

CHIMERA

Published for Members of the American Society of Transplant Surgeons

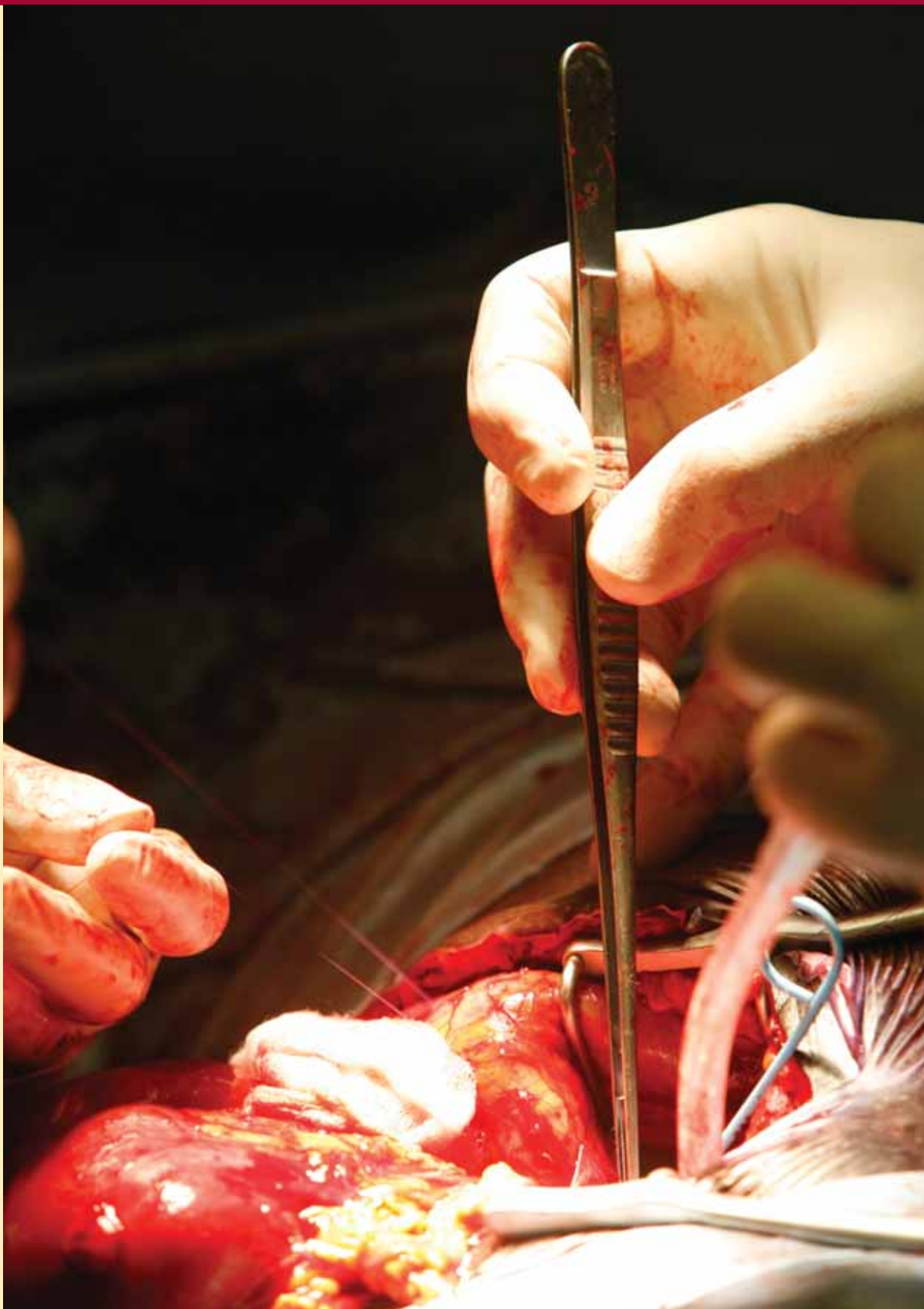


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ASTS 
American Society of Transplant Surgeons

www.asts.org



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surgical associates interested
in advancing surgical care in transplantation



Fostering and advancing
the practice and science of transplantation
for the benefit of patients and society



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Editor's Letter



By now many members have had a chance to weigh-in on the new and improved redesign of the *Chimera*. We are getting great feedback. In this issue, we will take a closer look at the events during the highly successful 7th Annual State-of-the-Art Winter Symposium, the upcoming American Transplant Congress, an in-depth look at ASTS legislative and regulatory issues and the production of an ASTS first-of-its-kind educational video.

This year, the ASTS answered the call of members who wanted the winter symposium to offer more controversial topics and more opportunities to network. One such example speaks volumes. Junior members petitioned the Vanguard Committee to design a mentorship initiative to foster career enhancing opportunities. Both the Mentorship Seminar and Cocktail Hour emerged into a triumphant inaugural event. Participation was impressive.

Call for Covers

If you have interesting transplant images that could be featured on the cover of the *Chimera*, please send the images and a brief description to:

ASTS Newsletter Committee
2461 S. Clark Street
Suite 640
Arlington, VA 22202
asts@asts.org

The Society is committed to implementing new initiatives to advance transplantation and offer patients a better quality of life. Spearheaded by Dr. Arthur J. Matas, the ASTS has worked diligently on the roll-out of a video, *Living Kidney Donation: What You Need to Know*, designed specifically to be used by transplant centers as an educational tool for potential living kidney donors.

For years, the ASTS has engaged Powers, Pyles, Sutter and Verville, P.C. Attorneys at Law (PPSV) in Washington, D.C. to provide legislative and regulatory counsel. Of late, there is substantial turn of events taking place in Congress and healthcare that impact transplantation.

In this issue, our legislative and regulatory counsel provide a thorough analysis of pivotal issues such as the living paired donation bill, which the Society fully supports, the Intent to Transplant



Ruling, Physician Fee Schedule update, Physician Quality Reporting Initiative and more.

The ASTS wants to hear from you! As we continue to make modifications to the *Chimera*, Members are encouraged to submit suggestions or offer comments on how we are doing with the development of this newsletter. Email your comments to asts@asts.org.

Best regards,

Kenneth L. Brayman, MD, PhD
Chair, Newsletter Committee

Chantay L. Parks
Managing Editor
chantay.parks@asts.org

Karol A. Keane
Design & Communications, Inc
kakeane@erols.com



President's Letter

This has been a substantive year for the ASTS; I have the space to draw your attention to only a few highlights. Most important, I want to thank those of you who, throughout the year, devoted your time and effort to our Society.

We began the year with the launch of our new user-friendly website (www.astsonline.org), filled with information about our Society, fellowship training, research and education, awards, and advocacy. Each of those categories includes numerous subtopics. I encourage each of you to start using the site – it is updated regularly (e.g., regarding reimbursement issues and transplant-related bills in Congress). The site's first screen directs you to committee activities, the American Transplant Congress, our journal, the American Journal of Transplantation (AJT), and “hot topics.” There is also an up-to-date job board and a list of educational events.

The ASTS, with the University of Michigan, applied for and received a major grant from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. The ASTS-University of Michigan project team is working to develop a nationwide system for identifying potential living donors who are facing financial hardship because of travel and subsistence expenses for either their evaluation or donation. The HRSA grant will provide reimbursement for such expenses and will fund a study of the impact of reimbursement on living organ donation.

Our 7th Annual State-of-the-Art Winter Symposium, held in January 2007 in Marco Island, Florida, was a tremendous success, with record attendance (even the weather cooperated). The symposium focused on the organ shortage crisis. We look forward to



Arthur J. Matas, MD
ASTS President

next year's symposium, *The High Risk Recipient*, to be held January 25-27, 2008, again in Marco Island, Florida.

The ASTS has developed an educational video for potential kidney donors that addresses evaluation, surgery, and potential risks. At the University of Minnesota, we have used a similar video and have found it useful to send to prospective donors before their first clinic visit. The new ASTS video will be sent to transplant centers; members may purchase additional copies (at cost) from the ASTS national office.

A gradual change in the ASTS has been our increasing role in public advocacy as more and more government agencies develop regulations and standards. For example, the President's Council on Bioethics is developing a position paper on transplantation and asked for ASTS input; so has UNOS as it gets involved with standards for living donation. Of note, a new bill has been introduced in Congress in support of paired donation; the ASTS supports this bill. In early March, U.S. House of Representatives

unanimously passed the bill entitled the *Charlie W. Norwood Living Organ Donation Act* in honor of the late Congressman Charlie Norwood (R-GA). Congressman Norwood was a co-sponsor of the bill. We look forward to Senate passage of the bill so that President Bush can sign it into law.

A major focus of this year's efforts has been to increase members' interest and activity in our Society. We have begun to send regular emails to members to inform them of Society activities and other information. One of the first “ASTS Member News” blast emails (January 2007) included information on the NIH request for grant applications on “Clinical Trials in Organ Transplantation in Children.”

To enhance the value of ASTS membership, we have launched the following three initiatives:

- 1) We are developing a formal educational curriculum for transplant fellows, which will help ensure that fellows who train in different institutions have the same basic knowledge. A Curriculum Committee has been formed, and a surgical educator has been retained to help set appropriate educational objectives. As the curriculum is developed, it will be available to members on our website. A key aspect of our curriculum is that it will be updated regularly.
- 2) As members, you should have already received a “request for information” from us about your kidney transplant programs. Our goal is to facilitate kidney transplant clinical trials for transplant centers directed by ASTS members. Several pharmaceutical firms have already expressed an interest in collaborating with the ASTS in this project. We encourage you to submit the requested information so your center will be considered for these trials. A

New Members

ASTS Welcomes It's New Members.....

similar "request for information" will soon be sent to members about liver transplant trials.

- 3) We have initiated discussions with the American Board of Surgery regarding a pilot program for maintenance of certification competency (MOC) for transplant surgeons. It may be that our transplant fellow curriculum, which will be available on our website, may be used, in part, for MOC.

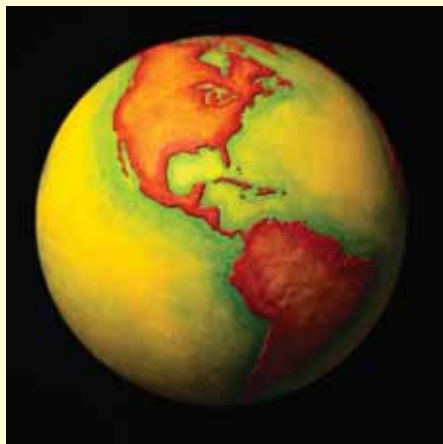
As this issue goes to press, we are all looking forward to the upcoming American Transplant Congress (ATC), to be held May 5-9 in San Francisco. The program is superb and I hope to see each of you there. Our annual Business Meeting will be Tuesday night; 5:45 p.m. at the Moscone West Convention Center room 2001. Numerous issues facing our Society will be discussed at the business meeting.

Finally, it has been an honor to serve as your President this year. In the first piece I wrote for the *Chimera* (Fall 2006), I drew your attention to our mission statement (available on the website); your ASTS Council and Committees have helped keep us focused on this mission. I have been fortunate to work with an outstanding group (Council Members, Committee Chairs, Members, and the ASTS Executive Director and Staff); each of these colleagues is committed to the advancement of our Society. My deepest thanks to each of them for their extraordinary contributions — and to all of you for the privilege of serving as your President.

See you in San Francisco!



Arthur J. Matas, MD
ASTS President



Rolf N. Barth, MD
University of Maryland
Baltimore, MD

Thomas E. Collins, MD
University of California Los Angeles
Los Angeles, CA

Jay A. Graham, MD
Georgetown University Hospital
Washington, DC

James V. Guarrera, MD
Columbia University Medical Center
New York, NY

Charles W. Hoopes, MD, PhD
University of California San Francisco
San Francisco, CA

Philip Karuman, MD, PhD
Singapore General Hospital
Singapore

Dong-Sik Kim, MD, PhD
University Hospital of Cincinnati
Cincinnati, OH

Vinay Kumaran, MBBS, MS, MCh
Sir Ganga Ram Hospital
New Delhi, India

Sayeed K. Malek, MD, FACS
Brigham & Womens Hospital
Boston, MA

Paul M. McFadden, MD, FACS
University of Southern California
Los Angeles, CA

Benjamin Samstein, MD
Columbia University
New York, NY

Christopher J. Sonnenday, MD, MHS
University of Michigan
Ann Arbor, MI

Kazunari Tanabe, MD, PhD
Tokyo Women's Medical University
Tokyo, Japan

Theodore H. Welling, MD
University of Michigan Medical Center
Ann Arbor, MI

Gokhan Yagci, MD
Gulhane Military Medical Academy
Ankara, Turkey

American Transplant Congress
May 5-9, 2007 San Francisco, CA
www.atcmeeting.org



Legislative Report

Paired Donor Legislation Fast-Tracked Toward Enactment as Congress Gears up for Tight Budget and Possible Medicare Legislation

In what promises to be a major legislative victory for the transplant community, Congress is slated to pass legislation that would clarify the legality of living paired kidney donation. If ultimately enacted and signed into law by President Bush, transplant centers will be free of any potential legal hurdles to begin, continue, or expand their paired donation activities.

In addition to this exciting development, the 109th Congress finalized its work in 2006 with a flurry of last-minute legislative activity. Lawmakers prevented a 5.0 percent cut in physician payments, but failed to act on major spending bills. As such, Congress passed a “continuing resolution,” which pushed responsibility for funding government programs in fiscal year (FY) 2007 onto the newly elected Democratic Congress.

The 110th Congress continues the furious pace of legislative activity, passing six major legislative proposals in the first “100 hours” of the new Congressional session. Aside from politically driven activity, the new Congress dealt with the FY 2007 appropriations crisis by simply extending FY 2006 funding levels through the end of FY 2007.

Unfortunately, this means that the hard-fought \$2 million in funding for the Organ Donation Act that the Senate proposed earlier in the FY 2007 funding cycle was lost in the final bill.

Congress is now focusing on the FY 2008 budget and appropriations cycle, which looks as, or more, austere than any year in recent history with the President’s budget holding a strict line on domestic spending. These fiscal



The bill was amended to include a definition of “paired donation” along with a change to name the bill in honor of Congressman Norwood

conditions complicate the ongoing effort by ASTS and other transplant-related groups to secure a direct increase in funding for the Organ Donation Act. Additionally, with severe cuts of \$75 million to Medicare included in the President’s budget, a possible major Medicare and Medicaid bill lurks on the horizon.

Paired Donation Legislation Set to Pass Congress

ASTS and the transplant community worked persistently in 2006 and into 2007 to educate and advocate for the passage of the *Living Kidney Organ Donation Clarification Act*. The legislation would clarify that the National Organ Transplant Act (NOTA) was not intended to prohibit living kidney paired donation as an exchange of “valuable consideration.” On March 7, 2007 the U.S. House of Representatives unanimously passed the bill. At the time of this writing, it is anticipated that the Senate will pass this legislation in the coming weeks and be signed by President Bush.

Throughout 2005 and 2006, ASTS, UNOS, and other transplant groups argued that virtually the entire transplant community did not believe that paired donation raises any ethical concerns that Section 301 of NOTA was designed to address, namely, the creation of a market for donor organs. But the effort to seek clarification in the NOTA law that paired donation is not a violation of NOTA became a high priority of ASTS due to vague concerns raised by Executive Branch officials that the situation is not clear. Thus, eliminating any lingering legal concerns would encourage transplant centers to adopt paired donation programs as a standard practice and could lead to the development of a national paired donation program.

With the illness and death of Congressman Charlie Norwood (R-GA), a lung transplant recipient and sponsor of the original House bill, Congressional leaders fast-tracked the paired donation bill. As a result, on February 15, 2007 the Senate passed the Senate version of the bill, S. 487, by unanimous consent. In the House, the bill was amended to include a defi-

nitition of “paired donation” along with a change to name the bill in honor of Congressman Norwood. When the legislation is signed into law by President Bush, the bill will be renamed the *Charlie W. Norwood Living Organ Donation Act*.

Enactment of this legislation represents an important and timely victory for ASTS and the transplant community. Significant efforts by ASTS Members, its staff and counsel, as well as the support of vast majority of the transplant community resulted in a bill that will likely garner near unanimous approval in Congress.

Organ Donation Act and Appropriations Update

The Republican-controlled 109th Congress wrapped up its business just two weeks before the holiday season without passing 10 of 13 major spending bills that fund the federal agencies—including the critical Labor, Health and Human Services, and Education Appropriations bill. This bill funds the Health Resources and Services Administration’s Division of Transplantation—the agency responsible for implementing the Organ Donation Act’s major programs, including travel and subsistence expenses for living donors, grants to increase organ donation, and grants for hospital-based organ coordinators. The 109th Congress opted to simply pass a “continuing resolution” that funded the government at FY 2006 levels until February 15, 2007.

Instead of working on passing a final FY 2007 spending package, the new Democratic Congress bundled those remaining spending bills together in an “omnibus” package and funded virtually all government programs at FY 2006 levels. Congressional appropriators shifted approximately \$10 billion from earmarks and other programs to increase funding for some domestic programs that were priorities of the incoming Democrats. For example, the National Institutes of Health (NIH)

would receive an additional \$620 million in FY 2007. Similarly, Veterans Health would receive a \$3.6 billion increase and the FDA would receive a \$76 million increase from 2006 levels. However, most domestic spending remained flat from FY 2006 funding levels.

The physician fee schedule provision was the driving force behind the medicare package

Prospects for funding of the Organ Donation Act in FY 2008 continue to be challenging but will likely start from where the Senate left off. The Bush Administration released its fiscal year (FY) 2008 budget request on February 5, 2007, proposing significant cuts to many domestic programs, including Medicare and Medicaid, and many Health and Human Service agencies. Once again, the Division of Transplantation was level funded, but at least was not cut along with many other HRSA programs.

ASTS and the transplant community recently met to develop a new strategy for FY 2008 and press forward with efforts on securing funding in the new funding cycle. In short, ASTS will be educating the newly elected key lawmakers who will be involved with crafting the FY 2008 appropriations package and with continuing Senate sponsors of the increase in funding. ASTS sent three of its members to visit Congressional offices the week of February 26, 2007 to press for funding of the Organ Donation Act as well as encourage final passage of the paired donation bill.

Physician Fee Schedule Payment Increase Approved

In its waning hours, the 109th Congress approved its last piece of legislation, a Medicare and tax package that served two major legislative purposes. First, it secured the extension of many expiring tax provisions first enacted in the Bush tax cuts of 2001. Second, and more importantly for transplant surgeons, it eliminated a proposed 5.0 percent cut in physician payments for calendar year 2007.

The physician fee schedule provision was the driving force behind the Medicare package and represented the bulk of the new spending included in the legislation. As a result, physician payments under Medicare Part B will receive a 0 percent reimbursement update in calendar year 2007.

Senate and House leaders also included a provision that would provide an additional 1.5 percent in fees for physicians who report specific quality measures between July 1 and December 31, 2007. Coincident with passage of the bill, the Centers for Medicare and Medicaid Services (CMS) unveiled the quality measures that would apply to the reporting process. According to the outgoing Republican Chairman of the Senate Finance Committee, who wrote the reporting provision, Charles Grassley (R-IA), the 1.5 percent update was a “good first step” toward installing a broader system of quality reporting.

The final passage of the physician fee schedule update represents a qualified success for physician groups. ASTS, in concert with other medical specialty societies, had urged Congress to eschew the 5.0 percent cut in favor of a positive update. However, the cost of a long term fix to the formula that determines the annual update for physician fees was deemed too expensive for some lawmakers who already had serious misgivings about moving any end-of-year legislation that included additional funding.



Legislative Report

The physician fee schedule provision ultimately cost \$3.1 billion over 5 years. By contrast, a long-term legislative solution that would ameliorate additional negative updates for the foreseeable future is estimated to cost in excess of \$200 billion.

The linkage of a payment increase to reporting of quality data is a new twist to Congressional efforts on physician payments. It signals an embrace of linking payments to physician performance and, ultimately, more detailed “pay for performance” proposals. By linking incentive payments to physician compliance with certain quality of care targets, pay for performance is likely to be at the heart of a solution to reform physician payment policy. ASTS continues to be actively engaged with CMS and Congress on matters pertaining to the linkage of payment to quality standards.

Entitlement Reform and Immunosuppressive Drug Coverage

It is widely believed that the 110th Congress will attempt to engage issues relating to entitlement spending (i.e., Medicare, Medicaid and Social Security). This is especially true given the fact that the President’s budget calls for such steep cuts in Medicare and Medicaid spending. This could prompt a “budget reconciliation” bill that would ultimately require Congress to adjust funding of entitlement programs. 2007 offers a window of opportunity in which to potentially accomplish an entitlement reform bill prior to the Presidential election year, when such a bill would be unlikely to pass. Democratic priorities for entitlement reform are anticipated to be significantly different from Republican approaches. Increasing reliance on private sector administration of benefits and so-called “privatization” will likely be off



ASTS continues to be actively engaged with CMS and Congress on matters pertaining to the linkage of payment to quality standards

the table with Democrats in control. However, how Democrats propose to deal with blossoming entitlement spending as baby boomers retire is, as yet, undetermined. Irrespective of party control, the possibility of major entitlement reform presents an opportunity for ASTS to engage Congress on immunosuppressive drug coverage issues.

Currently, Medicare coverage for immunosuppressive drugs is limited to

three years post-transplant, a time when kidney transplant patients also lose their overall Medicare coverage. Other access and financial hurdles to immunosuppressive drug compliance also continue to arise with regard to Medicare coverage restrictions and loopholes in current law.

Conclusion

Ultimately, the major shift in party control to the Democrats will have a big impact on issues critical to transplant surgeons and patients. The shift in party control changes the future landscape for myriad health care issues, including funding for the Organ Donation Act. Entitlement reform—including Medicare—is potentially on tap for 2007, which could present an opportunity for changes to Medicare’s immunosuppressive drug coverage. It is clear that persistent efforts by ASTS and others in the transplant community can bring important legislative priorities to fruition, as evidenced by the impending passage of paired donation legislation. ASTS will continue in the coming months to focus intensely on issues impacting transplantation in Congress and the federal agencies as this historic era in American politics and policy continues to unfold.

*By Peter W. Thomas, Esq. and
Dustin W.C. May
Powers, Pyles, Sutter & Verville, PC
ASTS Legislative Counsel*



Regulatory & Reimbursement Update

Joint Commission Proposal to Accredite Transplant Centers

Earlier this year, the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) announced proposed criteria for a transplant center accreditation program that closely track the Medicare proposed transplant center requirements issued in February of 2005. The CMS regulations have not yet been finalized; yet, JCAHO proposed to begin its accreditation program by the end of 2006.

ASTS submitted comments on the Joint Commission program, indicating that the program is premature since no Medicare final regulations for transplant centers have been issued. ASTS also expressed strong concern about the need for ongoing involvement of individuals with substantial transplant center expertise. In response, JCAHO indicated that it plans to wait until publication of the CMS final rules to finalize its accreditation criteria, and committed itself to involving the ASTS in the establishment of the final accreditation criteria and in the implementation process. ASTS is planning to meet with JCAHO upon publication of the final regulations (anticipated this Spring) and to participate on the Joint Commission Advisory Committee on transplant certification.

Intent to Transplant Ruling

On December 21, 2006, CMS issued a ruling on Medicare payment for organs used in transplantation (CMS 1541-R) (the "Intent to Transplant" Ruling), which requires (OPOs) to allocate certain organ retrieval costs among all organs; unless certain narrowly defined criteria are met. The prior rule authorized OPOs to allocate these costs only to the organs actually procured. CMS contends that, under the prior rule, a disproportionate share of organ retrieval costs were allocated to the kidney cost



center, the costs of which are borne primarily by the Medicare Program. It is anticipated that the Intent to Transplant Ruling will increase the "Standard Acquisition Charge" for organs other than kidneys. Also, the Intent to Transplant Ruling may significantly impact retrieval of organs from Extended Criteria Donors (ECDs), since the Ruling dissuades organ retrieval teams from taking a "quick look" at organs from marginal donors. The Intent to Transplant Ruling is prospective only, and should not affect cost allocation procedures prior to the Ruling's effective date.

Last year, ASTS participated in a coalition with AOPO and other concerned organizations to convince the agency to retain the prior accounting method. The Coalition met with the CMS Administrator last August in an effort to convince the agency that changing the allocation methodology would not be appropriate. The Intent to Transplant Issue Ruling is contrary to the position urged by ASTS and others, and

Coalition members have requested a meeting with HHS Secretary Leavitt to urge modification or reversal of the Ruling.

ASTS Comments on CMS Proposed Revisions of LVAD Facility Criteria

CMS has long indicated that facilities other than transplant centers should be eligible to receive payment for LVAD implantation as destination therapy, and, in an effort to increase the availability of this procedure in December 2006 the agency published proposed modification of the approval criteria for facilities seeking to perform these procedures.

In response, ASTS filed comments expressing concern with a number of aspects of the proposed new criteria. Please visit www.ast.org to view comments. Most importantly, CMS's proposed criteria simply require that patients eligible for LVAD implantation as destination therapy be limited to those not appropriate for transplantation, without specifying the procedures to be followed to make this determination or the criteria to be used. ASTS's comments recommended that, ideally, facilities wishing to be certified should be required to document that each LVAD patient has first been evaluated for transplantation and that the patient has been fully informed of his or her options. ASTS further recommended that, at the very least, LVAD facilities that are not transplant centers should be required to enter into an agreement with a nearby transplant center to provide training in patient evaluation and selection, management of patients, device specific training, and other areas. In addition, certified LVAD facilities should be required to document the criteria that are used to determine whether or not a patient is appropriate for transplantation, and the



Regulatory & Reimbursement Update

rationale for ruling out transplantation in each case should be set forth in the patient's medical record.

ASTS also requested that requirements pertaining to physician and surgeon qualifications be strengthened. Specifically, ASTS commented that the technical proficiency and clinical judgment required of those providing LVAD implantation as destination therapy is in many ways comparable to that required for cardiac transplantation, and requirements should be similar. In addition, ASTS commented on CMS's proposed revisions of the volume standards and BSA requirements.

Physician Fee Schedule Update

Shortly before adjournment, Congress enacted legislation precluding the 5% reduction in the conversion factor and freezing the Medicare conversion factor at the 2006 rate. Therefore, the 5% across the board cut in reimbursement has been avoided, at least for this year. However, unless Congress enacts a permanent fix, another negative update is predicted for 2008.

As we reported in the last *Chimera*, RVUs for most transplant services will increase in CY 2007, with RVUs then declining somewhat from 2007-2010 (but generally remaining within 5% of current RVUs). The table on page 11 shows the current and projected allowances for most transplant-related services.

Physician Quality Reporting Initiative (PQRI)

The PQRI grows out of section 101 of Title 1 of the Tax Relief and Health Care Act of 2006 enacted by Congress in December of last year. The program establishes a financial incentive in the form of a 1.5% bonus of total allowed Medicare fee for service payments for physicians and other practitioners who

voluntarily report certain quality measures (QMs) between July 1 and December 31 of 2007. To be eligible for the bonus, a physician or group must report 80% of the time on up to three QMs unless there are fewer than three QMs applicable to the specialty. The agency has already published on its website a list of 74 quality measures that can be reported. They can be viewed at www.cms.hhs.gov/PQRI/Downloads/PQRI MeasuresList.pdf. There are several that relate to surgery that may be applicable to ASTS members.

It is not necessary to formally enroll in the program. All that is required is to begin reporting the QMs on claims on or after July 1, 2007 through the use of the designated G codes assigned to each QM. The bonus payment will be in the form of a lump sum paid sometime in early 2008. By law, the payment must be made to the billing entity (e.g. the physician practice, faculty practice plan or hospital (in the case of employed physicians) rather than to the individual physician).

For the period from July-December of this year, CMS intends to implement the PQRI without any formal rulemaking. The statute does not provide for a bonus or other incentive payment after 2007.

American College of Surgeons Considers Response to American College of Physicians Initiative

The American College of Surgeons (ACS) is currently considering surgical specialties' 2007 legislative agenda, including possible responses to an initiative recently put forth by the American College of Physicians (ACP). The ACP initiative will focus on providing Medicare reimbursement for care coordination by primary care physicians using a prospective (i.e. per case) model. The ACP initiative appears to

assume that care coordination and management of chronic conditions is exclusively a primary care activity, ignoring the role that other specialists, including surgeons, play in coordinating care. At this stage, it is unclear how this message is to be communicated to the Hill and to agency policymakers; however, it is anticipated that ASTS will participate in whatever ACS plan is formulated.

Backbench Code Classification and Valuation

For the past several years, ASTS has disputed the apparent classification of these services as physicians' services covered under Medicare Part B, rather than as organ acquisition cost reimbursed under Part A. At this stage, ASTS has explained both to those CMS officials with authority over Part B and those with authority over Part A the reasons for treating the costs involved in standard backbench work as Part A organ acquisition costs. The issue is still under consideration by CMS.

Data Reduction Project

ASTS continues to urge the OPTN to exercise vigilance in adding any new data submission requirements and to approve new data submission requirements only when the submission of data is consistent with agreed principles. ASTS will continue to press all of those involved to provide clearly articulated reasons for any additional data submission requirements and hopes that this process will continue to alleviate the data reporting burden placed on ASTS members and transplant center staff.

*By Diane Millman, Esq. and
Rebecca Burke, Esq.
Powers, Pyles, Sutter & Verville, PC
ASTS Regulatory Counsel*



2007 Medicare Physician Fee Schedule Transplant Procedures

For easy reference, a copy of CPT codes and reimbursement allowances for transplant procedures is downloadable via the ASTS website, www.asts.org under the Advocacy/Reimbursement tabs.

CPT Code	Description	2006 RVUs	2007 RVUs	2010 Projected RVUs	2007 Allowance	Projected 2010 Allowance	Percent Change in (2006 to 2007)	Projected Percent Change (2006 to 2010)
Kidney								
50320	Remove kidney, living donor	35.21	35.74	37.10	\$1,354.46	\$1,406.00	1.51%	5.37%
50327	Prep renal graft/venous	5.64	5.58	5.40	\$211.47	\$204.65	-1.06%	-4.26%
50328	Prep renal graft/arterial	4.94	4.89	4.74	\$185.32	\$179.63	-1.01%	-4.05%
50329	Prep renal graft/ureteral	4.72	4.68	4.56	\$177.36	\$172.81	-0.85%	-3.39%
50340	Removal of kidney	20.29	22.29	23.15	\$844.74	\$877.33	9.86%	14.10%
50360	Transplantation of kidney	50.8	60.59	63.13	\$2,296.21	\$2,392.47	19.27%	24.27%
50365	Transplantation of kidney	59.41	68.64	69.66	\$2,601.28	\$2,639.94	15.54%	17.25%
50370	Remove transplanted kidney	22.53	28.04	29.67	\$1,062.65	\$1,124.42	24.46%	31.69%
50380	Reimplantation of kidney	35.28	45.29	48.59	\$1,716.38	\$1,841.44	28.37%	37.73%
Pancreas								
48552	Prep donor pancreas/venous	6.07	5.99	5.75	\$227.01	\$217.91	-1.32%	-5.27%
48554	Transpl allograft pancreas	56.6	60.04	61.76	\$2,275.37	\$2,340.55	6.08%	9.12%
Liver								
47120	Partial removal of liver	55.28	58.36	57.56	\$2,211.70	\$2,181.38	5.57%	4.12%
47122	Extensive removal of liver	83.74	87.35	85.39	\$3,310.35	\$3,236.07	4.31%	1.97%
47125	Partial removal of liver	75.13	78.28	76.47	\$2,966.62	\$2,898.02	4.19%	1.78%
47130	Partial removal of liver	81.23	84.26	82.11	\$3,193.24	\$3,111.76	3.73%	1.08%
47135	Transplantation of liver	122.92	123.84	121.12	\$4,693.23	\$4,590.15	0.75%	-1.46%
47136	Transplantation of liver	104	105.03	102.60	\$3,980.37	\$3,888.28	0.99%	-1.35%
47140	Partial removal, donor liver	82.42	86.55	86.16	\$3,280.03	\$3,265.25	5.01%	4.54%
47141	Partial removal, donor liver	99.55	103.01	101.97	\$3,903.82	\$3,864.41	3.48%	2.43%
47142	Partial removal, donor liver	109.61	113.38	111.95	\$4,296.82	\$4,242.63	3.44%	2.13%
47146	Prep donor liver/venous	8.89	8.75	8.37	\$331.60	\$317.20	-1.57%	-5.85%
47147	Prep donor liver/arterial	10.37	10.21	9.76	\$386.93	\$369.88	-1.54%	-5.88%
Lung								
32851	Lung transplant, single	71.87	72.49	67.42	\$2,747.19	\$2,555.05	0.86%	-6.19%
32852	Lung transplant with bypass	81	81.47	74.40	\$3,087.51	\$2,819.57	0.58%	-8.15%
32853	Lung transplant, double	86.63	86.82	80.47	\$3,290.26	\$3,049.61	0.22%	-7.11%
32854	Lung transplant with bypass	92.93	93.78	87.62	\$3,554.03	\$3,320.58	0.91%	-5.71%
Heart								
33935	Transplantation, heart/lung	98.75	98.13	93.98	\$3,718.88	\$3,561.61	-0.63%	-4.83%
33945	Transplantation of heart	69.73	119.08	126.14	\$4,512.83	\$4,780.39	70.77%	80.90%



ASTS News

*The Winter Council and Committee Chair Meeting was held in Marco Island, FL, January 11, 2007.
Following are key committee news and reports from the meeting.*

LEGISLATIVE REPORT

Dr. Richard Freeman and Mr. Peter Thomas reported that Congress prevented a five percent drop in physician payments for 2007. Payments will be subject to a zero percent update or 1.5% increase for physicians who submit quality data to CMS.

Mr. Thomas advised that some members of Congress are interested in offering a living organ donor tax credit or deduction on federal tax returns. The Council unanimously agreed that ASTS should support a tax credit or deduction and that this is consistent with the ASTS position to support removing financial disincentives to living donation. See page 6 for a detailed legislative report.

REGULATORY AND REIMBURSEMENT REPORT

Dr. Michael Abecassis reported that the ASTS/AST Task Force on Data Collection drafted a proposal to the OPTN/UNOS Board regarding formal adoption of principles guiding data collection. Dr. Benedict Cosimi reported that the OPTN Board accepted the ASTS/AST proposal at its December meeting. The catch all OPTN/UNOS principle "patient care" was removed, but "patient safety" remains. Drs. Abecassis and Richard Thistlethwaite reported that they have had discussions with JCAHO regarding the JCAHO proposal for a transplant certification program mirroring the proposed CMS regulations and applying for deemed status from CMS. The Council agreed that ASTS should actively pursue regular contact with JCAHO and provide input.

Dr. Richard Howard reported that in December 2006, CMS issued its "Intent to Transplant" ruling, stating that costs be allocated to organ specific acquisition cost centers if the OPO intends to

procure the organ for transplant. See page 9 for a detailed regulatory and reimbursement report.

STANDARDS COMMITTEE

Dr. David Mulligan reported that turn-down codes will be visible to transplant centers as part of DonorNet. Dr. Mulligan advised that the OPTN/UNOS is soliciting protocols for living donation that include policy for evaluation and allocation from transplant centers now that they have oversight of this area. The Council requested that the Standards Committee and the Ad Hoc Committee on Living Donation draft principles and guidelines.

ETHICS COMMITTEE

Dr. Charles Miller briefed the Council on changes to the position statement on solicitation and advised that work is being done on a separate statement that addresses paired/list donation. The Council discussed a process to provide feedback from the membership on ethical issues and position statements developed by the Society. Finally, Dr. Miller reported that the Ethics Committee is developing an ethics conference targeted for spring 2008 that will include collaboration with psychosocial professionals.

AWARDS COMMITTEE

Dr. Kim Olthoff gave an update on the 2007 awards process conducted electronically for the first time. She discussed application trends for 2004-2007 that illustrated a continued demand for faculty level awards. Dr. Olthoff said the Committee will review requests for the David Hume Bridge Award on a rolling basis since there are three award cycles per year for the NIH. Applicants are asked to submit a letter of intent, a copy of the grant applications, the NIH summary statement and a 2-3 page response to summary statement outlin-

ing achievable goals within one year. Future goals for the Committee are refinement of the online system for 2008, increasing awareness of the David Hume Bridge Award and Thoracic Award, working with the pharmaceutical companies to increase funding and developing alternative strategies for future funding.

CELL TRANSPLANT COMMITTEE

Dr. James Markmann presented a revised draft white paper on charges for pancreata recovered for islet transplantation and requested ASTS endorsement. The Council requested that the revised paper be circulated via email to council and committee chairs with comments to the Council by January 19, 2007, on whether the paper should or should not be endorsed by the ASTS.

CME COMMITTEE

Dr. Scott Gruber reported via phone that the CME Committee received a good response to the request for surgical videos. The Committee has received two videos and pledges for six more. He reported that each video would be reviewed by two members of the Committee prior to placement on the ASTS website. Dr. Gruber said that ASTS received a contract from Springer Publishing for the one-year placement of the DVD (which accompanies Dr. Abhinav Humar's *Atlas of Organ Transplantation*) on the ASTS website. The contract is under review and Tii is reviewing the technical issues associated with the uploading and placement of the videos on the website.

ATC 2007

Dr. Dixon Kaufman reported that the abstract submission was robust with strong international participation. Approximately 30% were accepted for oral presentation and 43% were accepted for poster presentation. Dr. Kaufman reported that 73-75% is considered a

high participation rate and that a large number of these are ASTS members. It was reported that exhibit sales have already passed WTC and that the exhibit hall is expected to sell out.

AMERICAN BOARD OF SURGERY

Dr. Timothy Pruett reported on behalf of Dr. James Schulak that ABS advocated for transplant rotations to remain a requirement for resident training. The Resident Review Committee for surgery (RRC-S) agreed to delay the proposed changes regarding transplant rotations for a period of one year. The ABS expressed interest in changing the rotations to accommodate senior residents. The Council discussed ways to develop a quality rotation and maintain the program for junior and senior residents. The Council acknowledged that the formal comments to the RRC and representation within ABS impacted the outcome. It will be important to develop a plan over the next year to present as an alternative.

CURRICULUM WORKGROUP REPORT

Dr. Elizabeth Pomfret presented an update on the curriculum project. Based on a meeting with an educator that has been involved with other medically-based curriculum development, the curriculum workgroup established the purpose and educational framework for the curriculum. Dr. Pomfret reported that the purpose of National Transplant Curriculum is to develop a structured transplant surgery curriculum that provides program directors with a basis for planning instructions and evaluating fellows, program practices and outcomes. The curriculum will provide an outline, developed by consensus, of essential areas of knowledge and skill. She reported that the workgroup is organizing a needs assessment to be distributed to program directors and recent fellows. The workgroup will also establish goals and objectives for each unit, determine instructional methods and create instructional material.

The council voted to create a Curriculum Committee that will be responsible for

the development and implementation of a structured curriculum.

VANGUARD COMMITTEE

Dr. Elizabeth Pomfret reported that planning is underway for the 8th Annual ASTS State-of-the-Art Winter Symposium: *The High Risk Recipient*. As part of a Vanguard Committee initiative, there will be a newly designed pre-course in 2008 entitled *Preparation for a Career in Transplant Surgery* that will cover issues essential to preparing junior surgeons for a career in transplant surgery. See page 16 for an overview of 2007 symposium held in January.

FELLOWSHIP TRAINING COMMITTEE

Dr. Peter Stock presented the timeline for the 2007 Match for 2008 appointments. Based on the review of over forty programs last year, the Committee recommended varying lengths of accreditation to balance the work load in future years. However, everyone agreed that four years should be the typical length of accreditation unless the Committee believes there is reason for a review in less than four years.

The Council reaffirmed that submission of the surgical case logs and the summary and signature sheet is mandatory for all fellows. Dr. Stock presented a form the Committee would like the program director to sign at the completion of a fellowship to confirm the fellow completed two years of training and associated requirements. It was agreed upon that the Committee will develop guidelines for work patterns for transplant fellows. The Council accepted the appeals process presented by the Committee.

INFORMATICS AND DATA MANAGEMENT COMMITTEE

Dr. Sandy Feng reported that Phase I of the redesign is complete. The new functionalities include three online application processes for membership, awards and fellowship accreditation. Dr. Feng reported that as part of Phase II the Committee plans the addition of an advanced job board and online fellowship case logs. The job board would

allow non-members to post for a fee. Dr. Feng also presented some of the future projects for the website including an enhancement of the award recipients' announcement display, the fellowship training program display and the members' portal.

BYLAWS COMMITTEE

Dr. Stuart Flechner reported that there have been a number of changes to the bylaws during the last year. He provided the proposed wording for the bylaws changes. He advised these changes need approval of the membership which will take place during the Annual Business Meeting held during the ATC, May 5-9, 2007 in San Francisco. See the bylaws committee page on the website for proposed changes.

AD HOC COMMITTEE ON NEW REVENUE

Dr. Michael Abecassis updated the Council on further developments of the approved concept proposals presented at the last meeting. He reported that the Clinical Research Initiative (CRI) had been launched for kidney programs and that a database was in development. Dr. Sandy Feng presented a detailed fee proposal for fellowship program accreditation. The Council discussed at length the issues of charging fees for accreditation and it was noted that most organizations charge for this service and that accreditation by the Society provides value to the fellowship programs and respective institutions. The Council agreed to the concept of charging fees. The fee structure will be vetted through the Council via email and presented to the membership at the annual business meeting in May.

AD HOC PHILANTHROPIC COMMITTEE

Dr. Goran Klintmalm reported that the Committee has met via conference call and is moving forward with developing a prospect list.



Educational Video for Potential Donors



“Living Kidney Donation: What You Need to Know”

The ASTS has recently completed a 30 minute DVD entitled *Living Kidney Donation: What You Need to Know*, featuring transplant professionals as well as a living kidney donor. The Society is providing this video presentation as an educational and informational resource for potential living kidney organ donors to better understand the benefits and risks of organ donation. Donors can watch this video before or during their first clinical visit.

Who benefits from this video? Potential organ donors, surgeons, transplant coordinators and clinical social workers. Each plays a significant role in ensuring potential donors make the best possible decision when considering organ donation.

ASTS Members can expect to receive this video in the coming weeks. Two copies will be sent to the surgical director at Kidney Transplant Programs. Additional copies can be purchased at cost. Both DVD and VHS formats are available.

This project was spearheaded by Dr. Arthur J. Matas; the ASTS is grateful for his vision and contribution to seeing this project through from conception to completion.



The ASTS also acknowledges those that helped make possible this ASTS first-of-a-kind video:

Wyeth Pharmaceuticals for making this video possible through an educational grant.

NATCO, the Organization for Transplant Professionals, for their collaboration on this project.

Medipix Productions for their creative services and production of the video.

Special Thanks to the following for their dedication and participation:

Dale A. Distant, MD
Chief of Transplant Surgery
SUNY Downstate Medical Center

Richard J. Howard, MD, PhD
Professor of Surgery
University of Florida
School of Medicine

Catherine Garvey, RN, BA, CCTC
Transplant Coordinator
University of Minnesota
Medical Center – Fairview

Rebecca E. Hays, MSW
Clinical Transplant Social Worker
University of Wisconsin Hospital

Errol F. Williams
Kidney Donor
Chattanooga, TN

Natalia D. Williams
Chattanooga, TN

ASTS
Arthur J. Matas, MD
President, 2006-2007
Katrina Crist, MBA
Executive Director



American Transplant Congress



THERE IS STILL TIME TO REGISTER!

The American Transplant Congress is rapidly approaching. Members are encouraged to attend the premier scientific meeting designed for physicians, surgeons, scientists, nurses, organ procurement personnel and pharmacists who are interested in the clinical and research aspects of solid organ and tissue transplantation.

This year, members get the benefit of attending a translational symposium each day to run concurrently with the basic and clinical mid-day symposia. Several ASTS members are scheduled to make presentations during the pre-meeting symposia, sunrise symposia, concurrent symposia and workshops. Your participation is encouraged. The ATC will end with the always popular feature presentation *What's Hot, What's New*.

- Pre-meeting Symposia – Saturday, May 5, 2007
- Scientific Sessions – Sunday, May 6 – Wednesday 9, 2007
- Exhibits – Saturday, May 5 – Tuesday, May 8, 2007

May 5-9, 2007
Moscone West Convention Center
San Francisco, CA
www.atcmeeting.org
www.asts.org

2007 ATC PLANNING COMMITTEE-ASTS REPRESENTATIVES

Dixon Kaufman, MD, PhD - Executive Committee
Mark Stegall, MD - Executive Committee
James Allan, MD
Joseph Buell, MD
William Chapman, MD
R. Mark Ghobrial, MD, PhD
James Markmann, MD, PhD
Ron Shapiro, MD

MARK YOUR ITINERARY FOR IMPORTANT ASTS EVENTS

NEW MEMBERS BREAKFAST

Sunday, May 6, 2007
7:00 a.m.
Marriott Salon 5/6
Yerba Ballroom

ACS-SURGEONS DIVERSIFIED INVESTMENT FUND RECEPTION

Sunday, May 6, 2007
5:30 p.m.
Presentation 6:15 p.m.
Marriott Hotel
Club Room

AWARDS CEREMONY

Monday, May 7, 2007
10:00 a.m.
General Session Room
Moscone West
Convention Center

PRESIDENTIAL ADDRESS

Tuesday, May 8, 2007
10:15 a.m.
General Session Room
Moscone West
Convention Center

PIONEER AWARD PRESENTATION

Tuesday, May 8, 2007
11:15 a.m.
General Session Room
Moscone West
Convention Center

BUSINESS MEETING

Tuesday, May 8, 2007
5:45 p.m.
Moscone West
Convention Center
Room 2001



7th Annual State-of-the-Art Winter Symposium

Solving the Organ Shortage Crisis: Implications of Expanding the Donor Pool



Symposium Firsts

Keynote Address Presented as a Debate

Increased Oral Abstracts

Inaugural Vanguard Committee Mentorship Cocktail Hour

The Winter Symposium was held at the Marco Island Marriott in Florida, January 12-14, 2007 in conjunction with the NATCO 2007 Transplant Institute for the Advanced Transplant Professional. Attendees filled the room to witness the controversial Keynote Address, thought-provoking debates, and captivating presentations. Befitting of the holiday, Dr. J. Keith Melancon included in his presentation entitled "LD Pancreas Experience" famous quotes from the late Dr. Martin Luther King, Jr.; "I Have a Dream" and "We Shall Over Come." A CME webcast of all symposium presentations is available via the ASTS website, www.astss.org.

The numbers speak for themselves! The ASTS is pleased at the turn out for this year's Winter Symposium. Setting a trend, the numbers more than doubled in three categories from 2006 (ASTS Members, non-members, trainees).

Measuring Up!

- There were over 300 ASTS registrants
- 57% were ASTS Members
- Non-member participation doubled from last year
- Trainee registration doubled from last year
- Exhibitors increased 10%
- Participants from 18 countries attended

THANK YOU!

The ASTS and the Program Planning Committee are grateful to everyone that helped to make the Winter Symposium a success.

PROGRAM PLANNING COMMITTEE
Elizabeth A. Pomfret, MD, PhD, Chair
John P. Roberts, MD, Senior Advisor
James S. Allan, MD
Milan M. Kinkhabwala, MD
J. Keith Melancon, MD
Randall S. Sung, MD

ASTS & NATCO Exhibitors
ASTS Corporate Supporters
Oral Abstract Presenters
Pre-Symposium Moderators
Pre-Symposium Presenters
Symposium Corporate Sponsors
Symposium Moderators
Symposium Presenters



Pre-Symposium

Measuring Clinical Performance in Transplantation

"...the ASTS provided a seminal role in the final OPO regulations."

Barry M. Straube, MD

"...the ASTS has stepped up to the plate."

Bernard M. Rosof, MD

It was a job well done on the Pre-Symposium by the Standards on Organ Transplantation Committee. Drs. Richard Freeman and David Mulligan led the efforts to fulfill the Committee's mission to educate members and the transplant community about the latest developments on standards on organ procurement, transplantation and patient care.

The Committee brought together five chief representatives from policy making organizations that provided different perspectives on the current state of clinical performance and the future of transplantation. Dr. Barry M. Straube, Chief Medical Officer and Director, Office for Clinical Standards and Quality, Centers for Medicare and Medicaid Services (CMS) discussed performance measures of transplant centers and organ procurement organizations (OPOs) from the CMS perspective. He outlined various initiatives, regulations, and recent volunteer reporting programs forwarded by CMS. During Dr. Straube's pres-

entation he touted the ASTS for its leadership and involvement with CMS. He added that the ASTS provided a seminal role in the final OPO CMS regulations.

Dr. Bernard Rosof, Chair, Physician Consortium for Performance Improvement, applauded the ASTS for its outstanding leadership as a medical society. Dr. Rosof said "that the ASTS has stepped up to the plate" on development of quality measures for transplantation. He presented *The Physician's Consortium for Performance Improvement: How Transplantation Measures Can Be Developed*.



Dr. Barry M. Straube



Participants in line at microphone for Q&A

Dr. Richard J. Migliori, an ASTS Member and CEO of United Resource Networks, gave his expert analysis of Private Payers Perspective. Another ASTS Member, Dr. Timothy L. Pruett, UNOS Vice President and President Elect presented *Measuring Performance via the UNOS/OPTN Membership and Professional Standards Committee Process*. Thank you also to Dr. Michael M. Abecassis, Chair, ASTS Reimbursement Committee, for his presentation, *Performance Measurement and Improvement at the Transplant Center Level*. You can view each pre-symposium presentation from the CME webcast located on the ASTS website, www.astss.org.



Left: Former ASTS Standards Committee Chair, Dr. Richard Freeman
Bottom: Pre-Symposium Panel



The Pre-Symposium closed with a spirited question and answer session. Attendees were lined at the microphone well over the allotted hour expressing their concerns regarding the responsibilities of the various groups in providing regulatory oversight for transplantation in the U.S. Providing relevant, pivotal topics at pre-symposia is just one way the ASTS will continue to strive to keep members abreast of regulatory updates regarding policymaking.



Symposium Overview

Solving the Organ Shortage Crisis: Implications of the Expanding Donor Pool

The ASTS kicked off the Winter Symposium with an impressive line-up of presentations. Surgeons explored different aspects of transplantation to help define the problem. Dr. John P. Roberts initiated discussions presenting *Introduction: Expanding the Donor Pool*. He was followed by a *Match Made in Heaven* when Dr. John C. Magee discussed the wide range of benefits from donor recipient matching. Many surgeons agree that the topic remains controversial and more research to develop feasible alternatives is needed. Dr. John F. Renz continued by analyzing the question *Are There Any True Contraindications?* Dr. Mark A. Schnitzler gave insight into *Cost Benefits Analysis of Using Marginal (ECD/DCD) Organs*, while Dr. Emily A. Blumberg examined the usage of infected organs. Dr. Milan M. Kinkhabwala followed with *Informed Consent - Is There Really Such a Thing?* Dr. Robert M. Merion reviewed *Death on the Waiting List* and Dr. James F. Childress concluded the opening session with the *IOM Report*.

An ASTS first, Drs. Arthur J. Matas and Francis L. Delmonico presented passionate arguments on the pros and cons of



Dr. Arthur J. Matas, University of Minnesota



Opening Session

Rewarded Gifting – A Regulated System of Kidney Sales. The intent of the debate style Keynote Address was to provoke participants to consider both sides of the spectrum; a regulated system of kidney sales and the realities of a regulated market of organ sales. Dr. Matas delivered the “pros” of rewarded gifting and Dr. Delmonico stressed the potential negatives.

The debate was exceptional and served as a catalyst for participants to consider where they stand on evolving issues. A CME webcast of all symposium presentations is available at www.ast.org.



Dr. Francis L. Delmonico, Massachusetts General Hospital



Dr. Elizabeth A. Pomfret, Chair, Program Planning Committee

The decision to add more oral abstract presentations than in previous years gave the junior surgical members more exposure. More abstracts also provided a broader scope of what researchers, surgeons and scientists are doing to advance organ donation. There were 136 abstracts submitted this year with an 81% acceptance rate.

In all there were 15 oral abstract presentations, 12 mini-oral presentations and over 70 posters. To complete the experience, the ASTS provided various exhibits that featured the latest technology and research in the field of transplantation surgery and medicine.



Vanguard Committee Annual Seminar and Inaugural Event

Effective Mentoring

It was more than what the Vanguard Committee had anticipated. Over 70 junior members, faculty and fellows attended the first Annual ASTS Vanguard Committee Mentorship Cocktail Hour/Networking initiative. Turnout exceeded expectations for the Career Development Symposium as well. Congratulations to Committee Chair, Dr. Elizabeth A. Pomfret and the Vanguard Committee for establishing a mentorship initiative specifically designed to develop and foster the academic careers of junior surgical leaders. This initiative was in response to requests from the junior membership.

During the Career Development Seminar Janet Bickel, Career Development and Executive Coach, delivered a high-speed course on mentorship entitled *Effective Mentoring: Obtaining the Mentoring We Need and*



Top: Vanguard Committee Chair, Dr. Elizabeth A. Pomfret addresses the attendees

Right: Senior surgical leaders paired by area of academic interest

Being the Best Mentors We Can Be. The development seminar focused on how to make the relationship work with continued involvement between the mentor and mentee. Bickel instructed mentors to



Committee provided an opportunity for junior members to interact with senior leadership. Senior surgical leaders were organized by area of academic or clinical interest (e.g. liver transplant, kidney transplant, clinical research, ethics, etc.). By grouping the specialties, it gave junior members a better opportunity to connect with others in their area of expertise.

2008 WINTER SYMPOSIUM

Planning is already underway for next year's Winter Symposium, *The High Risk Recipient*. Attendees will get another opportunity to view the breathtaking sunsets and enjoy the white sandy beach in Marco Island, Florida. The 8th Annual Winter Symposium is scheduled for January 25-27, 2008. The pre-meeting course entitled *Practical Knowledge for Transplant Surgeons* will take place January 24-25, 2008. Save the Date!



**Top: Career Development Symposium
Left: Janet Bickel, Career Development and Executive Coach**

share knowledge; offer their support; intervene when appropriate and to learn to mentor across differences (e.g. women and minorities). Bickel believes getting over cultural hurdles makes room for effective career-long relationships.

Following the seminar the Vanguard





Reflections

Attendees enjoyed the scientific and social aspects of the events



Participants were drawn to more than 70 diverse posters on display



Immediately after the Keynote Speaker Session, symposium participants crowded the Collier Exhibit Hall for a chance to view posters and to listen to impressive mini-oral presentations



Stellar turnout during the symposium presentations



ASTS Ethics Committee Chair, Dr. Charles Miller enjoys a light moment



The ASTS is grateful to the many exhibitors for helping participants understand the role industry and other transplantation programs play in helping to create the latest technology in transplant medicine



ASTS President Arthur J. Matas and wife Sandy greeted participants during the Friday night terrace-side cocktail reception underneath a picturesque sunset



Lobster Anyone! Peter Stock, UCSF, and Charlotte Berlin, Astellas, enjoy the Friday evening dinner



A Family Affair! The Ojo, Klintmalm, and Abouljoud families enjoy the Saturday evening pool-side dinner accompanied with warm breezes and serene atmosphere



There is plenty to go around! Friday evening dinner



Winter Symposium participants enjoy an evening of conversation during the terrace-side cocktail reception



Foundation Contributors

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DISTINGUISHED CONTRIBUTORS

Haberal, Mehmet
Hardy, Mark
Klintmalm, Goran
Lorber, Marc
Merion, Robert
Pierson, III, Richard
Roberts, John
Schulak, James

CAREER CONTRIBUTORS

Ascher, Nancy
Bromberg, Jonathan
Cosimi, A. Benedict
Delmonico, Francis
Granger, Darla
Ferguson, Ronald
Henry, Mitchell
Howard, Richard
Knechtle, Stuart
Leventhal, Joseph



Matas, Arthur
Migliori, Richard
Mulligan, David
Naka, Yoshifumi
Nyberg, Scott
Olthoff, Kim
Patterson, G. Alexander
Peters, Thomas
Shaked, Abraham
Simmons, Richard

CONTRIBUTORS

Alexander, J. Wesley
Allan, James
Asolati, Massimo
Barker, Clyde
Bowman, III, James
Broelsch, Christoph
Day, Spencer
Eason, James
Freeman, Richard
Gianello, Pierre
Gritsch, Hans Albin
Hisatake, Garrett
Johnson, Lynt
Kapur, Sandip

Karuman, Philip
Kimikawa, Masaaki
Koneru, Babuaro
Kozlowski, Tomasz
Langham, Max
Lee, Hyung
Madden, Robert
Madsen, Joren
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Mendez, Robert
Mistry, Bhargav
Mobley, Elijah
Mohan, Ponnusamy

Mozes, Martin
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Reed, Alan
Rodriguez-Laiz, Gonzalo
Russell, Paul
Sanabria, Juan
Santiago, Eduardo
Schaffer, III, Randolph
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Tsoulfas, Georgios
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Yilmaz, Serdar



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ASTS Council

July 2006-May 2007

PRESIDENT

Arthur J. Matas, MD (2007)
University of Minnesota
Department of Surgery, Box 328
UMHC
420 Delaware Street, SE
Minneapolis, MN 55455
Phone: 612-625-6460
Fax: 612-624-7168
Email: matas001@tc.umn.edu

PRESIDENT-ELECT

Goran B. Klintmalm, MD PhD (2007)
Baylor Regional Transplant Institute
3500 Gaston Avenue
Dallas, TX 75246
Phone: 214-820-2050
Fax: 214-820-4527
Email: gorank@baylorhealth.edu

IMMEDIATE PAST PRESIDENT

A. Benedict Cosimi, MD (2007)
Massachusetts General Hospital
Department of Surgery
55 Fruit Street
Boston, MA 02114
Phone: 617-726-8256
Fax: 617-726-8137
Email: cpadyk@partners.org

PAST PRESIDENT

Richard J. Howard, MD PhD (2007)
University of Florida
Department of Surgery, Rm. 6142
1600-6142 SW Archer Road.
PO Box 100286
Gainesville, FL 32610-0286
Phone: 352-265-0606
Fax: 352-265-0678
Email: howard@surgery.ufl.edu

SECRETARY

Robert M. Merion, MD (2008)
University of Michigan
315 West Huron, Suite 240
Ann Arbor, MI 48103-4262
Phone: 734-936-7336
Fax: 734-998-6620
Email: merionb@umich.edu

TREASURER

Michael M. Abecassis,
MD, MBA (2009)
Northwestern University
Division of Transplantation
675 N. St. Clair Street, #17-200
Chicago, IL 60611
Phone: 312-695-0359
Fax: 312-695-9194
Email: mabecass@nmh.org

COUNCILORS-AT-LARGE

Thomas G. Peters, MD (2007)
Jacksonville Transplantation Center
Department of Surgery
580 W. 8th Street, #8000
Jacksonville, FL 32209
Phone: 904-244-9800
Fax: 904-244-9842
Email: tgpetersmd@hotmail.com

Stuart J. Knechtle, MD (2007)
University of Wisconsin
Hospital & Clinic
Department of Surgery
600 Highland Avenue
Madison, WI 53792-7375
Phone: 608-263-2527
Fax: 608-262-6280
Email: stuart@surgery.wisc.edu

Mitchell L. Henry, MD (2008)
The Ohio State University
Department of Transplantation
1654 Upham Drive, #345 Means Hall
Columbus, OH 43210-1250
Phone: 614-293-4627
Fax: 614-293-4541
Email: henry.6@osu.edu

Kim M. Olthoff, MD (2008)
University of Pennsylvania Hospital
Department of Surgery
3400 Spruce Street – 2 Dulles
Philadelphia, PA 19104
Phone: 215-662-6136
Fax: 215-662-2244
Email: kim.olthoff@uphs.upenn.edu

Robert L. Kormos, MD (2009)
University of Pittsburgh Medical
Center
Department of Surgery C700
200 Lothrop Street
Pittsburgh, PA 15213
Phone: 412-648-8107
Fax: 412-648-1029
Email: kormosrl@msx.upmc.edu

Alan N. Langnas, DO (2009)
University of Nebraska Medical Center
PO Box 983280
600 South 42nd Street
Omaha, NE 68198-3280
Phone: 402-559-8390
Fax: 402-559-6132
Email: alangnas@unmc.edu

NATIONAL OFFICE

Katrina Crist, MBA
Executive Director
2461 S. Clark Street
Suite 640
Arlington, VA 22202
Phone: 703-414-7870
Fax: 703-414-7874
Email: katrina.crist@asts.org

Please Note.....

ASTS Event at ATC

Annual Business Meeting

Tuesday, May 8, 2007
5:45 p.m. – 6:45 p.m.
Moscone West, Room 2001



Calendar

The ASTS is pleased to coordinate with other professional organizations in order to provide information concerning events that might be of interest to our members.

April 2007

April 21-25, 2007

World Congress of Nephrology 2007
Rio de Janeiro, Brazil
Website: www.wcn2007.org

April 25-28, 2007

ISHLT 27th Annual Meeting & Scientific Sessions
San Francisco Hilton
San Francisco, CA
Website: www.isHLT.org

May 2007

May 18-23, 2007

American Thoracic Society (ATS)
103rd Conference
San Francisco, CA
Website: www.thoracic.org

June 2007

June 12-15, 2007

AOPO 24th Annual Meeting
Fairmont Hotel
Dallas, TX
Phone: 703 556.4242
Website: www.aopo.org

June 15-17, 2007

1st Congress of the Turkish Society for Artificial Organs and Support Systems
Polat Renaissance Hotel
Yesilyurt, Istanbul
Website: www.tuyod.org

June 22-26, 2007

Cell Therapy 2007:
ISCT's 13th Annual Meeting
Sydney, Australia
Website: www.celltherapy.org

August 2007

August 6-9, 2007

NATCO's 32nd Annual Meeting
Marriott New York Marquis
New York, NY
Phone: 913 492.3600
Website: www.natco1.org

Upcoming ASTS Events

May 5-9, 2007

American Transplant Congress
San Francisco, CA
Website: www.atcmeeting.org

January 25-28, 2008

8th Annual State of the Art Winter Symposium
The High Risk Recipient
Marco Island Marriott Resort
Marco Island, FL

May 30 – June 4, 2008

American Transplant Congress
Toronto, Canada

September 2007

September 5-8, 2007

Xth International Small Bowel Transplant Symposium (ISBTS)
Fairmont-Miramar Hotel
Santa Monica, CA
Phone: 310 825.5068
Website: transplant.mednet.ucla.edu
Email: isbts@mednet.ucla.edu

October 2007

October 17-20, 2007

Transplant Immunosuppression 2007:
The Ongoing Search for Improvements
Radisson University Hospital
Minneapolis, MN
Email: cmereg@umn.edu
Website: www.umn.edu

October 31–November 5, 2007

American Society of Nephrology
Renal Week 2007
Moscone Convention Center
San Francisco, CA
Website: www.asn-online.org

February 2008

February 14-17, 2008

8th International Conference on New Trends in Immunosuppression & Immunotherapy
Berlin, Germany
Website: www.kenes.com/immuno

February 28 – March 2, 2008

Canadian Society of Transplantation
Annual Scientific Meeting
Fairmont Tremblant
Mont-Tremblant, Quebec
Website: www.transplant.medical.org

April 2008

April 9-12, 2008

ISHLT 28th Annual Meeting & Scientific Sessions
Hynes Convention Center
Boston, MA
Website: www.isHLT.org

August 2008

August 10 – 14, 2008

XXII International Congress of The Transplantation Society
Sydney, Australia
Telephone: 61.3.941.70888
Website: www.transplantation2008.org

August 11-14, 2008

NATCO's 33rd Annual Meeting
Sheraton Boston
Boston, MA
Phone: 913 492.3600
Website: www.natco1.org



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Term expires at end of annual meeting in year indicated

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annually to current President*



Job Board

This is an abbreviated listing of the job posting currently available on the ASTS website.

To view the complete listing, visit www.astsonline.org and login to the Members' Portal using your username and password.

ALBERT EINSTEIN MEDICAL CENTER: ATTENDING SURGEON AND DIRECTOR, PANCREAS TRANSPLANT PROGRAM

The Department of Surgery at Albert Einstein Medical Center in Philadelphia, PA is seeking a full time attending surgeon to join our Solid Organ Abdominal Transplantation Program as the Director of the Pancreas Transplant Program. Applicant should send a letter of interest, curriculum vitae and names of references to:

Radi Zaki, MD

Section Chief, Renal Transplantation

Albert Einstein Medical Center

*5501 Old York Road, Klein Suite 505
Philadelphia, PA 19141*

Phone: 215.456.6933

Fax: 215.456.3529

Email: zakir@einstein.edu

BAYSTATE MEDICAL CENTER: RENAL TRANSPLANT SURGEON

A unique, private practice group of three renal transplant surgeons and fifteen nephrologists is seeking a fourth surgeon to join a busy practice serving the Western Massachusetts area. An academic appointment to Tufts is available, and participation in surgical/medical student teaching and involvement in clinical research is required.

Interested candidates should send curriculum vitae to:

*George Lipkowitz, MD, FACS, Director
of Renal Transplantation*

208 Ashley Avenue

West Springfield, MA 01089

Phone: 413.747.4170

Fax: 413.747.4177

Email: george.lipkowitz@bhs.org

BETH ISRAEL DEACONESS: APPLICATION MANAGER/DATA ANALYST

This position will be responsible for maintaining, updating, and troubleshooting the current Organ Transplant database (OTTR) as well as



designing and developing program applications for the Transplant Center (e.g. clinical research studies, statistical analyses, performance improvement) and is the point person for data retrieval, input, and analysis within the Transplant Center. Please contact:

Linda R. Lentz

Administrative Manager, Transplant Center

Beth Israel Deaconess Medical Center

Phone: 617.632.9816

Fax: 617.632.9820

Email: llentz@bidmc.harvard.edu

www.bidmc.harvard.edu/transplantcare

BOSTON UNIVERSITY SCHOOL OF MEDICINE: ASSISTANT PROFESSOR BOSTON UNIVERSITY SCHOOL OF MEDICINE

Section of Transplantation seeks a kidney, pancreas and liver transplant surgeon at the Assistant Professor level for a full-time faculty position. Interested applicants should send letters of interest and curriculum vitae to:

Matthew Nuhn, MD

Director, Section of Transplant Surgery

Boston University Medical Center

88 East Newton Street, D511

Boston, MA 02118

Office: 617.638.8430

Fax: 617.638.8427

Email: matthew.nuhn@bmc.org

CORNELL UNIVERSITY: KIDNEY/PANCREAS TRANSPLANT SURGEON

The Joan and Sanford I. Weill Medical College of Cornell University and the

New York Presbyterian Hospital-Weill Cornell Medical Center seeks a full time kidney/pancreas transplant surgeon at the Assistant Professor level to join our expanding transplant program.

Candidates must be board certified or board eligible in general surgery and have completed an ASTS-approved fellowship in transplant surgery as well as dialysis access and general surgery in renal failure patients. Curriculum vitae should be sent to: *Sandip Kapur, MD*
Associate Professor and Chief, Division of Transplant Surgery

Director of Kidney/Pancreas Transplant Program

c/o Jennifer Zahn

Office of Faculty Appointments &

Promotions

Weill Medical College of Cornell University

525 East 68th Street

Mailbox 129, New York, NY 10021

Phone: 212 746-5684

Fax: 212 746-8728

Email: JAZ2004@med.cornell.edu

DARTMOUTH-HITCHCOCK MEDICAL CENTER: MULTI ORGAN TRANSPLANT SURGEON

The Department of Surgery at Dartmouth-Hitchcock Medical Center seeks a full-time Kidney/Pancreas/Liver Transplant Surgeon at the Assistant or Associate Professor rank to add to a rapidly growing multi-organ transplant program. Please submit curriculum vitae and letter of interest to:

David Axelrod, MD MBA

Section Chief, Solid Organ Transplantation

Dartmouth-Hitchcock Medical Center

1 Medical Center Drive

Lebanon, NH 03756

Phone: 603.653.3931

Fax: 603.650.0924

Email: david.axelrod@hitchcock.org

GENZYME: VICE PRESIDENT, MEDICAL PROGRAMS

The Vice President, Medical Programs will direct all medical marketing activities

for the Genzyme Transplant Business Unit and its products. The successful candidate will be a Medical Director with experience in transplantation, hematology/oncology or immunology. Interested candidates should send a resume to: *Jacqueline Whalen*
jake.whelen@genzyme.com.

GEORGETOWN UNIVERSITY HOSPITAL: SMALL BOWEL TRANSPLANT COORDINATOR

Georgetown University Hospital is seeking a Small Bowel Transplant Coordinator. Clinical experience in a transplant environment as well as pediatric and nutritional background preferred. Relocation assistance to the Washington D.C. area may be available. AA/EOE. For the promptest consideration, apply online at www.thenurse-shospital.com. Or send your resume to: *Georgetown University Hospital*
Attention: *Barbara Klett, RN, BSN*
Nurse Recruitment and Retention
3800 Reservoir Rd, NW
Washington, D.C. 20007
Phone: 877.486.9676
Fax: 202.444.4873
Email: *bak100@gunet.georgetown.edu*

HACKENSACK UNIVERSITY MEDICAL CENTER: TRANSPLANT SURGEON

The Section of Organ Transplantation at Hackensack University Medical Center is seeking a second, full-time kidney and pancreas transplant surgeon at the assistant professor level to join an active, growing transplant program. Interested candidates should forward a letter of interest and curriculum vitae to: *Michael E. Shapiro, MD, FACS*
Chief, Organ Transplantation
Hackensack University Medical Center
30 Prospect Avenue
Hackensack, New Jersey 07601
Phone: 201.996.2608
Fax: 201.498.0148
Email: *mshapiro@humed.com*

MEDICAL UNIVERSITY OF SOUTH CAROLINA: TRANSPLANT SURGEON

The Medical University of South

Carolina in Charleston seeks to recruit a full time academic Transplant Surgeon who has completed a kidney and pancreas ASTS certified fellowship. Interested individuals should contact: *Dr. Prabhakar Baliga*
Chief, Division of Transplant Surgery
Medical University of South Carolina
96 Jonathan Lucas Street
CSB 404
Charleston, SC 29425
Email: *baligap@musc.edu*
Apply on line:
www.musc.edu/hrm/careers/faculty.htm

SOUTHERN ILLINOIS UNIVERSITY: KIDNEY AND PANCREAS TRANSPLANT SURGEON

The Southern Illinois University is seeking a Fellowship trained transplant surgeon at the Assistant/Associate Professor level. Experience in laparoscopic donor nephrectomy is desirable. Interested candidates should send a cover letter and curriculum vitae (electronic submission is acceptable) to: *Edward J. Alfrey, M.D.*
Professor of Surgery
Chair, Division of General Surgery
Program Director, General Surgery
Residency Training Program
Southern Illinois University
School of Medicine
701 N. First Street
P.O. Box 19638
Springfield, IL. 62794-9638
Phone: 217.545.7240
Fax: 217.545.0040
Email: *ealfrey@siumed.edu*

THE UNIVERSITY OF PENNSYLVANIA TRANSPLANT INSTITUTE: ASSISTANT PROFESSOR OF SURGERY

The University of Pennsylvania, Division of Transplantation and the Penn Transplant Institute is recruiting a faculty member at the Assistant Professor level. Startup funds and laboratory space for wet lab and/or translational research are available. Interested candidates should submit curriculum vitae and letter of interest to: *Abraham Shaked, MD, PhD*
Eldridge L. Eliason Professor of Surgery

Chief, Division of Transplantation
Director, Penn Transplant Institute
University of Pennsylvania
2 Dulles
3400 Spruce Street
Philadelphia, PA 19104
215.662.6723
FAX 215.662.2244
Send electronic submissions attention to:
Kathy Potter
kathy.potter@uphs.upenn.edu

WASHINGTON HOSPITAL CENTER: ASSOCIATE DIRECTOR, TRANSPLANTATION

Washington Hospital Center is seeking a surgeon who is board certified to serve as the Associate Director for Transplantation, with a primary interest in Kidney and Pancreas transplantation. Interested candidates should forward correspondence and curriculum vitae to: *Jimmy A. Light, MD, FACS*
Director, Transplantation
Washington Hospital Center
110 Irving Street NW, 3D
Washington, D.C. 20010
Phone: 202 877.6029
Email: *Jimmy.A.Light@medstar.net*

LOYOLA UNIVERSITY MEDICAL CENTER: ABDOMINAL TRANSPLANT SURGEON

The Department of Surgery of the Loyola University Medical Center is seeking an abdominal transplant surgeon. Candidates must be BE/BC in general surgery and have completed an ASTS approved multi-organ transplantation fellowship. The Loyola University Health System is an affirmative action/equal opportunity educator and employer. Interested candidates should forward curriculum vitae and the names of 3 references to: *Richard L. Gamelli, MD, FACS*
The Robert J. Freeark
Professor and Chairman
Department of Surgery
Loyola University Medical Center, EMS
Building 110, 2160 South First Avenue
Maywood, Illinois 60153



Abdominal Transplant Surgery Fellowship Match

Schedule for Match Conducted in 2007, Appointment Year 2008

APRIL 18, 2007 – Rank Order List Opens

MAY 30, 2007 – Quota Change Deadline

JUNE 13, 2007 – Rank Order List Closes/Final Deadline

JUNE 27, 2007 – Match Results Day

Match Program

The American Society of Transplant Surgeons (ASTS) is the sponsoring organization for the Abdominal Transplant Surgery Fellowship Match conducted via the National Resident Matching Program (NRMP). Visit www.asts.org and www.nrmp.org for detailed information concerning the Match.

Application Process

The application process is independent from the Match and unique to individual institutions. Transplant Fellowship Programs use their individual application and interview process to evaluate potential transplant fellowship candidates for their programs. For a list of ASTS accredited Abdominal Fellowship Training Programs visit www.asts.org/fellowshiptraining.

Registering for the Match

Transplant Fellowship Programs and Applicants must register for the Match.

More information about the Abdominal Transplant Surgery Fellowship Match & other programs focused on advancing surgical care in transplantation can be found on the ASTS website, www.asts.org.

ASTS 8th Annual State of the Art Winter Symposium
January 25-27, 2008
Marco Island Marriott Resort, Florida



Call for Abstracts

The American Society of Transplant Surgeons
invites abstracts to be submitted
for the ASTS 8th Annual State of the Art Winter Symposium:

The High Risk Recipient

Abstract submission available online via www.asts.org

American Transplant Congress



Register Today!

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