

# CHIMERA

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**ASTS**   
American Society of Transplant Surgeons

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





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May 2007–May 2008

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## Please Note...

A full listing of ASTS  
Committees, committee  
members and their most  
recent activities can be found  
on the ASTS website,  
[www.asts.org](http://www.asts.org) under the  
Society tab.





# Editor's Letter



As this spring's *Chimera* goes to print, there is a feeling of excitement and momentum within the Society. This year's winter symposium was another impressive event for ASTS. There were over 470 attendees, of which 358 were ASTS registrants. The presentations were superb, the debates relevant and exciting, the setting spectacular, and one of the highlights of the symposium was the ASTS Vanguard Committee Mentorship Awards ceremony. Drs. John J. Fung and Robert M. Merion are the first recipients of the award presented by transplant pioneer Sir Roy Y. Calne. Read the details on pages 16-19.

As we are now gearing up for the American Transplant Congress (ATC) in Toronto, the memories of the warm Florida breezes may be receding (especially for those of us mired in the Northeastern winter) but we're already looking forward to next year's symposium back at Marco Island. Mark your calendars early for Martin Luther King weekend in 2009!

The growth of the Society is amazing. Truly, there is more going on in the ASTS now than one could ever hope to highlight in this letter. The National Living Donor Assistance Center (NLDAC) is off to a great start. If your program has yet to take advantage of this important initiative to make living donation an affordable reality, contact

the NLDAC office today. The NLDAC team will walk you through registration. You can find an update on the NLDAC on page 14. The new online transplant curriculum will debut this summer through the website and provide a uniform educational program for fellows, residents, and other select health care professionals. Details are on page 13.

Speaking of other health care professionals, the ASTS has embarked upon an initiative to provide a professional home for nurse practitioners and physician assistants involved in transplantation. If any are members of your team, encourage them to consider joining ASTS as associate members.

ASTS continues to work intensively with legislators and the varying regulatory bodies involved in transplantation to represent your interests and the

interests of your patients. The enthusiastic response to the living kidney donor video has led to a new recipient video, due out soon. All the committees have been exceedingly active with new initiatives. It's truly a great time to be a member of the ASTS.

See you at the ATC!

Best regards,  
James Whiting, MD  
Chair, Communications Committee  
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## About the cover...

The cover photo is of a liver transplant performed by ASTS member, Dr. Abhinav Humar and the transplant team at the University of Minnesota. ASTS is grateful to Dr. Humar for submitting the photograph.

If you have a photo that you would like displayed on the cover of the *Chimera*, please e-mail it along with a brief description to Chantay Parks Moye at [chantayparks@earthlink.net](mailto:chantayparks@earthlink.net).



## President's Letter

Time has truly flown by. As my year as President comes to a close, the Society is now in its final planning stages for the American Transplant Congress (ATC) to be held in Toronto, May 31 – June 4, 2008. The annual scientific meeting is hosted in close collaboration with our friends in the American Society of Transplantation (AST) and continues to grow in importance. It is unquestionably the most important meeting for transplant professionals. I hope that you have made arrangements to attend.

Serving as your president has been engaging, fun, and sometimes exhausting trying to keep up with the various new developments. Our society is a vibrant and proud group of professionals willing to give of themselves for the benefit not only of our members, but more importantly, for patients and the society at large. Your council and committee members are some of the most extraordinary individuals with which I have had the privilege to work.

My immediate predecessor, Dr. Arthur Matas, made a lasting impact by substantially improving the communications between the Society's members and its leadership. The bi-weekly messages from the president and blast e-mails notifying all members of important developments have been instrumental in improving members' ability to quickly become aware of and come to a consensus on events in the transplant community.

Two issues have been the focus of the Society this past year; first, the membership; second, the flurry of activities of governmental and quasi-governmental bodies to regulate numerous aspects of transplantation.

The first focal point was on the requirements for membership. As you are



Goran B. Klintmalm, MD, PhD, FACS  
ASTS President

aware, we removed the condition for transplant publications as a requirement for membership; we believe the prerequisite disenfranchised a large number of professionals who are important contributors to our specialty. We have seen a strong increase in new member applications as a result of this change. To be able to speak on behalf of all transplant surgeons and other transplant professionals regarding regulatory and legislative issues in transplantation cannot be overemphasized. Please begin your own personal recruitment drive. Encourage physician assistants and nurse practitioners to apply to become members of ASTS. Remember, all members will receive the new Chimera lapel pin to wear with pride!

Next, we have worked to improve the governance within the Society. The bylaws were changed at the business meeting held during the 2008 Winter Symposium to increase the number of councilors from six to nine. Now instead of electing two new councilors every year for a three year term, three will be elected. This allows for broader representation of the membership on the Council, which is an important

component as we increase our programs and level of activities. Furthermore, the Council is now being included in the discussions that previously were held only by the Executive Committee.

A new committee, the Business Practice Advisory Committee, was formed last summer as an Ad Hoc committee and has already been made a standing committee. I believe this may be one of the most valuable initiatives the ASTS has implemented for the benefit of its members. The purpose of the committee is to provide advice and possibly even formal consultations to members on any business practice matter. When I started the transplant program at Baylor University Medical Center in Dallas in 1985, I could not obtain advice on how to set it up and organize the program, what to expect, what knowledge was needed when talking to your employer, etc. Part of the Business Practice Advisory Committee's charter is just that, to give members advice on such matters. The committee is currently conducting a compensation survey regarding members' employment conditions. The survey was issued to surgeon members only and is absolutely confidential. I urge you to answer it in detail. The better data we receive, the better we can advise you.

The most important function of the Society is in the training of future transplant surgeons. Fellowship training program directors met for the first time this past June for two days. During the meeting, virtually all aspects of training were discussed. This group will convene again in May for its second annual meeting. Central for the training program is a clear and defined curriculum. The Curriculum Committee has undertaken this truly staggering challenge and has already delivered an amazing amount of material, which will be available via the ASTS website. We have contracted



to use the Socrates program, developed by the Thoracic Surgery Directors Association. The logical step is that some time in the near future there will be a certification of sorts, but probably not under the auspices of the American Board of Surgery (ABS).

Also under development is a Transplant Surgery Maintenance of Certification (MOC) module. We are working closely with the ABS on this project. United Health Foundation has provided a grant for its establishment.

The Fellowship Training Committee has also been hard at work to improve the educational value of the rotations of general surgery residents in transplantation. Detailed recommendations went out to all members last summer, which is important as we need this interaction in order to recruit future surgeons into transplantation. The ABS has been closely involved in this effort as well.

Two major developments designed specifically for our patients were completed last year. The first is a video aimed at living kidney donors, which provides the essential information to potential donors. The video, "Living Kidney Donation: What You Need to Know" has been a huge success. A video designed for the kidney recipient, "Kidney Transplantation: A Guide for Patients and their Families" will be released in May. Then ASTS and the University of Michigan received a grant from HRSA to provide financial support to living organ donors. The grant is "needs" based and aims to make organ donation feasible for individuals with financial constraints. Please make your program aware of this invaluable resource. It is designed to help your patients; but if is not used the grant may not be renewed.

Another overshadowing activity has been the advocacy of our society. The

advocacy is not only on behalf of our members, but first and foremost for our patients. We seem to have been hit by a storm of rules and regulations. The Final Rule for Transplant Centers published last spring went into effect last fall. We have closely collaborated with CMS for the past two years, which has resulted in a far more realistic rule compared to the original draft. However, draft interpretive guidelines (IGs) were developed that go beyond the requirements of the Final Rule and these draft IGs were released to surveyors for use until the IGs are finalized. ASTS has filed complaints with CMS and will be meeting with the Survey and Certification Group in the next couple of weeks to discuss solutions. The Joint Commission (JCAHO) has developed their own new standards intended for the transplant community with little to no input from transplant professionals. However, after arranging a meeting with the Joint Commission in November and after several subsequent meetings and conferences, the Commission has been responsive to ASTS concerns and has delayed the launch of their program to revise some of the proposed standards. It is anticipated that the revised standards will be released soon.

ASTS has also been successful at delaying the release of a Living Donor Resource Document proposed by the UNOS Living Donor Committee. The document, sent out by UNOS in July, contained information about living donor kidney donation intended for patients, families, and lay people with prescriptive unrealistic demands on how to conduct donor evaluations. The ASTS submitted formal comments during two public comment periods. For a considerable amount of time, our recommendations fell on deaf ears. However, in February, the HRSA-Department of Transplantation weighed in at the UNOS Board meeting delivering a

critique similar to the ASTS concerns. The Document will likely be revised to address a number of our concerns. We want what is best for our patients and we represent them with the insight of transplant professionals. It is not enough to be well-meaning when developing detailed rules and guidelines for certification or when trying to regulate the practice of medicine, there must be professional knowledge as well. I believe ASTS must use every resource we have to ensure that organ transplantation can continue to flourish and not be legislated into a field of medicine with a bleak future.

Finally, my term as your president is drawing near. It has been an extraordinary year in my life. It has consumed most of my time and would have been impossible without my partners closing the ranks behind me, not to mention the support of my family. I hope we, members of the ASTS, will be able to continue to make changes for the betterment of our patients and families who need us. We can do this by ensuring even better trained surgeons in the future, fostering science for improved treatment, and helping create a caring environment that allows this to take place. The Council, the committee chairs and members, together with the ASTS staff, are a group of individuals who are simply impressive and it has been a privilege to serve along side them.

I want to meet each and every one of you at ATC. I hope that you will be wearing your Chimera pin with pride!



Goran B. Klintmalm, MD, PhD, FACS  
ASTS President



# ASTS News

*The ASTS Winter Council and Committee Chair Meeting was held in Marco Island, FL, January 23-24, 2008*

*The following are key committee news and reports from the meeting.*

*Please visit the ASTS website for current and recent committee activities.*

## AMERICAN BOARD OF SURGERY

Dr. James Schulak reported that the resident curriculum and guidelines for general surgery residents on transplant rotations were highly regarded by the ABS president and others. The next step will be to develop methodology to audit results through polling directors for fellowship training and general surgery programs, obtaining reports from the Residency Review Committee for Surgery (RRC-S) and follow up reports to transplant directors.

Dr. Schulak also reported that ABS has decided not to engage in a program to certify fellows in specialty programs that are not Accreditation Council for Graduate Medical Education (ACGME) approved. In the absence of ABS certification, the American College of Surgeons (ACS) is considering this initiative. Lastly, 2008 marks the start of Maintenance of Certification (MOC) requirements for all medical specialists.

## AWARDS COMMITTEE

Dr. Abhinav Humar presented a 2003-2007 comparison of the annual awards applications that reflected a record number of applications for 2008. He noted that there is an aggressive timeline for the online review process and asked those present to help keep the process on track by quickly completing their reviews. Dr. Humar reported that Team Donate Life, a bicycling club focused on raising money and awareness about organ transplantation, has informed ASTS they are interested in sponsoring an annual award targeted at junior faculty to be administered by the ASTS.

## BYLAWS COMMITTEE

Dr. Stuart Flechner presented two proposed bylaws amendments that were accepted at the January 26, 2008, ASTS Business Meeting. The first to increase the number of councilors-at-large from six to nine previously reviewed and ap-

proved by council; second, to convert the Ad Hoc Business Practice Committee from an ad hoc status to a standing committee. Members also voted to convert to an electronic voting system for the quarterly membership, bylaws changes, and ad hoc council proposals.

## CELL TRANSPLANT COMMITTEE

Dr. James Markmann reported that the committee led the islet white paper initiative and that the paper along with a cover letter endorsed by 12 transplant organizations will be sent to top officials at CMS and HHS. The OPTN/UNOS has also accepted the islet white paper and plans to independently send it to CMS. Lastly, the paper was submitted for publication in the AJT.

## CME COMMITTEE

Dr. Milan Kinkhabwala reported that the CME Committee is working to develop a formal proposal for review concerning the development of a comprehensive MOC Program. Dr. Kinkhabwala explained that the proposed system would include an ongoing self assessment similar to the Surgical Education and Self-Assessment Program (SESAP). It would also include individualized dashboards and accounts, module based learning, case-log tracking, non-validated Quality Assessment (QA) tracking and credentials storage.

## COMMUNICATIONS COMMITTEE

Ms. Parks Moye reported that she has been working with Dr. Matas and others on development of an ASTS Kidney Recipient Video to be complete in May 2008. Over 4,000 living donor videos have been distributed. Dr. Whiting reported that the job board is doing well since inception of the fee structure. The monthly web trends reports indicate an overall growth in the number of website hits.

## CURRICULUM COMMITTEE

Dr. Elizabeth Pomfret provided an update on the ASTS Academic Universe

that will host the online curriculum. She noted the system will include up to 270 modules each with a narrated PowerPoint presentation, references, dynamic bibliography, text summary, review questions, and assessment. Dr. Pomfret reported that the system will also include the online operative log and a secure environment for members to house individual information such as curricula vitae, meetings, etc. She stated the first test module will be complete soon. Heart and lung components to the curriculum were also discussed.

## ETHICS COMMITTEE

Dr. Charles Miller reported that there were over 60 abstracts submitted for the first of its kind Special Ethics Conference, *Frontiers of Ethics in Transplantation: Dilemmas and Struggles*, held April 4-6, 2008. The joint conference is sponsored by ASTS, the Chicago Transplant Ethics Consortium (CTEC) and the Academy of Psychosomatic Medicine (APM).

## FELLOWSHIP TRAINING COMMITTEE

Dr. John Magee presented the revised Statement of Fellowship Workload Practices. He explained that any program that does not adopt this policy must submit an alternative policy to the Fellowship Training Committee for approval. Dr. Magee reported on the Inaugural Surgical Fellows Symposium. The overall symposium evaluations reflected favorably on the topics, content, and presenters. The next program director's meeting in May will address evaluation of programs and accreditation standards, integration of the curriculum into training and accreditation, kidney transplantation and living donation, assessing competencies and the resident rotation issues. Dr. Magee presented information on potential accreditation of ASTS fellowship training programs for intestinal transplantation. He presented a letter from the APDS regarding the



start date for fellowships that indicates graduating chief residents will be held to their contractual obligations with their parent general surgery program and have asked fellowship programs to shift their start dates to August 1st.

#### GOV'T & SCIENTIFIC LIAISON COMMITTEE

Dr. Richard Thistlethwaite presented recent data from the HRSA Collaborative. He reported that the rate of transplanted organs leveled off at 65% and that DCD rates have increased, SCD rates have decreased and the discard rate has increased. Dr. Thistlethwaite reported that the HRSA Collaborative is looking for revitalization and every transplant center will be asked to be involved. The goal will be to increase the donation rate of a specific organ, chosen by the transplant center, by 20%.

#### LEGISLATIVE

Dr. Richard Freeman reported ASTS was integral in passing the Living Kidney Paired Donation Act into law. Mr. Peter Thomas reported that ASTS continues to advocate for appropriations to the Organ Donation and Recovery Improvement Act. He also reported that HRSA is reportedly pleased with ASTS' role in establishing the National Living Donor Assistance Center. Finally, the Committee will continue to advocate for Medicare Part D coverage to maintain six classes of drugs to allow for a selection of immunosuppressive drugs. See full legislative report on page 10.

#### MEMBERSHIP COMMITTEE

Dr. Timothy Pruett reported the current membership count is 1156 and interest in membership increased by 45% in 2007. There were 119 new members in 2007 compared to 79 in 2006. ASTS has met with the American Academy of Physicians Assistants and agreed to undertake a recruitment campaign targeted at physicians assistants working in transplantation. Lastly, Dr. Pruett discussed the importance of maintaining a legacy component to the Society and suggested organizing an event for senior ASTS members.

#### REGULATORY REPORT

Ms. Rebecca Burke and Ms. Diane Millman reported that ASTS met with the CMS Survey and Certification Group and CMS advised they are making revisions to the Interpretive Guidelines (IGs). CMS has issued two clarifications, one confirming volume requirements do not apply to pancreas for kidney/pancreas programs, and the other confirming pediatric programs may do some adult transplant without separately applying for adult certification. However, the draft IGs are currently in circulation and being used by surveyors. Ms. Millman polled those present and five programs indicated they had experienced unannounced CMS audits.

#### REIMBURSEMENT REPORT

Ms. Diane Millman reported that Congress passed and the President signed legislation which averts the scheduled 10.1% reduction in the conversion factor for the first six months of 2008 and replaced the cut with a 0.5% increase. However, effective July 1, 2008, the payment cut will take effect unless Congress steps in again. See full reimbursement report on page 8.

#### SCIENTIFIC STUDIES COMMITTEE

Dr. David Gerber presented data from the DonorNet survey. The committee will conduct a follow-up survey to include questions about the feasibility of a tiered system.

#### STANDARDS COMMITTEE

Dr. David Mulligan presented draft Standards for Organ Procurement for Council input. He also reported that the committee is awaiting the public release of the new organ acceptance rate data and will respond accordingly once data is available. Dr. Mulligan then presented draft DCD liver transplantation guidelines for review.

#### THORACIC COMMITTEE

Dr. Mark Barr reported on various issues being discussed by the OPTN/UNOS Thoracic Committee and highlighted the impact of DonorNet on organ offers and acceptance rates. The committee dis-

cussed additional screening criteria and approaches to minimizing the number of medically inappropriate organ offers. If medically inappropriate offers can be identified, OPTN/UNOS staff will tabulate rates at which such offers are made overall and by OPO as well as examine the average number of offers associated with organs that are never accepted.

#### VANGUARD COMMITTEE

Dr. Randall Sung provided data for the 8<sup>th</sup> Annual State of the Art Winter Symposium: The High Risk Recipient. He reported that there were 118 abstracts submitted with 15 accepted for oral presentation, 10 accepted for mini-oral presentation and 61 accepted as posters for an overall acceptance rate of 72%. Dr. Sung reported that planning is underway for the 9<sup>th</sup> Annual State of the Art Winter Symposium: *The Right Organ for the Right Recipient*, January 16-18, 2009, Marco Island, Florida. A mini-symposium is being planned as well.

#### AD HOC BUSINESS PRACTICE COMMITTEE

Dr. Marwan Abouljoud presented the compensation survey. The Council decided to add a timeframe to all questions regarding compensation, remove the age question, and convert the OPTN/UNOS region question to time zones. The council charged the committee to draft guidelines concerning how to ensure anonymity of the respondent and access to the aggregate data.

#### AD HOC COMMITTEE ON LIVING DONATION

Dr. Andrew Klein requested the Council endorse a committee initiative to develop appropriate distribution guidelines for organs recovered from volunteer non-directed live donors. There was lengthy discussion about the OPTN/UNOS Resource Document for the Medical Evaluation of the Living Kidney Donor. There was concern that the document is too prescriptive and will be viewed as policy rather than as a resource document by certifying bodies and insurance companies.



# Regulatory & Reimbursement Update

## IMPLEMENTATION OF MEDICARE CERTIFICATION PROGRAM FOR TRANSPLANT CENTERS

The deadline for submitting an application to Medicare for certification was December 26, 2007. CMS is now in the process of conducting transplant center site visits to determine whether centers are in compliance with the new Medicare conditions of participation. The site visits, which are unannounced, are being performed by Medicare contractors.

Transplant centers have reported to ASTS that the surveyors are determining compliance based not only on the regulations but also on draft "Interpretive Guidelines." ASTS has been concerned that the Guidelines exceed the scope of, and in some respects contradict, the underlying regulations, imposing requirements that are extremely prescriptive and detailed. Further, many of the Guidelines reflect a lack of understanding of how transplant centers operate. Some of the issues ASTS believes are particularly problematic include:

- The manner in which compliance with outcomes and volume requirements will be determined
- Qualifications and role of the living donor advocate
- Responsibility of transplant center to verify donor blood type at donor site
- Informed Consent Process
- Providing donor information to patients
- Transplant team meetings
- Quality Assessment and Program Improvement (QAPI) requirements

ASTS leadership has communicated its concerns to the CMS staff responsible for development of the Guidelines, both orally and in writing, with copies of written correspondence also sent



to Senator Grassley's staff. Although Medicare officials have stated that some of ASTS's recommendations are to be included in the next draft of the Guidelines, no revised Guidelines have yet been issued.

ASTS would also like to hear from transplant centers which have undergone Medicare site visits about their experience. Please send your submissions to [asts@asts.org](mailto:asts@asts.org) with "Medicare Site Visit" in the subject line. ASTS expects to meet with CMS staff in the near future to discuss its concerns, and particular concerns about the survey process can be raised with CMS staff anonymously at that time.

## JOINT COMMISSION TRANSPLANT CENTER CERTIFICATION PROGRAM

Largely in response to concerns voiced by ASTS, the Joint Commission, which had been poised to launch its own transplant certification program last November, has decided to delay that launch pending further field review and revisions of its standards. The Joint Commission has stated that it hopes to have a final program in place later this year. In the meantime, however, the

Joint Commission has applied to CMS for "deemed status," which, if granted, would allow Joint Commission certification to substitute for Medicare certification. By law, however, "deemed status" is not available for renal transplant programs. Therefore, renal transplant centers will be required to obtain certification directly from CMS, regardless of whether the Joint Commission obtains "deemed status" for transplant centers.

## MEDICARE 2008 PHYSICIAN FEE SCHEDULE

Congress passed and the President signed legislation which averts the scheduled 10.1% reduction in the conversion factor for the first six months of 2008 and replaced the cut with a 0.5% increase. However, effective July 1, 2008 the payment cut will take effect unless Congress steps in again.

The 2008 fee schedule reflects an across the board 12% reduction in work RVUs (W-RVUs) to offset the cost of increases in anesthesia W-RVUs. Because transplant surgery payment primarily consists of W-RVUs, this adjustment will have a relatively high dollar impact on Medicare payment allowances for transplant procedures (as compared with other physicians' services) in CY 2008. Most medical specialties urged CMS to apply the budget neutrality adjustment to the conversion factor instead of to physician work. However, CMS declined to accept this option.

There have been no changes with respect to the backbench codes. CMS continues to designate the standard backbench procedures as carrier priced. CMS will continue to pay an add-on fee of approximately \$70 for each IVIG infusion in non-hospital settings, for one more year. In contrast, the add-on amount for IVIG infusions in the hospital outpatient department is only \$39.



*ASTS, along with 10 other organizations, have endorsed a “White Paper” that addresses the significant negative impact that CMS policies have had on islet transplantation research.*

#### ASTS JOINS WITH OTHER ORGANIZATIONS IN CALLING FOR CHANGE IN CMS POLICIES THAT CURB ISLET TRANSPLANTATION RESEARCH

ASTS, along with 10 other organizations, have endorsed a “White Paper” that addresses the significant negative impact that CMS policies have had on islet transplantation research, and has been working with this coalition to raise the visibility of this issue among policymakers. These policies, including the Intent to Transplant Ruling (CMS 1541-R) (December 21, 2006) and OPO cost allocation rules, have significantly increased the cost of pancreata intended for islet transplants, jeopardizing the financial viability of research programs at a number of institutions.

#### HHS SOLICITS COMMENTS ON VASCULARIZED COMPOSITE ALLOGRAFTS

On March 3, 2008, the Department of Health and Human Services (DHHS),

published a Federal Register notice to solicit feedback on whether vascularized composite allografts should be included within the definition of organs covered by the regulations governing the operation of the Organ Procurement and Transplantation Network (OPTN) and whether vascularized composite allografts should be added to the definition of human organs covered by section 301 of the National Organ Transplant Act of 1984 (NOTA). The deadline for written comments is May 2, 2008. HRSA will hold a public meeting April 4, 2008. ASTS is currently drafting its comments on this issue.

#### CMS ISSUES MANUAL INSTRUCTION REGARDING COVERAGE FOR IMMUNOSUPPRESSIVE DRUGS PRESCRIBED TO MEDICARE-ELIGIBLE PATIENTS WHOSE TRANSPLANTS WERE PAID BY ANOTHER PAYER

CMS recently issued an instruction to Medicare carriers setting forth new

procedures that are to be used to ensure that Medicare pays for immunosuppressive drugs that are prescribed for a patient who was Medicare eligible at the time of a transplant but whose transplant was reimbursed by another payer. Apparently, Medicare patients in this situation have been denied coverage for immunosuppressive drugs inappropriately since 2006. The new procedures require the suppliers of immunosuppressive drugs to obtain from prescribers the date of the transplant, presumably to ensure that the patient was covered by Medicare on that date. The new procedures go into effect in July; however, Medicare patients whose claims have been inappropriately denied (or whose claims may be inappropriately denied from now until July) may have a right of appeal.

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

## ASTS State of the Art Winter Symposium

January 16-18, 2009  
Marco Island  
Marriott Resort, FL



# *The Right Organ for the Right Recipient*



# Legislative Report

## ASTS MEETS WITH CONGRESSIONAL LEADERSHIP ON KEY TRANSPLANT ISSUES

The New Year has begun with Congress focused as usual on the development of the budget for the coming year. The President offered an austere budget in early February and both the House and Senate have now developed their counter proposals. Action on these budget proposals creates the foundation for spending during the annual federal appropriations process. The budget bills delineate the general contents and spending limits of the various Appropriations bills. Of these, ASTS is most concerned with the Labor, Health and Human Services, and Education Appropriations bills, which funds the division of transplantation.

## ASTS LEGISLATIVE FLY-IN DAY

On March 13th, four ASTS transplant surgeons flew to Washington to meet with their legislators and key committee staff on the Society's legislative priorities. As part of the Fly-In, Drs. Robert Merion, Alan Reed, and Michael Millis joined ASTS Legislative Committee Chairman Dr. Richard Freeman. They met with nearly 25 congressional offices. Each surgeon is a constituent of House and Senate Members who are key decision-makers on funding of the Organ Donation Act, expansion of immuno-



suppressive drug coverage for Medicare beneficiaries, and other priority issues of the Society.

## NEW DEVELOPMENTS REGARDING ORGAN DONATION ACT FUNDING

Great news developed during the recent ASTS March Fly-In to Congress when, with spur-of-the-moment assistance of ASTS members and counsel, Sen. Byron Dorgan (D-ND) negotiated a \$5 million increase to the budget of the programs under the Division of Transplantation (DoT) within the Health Resources and Services Administration (HRSA). It is

possible this budget addition explicitly for DoT programs could be lowered during negotiations with the House. However, such a budget allocation improves the chances that Congress will finally appropriate funding for Organ Donation Recovery and Improvement Act of 2004 (ODA) programs. Just prior to the March Fly-In, ASTS led a joint request with members of the Transplant Roundtable in seeking a significant increase in funding for a new organ coordinator program for hospitals and organ procurement organizations under the ODA.

These are highly relevant developments as last year DoT reorganized its 2007 budget to provide for an initial \$2 million in funding for a travel and subsistence grant program which was one of a variety of provisions of ODA. DoT acted on its own because initial federal funding in each of the last two years was stripped from final spending bills when Congress and the President could not agree on new funding levels for most federal agencies and programs. The \$2 million that DoT redirected to this program was awarded jointly to ASTS and the University of Michigan in a competitive grant process.

Importantly, the ODA was authorized by Congress in 2004 for five years and that authorization expires at the end of 2009. In addition to requesting DoT funding for a new organ coordinator program during the March Fly-In, ASTS leaders highlighted the need for Congress to reauthorize this program before it expires late next year.

## IMMUNOSUPPRESSIVE DRUG COVERAGE EXTENSION LEGISLATION

ASTS has spent considerable time over the past several months and has worked with other members of the Transplant Roundtable to educate dozens of Congressional offices on the merits of



*Dr. Alan Reed, Univ. of Iowa, Mr. Peter Thomas, ASTS Legislative Counsel, Dr. Robert Merion, Univ. of Michigan, Dr. Michael Millis, Univ. of Chicago, Dr. Richard Freeman, Chair, ASTS Legislative Committee, and Mr. Adam Chrisney, PPSV*



immunosuppressive drug extension legislation. ASTS continued that work during the March Fly-In by leveraging the relationships ASTS participants have developed with their federal legislators to seek additional support for this bill. In addition, ASTS members pressed for inclusion of this issue in the Senate Medicare package currently under development.

H.R. 3282 and S. 2320, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2007, have been introduced by Reps. Dave Camp (R-MI) and Ron Kind (D-WI) and Senators Richard Durbin (D-IL) and Thad Cochran (R-MS), respectively, and includes the support of organ donation and transplant champion Sen. Carl Levin (D-MI). The bills would eliminate the 36-month time limit in coverage of immunosuppressive drugs for kidney transplant recipients whose Medicare coverage is based solely on their ESRD status.

#### MEDICARE PART D IMMUNOSUPPRESSIVE DRUG PROTECTIONS

If included in final Senate Medicare legislation, this separate immunosuppressive drug provision would preserve access to “all or substantially all” immunosuppressive drugs for Medicare beneficiaries enrolled in Medicare Part D. The provision was included in the House Medicare package last July and codifies the requirement that Medicare Part D drug plans cover “all or substantially all” drugs in six protected classes, including immunosuppressive drugs. Coverage of these drugs has been standard practice among state Medicaid programs and private insurers but the protections currently offered in the CMS guidance are not guaranteed beyond this year and have previously been ignored by some drug plans with little risk of sanctions. So far, the Senate has yet to develop

and pass a Medicare bill of its own but ASTS educated key Senate offices about this provision and expects significant support for addressing the issue.

*During the March Fly-In,  
ASTS assisted in  
securing Republican  
support for this bill  
to ensure development  
of a bipartisan Senate version.*

#### ORGAN DONOR REGISTRY LEGISLATION

The Everson Walls & Ron Springs Organ Donation Support Act of 2007, H.R. 3635, will help organ procurement specialists identify willing donors by creating a national clearinghouse of organ and tissue donor registries rather than being limited solely to local or state registries. Such a center would allow donors to make their wishes known nationally well before any fatal event. In addition, the bill will provide grants for states to create these registries where they do not exist or build upon those that already do exist.

The bill builds upon existing organ donor registries and was introduced in the House of Representatives with ASTS support. During the March Fly-In, ASTS assisted in securing Republican support for this bill to ensure development of a bipartisan Senate version. The bill is expected to be introduced in the Senate soon.

#### CONCLUSION

Since the beginning of 2007, congressional Democrats have fought President Bush’s demands for more war funds by pushing domestic funding priorities on

a variety of issues, including boosting funding for key healthcare programs. As predicted by many, the projected “train wreck” at the end of last year came to pass when the President vetoed a number of spending and program priorities of congressional Democrats including a children’s health insurance bill and spending bills covering health and human services, amongst others. A notable exception was the enactment of Public Law 110-144, the Charlie W. Norwood Living Organ Donation Act.

In addition, Congress was only able to pass a short-term Medicare package to eliminate cuts to the 2008 physician fee schedule as well as a few other “must pass” and time-sensitive items. It did not include the vast array of items addressed by the House in last year’s CHAMP bill. The six-month package expires at the end of June; by then Congress will have to address the cuts expected for the second half of the year. The hope of many provider groups is that Congress will be able to pass a large CHAMP-like bill at that time.

Other than the scope of such a package, another key question concerns the length of such a package. In other words, whether this second Medicare package will expire at the end of the year or extend into the following year is a major question. However, the current political and fiscal pressures do not appear to have altered enough to give Congress the necessary flexibility for anything more than a short-term Medicare package. ASTS will continue to push for inclusion of its legislative priorities as the year unfolds.

*By Peter W. Thomas, Esq.  
and Adam R. Chrisney  
Powers, Pyles, Sutter & Verville, PC  
ASTS Legislative Counsel*



# OPTN/UNOS Corner

## OPTN/UNOS Board Actions and Ongoing Initiatives

*The OPTN/UNOS Board of Directors met Feb. 20-21 in Orlando, Florida.  
It took action on or reviewed a number of items, of which key topics are outlined below.*

### MEMBER RELEASED FROM PROBATION

The Board withdrew the status of probation for Sharp Memorial Hospital in San Diego. The Board had placed Sharp on probation in September 2006 based on functional inactivity involving its pancreas transplant program. The center was allowed to continue transplant activity while under probationary status. It completed a series of corrective actions as required, and its recent pancreas transplant activity has increased.

### LIVING DONOR RESOURCE DOCUMENT

The Board endorsed further consideration of a resource document for medical evaluation of potential living kidney donors, a topic previously discussed at the last Board meeting in September 2007. The OPTN/UNOS Living Donor Committee was asked to reconsider the document in light of editorial and technical comments raised prior to the Board meeting. Assuming the document is finalized soon, the OPTN/UNOS Executive Committee could vote on a final version prior to the next Board meeting in June 2008.

### DONOR-TRANSMITTED INFECTIOUS DISEASE RISK

The Donor Transmission Advisory Group, a subgroup of the OPTN/UNOS Operations Committee, made its first formal presentation at a Board meeting. In discussion of the group's presentation, the Board charged the group to estimate the risk of infectious disease transmission associated with the processes of transplantation. The Board further directed the group to collaborate with the Centers for Disease Control in this assessment and present recommendations at the next Board meeting in June

regarding processes to better identify potential transmission risks and minimize adverse outcomes for recipients.

### DATA REVIEW OF HEART ALLOCATION POLICY

The OPTN/UNOS Thoracic Organ Transplantation Committee presented to the Board a preliminary review of data to assess the impact of a 2006 change to heart allocation policy. Early data indicate a substantial reduction in wait list deaths among heart transplant candidates since the policy was implemented.

The revised policy, implemented in July 2006, gave more immediate priority to the two most urgent categories of heart transplant candidates (Status 1A and 1B) within a 500-mile radius of the donor site. Additional, but lower, priority was also given to urgent candidates at centers between 500 and 1000 miles of the donor's location.

Data was presented for 12-month periods before and after the policy's implementation.

- Deaths as a function of time waited on the list (deaths per 100 patient-years) decreased threefold for Status 1A candidates, from 96.3 before implementation to 30.3 afterward.
- Deaths among Status 1B candidates were cut nearly in half, from 20.3 to 11.8.
- Deaths among Status 2 patients also decreased slightly, from 5.8 to 3.7. The committee will continue to study the policy's longer-term impact, particularly on graft and patient survival.

### REVIEW OF ALTERNATIVE ALLOCATION SYSTEMS

In the spring 2008 round of committee meetings, the OPTN will begin a new process to review existing alternative allocation systems (AAS), except for kidney-only systems. (Kidney AAS systems will not be reviewed at this time due to ongoing review of the national kidney allocation system.) The appropriate organ-specific committee(s) and the OPTN/UNOS Policy Oversight Committee will make recommendations to the Board of Directors at its September 2008 meeting regarding AAS systems that should be continued or discontinued. All transplant programs and/or organ procurement organizations participating in existing AAS systems will receive information about the review process and a response form by the end of March.

### FOR MORE INFORMATION

An executive summary of all OPTN/UNOS Board actions is available on the OPTN web site ([www.optn.org](http://www.optn.org)) under the "Members" main heading and "Board of Directors" subhead. More detailed information about other items of interest is also included in the "OPTN News" section of the site.

*By Joel Newman  
Assistant Director of  
Communications, UNOS*





# ASTS ACADEMIC UNIVERSE

**What:** National Transplant Surgery Fellowship Curriculum

**Who:** ASTS members

**Where:** ASTS Academic Universe – online at [www.astso.org](http://www.astso.org)

**When:** Initial launch in June

**Why:** To serve as the blueprint for educational growth and development

## Objective

The objective of the curriculum is to define the key areas of knowledge necessary for mastery of the field of transplantation surgery and to provide an educational guide for trainees as they progress through their fellowship and will serve as a dynamic reference for all ASTS members.

## Background

For over a year, the ASTS Curriculum Committee has been developing the National Transplant Surgery Fellowship Curriculum. The initial curriculum will provide a structured educational and training framework for abdominal transplant surgery fellowship and work is already underway to add cardiothoracic units. The National Transplant Surgery Fellowship Curriculum will assist program directors in developing a didactic teaching program, establishing appropriate clinical program practices and assessing educational outcomes.

The Curriculum Committee's work began with a comprehensive survey of previous fellows and program directors. The survey was designed to define the correlation between the skills and knowledge that should be acquired during the fellowship training experience and subsequent needs as a transplant surgeon in the workforce. The data was used to identify the required knowledge and divide the curriculum into the distinct units. The eleven units will cover topics such as immunobiology and transplantation

research, pharmacology and immunosuppression, organ procurement, medical complications, organ transplantation, renal replacement therapy, public policy, economics and organ allocation.

The committee has developed comprehensive unit and learner objectives for the National Transplant Surgery Fellowship Curriculum. This 70+ page document is available to all ASTS members in the members' portal of the ASTS website.

## Online System

When complete, the ASTS Academic Universe will contain over 200 learning modules. Each module will have a narrated PowerPoint presentation that covers the key points on each topic, written summary and bibliography, list of recommended references for additional research, self-assessment and a mechanism to provide feedback on the learning segment.

The ASTS Academic Universe will allow program directors to view their fellow's activity within the system and compare individual fellow activity to aggregate program activity and individual program activity to national program activity.

**Watch for updates online at [www.astso.org](http://www.astso.org)!**



# National Living Donor Assistance Center



## *Reducing Financial Disincentives for Living Organ Donation*

**T**he National Living Donor Assistance Center (NLDAC) stands ready to assist individuals with financial barriers to living organ donation. The NLDAC program officially opened in mid-October 2007 and focused the first couple of months on getting transplant programs registered. Now, the focus is on helping transplant programs incorporate consideration of financial assistance from NLDAC as part of donor work-up and to submit applications on behalf of prospective donors.

Over 85% of transplant programs are now registered with the NLDAC. At the time of publication, 67 applications from 38 centers have been submitted to NLDAC. On average \$2,600 in reimbursement is provided per donor. Nearly 20 donors have already successfully donated. Funding has been provided for donors in all four preference categories. Donors in preference category one (greatest need), have received the majority funding.

A family of four can make up to \$63,000 and qualify as a preference category 1 for funding. There are three additional categories that allow for justification of financial hardship for higher household incomes. NLDAC can provide up to \$6,000 in funding per donor.



## CALL TO ACTION

### SUBMIT APPLICATIONS FROM YOUR PROGRAM

It is imperative that transplant programs submit applications for donors who need financial assistance for travel and subsistence expenses. The NLDAC is a DoT/HRSA funded grant and time is of the essence to show that there is a need for the government to provide financial assistance to living donors. While the program currently reimburses for travel and subsistence expenses, there is every reason to believe that reimbursement of lost wages will be added, if need is demonstrated.

The NLDAC understands that social workers and transplant coordinators have hectic and extremely full schedules. It is difficult to incorporate new programs into already established systems. NLDAC is trying to make the process as easy as possible and stands ready to have one-on-one conference calls with your program and assist your social workers and coordinators in preparing an application(s).

- Visit [www.livingdonorassistance.org](http://www.livingdonorassistance.org) for details and eligibility guidelines.
- NLDAC staff is ready to assist programs in completing an application. NLDAC would also be happy to schedule one-on-one training and/or discuss program eligibility guidelines and the application process.
- A patient educational brochure is available for distribution to potential donors.
- Contact NLDAC staff Monday – Friday 9:00 a.m. to 5:00 p.m. ET at 703 414.1600 or email [nldac@livingdonorassistance.org](mailto:nldac@livingdonorassistance.org).

*For further information or to register your program please visit the website at [www.livingdonorassistance.org](http://www.livingdonorassistance.org).*



## TRANSPLANT CENTERS SUBMITTING NLDAC APPLICATIONS AND NUMBER OF APPLICATIONS SUBMITTED (As of March 12, 2008)

NAME OF TRANSPLANT CENTER      NUMBER OF APPLICATIONS SUBMITTED

1. AZMC-Mayo Clinic Hospital	1
2. CAPM-California Pacific Medical Center	3
3. CASH-Sharp Memorial Hospital	1
4. COPM-Centura Porter Adventist Hospital	1
5. DCWH- Washington Hospital Center	1
6. DECC-Christiana Care Health Services	2
7. FLSL-St. Luke's Hospital	1
8. FLTG-Tampa General Hospital	2
9. HISF-Hawaii Medical Center	4
10. ILNM- Memorial Medical Center	1
11. MALC- Lahey Clinic Medical Center	1
12. MDJH-Johns Hopkins Hospital	3
13. MISM-St. Mary's Health Care	1
14. MIUM-University of Michigan Medical Center	2
15. MNHC-Hennepin County Medical Center	1
16. MNMC-Rochester Methodist Hospital-Mayo Clinic	1
17. NCDU-Duke University Medical Center	1
18. NCMH-UNC Hospitals	1
19. NMAQ-University Hospital	1
20. NMPH-Presbyterian Hospital	3
21. NYCP-The Presbyterian Hospital in NY City	1
22. NYNY-NY Presbyterian Hospital/Cornell/Rogosin	3
23. NYSB-University Hospital of SUNY	2
24. NYUM-SUNY Upstate Medical University	2
25. OHCO-University of Toledo Medical Center	1
26. ORUO-Oregon Health and Science University	3
27. PAPT-University of Pittsburgh Medical Center	2
28. TXDC-Driscoll Children's Hospital	1
29. TXLG-University Medical Center	2
30. TXLM-Covenant Medical Center	8
31. TXPM-Parkland Memorial Hospital	1
32. VAUV-University of Virginia HSC	1
33. VTMC-Fletcher Allen Health Care	1
34. WASH-Sacred Heart Medical Center	1
35. WASM- Swedish Medical Center	1
36. WAUW-University of Washington Medical Center	2
37. WAVM-Virginia Mason Medical Center	2
38. WIUW-University of Wisconsin Hospital & Clinics	1



## National Living Donor Assistance Center

This program is funded by the Division of Transplantation (DoT), Healthcare Systems Bureau (HSB), Health Resources and Services Administration (HRSA), United States Department of Health and Human Services (HHS) through a cooperative agreement with the University of Michigan (UM) and the American Society of Transplant Surgeons (ASTS). Section 3 of the Organ Donation and Recovery Improvement Act (ODRIA), 42 U.S.C. 274f, establishes the authority and legislative parameters to provide reimbursement for travel and subsistence expenses incurred toward living organ donation.

### National Living Donor Assistance Center

2461 S. Clark Street  
Suite 640  
Arlington, VA 22202  
703 414.1600  
703 414.7874

[www.livingdonorassistance.org](http://www.livingdonorassistance.org)  
email: [nldac@livingdonorassistance.org](mailto:nldac@livingdonorassistance.org)

*Mission: To reduce financial disincentives to living organ donation*





# 8th Annual State of the Art Winter Symposium

## The High Risk Recipient

Held in conjunction with the NATCO Symposium  
for the Advanced Transplant Professional  
Marriott Marco Island, Florida, January 25-27, 2008

### WINTER SYMPOSIUM AS TOLD BY ATTENDEES...

*"The planning and execution of such programs don't always meet satisfactory, but this symposium surpasses that. The planning committee did an excellent job establishing direction for the speakers. It (the Symposium) meets expectations"*

– Mitchell L. Henry, MD  
The Ohio State University

*"The strength of the meeting is that it's more focused; it approaches the issues and it's a more intimate meeting where you can pitch ideas."*

– John M. Ham, MD  
Oregon Health and Science University

*"Overall the symposium has been very useful. It address specific issues; single center experiences. It's good to see what other colleagues are doing and how their data compares to the rest of the nation."*

– Juan D. Arenas, MD  
UT Southwestern



Opening Session

**T**ransplant colleagues from across the nation and abroad assembled to discuss, debate and define the challenges of the high risk recipient. Once perceived as marginal, attendees looked at the ethical issues surrounding high risk recipients; the implications, and the high costs associated in order to provide optimal patient care.

Speaker and attendee participation was impressive. There were over 470 attendees, of which 358 were ASTS registrants. Of the 118 abstracts submitted, 15 were accepted for oral presentation, 10 for mini-oral presentation and 61 as posters for an overall acceptance rate of 72%.



Poster Session & Mini Oral Presentation



# 8th Annual State of the Art Winter Symposium

## *The High Risk Recipient*

### PRE-MEETING COURSE PRACTICAL KNOWLEDGE FOR THE TRANSPLANT SURGEON

The Pre-Meeting Course kicked off Thursday, January 24, 2008 and was designed to provide junior transplant surgeons, fellows and residents with an opportunity to address topics not typically encountered in general fellowship surgery training. The two-day course was a call to action made by junior transplant surgeons and ASTS answered the call. Sessions continued through noon Friday and proved to be a great success with over 35 attendees in each session.

The course opened with a focus on *Obtaining a Position* and included a presentation by Seth J. Karp, MD, Beth Israel Deaconess Medical Center. Dr. Karp's talk entitled *Negotiation* provided critical information to attendees regarding salary and benefit negotiations at the commencement of their careers. Dr. Karp also touched on the importance of honesty and good faith during negotiations, as well as specific ranges of benefits that junior faculty members and fellows could expect to receive.

Thursday concluded with a provocative discussion about medical malpractice given by Cliff

Rapp, LHRM, of First Professionals Insurance Company, *Who Wants to be a Millionaire? Reducing Your Risk of Medical Malpractice* which peaked the interest of both fellows and junior faculty. It provided details regarding high risk clinical exposures and measures that transplant surgeons can use to reduce both the frequency and severity of medical malpractice claims.

The Pre-Meeting Course continued Friday with sessions entitled *Running a Clinical Research Program* and *Managing a Clinical Transplant Program*. James J. Wynn, MD, Medical College of Georgia gave a particularly engaging presentation on *Managing Your Patients* that conveyed specifics regarding patient management, including pre-transplant evaluations and wait list management. Dr. Wynn detailed recommendations for achieving the best possible post-transplant patient outcomes.

John C. Magee, MD, University of Michigan sparked questions and comments by junior and high-level faculty alike in his presentation entitled *What Data is Collected and How it is Used*. Dr. Magee documented key details transplant surgeons should know about the mandatory collection of transplant data by the OPTN/UNOS, OPOs and the SRTR for the purposes of ongoing evaluation of the scientific and clinical

status of solid organ transplantation. Goran B. Klintmalm, MD, PhD, FACS, ASTS President, concluded the course with a presentation on *Managing Your Peers*.

### WHAT YOU DON'T KNOW CAN HURT YOU!

Net Organ Acquisition  
Cost, the Step Down  
Method, Reasonable

Compensation Equivalent (RCE), any of these phrases sound familiar? Do you fully understand Medicare versus Medicaid? JCAHO, CMS, HRSA, OPTN, UNOS, the reality for some (new and old) surgeons, these alphabets simply do not resonate. Conversely, they are acronyms that represent essential organizations that impact the way you practice, in a positive or negative way, depending upon what you know – or don't know.

Special acknowledgements go to the ASTS Business Practice Committee. Their intent for hosting this first of its kind Business Practice Seminar, *Medicare 101: What Every Surgeon Must Know*, was to assist ASTS members in understanding the business aspect of transplantation and to help them keep up with national trends in transplant business practice.

This is just one of many services the new Business Practice Committee will offer ASTS members. The Committee is working towards:

- Providing a national report on transplant surgeon compensation
- Conducting a survey of transplant center business models in the United States
- The development and implementation of a transplant business education process for ASTS members
- The development of a system for consultative services to ASTS members and transplant programs to guide them through various aspects of the business of transplantation.

The Career Development Symposium is in response to the Vanguard Committee's commitment to address non-clinical issues that are critical to the career advancement and professional development of the junior membership.



Dr. Michael M. Abecassis continued discussions following Business Practice Seminar





# 8th Annual State of the Art Winter Symposium

## *The High Risk Recipient*



(L-R) Sir Roy Y. Calne, Pioneer in Transplantation, Dr. Robert M. Merion, Award Recipient, Dr. John J. Fung, Award Recipient & Dr. Goran B. Klintmalm, ASTS President

### MENTORSHIP, LEADERSHIP, STEWARDSHIP! ASTS VANGUARD COMMITTEE MENTORSHIP AWARD

Congratulations to John J. Fung, MD, PhD, Cleveland Clinic, and Robert M. Merion, MD, University of Michigan as they are the first recipients of the *Francis Moore Excellence in Mentorship*

*in the Field of Transplantation Surgery Award*. They were presented with a plaque during the Annual Vanguard Committee Cocktail Hour, Saturday, January 26, 2008. The Vanguard Committee created the award to recognize the outstanding efforts of established surgeons for their mentorship of fellows and junior faculty. The award is designed

to foster excellent mentorship and acknowledge the time and effort required to advance the careers of new investigators and clinicians.

The esteemed Sir Roy Y. Calne from the University of Cambridge was the invited speaker for the awards presentation. Sir Roy called Dr. Moore a great clinician and scientist whose accolades include his leadership at the “the Brigham” (Peter Bent Brigham Hospital); his contribution in the metabolic care of the surgical patient, authoring the text book *Metabolic Care of Surgical Patient* (and other books) that was used by medical students for over a decade and his role in putting together the team of surgeons that would go on to perform the first identical twin transplant. Sir Roy, a transplant giant himself, was the first to use drugs to control the body’s natural rejection of donated organs, causing an enormous expansion in the transplantation program at Addenbrooke’s Hospital in Cambridge where he started the kidney and liver transplant program.

“I have a great deal of love, respect, and admiration for Dr. Francis Moore. He is the ideal Chief of Surgery.”  
– Sir Roy Y. Calne, University of Cambridge, UK

## BURNOUT AND WORK/LIFE BALANCE



**Dr. Marwan S. Abouljoud**  
*Career Development Symposium*

Marwan S. Abouljoud, MD, Henry Ford Hospital addressed a standing room only crowd of surgeons and their spouses during the Career Development Symposium, *Burnout and Work/Life Balance*. Dr. Abouljoud presented the typical surgeon scenario; the long hours versus the family and/or spousal needs.

Dr. Abouljoud presented results from a

study he conducted in 2001 of surgeons and their spouses to better determine the level of burnout for transplant surgeons, the risk factors and how to cope with strategies to protect surgeons against burn out. 734 ASTS members and their families were mailed the survey with a 35% response rate. The study indicated that a large amount of families were highly burned out with regards to emotional exhaustion and moderately experienced depersonalization, and personal accomplishment. Dr. Abouljoud presented coping methods to reduce the level of stress, especially useful for junior surgeons. Particularly important to maintain the balance between work and personal life is time prioritization, sleep, physical health, and assessing professional versus personal values. Stay tuned for next year’s topic!



Sir Roy Y. Calne is presented with the ASTS membership lapel pin.





# 8th Annual State of the Art Winter Symposium

## The High Risk Recipient



Saturday Evening Dinner on the beach

### WINTER SYMPOSIUM AS TOLD BY ATTENDEES...

*"I have a strong interest in Liver Transplantation in the recipient with extreme BMI. The issue has never really been addressed at my institution. I plan to present the data to my hepatologist in hopes of changing our practices."*

– Marcia L. Luniewski, Nurse Liver Coordinator, University of Virginia



Dr. John Roberts, President-Elect, and Dr. James Pomposelli relax at the dinner



Dr. Randall S. Sung, Chair, Program Planning Committee

*"I believe the symposium went very well. The quality of the presentations were phenomenal and a job well done by all the speakers. There was an abundance of new information presented about the high risk recipient. In addition, the venue was terrific and families enjoyed themselves."*

– Randall S. Sung, MD, Chair, Program Planning Committee

### SPECIAL ACKNOWLEDGEMENTS:

ASTS will continue to provide events such as this for the benefit of its members. ASTS recognizes the contributions of the Programming Planning Committees, Exhibitors, Corporate Supporters, Corporate Sponsors, Moderators, and Presenters who helped make this educational opportunity a reality. Thank you...

#### PROGRAM PLANNING COMMITTEE

Randall S. Sung, MD, Chair  
Thomas G. Peters, MD, Senior Advisor  
Kenneth A. Andreoni, MD  
Talia B. Baker, MD  
Wendy J. Grant, MD  
Elizabeth A. Pomfret, MD, PhD, FACS  
George Tellides, MD, PhD

#### PRE-MEETING COURSE PROGRAM PLANNING COMMITTEE:

Randall S. Sung, MD, Program Chair  
Thomas G. Peters, MD, Senior Advisor  
David P. Foley, MD  
Sunil K. Geervarghese, MD  
Elizabeth A. Pomfret, MD, PhD, FACS

*"My first presentation I gave on live donor liver transplantation, The Lahey Experience, Dr. Francis Moore was the discussor. He critiqued my presentation. Having had that experience, I believe the mentorship cocktail hour and awards presentation is an excellent and personal opportunity for the junior members to network with more established surgeons (members)."*

– Elizabeth A. Pomfret, MD, PhD, FACS, Lahey Clinic

# Meet in Paradise



## *The Right Organ for the Right Recipient*

Join us  
for the ASTS 9th Annual  
State of the Art  
Winter Symposium  
January 16-18, 2009  
Marco Island Marriott Resort, FL  
[www.asts.org](http://www.asts.org)

Coming soon: Call for Abstracts







# American Transplant Congress The 8th Joint Scientific Meeting

*Metropolitan Toronto Convention Centre, Toronto, Ontario Canada*

The American Transplant Congress (ATC) is the premier educational event in the field of basic and clinical transplantation. Scientific materials will be presented through symposia, oral abstracts, concurrent workshops, poster presentations, and small group sessions designed for in-depth exploration of both clinical and basic science topics. This meeting is designed for you; the surgeon, physician, scientist, and others in the transplant community.

## *Mark Your Itinerary for Important ASTS Events...*

• Sunday, June 1, 2008	New Members' Breakfast	7:00 am – 8:30 am
• Monday, June 2, 2008	Faculty Awards Presentations	8:30 am – 10:00 am
• Tuesday, June 3, 2008	Presidential Address	11:30 am – 12:00 pm
• Tuesday, June 3, 2008	Pioneer Award Presentation	12:00 pm
• Tuesday, June 3, 2008	Business Meeting	5:30 pm – 6:30 pm
• Wednesday, June 4, 2008	Resident and Trainee Awards Presentations	8:30 am – 10:00 am

## *Important ATC Events*

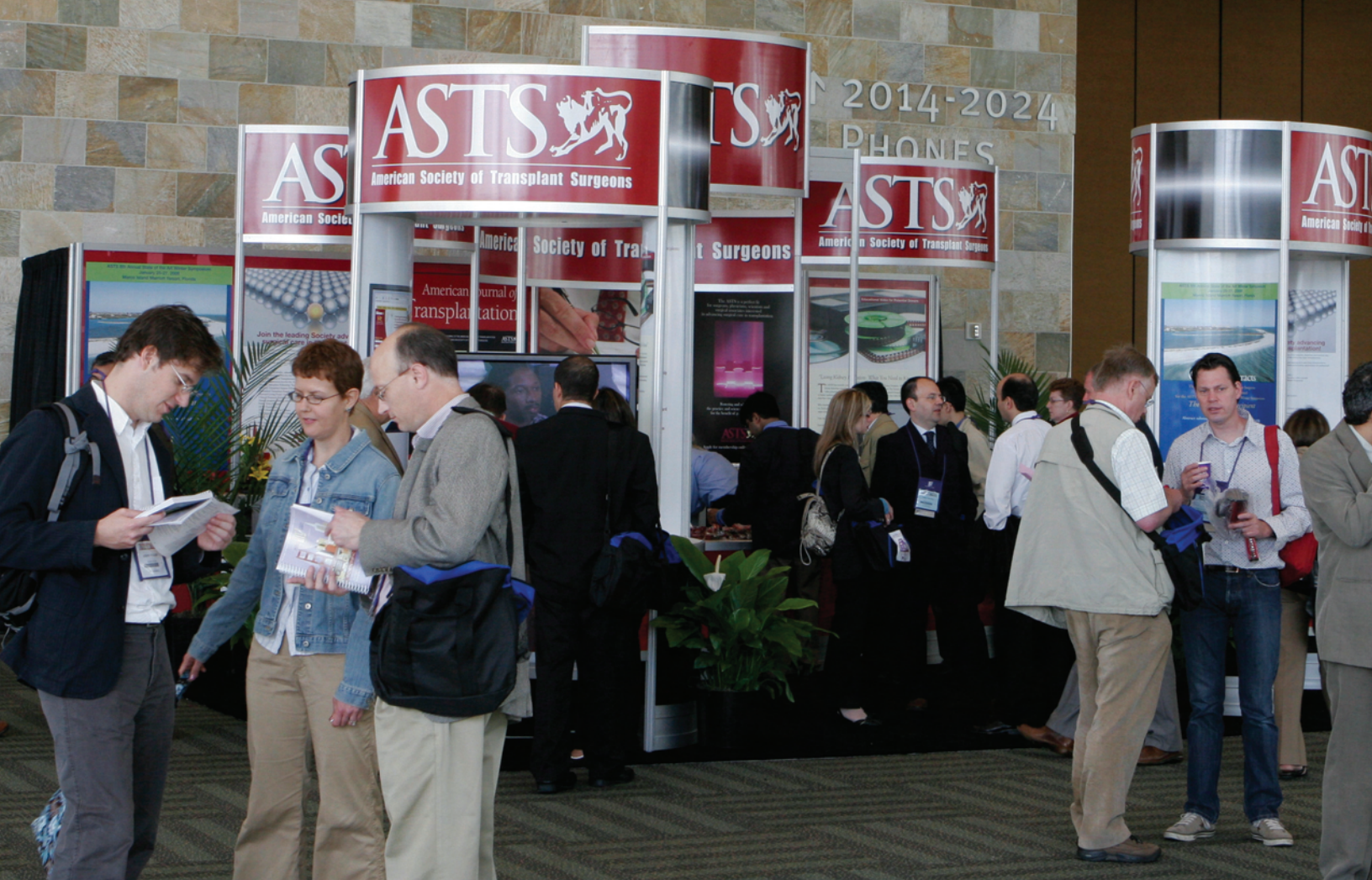
May 31, 2008	Pre-meeting Symposia	
May 31, 2008 – June 3, 2008	Exhibits	
June 1 – 4, 2008	Scientific Sessions	
June 4, 2008	What's Hot, What's New	12:00 pm – 1:00 pm

Scientific Program, Exhibits, Registration, Housing and Travel available at:  
[www.asts.org/meeting](http://www.asts.org/meeting) or [www.atcmeeting.org](http://www.atcmeeting.org)

Pre Registration Deadline: Friday, May 2, 2008

A PASSPORT IS NEEDED FOR TRAVEL BETWEEN MOST COUNTRIES & CANADA, INCLUDING THE U.S.





# You are Invited to Visit the ASTS Membership Booth at American Transplant Congress (ATC)

May 29 – June 4, 2008

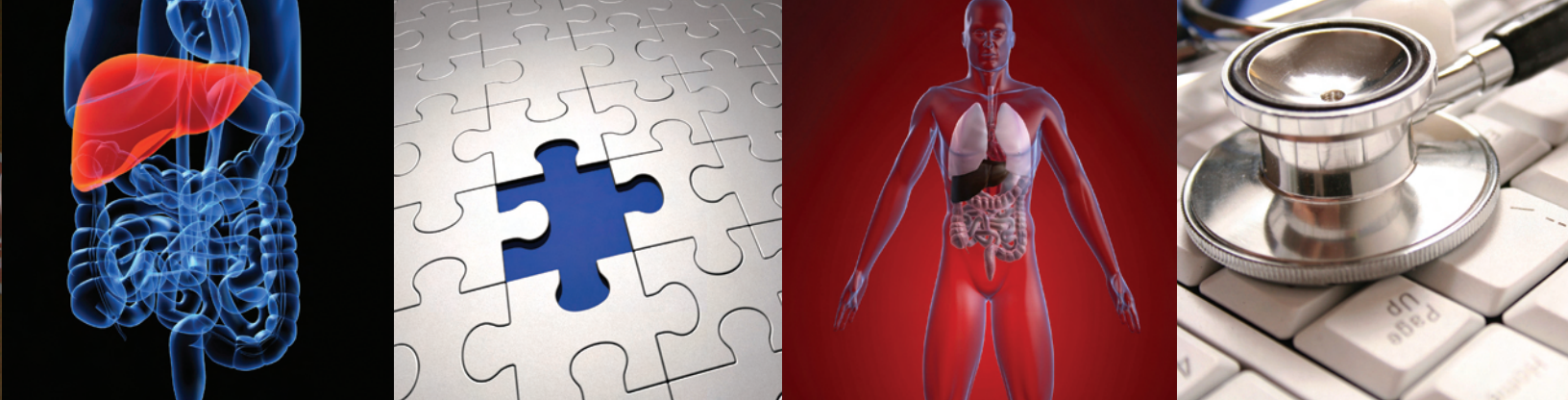
Discover the Benefits of Being an ASTS Member

**Learn more about ASTS programs**

- ASTS Academic Universe
- New Educational Video for the Kidney Recipient
- National Living Donor Assistance Center
- Browse the ASTS web, [www.asts.org](http://www.asts.org)
- Learn how to Navigate the Members' Portal







# Abdominal Transplant Surgery Fellowship Match

**Schedule for Match Conducted in 2008, Appointment Year 2009**

APRIL 16, 2008 – Rank Order List Entry Opens

MAY 28, 2008 – Program Quota Change Deadline

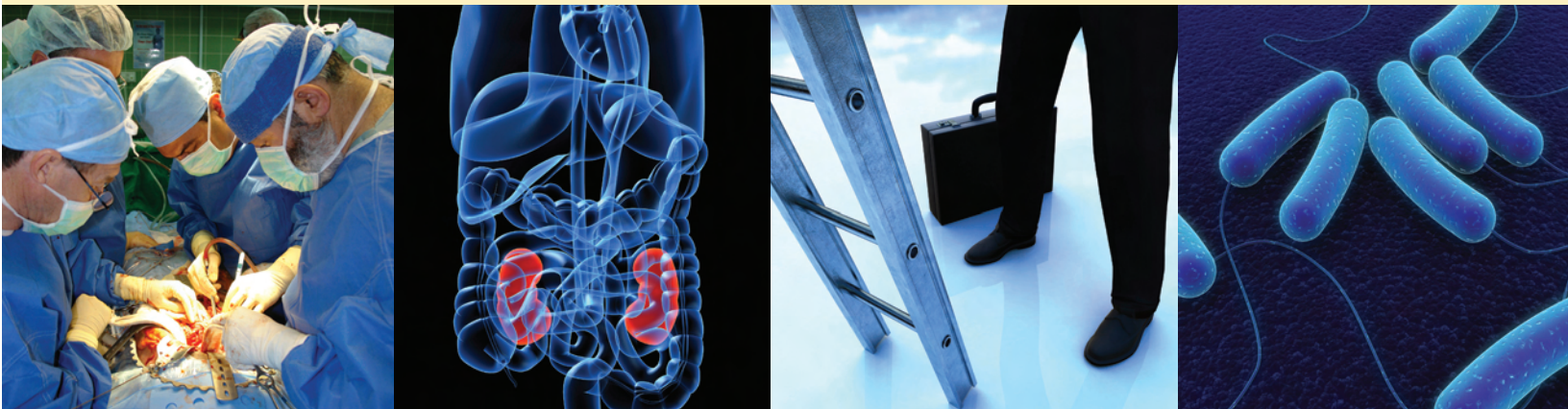
JUNE 11, 2008 – Rank Order List Closes Certification Deadline

JUNE 25, 2008 – Match Day

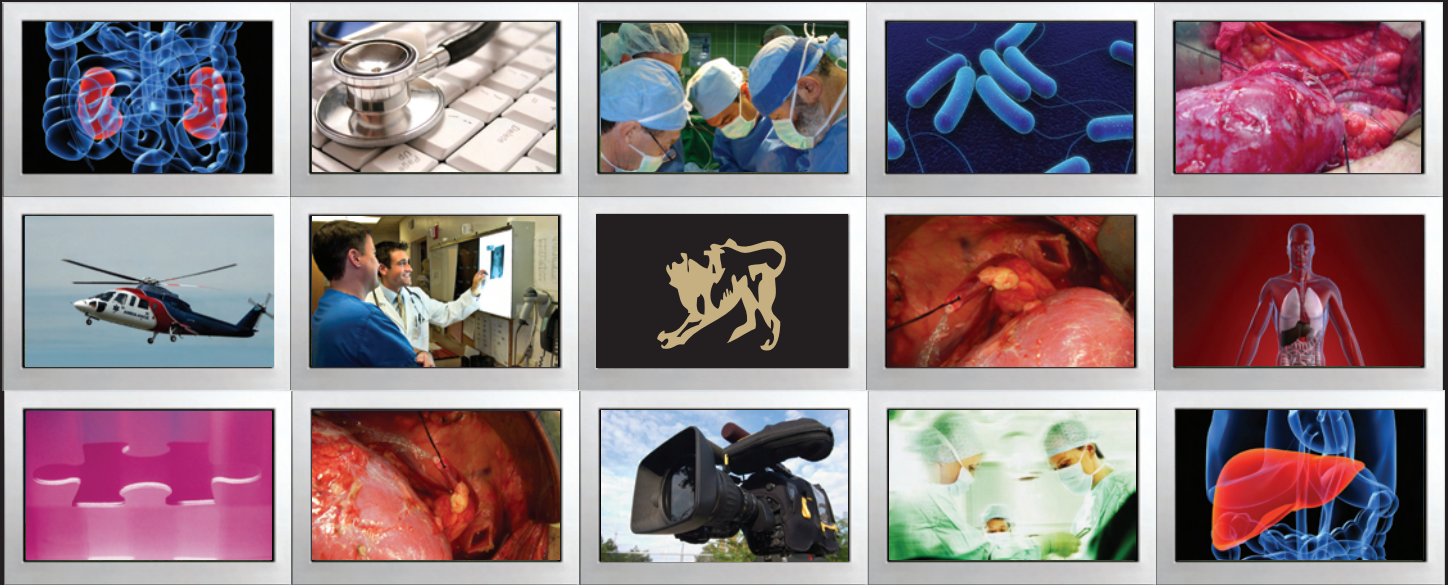
**MATCH PROGRAM** The American Society of Transplant Surgeons (ASTS) is the sponsoring organization for the Abdominal Transplant Surgery Fellowship Match conducted via the National Resident Matching Program (NRMP). Visit [www.asts.org](http://www.asts.org) and [www.nrmp.org](http://www.nrmp.org) for 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](http://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](http://www.asts.org).



**American Society of Transplant Surgeons...**



# **Creating Educational Videos for the Transplant Community**

**Newly Released...**  
**Kidney Transplantation:**  
**A Guide for Patients and their Families**

**Also Available:**  
**Living Kidney Donation: What You Need to Know**

**Coming Soon!**  
**Spanish Versions**

**ASTS**   
American Society of Transplant Surgeons

**[www.ast.org](http://www.ast.org)**



Proud of who we are, proud of what we do

# Show your Pride



The American Society of Transplant Surgeons has launched its online gift shop. Login to the ASTS website and browse through the list of ASTS branded items. Each time you make an ASTS purchase, you strengthen the Society. Show your pride, buy gifts for fellows and colleagues.

**Shop ASTS at [www.asts.org](http://www.asts.org)**

Shop for polo shirts, baseball caps, coffee mugs, silk women's scarves and men's neck ties. Other items for purchase are a hand crafted wooden chair using only maple hardwoods, an ASTS heritage lamp, and an ASTS mat and frame, perfect for your ASTS Fellowship Training Program certificate.

Personalization is available on certain items.

*If you have an idea for a specific item to be added to the site please email us at [asts@asts.org](mailto:asts@asts.org)*



## Corporate Support

*The American Society of Transplant Surgeons would like to thank the following companies for their generous support of the ASTS in 2008*

### Benefactor's Circle



### Founder's Circle



### President's Circle



### Sponsor's Circle



### Associate's Circle





# Foundation Contributors

*The American Society of Transplant Surgeons thanks the following individuals for their generous support of the Foundation and its mission.  
(New contributions since winter 2007 in bold)*



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*The Foundation of the ASTS has a new online look!  
Log on to the ASTS website at [www.astss.org/ASTSFoundation](http://www.astss.org/ASTSFoundation) to view updates,  
learn about Foundation projects and to make a contribution.*





# 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.

## Upcoming ASTS Events

**May 1, 2008**

Transplant Surgery Fellowship Training Meeting Chicago, IL

**May 31-June 4, 2008**

American Transplant Congress Toronto, ON

**June 3, 2008**

**Annual Business Meeting** American Transplant Congress  
5:30 pm – 6:30 pm Toronto, ON

**October 2008**

Advocacy Day – Legislative Fly-In Capitol Hill

**November 2008**

2nd Annual Surgical Fellows Symposium Location TBA

**January 16-18, 2009**

9th Annual State of the Art Winter Symposium Marco Island, FL

## August 2008

**August 10-14, 2008**

XXII International Congress of The Transplantation Society Sydney, Australia  
Telephone: 61 3.941.70888  
[www.transplantation2008.org](http://www.transplantation2008.org)

**August 11-14, 2008**

NATCO's 33rd Annual Meeting  
Sheraton Boston Boston, MA  
913 492.3600  
[www.natco1.org/news\\_calendar/calendar.htm](http://www.natco1.org/news_calendar/calendar.htm)

## September 2008

**September 5-7, 2008**

International Liver Cancer Association Annual Conference Chicago, IL  
[www.ilca2008.org](http://www.ilca2008.org)

## October 2008

**October 12-16, 2008**

94th Annual Clinical Congress  
American College of Surgeons San Francisco, CA  
[www.facs.org](http://www.facs.org)  
Email: [kmatussek@facs.org](mailto:kmatussek@facs.org)

# Job Board

This is an abbreviated listing of the job postings currently available on the ASTS website. To view the detailed information visit [www.asts.org](http://www.asts.org) and login to the Members' Portal using your ASTS issued username and password.

**AVERA MCKENNAN HOSPITAL AND UNIVERSITY HEALTH CENTER:**

**TRANSPLANT SURGEON**

Submit curriculum vitae and letter of interest to:

Ann Burns, Director Physician Recruitment  
Avera McKennan Hospital &  
University Health Center  
800 East 21<sup>st</sup> Street, Sioux Falls, SD 57105  
Phone: 605 371.5883 Fax: 605 371.5886  
Email: [ann.burns@mckennan.org](mailto:ann.burns@mckennan.org)

**CHRISTIANA CARE:**

**ASSOCIATE CHIEF/TRANSPLANT SURGEON**

For additional information and to apply:  
Website: [www.christianacare.org/careers](http://www.christianacare.org/careers)  
Email: [sellsworth@christianacare.org](mailto:sellsworth@christianacare.org)

**BAYSTATE MEDICAL CENTER: KIDNEY TRANSPLANT/VASCULAR ACCESS SURGEON**

Contact:

George Lipkowitz, MD  
Director of Renal Transplant  
Phone: 413 747.4170, Fax 413 747.4177  
Email: [george.lipkowitz@bhs.org](mailto:george.lipkowitz@bhs.org)

**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL:**

**ABDOMINAL TRANSPLANT SURGEON**

Submit curriculum vitae, letter of interest and three letters of references to:  
Dr. Anthony Meyer, MD, PhD  
Chairman and Professor  
University of North Carolina at Chapel Hill  
The Department of Surgery CB 7050  
4000 Burnett Womack Building  
Chapel Hill, NC 27599-7050

**WEILL CORNELL MEDICAL COLLEGE**

**(QATAR): ACADEMIC GENERAL SURGEON**

Submit curriculum vitae, letter of interest and relocation requirements to:  
Website: [www.qatar-med.cornell.edu](http://www.qatar-med.cornell.edu)  
Email: [clinicalfaculty@qatar-med.cornell.edu](mailto:clinicalfaculty@qatar-med.cornell.edu)

The ASTS now offers the option of posting a position for 30, 60 or 90 days.  
Contact the ASTS national office for details.



# New Members

*ASTS Welcomes New Members.....*

Todd V. Brennan, MD, MS  
*University of California San Francisco*  
San Francisco, CA

John S. Bynon, MD, FACS, ABS  
*University of Alabama Birmingham*  
Birmingham, AL

Francisco G. Cigarroa, MD  
*UT Health Science Center at San Antonio*  
San Antonio, TX

Andre A. S. Dick, MD  
*University of Washington*  
Seattle, WA

Frank D'Ovidio, MD, PhD  
*New York Presbyterian Hospital*  
New York, NY

Mariano Dy-Liacco, MD  
*Rush University Medical Center*  
Chicago, IL

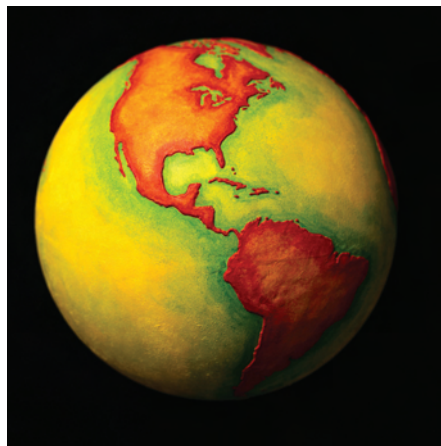
Mary Eng, MD  
*Jewish Hospital*  
Louisville, KY

Ahmed E. Fahmy, MD  
*New York University Medical Center*  
New York, NY

Jonathan S. Fisher, MD, FACS  
*Scripps Clinic*  
La Jolla, CA

Seth D. Force, MD  
*Emory University School of Medicine*  
Atlanta, GA

Oscar H. Grandas, MD  
*University of Tennessee Graduate School of Medicine*  
Knoxville, TN



Muhammad S. Ikram, MD  
*Lifelink HealthCare Institute*  
Tampa, FL

Peter T. Kennealey, MD  
*Massachusetts General Hospital*  
Boston, MA

Akhtar S. Khan, MBBS, ABS, FACS  
*Penn State Hershey Medical Center*  
Hershey, PA

Arputharaj H. Kore, MD, FACS  
*Loma Linda University Medical Center*  
Loma Linda, CA

Fadi G. Lakkis, MD  
*University of Pittsburgh*  
Pittsburgh, PA

Christine L. Lau, MD  
*University of Virginia*  
Charlottesville, VA

Ralph E. Layman, MD  
*University of Pittsburgh*  
Pittsburgh, PA

Joseph R. Lee, MD  
*Transplant Center at Johnson City Medical Center*  
Johnson City, TN

James W. Lim, MD  
*Lankenau Hospital*  
Wynnewood, PA

Lauren E. Malinzak, MD  
*Henry Ford Hospital*  
Detroit, MI

Hari R. Mallidi, MD, FRCSC  
*Stanford Hospital*  
Stanford, CA

Paulo N. Martins, MD, PhD  
*Massachusetts General Hospital*  
Somerville, MA

Susan D. Moffatt-Bruce, BSc, MD, PhD  
*The Ohio State University Medical Center*  
Columbus, OH

Takahiro Murakami, MD  
*Okinawa Chubu Hospital*  
Uruma, Japan

Daniel Murillo, MD  
*Research Medical Center*  
Kansas City, MO

Jaimie D. Nathan, MD  
*University of Cincinnati College of Medicine*  
Cincinnati, OH

Atta M. Nawabi, MD  
*Cedar Sinai Medical Center*  
Los Angeles, CA

Walter E. Pae, MD, FACS, FACC  
*Penn State Hershey Medical Center*  
Hershey, PA

*Continued on next page*

*For more information on becoming a member, please go to [www.astS.org](http://www.astS.org) or contact the  
ASTS National Office at 703.414.7870 or [asts@asts.org](mailto:asts@asts.org).*



## New Members

*ASTS Welcomes New Members.....*

Anthony Perricone, MD  
*University of California San Diego*  
San Diego, CA

Cristiano Quintini, MD  
*Cleveland Clinic Foundation*  
Cleveland, OH

James R. Rodrigue, PhD  
*Beth Israel Deaconess Medical Center*  
Boston, MA

Junichiro Sageshima, MD  
*University of Miami -*  
*Miami Transplant Institute*  
Miami, FL

Alp Sener, MD, PhD  
*University of Maryland Medical Center*  
Baltimore, MD

Puneet Sindhwani, MD  
*University of Oklahoma*  
*College of Medicine*  
Oklahoma City, OK

Nicole F. Siparsky, MD  
*University of Pittsburgh*  
*Thomas Starzl Transplant Institute*  
Pittsburgh, PA

Howard K. Song, MD, PhD  
*Oregon Health & Science University*  
Portland, OR

Jordana L. Soule, MD  
*The Ohio State University*  
Columbus, OH

Anat R. Tambur, DMD, PhD  
*Northwestern University*  
Chicago, IL

Khashayar Vakili, MD  
*Lahey Clinic*  
Burlington, MA

Jason M. Vanatta, MD  
*Methodist University Hospital*  
Memphis, TN

### Please Note...

ASTS will honor its new members  
at the New Members' Breakfast on

Sunday, June 1, 2008.  
Toronto Intercontinental Hotel  
Caledon Room

Breakfast 7:00 AM  
Presidential Remarks 7:30 AM  
RSVP 703 414.7870

## Become a Member of the American Medical Association



The ASTS needs your help to become a member of the American Medical Association (AMA), Specialty and Service Society (SSS). The AMA and its Specialty and Service Society are closely involved in the Physicians Consortium for Performance Improvement (PCPI). PCPI can address matters related to performance improvement as well as “pay for performance” and how transplantation measures are developed.

Guidelines for admission to the Specialty and Service Society of the AMA require that 35% of any society's members must also be AMA members. The ASTS is almost there. Being a part of the AMA means actively participating in development measures that affect every surgeon. To learn more about the AMA or to join, log on to [www.ama-assn.org](http://www.ama-assn.org) (Search SSS, Specialty and Service Society).

*For questions and or comments regarding membership to the AMA  
please direct them to [asts@asts.org](mailto:asts@asts.org) attention:  
Thomas G. Peters, MD, ASTS-American Medical Association liaison.*





## ASTS Moves to Electronic Voting

*Let Your Voice Be Heard!*

One of core values of the society is to provide opportunities for members to become actively involved in ASTS programs and initiatives. Recently, the ASTS converted to an online voting method for the quarterly membership ballot, bylaws changes and ad hoc council proposals.

If you do not have an email address on file with ASTS, it is imperative that you contact the ASTS national office to provide updated information. There are four ways to update your information:

- Login to the members' portal at [www.asts.org](http://www.asts.org) and click on "Update Profile"
- Email [asts@asts.org](mailto:asts@asts.org)
- Call: 703 414.7870
- Fax: 703 414.7874

Call, Click, Fax or Email today!

Officer elections will continue to be conducted at the annual Business Meeting. The next meeting will be held Tuesday, June 3, 2008, 5:30 pm to 6:30 pm, during the American Transplant Congress (ATC) in Toronto.

# National Living Donor Assistance Center



## *Reducing Financial Disincentives*

### **Who is eligible for reimbursement from NLDAC?**

Eligibility is determined based on donor and recipient household income using a threshold of 300% of the HHS Poverty Guidelines. If a recipient or a donor has income greater than 300% of HHS Poverty Guidelines and can demonstrate financial hardship, a waiver may be requested in writing (250 words or less) by the transplant center. The transplant center must provide specific facts describing significant financial hardship. The eligibility guidelines and list of the preference categories are available on the NLDAC website at [www.livingdonorassistance.org](http://www.livingdonorassistance.org) under the Potential Donors Tab.

### **What qualifying expenses are covered by the NLDAC?**

Travel, lodging, meals and incidental expenses incurred by the donor and/or accompanying person(s) as part of: donor evaluation; hospitalization for the living donor surgical procedure; and/or medical or surgical follow-up clinic visit or hospitalization within 90 days after the living donation procedure.

### **How can I contact the NLDAC?**

The NLDAC staff is available Monday-Friday 8:00 a.m. -5:00 p.m. ET. If you have questions or comments, please feel free to call the NLDAC at 703-414-1600 or email us at [nldac@livingdonorassistance.org](mailto:nldac@livingdonorassistance.org). Additional information is available at [www.livingdonorassistance.org](http://www.livingdonorassistance.org)



2008  
American Transplant Congress



May 31- June 4, 2008  
Metropolitan Toronto Convention Centre, Toronto, Ontario  
CANADA

ASTS  
AMERICAN SOCIETY OF TRANSPLANT SURGEONS



AMERICAN SOCIETY  
OF TRANSPLANTATION  
AST



# American Transplant Congress

## Register Today!

May 31 – June 4, 2008  
Metropolitan Toronto Convention Center  
Toronto, Ontario Canada

[www.astsonline.org](http://www.astsonline.org) • [www.atcmeeting.org](http://www.atcmeeting.org)

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Science and Medicine*

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