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ASTS 
American Society of Transplant Surgeons
C H I M E R A

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



Dear Friends,

Boy does time fly when you're having fun! It's hard to believe that this is my last letter to you as president. Needless to say, being president of the ASTS has been a great honor and tremendous pleasure and will, without question, be the pinnacle achievement of my professional career. The ASTS has enjoyed another prosperous year, most of the credit for which belongs to my fellow officers, Council members, committee chairs, and especially to Gail Durant, our executive director. To all of them and to you, our membership, I thank you from the bottom of my heart for your help and support.

This has been a year of continued progress for the ASTS. I have shared some of our efforts with you in past letters including the importance of the work of our Committee on Reimbursement and the Vanguard Committee's spectacular efforts in organizing the Winter Symposium. Regarding the latter, this year's meeting was again a tremendous success, not only with the largest attendance to date, but also

because it truly is developing the aura of being a very important event for the ASTS.

I now would like to share with you some of the other accomplishments of the ASTS in this past year that, I believe, will have a significant impact on our Society in the years to come. We have officially been admitted to the American Board of Surgery and will have a member on the ABS Board starting in July. This is a very important first step toward the ASTS achieving an official subspecialty designation. In future years, ASTS leadership will be calling on many of you to help in this regard as we move toward developing an *Examination of Added Qualification*. In addition, the ASTS has been granted seats on three of the Advisory Councils of the American College of Surgeons, namely *General Surgery*, *Urology*, and *Cardiothoracic Surgery*. We have also been granted a seat on the ACS General Surgery Coding and Reimbursement Committee. The presence of a transplant surgeon on each of these ACS subspecialty committees will ensure that our voice is heard when important issues are being discussed at the College.

Several structural changes to the ASTS have been made as well. The ASTS *Foundation* is now a reality. The *Foundation* will provide us with the vehicle to pursue additional philanthropic support which will become ever more important in years to come. To aid in this regard, a Development Committee was established as part of the *Foundation* Board. We also have made a few changes to our standing committees. The Committee on Standards on Organ Procurement will be changed to the Committee on Standards in Organ Transplantation, thus allowing this body to provide a wider scope of advice to us and the transplant community as a whole. A new ATC Program Committee will be established as a separate entity from the Committee on Programs, Publications, and Postgraduate Courses, with the latter now having responsibility for program and symposium development outside of the ATC.

Overall, I believe this has been a very good year for the ASTS and anticipate even better things to come. I again wish to thank all of you for your enthusiastic support of our Society and hope to see as many of you as I can at the ATC. Best wishes.

Jim Schulak, MD
President

The ASTS Council and Committee Chairmen/women met on January 23, 2003. The following are reports from various committees:

Bylaws Committee: John Roberts, Chairman of the ASTS Bylaws Committee will be presenting several bylaws changes approved by the ASTS Council for vote at the June 2, 2003, ASTS Members Business Meeting at the Marriott Wardman Park Hotel, Washington, DC. These include: Proposed name changes of two committees, the ASTS Standards on Organ Procurement Committee to ASTS Standards on Organ Transplantation Committee and the Programs and Publications Committee to the ASTS Planning Committee for the ATC. In addition, votes will be conducted on disbanding the Local Arrangements Committee and establishing a new ASTS Development Committee.

Thoracic Organ Committee: Marc Barr reported that the joint ASTS/STS symposium at the Society of Thoracic Surgeons will be held in San Diego on Thursday, January 30, 2003 from 5:15 to 6:45PM pacific coast time. The speakers and topics will be as follows: Mechanical Circulatory Support: Are we any closer to a product for the consumer? Robert L. Kormos, M.D.; Current Status of Lung Transplantation, G. Alexander Patterson, M.D.; Is Heart / Lung Transplantation Ready for Tolerance?, Joren C. Madsen, M.D., D.Phil. His committee is also addressing issues involving thoracic transplant and mechanical cardiac assist devices reimbursement. The committee will be working with the ASTS Awards committee to help review applications for the ASTS Thoracic Award.

Vanguard Committee: Sandy Feng reported that the committee is involved with an Ad Hoc Workgroup to create a database for the exclusive use of the ASTS leadership and the ASTS members. The members are: James Pomposelli, Elizabeth Pomfret, Ryutaro Hirose, and Edward Alfrey, The workgroup has begun to determine, under the guidance of Dr. Arthur Matas:

- The appropriate goals of the database
- Who might use an ASTS database and for what purpose(s)
- What information should be included in the database?
- How to actually create and maintain the database
- How should the information be collected to maximize completeness and facilitate transferral into a database?
- How should updates of previously submitted information be requested?
- How will the database be made available to ASTS members?
- How to ensure the confidentiality of the database such that access is appropriately restricted?

ASTS Members Business Meeting

The American Society of Transplant Surgeons will hold its annual ASTS Members Business Meeting on Monday, June 2, 2003 at 5:45 p.m. at the Marriott Wardman Hotel, Washington, DC. This is the site of the American Transplant Congress (ATC) for 2003.

The agenda for the meeting will include reports from ASTS Committees as well as the Treasurer's report, vote for vacancies on Council, and other business. Bylaws votes will be taken to change the names of two committees, the ASTS Standards on Organ Procurement Committee to ASTS Standards on Organ Transplantation Committee and the Programs and Publications Committee to the ASTS Planning Committee for the ATC. Also, votes will be conducted on disbanding the Local Arrangements Committee and establishing a new ASTS Development Committee. The meeting will be conducted by ASTS President James Schulak. 🐾



ASTS Foundation

Marc Lorber, President of the ASTS Foundation, conducted the second Board Meeting of the Foundation on January 23, 2003. The Board focused on operational aspects of the Foundation as well as developing a mission statement. The next meeting of the Foundation will be in May, 2003. 🐾

Legislative Update

For the past few months, Congress has been busy passing major legislation affecting transplantation and other health care issues. It has completed work on the fiscal year 2003 appropriations, enacted physician fee schedule reform to avert the payment cut scheduled for March 1, 2003, and begun work on comprehensive organ donor legislation. Meanwhile, President Bush has submitted a budget to Congress that proposes only small increases or level funding to several important health care programs and outlines significant Medicare and Medicaid structural reforms. The year 2003 should be a very busy year for health care legislation including legislation that affects transplantation.

Congress Passes FY 2003 Appropriations, Physician Fee Schedule Reform Included

On February 14, 2003, the House and the Senate agreed to an *omnibus appropriations* bill that will fund the government for the remaining months of Fiscal Year 2003. The passage of this legislation represents the culmination of the FY 2003 appropriations process, which dragged on 5 months past its normal point of completion. The final 3,000-page bill was signed by the President on February 20, 2003.

Overall, the legislation provides a total of \$397.4 billion in discretionary funds for all non-defense activities, and \$397.3 billion in mandatory funds. The total includes a 0.65% across-the-board cut (applied to the FY 2003 spending levels) in most programs funded by the agreement, with the exception of the Head Start program, the Veterans' Medical Care program, the Women, Infants, and Children nutrition program, and the space shuttle program. The cut is largely to fund education spending increases.

Physician Fee Schedule

Of major interest to ASTS, the final bill includes a provision that would increase *payments to physicians* under the Medicare program, thus averting a scheduled 4.4 percent cut in payments. This provision of the legislation became effective March 1, 2003 and replaced the 4.4 percent cut with a 1.6% increase over current 2002 rates. The provision would also give CMS legal authority to correct estimation errors made in conversion factor cal-

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culations in the past, which are expected to mitigate projected reductions in the conversion factor over the long term. CBO estimates that this provision would increase Medicare spending by \$800 million in FY 2003 and by \$54 billion over the next 10 years. This represents a major accomplishment for ASTS and organized medicine, a legislative priority that consumed significant resources in 2002.

Labor-HHS-Education Appropriations

The legislation provides a total of \$424.1 billion for the Labor, Health and Human Services, and Education departments and related agencies. This total is \$24 billion more than the FY 2002 level. Most of this increase, \$17.8 billion, is mandatory entitlement spending. The legislation's total expenditure level for these departments and agencies is \$1.6 billion more than the Administration's request. Compared to FY 2002, the legislation will increase discretionary spending for these departments by \$6.2 billion (5% on average).

The legislation appropriates \$27.2 billion in FY 2003 for the *National Institutes of Health* (NIH), \$3.8 billion (16%) more than the FY 2002 level, a little less than the administration's request. In addition, the legislation appropriates \$4.3 billion for the Centers for Disease Control and Prevention, \$67.5 million (2%) less than the FY 2002 appropriations, but \$322 million (8%) more than the administration's request.

The Health Resources and Services Administration's *Division of Transplantation* received a \$5 million increase to be funded at \$25 million in FY 2003. This represents a \$10 million increase over FY 2001 levels. The new funding will be used for national coordination of organ donation activities, increased funding of grants, and special initiatives to research methods to increase organ donation.

Organ Donor Legislation Passes House Committee, Senator Frist Readies Bill for Introduction

Comprehensive organ donor legislation is poised to be enacted into law

during the 108th Congress. On February 12, 2003, the House Energy and Commerce Committee unanimously passed H.R. 399, the "Organ Donation Improvement Act," without amendment. The bill is scheduled for consideration by the full House in early March. A similar bill passed last year by a vote of 408-0. The Senate, however, failed to act.

There was activity last year to include provisions that ASTS supported establishing grants to provide eligible hospitals with organ coordinators. However, the House passed the legislation without this provision in an attempt to move the bill through the legislative process, this not stalling it any further. Since the same bill without the organ coordinator piece passed again this year in the same fashion, ASTS has continued to work with Congressional staff to assure that important provisions, such as the organ coordinator piece, are not left out of a final bill. Although the House version is not as comprehensive as the Senate bill, the House sponsors of the legislation have stated that they would not oppose a number of provisions,

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which are contained in the Senate bill, that ASTS supports.

In the Senate this year, Senator Frist is poised to introduce the “Organ Donation and Recovery Improvement Act,” which is a reprisal of S. 1949 in the 107th Congress, which ASTS supported. ASTS has worked with Senator Frist and his staff to craft the new version, which, at press time, was scheduled to be introduced the first week in March.

The Senate bill, which is much more comprehensive than the House bill, would accomplish the following:

- Creates an *Interagency Task Force* on Organ Donation and Research to improve the coordination and evaluation of federally supported or conducted organ donation efforts and policies, as well as basic, clinical, and health services research;
- Gives the Secretary of Health and Human Services the authority to award *grants* to non-profit private entities and states to carry out studies and demonstration projects to increase organ donation rates, including living donation.
- Gives the Secretary the authority to award grants to eligible hospitals or OPOs to establish programs *coordinating* organ donation activities of eligible hospitals.
- The Secretary, acting through the director of the Agency for Healthcare Research and Quality, in consultation with the administrator of the Health Resources and Services Administration, “shall *develop scientific evidence* in support of efforts to increase organ and tissue donation and improve the recovery, preservation, and transportation of organs and tissues.”
- Tasks the IOM to “conduct an evaluation of the *organ donation practices* of organ procurement organizations, states, other countries, and appropriate organizations that have achieved a higher than average organ donation rate.”
- Authorizes the Secretary to award grants to states, transplant centers, and qualified OPOs for payment of *travel and subsistence expenses* incurred by living organ donors.
- Creates an advisory task force to “study *state registries* and make recommendations to Congress regarding

such registries,” which is to convene no later than 6 months after enactment of the bill.

- Directs the Secretary to “establish and maintain a *registry* of individuals who have served as *living organ donors* for the purpose of evaluating the long-term health effects associated with living organ donations.”

ASTS has sent letters of support for both the House and Senate versions of the organ donor legislation. We will continue to work with the respective Congressional staffs in the coming months while the bill moves through the legislative process.

President Bush Submits FY 2004 Budget to Congress; Many Health Proposals Introduced

On February 3, 2003, President Bush sent Congress a \$2.23 trillion budget proposal for fiscal year 2004. Under the budget proposal, mandatory spending, including that for Medicare and Medicaid, would total \$1.188 trillion. Discretionary spending in fiscal year 2004 would total \$782 billion, a \$30 billion increase over fiscal year 2003, with \$28 billion of the increase

going to non-defense homeland security spending. Overall, Bush's proposal holds spending on most domestic programs at or below projected inflation levels for FY 2004. (All increases and decreases in Bush's proposed FY 2004 budget are comparisons to his FY 2003 budget blueprint rather than to appropriated funding levels, which had not yet been finalized when the FY 2004 budget was submitted).

Under the budget, the Department of Health and Human Services would receive an overall 7% increase in funding, to a total of \$537.6 billion. Most of the increase is mandatory spending on Medicaid and Medicare, but the spending proposal also includes the new funding for Medicare and Medicaid reform. Bush's plan would raise discretionary funding for HHS by 2.6% to \$65 billion, including a 2% increase for the *National Institutes of Health*. In addition to major Medicare and Medicaid reform, the budget also includes outlines for private market health insurance reforms.

The Health Resources and Services Administration's *Division of Transplantation* was level-funded in the FY 2004 budget at \$25 million. However, a \$25 million budget represents a large increase when considered over the last three years where funding has increased from \$15 million in FY 2001 to \$20 million in FY 2002 to a level of \$25 million in FY 2003. Almost all HRSA programs, except for Community Health Centers, have been level funded for FY 2004, with some having received cuts.

Medicare

The FY 2004 budget proposal provides \$6 billion in FY 2004 for a 10-year, \$400 billion *reform of Medicare*, including a new *prescription drug benefit*. Details about the plan are slim, but the plan is expected to establish a prescription drug benefit for Medicare beneficiaries who enroll in a new managed care program relying upon HMOs and other private insurers. The following are details currently available regarding the Bush Administration's Medicare plan:

- Beginning 2006, Medicare beneficiaries could remain in the traditional fee-for-service program (presumably without drug coverage), enroll in regional HMOs that offer prescription drug coverage, or enroll in private health plans with "enhanced fee-for-service benefits" that include prescription drug coverage. (There has been no specific mention of immunosuppressive drugs, but it is widely assumed that the new drug coverage plans will cover drugs not currently paid for under Part B)
- Private health plans would submit bids to the federal government each year setting forth the amount that they would charge for benefits, much like the health care system for federal employees.
- Under the standard coverage, Medicare beneficiaries would pay a \$275 annual deductible and 50% of their prescription drug costs up to \$3,050 per year; in addition, Medicare would cover 90% of the

cost of prescription drugs after beneficiaries spend more than \$5,500 per year.

- About 95% of the \$400 billion will be designated for the drug benefit and other new benefits, including preventive care and catastrophic coverage for high-cost beneficiaries.

Although the Bush Administration's Medicare reform package is light on details at this point, enough information is available to make the proposal a serious concern for transplant surgeons and perhaps transplant patients. The proposal combines elements of past reform proposals that rely heavily upon private market health insurers, which could mean that complex transplant patients find it difficult to be served as well as they are under the fee-for-service system. It also could mean different reimbursement formulas for surgeons participating in multiple Medicare health plans.

Many interest groups and lawmakers, particularly Democrats and some moderate Republicans, have criticized the reform proposal as a scheme to "privatize" Medicare or "voucherize" benefits. Even Chairman of the Senate Finance Committee, Charles Grassley (R-IA), has been critical of the Bush prescription drug proposal stating that beneficiaries should not have to enroll in a managed care plan to receive prescription drugs.

Medicaid

The Administration's budget includes a proposal to overhaul the

Medicaid program in perhaps the most significant reform of the program since its inception in 1965. Under the proposal, states would have an option to continue operating their existing Medicaid program with no additional federal dollars or could opt into a new system with the federal government. The plan would increase payments to states for the first 7 years of the program, but would decrease payments drastically in years 8-10 in order to make the plan budget-neutral over a ten-year period. The plan includes the following provisions:

- The waiver process, under which states apply to the Federal government to modify benefits or eligibility requirements, would be eliminated.
- For “non-mandatory” beneficiaries, the proposal would allow states to change Medicaid rules and regulations, simplify and alter eligibility requirements, and modify or cut benefits at their own discretion, or, presumably, reduce provider reimbursement rates.
- The proposal would give states a fixed amount of federal money for the beneficiaries they voluntarily choose to cover. The guarantee of federal matching funds would be eliminated.
- States would be required to preserve comprehensive Medicaid coverage for the roughly two-thirds of Medicaid beneficiaries whose income levels are low enough that the federal government mandates that they be covered.
- The FY 2004 budget proposal would allot states \$3.25 billion in additional Medicaid funds to alter their pro-

grams, and an additional \$12.7 billion over seven years. There is a chance that these additional dollars could translate into higher provider reimbursement rates or expanded benefits in the short term, but funding for these improvements will be cut drastically in years 8-10. The plan also calls for drug companies to increase the prescription drug rebates they offer Medicaid, a change that would save the government \$13.2 billion over 10 years.

The Administration’s Medicaid reform plan is potentially very troublesome for both beneficiaries and providers, especially those who have or serve people with disabilities or chronic conditions. Many Democrats and Republicans have expressed misgivings about providing States with almost total flexibility in providing services without significant Federal oversight. In addition, the funding plan under the budget represents a shift away from the current system, under which the Federal government matches every dollar that states spend based on each state’s wealth. Many have characterized this funding plan as “block granting” the program-giving the States a set amount of funding to provide all benefits rather than a direct federal subsidy on behalf of each beneficiary.

Details are few on the plan, but information is expected to be released in the coming weeks. The House Energy and Commerce Committee is also planning a series of hearings focusing on Medicaid reform similar to what the Administration’s budget is proposing. Several Democrats in the Senate, including Ranking Member on the Finance Committee, Max

Baucus (D-MT), have expressed strong reservations about the Medicaid reform plan. They are planning to introduce a set of reforms that build upon the existing Medicaid program by enhancing benefits, administrative modifications, waiver reform, and increasing Medicaid matching funds to states through an annual inflationary update. Baucus would also invest an additional \$75 billion in Medicaid over existing levels over the next 10 years.

Health Insurance Reform for the Uninsured

There are several proposals in the budget designed to reduce the number of uninsured Americans. Foremost is a health care *tax credit* of up to \$3,000 per family to make health insurance coverage more affordable for uninsured low- and middle-income Americans. The Administration estimates that the provision would reduce the number of uninsured by 4 million people. The budget also includes a provision for an above-the-line deduction for *long-term care insurance* premiums, an allowance for \$500 in Flexible Spending Account funds to roll over to the following year, and a permanent extension and reform of the *Archer Medical Savings Accounts* (MSAs). MSAs allow for pre-tax dollars to be saved for routine medical expenses, such as doctors’ visits and tests, with beneficiaries purchasing a catastrophic health insurance plan to cover hospital and other high-cost health expenditures. The federal government has limited the amount of MSAs to 750,000 policies under, but

ASTS has sent letters of support for both the House and Senate versions of the organ donor legislation.

thus far, only approximately 44,000 are currently utilized nationwide.

Patient Safety Spotlighted in Budget, Congressional Action Expected

The FY 2004 budget includes \$84 million, a \$24 million increase, for patient safety activities to test and develop new interventions that may be reproducible across health care systems. The patient safety total includes a new \$50 million initiative to demonstrate hospital-based information technology solutions, including an emphasis on small community and rural hospitals. The Agency for Healthcare Research and Quality will be the primary recipient of these funds.

In Congress, preliminary indications are that patient safety legislation will be considered this year. Last year,

two House committees passed legislation, but no compromise was reached. It is expected that the committees will again attempt to pass some form of patient safety legislation. With heightened scrutiny from the transplant community on patient safety issues, this legislation may well become an important focus for ASTS.

President's Council on Bioethics Discusses Organ Transplantation

During the January meeting of the President's Council on Bioethics, the Council discussed ethical concerns relating to organ donation and transplantation. The Council's discussion included consideration of a background paper on the bioethics of this field of medicine. The Council agreed it would continue to discuss these issues at a future meeting. ASTS has established a working relationship with the Council's staff and will be

monitoring and interacting with the Council as needed throughout the year.

Conclusion

ASTS will be monitoring what is expected to be a very busy year for health care legislation. The President's budget is heavy on health policy proposals, many of which could constitute a serious threat to transplant patients and their surgeons. From an offensive perspective, ASTS will also be working to pass comprehensive organ donor legislation. Since this year could mark significant reforms in Medicare and Medicaid as well as transplantation. It is essential for transplant surgeons to be actively involved with the legislative process and make their views known to lawmakers both through ASTS and individually. ✎

Regulatory and Reimbursement Update

Over the past several months ASTS has been active on a number of fronts with respect to Medicare payment for transplant-related services.

•ASTS Submits Testimony to Medicare Panel Considering Coverage for VADs as Destination Therapy

On March 12, 2003, the CMS Medicare Coverage Advisory Committee will hear testimony from a number of organizations, including ASTS, regarding the extension of Medicare coverage for VADs as destination therapy for patients with end-stage heart failure who are not eligible for a transplant. Currently, Medicare only covers implantation of a VAD as a bridge to transplantation. The Committee requested ASTS to testify after having received ASTS's written comments, which were filed last year.

Robert Kormos, MD will serve as ASTS's presenter at the meeting, and will testify in support of the extension of coverage for the implantation of VADs as destination therapy, provided certain conditions are met. ASTS's statement emphasizes the need to ensure that VAD patients who are covered under the new policy do not qualify for transplantation. ASTS will also stress the need to ensure that the procedure is performed at a facility that meets appropriate quality of care standards and can provide adequate post-operative care.

•ASTS Analyzes DRG Payments for Organ Rejection

Currently, there are no specific DRGs for organ rejection; rather, organ rejection cases are assigned to "miscellaneous" DRGs associated with the organ involved. For example, kidney rejection is assigned to a catch-all DRG for "other kidney and urinary tract" diagnoses. The PPS payment rates for these DRGs are generally insufficient to cover the significant costs involved, especially in light of the costs of the necessary immunosuppressive drugs.

CMS recalculates DRGs on an annual basis, based on hospital charge data. While there is no formal procedure for requesting a new DRG or a change in a DRG amount, it is clear that in order to obtain increased payment it would be necessary to demonstrate that organ rejection cases involve significantly higher costs than those associated with other diagnoses that are classified into the same "miscellaneous" DRG(s).

Hospital costs for the purposes of DRG classification are determined based on claims data accumulated in CMS's MEDPAR data base, which includes approximately 13 million Medicare hospital claims and over 100 different data fields. Because of the size and complexity of this data base, it would be necessary to retain a consultant to conduct the analysis necessary to reclassify organ rejection into a separate DRG.

•OIG Focuses on Transplant Centers, Outlier Payments

The OIG's Office of Inspections and Evaluations is currently conducting two investigations focused specifically on transplant centers. The first focuses on whether Medicare-certified heart transplant centers meet applicable certification requirements –specifically, the requirements that such centers perform a minimum of twelve heart transplants per year and that they have a one-year survival rate of 73%. Preliminary information collected by the OIG suggests that 37% of Medicare-certified heart transplant centers do not meet these criteria. The OIG Report may be issued as soon as this summer.

The second investigation focuses on organ donation rates at transplant centers generally. This study is national in scope and involves all organs. The study was prompted by reports that organ donation rates at certified transplant centers are lower than donation rates at other facilities. This study is still in its preliminary stages.

Please note that while the OIG's Office of Inspections and Evaluations does not conduct audits of individual institutions for the purpose of imposing sanctions, it is possible that coding, financial and other issues that raise potential issues under civil false claims, kickback, and related statutes may be referred to the OIG's Audit team for further investigation.

In addition, over the past several months, as the result an investigation into Tenet's compliance with Medicare billing and other rules, the OIG has launched a national investigation of hospital billing for "outlier" cases. To the extent that transplantation cases (or organ rejection cases) qualify as outlier cases, transplant centers may be swept into the investigation.

The outlier issue arises where a hospital dramatically increases its charges, which may result in an increased number of patient cases qualifying for additional reimbursement as outliers. Statistics indicate that, for top academic medical centers, outlier payments constitute approximately 12-13% of total payments, while the average for all hospitals is in the range of 4-5%. Hospitals whose outlier payments exceed the national norm for their category may be targeted in the OIG "outlier" investigation.

U.S. Tissue and Organ Transplantation Market to Reach \$20.5 Billion by 2007

U.S. healthcare spending grew 8.7 percent to \$5,035 per capita in 2001, a 0.8 percentage point jump in share of GDP to 14.1 percent.

The following press release from Business Communications Company, Inc. (25 Van Zant Street, Norwalk, CT 06855, Telephone: (203) 853-4266; ext. 309, Email: publisher@bccresearch.com) summarizes transplant care spending in the United States and highlights various trends in both organ and tissue transplantation expenditures.

According to a soon-to-be-released report from Business Communications Company, Inc. (www.bccresearch.com) RB-103R The Market for Tissue and Organ Transplantation, tissue and organ transplantation in the U.S. is a \$17.3 billion market in 2002 that is expected to grow at an AAGR (average annual growth rate) of 3.5% to \$20.5 billion by 2007. Growth for different types of products and services will vary greatly within the market, however, depending on how they relate to the dominant trends shaping transplantation.

The U.S. organ transplantation market totaled nearly \$4.2 billion in 2002, and kidney and liver transplantation accounted for 76% of the total. The market is projected to grow at an annual rate of 5% to nearly \$5.4 billion in 2007.

The fastest growing sector within organ transplantation is small bowel transplantation, also called an intestine transplant. This is also the smallest sector within organ transplantation, accounting for only one-half of one percent of U.S. organ transplants in 2002, and the newest, having been approved for reimbursement by Medicare in 2001.

The largest sector within organ transplantation is kidney transplantation, which accounted for 59% of U.S. organ transplants in 2002. It is also the third most rapidly growing segment of the organ transplant market.

The U.S. tissue transplantation market totaled approximately \$13.1 billion in 2002, including the use of animal and synthetic tissues in place of human bone, heart valves, and skin. The market is projected to grow at an annual rate of 2.9% to approximately \$15.1 billion in 2007.

The fastest growing sector within tissue transplantation is skin transplantation (including collagen transplants), mainly for cosmetic purposes. This also is the largest sector, by number of procedures, within tissue transplantation, accounting for nearly 50% of all U.S. tissue transplants in 2002.

The largest market sector within tissue transplantation, in dollar terms, is blood stem cell transplantation, which accounted for nearly one-third of the dollars spent on tissue transplantation. Blood stem cell transplantation consists of bone marrow, peripheral blood stem cells, and umbilical cord blood transplants.

The transplantation market is undergoing fundamental shifts due both to restricted supply and advancing technology.

On the supply side, the number of organs and amount of tissue donated each year from cadavers has stagnated in the United States as it has elsewhere. As a result, growth in organ transplantation depends almost entirely on increasing organ donations from living people. Thus, there is less potential for growth for established products or services used solely in the retrieval of organs from cadavers than there is for those used by organ recipients. New products that significantly improve organ retrieval or preservation could change that.

On the technology side, the development of alternatives to organ transplantation is progressing so rapidly that transplantation is less and less about saving lives and more often about the quality of life. Ironically, the more mundane organ transplantation becomes, the more rapidly the demand grows. Hence, the market for products and services related to the evaluation of people or organ waiting lists have a greater growth potential than products used by organ recipients. 🦋

U.S. Organ and Tissue Transplantation Markets, through 2007

	2002	2007	AAGR %
			2002-2007
Organ (\$ Millions)	4,185	5,352	5.0
Organ (# of Procedures)	25,309	32,731	5.3
Tissue (\$ Millions)	13,091	15,125	2.9
Tissue (# of Procedures)	3,885,322	4,875,755	4.6

Source: BCC, Inc.

American Transplant Congress

It is with great pleasure the American Society of Transplant Surgeons (ASTS) and the American Society of Transplantation (AST) invite you to attend American Transplant Congress (ATC) 2003, the Fourth Joint American Transplant Meeting. The continuing enormous success and overwhelming attendance of the first three joint meetings confirms that this educational event is the premier annual meeting in the fields of basic and clinical transplantation science and medicine. This year we received a record number of abstracts and have increased the number of mini-oral and poster presentations.

ATC 2003 remains in Washington, DC at the Marriott Wardman Park Hotel. The meeting will be contained completely in the Marriott and will have ample room for exhibits and an expanded poster area. A cyber cafe will be the focal point of the poster area and will be accessible to attendees every day during the meeting. A popular focus of last year's meeting, a review/update course on Friday and Saturday, will again be offered. Due to the popularity of last year's course, we have decided to expand and offer two courses, one to cover new experimental and clinical approaches to transplant immunology and one focusing on the medical complications following transplantation. The symposium, designed especially for nurses and coordinators, has been expanded to a full day course, with a special breakfast symposium chaired by Barbara DiMercurio, RN, from the NIH. Saturday afternoon will again offer separate pre-meeting symposia on pediatric transplantation, clinical tolerance, T cell activation and expanded donors.

On Sunday, Monday and Tuesday, during the meeting itself, invited experts will present in-depth reviews and scientific symposia for both the clinician and basic scientist. The ever popular, "What's Hot, What's New" will be the feature presentation on Wednesday, the final day of the meeting. On all days of the meeting, controversial topics and new developments will be the focus of the sunrise symposia. Mini-oral presentations, which were a well-received addition last year, will be expanded this year. With the single large venue, the site of all oral presentations will again be conveniently located, making it far easier for attendees to move between concurrent sessions.

This year we are fortunate to have Sankar Ghosh, distinguished molecular biologist, as our state-of-the-art speaker to present a talk on NF- κ B: An Evolutionary Conserved Mediator of Immune and Inflammatory Responses. We also anticipate a major U.S. government figure to deliver a health care public policy address.

We hope you will join us in Washington, DC for what we believe will be a stellar educational event in transplantation. 

David M. Briscoe,
MD

Jonathan S. Bromberg,
MD, PhD

Donald E. Hricik,
MD

Stuart J. Knechtle,
MD

American Transplant Congress

The Joint Annual Meeting of the American Society of Transplant Surgeons
and the American Society of Transplantation.



• Registration | • Housing

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American Transplant Congress

The Joint Annual Meeting of the American Society of Transplant Surgeons
and the American Society of Transplantation.

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Program at a Glance

Friday, May 30

10:00 a.m. – 7:00 p.m.

Registration Open

1:00 – 5:45 p.m.

Review and Update Courses 1) New Insights in Transplant Immunology
2) Medical Complications Following Transplantation

Saturday, May 31

7:00 a.m. – 6:00 p.m.

Registration Open

7:00 – 8:00 a.m.

Breakfast Symposium: Advanced Practice Guidelines for Clinicians

8:00 a.m. – 12:30 p.m.

Review and Update Course: New Insights in Transplant Immunology
Medical Complications Following Transplantation

8:00 a.m. – 5:00 p.m.

Infectious Disease of the Transplant Recipient: A Symposium for
Nursing Professionals

1:00 – 3:00 p.m.

Pre-meeting Symposia
Pediatric Symposium: Long-term Complications: Prevalence, Prevention and
Treatment
Clinical Tolerance Protocols

3:00 – 3:30 p.m.

Break

3:30 – 5:30 p.m.

Clinical Science Symposium: Marginal Donors
Basic Science Symposium: The Dynamics of T-cell Activation

6:30 – 10:00 p.m.

Satellite Symposium Presented by Novartis Pharmaceuticals, Inc.

Sunday, June 1

6:30 – 7:00 a.m.

Continental Breakfast

7:00 a.m. – 7:30 p.m.

Registration

7:00 – 8:15 a.m.

Concurrent Sunrise Symposia:
(1) Novel Perspectives in Immune Tolerance
(2) Transplantation in ABO Incompatible, Highly Sensitized or
Positive Crossmatch Patients
(3) Emerging Viral Infections

8:30 – 9:30 a.m.

Joint Plenary Session

9:45 – 11:15 a.m.

Basic Science Symposium: Novel Aspects of Dendritic Cell Biology
Clinical Science Symposium: Who Should Not Be Transplanted/Retransplanted?

11:30 a.m. – 12:30 p.m.

Awards

12:00 – 12:30 p.m.

State-of-the-Art Address
NF- κ B: An Evolutionary Conserved Mediator of Immune and
Inflammatory Responses
Sankar Ghosh, PhD

12:45 – 1:45 p.m.

Mini-oral Poster Presentations
Liver II: Living Donors
Pediatric Kidney Transplant
Regulation
Rejection I
Concurrent Sessions
Thoracic
Non-Traditional Kidney Donors
Outcomes in Pediatric Kidney Transplantation
Gene Therapy/Experimental Bone Marrow Transplantation I
Kidney: Acute Rejection and Immunologic Monitoring
Heart Transplantation: Immunosuppression Protocols
Novel Mechanistic Aspects in Ischemia and Reperfusion Injury
Costimulatory Pathways in Graft Rejection and Tolerance
Chemokines/Adhesion Molecules

2:00 – 5:30 p.m.

	Chemokines/Adhesion Molecules MELD Kidney: The Immunologically High Risk Patient Intestinal, Multivisceral, and Composite Tissue Allografts I Allorecognition/Cytokines Heart Transplantation: Mechanisms and Diagnoses of Graft Injury Live Donor Liver Transplantation Experimental Islet Transplantation I Polyoma Virus Infection in Renal Transplantation Outcomes in Renal Transplantation: Can Some Immunosuppression Be Withdrawn? Malignancy and Transplantation Living Kidney Donation Mechanisms of Tolerance Induction
5:30 – 7:30 p.m.	Opening Reception, Poster Session I, Exhibits Open
7:30 – 10:30 p.m.	Satellite Symposium Presented by Roche Laboratories, Inc.

▪ Monday, June 2 ▲

6:30 – 7:00 a.m.	Continental Breakfast
7:00 a.m. – 7:30 p.m.	Registration
7:00 – 8:15 a.m.	Concurrent Sunrise Symposia: (1) Lymphocyte Migration and Trafficking (2) Reproductive Issues in Transplant Recipients (3) Clinical Utility of Immune Monitoring
8:30 – 9:30 a.m.	Dual Plenary Sessions: Clinical and Basic
9:45 – 11:15 a.m.	Basic Science Symposium: B Cell Immunobiology Clinical Science Symposium: Clinical Trials Symposium
11:30 a.m. – 12:30 p.m.	In Depth Reviews: Basic/Clinical
12:45 – 1:45 p.m.	Mini-oral Sessions Pancreas and Islets Lymphocyte Activation Islets/Endothelial Cells Liver I: Infections, Recurrent Disease and Pediatrics Malignancy
2:00 – 5:30 p.m.	Concurrent Sessions New Immunosuppressive Agents Clinical Islet Transplantation Kidney: Allocation and Public Policy Viral Infections in Transplantation I Pediatric Liver Transplantation Tolerance in Human and Nonhuman Primates Unique Drug Strategies Lymphocyte Subsets in Graft Rejection Immunosuppression: Effects on Gene Expression, Cytokines, and Lymphocytes Kidney: Transplant Outcomes Immunoregulatory and Antigen Presenting Cells Mechanisms and Monitoring of Allograft Rejection Mechanisms of Immunosuppression Lung Transplantation: Toward Improved Outcomes Clinical Pancreas Transplantation Complications in Renal Transplantation Kidney: Wait List Issues/Economics Chronic Rejection and Chronic Allograft Nephropathy Kidney: Pharmacogenetics, Kinetics, and New Drug Immunosuppression and Rejection in Liver Transplantation
5:30 – 7:00 p.m.	Poster Session II, Beer and Pretzel Reception
6:30 – 10:00 p.m.	Satellite Symposium Presented by Wyeth Pharmaceuticals

▪ Tuesday, June 3 ▲

6:30 – 7:00 a.m.	Continental Breakfast
7:00 – 7:30 a.m.	Registration
7:00 – 8:15 a.m.	Concurrent Sunrise Symposia: (1) Links Between Innate and Adaptive Immunity (2) Re-evaluating the Patients on the Waiting List: How Often, How Old, How Extensive: Early Morning Workshops:

	<ul style="list-style-type: none"> 1. Dendritic Cell Trafficking 2. Islet Transplantation and Tolerance Induction 3. Mechanisms of Dominant Transplantation Tolerance 4. Allorecognition 5. Chronic Rejection: What's New? 6. Management of Hepatitis C in Heart and Kidney Recipients. 7. Expanding the Use of the Living Kidney Donors 8. Complications of Heart Transplantation 9. Advances in the Transplantation of the Very Young 10. Transplantation of the HIV Patient
8:30 – 10:00 a.m.	Basic Science Symposium: CD8 T Cell Biology Clinical Science Symposium: Living Donors: Evolving Concepts And Concerns
10:00 – 12:30 p.m.	Joint Session: ASTS and AST Presidential Addresses, ASTS or AST Awards
12:45– 1:45 p.m.	Mini-oral Sessions Infectious Diseases and Immunization Liver III: Immunosuppression/Biliary Rejection II Tolerance
2:00 – 5:30 p.m.	Concurrent Sessions Liver: Infections and Recurrent Disease Post Kidney Transplant Issues Kidney: Acute and Chronic Rejection Kidney: Preservation and Reperfusion Injury Kidney: Protocols to Minimize Maintenance Immunosuppression Costimulation Viral Infections in Transplantation II Immunomodulation of Allograft Injury Modulation of Apoptosis and Tissue Injury Transplantation Genomics Tolerance Kidney: Comparative Trials Pediatric Immunosuppression Kidney: Drug Withdrawal, Reduced Dosing, and Comparisons Liver: Donor Issues/Preservation Kidney: Monitoring and End Points New Therapeutic Approaches in Ischemia and Reperfusion Injury Xenotransplantation I Kidney: TOR Inhibitors Thoracic: Recipient and Donor Outcomes
5:30 – 7:00 p.m.	Poster Session II, Beer and Pretzel Reception
6:30 – 10:30 p.m.	Satellite Symposium Presented by Fujisawa Healthcare, Inc.
■ Wednesday, June 4 ▲	
6:30 – 7:00 a.m.	Continental Breakfast
7:00 a.m. – 6:00 p.m.	Registration
7:00 – 8:15 a.m.	Concurrent Sunrise Symposia: (1) Artificial Heart (2) The Endothelium and Allorecognition Early Morning Workshops: 1. T cell Signaling 2. Complement in Acute and Chronic Rejection 3. Lymphocyte Trafficking: Requirements for Tolerance and Rejection 4. Recurrent Hepatitis C in the Liver Graft 5. Donor Management: Optimizing Outcome and Utilization 6. Complications of Lung Transplantation 7. Maximizing Islet Cell Recover and Function 8. Cold Storage Injury 9. The Business of Transplantation 10. Study Design Issues in Transplantation
8:30 – 9:30 a.m.	Dual Plenary Sessions – Basic/Clinical
9:45 – 10:45 a.m.	What's Hot; What's New
11:00 a.m. – 12:30 p.m.	Concurrent Sessions Regulatory Cells in Tolerance Induction Kidney: Complications of Immunosuppression Organ Donation, Preservation and Policy I Liver: Post-Transplant Complications/Pre-Transplant Management/ Malignancy Kidney: Immunosuppression Trials and Complications
12:30 p.m.	Adjourn



ASTS 3rd Winter Symposium

“Tumors and Transplantation”

The 3rd Annual ASTS Winter Symposium was held January 24-26, 2003 at the Eden Roc Resort and Spa, Miami Beach, Florida. Over two hundred and forty people attended the conference which focused on “Tumors and Transplantation.”

Members of the program organizing committee lead by ASTS Vanguard Committee Chair, Sandy Feng, Douglas Hanto, J. Michael DiMaio, Joseph Buell and Ravi Chari.

Presentations are available on the ASTS website at www.ast्स.org and include Registry Data Overview; Considerations of Donors with Common Solid Organ Malignancies; Candidates with a History of Cancer; Hepatocellular Cancer and Liver Transplantation; Transplant Recipients Who Develop De Novo Cancer; Post Transplant Lymphoproliferative Disease.

Two special programs were included with this year's Winter Symposium. One focused on Transplant Reimbursement. The panel headed by Michael Abecassis addressed Medicare cost reports and organ acquisition costs for transplant centers, reimbursement issue facing the surgeon and contracting strategies for transplant centers. The ASTS Vanguard Committee conducted a career development symposium entitled “The Timeline for Success in Academic Transplant Surgery.”

Over seventy poster presentations were available for viewing throughout the meeting and six oral poster presentations were conducted. In addition, over twenty companies had exhibits on display during the symposium.

The Eden Roc Resort and Spa, located on oceanfront property overlooking Miami Beach provided an enjoyable setting for the evening events which included a dinner with dancing and dining with a Latin beat on Friday and a casual fun evening bar-b-que with activities for children and parents on Saturday. 🍷

At The Symposium:



ASTS President, James Schulak, gives opening remarks at ASTS 3rd Annual Winter Symposium, "Tumors and Transplantation," at the Eden Roc Resort and Spa in Miami Beach, Florida.



ASTS Vanguard Committee Chairwoman, Sandy Feng, introduces the panel on "Donors with Malignancy" at the ASTS 3rd Annual Winter Symposium.

ASTS

ASTS would like to thank the following companies
for their support of this event:

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4th ANNUAL STATE OF THE ART WINTER SYMPOSIUM

January 23-25, 2004

SURGICAL CHALLENGES IN TRANSPLANTATION

Mountain Shadows Marriott
Resort & Golf Club,
Scottsdale, Arizona

To register

Call 800-314-1921 or www.astso.org

Abstracts will be accepted. Deadline: September 29, 2003
Go to www.astso.org for details

ASTS 
American Society of Transplant Surgeons

ASTS NEW members

Elizabeth E. Ashcraft, RPh
Medical University of South Carolina

G. Mark Baillie, PharmD MHA
Medical University of South Carolina

Christopher T. Barry, MD PhD
University of California – San Francisco

Srinath Chinnakotla, MD MBBS MCh
Baylor University Medical Center

Ari J. Cohen, MD
Ochsner Clinic Foundation

Edward M. Falta, MD
Johns Hopkins Hospital

Amitabh Gautam, MB BS MS FRCS Ed
Rhode Island Hospital

David R. Holt, MD FACS
Loyola University Medical Center

Seth J. Karp, MD
Johns Hopkins Hospital

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Daniel G. Maluf, MD
Medical College of Virginia-VCU

Claus U. Niemann, MD
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Hiroji Noguchi, MD
Surgical Associates, Inc.

Antonello Pileggi, MD
University of Miami School of Medicine
Cell Transplant Center – Diabetes Research Inst.

Andrew M. Posselt, MD
University of California – San Francisco

Mikel Prieto, MD
Mayo Clinic Transplant Center

Thiagarajan Ramcharan, MD
Transplant Institute of New Orleans

Roberto M. Verzaro, MD
Rome, Italy

Thomas K. Waddell, MD MSc PhD FRCS
Toronto General Hospital
Toronto, Ontario Canada

MARCH 2003

March 19-22, 2003
SEOPF BI-ANNUAL MEETING
Medical, Surgical & Financial
Complications Surrounding Organ
Transplantation
J. W. Marriott, Lenox (Buckhead)
Atlanta, GA
Contact Phone: 804-323-9893
Contact Email: skinner@seopf.org
Contact Website: www.seopf.org

March 20-23, 2003

**HEPATOBI LARY DISEASES
UPDATE: XV**
Westin Diplomat Resort
Hollywood, Florida
Contact Phone: 305-243-6716
Contact Website:
<http://cme.med.miami.edu>

MAY 2003

May 2-6, 2003
**SEOPF BASIC
HISTOCOMPATIBILITY COURSE**
Doubletree Hotel
Philadelphia, PA
Contact Phone: 804-323-9893
Contact Email: skinner@seopf.org
Contact Website: www.seopf.org

May 30 - June 4, 2003

**AMERICAN TRANSPLANT
CONGRESS**
Washington, DC
Contact Phone: 856-439-0880
Contact Fax: 856-439-1972
Contact Website:
www.atcmeeting.org

JUNE 2003

June 4 - 6, 2003
**ASSOCIATION OF ORGAN PRO-
CUREMENT ORGANIZATIONS**
20th Annual Meeting
Philadelphia, PA
Contact Phone: 804-330-8651
Contact Fax: 804-323-3795
Contact Email: 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.org
Contact Email: www.asaio.org

June 25-28, 2003

**SEOPF EXPANDED DONOR
CRITERIA WORKSHOP**
Embassy Suites
Orlando, FL
Contact Phone: 804-323-9893
Contact Email: skinner@seopf.org
Contact Website: www.seopf.org

SEPTEMBER 2003

September 12, 2003
**THE KIDNEY AND UROLOGY
FOUNDATION OF AMERICA**
Ethical Issues and Clinical
Development in Transplantation
New York, NY
Contact Phone: 212-629-9770
Contact Email:
eiwu@kidneyurology.org
Contact Website: www.kidneyurology.org

September 10-13, 2003

**VIII INTERNATIONAL SMALL
BOWEL TRANSPLANT
SYMPOSIUM**
Sheraton Bel Harbor, Miami
Beach, FL
Contact Phone: 305-243-6716 or
1-800-U-OF-M-CME
Contact Email:
umcme@med.miami.edu
cme@med.miami.edu
Contact Website:
<http://cme.med.miami.edu>

September 30 - October 4, 2003

**SEVENTH INTERNATIONAL
XENOTRANSPLANTATION
CONGRESS**
Glasgow, Scotland
Contact Email: info@ixa2003.co.uk
Contact Website:
www.ix2003.co.uk

OCTOBER 2003

October 1 - 4, 2003
**TRANSPLANT IMMUNOSUP-
PRESSION 2003: The Continuing
Challenges**
Minneapolis, MN
Contact Phone: 612-626-7600
Contact Fax: 612-626-7766
Contact Email: cmereg@umn.edu
Contact Website:
www.med.umn.edu/cme

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

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

The ASTS Job Board is enhanced further by the addition to the ASTS website, www.asts.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 www.asts.org, log into the Members Only section and click on Upload/download files.


ABDOMINAL TRANSPLANT SURGEON The University of Florida Transplant program is seeking to add an additional abdominal transplant surgeon at the assistant or associate professor level. We are seeking someone who is skilled in pancreas, kidney, and liver transplantation and able to perform laparoscopic donor nephrectomy. The University of Florida is an equal opportunity employer. Please forward a CV to: Dr. Richard J. Howard, Department of Surgery, University of Florida, P. O. Box 100286, Gainesville, Florida 32610 ✉


TRANSPLANT DIVISION CHIEF Northwestern University's Feinberg School of Medicine, Department of Surgery has begun a search for full-time Chief of its Division of Organ Transplantation. The Division Chief will also serve concurrently as Director of Organ Transplant Services at Northwestern Memorial Hospital on the University's Chicago Campus. Northwestern's Transplant Program, initiated in 1964, now includes liver, kidney, pancreas (whole gland and islet) and intestinal transplantation performed by a team of six surgeons. Living donors are a major source of organs for kidney and liver recipients. Northwestern's fellowship training for liver, kidney, and pancreas transplantation are certified by the American Society of Transplant Surgeons. Northwestern ranks among the nation's leading transplant centers with respect to clinical volume, outcomes, and both basic and clinical research. The ideal candidate will possess a medical degree, board certification, and experience in clinical and/or bench research. Additionally, the candidate will have completed a fellowship in organ transplantation. Salary and rank will be commensurate with experience. Northwestern University is an Affirmative Action/Equal Opportunity Education and Employer. Women and minorities are encouraged to apply. Hiring is contingent upon eligibility to work in the United States and holding a medical license in the State of Illinois. The proposed starting date is negotiable, however, the Department would like to have the position filled by September 1, 2003. For full consideration, applications should be received by January 1, 2003. Interested applicants should submit letters of interest and curriculum vitae to: Thomas A. Mustoe, MD Chair, Organ Transplant Chief Search Committee, Northwestern Medical Faculty Foundation, 675 North St. Clair, Galter 19-250, Chicago, Illinois 60611 10 ✉


ACADEMIC TRANSPLANT SURGEON Southern Illinois University School of Medicine has a faculty position available for a second transplant surgeon for their longstanding kidney and pancreas transplant program. The successful candidate will be committed to clinical excellence, research and teaching. The opportunity exists to practice general surgery and vascular access in addition to transplantation. The candidate must be board eligible or board certified. Springfield, Illinois is the capital city and offers many of the opportunities associated with a larger city while providing the friendly atmosphere of a small, Midwestern town. This position has been designated security-sensitive, and employment is contingent upon the result of a criminal background investigation. Illinois licensure is a requirement of employment. Send letter of application along with your curriculum vitae to Tim O'Connor, M.D., Department of Surgery, P. O. Box 19638, Springfield, IL 62794-9638. Applications should be received by February 1, 2003 but may be accepted until the position is filled. SIU School of Medicine is an Equal Employment Opportunity/Affirmative Action employer. ✉


HEPATOLOGIST/TRANSPLANT HEPATOLOGIST Philadelphia, PA - The Liver, Biliary, and Pancreas Center at Hahnemann University Hospital is recruiting a board-eligible or certified gastroenterologist with formal hepatology/transplant hepatology training to join rapidly expanding hepatology and liver transplant program. UNOS certification as a transplant physician is desired, but not required. This open rank position offers unique opportunities in clinical medicine, research and education. Those qualified and interested should submit cover letter and CV to Gillian Ann Zeldin, M.D., Chief of Hepatology, Hahnemann University Hospital, 216 North Broad Street, Philadelphia, PA, 19102. Drexel University College of Medicine is an AA/EOE. Women and minorities are encouraged to apply. ✉


ABDOMINAL TRANSPLANT SURGEON - SEATTLE Swedish Medical Center is recruiting a transplant surgeon, qualified to act at the level of assistant or associate Professor, to join its multi-disciplinary Department of Organ Transplantation. Candidates must have completed an ASTS approved fellowship or have equivalent training. Special interest in pancreas and islet transplantation and skills in multi-organ transplantation, laparoscopy and vascular access surgery are highly desirable. Shared responsibilities include patient care, resident teaching and participation in the development of existing and new programs. Interest in research, participation in the literature and scholarly organizations is highly encouraged. Applications are welcome from colleagues currently in academic or private practice settings. Swedish Medical Center, located in Seattle, is the Puget Sound region's benchmark for excellence

in health care. If you are interested in learning more about this opportunity, please contact Jacqueline Carie, Physician Recruitment, Swedish Medical Center, (206) 215-2454. Email or fax your CV in confidence to jacqueline.carie@swedish.org. Alternatively you may contact William Marks, MD, Ph.D., the Robert B. McMillen Director of Organ Transplantation at DMrk8@aol.com or fax (206) 386-3644. Visit our Web site at www.swedish.org. 

TRANSPLANT SURGEON The Division of Transplantation in the Department of Surgery at Stanford University School of Medicine is seeking candidates for a full-time faculty position at the rank of Assistant or Associate Professor in the Medical Center Professoriate. The major clinical focus will be pediatric kidney transplantation and adult kidney and pancreas transplantation. There will be shared clinical and teaching activities with the existing five-member transplant group. Candidates must be certified by the American Board of Surgery or the American Board of Urology and must have completed training in an ASTS approved fellowship program. Please submit letter of interest, curriculum vitae and references to: Carlos O. Esquivel, M.D., Ph.D., The Arnold and Barbara Silverman Professor of Pediatric Transplantation, Professor of Surgery and Chief, Division of Transplantation, Stanford University School of Medicine, 750 Welch Road Suite 319, Palo Alto, CA 94304. Stanford University is committed to increasing representation of women and members of minority groups on its faculty and particularly encourages applications from such candidates. 

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 

TRANSPLANT HEPATOLOGIST The Texas Transplant Institute in San Antonio is seeking a second hepatologist to work with a growing liver transplant program. Board eligibility or certification in gastroenterology is required as is the ability to obtain Texas medical licensure. UNOS qualification in liver transplantation is desirable, but not essential. The Texas Transplant Institute is a not-for-profit medical corporation dedicated to bone marrow and organ transplantation with adult and pediatric programs in the Methodist Healthcare System hospitals with resident and transplant surgery fellowship training. TTI physician specialties include hematology-oncology, surgery, transplant cardiology and transplant hepatology. Research staff and facilities are available. Excellent salary, benefits and relocation assistance will be offered. Please submit a current CV to the attention of Roberta Cloud, Vice President, Texas Transplant Institute, 8201 Ewing Halsell, San Antonio, Texas, 78229 or to rcloud@texastransplant.org. Francis H. Wright, MD, Director, Organ Transplant fwright@texastransplant.org; Preston F. Foster, MD Director, Liver Transplant pfoster@texastransplant.org; Robert McFadden, MD, Medical Director, Director Liver Transplant rmcfadden@texastransplant.org 

DIRECTOR OF LIVER TRANSPLANTATION RESEARCH UNIVERSITY OF CINCINNATI The Division of Transplantation, Department of Surgery, at the University of Cincinnati College of Medicine is seeking to recruit a full-time basic scientist with either a MD and/or PhD degree(s) at the Assistant, Associate, or Professor level to develop, lead, and conduct transplant-related basic science research programs. Areas of research focus for this position include hepatic ischemia/reperfusion injury and/or organ preservation, in either rodent or large animal models. Successful candidates must be able to integrate their interests with those of clinical faculty in the division as well as have a record of scientific independence as measured by extramural grant support and publication history. Considerable opportunities exist for collaborative efforts with strong basic science research programs in the Department of Surgery in the areas of inflammation, tissue injury, epithelial cell biology, and vascular biology. Joint appointments in other areas, including basic science departments, are possible. Faculty appointment to academic department at a rank appropriate to the candidate's education, experience, and credentials Compensation packages are competitive and will be commensurate with experience and qualifications. The University of Cincinnati is an Affirmative Action/Equal Opportunity Employer. Women and minorities are particularly encouraged to apply. Interested individuals should please contact: E. Steve Woodlee, MD, Director, Division of Transplantation, Department of Surgery, University of Cincinnati College of Medicine, 231 Albert Sabin Way, PO Box 670558, Cincinnati, Ohio 45267-0558, woodlees@uc.edu, 513-558-6001. 

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