 2002.” After lengthy debate and parliamentary tactics by the Democrats to protest the rule for consideration of the bill, the bill passed on a party-line vote of 221-208 at 3:00 a.m. on June 28, 2002. Eight Republicans voted against the bill on various grounds, mostly in protest of the

fact the Republican bill did not adequately address prescription drug prices. However, eight Democrats crossed party lines to votes for the Republican bill. Some are in tight reelection races and others were supportive of the Republican plan on fiscal grounds.

The House-passed bill would allow Medicare beneficiaries to purchase drug coverage directly from private insurance companies for a \$250 annual deductible and a \$33 monthly premium. Low-income seniors would be exempt from the premiums and deductible with the exception of small copayments for each prescription. The plan would cover 80% of seniors’ annual prescription drug costs up to

\$1,000, 50% up to \$2,000 and no costs between \$2,000 and \$3,700, after which a catastrophic benefit would begin.

In addition to the prescription drug package, the House-passed bill also provides a 6% increase in Medicare physician payments over the next three years rather than the 14.2% cut projected under current law (a favorable swing of nearly 23% when compounded). The provision allocates \$21.3 billion over five years to prevent additional reductions in the Medicare conversion factor.

The House-passed bill also includes Medicare regulatory relief provisions adopted by the House of



# **ASTS Works for Successful Passage in Senate of Medicaid Matching Fund Increase**

Representatives last December. Those include limitations on the ability of CMS to require new documentation guidelines for Evaluation and Management (E&M) services. CMS would be required to pilot test new guidelines and involve the physician groups in their creation prior to any required new system of documentation. The bills would also establish a Medicare ombudsman for providers and one for consumers. They would also provide that rules could not be retroactively applied unless required by statute or that the Secretary makes a finding that retroactivity is in the public interest. With respect to rule-making, the reforms would ensure that rules could not have a new provision in the final rule that was not related to an issue raised in the proposed rule. An advisory body would be established on the Emergency Medical Treatment and Labor Act (EMTALA) and be made up of seven medical doctors with EMTALA experience, hospital, and consumer representatives.

During the last weeks of July, the Senate considered legislation to add prescription drug benefits to the Medicare program. These proposals were debated as amendments to an

underlying bill, S. 812, a generic drug bill that would reform the Hatch-Waxman drug patent law to eliminate loopholes that allow drug companies to extend the patent life of their products. Four prescription drug proposals were voted on including a Democratic plan, sponsored by Senator Bob Graham (D-FL), a Republican plan, introduced by Senator Charles Grassley (R-IA), a drug discount card plan sponsored by Senator Chuck Hagel (R-NE), and a “tripartisan” plan sponsored by Senators John Breaux (D-LA), Jim Jeffords (I-VT) and Olympia Snowe (R-ME). All failed to get the 60 votes required to pass. Due to Congressional budget rules, a 60 vote threshold was needed for passage. Despite these failures, Senators worked hard in the waning days prior to the August recess to find an acceptable compromise prescription drug package that would gather the requisite 60 votes.

Senator Graham and Senator Gordon Smith (R-OR) agreed on a compromise package (estimated by the Congressional Budget Office to cost \$390 billion, much smaller than the original Democratic proposal) which they hoped would siphon off

enough bipartisan support to pass as an amendment to the generic drug bill. Their plan would aid low income seniors and beneficiaries with disabilities, as well as those with catastrophic drug costs of over \$3,300 annually. It would cover all drug purchases for those with incomes of up to 200 percent of the poverty level, and promised a 20-35 percent drug discount, including a 5 percent federal subsidy for those with incomes over 200 percent of poverty. Several prominent Democrats such as Ted Kennedy (MA), Zell Miller (GA) and Jeff Bingaman (NM) endorsed this proposal, as well as the AARP and a majority of seniors groups. The compromise bill ultimately failed, though, as it became clear that no overall consensus could be reached.

Immediately after the Medicare drug vote, lawmakers passed, by a 78-21 vote, S. 812, the generic drug bill. Included in the final passed bill are amendments allowing the reimportation of FDA-approved drugs from Canada and an amendment giving \$9 billion in temporary FMAP funding to states to assist them in covering their Medicaid costs (see next item for further information).

In addition to not including a prescription drug benefit, the final bill also does not include provider “givebacks.” However, Senator Max Baucus (D-MT), Chairman of the Senate Finance Committee, has indicated that he will move to pass a giveback bill that will likely include a fix to the Medicare physician fee schedule, regulatory reform, as well as increases to GME payments, to name a few of the many provider giveback provisions. The Finance Committee is aiming to mark up a provider payment measure during the last week of September. The panel is waiting for scores from the Congressional Budget Office and is trying to map out a strategy on how to move a provider bill that lacks prescription drug coverage for seniors. If the Finance Committee marks up a provider giveback bill, senators would be able to offer Medicare drug amendments, sources note. These amendments would likely trigger partisan debates and potentially spell trouble for the provider giveback bill. Bush administration officials have hinted the president may threaten to veto a provider giveback bill if it doesn’t include at least some provisions on prescription drugs. Similarly, AARP has vowed to strongly oppose provider payment legislation unless prescription drug coverage is addressed. CMS Administrator Tom Scully told agency officials that the chances of getting a prescription drug bill through Congress this fall “is looking tougher by the day.” Signs are indicating, however, that if the Finance Committee is unable to pass a provider giveback bill, and if a compromise can be reached with House leaders and the White House, a provider giveback bill will likely pass in a “lame-duck” legislative session after the elections.

### **Immunosuppressive Drug Coverage**

In an early draft of the Medicare bill in the House, a provision was included covering all immunosuppressive drugs. It mirrored a bill introduced by Congressman Steven LaTourette (R-OH) that would have allowed coverage for these drugs regardless of Medicare eligibility at the time of transplant.

Currently, Medicare covers immunosuppressive medications for transplant recipients, but *only if* a recipient was eligible to have Medicare as the primary or secondary payer of the transplant. In the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA), Congress eliminated the Medicare 36-month time limitation on coverage of immunosuppressive drugs for certain transplants for aged and disabled beneficiaries, but only if the transplant was covered by Medicare. These transplant recipients now have Medicare coverage of their immunosuppressive medications as long as the transplant continues to function, and this benefits extension has been of tremendous help to many transplant recipients. However, most non-renal (heart, liver, lung) transplant recipients were not Medicare-eligible at the time of transplant and did not benefit from the BIPA provision. Furthermore, End Stage Renal Disease patients who receive a kidney transplant are no longer eligible for immunosuppressive drug coverage after 36 months. ASTS, along with the National Kidney Foundation and the transplant community, vigorously supported this provision. However, in the final House-passed bill it was not included.

Despite the House action, there was hope in the Senate for passage of

S. 1204, introduced by Senator Richard Durbin (D-IL), during the debate on Medicare prescription drugs. His bill is a comprehensive solution to all of the shortcomings of immunosuppressive drug coverage. The bill eliminates the 36-month time limitation for kidney transplant recipients whose Medicare coverage is based solely on their ESRD status. S. 1204 would provide Medicare coverage beyond three years for immunosuppressive medications only; all other Medicare benefits would end 36 months after the transplant. In addition, Medicare would become the secondary payer for immunosuppressive drugs after 36 months. S. 1204 also provides immunosuppressive drug coverage for aged and disabled beneficiaries, regardless of their Medicare status at the time of transplant. This applies to all solid organ recipients, many of whom had private health insurance and were not Medicare-eligible at the time of transplant.

For these transplant patients who already suffer high health care costs even after entering Medicare, paying for these lifesaving immunosuppressive medications is a tremendous financial burden costing up to \$25,000 annually. Providing Medicare coverage of transplant medications is sound public policy that would help reduce organ failure for patients who cannot afford the medications, preserve scarce organs at a time when the national waiting list for transplants is at a historical high, and obviate the need for future Medicare coverage of retransplantation.

Although there remains a chance for passage of this legislation before the end of the year, it would have to be part of a Medicare provider giveback



# **ASTS Calls on Senate to Pass Organ Donation Legislation**

package. There are no indications either way that immunosuppressive drug coverage will be included in provider package. Several other groups are lobbying for disease/condition specific drug coverage, i.e. oral cancer medications, Multiple Sclerosis. Most members unfamiliar with the particulars of immunosuppressive therapy are waiting for a prescription drug coverage bill to come to fruition before committing to multiple “single-issue” prescription coverage bills.

## **ASTS Works for Successful Passage in Senate of Medicaid Matching Fund Increase**

The Federal government pays a share of medical assistance expenditures under each State’s Medicaid program. That share, known as the Federal Medical Assistance Percentage, or FMAP, is determined annually by a formula that compares the State’s average per capita income level with the national income average. The formula used to calculate the FMAP was changed several years ago, during a time when many states enjoyed strong economies. Unfortunately, throughout the past two years, states have faced

sharply deteriorating fiscal conditions, with many reporting revenues far below expected levels. In short, the FMAP calculated for many states is not sufficient to cover provided services.

ASTS sent a letter, along with many other medical advocacy groups urging the passage of an amendment sponsored by Senators John Rockefeller (D-WV) and Susan Collins (R-ME) to the prescription drug legislation considered in the Senate. The amendment, which passed overwhelmingly, authorizes a temporary increase of 1.43 % in the FMAP and Social Services Block Grants (SSBG), for 18 months, at a cost of \$9 billion. The fate of this provision in the House is unclear, and even though the chairman of the relevant committee has pledged a markup on the entire generic bill, it is looking more doubtful that it will pass the full House while under Republican control. Also complicating matters is that the Bush administration is on record as opposing this provision. Most recently, House Democrats have filed a “discharge petition” that could force floor consideration of the bill if a majority of members sign the petition.

## **ASTS Calls on Senate to Pass Organ Donation Legislation**

In late August, ASTS along with other major transplant-related organizations sent a letter to the Senate leadership urging passage of a long-awaited comprehensive organ donation bill. During the past two years, Congress, the Administration, and national transplant-related organizations worked together to formulate important initiatives to increase the rate of donation in this country. Senate staff had hoped for a mark-up in June, but this date slipped due to the intensity of the Medicare drug debate. While it is still possible that the Senate Health Education Labor and Pensions (HELP) Committee will mark-up and pass a bill before the end of the year, every day that goes by makes it less likely before the end of the legislative session that House passage and a conference committee compromise will be completed.

## **ASTS Rallies Transplant Organizations to Support Organ Coordination Bill**

ASTS spearheaded an effort in July to draw support from the transplant

community for legislation introduced by Congressman Jay Inslee (D-WA) that would provide new grant-making authority to the HHS Secretary to fund organ coordination programs designed to increase the rate of organ donation. At the urging of ASTS, letters of support asking for House consideration of the legislation from 11 transplant organizations were sent to Chairman Michael Bilirakis (R-FL) of the Health Subcommittee of the Energy and Commerce Committee. The Senate is expected to include a similar provision in its version of the organ donation legislation.

#### **FY 2003 Appropriations Update**

On July 18, the Senate Appropriations Committee unanimously approved the FY 2003 spending bill for Labor, Health and Human Services, and Education. The spending levels approved by the full committee are virtually the same as the ones approved July 16 by the Senate appropriations subcommittee responsible for setting these federal agencies' budgets. ASTS' Congressional testimony before the House Appropriations Subcommittee earlier this year was very consistent with those preliminary funding levels.

**National Institutes of Health**—The bill approved by the Senate Appropriations Committee contains \$27.2 billion for the National Institutes of Health, an increase of \$3.7 billion over last year, which fulfills Congress' pledge to double funding at the NIH over 5 years. The National Heart, Lung, and Blood Institute received an appropriation of \$2.82 billion, which is \$43 million more than the president's request and the National Institute for Diabetes, Digestive, and Kidney Diseases received

a \$1.64 billion appropriation, \$32 million more than the president's request. Transplantation related medical research will proportional increases in funding, assuming these funding levels are matched by the House and signed by the President.

#### **Health Resources and Services**

**Administration**—The committee report allocates \$6.175 billion for HRSA for FY 2003, an increase of \$800 million over President Bush's request, and \$100 million over FY 2002. Of that amount, the committee provides \$24.9 million for organ transplant activities, including funding the National Organ Procurement and Transplantation Network. This represents a \$5 million increase over FY 2002, and matches President Bush's request.

**Outlook**—The appropriations focus now moves to the House, where the Labor/Education/HHS subcommittee is expected to mark up a bill in September. The marked up House and Senate bills will eventually move to the floor for debate and passage. A conference agreement on this spending bill is not expected until late in the Congressional term, perhaps even in a lame duck session after the November elections, if such a post-election session is necessary. Congress is likely to pass several continuing resolutions to keep the government operating until all the appropriations bills have passed.

#### **Medical Privacy Rules Get Final Modifications**

On August 14, the Department of Health and Human Services (HHS) issued modifications to the final rule

on medical privacy as required under the Health Insurance Portability and Accountability Act (HIPAA) to establish Standards for Privacy of Individually Identifiable Health Information ("the Privacy Rules," or "the Rules") which took effect on April 14, 2001. Many of the difficulties and administrative burdens created by the Privacy Rules will impact upon physicians to a great extent; however, these final modifications do offer relief from some of the more onerous provisions contained in the previous final Rules. Probably the most significant modification is the requirement not to require direct consent from patients to transfer their health information in "routine" health care activities.

The Rules establish national standards for the protection of privacy interests in individuals' medical records and other personal health information. Generally, they afford patients increased access to and control over their records and health information, set boundaries on the use and disclosure of information, and require systems and procedures intended as safeguards to the privacy of health information. Violators of the Rules' requirements are subject to civil and, in some circumstances, criminal penalties for noncompliance. A summary of the major final modifications is included as an attachment.

The Bush administration, which drafted the Rules, and other supporters collectively agreed that the Rules strike just the right balance between protecting patients and the need to share some medical information. However, many privacy advocates stated their displeasure with the revised Rules, saying they "fall woefully short." Joanne Hustead, senior counsel to Georgetown University's Health Privacy Project, stat-

# ASTS is actively engaged on multiple fronts in representing the interests of transplant surgeons on government relations issues.

ed the Rules “undermine patient control over private medical information” and “will erode patient trust in the health care system.” And according to a spokesperson for Sen. Edward Kennedy (D-MA), the senator will attempt to strengthen the rules after the August recess through Congressional action.

## J-1 Visa Update

ASTS is working on modifying a new J-1 visa policy announced by the Educational Commission for Foreign Medical Graduates (ECFMG) which makes it difficult for transplant centers to fill fellowship positions with foreign medical graduates. The policy in question, announced February 28, 2002, stated that individuals participating in certain non-ACGME accredited programs would only be granted visas through June 30, 2003. Since most transplant fellowships are for two years, this would have meant that foreign fellows recruited for training programs beginning July of 2002 would have to leave after one year.

ASTS reviewed the Department of State (DOS) regulations on the J-1 visa program and spoke with legal

counsel there. We also had several discussions with ECFMG staff about the applicability of the policy to fellowships in transplant surgery. The DOS regulations, as they have been interpreted by DOS legal counsel and the ECFMG, create an exception for non-ACGME accredited programs if the relevant medical specialty board of the American Board of Medical Specialties—in this case the American Board of Surgery (ABS)—officially recognizes the subspecialty.

The ECFMG stated that although the ABS has expressed general support for the subspecialty of transplant surgery in the past, it did not have a formal letter recognizing the specialty. It stated that if we could obtain from the ABS a formal letter or recognition, the restrictive policy would not apply to residents or fellows in transplant surgery.

ASTS contacted the ABS and spoke with its executive director, Dr. Ritchie who indicated the ABS would be willing to send such a letter to the ECFMG. ASTS drafted a letter, sent under Dr. Schulak’s signature, formally requesting that the ABS write to the ECFMG and state its official recogni-

tion of the transplant surgery as a subspecialty of surgery, for purposes of the J-1 visa program.

The ABS responded to our request and sent a very strong letter to the ECFMG. However, there is some question as to whether the ECFMG has responded and acted on ABS’s letter. ASTS will continue to work with the relevant parties to ensure that the flow of foreign medical graduates to fill transplant center fellowship positions is not interrupted. ✉

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ASTS is actively engaged on multiple fronts in representing the interests of transplant surgeons on government relations issues. We will continue to keep ASTS members informed as developments occur and welcome feedback on our efforts on behalf of ASTS.

Peter W. Thomas, Esq. is ASTS’s Legislative Counsel and is a principal with the law firm of Powers, Pyles, Sutter, and Verville, PC  
Dustin W.C. May is Legislative Director at Powers, Pyles, Sutter, and Verville, PC

# ASTS Takes Action on Medicare Coverage and Payment Issues

Over the past several months ASTS has initiated an active campaign to improve Medicare coverage and payment for transplant services. These activities represent the first step in a comprehensive strategic program to take a more proactive role with regard to Medicare and non-Medicare payment issues in the future. This article describes a number of these recent initiatives.

## **New CPT Codes for Living Donor Hepatectomy**

The relative value units (RVUs) for living donor hepatectomy are significantly out-of-line with the RVUs for other liver excision procedures, as the result of an administrative blunder that occurred in CY 2001 during the course of the five-year review. Rather than waiting until the next five year review—the results of which would not be incorporated into the Medicare Physician Fee Schedule until CY 2007—the ASTS is planning to submit a request for two new codes for living donor hepatectomy (one for total right lobectomy and one for total left lobectomy) and a request for modification of the current CPT code for living donor hepatectomy (CPT Code 47134) to limit the use of that code to procedures involving removal of the left lateral segments of the liver. These requests, if approved, will facilitate the re-valuation of all living donor hepatectomy services in time for the results to be incorporated into the Physician Fee Schedule for CY 2004. ASTS plans to work closely with ACS in pursuing this initiative.

## **Proposed Physician Fee Schedule for CY 2003**

On June 28, 2002, CMS published a notice of proposed rulemaking setting forth proposed revisions of Medicare payment policies under the Physician Fee Schedule for CY 2003. ASTS has developed comments urging CMS to modify the methodology used to determine the Sustainable Growth Rate. The ASTS comments also call to CMS's attention the administrative error that resulted in the current undervaluation of living donor hepatectomy procedures. The ASTS comments will request CMS to at least increase the RVUs for these procedures to be equal to the RVUs for CPT code 47120 (hepatectomy, resection of liver, total right lobectomy), effective CY 2003, as an interim measure pending approval of the CPT code requests referenced immediately above.

## **Proposed Revision of Hospital Outpatient Prospective Payment System for CY 2003**

On August 9, 2002, CMS published a notice in the *Federal Register* announcing proposed revisions of the Hospital Outpatient Prospective Payment System (HOPPS), for CY 2003. In that notice, CMS proposed significant modifications in the payment methodology applicable to drugs and devices furnished to hospital outpatients. ASTS is currently analyzing the potential impact of this proposed rule on services ren-

dered to transplant recipients and donors, especially immunotherapy administered to post-transplant patients in hospital outpatient departments and clinics. ASTS will be filing comments on this issue prior to the comment deadline, October 8, 2002.

## **Ventricular Assist Devices as Destination Therapy**

On August 16, 2002, CMS announced that it had received a request to revise and update Section 65-15 of the Medicare Carrier Manual to expand coverage of ventricular assist devices (VADs) for use of these devices as destination (permanent) therapy for end stage heart failure patients who are not candidates for heart transplantation. <http://www.CMS.hhs.gov/> This request is based on evidence presented in The Randomized Evaluation of Mechanical Assistance for the Treatment of Congestive Heart Failure (REMATCH). The findings of that trial are currently under review by the FDA as the result of a manufacturer's request to expand labeling to include use of the device as destination therapy. CMS has specifically requested evidence to assist it in developing parameters to ensure the most positive outcomes possible. ASTS will be submitting a statement supporting coverage of VADs as destination therapy, emphasizing the need for expanded coverage of mechanical devices that function as organs, in light of the current and continuing organ shortage.

## Medicare Payment for Inpatient Hospital Services

On August 1, 2002, CMS published in the *Federal Register* the annual update of the prospective payment system (PPS) rules for inpatient hospital services. The rules announce that the payment update for acute care hospitals will be 2.95%, effective October 1, 2002. One of the major changes of interest to ASTS is the addition of a new DRG for the implantation of a Ventricular Assist Device (VAD). The new DRG - DRG 525 (Heart Assist System Implant) - will increase payment significantly compared with reimbursement under the prior DRG (DRG 104). In addition, the final rule recalibrates all DRGs based on FY 2001 charge data, resulting in an increase in the DRG rates for transplant

procedures over the rates announced in the proposed rule.

Prior to the publication of next year's proposed update, ASTS will analyze the DRGs applicable to organ rejection to determine whether reconfiguration of these DRGs to differentiate certain drug resistant patients from other patients would be appropriate.

## Paperwork Burden for Transplant Centers

In the *Federal Register* of May 13, 2002, the Centers for Medicare and Medicaid Services solicited public comments on the paperwork burden involved in the initial application that must be completed for a hospital to become Medicare certified as a transplant center. Follow-up conversations

suggested that while this notice did not raise issues necessitating comment by ASTS, CMS may develop criteria for continuing evaluation of approved transplant centers, and ASTS is continuing to monitor this issue. The May 13 Notice can be accessed at <http://frwebgate.access.gpo.gov/>

Over the next several months, ASTS will analyze the CPT Codes and allowances for cardiothoracic transplant surgery and will be coordinating its activities with those of other associations in that arena to assure appropriate coding and payment for these procedures. ✎

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Diane Millman, Rebecca Burke, Powers, Pyles Sutter & Verville  
Reimbursement Counsel

## Transplant Reimbursement: Frequently Asked Questions

This is a new feature in the Chimera as a service to ASTS members which we hope will be used frequently.

If you have any questions about transplant reimbursement issues please email your questions to  
Mike Abecassis, Chairman of ASTS ad Hoc Committee on Reimbursement at [asts@asts](mailto:asts@asts).

**Q:** Can the professional fees including surgical fees be billed to the acquisition cost centers for living donors as well as cadaveric donors?

**A:** No. Although all services provided by hospitals and health care workers in the process of organ acquisition can be billed on a reasonable cost basis to the appropriate organ acquisition cost center (OACC), as well as both hospital and professional fees in the evaluation and work-up of potential living donors, only hospital services can be billed to OACC (Medicare Part

A) for living donors. All professional fees associated with the living donor procedure are billed to Medicare part B.

**Q:** Is there a specific CPT code for laparoscopic donor nephrectomy?

**A:** In 2000, some of the transplant CPT codes were modified. one of these modifications included the addition of CPT 50547 (laparoscopic donor nephrectomy from living donor (excluding preparation and maintenance of allograft). in the past, CPT 50320 (donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft) was used in conjunction with CPT 50549 (unlisted laprascopy procedure, renal). ✎

# ASTS Awards Program

**Deadline for Applications  
for the 2003 awards is  
December 6, 2002.**

Award	Eligibility	Years	Amt Per Year
ASTS-Novartis Fellowship in Transplantation	Qualified surgeon who will have completed an approved ACGME residency program or its foreign equivalent in a major surgical discipline by 7/1/03	2	\$42,500
ASTS-Fujisawa, USA Faculty Development Award: 1 recipient	Junior Faculty Member — 0-3 Years Post Fellowship	2	\$35,000
ASTS-Roche Laboratories Surgical Scientist Scholarship: 2 recipients per year	Surgical Resident PGY 3	2	\$35,000
ASTS-Thoracic Surgery Fellowship	Thoracic Surgical Resident or Fellow	2	\$42,500
ASTS-Mid Level Faculty Research Award	Assistant or Associate Professor and Attendant Appointment	2	\$35,000
Roche Presidential Travel Award: 2 recipients per year	Investigator — 42 years of age or younger	1	\$10,000
ASTS Collaborative Scientist Research Award	ASTS Member and collaborating scientist (member or non-member)	2	\$42,500



Award	Eligibility	Years	Amt Per Year
ASTS Vanguard Prize	ASTS Member, Instructor or Assistant Professor	4	\$1,000 & Expenses to ASTS Winter Symposium
ASTS-NKF/ASTS Folkert Belzer MD Research Award: 1 Recipient	Surgical Resident PGY 3	2	\$35,000


## American Society of Transplant Surgeons Announces New Award

The ASTS announces the establishment of the ASTS Vanguard Prize, an award issued to each of the four best research papers published within the preceding academic year.

The ASTS is committed to recognize and honor outstanding contributions by its junior members. Four prizes will be awarded yearly for the best basic science and the best clinical research papers (two awards each) published within the preceding academic year defined as July 1 through June 30. The award will comprise of a \$1,000 honorarium and all expenses (coach airfare, hotel and registration) associated with attendance at the following ASTS Winter Symposium.

### Eligibility:

The applicant must be a full or a candidate member of the ASTS with a junior appointment at the academic rank of Instructor or Assistant Professor who has completed training within five years of the publication date. The applicant must be either the first or the last author of the publication and may submit only one publication for consideration yearly. Previous winners of the Vanguard Prize will not be eligible.

To apply for this award, go to the ASTS website at [www.astst.org](http://www.astst.org) and select "ASTS Awards" from the sidebar menu on the left of the home page. Application and instructions are available there. Award submission deadline is December 6, 2002. 

ASTS Accredited Training Programs (Alphabetically by state)

**UNIVERSITY OF ALABAMA**

Mark H. Deierhoi, MD Director, Transplant Division  
University Station Birmingham, AL 35294  
PH: 205-934-5200 FAX: 205-934-0952 ■Kidney

**CEDARS-SINAI MEDICAL CENTER LOS ANGELES**

Christopher R. Shackleton, MD Director, Multi-Organ Transplant Program and Center for Liver Diseases & Transplantation, Professor of Surgery UCLA School of Medicine  
8635 W Third Street, Suite 590W Los Angeles, CA 90046  
PH: 310-423-2641 FAX: 310-423-0234 ■Kidney ●Liver

**ST. VINCENT MEDICAL CENTER**

Robert Mendez, MD, FACS Professor of Urology & Surgery Director, Multi-Organ Transplantation Program  
2200 West Third Street, Suite 500 Los Angeles, CA 90057  
PH: 213-413-2779 FAX: 213-484-6652 ■Kidney ★Pancreas

**UCLA**

H. Albin Gritsch, MD Surgical Director, Renal Transplantation UCLA Medical Center, CHS 63-276  
Center for the Health Sciences Box 951738 Los Angeles, CA 90095-1738  
PH: 310-794-7152 FAX: 310-206-5343 ■Kidney

**UCLA**

Hillel Laks, MD Chief, Professor-Cardiothoracic Surgery  
10833 Le Conte Avenue, Box 951741 Los Angeles, CA 90095  
PH: 310-206-8232 FAX: 310-825-7473 ♥Heart

**UNIVERSITY OF CALIFORNIA LOS ANGELES**

**(UCLA) MEDICAL CENTER**

Ronald W. Busuttil, MD, PhD Professor and Chief, Division of Liver and Pancreas Transplantation Director, The Dumont-UCLA Transplant Center UCLA School of Medicine  
10833 Le Conte Avenue Los Angeles, CA 90095  
PH: 310-825-5318 FAX: 310-206-7760 ■Kidney ●Liver ★Pancreas

**STANFORD UNIVERSITY MEDICAL CENTER**

Carlos O. Esquivel, MD, PhD Professor of Surgery, Chief, Division of Transplantation  
750 Welch Road, Ste. 319 Palo Alto, CA 94304-1510  
PH: 650-498-5689 FAX: 650-498-5690 ■Kidney ●Liver

**UCSD CENTER FOR TRANSPLANTATION**

**UNIVERSITY OF CALIFORNIA**

**SAN DIEGO MEDICAL CENTER**

John Dunn, MD Director of Kidney Transplant Program  
200 W. Arbor Drive San Diego, CA 92103-8401  
PH: 619-543-3493 FAX: 619-543-7785 ■Kidney

**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO**

John Roberts, MD Professor of Surgery, Chief, Transplant Service  
505 Parnassus Avenue, Room M896 San Francisco, CA 94143-0780  
PH: 415-353-9321 FAX: 415-353-8709 ■Kidney ●Liver ★Pancreas

**STANFORD UNIVERSITY**

Robert C. Robbins, MD, Director of Thoracic Transplant Program  
300 Pasteur Drive Falk Building, 2nd Floor Stanford, CA 94305-5407  
PH: 650-725-3828 FAX: 650-725-6846 ♥Heart ▲Lung

**YALE UNIVERSITY SCHOOL OF MEDICINE**

Marc I. Lorber, MD, FACS Chief, Organ Transplantation and Immunology  
333 Cedar Street, FMB112 PO Box 208062 New Haven, CT 06520-8062  
PH: 203-785-2565 FAX: 203-785-7162 ■Kidney

**WASHINGTON HOSPITAL CENTER**

Jimmy A. Light, MD, FACS Director, Transplantation Services  
Transplantation Services 110 Irving Street, NW, Room 3B-1 Washington, DC 20010-2975  
PH: 202-877-6029 FAX: 202-877-6581 ■Kidney ★Pancreas

**UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE**

Richard J. Howard, MD, PhD Professor and Chief, Transplant Surgery  
Department of Surgery PO Box 100286 Gainesville, FL 32610-0286  
PH: 352-265-0606 FAX: 352-265-0678 ■Kidney ●Liver

**UNIVERSITY OF MIAMI SCHOOL OF MEDICINE**

Joshua Miller, MD Andreas G. Tzakis, MD Co-Directors of the Division of Transplantation  
Jackson Memorial Hospital Medical Center 1611 NW 12th Avenue Miami, FL 33136  
PH: 305-243-6171 (Dr. Miller) FAX: 305-243-6516 PH 305-243-5288 (Dr. Tzakis) FAX: 305-243-7233 ■Kidney ●Liver ★Pancreas

**UNIVERSITY OF MIAMI SCHOOL OF MEDICINE**

Si M. Pham, MD, Director, Cardiopulmonary Transplant Program  
1801 NW 9th Avenue Highland Professional Building, 5th Floor Miami, FL 33136  
PH: 305-355-5070 FAX: 305-355-5074 ♥Heart

# PROGRAMS 2002

■ Kidney ● Liver ★ Pancreas ♥ Heart ▲ Lung

## TAMPA GENERAL HOSPITAL/LIFELINK TRANSPLANT INSTITUTE/UNIVERSITY OF SOUTH FLORIDA

Victor D. Bowers, MD Director, Transplantation Surgery  
409 Bayshore Blvd. Tampa, FL 33606  
PH: 813-253-2640 FAX: 813-251-0096 ■ Kidney ● Liver

## EMORY UNIVERSITY SCHOOL OF MEDICINE

Christian P. Larsen, MD, PhD Thomas C. Pearson, MD, PhD Associate  
Professors and Directors, Transplant Program  
Department of Surgery H-124 1364 Clifton Road, NE Atlanta, GA 30322  
PH: 404-727-0717 FAX: 404-727-8972 ■ Kidney

## UNIVERSITY OF IOWA

You Min Wu, MD Director, Transplant Service  
University of Iowa Hospitals and Clinics 200 Hawkins Drive Iowa City, IA  
52242 PH: 319-356-1334 FAX: 319-356-1556 ■ Kidney

## NORTHWESTERN UNIVERSITY MEMORIAL HOSPITAL

Frank P. Stuart, MD Chief, Division of Transplantation  
675 N. St. Clair Street, SU 17-200 Chicago, IL 60611  
PH: 312-695-0338 Fax 312-695-9194 ■ Kidney ● Liver ★ Pancreas

## RUSH-PRESBYTERIAN-ST. LUKES MEDICAL CENTER

Forrest Dodson, MD Program Director  
1653 West Congress Parkway Chicago, IL 60612-3833  
PH: 312-942-4252 FAX: 312-942-286 ■ Kidney ● Liver

## UNIVERSITY OF CHICAGO

J. Michael Millis, MD Chief of Section  
University of Chicago Hospitals Department of Surgery 5027 5841 South  
Maryland Avenue Chicago, IL 60637-6104  
PH: 773-702-6319 FAX: 773-702-7511 ■ Kidney ● Liver ★ Pancreas

## BETH ISRAEL DEACONESS HOSPITAL

Douglas W. Hanto, MD, PhD Professor of Surgery Chief, Division of Organ  
Transplantation  
Harvard Medical School 110 Francis Street, 7th Floor Boston, MA 02215  
PH: 617-632-9810 FAX: 617-632-9820 ■ Kidney ● Liver

## BOSTON UNIVERSITY MEDICAL CENTER HOSPITAL

Sang I. Cho, MD Professor and Director of Transplant Surgery  
88 East Newton Street Boston, MA 02118-2393  
PH: 617-638-8430 FAX: 617-638-8427 ■ Kidney

## MASSACHUSETTS GENERAL HOSPITAL

A. Benedict Cosimi, MD Chief, Transplantation Unit  
Unit 32 Fruit Street White 505 Boston, MA 02114  
PH: 617-726-8256 FAX: 617-726-8137 ■ Kidney ● Liver

## JOHNS HOPKINS HOSPITAL

John V. Conte, MD, Directors of Thoracic Transplant Program  
600 N. Wolfe Street, Ballock 618 Baltimore, MD 21287  
PH: 410-955-1753 FAX: 410-955-3809 ♥ Heart

## JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

Andrew Klein, MD Chief, Division of Transplantation  
600 N. Wolfe Street, Harvey 611 Baltimore, MD 21287-8611  
PH: 410-955-5662 FAX: 410-614-2079 ■ Kidney ● Liver

## UNIVERSITY OF MARYLAND

Stephen T. Bartlett, MD Head, Division of Transplantation  
School of Medicine 29 South Greene Street, Room 200 Baltimore, MD 21201  
PH: 410-328-8407 FAX: 410-328-3837 ■ Kidney ★ Pancreas

## NATIONAL INSTITUTE OF HEALTH

Allan Kirk, MD Section Chief, Transplant Surgery  
11s / 219, building 10, Center Drive Bethesda, MD 20892  
PH: 301-496-4047 FAX: 301-480-0488 ■ Kidney

## UNIVERSITY OF MICHIGAN HEALTH SYSTEM

Robert M. Merion, MD Professor of Surgery  
1500 E. Medical Center Drive, 2926 TC Ann Arbor, MI 48109-0331  
PH: 734-936-7336 FAX: 734-763-3187 ■ Kidney ● Liver ★ Pancreas

## UNIVERSITY OF MINNESOTA

David E. R. Sutherland, MD, PhD Head, Division of Transplantation  
Department of Surgery Box 280 420 Delaware Street, SE Minneapolis, MN  
55455  
PH: 612-625-7600 FAX: 612-625-8496 ■ Kidney ● Liver ★ Pancreas

## MAYO CLINIC

Mark D. Stegall, MD Director, Abdominal Transplant Surgery Fellowship  
Program, Consultant, Division of Transplantation Surgery, Department of  
Surgery, Associate Professor of Surgery, Mayo Medical School, Surgical  
Director, Kidney and Pancreas Transplantation, Division of Transplantation,  
Department of Surgery Department of Surgery  
200 First Avenue, S.W. Rochester, MN 55905  
PH: 507-266-6794 FAX: 507-266-2810 ■ Kidney ● Liver ★ Pancreas

**ST. LOUIS UNIVERSITY HOSPITAL**

Paul J. Garvin, MD Director of Abdominal Organ Transplant Professor of Surgery  
St. Louis University Health Science Center 3635 Vista Avenue at Grand  
Boulevard St. Louis, MO 63110-0250  
PH: 314-577-8357 FAX: 314-771-1945 ■Kidney

**WASHINGTON UNIVERSITY SCHOOL OF MEDICINE/  
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Louis, MO 63110  
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**DUKE UNIVERSITY MEDICAL CENTER**

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**DUKE UNIVERSITY MEDICAL CENTER**

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Box 3864, DUMC Durham, NC 27710  
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**UNIVERSITY OF NEBRASKA MEDICAL CENTER**

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983285 Nebraska Medical Center Omaha, NE 68198-3285  
PH: 402-559-4076 FAX: 402-559-3434 ■Kidney ●Liver ★Pancreas

**UMDNJ - UNIVERSITY HOSPITAL**

Baburao Koneru, MD, Director, Liver Transplantation Program  
Stanley S. Bergen Building, Room GA230 65 Bergen Street Newark, NJ 07107  
●Liver

**ALBANY MEDICAL COLLEGE**

**ALBANY MEDICAL CENTER HOSPITAL**

David J. Conti, MD Director of Transplantation  
43 New Scotland Avenue, A-61GE Albany, NY 12208-3478  
PH: 518-262-5614 FAX: 518-262-5571 ■Kidney

**STATE UNIVERSITY OF NEW YORK**

**HEALTH SCIENCE CENTER AT BROOKLYN (SUNY)**

Bruce G. Sommer, MD, FACS Professor and Director Division of  
Transplantation  
Department of Surgery 450 Clarkson Avenue, Box 40 Brooklyn, NY 11203-  
2098  
PH: 718-270-1898 FAX: 718-270-4789 ■Kidney ●Liver

**MOUNT SINAI MEDICAL CENTER**

Charles M. Miller, MD Alfred and Florence Gross, Professor of Surgery,  
Director, Recanati/Miller Transplantation Institute  
The Mount Sinai Hospital, Box 1104, One Gustave L. Levy Place New York, NY  
10029-6574  
PH: 212-241-0106 FAX: 212-996-9688 ■Kidney ●Liver

**NEW YORK PRESBYTERIAN HOSPITAL**

Milan Kinkhabwala, MD (Liver) Associate Professor Mark Hardy, MD (Kidney)  
Professor and Director  
Kinkhabwala: Center for Liver Disease and Transplantation PH 14 622 West  
168th Street New York, NY 10032 Hardy: Kidney Transplant Program 177 Fort  
Washington Avenue New York, NY 10032  
PH: 212-305-9381 Kidney FAX: 212-305-9139 Kidney PH: 212-305-5502 Liver  
FAX: 212-305-6837 Liver ■Kidney ●Liver

**NEW YORK UNIVERSITY MEDICAL CENTER**

Lewis W. Teperman, MD Director of Transplantation  
Mary Lea Johnson Richards Transplant Center 403 E 34th Street, 3rd Floor  
New York, NY 10016  
PH: 212-263-8134 FAX: 212-263-8157 ■Kidney ●Liver

**STATE UNIVERSITY OF NEW YORK AT STONY BROOK**

Wayne C. Waltzer, MD, FACS Director, Transplantation Services  
University Hospital and Medical Center at Stony Brook HSCT-19, Room 040  
Stony Brook, NY 11794-8192  
PH: 631-444-2209 FAX: 631-444-3831 ■Kidney

**UNIVERSITY OF CINCINNATI**

E. Steve Woodle, MD Professor of Surgery Director of Transplantation  
Division, University of Cincinnati Medical Center  
231 Albert Sabin Way P.O. Box 670558 Cincinnati, OH 45267-0558  
Woodle: PH: 513-558-6001 FAX: 513-558-7040  
■Kidney ●Liver

**THE CLEVELAND CLINIC FOUNDATION**

Andrew C. Novick, MD Director, Transplant Program Chairman, Dept. of Urology  
9500 Euclid Avenue Cleveland, OH 44195  
PH: 216-444-5584 FAX: 216-444-9375 ■Kidney

# PROGRAMS 2002

■ Kidney ● Liver ★ Pancreas ♥ Heart ▲ Lung

## THE CLEVELAND CLINIC FOUNDATION

Delos Cosgrove, MD, Director, Thoracic Transplant Program

9500 Euclid Avenue Cleveland, OH 44195

PH: 216-444-0648 FAX: 216-445-4272 ♥ Heart ▲ Lung

## THE OHIO STATE UNIVERSITY HOSPITALS

Ronald M. Ferguson, MD, PhD Director, Division of Transplantation

Room 363, Means Hall 1654 Upham Drive Columbus, OH 43210-1250

PH: 614-293-6322 FAX: 614-293-4541 ■ Kidney ● Liver ★ Pancreas

## ALBERT EINSTEIN MEDICAL CENTER

Cosme Manzarbeitia, MD, FACS Chairman, Division of Transplantation

5501 Old York Road Philadelphia, PA 19141

PH: 215-456-4985 FAX: 215-456-8058 ■ Kidney ● Liver

## HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA

Clyde F. Barker, MD Donald Guthrie Professor of Surgery

4 Silverstein 3400 Spruce Street Philadelphia, PA 19104-4283

PH: 215-662-2027 FAX: 215-349-5906 ■ Kidney ● Liver

## UNIVERSITY OF PENNSYLVANIA

Bruce R. Rosengard, MD, Director of Heart-Lung Transplantation

Division of Cardiothoracic Surgery 3400 Spruce Street, 6 Silverstein  
Philadelphia, PA 19104

PH: 215-662-4765 FAX: 215-349-5798 ♥ Heart ▲ Lung

## UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE

John J. Fung, MD, PhD Chief, Division of Transplant Surgery

Thomas E. Starzl Transplantation Institute 3601 Fifth Avenue, 4th Floor Falk  
Clinic Pittsburgh, PA 15213

PH: 412-648-3200 FAX: 412-647-5480 ■ Kidney ● Liver ★ Pancreas

## HOSPITAL ESPANOL AUXILIO MUTUO DE PUERTO RICO

Eduardo A. Santiago-Delphin, MD Director, Transplant Program

Box 1227 San Juan, PR 00919

PH: 787-765-7650 FAX: 787-766-4038 ■ Kidney

## MEDICAL UNIVERSITY OF SOUTH CAROLINA

Prabhakar Baliga, MD Professor of Surgery

171 Ashley Avenue Charleston, SC 29425-0777

PH: 843-792-4003 FAX: 843-792-8596 ■ Kidney ● Liver ★ Pancreas

## UNIVERSITY OF TENNESSEE

A. Osama Gaber, MD Professor of Surgery Chief of Transplant Division

956 Court Avenue A202 Memphis, TN 38163

PH: 901-448-5924 FAX: 901-448-7208 ■ Kidney ● Liver ★ Pancreas

## BAYLOR UNIVERSITY MEDICAL CENTER

(see Dallas Liver Transplant Program below)

## DALLAS LIVER TRANSPLANT PROGRAM

### BAYLOR UNIVERSITY MEDICAL CENTER

Goran Klintmalm, MD, PhD. (Adult Division) Director, Dallas Liver Transplant

Program Chairman, Baylor Institute of Transplant Sciences

Department of Surgery 3500 Gaston Avenue Dallas, TX 75246

PH: 214-820-2050 FAX: 214-820-4527 ■ Kidney ● Liver

## UNIVERSITY OF TEXAS SOUTHWESTERN

### MEDICAL CENTER AT DALLAS

Shujun Li, MD Chairman, Division of Surgical Transplantation

5323 Harry Hines Boulevard Dallas, TX 75390-9031

PH: 214-648-4823 FAX: 214-648-4784 ■ Kidney

## UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON

Kristene K. Gugliuzza Director, Transplant Program

Department of Surgery E 36 Galveston, TX 77555-0536

PH: 409-772-2412 FAX: 409-772-6368 ■ Kidney

## BAYLOR COLLEGE OF MEDICINE

Philip Seu, MD Director, BCM Liver Transplantation

6550 Fannin, Suite 1661 Houston, TX 77030

PH: 713-798-8355 FAX: 713-798-8460 ● Liver

## UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON

Barry D. Kahan, PhD, MD Professor and Director Division of Immunology and  
Organ Transplantation

6431 Fannin, Suite 6240 Houston, TX 77030

PH: 713-500-7400 FAX: 713-500-0785 ■ Kidney

## TEXAS TRANSPLANT INSTITUTE METHODIST SPECIALTY AND TRANSPLANT HOSPITAL

Francis H. Wright, MD Director, Organ Transplantation

8201 Ewing Halsell San Antonio, TX 78229

PH: 210-575-8500 FAX: 210-575-8506 ■ Kidney

## UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER

Timothy L. Pruett, MD Professor of Surgery Chief, Transplantation Surgery

Department of Surgery PO Box 800709 Charlottesville, VA 22908-0709

PH: 804-924-9462 FAX: 804-924-5539 ■ Kidney ● Liver



American Society of Transplant Surgeons

# FELLOWSHIP PROGRAMS 2002

## TRAINING PROGRAMS ACCREDITED BY ASTS

■ Kidney ● Liver ★ Pancreas ♥ Heart ▲ Lung

### MEDICAL COLLEGE OF VIRGINIA

Marc P. Posner, MD, FACS Professor and Chairman Division of Transplantation Surgery  
Director, MCV Transplant Program PO Box 980057 Richmond, VA 23298  
PH: 804-828-9298 FAX: 804-828-4858 ■ Kidney ● Liver

### UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE (SEATTLE)

James D. Perkins, MD, FACS Professor of Surgery Director, Division of Transplantation  
Department of Surgery 1959 N.E. Pacific Street Box 356410 Seattle, WA 98195-6410  
PH: 206-543-3825 FAX: 206-543-8136 ■ Kidney ● Liver ★ Pancreas

### UNIVERSITY OF WISCONSIN-MADISON SCHOOL OF MEDICINE

Hans W. Sollinger, MD, PhD Professor and Chairman Division of Organ Transplantation  
Department of Surgery 600 Highland Avenue Madison, WI 53792-7375  
PH: 608-263-9903 FAX: 608-263-7652 ■ Kidney ● Liver ★ Pancreas

### QUEEN ELIZABETH II HEALTH SCIENCES CENTRE

Joseph G. Lawen, MD, FRCSC Surgical Director, The Kidney Transplant Fellowship Program  
Room 295, Victoria Building 1278 Tower Road Halifax, Nova Scotia Canada B3H 2Y9  
PH: 902-473-4026 FAX: 902-472-2437 ■ Kidney

### UNIVERSITY OF WESTERN ONTARIO LONDON HEALTH SCIENCES CENTRE

William Wall MD, FRCSC Program Director, Multi-Organ Transplant Unit  
339 Windermere Road London, Ontario Canada N6A5A5  
PH: 519-663-2940 FAX: 519-663-33067 ■ Kidney ● Liver

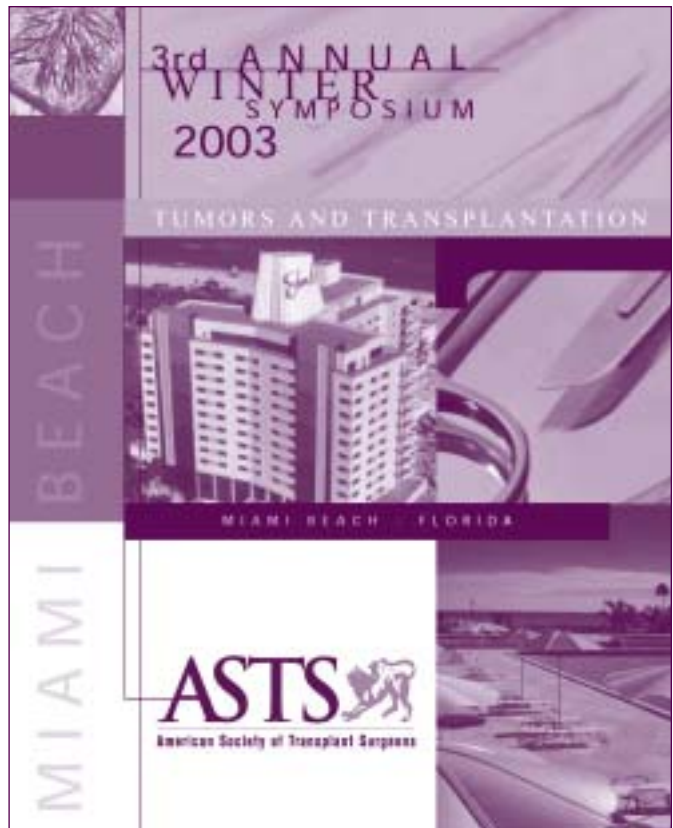
### UNIVERSITY OF TORONTO

Paul D. Greig, MD, FRCS(C) Director, GI Transplantation  
Toronto General Hospital Norman Urquhart Wing 10-145 621 University Avenue Toronto, Ontario Canada M5G 2C4  
PH: 416-340-4252 FAX: 416-340-3492 ● Liver



# ASTS 2003 Winter Symposium

“Tumors and Transplantation”



**T**he 3rd Annual ASTS Winter Symposium will be held January 24-26, 2003 at the Eden Roc Resort and Spa, Miami Beach , Florida. The topic for the symposium is “Tumors and Transplantation.”

Members of the organizing committee for the meeting are Sandy Feng, Douglas Hanto, J. Michael DiMaio, Joseph Buell and Ravi Chari.

The Eden Roc Resort and Spa is located on prime oceanfront property overlooking world-renowned Miami Beach and the spectacular Intracoastal waterway. The 349-room Eden Roc has been magnificently restored. Ranked one of the top spas in the country, the Eden Roc Spa is the perfect place to restore both body and soul. To visually enhance guests' workout regime, a glass-enclosed weight complex, with the latest computerized equipment, has floor-to-ceiling windows overlooking the ocean. The private spa area offers a full array of massage therapies and body treatments and resort amenities include two oceanfront pools. You can view the Eden Roc by going to its website at [www.edenroccresort.com](http://www.edenroccresort.com)

More detailed information and registration materials appears on the ASTS website at [www.astso.org](http://www.astso.org) 

FRIDAY | January 24

# PROGRAM

9:50am - 5:30pm

## DONORS WITH MALIGNANCY

Reid Adams, MD  
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## KEYNOTE ADDRESS

Philip Greenberg, MD  
**Professor of Medicine and Immunology**, University of Washington

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**Associate Professor of Medicine • Director of Transplant Nephrology • Interim Chief of Nephrology**, Medical College of Wisconsin

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**Assistant Professor of Medicine**, Division of Dermatology, Department of Medicine, Vanderbilt University Medical Center

E. Steven Woodle, MD  
**Professor of Surgery • Director**, Division of Transplantation, University of Cincinnati College of Medicine • **Chairman**, Board of Directors, Israel Penn International Transplant Tumor Registry

## INTERACTIVE POSTER SESSION

# SPECIAL EVENTS

## TRANSPLANT REIMBURSEMENT SEMINAR

Friday, January 24 • 7:30am - 9:30am

Everything you always wanted to know about transplant reimbursement but were afraid to ask!

- The Medicare Cost Report & Organ Acquisition Cost Centers
- Reviewing the ABCs of CPTs and DRGs
- Transplantation Reimbursement: What Transplant Surgeons Need to Know
- Contracting Strategies for Transplant Programs

Michael Abecassis, MD, MBA  
**Associate Professor of Surgery**, Northwestern University Medical School • **Director**, Liver Transplantation Program, Northwestern Memorial Hospital

Diane Millman, JD  
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Mary Susan Philp, JD  
**Specialist in Healthcare Law**, Powers Pyles Sutter and Verville PC - Attorneys at Law

Kirk Stapleton, MPH  
**Interim Director**, Transplant Services, Northwestern Memorial Hospital • **Healthcare Consultant**

## ASTS MEMBERS NEW INITIATIVES LUNCHEON

Saturday, January 25 • Noon - 1:00pm

What is the ASTS doing for you? What SHOULD the ASTS be doing for you?

## ASTS VANGUARD COMMITTEE

### CAREER DEVELOPMENT MINI-SYMPOSIUM

Saturday, January 25 • 5:30pm - 6:30pm

The Timeline for Success in Academic Transplant Surgery: How to Get on Track and Stay on Track

David Gerber, MD  
**Assistant Professor of Surgery**, University of North Carolina School of Medicine

Christian Larsen, MD, PhD  
**Carlos and Marguerite Mason Professor of Surgery in Transplantation Biology • Chief**, Division of Transplantation • **Vice Chairman of Research**, Department of Surgery, Emory University School of Medicine • **Director**, The Emory Transplant Center, Emory University School of Medicine

Arthur Matas, MD  
**Professor of Surgery • Director**, Renal Transplant Program, University of Minnesota School of Medicine

Kim Otthoff, MD  
**Associate Professor of Surgery • Assistant Director**, Liver Transplant Program, University of Pennsylvania • **Surgical Director**, Liver Transplantation, The Children's Hospital of Philadelphia



## SATURDAY | January 25

7:30am - noon

### HEPATOCELLULAR CANCER AND LIVER TRANSPLANTATION

#### HCC: BASIC SCIENCE

Ravi Chari, MD

**Associate Professor of Surgery and Cancer Biology,**  
Division of Hepatobiliary Surgery and Liver  
Transplantation, Vanderbilt University Medical Center

Oral Presentations from Selected Abstracts

#### HCC: CLINICAL SCIENCE

Richard Freeman, MD

**Associate Professor of Surgery,** Tufts Medical School •  
**Assistant Staff Surgeon,** New England Medical Center  
• **Chairman,** Liver and Intestine Transplantation  
Committee, United Network for Organ Sharing

Oral Presentations from Selected Abstracts

### TRANSPLANT RECIPIENTS WHO DEVELOP DE NOVO CANCER

J. Michael DiMaio, MD

**Assistant Professor,** Division of Thoracic and  
Cardiovascular Surgery, Department of Surgery, UT  
Southwestern Medical Center at Dallas

Donald Ganem, MD

**Professor of Microbiology/Immunology and  
Medicine,** University of California, San Francisco •  
**Investigator,** Howard Hughes Medical Institute

Clark Otley, MD

**Associate Professor of Dermatology,** Mayo Medical  
School, Dept. of Dermatology

Friedrich Port, MD

**Professor of Medicine, Emeritus,** University of  
Michigan School of Medicine • **Professor of  
Epidemiology,** University of Michigan School of Public  
Health • **President,** University Renal Research and  
Education Association (URREA) • **Project Director,**  
Scientific Registry of Transplant Recipients (SRTR)

## SUNDAY | January 26

7:30am - 11:45am

### POST TRANSPLANT LYMPHOPROLIFERATIVE DISEASE

Malcolm Brenner, MD

**Professor of Pediatrics, Medicine, and Molecular  
and Human Genetics,** Baylor College of Medicine •  
**Director,** Center for Cell and Gene Therapy, Baylor  
College of Medicine

Thomas Gross, MD

**Associate Professor of Clinical Pediatrics • Director,**  
Division of Pediatric Hematology / Oncology • **Gordon  
Teter Chair of Pediatric Cancer,** Ohio State University

Michael Nalesnik, MD

**Associate Professor of Pathology,** Division of Hepatic  
and Transplantation Pathology • **Director,** Core Anatomic  
Pathology Laboratory, Pittsburgh Transplant Institute

Cliona Rooney, PhD

**Associate Professor of Pediatrics,** Baylor College of  
Medicine, Department Hematology/ Oncology  
Cell & Gene Therapy • MD Anderson Cancer Center

Steven Webber, MD

**Associate Professor of Pediatrics,** University of  
Pittsburgh • **Medical Director,** Pediatric Heart and  
Heart-Lung Transplantation, Division of Cardiology,  
Children's Hospital of Pittsburgh

### POINT-COUNTERPOINT

Should organs (especially kidneys) from donors with renal cell carcinoma be used for transplantation?

L. Thomas Chin, MD

**Assistant Professor,** Division of Transplantation,  
University of Wisconsin

Arthur Sagalowsky, MD

**Professor of Surgery • Dr. Paul C. Peters Chair in Urology  
in Memory of Rumsey and Louis Strickland • Chief of  
Urologic Oncology,** The University of Texas, Southwestern

Is cholangiocarcinoma an appropriate indication for liver transplantation?

Charles Rosen, MD

**Associate Professor of Surgery • Surgical Director,**  
Liver Transplantation, Mayo Medical School

C. Wright Pinson, MD, MBA

**H. William Scott Professor of Surgery • Chairman,**  
Department of Surgery • **Chief,** Hepatobiliary Surgery and  
Liver Transplantation, Vanderbilt University Medical Center

Should transplant recipients undergo intensified screening for cancer compared to the general population?

William Bennett, MD

**Medical Director,** Transplant Services, Legacy Good  
Samaritan Hospital • **Professor of Medicine (Retired),**  
Oregon Health and Science University

Bryce Kiberd, MD

**Professor of Medicine,** Division of Nephrology,  
Dalhousie University/QEII Health Sciences Centre •  
**Medical Director** of Renal and Pancreas Transplant  
Programs QEII HSC

# Clinical Trials Bulletin Board

The American Society of Transplant Surgery is establishing a Clinical Trials Bulletin Board for periodic distribution to the membership via Blast e-mail, the *Chimera* and the ASTS website. The purpose of this bulletin board is to allow investigators to solicit participation from other centers for their clinical trial. It is hoped that this bulletin board will attract enrollment of a sufficient number of patients to statistically power clinical trials.

Interested investigators should submit the following information to the head of the ASTS Scientific Studies Committee, Giacomo Basadonna at email address [giacomo.basadonna@umassmed.edu](mailto:giacomo.basadonna@umassmed.edu)

1. Title of study.
2. Hypothesis. Limited to 250 words.
3. Endpoints to be studied and length of followup,
4. Contact information for the principal investigator, including name, phone number, fax number, and e-mail address.
5. Period of enrollment.
6. Sponsorship, if any.

The ASTS Scientific Studies Committee will serve as the contact point for interested investigators. This information will then be posted on the ASTS website, and distributed via the *Chimera* and Blast e-mail. Other centers who are interested in participating in these clinical trials are encouraged to contact the principal investigator to obtain additional information.

It should be noted that posting of studies on the trials bulletin board does not in any way denote support or sponsorship of the principal investigator or clinical trial by the American Society of Transplant Surgeons. In addition, the American Society of Transplant Surgeons does not vouch for the scientific validity, clinical efficacy, and/or any safety issues related to conduct of these clinical trials. ✎

# JOB BOARD

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The ASTS Job Board is enhanced further by the addition to the ASTS website, [www.aststs.org](http://www.aststs.org), of CV's of ASTS Candidate Members. This is in an effort to facilitate the interactions between graduating fellows and transplant programs with junior position openings. To access the CVs go to the [www.aststs.org](http://www.aststs.org), log into the Members Only section and click on Upload/download files.

**ABDOMINAL TRANSPLANT SURGEON** The Division of Transplantation, Department of Surgery at the University of Washington School of Medicine is recruiting a surgeon at the rank of acting assistant, assistant or associate Professor to join our transplant team. Proficiency in kidney, liver, and pancreas transplantation is required. Ability to perform small bowel, living related liver, islet, or pediatric transplantation is desired. Successful completion of a multi-organ transplantation fellowship at an ASTS certified program is required. Board eligibility is required. Duties will include organ procurement, patient care, teaching, and research. The University of Washington is building a culturally diverse faculty and strongly encourages applications from female and minority candidates. The University is an Equal Opportunity/Affirmative Action employer. Please send curriculum vitae and bibliography to: James D. Perkins, MD, FACS; Director of Transplantation; University of Washington; 1959 NE Pacific St, Box 356410; Seattle, WA 98195 📧

**ABDOMINAL TRANSPLANT SURGEON** The Division of Transplantation, Department of Surgery at the University of Washington School of Medicine is recruiting a surgeon at the rank of assistant Professor to join our transplant team. Proficiency in kidney, liver, and pancreas transplantation is required. Ability to perform small bowel, living related liver, islet, pediatric transplantation or urological procedures in transplant patients is desired. Participation in resident education programs is expected. Successful completion of a multi-organ transplantation fellowship at an ASTS certified program is required. M.D. degree is required. Duties will include organ procurement, patient care, teaching transplantation surgery to medical students and residents, and research. The University of Washington is building a culturally diverse faculty and strongly encourages applications from female and minority candidates. The University is an Equal Opportunity/Affirmative Action employer. Please send curriculum vitae and bibliography to: James D. Perkins, MD, FACS; Director of Transplantation; University of Washington; 1959 NE Pacific St, Box 356410; Seattle, WA 98195 📧

**MULTI-ORGAN TRANSPLANT FELLOWSHIP** The Beth Israel Deaconess Medical Center, Department of Surgery, Division of Transplantation, and Harvard Medical School are seeking highly motivated individuals for its ASTS-approved transplant fellowship beginning July 2002, 2003, and beyond. The fellowship is a two-year program with training in kidney, pancreas, and liver transplantation and multi-organ cadaver procurement. Training will be provided in laparoscopic living-donor nephrectomy, living-related adult liver transplantation, and dialysis access. Training in islet isolation and clinical islet transplantation is available, but optional for the fellow. Participation in ongoing clinical research projects or translational projects within the Division of Transplantation, Division of Immunology, and Immunobiology Research Center will be supported. Fellows should be board-eligible or board-certified in general surgery. *Beth Israel Deaconess Medical Center and Harvard Medical School are Equal Opportunity Employers.* Women and minorities are particularly encouraged to apply. Interested individuals should contact: Douglas W. Hanto, MD, PhD, Chief, Division of Transplantation, Department of Surgery, Beth Israel Deaconess Medical Center, 110 Francis Street, Suite 7, Boston, MA 02215 **Fax:**(617) 632-9820 **Phone:** (617) 632-9810 **e-mail:** [dhanto@caregroup.harvard.edu](mailto:dhanto@caregroup.harvard.edu) 📧

**THE CENTER FOR SCIENTIFIC REVIEW (CSR) at the NIH** is expanding and reorganizing its scientific review structure into four Divisions, including a Division of Clinical and Population-based Studies. CSR is seeking a Director for this division with experience and knowledge in clinical research and/or behavioral and social science, who can serve as an effective liaison with these research communities. This is a senior executive level position. For more information, please see ad at <http://www.csr.nih.gov/employment>, or contact Ms. Pam Sullivan, [SullivanP@csr.nih.gov](mailto:SullivanP@csr.nih.gov) 📧

**PROGRAM DIRECTOR OF RENAL TRANSPLANTATION** The University of South Alabama is seeking a Transplant Surgeon or Transplant Urologist to assume the reigns of a rapidly growing kidney transplant program in Mobile, AL. We are a fully staffed program with a dedicated transplant team and excellent inpatient and outpatient facilities. We have performed 75 transplants during our first 3 years of operation and have 200 patients on our waiting list. There are nearly 3000 dialysis patients in our area and the prospects for growth are obvious. Candidates must be able to qualify under UNOS guidelines as the primary transplant surgeon. Responsibilities will include performance of transplants, pre and post transplant care, teaching, and supervision of students and house staff. Interested candidates should send current CV to: Barry Browne, MD, 2451, Fillingim St, 10F, Mobile AL 36617, Phone: 251-471-7542, Fax: 251-471-7020, email: [bbrowne@jaguar1.usouthal.edu](mailto:bbrowne@jaguar1.usouthal.edu) USA is an affirmative and equal opportunity employer. 📧

**KIDNEY/PANCREAS/ISLET TRANSPLANTATION SURGEON** The Recanati/Miller Transplantation Institute of The Mount Sinai Hospital and School of Medicine in New York City seeks a full time kidney/pancreas/islet transplantation surgeon at the Assistant Professor level to join its Transplant Program in a tenure track position. Candidates must be board certified in general surgery and have completed a multiorgan transplantation fellowship. Candidates should have experience with adult and pediatric renal transplantation, and preferably laparoscopic donor nephrectomies and islet transplantation. In addition, candidates should have an interest in basic science and/or clinical research. Interested individuals should send curriculum vitae/3letters of recommendations to: Jonathan S. Bromberg, MD, PhD, The Mount Sinai Hospital, Recanati/Miller Transplantation Institute, One Gustave L. Levy Place, Box 1104, New York, NY 10029. The Mount Sinai Hospital is an Equal Opportunity Employer. 📧

## ASTS NEW members

Niraj M. Desai, MD

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Lisa A. Geiselhart, PhD

Yale University School of Medicine

Carmen Gracida, MD

Hospital Especialidades, Mexico DF Mexico

Michael J. Hanaway, MD

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James W. Marsh, Jr. MD

University of Pittsburgh,

Thomas E. Starzl Institute

Amer Rajab, MD PhD

The Ohio State University Medical Center

A. Joseph Tector, MD

Indiana University Medical Center

Gary A. Wilson, MD FACS

Texas Transplant Institute

### OCTOBER 2002

October 9-12, 2002

#### ADVANCES IN ISLET CELL BIOLOGY: FROM STEM CELL DIFFERENTIATION TO CLINICAL TRANSPLANTATION

Anaheim, CA

Contact Phone: 626-359-8111

Contact Fax: 626-301-8489

Contact Email: [kramos@coh.org](mailto:kramos@coh.org)

Contact Website: <http://levinesymposium.coh.org>

October 11, 2002

#### 10 YEAR CELEBRATION OF LIVER TRANSPLANTATION IN SCOTLAND

Joint symposium of the Royal College of Physicians of Edinburgh and the Royal College of Surgeons of Edinburgh

Edinburgh, Scotland

Contact Name: Eileen Strawn

Contact Phone: 0131-225-7324

Contact Fax: 0131-220-3939

Contact Email: [e.strawn@rcpe.ac.uk](mailto:e.strawn@rcpe.ac.uk)

Contact Website: [www.rcpe.ac.uk](http://www.rcpe.ac.uk)

### JANUARY 2003

January 24-26, 2003

#### ASTS THIRD ANNUAL WINTER SYMPOSIUM

"Tumors and Transplantation"

Eden Roc Resort and Spa

Miami Beach, Florida

Contact Website: [www.asts.org](http://www.asts.org)

### MARCH 2003

March 20-23, 2003

#### HEPATOBLILARY DISEASES UPDATE: XV

Westin Diplomat Resort

Hollywood, Florida

Contact Phone: 305-243-6716

Contact Website: <http://cme.med.miami.edu>

### MAY 2003

May 30 - June 4, 2003

#### AMERICAN TRANSPLANT CONGRESS

Washington, DC

Contact Phone: 856-439-0880

Contact Fax: 856-439-1972

[www.ATCmeeting.org](http://www.ATCmeeting.org)

### JUNE 2003

June 4 - 6, 2003

#### ASSOCIATION OF ORGAN PROCUREMENT ORGANIZATIONS

20th Annual Meeting

Philadelphia, PA

Contact Phone: 804-330-8651

Contact Fax: 804-323-3795

Contact Email: [gavinjb@unos.org](mailto:gavinjb@unos.org)

June 19 - 21, 2003

#### THE AMERICAN SOCIETY FOR ARTIFICIAL INTERNAL ORGANS

49th Annual ASAIO Conference

Washington, DC

Contact Phone: 561-391-8589

Contact Fax: 561-368-9158

Contact Email: [info@asaio.com](mailto:info@asaio.com)



# asts committees 2002 – 2003

(Term expires at end of annual meeting in year indicated) • \*Nominations Committee Chair rotates annually to current President

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## American College of Surgeons

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