

CHIMERA

Published for Members of the American Society of Transplant Surgeons

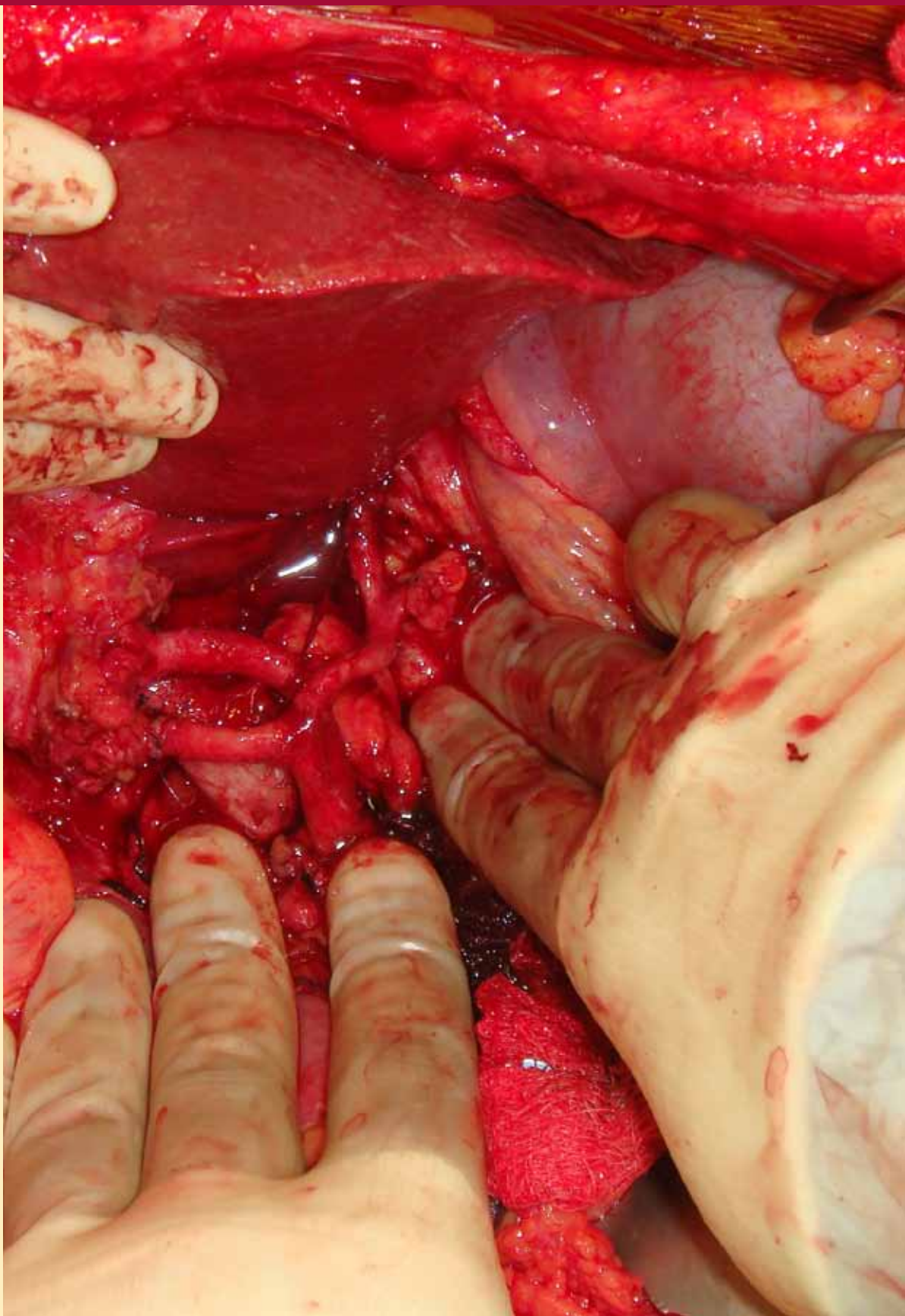


Vol. XV, No. 3 Spring 2010

President's Letter	4
Member News	6
Regulatory & Reimbursement	8
Legislative Report	11
OPTN/UNOS Corner	12
Academic Universe	13
Business Practice Services	14
Vascularized Composite Allotransplantation	16
State of the Art Winter Symposium	17
American Transplant Congress 2010	21
Liver Video	24
Job Board	26
Corporate Support	27
Foundation	28
New Members	30

ASTS 
American Society of Transplant Surgeons

www.asts.org





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May 2009–May 2010

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Editor's Letter

Welcome to Spring; and welcome to another edition of the ASTS Newsletter!

ASTS has experienced expeditious growth in the last several years, administering programs in line with national trends in solid organ transplantation. Education has always been preeminent at ASTS, but recently the leadership has rededicated its attention to providing unmatched opportunities for members to thrive professionally and advance the field.

For the better part of two years, the ASTS Curriculum Committee under the leadership of Dr. Elizabeth Pomfret, along with Kim Gifford, ASTS Associate Director, has labored to develop the ASTS Academic Universe (AU). The Academic Universe houses an online curriculum that provides a structured educational and training framework for residents, fellows, surgeons and other allied health professionals. Page 13 details the strides the AU has made and how you can begin using it to refine your training.

ASTS had great success with its Comprehensive Compensation Report for transplantation, the first of its kind in the transplantation arena. We're glad you found it beneficial. Currently, ASTS is in the process of developing a second survey and aims to release subsequent surveys every two years. The information contained in the report represents complete, accurate,



Have Your Say!

This newsletter is for you. The *Chimera* serves as a resource to highlight transplantation issues, society news and events, and accomplishments. If you have an idea or want to place an item in the *Chimera*, please contact Chantay Parks Moye, for more information.

and up-to-date compensation data on transplant staff surgeons and directors. This report also allows individuals to compare their compensation levels and benefits with their peers.

Out with the old and in with the new! ASTS has joined the ranks of the online era. For some time now, the information technology age has dictated how individual messages are sent and received. ASTS has decided to no longer print this very newsletter you are reading and provide it only as an online resource.

You can conclude that halting printing saves money, time and, more importantly, reduces the impact on the environment. We can assure you that every dollar saved will be used to enhance your membership opportunities.

We are growing by leaps and bounds! In 2007, the ASTS membership count was just over 1300. To date, ASTS now has over 1600 members. In 2007 the ASTS website received close to 13,000 users per month. Currently, web visits are just over 20,000. More than that, ASTS had 12 Councilors, 21 committees and just over a dozen programs and initiatives in 2007. Today, there are 15 Councilors, 24 standing committees and over two dozen programs and initiatives, and the list goes on. It's truly a great time to be a member of the ASTS!

In closing, I want to remind you that there is still time to register and attend the 10th American Transplant Congress. The program can be found on the ASTS website at www.astsonline.org.

Enjoy!

James F. Whiting, MD
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About the Cover



The cover photograph is a liver transplant with 3 arterial supplies. The liver donor had vascular anatomy of Michels type VII, e.g. a hepatic artery originating from the celiac trunk and going to the left lobe, an accessory left hepatic artery coming from the left gastric artery, and a replaced right hepatic artery originating from the superior mesenteric artery. This pattern of vascular supply is uncommon representing less than 5% of cases. The replaced hepatic artery was reconstructed by connecting it to the stump of the splenic artery, and the celiac trunk of the graft was anastomosed to the recipient common hepatic artery.

ASTS is grateful to Paulo Martins, MD, PhD, Hepatobiliary and Transplant Surgeon at New York Medical College, Westchester Medical Center for providing the photograph.

ASTS strives to provide members with real surgical photographs that depict what you do. If you have a photograph 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 chantay.parks@astsonline.org.



President's Letter

It's now Spring, a time of renewal and rejuvenation. Health care reform legislation, left for dead by many pundits, made it through both houses of Congress against great odds, and President Barack Obama has signed a bill into law that will result in profound changes in health care in America. I'm hopeful that this will be good news from our transplant vantage point. For one thing, 31 million Americans who until now have not had access to health care insurance will get their admission ticket. Surely, among these millions of our fellow citizens, there are many with chronic organ failure who have been denied access to transplantation as a treatment option because of the inability to pay for these services. There will be new patients for us to evaluate, but this will put even more pressure on the overburdened donation pool. We must step up to the challenge and rededicate ourselves to the challenge of identifying suitable donor organs for our patients.

Living donors will now be guaranteed access to health care insurance coverage and will not have to pay higher premiums due to having the so-called pre-existing condition of having selflessly become a living organ donor. This shameful aspect of our health insurance system will be gone under provisions of the new legislation, although this is not scheduled to go into full effect immediately. It will also bring us a step closer to being able to implement one of the principles of the Declaration of Istanbul.

Spring is also the season for the American Society of Transplant Surgeons to consider its leadership. My thanks go out to the many individuals who wrote in support of nominations for elected positions in the society and for membership on one of our many active committees. The ASTS is successful only because of the extraordinarily active and passionate participation of so many



*Robert M. Merion, MD
ASTS President*

of you. The Nominations Committee will meet twice this Spring to consider candidates for these positions. We have received a large number of nominations, and there are many highly qualified individuals in the running. Recommendations from the Nominations Committee for the elected positions (president-elect and three new councilors-at-large) will be forwarded to the membership at the business meeting to be held at 5:45 pm on Tuesday, May 4 at the American Transplant Congress in San Diego. Please make a point to attend the business meeting, where we will once again offer refreshments, and I hope that you will stay afterwards for the members' reception, where the refreshments and conversation will continue.

Although there are still several weeks to go before my year as your president concludes, I want to take a moment to thank some of the many people who work all year long on my and your behalf. Our national office staff, under the steady and insightful leadership

of Katrina Crist, are first rate, and are the sometimes invisible glue that holds our society together, keeps us moving forward, and represents us ably. In addition to Katrina Crist, our staff includes Iby Diaz, Justine Feighery, Kim Gifford, Chantay Parks Moye, Elise Porcelli, Jamison Visone, Holly Warren, Joyce Williams, and our newest staff member, Laurie Kulikosky. Please make a point to come to the ATC booth or say hello and thanks to them at the business meeting.

The executive committee, council members, and committee chairs do a mountain of work throughout the year. As issues arise, and often in anticipation of new issues, the volunteer leadership of ASTS expends countless time on your behalf, advancing the mission of the ASTS and working toward improvements in transplant science, advances in education and training for our fellows and surgical residents, optimization of business elements of transplant practice, and advocating on behalf of the patients and donors whom we serve. Join me in thanking them for their wisdom, counsel, and hard work throughout this past year.

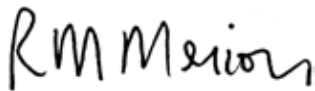
As I anticipate moving into my new position as immediate past president (and catching my breath), I want to take this opportunity to extend my congratulations to Mike Abecassis, who will take over as our 37th ASTS president on May 4. I am confident that the society will be in good hands under Mike's leadership, and I look forward to offering my perspectives during my remaining two years on the Council.

Finally, I would like to thank each of you for your support throughout the year, especially the dozens of you who have taken time from your busy lives to call, write, and email with your comments, concerns, and suggestions. If

there is one thing that I am remembered for as your president, I hope that it will be for my rededication to the principle that the ASTS leadership is responsible to represent its members, and give them a voice, rather than dictating the views of the few to the many.

It has been an honor to serve as your ASTS president this year, and I wish you all success in the future.


Yours sincerely,



Bob Merion

James Burdick, MD
New Academic Universe
Medical Editor

ASTS is pleased to announce that Dr. James Burdick has accepted the position of Medical Editor of the National Transplant Surgery Curriculum. In addition to his appointments at Johns Hopkins, Dr. Burdick's extensive background includes serving as the Director of the Division of Transplantation at the Health Resources and Services Administration, President of the United Network for Organ Sharing, President of South-Eastern Organ Procurement Foundation, Chairman of the Maryland Commission on Kidney Disease and ASTS Councilor-at-Large. Dr. Burdick will work closely with Dr. Elizabeth Pomfret, Chair, Curriculum Committee, and the entire committee to enhance the curriculum modules and develop educational material for ASTS members.




10th American Transplant Congress May 1 -5, 2010 San Diego Convention Center


All events will be held at the San Diego Convention Center

Key ASTS Events


Tuesday, May 4

 Presidential Address, 11:30 - 12:00 PM

 Pioneer Award Presentation, 12:15 - 12:30 PM

 Business Meeting, 5:45 PM - 6:45 PM

 Members' Reception, 7:00 - 9:00 PM

 Corporate Supporters' Recognition Ceremony, 7:30 - 8:00 PM



ASTS News

*The ASTS Winter Council and Committee Chair Meeting was held
January 13 – 14, 2010 in Fort Lauderdale, FL.*

The following are select committee news and reports from the meeting.

Living Donation Committee

Dr. Andrew Klein reported that OPTN/UNOS had passed a resolution to develop, and submit for public comment, a policy proposal regarding the acceptable threshold for submission of living donor follow-up data. The OPTN/UNOS is considering a 90-95% threshold. The council sent notification to OPTN/UNOS living donor committee that ASTS supports the goal of long term follow-up of living donors but believes that bilirubin and creatine levels are not appropriate markers for long term outcomes. Additionally, ASTS supports a 95% threshold for attempted contact or a 75% threshold for actual contact. Lastly, Dr. Klein reported that OPTN/UNOS recently approved the proposal regarding ABO identification of living donors which will mirror the requirements for deceased donors.

Advanced Transplant Provider (ATP) Committee

Ms. Deborah Hoch provided preliminary data from an ATP survey. The respondents indicated that 76% report primary collaboration with surgeons, 56% indicated specific education for ATP was needed, with 81% indicating that education specific to the post-transplant period was needed, 60% of survey respondents were not ASTS members, 49% indicating they did not realize they were eligible for membership. Lastly, 89% expressed interest in joining a collaborative group of advanced transplant professionals.

The committee will review the curriculum to identify modules appropriate for advanced transplant providers. Council approved elimination of one year requirement for ATP applicants, which

will be put forward as a bylaws amendment in June.

AJT Update

Dr. Robert Merion announced that Dr. Allan Kirk has been selected as the new AJT editor-in-chief, and that a process has been put in place to allow for a smooth transition when Dr. Philip Halloran steps down.

AMA

Dr. Thomas Peters announced that ASTS was accepted into the AMA's Specialty and Services Society (SSS). ASTS must remain a member of the SSS for three years before it will be eligible for a seat in the AMA House of Delegates (HOD). Dr. Peters will serve as the SSS delegate, provide regular updates to ASTS, and evaluate ASTS benefits to being an AMA-SSS member.

Business Practice Advisory Committee

Dr. David Axelrod reported that the compensation survey is in process and at the time of the Council meeting, 377 surgeons had participated. The results will be made available at no cost to those who participated. Non-participants, \$500 for the general report and \$850 for the leadership report.

Meanwhile, the committee will complete a business plan pertaining to the development of a leadership training course that will provide surgical leadership with essential skills necessary to successfully lead transplant centers within a complex financial and regulatory environment. The committee also plans to develop a policy library to provide CMS policy and procedure templates that could be easily customizable.

The goal is to offer a yearly subscription for this service to transplant centers. Finally, the committee is reconsidering development of a donor call center. The Council requested to see a competitor analysis and determine the market size as part of a revised business plan.

CME Committee

Dr. Milan Kinkhabwala reported that the ACCME had reaccredited ASTS with commendation and that less than 10% of accredited bodies receive this distinction. The committee will continue to look for ways to enhance the CME content on the Academic Universe. The committee intends to present a plan to provide CME capabilities to other societies as a revenue generating activity.

Critical Care Task Force

Dr. Dinesh Ranjan reported that the white paper submitted to the AJT received strong comments from editors and reviewers indicating a need for more information prior to being considered for publication. The task force will revise the white paper, address concerns, and circulate to the council for review prior to re-submission. Meanwhile, discussions with Dr. Frank Lewis of the ABS revealed that there may be an opportunity to add a critical care certificate of added qualification (CAQ) to transplant surgery fellowships. Based on the new RRC guidelines scheduled for release in spring 2010, the task force plans to begin structuring a program for Council consideration.

Declaration of Istanbul

Dr. Jeremy Chapman, via conference call, and Dr. Frank Delmonico were invited to speak with the Council

regarding the ASTS response to the Declaration of Istanbul. Dr. Chapman presented an overview of the declaration and the custodian group charged with implementing the principles of the document. Dr. Delmonico stated the goal was to dispel misunderstandings and seek alliance with the ASTS. The Council asked that the ASTS Ethics Committee provide revisions to supplement the current Declaration of Istanbul and remove ambiguities that could be misconstrued. Dr. Chapman asked ASTS to formally submit requested revisions and he would present them to the custodian group for consideration.

Fellowship Training Committee

Dr. John Magee presented recommendations for approval of recent accreditation and reaccreditation applications. The Council approved Tulane (new program) to train one fellow per year in kidney transplantation; Georgetown to train three fellows every two years in kidney, liver, and intestine, representing an increase in the number of fellows and the addition of intestinal transplantation; and University of Nebraska to add intestinal transplantation with a complete reaccreditation to occur in 2010.

FMG Task Force

Dr. Lewis Teperman reported that there are approximately 400 ASTS members who train outside the United States and are not U.S. board certified. Some of these individuals report increased difficulty with credentialing issues. The Council approved creating a survey to better understand the scope of the issue.

Organ Donation & Transplantation Alliance

Ms. Virginia McBride was invited to give a formal presentation on the Alliance. It was reported that the Alliance has a goal of achieving 35,000 transplants by 2015 and planned to meet this goal by increasing the number of DCD donors, increasing the conver-

sion rate to 80%, increasing the organs transplanted per donor and working more closely with the hospital leadership. The organization is advocating for improvements in living donation. The Council requested the Alliance to 1) consider amending how the Alliance articulates the goals regarding DCD, 2) help resolve the conflict between the number of transplants as promoted by the Alliance and performance metrics imposed by HRSA, and 3) engage in living donation issues.

Scientific Studies Committee

Dr. David Gerber reported that the committee had completed the pilot study on the financial implications of the CMS regulations. The study of six centers with a mean bed size of 736.2 revealed an average of 12 FTEs and \$1.4M in costs associated with the CMS regulations. The Council asked the committee develop careful and robust methodology to provide data that will be clean and impactful to the community. The Council also asked that the committee determine how much of the costs get transferred into organ acquisition cost centers and encouraged the committee to contact a labor economist for guidance.

Standards Committee

Dr. David Reich reported that DCD standards were published in the September 2009 AJT. Concerning PCPI, Dr. Reich has indicated that PCPI works with a few groups each year to develop measures. That being the case, the Council approved submission of a formal application to PCPI for help in developing transplant specific measures. If selected, measures would be developed through 2011 and eventually be submitted to CMS.

Dr. Reich reported that the committee is developing a Pay for Quality Reporting Initiative (PQRI) primer to educate members on how to submit data to CMS

for increased reimbursement; and, once transplant specific measures are developed, the committee would like to apply for SRTR to be accepted by CMS as a registry for reporting data.

Vanguard Committee

Dr. Randall Sung presented highlights of the ASTS 2010 State of the Art Winter Symposium including the inaugural David Hume lecture, keynote debate, state of the art lecture and career development seminar. The pre-meeting is titled "Clinical Research in Transplantation" followed by the symposium "The Cutting Edge of Transplantation Surgery." 122 abstracts were submitted and the final registration count was 410.

Concerning the committee's workforce initiative, the committee proposes an enhancement to the current database to facilitate analysis of changes in membership, manpower and clinical/research activity. The committee proposes the collection of data via an annual survey that must be completed and returned with membership dues. The proposed system would generate reports that would be shared with the members.

Please Note...



ASTS Council
and
Committee Chair
Meetings

April 30-May 1, 2010
Marriott,
San Diego Marina



Regulatory and Reimbursement Update

Over the last several months, while Congress has considered the complexities of health care reform, the Centers for Medicare and Medicaid has carried on business as usual issuing a number of rules with continued impact on the transplant community. This article outlines the important changes affecting transplant-related services, a number of which became effective in January of 2010.

MEDICARE PAYMENT FOR SERVICES IN HOSPITAL OUTPATIENT DEPARTMENTS:

Effective January 1, 2010, most hospitals received an inflation update of 2.1 percent in their payment rates for outpatient hospital services furnished to Medicare beneficiaries, under the final Hospital Outpatient Prospective Payment Rule, issued earlier this year. As required by Medicare law, hospitals that did not participate in quality data reporting for outpatient services or did not report the quality data successfully will have their payments reduced by 2.0 percentage points, resulting in a 0.1 percent update for those hospitals in 2010.

New Medicare Benefit: Kidney Disease Education Services:

The Final Rule also includes a number of provisions of particular interest to transplant centers. First, the Final Rule provides for Medicare payments to rural hospitals for kidney disease education services furnished in outpatient departments to Medicare beneficiaries with Stage IV chronic kidney disease. Under a change in the Medicare law enacted in 2008 and implemented beginning in 2010, Medicare will cover and pay for kidney disease education (KDE) services as a Medicare Part B benefit for Medicare beneficiaries diagnosed with stage IV chronic kidney disease (CKD) who, according to accepted clinical guidelines identified by the Secretary if HHS, will require dialysis or a kidney transplant. Under the new law, "kidney disease education services" must be furnished by a "qualified person" defined as a physician, physician assistant, nurse practitioner, or clinical nurse specialist, or as



a provider of services (e.g., a hospital) located in a rural area. Dialysis centers are not "qualified persons" and Medicare will not pay for kidney disease education services provided by dialysis centers.

Hospital Pharmacy Costs: Also of interest to transplant centers, Medicare payments for hospital outpatient services will reflect a payment adjustment for the hospital pharmacy overhead costs of separately payable drugs and biologicals, some of which may include drugs administered to post-transplant patients. This adjustment better recognizes the overhead costs for these drugs and biologicals. The new policy will result in payment for most separately payable drugs and biologicals administered in hospital outpatient departments at the manufacturer's average sales price (ASP) plus 4 percent.

Physician Supervision: Medicare has clarified that hospital outpatient therapeutic services provided at hospital clinics away from the main campus must be provided under the supervision of an on-site physician. For outpatient services in the hospital, it is sufficient that there is a physician on-site in the hospital. Nurse practitioners and physician assistants can also provide supervision, if permitted under state law.

Backbench preparation of corneal endothelial allograft:

Medicare denied a request to provide separate payment for backbench preparation of corneal endothelial allograft prior to transplantation (CPT Code 65757). That service will remain "packaged" into the underlying Medicare payment for the transplantation itself. CMS denied the request to provide separate Medicare payment for the preparation process for corneal transplants, finding that it is an intraoperative service that is ancillary and supportive to the transplant itself; however, CMS did indicate that it would consider the costs of preparing the tissue for transplantation in establishing the payment rate for the transplantation.

MEDICARE PAYMENT FOR PHYSICIANS' SERVICES

The Medicare Physician Fee Schedule implemented in January 2010 brought with it a significant shift of payment away from medical imaging services and toward primary care, ophthalmology, and certain surgical services. This payment shift results from CMS' decision to implement new practice expense data provided through the AMA's Physician Practice Information Survey. Under

the new survey, the practice expense/hour for General Surgery increased from \$70/hr to \$100/physician hour, while the practice expense/physician hour for cardiothoracic surgery went down in the new survey from \$91 to \$81. The overall impact of the new survey on the Medicare revenues for the specialty of General Surgery is estimated by CMS to a positive 3 percent. The impact on cardiothoracic surgery is -1 percent. The relative value units for transplant codes increased from 3 to 7 percent as the result of the changes made in the 2010 Physician Fee Schedule.

Among the most important changes affecting transplant surgeons is the elimination of Medicare payment for consultation codes. Despite efforts by many in the medical community to obtain a delay, CMS has implemented its decision to eliminate payment for both inpatient and outpatient consultation codes. Those services must now be billed using the appropriate inpatient or outpatient visit code, payment for which was increased beginning in 2010. Medicare has recently issued instructions on its new policy, available online at <http://www.cms.hhs.gov/MLN MattersArticles/downloads/MM6740.pdf>. Claims submitted to Medicare under the consultation codes will be rejected.

Medicare Enrollment Update: Medicare is requiring all physicians who have not updated their Medicare enrollment through the online PECOS system to do so by January 3, 2011, thus backing away from the prior deadline of April 1, 2010. Under this policy, physicians who enrolled in Medicare several years ago and whose information is not in the agency's PECOS system must have their information revalidated before the January 2011 deadline or any claims for tests or services ordered by those physicians will be rejected. Medicare contractors are in the process of contacting physicians whose data needs to be updated.

HiTech Act BONUSES FOR IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS:

Under the HiTech Act passed by Congress last year, physicians can receive up to \$44,000 in bonuses for implementation of electronic health records of EHR between 2011 and 2014. Physicians who do not implement EHR will be subject to Medicare payment reductions beginning in 2015. However, physicians who are "hospital-based" are not eligible to participate in the bonuses because it is assumed they will use the hospital's EHR system. They are also not subject to the penalties. CMS is proposing to define "hospital-based" as physicians who perform 90 percent of their services in the hospital. This may exclude a large number of transplant surgeons from the bonus program. However, on the plus side, they will not be subject to penalties for not implementing EHR.

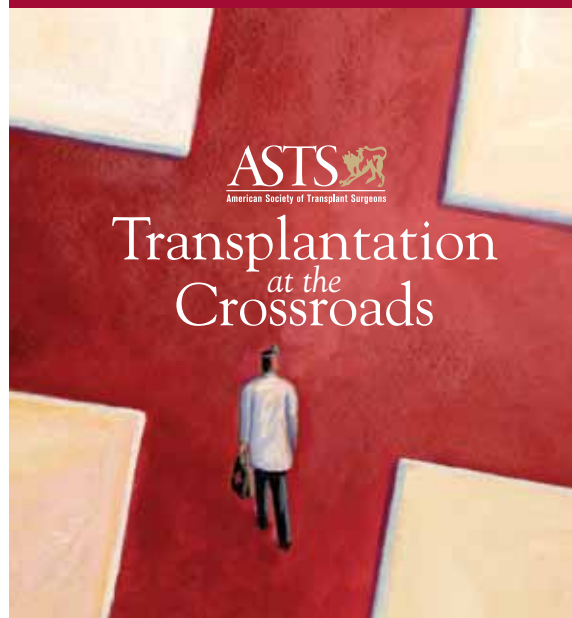
*By Rebecca Burke, Esq. and
Diane Millman, Esq.
Powers Pyles Sutter and Verville, PC
ASTS Regulatory Counsel*

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ASTS by visiting
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at www.asts.org.



There you can learn
more about who we
are, what we do, why
we care, and how you
can get involved.

Plan Ahead...



ASTS
State of the Art
Winter
Symposium

*Transplantation
at the Crossroads*

Westin Diplomat Hotel
Hollywood, FL

Abstract Submission Deadline:
September 13, 2010



Legislative Report

Decision Time in Healthcare Reform Debate

The Democratic-led Congress continues to struggle to enact health reform legislation but the end appears to be near, however the final vote comes out. Faced with unified opposition from the Republican Party and in the face of growing concerns for the elections in November, Congressional Democrats are scrambling to find ways to enact comprehensive reforms. Since their loss of a super-majority (60 votes) in the Senate with the election of Republican Senator Scott Brown in Massachusetts, Congress and the White House have engaged in a series of procedural maneuvers to increase the possibility of enacting healthcare reform and the Medicare physician fee schedule fix in the coming weeks.

Recent action to fix the SGR physician payment formula seems promising as the Senate passed two extensions of the fee fix in a two-week period, one for a month extension and another granting a seven month extension. On March 10, the Senate passed by a vote of 66-33 the American Workers, State, and Business Relief Act (HR 4213) which delayed the impending 21 percent cut to Medicare physician fees until October, amongst other priorities. The bill also allows non-hospital-based physicians and other health professionals who bill Medicare and Medicaid through a hospital to receive electronic health record incentives. However, the next step in the House is unclear, as means to paying for the bill are also under consideration in paying for health reform legislation. Without further action, the physician fee cut is scheduled to go into effect on April 1. Faced with the probability of further delay, the House agreed on March 17 by voice vote to grant another one-month extension to the physician fee fix, but this bill would have to proceed through the Senate before April 1 to be enacted.

Meanwhile, the President hosted two healthcare reform events in the White House in recent weeks and released an outline of changes to the predominant bill pending in the Senate. The President stated that he was willing to have the plan pass without bipartisan support if necessary and he argued that prolonging the debate for another year would not change the fundamental differences in perspectives that Republicans and Democrats have on healthcare reform. With this decision, the President essentially decided to press forward with an attempt to pass a comprehensive health reform bill rather than scale back the scope of the effort.

The loss of the Democratic super-majority in the Senate has left House Democratic leaders little choice but to move forward with healthcare reform using a process known as “reconciliation,” allowing them to circumvent the filibuster rules in the Senate. The budget reconciliation process places tight limits on which issues can be included in the reconciliation bill and Republicans have vowed to challenge all parts of the package that do not meet strict budgetary rules. Unfortunately, this may place in jeopardy the inclusion of the House bill’s extension of immunosuppressive drug coverage under the Medicare program.

In addition, the Senate Parliamentarian, who judges the appropriateness and germaneness of Senate debate and bill consideration, recently announced that the President must sign the Senate-passed bill before the Senate can act on a House budget reconciliation package making changes to the Senate bill. As a result, House Democrats have resorted to first approving a “shell” bill in the House Budget Committee to start the final process of passing health reform. The House Rules Committee will then take up the shell bill after a required 48-hour delay at which point Democrats

will substitute the shell bill with language making corrections to the Senate-passed overhaul bill.

To complicate matters further, the Rules committee is expected to create a “self-executing” rule for the floor debate that would declare the Senate bill passed in the House without a vote once the House either approves the rule and/or the shell bill with the corrections. However, House members are uneasy with such a process as well as the contents of the Senate bill and, in particular, with the special deals made to obtain certain Senators’ votes. This process, therefore, remains in flux. While these legislative maneuvers appear necessary at this point to secure enough votes for passage, they clearly do not sit well with those concerned about proper legislative process.

In separate action, CBO recently released a preliminary estimate of the current health reform plan, incorporating projected fixes to the Senate bill by the House. This final bill is expected to cost \$940 billion over 10 years and save the federal government \$130 billion over the first 10 years and \$1.2 trillion over the second decade. It is also expected to extend the Medicare Trust Fund by 9 additional years and close the “donut hole” in Part D prescription drug coverage. The excise tax on high cost plans in the healthcare overhaul will be implemented in 2018 as planned but indexed to the consumer price index, instead of CPI plus one percentage point. This appears like a minor point perhaps but it is critical to the support or opposition from the unions.

Throughout this process, it is clear that Democratic leaders must methodically work their way through a complicated legislative process that has left them with few legislative options for passing this huge Democratic legislative priority and with little margin for error in



solidifying support within their own party. Further, this delicate maneuvering on such a complex legislative package comes at a time, with new elections looming at the end of the year, when the American public is demanding transparency and accountability in health care negotiations. It is not yet clear whether the push to enact comprehensive health care reform will ultimately reward or seriously erode the Majority party in the coming elections.

EXTENDING COVERAGE OF IMMUNOSUPPRESSIVE DRUGS

A large portion of ASTS' advocacy efforts this year has been spent attempting to secure passage of bills extending immunosuppressive drug coverage under the Medicare program. The provisions are based on H.R. 1458 and S. 565, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2009. Under these bills, transplant recipients pay the Part B premium, and Medicare coverage of immunosuppressive drugs would be extended beyond 36 months only for recipients who lack access to other coverage. All other health care needs for transplant recipients not Medicare aged or disabled would remain subject to the current ESRD 36-month coverage limit. Only immunosuppressive drugs would be covered for the life of the transplant under this legislation. These limitations were necessary to reduce the cost of the legislation, a primary barrier to passage.

The Society, working with American Society of Transplantation, the National Kidney Foundation, the United Network for Organ Sharing, Association of Organ Procurement Organizations and other transplantation organizations, succeeded in having similar provisions included as Section 1232 of the final House health care reform bill. Much of ASTS' recent activity has focused on securing similar provisions in the final health reform bill and on mitigating the cost, including organizing a joint letter from the 15 organizational members of the Transplant Roundtable to the President and Congressional leadership.



Several members of the ASTS leadership personally contacted their Senators and Members of Congress as part of this effort. It is still too early to tell whether this House provision will make it into the final health reform legislation, but even if it does not, the policy argument has been endorsed by key policymakers and eventual passage of this provision is now a distinct possibility.

ELIMINATING LIVING ORGAN DONOR STATUS AS A PRE-EXISTING CONDITION

Another major goal of the ASTS both this and last year has been to seek a prohibition of the use of living donor status as a pre-existing condition in the private health insurance market. All of the health care reform bills pending in Congress contain such provisions. These bills provide that not only living donor status, but all health conditions, claims experience, and disabilities would be prohibited from being used in the issuance or rating of health insurance.

Such legislation would put an end to the predicament confronting many live organ donors when seeking affordable private health care insurance after they have donated an organ. Elimination of this practice would be a significant advance for live donors and would remove this disin-

centive to live donation. ASTS strongly supports the elimination of organ donor status as a pre-existing condition and will work to ensure that the final health care reform legislation contains this protection for living donors.

PROVIDING FUNDING FOR FEDERAL TRANSPLANTATION PROGRAMS

The Division of Transplantation within the Health Resources and Services Administration (HRSA) oversees the OPTN and runs the organ donation and transplantation programs authorized by the Organ Donation and Recovery Improvement Act of 2004. ASTS has been at the forefront of seeking funding for these programs by organizing support amongst its members as well as other organ donation and transplantation groups.

These programs include operation of the Organ Procurement and Transplant Network (OPTN) contract as well as operation and funding of Scientific Registry of Transplant Recipients, and grant projects to increase organ donation, amongst other priorities. It also includes funding for the National Living Donor Assistance Center (NLDAC) which was created to help donors who want to donate an organ but could not because of travel expenses and is jointly operated by the University of Michigan and ASTS.

Last year, Senator Dorgan (D-ND) championed an amendment in the Senate Budget Committee to increase DoT funding by \$10 million and the amendment was adopted. While this amendment was non-binding, it helped set the stage for the final \$2 million increase over the current funding level of approximately \$25 million in DoT appropriations for fiscal year 2010. ASTS is again leading the effort to, at a minimum, maintain this level of funding for these programs this coming year.

*Prepared by Peter W. Thomas,
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and Adam R. Chrisney,
Senior Legislative Director
Powers Pyles Sutter & Verville, PC*



OPTN/UNOS Corner

OPTN/UNOS BOARD OFFICERS AND REGIONAL COUNCILLORS FOR UPCOMING TERM

OPTN/UNOS members recently elected officers and Board members to fill vacancies for the 2010-2011 term. The new officers and Board members will begin their service after the conclusion of the OPTN/UNOS Board of Directors meeting on June 22. For a list of all members newly elected to the OPTN/UNOS Board, visit the OPTN web site: <http://optn.transplant.hrsa.gov/news/newsDetail.asp?id=1345>.

SUMMARY 2009 DATA RELEASED

Preliminary national statistics describing organ donation and transplantation are now available for the whole year of 2009. The data are subject to change based upon future submission or updates. As of press time the totals of both deceased donors and transplants appear to have increased slightly compared to 2008, and the number of living donors increased considerably. In 2009 there were 8,022 deceased donors and 6,609 living donors recorded. In all, 28,462 transplants were reported: 21,853 from deceased donors and 6,609 from living donors. The living donor total remained below the record of 7,004 in 2004, but it marked the first annual increase in the five years since.

To access a number of more detailed data reports, or to submit a data request to UNOS, consult the OPTN web site: <http://optn.transplant.hrsa.gov/data>.

PUBLIC COMMENT PROPOSALS

Eleven proposals for new or amended OPTN policies and bylaws are currently out for public comment. The submission deadline for one proposal (data element additions, deletions and modifications) is Friday, April 16. An additional ten proposals were issued in mid-March, with a submission deadline of July 16. Following the public comment period, the committees sponsoring each pro-

posal will convene to consider input and determine whether the proposals should be forwarded to the OPTN/UNOS Board as is, amended or withdrawn. To view the proposals and learn about commenting, visit the OPTN web site: <http://optn.transplant.hrsa.gov/policiesAndBylaws/publicComment>.

LIVER FORUM TO BE HELD IN APRIL

In December 2009, the OPTN/UNOS Liver and Intestinal Organ Transplantation Committee solicited public feedback via an online questionnaire regarding current liver allocation policy and various concepts for policy improvement. While the deadline for questionnaire responses has ended, the Committee will sponsor a public forum April 12 at the Loews Atlanta Hotel in Atlanta, Ga., to discuss feedback obtained and present statistical modeling data related to the concepts being studied. The Committee will consider this input before developing any potential proposals to amend liver allocation policy.

The Liver Committee's Request for Information (RFI), which provides a brief synopsis of the current policies, followed by a discussion of aspects of the system that might be improved and several broad concepts for change, can still be accessed online on the OPTN website: <http://optn.transplant.hrsa.gov/liver.asp>.

KIDNEY PAIRED DONATION PILOT PROJECT

In February, the OPTN and UNOS announced the selection of four coordinating organizations, representing more than 80 kidney transplant programs nationwide, to enroll patients and potential living donors in a national pilot project to facilitate kidney paired donation transplants. The goals of the pilot project include assessing whether more compatible matches are made possible through a large pool of donors and candidates and studying the feasibility of implementing a national program. The following organizations, each affili-

ated with a number of additional transplant programs, will participate in the initial phase of the pilot:

- Alliance for Paired Donation, Maumee, Ohio
- Johns Hopkins Hospital, Baltimore, Maryland
- New England Program for Kidney Exchange, Newton, Massachusetts
- UCLA Medical Center/California Pacific Medical Center, Los Angeles and San Francisco, California

MONTHLY E-NEWSLETTER, ELECTRONIC ARCHIVE LAUNCHED

In January, UNOS began a monthly e-newsletter to OPTN and UNOS members to replace many of the individual broadcast e-mail notifications previously sent for routine announcements. This initiative was suggested by a number of respondents to the most recent UNOS member survey.

The newsletter is distributed to a broad group of transplant professionals at member institutions on the third Monday of each month. It includes links to new items posted to an electronic archive (<http://communication.unos.org>), but members can separately access the archive at any time or establish RSS feeds from it for updates of specific news. Previous news items will be stored on this archive for later reference.

By Joel Newman
Assistant Director of Communications
UNOS



ASTS ACADEMIC UNIVERSE

ASTS Academic Universe Continues to Expand

The Academic Universe is quickly becoming the cornerstone for educational initiatives within ASTS. Housing an expansive curriculum, surgical logs, and credential storage, the Academic Universe is an outstanding educational resource for fellows, advanced transplant providers and established surgeons. The ASTS has championed the advancement of education within the field of transplantation and the results are a testament to the Society's commitment to its mission of providing career-long education and professional development.

One year ago, the Academic Universe housed 40 learning modules within the curriculum. Today, the ASTS can proudly update that number to over 100 learning modules that reflect the efforts of the authors and the curriculum committee members. These modules encompass an ever-growing number of topics including kidney, liver, and pancreas transplantation, organ procurement, ethics, and public policy and allocation. Each module is comprised of a narrated presentation from a leader in the transplant community, a text summary and bibliography, self-assessment questions, and recommended readings for the learner to explore in-depth once they have left the Academic Universe.

Though the curriculum was initially designed to enhance the training of transplant fellows; transplant professionals at all stages of their careers have reported that they find the curriculum to be an invaluable learning tool. Lectures are available at any time to ASTS members. ASTS is the only society within transplantation with such an ample resource provided to its members at no cost. And what a resource it is! When complete, the curriculum will contain over 200 modules authored by leaders in the field of transplantation.

ASTS encourages all members to make use of the Credential Storage feature. This secure, individual electronic filing cabinet allows members to store traditional learning activities, e-learning activities, curriculum vitae, operative logs, and clinical case-based activities. Once updated by the user, the Academic Universe will allow members to send credentials to potential employers, training programs, and regulatory bodies. This information can be accessed at any time the user has an internet connection, allowing for spontaneous and speedy access to personal professional records.

ASTS to Launch Separate Online Resident Curriculum

In addition to impressive growth within the main curriculum, the ASTS has also launched a separate online resident curriculum. This new addition is designed for surgical residents to use during their transplant rotation. The resident curriculum is intended to enhance the educational impact of the rotation in hopes of fostering greater interest in the field of transplantation. Residents can access the curriculum via www.astsuniverse.org/resLogin.asp. Residents will need to enter their four letter OPTN transplant center code in order to access the resident curriculum. A complete list of OPTN transplant center codes is available at www.unos.org/members/search.asp.

Though it already seems that the Academic Universe is bursting at the seams with educational and professional offerings, the ASTS will continue to push greater enhancements. In fact, in the coming months, members should be on the lookout for even more new developments. Plans are in the works to add cardiothoracic modules to the curriculum as well as critical care and hepatobiliary surgery units. In addition, there are plans to launch a video library which will contain surgical videos of transplants, nephrectomies, procurements, and more.

Stay tuned! 2010 is sure to be a great year for the ASTS Academic Universe!

Have you visited the Academic Universe today?



What's New with Business Practice Services?

- 2010 Compensation Survey
- Leadership Training Program
- Policy and Procedures Library
- Mock Medicare Surveys
- Consulting Services
- Business Practice Seminars

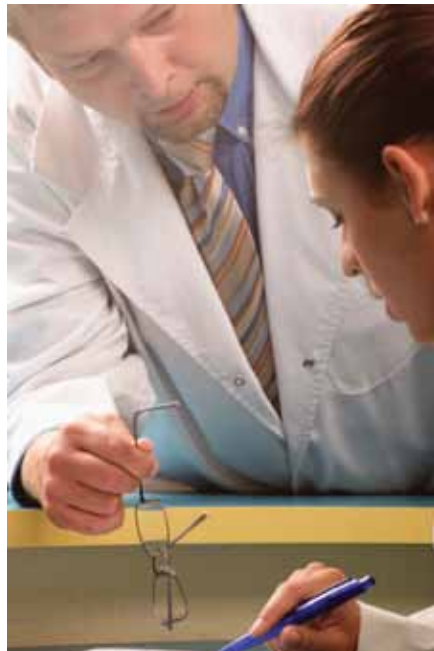
Visit us at www.ASTS.org/bps for the most up to date information on new programs, benefits and seminars!

2010 BIENNIAL TRANSPLANT SURGEON COMPENSATION STUDY

2010 marks the second time ASTS has commissioned this valuable study. The 2010 study fielded in November 2009, with a record 50% response rate, will be available for purchase this summer. The report contains compensation data on transplant staff surgeons, program directors, division chiefs, and transplant center directors/institute directors/chiefs. The report is designed to allow individuals to easily compare their compensation levels and benefits with their peers. Members who participated in the survey will receive a complimentary copy of the report. Non-participating members will be able to purchase the report on the ASTS website.

ASTS LEADERSHIP TRAINING PROGRAM – COMING NOVEMBER 2010 IN CONJUNCTION WITH NORTHWESTERN UNIVERSITY'S KELLOGG SCHOOL OF MANAGEMENT

Designed to encourage joint attendance of both clinical and administrative leaders, this highly customized three day Leadership Training Program targets transplant surgeons with program or center leadership roles and transplant administrators with program or center leadership responsibility. The program will provide training on essential skills necessary to successfully lead transplant centers within a complex financial and regulatory environment. Key compo-



nents of the program include financial analysis, contracting, pricing strategies, developing transplant center quality metrics, leadership skills and team building and an overview of the legal and regulatory aspects of transplantation.

BUSINESS PRACTICE POLICY AND PROCEDURES LIBRARY

Are you looking for a centralized place to access standard business operating procedures you need in running your transplant center? The BPS Committee is currently developing a centralized

online repository for all procedures, policies and position papers. The library will be available later this year via an annual subscription and will provide ongoing updates necessary to stay compliant with CMS regulations and more.

POST CMS SURVEY AND BEST PRACTICES CONSULTING SERVICES: THE EVOLUTION OF THE ASTS MOCK MEDICARE SURVEY PROGRAM

With most Transplant Centers now completing their surveys with CMS, ASTS is transitioning its Mock Medicare Survey program to include post CMS survey consulting services. ASTS's expert surveyor team is uniquely positioned to provide post-CMS survey advisory services. If your transplant center is looking to increase efficiencies, established best practices and streamline processes, please contact ASTS today.

2010 WINTER SYMPOSIUM BUSINESS PRACTICE SEMINAR

Now a key staple in the ASTS Winter Symposium program, Business Practice Seminars continue to be popular and well attended. The 2010 Winter Symposium seminar entitled *Understanding Transplant Finance and Health Care Reform* provided essential knowledge in the areas of contracting, payment policies, professional fees and more. If you have a topic suggestion for the 2011 Winter Symposium, please contact ASTS today.

Questions or suggestions? Please contact ASTS at asts@asts.org or (703) 414-7870



What's Your NLDAC Number?

How many applications has your center sent to the National Living Donor Assistance Center?

File an application today and be a STAR! 

Top Application Filers to the National Living Donor Assistance Center

# Applications Submitted	Transplant Center Name
53	★ University of Pittsburgh Medical Center—Pittsburgh, PA
39	★ Medical College of Georgia Hospital—Augusta, GA
36	★ Virginia Mason Medical Center—Seattle, WA
32	★ Vanderbilt University Medical Center—Nashville, TN
26	★ University of California San Francisco Medical Center—San Francisco, CA
26	★ Northwestern Memorial Hospital—Chicago, IL
23	★ Clarian Health-Methodist/IU/Riley—Indianapolis, IN
22	★ University Medical Center—Lubbock, TX
20	★ University of Alabama Hospital—Birmingham, AL
20	★ Centura Porter Adventist Hospital—Denver, CO
20	★ University of Chicago Medical Center—Chicago, IL
20	★ Johns Hopkins Hospital—Baltimore, MD
20	★ Presbyterian Hospital—Albuquerque, NM
19	★ University of Michigan Medical Center—Ann Arbor, MI
18	★ University of Minnesota Medical Center—Minneapolis, MN
18	★ University Hospital—Albuquerque, NM
18	★ Oregon Health and Science University—Portland, OR

**National
Living Donor
Assistance Center**



Need help getting started?

Contact NLDAC and we will teach your transplant professional how to file an application on behalf of your living donors.

www.livingdonorassistance.org

Phone: (703)414-1600

Email: nldac@livingdonorassistance.org





Vascularized Composite Allotransplantation

Organ transplantation facilitates potentially curative treatment for most end-stage solid organ diseases. The lessons of transplantation have recently been applied for the purpose of replacing tissue lost as a result of trauma. Vascularized Composite Allotransplantation (VCA) refers to the transfer of peripheral tissues including skin, muscle, nerve, and bone as a functional unit (e.g. a hand) to replace non-reconstructible tissue defects. To date, over 70 patients have been reported to receive a VCA worldwide including; 36 hand transplants, nine abdominal walls, six faces, 16 larynx, six knees, one uterus, and three femoral dyaphysis [1].

As an emerging field, the ASTS has demonstrated its support and leadership, and has actively begun to formulate a strategy for its systematic development. Like all other areas of transplantation, VCA has the capacity to transform the lives of patients, for the better or for the worse. It is this duality that mandates VCA be performed in centers prepared for the intricacies accompanying other transplant procedures. The complexities of VCA require that the procedures be driven by surgeons and considered as an organ from a regulatory and a biological standpoint.

The ASTS ad-hoc inaugural VCA Committee is composed of leaders in transplantation and reconstructive surgery, who are committed members of the ASTS. The mission of the committee includes the promotion of balanced, scientifically sound investigation, career development in VCA, and the fostering of professionals interested in VCA. In addition, the committee maintains position papers to advise funding and regulatory agencies on the development of the field. As such, the ASTS has already provided guidance for federal policy through this committee. The ASTS supports the inclusion of vas-

cularized composite allografts within the definition of organs covered by the Organ Procurement and Transplantation Network (OPTN) regulations in connection with recovery of solid organs. This stems from the recognition that as VCA transplantation expands, it will be necessary to have a standard assessment of the safety and quality of the vascularized graft, an acceptable algorithm for determining what factors should be incorporated into allocation priorities and the process of recovery of vascularized composite allografts, from deceased donors, must be coordinated with teams obtaining other organs for transplantation. The ASTS believes it is appropriate that the OPTN's regulatory oversight be extended to vascularized composite allografts.

Recognizing that vascularized composite allografts is a field that will experience a growth period in the near future; the Health Resources and Services Administration (HRSA) put forward a Request for Information (RFI) on vascularized composite allografts (removing the word 'tissue' from composite tissue allografts/ composite tissue grafts) published on March 3, 2008. The ASTS was pleased to respond to the announcement, highlighting that vascularized composite allografts share characteristics with solid organs. Specifically, these grafts (a) are recovered from a human donor as an anatomical/structural unit, (b) are transplanted into a human recipient as an anatomical/structural unit, (c) are minimally manipulated and not combined with another article, (d) are not cryopreserved, (e) are susceptible to ischemia, and (f) are susceptible to allograft rejection, thus requiring immunosuppression. Including vascularized composite allografts within the definition of solid organs has other advantages. Notably, it would provide assurance that all centers performing these transplants follow similar rules and are subject to

similar oversight. Following the RFI, the ASTS adopted the use of the name of vascularized composite allografts. The ad-hoc committee has been an active participant in academic activities. The first seminar on VCA organized by the team took place at the 2010 Annual State of the Art Winter Symposium on "The Cutting Edge of Transplant Surgery". The focus of the seminar included current clinical applications, donor related issues, immunosuppression in VCA, and a review of oversight with emphasis in VCA. In addition, a featured mid-day symposium will take place at the upcoming ATC. As a component of the program, we will be hosting a member of HRSA who will share matters related to VCA with the transplant community. We look forward to seeing you there!

As an experimental field, we acknowledge that this area is in its initial stages. The ASTS would like VCA to develop in a scholarly, evidence based fashion; most importantly, to care for donors and donor families, and to insure the best outcomes for VCA recipients.

*By Linda Cendales, MD,
Darla Granger, MD,
Suzanne Ildstad, MD, Jon Jones, MD,
David Levi, MD, John Magee, MD,
Timothy Pruett, MD
and Douglas Tadaki MD.*

Reference

1. www.handregistry.com. (Accessed March 3, 2010)



ASTS State of the Art Winter Symposium

*Held in Conjunction with the NATCO Symposium for the
Advanced Transplant Professional*

DIFFERENT LOCATION – SAME GREAT WINTER SYMPOSIUM!

The 2010 State of the Art Winter Symposium said goodbye to Marco Island and welcomed participants to the East Coast of Florida this year. Over 410 transplant surgeons, trainees, fellows, advanced transplant providers, physicians, coordinators, NATCO members and other allied health professionals met in Ft. Lauderdale for three days of meaningful discussions regarding progressive research, surgical techniques, and regulatory practices relevant to transplantation. ASTS is grateful to the Program Planning Committee for their tireless efforts to convene the same great symposium while striving to make it innovative and cutting edge; and thank you Dr. Randall Sung for leading the committee and delivering three great winter symposia.

This year's umbrella theme was "The Cutting Edge of Transplant Surgery" and it truly permeated through guest speaker lectures, case studies, abstracts and video presentations. The Pre-Meeting course, "Clinical Research in Transplantation," introduced an open forum of new ideas, while maintaining the standards of the current regulatory environment. One of the great aspects of the Winter Symposium is the efforts made to preserve the history of transplantation and to share it with future leaders in the field. Off of



the heels of the ASTS 35th Anniversary and the 10th Anniversary of the Winter Symposium, the Planning Committee chose this year to implement the inaugural David Hume Lecture. The purpose of the lecture is to feature an honored senior



ASTS 10th Annual State of the Art Winter Symposium

The Cutting Edge Of Transplant Surgery

Pre-Meeting Course
January 14 – 15, 2010

Winter Symposium
January 15 – 17, 2010

Marriott Harbor Beach, Ft. Lauderdale, FL



surgeon and have him/her share their wisdom gathered by years of experience. Long time member, Dr. Nicholas Tilney with the Brigham & Women's Hospital spoke profoundly about the evolution of transplantation, elaborating on the old methods versus the new cutting edge methods in transplant surgery.

Other interesting topics open for discussion included conduct of translational research that impacts outcomes, running programs within a clinical setting and competence regarding optimum methods for conditional outcomes research. Dr. John Roberts, University of California, San Francisco, began the pre-meeting sessions with "Dealing with the IRB." Additional presentations featured Dr. Arthur Matas, University of Minnesota, "How to Run Your Own Investigator-Initiated Clinical Trial," Dr. Michael Abecassis, Northwestern University, "Interacting with Pharma in 2010" and Dr. Daniel Wiesdorf, "Transition from the Bench to the Bedside: The Evolution of Hematopoietic Stem Cell Transplantation." Through abstract presentations, participants gained a better knowledge of clinical research and the impact it has on the transplantation industry.

This year the Career Development Seminar had a splash of excitement, as Dr. Scott Litin with the Mayo Clinic, Rochester provided participants tips on how to be an effective public speaker. He discussed how small, seemingly insignificant effects, such as tone of voice, body

language, font size, and text color are scrutinized and can have a direct impact on how your audience perceives and accepts the material you present.

The Business Practice Seminar "Understanding Transplant Finance and Health Care Reform," started with Mr. Troy Wilhelm, CFO of the University of Nebraska Medical Center. Mr. Wilhelm explained relevancy and importance of Diagnosis Related Groups (DRGs), and was followed by Dr. Marwan Abouljoud, Henry Ford Hospital, whose presentation on "Transplant Contracting: How Do You Recover the Hospital/Surgeons Costs," garnered quite a bit interest. Peter Thomas, Esq. of Powers Pyles Sutter & Verville led the discourse on the hotly contested subject of health care reform. The Business Practice Seminar is designed to assist participants in understanding the business aspect of transplantation and apprise them of national trends in transplant management. ASTS has a strong commitment to assuring its members and the transplant community is equipped with the fundamentals to successfully manage your career and transplant program. In the coming months, ASTS will introduce new practice-based learning and improvement endeavors such as a second compensation report and consultation services to enhance operations. We hope you will find these new initiatives beneficial.

Visit the ASTS website to view webcasts of each presentation at <http://www.astsonline.org/ResearchEducation/PhysicianEducation-CME02.aspx>.



ASTS State of Art Winter Symposium

ASTS Francis Moore Excellence in Mentorship Award

ASTS honored two outstanding transplant surgeons selected for the 2010 Francis Moore Excellence in Mentorship in the Field of Transplantation Surgery Award – Dr. Ronald W. Busuttil, University of California, Los Angeles and Dr. Mark A. Hardy, Columbia University Medical Center. The Vanguard Committee created this award to recognize the outstanding efforts in mentorship of fellows and junior faculty by established surgeons. The award is designed to foster excellent mentorship and acknowledge the time and effort required to advance the careers of new investigators and clinicians.

“What he [Dr. Busuttil] does for fellows is show them the mission and send them out in the world to expand the endeavor as well prepared as they can be. He gives you his confidence and optimism.”

– Andrew Cameron, MD, PhD
Johns Hopkins University

Dr. Ronald Busuttil is the Dumont Professor of Transplant Surgery and Chief of the Division of Liver and Pancreas Transplantation in the Department of Surgery at UCLA School of Medicine. In 1984, he established the Liver Transplant Program and has been the Director and Chief Surgeon of UCLA for over two decades.

“Professor Hardy’s love for teaching knows no bounds. He desires to make all of his junior colleagues understand the inner workings and mysteries and enigmas concerning what he had learnt over a lifetime.”

–Vaughn Whittaker, MD
Columbia Presbyterian Medical Center

Dr. Mark Hardy is Auchincloss Professor of Surgery, Director Emeritus of the Transplant Center and Vice Chairman and Residency Program Director of the Department of Surgery at the Columbia University College of Physicians and Surgeons and New York Presbyterian Hospital in New York City. Dr. Hardy is noted for co-founding the New York Organ Donor Network in 1978. Both awardees have served as President of the ASTS.

The invited guest speaker for this year’s award ceremony was Dr. Jeremiah Turcotte, University of Michigan Medical School. Dr. Turcotte is the Professor Emeritus of Surgery in the Department of Surgery at University of Michigan Medical School and is currently the Secretary/Executor of the Central Surgical Association Foundation and Board Member of the Transplantation Society of Michigan as well as being a past president of ASTS. ASTS was honored to have him share his thoughts on what being a mentor is truly all about.

ASTS Vanguard Prize

Congratulations to Dr. Todd Brennan, Duke University, and Dr. Dana Perry,

Mayo Clinic. They are the recipients of the 2010 ASTS Vanguard Prize. The Vanguard Prize identifies ASTS junior members for their outstanding clinical and basic research manuscripts from young investigators in the previous year. The recipients of this honor are presented awards each year during the annual Winter Symposium.



Robert Merion, MD, Todd Brennan, MD, MS, Vanguard Prize Recipient & Randall Sung, MD



LR, Robert Merion, MD, Mark Hardy, MD, Mentorship Award Recipient, Jeremiah Turcotte, MD Guest Speaker, Ronald Busuttil, MD, PhD, Mentorship Award Recipient & Randall Sung, MD, Chair, Vanguard Committee



Robert Merion, MD, Dana Perry, MD, Vanguard Prize Recipient & Randall Sung, MD

Save the Date!

ASTS 11th Annual State of the Art Winter Symposium • Transplantation at the Crossroads • January 14-16, 2011
• Westin Diplomat Hotel, Hollywood, Florida • Abstract Submission Deadline: September 13, 2010



Transplantation *at the* Crossroads



ASTS 11th Annual State of the Art Winter Symposium

January 14-16, 2011

Westin Diplomat Hotel, Hollywood, FL

Abstract Submission Deadline: September 13, 2010

www.asts.org

The 10th Joint Annual Meeting of the American Society of Transplant Surgeons and the American Society of Transplantation

American **2010** Transplant Congress

May 1 - 5, 2010

The San Diego Convention Center
San Diego, CA

10th Anniversary



THE 10TH AMERICAN
TRANSPLANT CONGRESS

Visit us online at
www.atcmeeting.org



ASTS at ATC

American Society of Transplant Surgeons

Visit the ASTS website at www.asts.org to view the full program

sunday

Sunday, May 2, 11:00 - 12:30 PM: Implementing Vascularized Composite Allografts: A *National Dialogue*. Two years ago, ASTS embraced this up and coming field with the establishment of an Ad Hoc Committee on Vascularized Composite Allografts (VCA). A goal of the committee is to advise funding and regulatory agencies on the development of this complex field. Moreover, the committee will promote balanced scientifically sound investigation and career development in VCA and provide leadership in the development of national regulations and policies for VCA. Join the committee and others in transplantation for an afternoon of dialogue to help progress this cutting-edge field.

monday

Monday, May 3, 7:00 - 8:15 AM: Ethical Dilemmas: *Exploring the Boundaries of Risk for Transplant Recipients and Programs*. Transplantation is an intricate field that must be approached with the utmost respect for donors, recipients, and the clinicians that care for them. Ethics must always be at the forefront of decision-making for the protection of all involved. Make time to attend what promises to be an interactive session.

tuesday

Tuesday, May 4, 7:00 - 8:15 AM: Transplantation: *Essentials of Finance and Governance*. Attending this session will enhance your understanding of the business aspect of transplantation. This session will provide insight into the financial value of transplantation, market comparison and quality indicators.

Tuesday, May 4, 9:45 - 10:45 AM: Controversies in Transplantation: *Can a Regulated System for Living Donor Incentives Work?* This session examines transplantation in two countries in which incentivized living donation is operational and considers whether a similar strategy could be defined and ethically administered in the US. In February 2009, ASTS Immediate Past President, John P. Roberts, MD, wrote a commentary entitled, *Health Insurance as an Incentive for Living Kidney Donation*. The proposal outlines a framework for lifetime Medicare coverage for living donors. Poll findings suggest that more than 60% of ASTS members would support provision of health insurance to live donors. Results of this survey were published in the AJT. You can view the health insurance proposal at <http://www.asts.org/TheSociety/PositionStatements.aspx>.

ATC NIGHT OUT!

Plan to party like a **rockstar** with colleagues and friends at the first **ATC Night Out**, Tuesday, May 4th 9:00 PM - midnight at the Hard Rock Hotel in downtown San Diego. Onsite admission is \$35. The night promises to be filled with excitement - sparked by the spins of a live DJ and surprise entertainment!

Saturday, May 1

10th Anniversary Session: **5:15 - 6:00 PM**
Opening Reception & Exhibits Open
6:00 - 8:00 PM

Monday, May 3

Faculty Awards Presentation
8:30 - 10:00 AM

Tuesday, May 4

Presidential Address: **11:30 - 12:00 PM**
Pioneer Award Presentation
12:15 - 12:30 PM
Business Meeting: **5:45 - 6:45 PM**
Members' Reception: **7:00 - 9:00 PM**
Corporate Supporters' Recognition
Ceremony: **7:30 - 8:00 PM**

Wednesday, May 5

Resident/Fellowship Awards Ceremony
8:30 - 10:00 AM



*We're not just proud of who we are and what we do,
We're ASTS Proud!*

*ASTS Members - Join the leadership and your ASTS colleagues
for an exclusive reception in your honor!*

San Diego Convention Center, Room 28C

Tuesday, May 4, 2010

Business Meeting 5:45 - 6:45 PM

Reception 7:00 - 9:00 PM

ASTS 
American Society of Transplant Surgeons

Abdominal Transplant Surgery Fellowship Match

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.

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.

Schedule for Match Conducted in 2010, Appointment Year 2011

January 13, 2010

Match Registration Opens

April 14, 2010

Rank Order List Entry Opens

May 26, 2010

Program Quota Change

June 9, 2010

Rank Order List Closes Certification

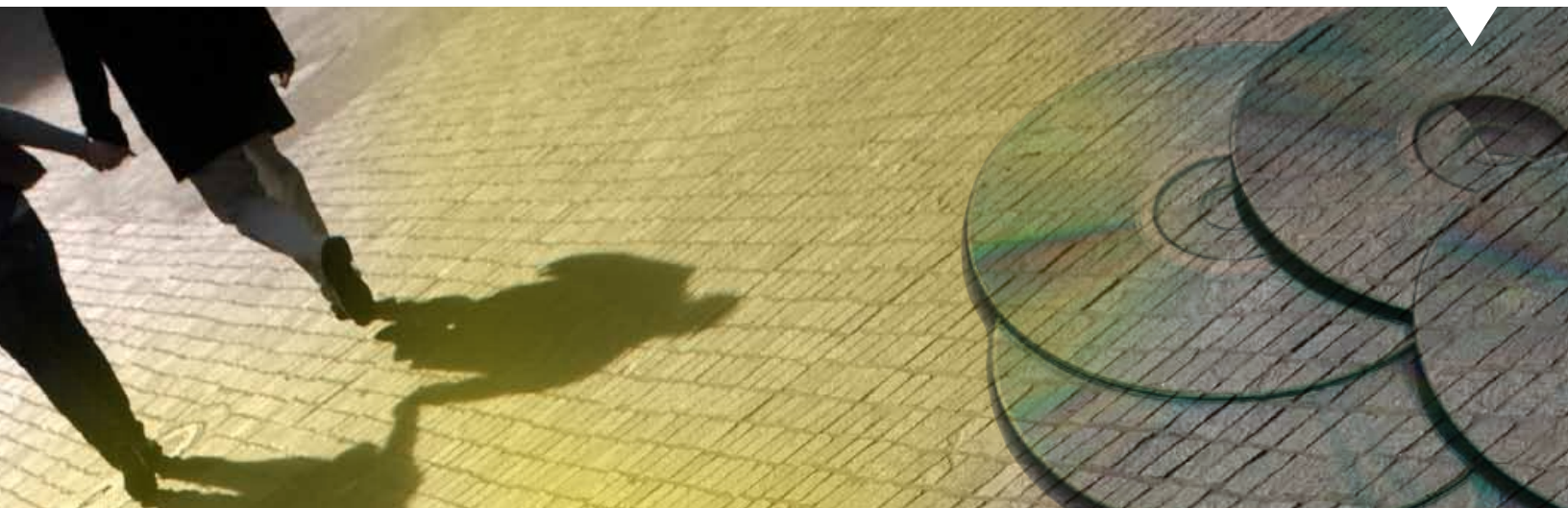
June 23, 2010

Match Day



American Society of Transplant Surgeons





ASTS Video Library features— Real People, Real Stories, Real Solutions

Helping You Help Your Patients

The American Society of Transplant Surgeons (ASTS) has created 30 minute educational videos that feature living donors and recipients sharing their experiences for those considering donation or transplantation.

The video provides extensive coverage of what to expect before and after surgery. These specialized videos are meant to be utilized as a first step in educating potential patients before the initial clinic visit.

- ✓ **Living Kidney Donation:** What You Need to know
- ✓ **Kidney Transplantation:** A Guide for Patients and their Families
- ✓ **Living Liver Donation:** What are the Risks and Benefits

Spanish Versions are available **ORDER DETAILS**

- ✓ \$15 ASTS Members ✓ \$25 Non members ✓ 50 or more: \$12.50/video plus shipping and handling
- ✓ 100 or more: \$10.00/video plus shipping and handling

Visit the ASTS website at www.ast.org to view the videos and to place an order.



Creating Award Winning Videos for the Transplant Community



ASTS Welcomes New Staff



LAURIE KULIKOSKY, CAE
DIRECTOR OF STRATEGIC DEVELOPMENT

Laurie Kulikosky comes to ASTS from the Consumer Electronics Association (CEA), one of the largest trade associations in U.S., where she served as the Senior Manager of Membership Development. Laurie directed all aspects of the ongoing recruitment and retention of member companies as well as the creation and marketing of new benefits and programs. During her nine years there, Laurie grew CEA's membership by 300%, increased dues revenue by more than two million dollars and brought in key members including Nokia, Google, Amazon.com and IBM. She also guided CEA's membership through two association acquisitions, created an International member category and worked with a wide variety of members from multi-national CEOs to small business owners to develop resources such as a webcast education program, research studies and an industry job board.

Prior to CEA, Laurie launched the DC, Baltimore, Chicago and Pittsburgh markets for an elite one-on-one SAT tutoring company, SCORE!Prep, a division of Kaplan, Inc. During her time at SCORE!Prep, she directed all business aspects for the four markets under her management, bringing the DC office to profitability faster than any other market in the country.

Laurie graduated from the University of Virginia in 1997 with a Bachelors Degree in Government. In 2009, Laurie earned the Certified Association Executive (CAE) designation from the American Society of Association Executives (ASAE). She is also a recognized expert in the field of association membership management, recently speaking on the issues of membership acquisition, retention and marketing at ASAE's 2009 Membership and Marketing Conference and the 2009 Direct Marketing Association of Washington's Association Day. Laurie will be working with the Business Practice Services Committee and helping ASTS identify new sources of funding.



IBY DÍAZ, JD, BsEd
PROGRAM ASSISTANT COORDINATOR

Iby Díaz has extensive experience in the administrative and technical fields. Iby holds a Law Degree from Lima, Peru - recognized by the Washington University as a Jurisprudence Degree. Iby started her career at Banco de Lima in 1975, where she worked as a Principal Officer in the Program Development Department and was part of the Bank's task force that expanded the institution through the creation of new branches. After graduation from Law School in 1981, Iby moved to the United States to join the Inter American Development Bank in Washington, D.C. (IADB)

At IADB, Iby worked as a Technical Resources Analyst for the Project Financial Division and was involved in the analysis and development of a new financial software and Portal. She was in charge of the training of local and international staff about the procedures and operation of the Division's new tools. She prepared and reviewed educational material and guidelines in English, Spanish and Portuguese. Iby also served as a liaison between the IADB and approximately 500 accounting/auditing firms from Latin America who submitted their professional background information to compete for audit works required by IADB-funded projects. She performed a preliminary review to determine their eligibility and prepared communications and monthly reports on the submission of audited financial statements.

As Program Assistant Coordinator, Iby contributes to the development of the National Living Donor Assistance Center. She provides analytical and technical support and prepares reports, and educational and training material to assert the growth of the program. She participates in the application process and communicates with donors and transplant centers to convey the program policies, procedures, and benefits.



ELISE PORCELLI
EDUCATION ASSISTANT

Elise Porcelli is the new Education Assistant. She attended Salisbury University in Maryland for History and Secondary Education. Before coming to ASTS Elise managed educational and fundraising programs for the non-profit organization the Maryland Coastal Bays Program. Elise also worked as a Surgical Coordinator and front Office Manager for corneal surgeon, Allan Rutzen, MD. Elise provides support for the ASTS Academic Universe with a specific focus on the development of the National Transplant Fellowship Curriculum. She also provides support to the various education and fellowship initiatives.



JAMISON VISONE
ADMINISTRATIVE ASSISTANT

Jamison Visone is the new Administrative Assistant. Jamison graduated from Flagler College in St. Augustine, Florida in 2005 with a degree in Communications and a minor in Advertising. While at Flagler, Jamison was the Program Director for WFCF 88.5 radio station as well as On-Air Talent. After graduation, Jamison was the Marketing & Membership Assistant at a private golf club in Bonita Springs, Florida. She recently married in July and moved to the Arlington, Virginia area with her husband and pug.



ASTS Job Board

ASTS provides this Job Board as a benefit to our members. This is an abbreviated listing of the positions currently available on the ASTS website at the time of printing. Access the members' portal to view full announcements.

If you would like to submit a listing, please contact Chantay Parks Moye at chantay.parks@asts.org or (703) 414.7870 ext. 101 for submission guidelines and fee requirements.

ALBANY MEDICAL CENTER: TRANSPLANT SURGEON, KIDNEY/PANCREAS PROGRAM

Please contact:

David Conti, MD
Albany Medical Center
Section of Transplantation
47 New Scotland Ave, F212
Albany, New York, 12208
Email: Contid@mail.amc.edu

LANKENAU HOSPITAL: KIDNEY TRANSPLANT/GENERAL SURGEON

Please contact:

James Lim, MD, FACS
Program Director
Lankenau Hospital
4404 Medical Sciences Bldg
100 Lancaster Ave
Wynnewood, Pa 19096
Phone: (610) 645.6403
Email: limj@mlhs.org

THE UNIVERSITY OF CHICAGO TRANSPLANT CENTER: TRANSPLANT SURGEON POSITION TITLE: TRANSPLANT SURGEON

REQ # 00211

Qualified applicants must apply online at the University of Chicago academic career opportunities site:
<http://tinyurl.com/y97t8az>

PIEDMONT MEDICAL CARE CORP.: TRANSPLANT PSYCHOLOGIST

Please visit: www.piedmontcareers.org



SCHOOL AT HOUSTON: TRANSPLANT SURGEON, KIDNEY PANCREAS PROGRAM

Please contact:

Charles T. Van Buren, MD
Professor and Director
Division of Immunology and Organ Transplant
Department of Surgery
University of Texas Medical School at Houston
6431 Fannin Street
Suite 6.240
Houston, Texas 77030
Email: Charles.T.Van.Buren@uth.tmc.edu

WEILL CORNELL MEDICAL COLLEGE, NEW YORK-PRESBYTERIAN HOSPITAL: CHIEF OF LIVER TRANSPLANTATION & HEPATOBIILIARY SURGERY SERVICE

Please contact:

Fabrizio Michelassi, MD
Lewis Atterbury Stimson Professor, and Chair
Department of Surgery
Weill Cornell Medical College
Attn: Jennifer Zahn
Office of Faculty Appointments
525 East 68th Street, Box 129
New York, New York 10065
Phone: (212) 746.7689
Email: jaz2004@med.cornell.edu

WESTCHESTER MEDICAL CENTER: KIDNEY/ PANCREAS TRANSPLANT SURGEON

Please contact:

John A. Savino, MD
Felicien Steichen Chairman Surgery
New York Medical College
Director Surgery Westchester Medical Ctr.
Email: john_savino@nymc.edu

EMORY UNIVERSITY: MANAGING EDITOR, AJT

Please contact:

Allan Kirk, MD, PhD
Emory University School of Medicine
Vice Chair, Research & Scientific Director
Emory Transplant Center
Atlanta, Georgia
Email: adkirk@emory.edu

ASTS Announces WTC 2014





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

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President Circle



Sponsor Circle



Associate Circle





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The American Society of Transplant Surgeons is grateful to the following individuals for their generous support of the Foundation of the ASTS and its mission.

Visit the ASTS website at www.asts.org to learn about the Foundation of the ASTS, its projects, and to make a contribution.

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Yilmaz, Serdar
Zarifian, April
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Calendar

The ASTS is pleased to coordinate with other professional organizations in order to maintain a relevant events calendar. If you would like to list an event on this calendar, please contact Chantay Parks Moye at (703) 414.7870 ext. 101 or chantay.parks@asts.org.

April 2010

Tuesday, April 27, 2010

CUSTOMIZING

IMMUNOSUPPRESSION:

Optimizing CMV Management in Renal Transplantation

A CME-certified Teleconference

This one-hour program will also be available as a CME-certified online activity, available for viewing in June, 2010

Website: www.potomacme.org/transplantCMV

May 2010

Wednesday, May 12, 2010

CUSTOMIZING

IMMUNOSUPPRESSION:

Optimizing CMV Management in Renal Transplantation

A CME-certified Teleconference

This one-hour program will also be available as a CME-certified online activity, available for viewing in June, 2010

Website: www.potomacme.org/transplantCMV

Thursday, May 13, 2010

CUSTOMIZING

IMMUNOSUPPRESSION:

Optimizing CMV Management in Renal Transplantation

A CME-certified Teleconference

This one-hour program will also be available as a CME-certified online activity, available for viewing in June, 2010

Website: www.potomacme.org/transplantCMV

May 27-29, 2010

ASAIO's 56th Annual Conference

Hilton Baltimore (Harbor), MD

Phone: (561) 999.8969 Fax (561) 999.8972

Email: info@asaio.com

Website: info@asaio.com

June 2010

June 18-19, 2010

ITNS 2nd European Conference 2010

Transplant Nursing, Improving Patient Outcomes
Berlin, Germany

Website: www.itns.org

UPCOMING ASTS EVENTS



May 1-May 5, 2010

**10th Annual American
Transplant Congress**
San Diego, CA

ASTS at ATC

Monday, May 3

Faculty Awards Presentation
8:30 AM – 10:00 AM

Tuesday, May 4

Presidential Address

11:30 AM – 12:00 PM

Pioneer Award Presentation

12:15 PM – 12:30 PM

Business Meeting

5:45 PM – 6:45 PM

Members' Reception

7:00 PM – 9:00 PM

Corporate Supporters'

Recognition Ceremony

7:30 PM – 8:00 PM

Wednesday, May 5

Resident/Fellowship Awards Ceremony

.....

December 2-4, 2010

**ASTS to Co-Sponsor the Liver
Transplantation for HCC 2010**

Consensus Conference

Zurich, Switzerland

Website: www.OLT4HCC.org

.....

January 14-16

**State of the Art
Winter Symposium**

Transplantation at the Crossroads

Hollywood, FL

June 25-29, 2010

NATCO Introductory Education Course for the
New Transplant & Procurement Professional
Tempe Mission Palms Hotel and
Conference Center

Tempe, AZ

Phone: (913) 895.4612

Website: www.natco1.org

Email: natco-info@goAMP.com

July 2010

July 15-18, 2010

Texas Transplantation Society 2010

Annual Scientific Meeting

Omni Mandalay Hotel in Irving, TX

Phone: (512) 961.6532

E-mail: slargent@transplanttexas.org

Website: <http://www.transplanttexas.org/meetings/2010annualmeeting.html>

August 2010

August 1-4, 2010

NATCO 35th Annual Meeting

Westin Diplomat Resort & Spa

Hollywood, FL

Phone: (913) 895.4612

Website: www.natco1.org

Email: natco-info@goAMP.com

October 2010

October 28-30, 2010

ITNS 19th Annual Symposium and General
Assembly

Minneapolis, MN

November 2010

November 5-9, 2010

NATCO Introductory Education Course for the

New Transplant & Procurement Professional

Tempe Mission Palms Hotel and Conference Center
Tempe, AZ

Phone: (913) 895.4612

Website: www.natco1.org

Email: natco-info@goAMP.com

November 18-20, 2010

American Society for Reconstructive
Transplantation

2nd Biennial Meeting

The Drake Hotel

Chicago, IL

Phone: (312) 263.7150

Website: www.a-s-r-t.com

Email: contact@a-s-r-t.com



New Members

For more information on becoming a member, visit www.asts.org or contact Joyce Williams, Membership Manager, at 703 414.7870 or asts@asts.org

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ARLINGTON, VA 22202



Transplantation *at the* Crossroads



ASTS 11th Annual State of the Art Winter Symposium

January 14-16, 2011
Westin Diplomat Hotel
Hollywood, FL
Abstract Submission Deadline
September 13, 2010
www.asts.org

