


# CHIMERA

Published for Members of the American Society of Transplant Surgeons

Spring 2011



We aim to be the authoritative resource in the fields of organ and cell transplantation by representing our members and their patients, as we advocate for comprehensive and innovative solutions to their needs.

-ASTS Vision



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May 2010-May 2011



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## Editor's Letter

Dear ASTS Members,

It's still early but ASTS is off to an excellent start for the new year. That's in part to your participation in the Society's programs, which is the premise of my letter for this edition.

### Editor's Appeal

Since inception, the focus of the ASTS newsletter has been to update the membership on society news and events. That hasn't changed. ASTS membership increased 19 percent in 2010, which means there are more members with more stories to tell. Your triumphs, your lessons learned, your research – should all be shared with your colleagues. The ASTS newsletter is your venue to share and connect with the transplant community. A goal of the Communications Committee is to increase readership – design the newsletter to reflect the dynamism, vitality, and positive spirit of the membership. Our efforts in the coming months will be to ensure that conversations are shared and that the newsletter reflects our readership. If you would like to contribute to the ASTS newsletter, feel free to reach out to me at [chavinkd@musc.edu](mailto:chavinkd@musc.edu) where we can discuss your contribution in detail.

### Inside this Issue

ASTS keeps a watchful presence of public policy issues that affect transplantation. In this issue, get the details on ASTS' efforts to resolve concerns about CMS policy on islet cell transplants and inconsistencies between OPO and transplant center certification regulations.

A major initiative for ASTS is providing business practice services. It is important

that you understand the business aspect of transplantation, and are open to receiving education and guidance on transplant management issues. Laurie Kulikosky, ASTS Director of Strategic Development discusses our highly successful Leadership Development Program and an upcoming policy library, both designed to strengthen business practices at your center.

Our newsletter staples are still inside, only better. I encourage you to read the message from the president, the member news, find out what's going on with the National Living Donor Assistance Center (NLDAC), and hear from ASTS award recipients about why recognition awards are important and relevant to the field.

Finally, as spring gets underway, ASTS is preparing for the annual American Transplant Congress (ATC). Meet us at the Pennsylvania Convention Center April 30 – May 5. ASTS will sponsor numerous society-specific events during ATC. Turn to page 17 for a list of ASTS events at ATC.

I look forward to working with you to make 2011 a great year in communications.

Stay connected!

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### About the Cover



The cover photograph was taken and submitted by Miguel Tan, MD, CM, FRCSC Surgical Director, Kidney & Pancreas Transplantation, at the Piedmont Transplant Institute in Atlanta, Georgia. The photo is of Marty Sellers, MD, Director of Hepatobiliary Surgery moments before he began a liver transplant. ASTS is grateful to Dr. Tan for submitting his photograph that is realistic and reflective of the field. If you have a photograph that you would like displayed on the cover of the Chimera, please e-mail it, accompanied by a brief description, to [chantay.parks@asts.org](mailto:chantay.parks@asts.org).

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### Tell Us What You Think

We want to hear from you. Share your thoughts, opinions, and suggestions here. We appreciate your feedback. Click here to **SHARE YOUR THOUGHTS**





## President's Letter

As my term as ASTS President draws to a close, I reflect on this past year as a time of accelerated collaborative advocacy efforts that span many issues affecting the transplant community. Therefore, I would like to use my last *Chimera* article to share some of these with you. These include advocacy efforts in the research, clinical and regulatory aspects of transplantation.

For the past several decades, the transplant community has relied heavily on federal funding from agencies mostly focused on the immune-biology of transplantation. And we owe most of the advances in the field to this type of funding. However, as federal funding becomes scarcer, and as transplantation becomes a more mature discipline, it is clear that certain areas of health services and outcomes research have become more relevant to the clinical practice of transplantation. It is with this notion that the ASTS, AST, and our friends and colleagues at HRSA recently engaged Dr. Carolyn Clancy and the leadership of the Agency for Healthcare Research and Quality (AHRQ) seeking to pursue new academic partnerships. During this visit, we became better acquainted with each others' missions. AHRQ's mission is to improve the quality, safety, efficiency and effectiveness of health care delivery, and is aligned with transplant specific issues such as live donor safety, quality and outcome measures, the informed consent process and many more. Therefore, during this initial meeting, we explored areas of mutual interests, and potential areas for research initiatives that linked the agency's funding interests with the research needs of the transplant community. The ASTS and AST are currently preparing a grant request to AHRQ to provide funding for a consensus conference on the high risk donor.



Michael M. Abecassis, MD, MBA  
ASTS President

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As a follow up visit to AHRQ, ASTS, AST, HRSA and CMS have been invited by the leadership of AHRQ, later this month, to present a synopsis of the consensus conference held a few months ago on live donors. Following the presentation, we have also been invited to discuss potential research needs specific to live donation. We hope that this continued dialogue will encourage AHRQ to consider funding opportunities for health services and outcomes research focused on live donors. We will continue to seek other avenues in the future to further engage this increasingly relevant agency, particularly in the context of Healthcare Reform, comparative effectiveness and so forth.

As transplant surgeons, physicians and scientists, outcomes data are essential to measure quality. Through a voluntary system of data collection and submission, we all participate in one of the most up-to-date, risk-adjusted data registries in the healthcare arena. In September 2010, HRSA awarded the Scientific Registry of Transplant Recipients (SRTR) contract to Minneapolis Medical Research Foundation (MMRF). During the transition from the previous contractor, ASTS and AST worked with HRSA to ensure timely access to data and analyses from MMRF to the transplant community, including researchers and the general public. We have enjoyed an efficient way to request and receive data from SRTR under the previous contractor, and so we wanted to ensure that this access would be maintained under the new contract without the addition of burdensome fees for data access. Despite assurances of a smooth transition, we were deeply disappointed to learn that MMRF has decided not to continue the annual "State of Transplantation" report, which for years has been published as a supplement to the *American Journal of Transplantation*. The transplant community has come to rely on this supplement for descriptive analyses that are not part of the SRTR annual report as specified by the HRSA contract. These manuscripts are cited frequently and therefore serve an excellent purpose in both research and education, through thoughtful special focus analyses. Therefore, ASTS and AST are actively looking for ways to continue to provide this valuable resource to AJT subscribers and others in the transplant community.

In addition, we were concerned that the transition from the previous SRTR contractor to MMRF might result in a negative impact on outcomes data as a result of changes in methodologies and



modeling used to generate program-specific reports (PSRs). As we all know only too well, regulators and third party payers utilize these outcomes data to define transplant center performance and to make decisions regarding both Medicare accreditation and center of excellence designation. Therefore, we appealed to HRSA to mandate a provision for validation of any new methodologies prior to the publication of PSRs.

ASTS, AST, HRSA, AOPO and UNOS are also deeply concerned about the potential impact of CMS policies on islet research transplantation. The current policy applies the same Standard Acquisition Cost (SAC) to pancreata used for whole organ transplantation as for those used for islet cell transplantation. Because of significant differences in reimbursement between the two, this policy has posed severe limits on islet cell research and transplantation. Today, only eight transplant centers in the US are pursuing islet cell transplantation and this is a 50% reduction from just five years ago. We believe that there are easy solutions to this problem and we have engaged CMS in a discussion about these solutions. I encourage you to read the *Regulatory and Reimbursement Report* on page 9 of this Chimera edition for more details.

By now, I am sure that you have all seen the reports of the recent HIV transmission from a live kidney donor. While this is an unfortunate event, we need to be careful to not overreact to rare events. Already, the CDC has released recommendations that all live donors be retested no more than seven days prior to donation. We believe that such a blanket policy is excessive, expensive and irrational. We certainly support retesting of high risk donors and ASTS and AST plan to respond to this

*ATC 2011 is rapidly approaching. I hope to see all of you in Philly. This year's scientific program offers more oral abstracts than previous years, two state-of-the-art sessions, two "transplantation in depth" sessions, an FDA session and the return of Transplant Jeopardy.*

proposal accordingly. Furthermore, The Guidelines for Reducing Transmission of HIV, HBV, and HCV through Solid Organ Transplantation are soon to be released by the CDC, and includes recommendations on nucleic acid testing (NAT) on organ donors and recipients. ASTS will collaborate with AST, AOPO, NATCO and other major stakeholders to ensure this guidance is appropriate and realistic, especially as it relates to the informed consent process. We believe that a consensus conference is needed to address the broader issue of biovigilance and infectious diseases potentially transmissible through transplantation (see above).

After more than five years of intensive deliberation, the OPTN Kidney Committee has released its most recent kidney allocation concepts that moves away from the tenets of the 2006 LYFT proposal and instead uses a kidney donor profile index (KDPI) to characterize donor kidneys and allocated the highest quality kidneys to candidates with the highest estimated post-transplant survival and remaining kidneys to the highest priority candidates within 15 years of the donor's age. The ASTS is generally supportive of the new concepts but believes that controversies will arise as the details are developed. In general, ASTS believes the new system must be uniform across the nation, predictable, easy to understand and allow for center/patient autonomy in terms of HLA matching and the type of kidney a patient will ultimately accept. ASTS and AST

will continue to monitor this process and encourage healthy debate in areas of disagreement such as sensitized patients and geographic disparities.

The transplant community is currently under the highest level of regulation and scrutiny in the history of transplantation. Therefore, we feel that the various regulatory agencies must act in concert as they release, monitor and enforce mandates and regulations. ASTS, AST, AOPO and UNOS recently met with CMS in order to urge this agency to resolve clear inconsistencies between the regulations that govern OPOs and those that govern transplant centers. While OPO performance uses the number of donors and the number of organs retrieved from those donors as its most significant metric, without any regard whatsoever to recipient outcomes, transplant center performance is based solely on recipient outcomes. Thus, by encouraging OPOs to retrieve all potential organs, regardless of quality considerations while discouraging transplant centers from taking risks with recipient outcomes, CMS has created conflict between OPOs and transplant centers and the end result includes organ wastages and increased costs. Resolution of this issue is a top priority we (ASTS, AST, AOPO, UNOS) have appealed to CMS Administrator, Dr. Donald Berwick, to meet with us and have an open dialogue on how to resolve this misalignment.

In addition, later this month, ASTS



and AST will meet with Dr. Howard Koh, Assistant Secretary for Health and Human Services (HHS) in an effort to propose a more coordinated and focused approach to transplantation amongst the various federal agencies whose interests converge on transplantation issues (HRSA/OPTN, CDC, CMS, etc) regarding the risks and benefits associated with transplantation of human organs. In the recent past, disparate opinions from these various agencies have resulted in confusion about the safety of the nations' organ supply. We hope to convince the Assistant Secretary that better coordination between these various agencies would be helpful in dealing with the various challenges that affect patients in need of transplantation.

On the legislative front, ASTS continues to monitor the pace and impact of implementation of the various provisions of the Affordable Care Act - Healthcare Reform. With the ongoing political maneuvering on both sides of the aisle, the future remains uncertain. In the meantime, the ASTS legislative committee is working with the AST public policy committee to draft a white paper to address "Essential Benefits Provisions" under the Act. The recent events in Arizona brought to light the fact that transplantation must be explicitly covered in any new provisions. The white paper will include data on comparative effectiveness to demonstrate and make a compelling case that transplantation is cost efficient and cost effective. I encourage you to read the Legislative Report in this edition of the *Chimera* for a more complete update. In addition, please pay attention to our legislative efforts regarding federal funding for organ donation programs and our continued efforts to secure extension of immunosuppressive drug coverage (page 11).

*It has been my honor and privilege to serve you as president of this wonderful organization this past year. ASTS remains dedicated to its founding principles of scientific research, education and advocacy.*

ATC 2011 is rapidly approaching. I hope to see all of you in Philly. This year's scientific program offers more oral abstracts than previous years, two state-of-the-art sessions, two "transplantation in depth" sessions, an FDA session and the return of Transplant Jeopardy. The Program committee has organized a special session for local medical students and residents to provide exposure to our field at an earlier stage in their careers. For those of you local to the Philadelphia region, please encourage your medical students and residents to attend. More information is available at <http://www.ast.org/meetings/americantransplantcongress.aspx>. I hope to see you all throughout the meeting, and on Tuesday, May 3 when AST President, Dr. Mary Johnson and I will deliver our respective presidential addresses. Later that day, I invite you all to the annual ASTS business meeting to learn more about what the Society is doing on your behalf. Following the business meeting, please take the opportunity to network with your ASTS colleagues at the Members' Cocktail Reception. See page 16 for more details on ASTS events at ATC.

It has been my honor and privilege to serve you as president of this wonderful organization this past year. ASTS remains dedicated to its founding principles of scientific research,

education and advocacy. The society has not lost sight of what is important to our members as we advocate tirelessly for you and your patients. Despite all these efforts, there is still plenty of work to be done. But you can rest assured that scores of your colleagues along with our Executive Director, Katrina Crist and the ASTS staff stand on the front lines, every day, fighting for what matters to us and our patients. So get involved and stay in touch. If you have any comments or concerns, please email me at [mike.abecassis@asts.org](mailto:mike.abecassis@asts.org). Professional societies are powerful advocates. Together with our transplant community partners, we can have a loud voice. Let's use it.

Michael M. Abecassis, MD, MBA  
ASTS President

# SAVE THE DATE

**SURGICAL CHALLENGES,  
CREATIVE SOLUTIONS** 

**ASTS 12<sup>th</sup> ANNUAL  
STATE OF THE ART  
WINTER SYMPOSIUM**

# 2012

**Pre-Meeting: January 12 - 13**

Held in conjunction with the NATCO Symposium  
for the Advanced Transplant Professional

Loews Miami Beach Hotel, Miami, FL  
Abstract Submission Deadline: September 12, 2011  
[www.ast.org](http://www.ast.org)



# ASTS News

*The ASTS Winter Council and Committee Chair Meeting was held January 13, 2011 in Hollywood, Florida. The following are select committee news and reports from the meeting.*

## Living Donation Committee

Dr. Andrew Klein reported that the committee continues to explore the issue of health insurance for living donors and ASTS' role in developing such a program. Dr. Klein reported that the Johns Hopkins Carey Business School indicated that they would consider designating this as a small group graduate project for their MBA students who would collaborate with ASTS to define the scope and feasibility of such a program, build the financial model and perform the quantitative analysis. The council agreed this was a good opportunity.

## Ethics Committee

Dr. Alan Reed reported that the committee was asked to explore the issue of whether or not transplant journals should accept manuscripts submitted from countries that are known to perform ethically questionable transplants. The committee was asked to engage AST and AJT in these discussions and determine the basis for a decision to publish or not publish papers from these countries. There was discussion if this should be expanded to include lectures, visiting professors and other professional interactions but the council directed the committee to focus on publications for now.

## Vanguard Committee

Dr. Dorry Segev reported that there was record abstract submission for the 11<sup>th</sup> Annual State of the Art Winter Symposium. He reported that the committee was introducing three new additions to this year's program: 1) an interactive poster session with "Poster of Distinction" awards distributed at the conclusion of the session; 2) "My Soap Box" session where seven people have five minutes to present their views for expanding the donor pool. At the conclusion, the audience will vote on their favorite idea; and 3) "Lunch & Learn" sessions hosted by six committees on Saturday afternoon. Dr. Segev reported that the 2012 winter symposium will

be held at the Loews, Miami Beach and is titled "Surgical Challenges, Creative Solutions". He also requested that the council consider reversing its decision to charge registration fees for trainees. This was the first year this charge was in place and the number of registered trainees dropped. The council discussed the definition of a trainee and concluded that complimentary registration would be provided to ASTS fellows, residents or medical students at an ASTS approved program or sponsored by an ASTS member.

## Communications Committee

Dr. Kenneth Chavin reported that the most recent issue of the *Chimera* is available online and encouraged everyone to download and read it. He also reported that ASTS is ready to move CenterSpan to the ASTS website. Finally, Dr. Chavin reported that the committee is interested in launching a smart phone mobile application. The committee has been in touch with Handmark, the company that created the AJT application and will present a full proposal at the Spring Council Meeting.

The council discussed the general layout of the website. There was agreement that there are many useful resources on the website but the navigation can be difficult and some items are buried too deep for most people to find. The council encouraged the committee to develop a plan to enhance the navigation so that resources are more easily available.

## Fellowship Training Committee

Dr. Douglas Farmer presented the initial results from the annual volume review (AVR) that was approved for implementation at the May 2010 council meeting. Per the council's approval, 2010 – 2011 is a pilot year. The council agreed that the pilot program should be extended a year and the committee should continue to assess the overall impact this will have on training programs. Dr. Farmer also

provided an update on the recent fellows symposium and the development of an HPB/HB track in fellowship training.

## FMG Taskforce

Dr. Lewis Teperman provided an update on the survey of program directors, OPOs and credentialing offices to determine the challenges of hiring non-board certified transplant surgeons. Nearly half of the respondents indicated that the institution had changed credentialing criteria to require board certification. Dr. Teperman also presented components of the International Medical Graduate (IMG) Employment Statement which will be made available on the ASTS website when complete and will serve as a resource for IMGs considering fellowship in the United States.

## American Board of Surgery

Dr. Kim Olthoff presented on behalf of Dr. Doug Hanto. She provided an overview of the development of Maintenance of Certification (MOC) and the components required for all physicians. Dr. Olthoff reported that the ABS would like to collaborate with ASTS to link select curriculum modules to the ABS SCORE curriculum. The council asked Dr. Fryer to work with the ABS to determine how such a program would work. The ABS would also like ASTS to create a yearly series of articles (20-30) and self assessment questions as part of a reading program to satisfy MOC Part 2.

## Curriculum Committee

Dr. Jonathan Fryer presented an update on the curriculum which is now over 60% complete. He noted that two residents had been invited to participate in committee activities and two fellows would be added soon. Dr. Fryer reported that the resident curriculum has over 30 live modules and over 42% of transplant centers have accessed this resource. Dr. Fryer presented two proposals for council consideration. The first is to





require all ASTS accredited fellowship training programs to make an educational contribution to the curriculum. The second proposal would require fellows to complete a certain number of curriculum modules as a requirement of fellowship training. The council agreed to both concepts but the details must be carefully organized before moving forward.

### CME Committee

Dr. Michael Ishitani reported that the committee had rewritten its mission statement to focus on supporting ASTS members to allow for their educational growth and development in service to patients, the public and ASTS. Currently, the committee has undertaken an initiative to add CME to the online curriculum modules. The committee would also like to develop a library of transplant procedure videos within the Academic Universe. Dr. Ishitani reported that the committee will be participating in a joint project with AST to produce a monthly AJT feature to include transplant images. This feature will provide an online CME opportunity for AJT subscribers.

### Standards Committee

Dr. David Reich reported that the standards committee completed an application to the Physician Consortium on Process Improvement (PCPI) of the AMA in December to request help in developing a measure related to long term CVS healthcare post transplant. Competition for the PCPI led process for measure development is very stiff and ASTS should hear if we have been selected by mid-April. If declined for the PCPI led process, ASTS will need to consider other avenues and resources to complete the measure development.

Dr. Reich also reported the committee had organized the Pre-Symposium entitled "Pay for Performance: An Update on National Quality Improvement" at the Winter Symposium. In addition, noted that the Surgical Quality Alliance (SQA) and the PCPI will propose revisions to the perioperative antibiotic and DVT prophylaxis measures to the NQF in June. Long term projects for the committee

include LTrAC survey & manuscript development and adapting the general surgery CAHPS survey for use in transplant.

### Vascularized Composite Allograft Committee

Dr. Linda Cendales reported that the committee's paper on implementation of VCA in the United States was published in the January AJT. Dr. Cendales also reported that the committee is hosting an early morning workshop at ATC on donation best practices and establishment of a VCA program. The committee would like to consider a second manuscript on financial considerations within VCA and explore the possibility of developing a national VCA registry.

### Business Practice Committee

Dr. David Axelrod reported that work is progressing on the online policy library initiative. The initial ABO Verification policy is nearing completion and will be followed by a high risk donor policy among others. The initial policies will be offered for purchase on the ASTS website and will eventually become a subscription based service. Dr. Axelrod also reported that future initiatives of the Committee include the consideration of a webinar program and further exploring the institutional membership proposal.

### Scientific Studies Committee

Dr. Sandy Feng presented several new initiatives on behalf of the Scientific Studies Committee. The committee would like to conduct a survey of kidney and liver transplant centers to gather data on center-based policies and practices regarding obesity in transplant candidates. The second initiative involves the collection of HCC data. The issue is a lack of systematic data regarding recurrent HCC after liver transplantation to inform

HCC allocation policy evolution. The committee will focus on defining the problem, the scope of the problem and the scientific questions that need to be addressed. The final initiative is a collaborative effort with the Standards and Ethics Committees to study scientific, ethical and logistical barriers to donor intervention and organ preservation trials.

### Advanced Transplant Provider Committee

Ms. Deborah Hoch reported that the ASTS will recognize the first recipient of the ASTS Advanced Transplant Provider Award during the winter symposium. Humberto Monge, PA-C, MPAS, from Stanford is the recipient of this award. Ms. Hoch also reported that advanced transplant providers have six programs as part of ATC. Lastly, Ms. Hoch reported that the committee will launch a new "Expert of the Week" program that would encourage ATPs to view a specified curriculum module and then post questions or comments on the ATP discussion board. The select "expert" each week will login 3-4 times during the week and respond to posted questions.

### Membership Committee

Ms. Katrina Crist presented the membership report on behalf of Dr. Paul Kuo. She reported that the committee was interested in establishing a resident committee to attract residents to transplantation at an earlier point in their careers. Additionally, there is interest in developing an institutional membership category. Ms. Crist reported that there are currently 1762 members. With 1002 surgeons, 38 physicians, 46 non-physician scientists, 107 international members, 186 candidate members, 264 surgical associates, 106 senior members and 13 honorary members.

ASTS  
Announces  
WTC 2014







# Regulatory and Reimbursement Update

*ASTS Spearheads Effort to Resolve Concerns about CMS Policy on Islet Cell Transplants, Inconsistencies Between OPO and Transplant Center Certification Regulations*

In January, ASTS spearheaded efforts to meet with CMS to obtain resolution of a number of issues of ongoing concern to the transplant community. The meeting was held with Barry Straube, MD, outgoing Director & Chief Clinical Officer of the Office of Clinical Standards and Quality for the Centers for Medicare & Medicaid Services, and included attendees from the American Society of Transplantation, the Association of Organ Procurement Organizations, Health Resources Services Administration, and others.

The meeting focused on two issues: the impact of Medicare policies on islet transplant research and the inconsistencies between OPO and Transplant Center outcomes requirements. With respect to the first issue, the ASTS and the other organizations attending the meeting reiterated that Medicare's policy requiring OPOs to establish the same Standard Acquisition Charge (SAC) for pancreata used for whole organ and islet cell transplants has had, and continues to have, a significant negative impact on islet cell transplantation research activities, and requested CMS to treat pancreatic tissue obtained for islet isolation as "tissue" rather than as whole organs for cost reporting purposes.

ASTS and the other groups attending the meeting also emphasized the need to reconcile differences between the objectives of the OPO and the Transplant Center certification regulations. While the OPO certification regulations encourage OPOs to retrieve as many organs as possible, regardless of organ quality, the Transplant Center certification regulations include outcomes requirements that dissuade transplant centers from accepting organs from marginal donors. A number of options for addressing this inconsistency were presented to CMS, including, for

example, measuring transplant center outcomes separately for standard and marginal donor organs.

ASTS followed up with Dr. Straube prior to his departure from CMS, and has requested a meeting with CMS Administrator Donald Berwick to address these issues and establish a process for obtaining resolution.

## **ASTS Urges CMS to Consider Transplant Centers as Model for Accountable Care Organization**

In response to a solicitation of comments issued by CMS, ASTS submitted comments urging the agency to look to transplant centers as a model for Accountable Care Organizations (ACOs), when drafting regulations governing ACOs. Specifically, the ASTS' comments explore the extent to which transplant centers can serve as a model for ACOs, especially in terms of care coordination, outcome measurement and quality reporting. A number of lessons can be learned from the transplant center experience, which may be useful to CMS in drafting regulations to govern the organization and operation of ACOs. For example, a comprehensive system has been developed for measuring the quality of care delivered by transplant centers (both in terms of process and in terms of outcomes), and an equally comprehensive system has been developed for making this information available to the public. In the case of transplant programs, the focus on outcomes has been on *programs* and not *individuals*, and ASTS suggested that a similar focus be reflected in the outcomes requirements for ACOs. The ASTS comments also point out that transplant centers are already receiving "bundled" payments from non-Medicare payers and from Medicare Advantage programs for the entire transplantation episode, rather than for individual visits and procedures. In this respect, too, the experience of transplant centers may be instructive.

In addition, ASTS indicated a number of concerns regarding the potential impact of ACOs on access to transplantation, pointing out that ACOs may dissuade Medicare beneficiaries assigned to them from obtaining out-of-network transplantation in numerous ways. For this reason, ASTS urged CMS to carefully monitor access to transplantation for Medicare patients assigned to ACOs and to consider including access to transplantation among the quality measures required for ACOs.

The proposed regulations implementing the ACO program are scheduled to be released within the next several weeks, and ASTS plans to submit comments on these proposed regulations to ensure that the interests of transplant surgeons, transplant centers, and transplant patients are adequately taken into consideration.

## **OIG Institutes Investigation of Off-Label Use of Drugs Used in Transplantation**

The Office of the Inspector General (OIG) of the Department of Health and Human Services has announced plans to review Medicare Part B immunosuppressive drug claims to determine whether they were billed according to their Food and Drug Administration (FDA) approved labels. Pursuant to the Social Security Act, § 1832(a)(2), and CMS Medicare Benefits Policy Manual, Pub. No. 100-02, ch. 15, § 50, Medicare Part B covers drugs that are not usually self administered and are furnished incident to physicians services, such as immunosuppressive drugs.

Section 50 of the Manual also states that use of such drugs must be safe and effective and otherwise reasonable and necessary and that drugs or biologicals approved for marketing by the FDA are considered safe and effective for purposes of this requirement when used



for indications specified on the labeling. According to the OIG, several FDA approved labels for immunosuppressive drugs state that the drugs should not be used in combination with other immunosuppressive drugs. The OIG plans to determine whether Medicare paid for immunosuppressive drugs that should not have been used in combination with other immunosuppressive drugs.

While it is difficult to determine what the OIG is interested in examining, the most likely suspect appears to be prescriptions for Prograf (tacrolimus) and CellCept (mycophenolate), which are frequently used in combination in the post transplant setting and in fact are probably the most common immunosuppressive drug combination used in the United States. This drug combination was not recognized by the FDA up until relatively recently, when the FDA approved labeling for the use of this combination. Generally, physicians are not precluded from prescribing off-label uses of approved drugs, and off-label indications may be payable when “reasonable and necessary” for the treatment of a disease or condition. ASTS is currently considering what course of action to take with respect to this investigation.

### **Centers for Disease Control Considers Proposed New Biovigilance Requirements**

ASTS has become aware that the Centers for Disease Control (CDC) have drafted proposed regulations regarding biovigilance efforts for the nation’s organ supply. While the ASTS does not have access to the proposed regulations, the CDC has expressed the opinion that Nucleic Acid Testing (NAT) for transmissible blood borne pathogens should be mandatory for all organ donors. Regardless of the specific provisions of the proposed regulations, ASTS is concerned that CDC has not consulted with the professional community prior to drafting the proposal. ASTS is committed to assuring that any biovigilance requirements that are imposed are scientifically supportable and based

*ASTS is committed  
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on the consensus of the  
transplant community.*

on the consensus of the transplant community.

### **CMS Issues Proposed Inpatient Prospective Payment System Rates and Unveils Value Based Purchasing Proposal for Inpatient Services**

On January 13, 2011, the Centers for Medicare and Medicaid Services (CMS) published proposed rules to implement the Hospital Value-Based Purchasing (VBP) program required by the Patient Protection and Affordable Care Act (ACA). The Hospital VBP program provides value-based incentive payments and penalties for hospitals and is designed to improve the quality of patient care. While CMS has instituted a number of policies aimed at monitoring and incentivizing improvements in the quality and value of care rendered to Medicare patients in recent years, effective beginning with discharges on or after October 1, 2012, hospitals will actually be subject to Medicare payment reductions and incentive payments based on their performance. For FY 2013, CMS has proposed the use of 17 clinical processes of care measures and eight measures from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey that track patient experiences (25 total initial measures). The 17 clinical process of care measures relate to five different conditions: acute myocardial infarction, heart failure,

pneumonia, healthcare-associated infection (SCIP-Inf), and surgical safety. The healthcare associated infection measures address administration of a prophylactic antibiotic within one hour prior to surgical incision; prophylactic antibiotic selection for surgical patients; the discontinuation of prophylactic antibiotics within 24 hours after surgery end time; and the monitoring of cardiac surgery patients with controlled 6AM postoperative serum glucose. The surgical care measures relate to the proportion of surgery patients on a beta blocker prior to arrival that received a beta blocker during the perioperative period; the proportion of surgery patients with recommended venous thromboembolism prophylaxis ordered; and the proportion of surgery patients who received the recommended appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery.

The HCAHPS survey measures include nurse communication, doctor communication, cleanliness and quietness, responsiveness of hospital staff, pain management, communication about medications, discharge information, and an overall rating.

In addition, for FY 2014, CMS proposes to add three mortality outcome measures, eight Hospital Acquired Condition (HAC) measures, and nine Agency for Healthcare Research and Quality (AHRQ) measures. Congress also included a requirement in the ACA that efficiency measures be adopted as part of the program, such as scoring of Medicare spending per beneficiary by a hospital.

Under the ACA, CMS is required to publicly post individual hospitals’ performance on the VBP program’s measures.

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



# Legislative Report

*Health Care Reform Repeal & Major Budget Cuts Lead Congress' 2011 Agenda*

Congress is off to an accelerated start this year with new leadership in the House of Representatives firmly in Republican control. Republicans started implementing their legislative mandate with wide ranging efforts to repeal the comprehensive health care reform law passed last year, with votes already taking place on full repeal of health care reform in both the House and Senate and various bills introduced to dismantle the law in piecemeal fashion. In addition, the unresolved business of funding federal government programs for fiscal year (FY) 2011 has provided the new Republican majority with early opportunities to attempt to fulfill their campaign promises to cut federal spending significantly.

The release of President Obama's proposed federal budget for the coming year (FY 2012) in mid-February kick-started the long-term budget debate, with Republicans demanding much more significant cuts than appeared in the President's budget. The larger question is whether Congress will address reform of the entitlement programs to reign in the annual federal deficit, which is expected to hit \$1.5 trillion in FY 2012 alone. Both political parties have recently signaled that Medicare, Medicaid and even Social Security are on the table for discussion. With the focus on repealing health reform and dramatically decreasing domestic spending, it has yet to become clear when Congress will advance or whether they will even address other less politically volatile issues, such as organ donation and transplantation.

**Health Care Reform Targeted for Full Repeal:** After months of waiting to respond to the health care reform law (PL 111-148 and PL 111-152), House Republicans, along with a small number of Democrats in swing Congressional districts, voted on a two-page bill (H.R. 2) to repeal the law in January. The debate raised various concerns with the cost of repealing the bill, the loss of



insurance for those to be covered by the law, and the lack of a viable alternative. The House passed H.R. 2 on January 20<sup>th</sup> on a largely partisan vote of 245 to 189. Lawmakers also passed a resolution (H.R. 9) instructing relevant House committees to prepare a series of replacement bills to serve as alternatives to the current health care law.

The success of the House repeal vote, coupled with a major federal court decision invalidating the health reform law (discussed below), accelerated a vote on the repeal issue in the U.S. Senate in early February. That vote failed to repeal the bill by a 51 to 47 margin along strict party lines. Even with this loss, further votes on a full repeal of the health care reform law could be brought from time to time in order to keep the pressure on Democrats. But it is clear that a complete repeal of health reform will not reach the President's desk in this Congress. Even if such a bill were to pass, the President would veto the legislation anyway, as he considers the bill one of his signature domestic achievements of the first

two years of his Presidency. However, Republican leaders have vowed to press their case by introducing targeted bills that would repeal certain provisions in the new law as well as restricting funding for implementation of the law.

## **Piecemeal Dismantling Also Pursued:**

Among the piecemeal targets for repeal are a bevy of unpopular health reform mandates that include the Independent Payment Advisory Board (IPAB), the CLASS Act, the hundreds of millions of dollars allocated for Comparative Effectiveness Research (CER), the \$2 billion prevention and public health fund, as well as reductions in payments to Medicare Advantage (managed care) plans. The individual mandate, where people either purchase insurance or pay a penalty, may also be targeted by denying IRS funding for implementation and enforcement, even though it is three years from full implementation.

Among the provisions most likely to be repealed is the 1099 small business tax reporting requirement which is widely regarded as a major burden on small businesses. Bills to repeal this provision have passed in both chambers of Congress as of March 3<sup>rd</sup> with remaining work to be done to finalize how the cost of repealing this provision, which saves the government nearly \$20 billion, will be offset through cuts to other programs. The House version offset repeal by increases in health care reform penalties while the Senate version made less specific cuts to unnecessary spending by the federal government, though they exempted any cuts being applied to the Social Security program.

In addition, House Republicans have introduced and recently passed through the House Judiciary Committee comprehensive legislation to reform medical malpractice laws. H.R. 5, the HEALTH Act, currently awaits further action within the House Energy & Commerce Committee before it





is considered by the full House of Representatives. In addition, House Republican chairmen of various committees have held more than 20 oversight hearings in five work weeks to examine implementation of health reform laws. From stated intentions, Republicans are expected to keep up this pace of attack at least until the next national election.

#### Florida Court Decision and Health

**Reform:** The most lethal threat to emerge to the new health care reform law may be a January 31<sup>st</sup> federal judicial ruling in Florida striking down the entire bill and ruling that the individual insurance mandate, an underpinning of the entire law, is unconstitutional. As a result, the court held, the entire bill is voided due to the lack of a “severability” clause that would have allowed the remainder of the law to be implemented even if one provision of the law were to be struck down. Governors and attorneys general from 25 states, almost all Republican-led, joined the suit in Florida on the heels of the passage of the health reform law.

The Florida Judge, Roger Vinson, stopped short of imposing an injunction on the Obama Administration to stop it from implementing the law on the grounds that an injunction was unnecessary. Vinson referenced a long-standing practice that federal agencies are obligated to comply with federal court decisions and as such, he asserted, health reform is voided in 26 states and the Secretary of Health and Human Services must stop implementing the law in those states. This aspect of the judge’s ruling has created tremendous confusion and is being interpreted in different ways by different people. For instance, the Obama Administration filed a “motion to clarify” the Vinson judgement. On March 3<sup>rd</sup>, Judge Vinson declared the entire bill null and void, but issued a “stay” in the case that is contingent on the government accelerating its right to appeal. The judge gave the government only seven days to file an appeal on the original ruling that the health reform law is unconstitutional and implementation must be discontinued, unless and until the U.S. Supreme Court tells it otherwise.

**Congressional Budget Talks:** The federal government agencies had been operating under temporary funding through a Congressional Resolution (“CR”) at FY 2010 funding levels until March 4<sup>th</sup> of this year. Shortly before that CR expired, Congress passed another two-week CR until March 18<sup>th</sup> which strikes \$4 billion from federal FY 2010 budget levels.

To avoid a government shutdown, the House and Senate must agree to a budget that the President will sign into law which covers funding for federal programs from March 18 to September 31, 2010. House Republicans passed a CR for the balance of 2011 which cuts \$60 billion from FY 2010 levels—or \$100 billion below the President’s budget request for FY 2011. Such funding cuts include significant health care program funding reductions as well as program terminations. President Obama has vowed to veto any budget bill that makes it to his desk with such draconian cuts but it is unclear how the two sides will reach a compromise. Further short term CR extensions are clearly possible in this environment but these extensions will have to include cuts in spending if Republicans are going to acquiesce to this strategy.

This says nothing of the FY 2012 budget and appropriations process which was supposed to have already been well under way by this time. The only step in that process taken thus far is the release of President Obama’s \$3.7 trillion FY 2012 budget proposal. The budget would narrow deficits by \$500 billion in FY 2012 and \$1.1 trillion over the next 10 years, mainly by freezing domestic discretionary spending for the next five years and imposing an inflation-adjusted cap on defense spending over the same period. However, the President’s budget does increase funding on several programs focused on research, innovation and education, including the NIH. The President’s budget did not include major changes to entitlement programs such as Social Security and Medicare.

However, in order to fund an extension of the Medicare physician fee schedule fix for another two-year period (2012-

2014), the President’s budget did include some proposals to reduce expenditures for Medicaid and other programs. Despite these modest proposed changes to entitlement programs, the lack of entitlement reform proposals in the President’s budget is one reason that it adds over \$7 trillion to the national debt over ten years.

#### Federal Funding of Organ Donation

**Programs:** The focus on cutting federal programs to FY 2010 funding levels means that the increases secured to date by ASTS and its allies in the organ transplantation community remain in place, for the moment. With the leadership of recently retired Senator Dorgan (D-ND), ASTS was previously able to secure a \$1.403 million increase for FY 2009 and \$2 million for FY 2010. Expectations for FY 2011 were another \$2 million increase (included in the Senate bill) but the current budget fights mean that every constituency is on the defensive and trying to stave off draconian cuts or even outright program elimination.

Currently, federal organ donation and transplantation programs, which are funded through the Division of Transplantation within the Health Resources & Services Administration (HRSA), are funded at \$26.049 million annually. Such funding allows the federal government to sponsor programs such as the National Living Donor Assistance Center (NLDAC) pilot project, a program jointly administered by ASTS and the University of Michigan since 2007 which covers the travel and subsistence expenses of living donors (i.e. travel costs, hotel expenses) where these costs may be a barrier to donation for low-income donors. ASTS is working with the organ donation and transplantation community to secure a new Senate champion as well as urging the federal government to adopt the Senate increase in funding for the Division of Transplantation. Given the current fiscal climate, this is a major uphill battle.

#### Push for Immunosuppressive

**Drug Coverage Continues:** ASTS’

Congressional allies remain interested

*continues on page 29*

## OPTN/UNOS Board of Directors Election

OPTN/UNOS voting members recently elected a slate of officers and Board of Directors members for open positions in the 2011-2012 term. The newly elected officers and members will take office just after the conclusion of the June 2011 Board meeting.

John P. Roberts, MD, a former ASTS president, was named Vice President/President-Elect. For a complete listing of newly approved officers and Board members, please visit the News section of the OPTN website: <http://optn.transplant.hrsa.gov/news/>.

## Feedback sought on liver, kidney allocation concepts; other public comment items

OPTN/UNOS committees recently distributed two documents to seek public feedback on new concepts that may be incorporated into future proposals to amend organ allocation policy. One addressed concepts for liver allocation and the other addressed kidney allocation concepts. The comment period has recently closed for each, and the respective committees will consider feedback before developing any additional policy proposals that might include some or all of the concepts. Any resulting policy proposal will include another opportunity for public comment.

Policy and bylaw proposals for the spring public comment period are currently listed on the OPTN web site: <http://optn.transplant.hrsa.gov/policiesAndBylaws/publicComment>. The deadline for receiving comment on these items is June 10.

## Kidney Paired Donation Pilot Project Update

In October 2010, the first match run was performed for the OPTN's national kidney paired donation pilot program. This resulted in transplants in December involving donors and recipients at Barnes-Jewish Hospital and Dartmouth-Hitchcock Medical Center.

Additional match runs are now being performed every few weeks. The OPTN/UNOS Board of Directors, at its meeting in November 2010, approved a proposal to add to the matching process the option of donor chains in addition to two-or three-way exchanges.

For more information about the paired donation pilot program, visit the OPTN website: <http://optn.transplant.hrsa.gov/resources/KPDPP.asp>.

## "UNOS Primer" Sessions Ongoing

In September 2010, UNOS began offering an intensive two-day seminar at its Richmond, Va., headquarters to help transplant administrators and coordinators better understand OPTN and UNOS services and requirements. The "UNOS Primer" features a variety of informational presentations, a hands-on computer lab, and opportunities to tour UNOS building and meet a variety of staff members who interact with professionals at member institutions.

Based on positive feedback and additional demand, UNOS conducted another primer in February; the next two are scheduled for May and September. To allow sufficient time for personal interaction and instruction, enrollment is limited to 50 per session. For additional information or to seek enrollment, visit the professional education section of the UNOS website: [http://www.unos.org/donation/index.php?topic=unos\\_primer](http://www.unos.org/donation/index.php?topic=unos_primer).

## OPTN Bylaws Rewrite

UNOS team members in the Department of Evaluation and Quality (DEQ) are rewriting and reorganizing the OPTN bylaws to make them easier to read, use and understand. Here's what you can look forward to in the rewrite:

- Content written in plain language for increased readability
- One searchable document with hyper-linked table of contents and index
- Reorganized appendices for easier access to information
- More information presented in lists, tables and diagrams for easy reference

UNOS has hired a Bylaws Drafter to manage and implement the rewrite. Leigh Kades will work under the direction of the Assistant Director of Evaluation and Quality, and consult with HRSA representatives, OPTN committee liaisons, and a work group of the Membership and Professional Standards Committee.

We welcome members' comments about the current bylaws, as well as suggestions for the rewrite. You may e-mail comments, questions, and suggestions to [bylawsrewrite@unos.org](mailto:bylawsrewrite@unos.org).

## Center for Transplant System Excellence Names Research Team for Deceased Donor Potential Study

UNOS' Center for Transplant System Excellence recently named a team of 11 researchers to conduct a transdisciplinary study of deceased donor potential in the United States. The study, expected to be completed in 2012, is funded by a recent \$1.7 million amendment to the OPTN contract UNOS holds with the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

Karl McCleary, PhD, MPH, Scientific Director of the Center for Transplant System Excellence, is the study's principal investigator. Gary Hirsch, SM, the co-principal investigator, is the creator of Learning Environments in Wayland, Mass., and an adjunct faculty member with the Division of Health Science and Technology at Harvard University and the Massachusetts Institute of Technology.

To contact or learn more about the Center for Transplant System Excellence, visit its web page: <http://www.transplantexcellence.org>.



## Hem-o-lok Ligating Clips Important Safety Information

Concerns were raised by UNOS earlier this year that some members are continuing to use the Weck Hem-o-lok® Non-absorbable Polymer Ligating Clip during laparoscopic nephrectomy despite the 2006 FDA notice about a recalled device. Teleflex Medical first notified its customers regarding the Weck Hem-o-lok® Non-absorbable Polymer Ligating Clip in a letter dated April 18, 2006. Shortly following, ASTS notified its members as well. The Hem-o-lok ligating clips may become dislodged following ligation of the renal artery after laparoscopic donor nephrectomy. These clips are contraindicated for use in ligating the renal artery during laparoscopic nephrectomy in living donors. Use the link (<http://www.fda.gov/Safety/Recalls/EnforcementReports/2006/ucm120409.htm>) to view the current FDA link.

As a follow up to this important safety announcement, in March ASTS circulated a brief survey to members to identify the way safety information is or is not shared with members. The questions in the survey will provide clarity on the current situation and determine the necessary next steps. Amy Friedman, MD, will present an abstract with the data collected during the 2011 American Transplant Congress – Amy Friedman, MD will present the data collected during her abstract presentation at the 2011 American Transplant Congress. The abstract is entitled “Preventable Risk to Living Kidney donor (KD) Safety Persists,” and will be presented Monday, May 2, 4:00 p.m.

### Recalls and Field Corrections Devices – Class II

1. Weck Hem-o-lok ML Polymer Ligating Clips; Rx, sterile, medium large size, non-absorbable polymer ligation clips; 6 clips per cartridge, 14 cartridges per sales unit, 12 sales units per case. Catalog number 544230, Recall # Z-1096-06
2. Weck Hem-o-lok L Polymer Ligating Clips; Rx, sterile, large size, non-absorbable polymer ligation clips; 6 clips per cartridge, 14 cartridges per sales unit, 12 sales units per case. Catalog number 544240, Recall # Z-1097-06
3. Weck Hem-o-lok XL Polymer Ligating Clips; Rx, sterile, extra large size, non-absorbable polymer ligation clips; 6 clips per cartridge, 14 cartridges per sales unit, 12 sales units per case. Catalog number 544250, Recall # Z-1098-06
4. Weck Hem-o-lok Endo 5 Automatic Clip Applier with Medium Polymer Ligating Clips; Rx, sterile, single use, disposable clip applier with medium size, non-absorbable polymer ligation clips; 15 clips per applier, 3 applicators per sales unit, 6 sales units per case. Catalog number 543965, Recall # Z-1099-06

**CODE:** All lots

**RECALLING FIRM/MANUFACTURER:** Teleflex Medical, Research Triangle Park, NC, by letter dated April 18, 2006, firm initiated recall is ongoing.

**REASON:** The Hem-o-lok ligating clips may become dislodged following ligation of the renal artery after laparoscopic donor nephrectomy. Hem-o-lok ligating clips are now contraindicated for use in ligating the renal artery during laparoscopic nephrectomies in living donor patients.

**VOLUME OF PRODUCT IN COMMERCE:** 10,458,708 clips

**DISTRIBUTION:** Nationwide





# 2011 ASTS Leadership Development Program Back by Popular Demand

*The ASTS Leadership Development Program*

*The Premiere Executive Management Course Designed Exclusively for the Field of Transplantation, September 11-13, 2011  
Northwestern University Kellogg School of Management, James L. Allen Center in Evanston, IL*

**"The ASTS Leadership Development Program brings together surgeons and administrators for the only course of its kind in the field of transplantation. The Kellogg School of Management venue is outstanding and the content is a perfect balance of business education and transplant specific leadership skills." - Michael Abecassis, MD, MBA**

**A**fter the tremendously successful launch of the ASTS Leadership Development Program in November 2010, the ASTS Business Practice Services Committee immediately began to plan for the 2011 program. With an expanded and refined curriculum, including an extra half day of content and additional contributions from the Kellogg School of Management, the 2011 program is certain to provide the field of transplantation with an outstanding opportunity to learn about the continually evolving and complex transplant business and regulatory environment. The course is highly interactive and joint attendance by surgeons and their administrative counterparts is strongly encouraged. Industry attendees are also welcomed.

A highlight of the expanded 2011 Leadership Development Program includes the return of Thomas Hamilton from the Centers for Medicare and Medicaid Services, who will present the dinner keynote address on Sunday, September 11, entitled "The CMS Perspective." ASTS also welcomes two new presenters from our own ranks to the program, Dr. David Reich who will present the dinner keynote address on Quality Assessment and Performance Improvement (QAPI), Monday, September 12 and Dr. Raja Kandaswamy will present a session on the SRTR and transplant center metrics with Dr. David Axelrod on Tuesday September 13.

The limited enrollment of 60 participants provides the ideal environment for in depth discussion and participant collaboration. Attendees of the 2010 program overwhelmingly stated that one of the best parts of the program was

the ability to network and learn from fellow participants. The networking and interaction perfectly complemented the presenter instruction.

The strength of the ASTS Leadership Development curriculum is the unique combination of core business skills such as accounting, marketing and negotiation with transplant specific application. Key components of the program include an exposure to necessary business practices including cost accounting, financial analysis, and contracting; leadership skills including team building, strategic analysis, and institutional relationships; and an overview of the legal and regulatory aspects of transplantation.

## Registration Information

Registration will open online at [www.asts.org/meetings](http://www.asts.org/meetings) in early May following the 2011 American Transplant Congress. The all inclusive program fee covers tuition, all meals and accommodations for the nights of September 10, 11 and 12.

Member Rate = \$4,495  
Non Member Rate\* = \$5,495  
Industry Attendee Rate = \$6,495

**\*Multiple Attendee Discount:**  
Non-member administrators attending along with an ASTS member from the same institution are eligible to register at the member rate.

For questions about the ASTS Leadership Development Program, please contact Laurie Kulikosky at [laurie.kulikovsky@asts.org](mailto:laurie.kulikovsky@asts.org) or (703) 414-7870.

## Venue Information

Located in the heart of Northwestern

University's Evanston campus, the James L. Allen Center is the home of the Kellogg School of Management's Executive Education programs and hosts over 6000 executives annually. The Allen Center is designed to facilitate peer learning and informal interactions among faculty and participants. The Center is completely self-contained with classrooms, study group rooms, bedrooms, dining rooms, lounge areas, snack rooms, laundry service and an exercise room. The goal is to create a special environment for learning that anticipates all educational and logistical needs in a seamless fashion, thereby minimizing distractions from the learning experience.

## Policy Library Initiative

The Business Practice Services Committee has recently embarked on a project to create an online library of sample policies and templates to provide transplant centers with the building blocks they need to successfully manage and navigate the growing regulatory and quality improvement environment. Template policies will include features such as: background information on regulatory requirements, best practices and implementation guides for each topic area. Immediate topics in progress include ABO Verification and High Risk Donor, with subsequent topics coming from the list of CMS audit key areas of failure. In the near future, individual policies will be available for purchase and download through the ASTS website, with the long term goal of creating a subscription based library of documents for the transplant community.



# Do you know the NLDAC Numbers?

The National Living  
Donor Assistance  
Center (NLDAC)  
provides



National  
Living  
Donor  
Assistance  
Center

assistance for eligible living donors to travel to the transplant center for their evaluation, surgery and medical follow-up. The Program continues to grow as our numbers demonstrate. For more information call 703-414-1600 or visit the website [www.livingdonorassistance.org](http://www.livingdonorassistance.org)

**98%**

The % of NLDAC donors who would recommend the Program to other living donors

**\$2,148**

The average amount NLDAC donors are reimbursed for travel to the transplant center

**819**

The number of NLDAC donors that have completed their donor surgery

**52.5**

The average number of applications NLDAC receives monthly

**169**

The number of transplant centers that have filed an application to NLDAC





*Save the Date*  
**American Transplant Congress**  
 April 30, 2011 - May 04, 2011  
 Pennsylvania Convention Center • Philadelphia, Pennsylvania USA

## ASTS @ ATC *It's All Happening in Philadelphia!*

Join the American Society of Transplant Surgeons (ASTS) for a series of special events taking place during the American Transplant Congress (ATC). Plan to be a part of this year's exciting opening reception, attend the formal presentation of 2011 ASTS research grants, and join us as we thank our corporate contributors.

Don't forget about the ASTS annual business meeting and members' reception. This meeting is intended to assist you with understanding member benefits and how to become more involved with the Society. We want to recognize your decision to make ASTS your professional organization of choice. Attendance at both events means connecting with other ASTS members and exchanging ideas.

Tear out the schedule below and take it with you. Don't forget to stop by the ASTS membership booth located in the exhibit hall. There's something for everyone. See you there!

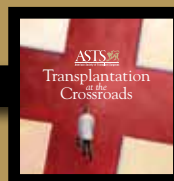


Event	Date	Location	Time
ATC Opening Reception	Saturday, April 30	Pennsylvania Convention Center, Exhibit Hall A/B	5:30 – 7:00 p.m.
ASTS Faculty Grants & Awards Ceremony	Sunday, May 01	Pennsylvania Convention Center General Session Room, Hall C	9:15 a.m.
ASTS Resident & Fellowship Grants & Awards Ceremony	Tuesday, May 03	Pennsylvania Convention Center General Session Room, Hall C	9:15 a.m.
ASTS Presidential Address	Tuesday, May 03	Pennsylvania Convention Center General Session Room, Hall C	11:00 – 11:30 a.m.
ASTS Pioneer Award Presentation	Tuesday, May 03	Pennsylvania Convention Center General Session Room, Hall C	12:00 – 12:30 p.m.
ASTS Annual Business Meeting	Tuesday, May 03	Marriott Hotel, Independence Hall – 3 <sup>rd</sup> level	5:45 – 7:00 p.m.
New Members' Reception	Tuesday, May 03	Marriott Hotel, Independence Hall – 3 <sup>rd</sup> level	7:00 – 9:00 p.m.
Corporate Contributors Recognition Ceremony	Tuesday, May 03	Marriott Hotel, Independence Hall – 3 <sup>rd</sup> level	7:30 p.m.



# ASTS 11<sup>th</sup> Annual State of the Art Winter Symposium

January 13 - 16, 2011 | Westin Diplomat | Hollywood, Florida



## ASTS 11<sup>th</sup> Annual State of the Art Winter Symposium *Held in Conjunction with the NATCO Symposium for the Advanced Transplant Professional* Transplantation at the Crossroads

January 13 – 16, 2011

*Triumphant, Successful, Energizing*



ASTS held its 11<sup>th</sup> Annual State of the Art Winter Symposium, January 13-16, at the Westin Diplomat in Hollywood, Florida. Transplant professionals from coast to coast attended this four-day event to discuss trends and developments in the world of solid organ and cell transplantation.

An objective of the symposium is to provide attendees with the material and learning experiences that are core to understanding the applications and advances associated with transplantation while earning continuing medical education credits. ASTS accomplished this goal by providing over a dozen events for attendees designed to energize the learning process. Such events include the pre-symposium, keynote address, business practice seminar, career development seminar, lunch and learn sessions, posters of distinction, David Hume lecture, my soap box session, debates, video abstract presentations, and the chimera chronicles filming and reception. This year was a banner year with record attendee registration. Three years running, this meeting has seen an increase in attendance, and this year, there were record-breaking abstract submissions. Thank you – attendees, presenters, panelists, moderators, abstract reviewers, corporate contributors, and the planning committee for making the winter symposium a huge success.

### Notable Mentions

While there is an exciting story to tell about each event during the symposium, a select few were chosen to illustrate the depth and power of the meeting, and demonstrate the enormous planning efforts that went into ensuring attendees left the meeting with a greater understanding of the crossroads that currently exist in the field.

This year, the Standards on Organ Transplantation committee, led by Chair, David Reich, MD, brought in key individuals to present the very best knowledge and information available in the field - as it relates to Pay for Performance and National Quality Improvement Initiatives. Barry Straube, MD, presented the CMS perspective, Frank Opelka, MD, gave the American College of Surgeons perspective, Bernard M. Rosof, MD, discussed the American Medical Association perspective, and completing the session was David Stumpf, MD, PhD, who presented the private payer perspective.

David Axelrod, MD, MBA, chair of the Business Practice Services Committee kicked off the 4th Annual Business Practice Seminar entitled Achieving and Rewarding Excellence in the Transplant Team and Deciphering Health Care Reform. Diane Millman, Esq., ASTS Regulatory Counsel, presented the latest information about the impact of health care reform law on transplantation and developing regulations. Goran Klintmalm, MD, PhD, provided an in-depth look at the impact of organizational structure on compensation.

### ASTS Recognition Awards, Congratulations 2011 Recipients

Four years ago, ASTS began a recognition program that honors individuals who display outstanding mentorship and stewardship of fellowship trainees and junior members. Congratulations to this year's recipient of the **Francis Moore in Excellence in Mentorship in the Field of Transplantation Surgery Award**, Hans W. Sollinger, MD, PhD, University of Wisconsin Hospital. Congratulations to the 2011 **Vanguard Prize** recipients, Michael J. Englesbe, MD, University of Michigan, and James V. Guarrera, MD, Columbia University Medical Center.

A new ASTS recognition award was added this year, the **2011 Advanced Transplant Provider Award**. This award recognizes the time and effort dedicated to advancing clinical practice through translation of scientific information, development of standards and clinical mentoring of the Advanced Transplant Provider.

Visit the ASTS website at [www.astsonline.org](http://www.astsonline.org)  
to learn more about these and other ASTS  
awards and grants.



**Hans W. Sollinger, MD, PhD, University of Wisconsin Hospital**  
**2011 Recipient of the Francis Moore in Excellence in Mentorship in the Field of Transplantation Surgery Award**

"Of all the awards one might get over the span of a career, being recognized by the young people you trained has to be the most cherished. As our field is going through radical changes one thing has to remain at a high level, and that is the dedication to the Fellows who will carry on – further improving and saving the lives of patients with end-stage organ failure."

*- Hans W. Sollinger, MD, PhD*



**Congratulations to Humberto L. Monge, PA-C, MPAS**  
**Stanford University Medical Center**  
**2011 Advanced Transplant Provider Award recipient**

"Leadership, excellence in patient management, education, training and research are at the core of our transplant program at Stanford. We, the advanced practitioners, work hand in hand with the physicians and surgeons in providing high quality patient care."

We are encouraged to take positions of leadership within the institution, and are an integral part in the education and training of the medical/NP/PA students, residents and fellows that come through our program.

I am truly honored to be the first recipient of the ASTS Advanced Practitioner Award. I also, got a kick at how excited the physicians and surgeons were, when they heard that I had received the award. This award validates the importance of the transplant nurse practitioner and physician assistant. We, the advanced providers, are involved in every aspect of the transplant process; from evaluation and management of those on the waiting list to the intra-operative and post-operative management of the recipient, both as an inpatient and outpatient. Because of this, the transplant field provides the advanced practitioner the opportunity to grow, flourish, and excel."

*- Humberto L. Monge, PA-C, MPAS*



**Michael J. Englesbe, MD**



**James V. Guarrera, MD**

**Michael J. Englesbe, MD, University of Michigan**  
**and James V. Guarrera, MD, Columbia University Medical Center**  
**2011 recipients of the Vanguard Prize**

"It is a great honor to win this [Vanguard Prize] award. I received this award for work focusing on organ procurement travel in the United States. I became interested in this topic following a tragic event at our institution in June 2007. Since then, we have been able to make significant progress in improving organ procurement practices in the United States. I think this

award is unique in that it recognizes not my work as much as the importance of this issue and the work of countless fellow transplant professionals. Importantly, no progress on this issue would have been possible without the support of the ASTS leadership.

I think young surgeons should aggressively advocate for issues they care deeply about. Extensive research and education is critical in these efforts. Engaging the ASTS enabled me to understand the complexities of organ procure practices in the United States and hopefully improve transplantation for our patients and ourselves. Involvement in the ASTS has been very rewarding to me and I strongly encourage other young surgeons to become involved in the society."

*- Michael J. Englesbe, MD*

"I am exceedingly honored to have won the ASTS Vanguard Prize acknowledging my research efforts to bring about a novel technique of liver machine preservation into the clinical arena, as I have been working on this project for almost a decade. It is especially exciting to receive such formal recognition for this important project from our national society. I hope that this award will help draw interest and further opportunities for our novel work in organ preservation which has been a topic that has not seen much recent rigorous work on techniques that may evolve into changes in practice. The ultimate goal of my work is to improve outcomes and increase access to transplantation."

*- James V. Guarrera, MD*


# ASTS 11<sup>th</sup> Annual State of the Art Winter Symposium

January 13 - 16, 2011 | Westin Diplomat | Hollywood, Florida



## Historian Report

### Early Leaders of Transplant Surgery

 ASTS continued with its history project, Chimera Chronicles, filming 12 new pioneers in transplantation during the winter symposium. For the first time, non-surgical specialists were honored to broaden the depth and scope of the historical content and to adequately capture transplantation history.

Dr. Paul Terasaki, known throughout the transplant community as the father of transplant immunology provided a chronology of how his work helped to transform the field. Joining him were Drs. H. Keith Johnson and John Sadler, transplant nephrologists, who were present as transplantation came to life. The two told their stories that will serve as teaching moments for future generations. ASTS also caught up with Mr. Gene Pierce the Founder of United Network for Organ Sharing ("UNOS") and the former South Eastern Organ Procurement Foundation (SEOPF) – now the American Foundation for Donation and Transplantation (AFDT). Other honorees include Drs. Robert Higgins, Eduardo Santiago Delpin, A. Benedict Cosimi, Robert Mendez, Barry Kahan, Nicholas Tinley, Ronald Ferguson, and Hans Sollinger.

Launched in 2008, Chimera Chronicles is designed to preserve a rich history and uncover the unsung stories and the people behind them. The Society has now gathered stories from 34 luminaries in early organ transplantation. Their personal accounts of transplantation as they remember it, their profiles, and full transcripts of their interviews are available at [www.astsonline.org/Chimera](http://www.astsonline.org/Chimera) (2011 honorees will be available this summer).

Thomas G. Peters, MD, FACS  
ASTS Historian

#### ASTS Winter Symposium, 3-Year Comparison

	Attendees	Exhibitors	Abstracts
2011	351	46	141
2010	341	35	122
2009	338	27	124

### The David Hume Lecture

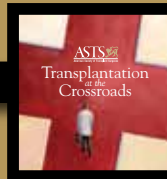
Transplant pioneer, Dr. J. Wesley Alexander gave the second David Hume Lecture during this year's winter symposium, which was sponsored by AFDT. The David Hume Lecture is a way to connect the past with the future at ASTS. The Hume Lecture is an opportunity for leaders in the field to share their experiences and to demonstrate how far the field has evolved. Dr. G. Melville Williams has consented to be the 2012 Hume lecturer. Dr. Williams, who worked with Dr. Hume in the early days of kidney transplantation, is a past president of the ASTS, UNOS and SEOPF.

The history of ASTS remains rich, but there are many more stories to be told. If you are interested in telling your story - annotations of our past – please do not hesitate to contact me personally at [asts@asts.org](mailto:asts@asts.org). It remains a worthwhile and enjoyable endeavor to look back on our past and the early days of organ transplantation.

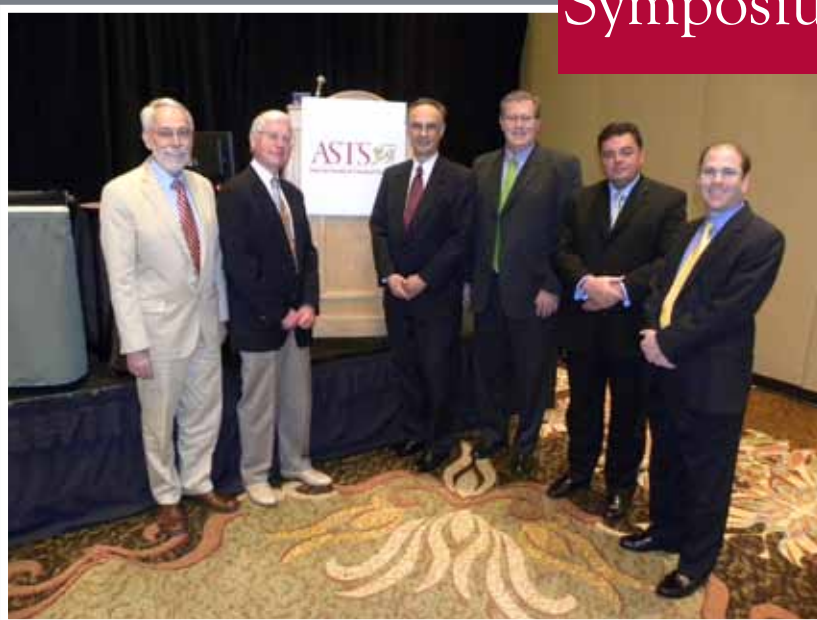


# ASTS 11<sup>th</sup> Annual State of the Art Winter Symposium

January 13 - 16, 2011 | Westin Diplomat | Hollywood, Florida



## Symposium Highlights



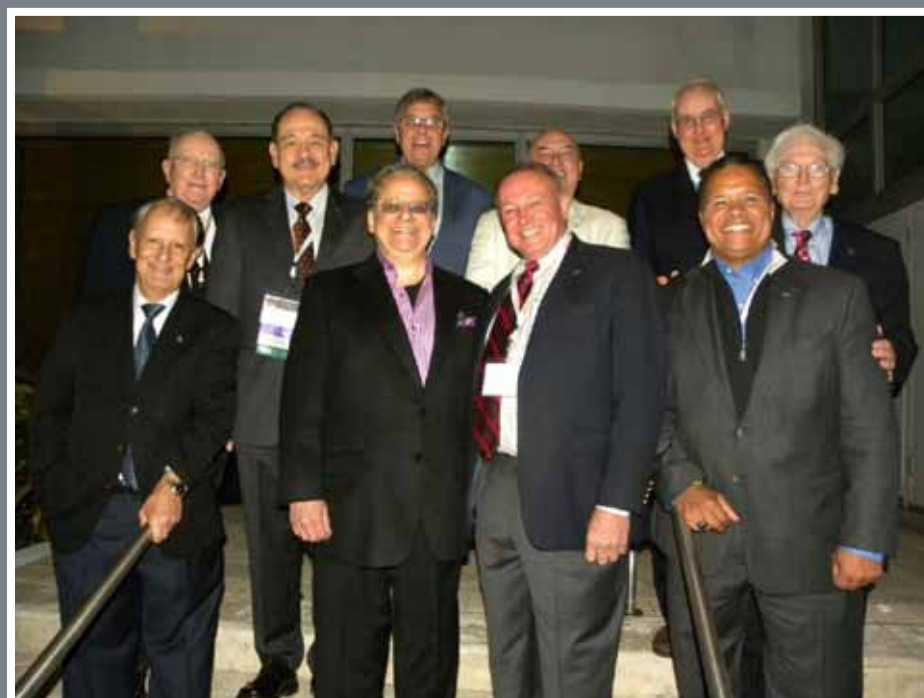
ASTS President, Michael Abecassis, MD, MBA, and Standards Committee Chair, David Reich, MD, along with Pre-Symposium presenters (l-r) David Stumpf, MD, PhD, Bernard Rosof, MD, Barry Straube, MD, and Frank Opelka, MD. Each presented key perspectives of Pay for Performance and the National Quality Reporting Improvement Initiatives



This year ASTS offered six Lunch and Learn Sessions during the symposium hosted by various ASTS committees. These small group settings offered the opportunity to delve into specific topics in a more intimate discussion-style format while enjoying a midday meal with colleagues



Healthy debate during Mentorship Reception



### 2011 ASTS Chimera Chronicle Honorees

Second Row (l-r): John Sadler, MD, Eduardo A. Santiago Delpin, MD, Ronald M. Ferguson, MD, Hans W. Sollinger, MD, PhD, Nicholas L. Tinley, MD & Mr. Gene A. Pierce

First Row (l-r): Robert Mendez, MD, Barry D. Kahan, PhD, MD, A. Benedict Cosimi, MD & Robert S. Higgins, MD, MSHA

[Not pictured: Paul Terasaki, MD and H. Keith Johnson, MD]

# ASTS 11<sup>th</sup> Annual State of the Art Winter Symposium

January 13 - 16, 2011 | Westin Diplomat | Hollywood, Florida



## Symposium Highlights



### Thank you

ASTS is grateful to the Winter Symposium Program Planning Committee for their dedication and fearlessness – introducing new and exciting events to ignite the learning process.

#### CHAIR

Dorrey L. Segev, MD, PhD

#### SENIOR ADVISOR

RICHARD B. FREEMAN, JR., MD

#### COMMITTEE MEMBERS

Michael J. Englesbe, MD  
William H. Hasskamp, RN, BSN, CPTC  
Gregory J. McKenna, MD  
Marc L. Melcher, MD  
Randall S. Sung, MD



Saturday night fever!



Chimera Chronicles Reception, an evening of reflection

Key aspects of this year's Business Practice Seminar were to develop an improved understanding of compensation system models, learn how to incentivize and reward participation in non-clinical activities and learn how to differentiate between accountable care organizations and the potential impact on transplant services



# CALL FOR ABSTRACTS

American Society of Transplant Surgeons 

12<sup>TH</sup> Annual State of the Art Winter Symposium  
***Surgical Challenges, Creative Solutions***

Held in conjunction with the NATCO Symposium  
for the Advanced Transplant Professional

January 12 - 15, 2012

Pre-Meeting: January 12 - 13, 2012

**Loews Miami Beach Hotel**

## Important Dates

**Abstract Online Submission:**  
**July 15, 2011**

**Abstract & Surgical Video  
Deadline:**  
**September 12, 2011**

**Abstract & Video Notification:**  
**November 7, 2011**

ASTS IS NOW ACCEPTING  
TRANSPLANT SURGICAL  
**VIDEO SUBMISSIONS**  
FOR THE ANNUAL SURGICAL  
VIDEO PRESENTATION

\* All videos must be no more than  
10 minutes in length.

Topics and submission details visit [www.asts.org](http://www.asts.org)

# 10

The top 10 abstract & video submissions will each be awarded two nights hotel accommodations at the Loews Miami Beach Hotel, complimentary registration and a \$1,000 honorarium.





## Corporate Contributors

*The American Society of Transplant Surgeons would like to thank  
the following companies for their generous contributions  
of the ASTS and its activities in 2011*

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### *President Circle*

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**genzyme**  
transplant



### *Sponsor Circle*

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Optimizing Health and Well-Being™

### *Friend Circle*

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**CSL Behring**





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*ASTS is grateful to the following individuals  
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*Visit the ASTS website at [www.asts.org](http://www.asts.org) to learn about the  
Foundation of the ASTS and its projects or to make a contribution.*

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Wynn, James  
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Yilmaz, Serdar  
Zarifian, April  
Zieniewicz, Krzysztof



# 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 the ASTS calendar, please contact  
Chantay Parks Moye at 703 414.7870 or [chantay.parks@asts.org](mailto:chantay.parks@asts.org).

## April 2011

April 8 – 10, 2011

Basic Histocompatibility Course for  
Fellows

American Foundation for Donation &  
Transplantation (formerly SEOPF)

Dallas Marriott Downtown

Phone: 1 800.kidney9

Website: [www.amfdt.org](http://www.amfdt.org)

April 26-30, 2011

2011 Spring Clinical Meeting (SCM11)

National Kidney Foundation

MGM Grand Hotel and Casino

Las Vegas, Nevada

Website: [www.kidney.org/news/meetings/clinical/index.cfm](http://www.kidney.org/news/meetings/clinical/index.cfm)

## May 2011

May 6, 2011

Annual Oncology Symposium

New Concepts in the Treatment of

Hepatocellular Carcinoma

Swedish Medical Center

Seattle, WA

Email: [cme@swedish.org](mailto:cme@swedish.org)

Website: [www.swedish.org/aoscme2011](http://www.swedish.org/aoscme2011)

May 12-13, 2011

Thermal Ablation Therapies for Hepatic  
Tumors:

Current and Emerging Technologies

A Hands-On Workshop for Surgeons and  
Interventionalists

The Methodist Hospital Research Institute  
Houston, Texas

Phone: 713 441.4971 Fax: 713 441.0589

Website: [www.methodistcme.com](http://www.methodistcme.com)

## June 2011

June 1-4, 2011

13th World Congress of the International  
Pancreas and Islet Transplant Association  
Prague, Czech Republic

Website: [www.ipita2011.org](http://www.ipita2011.org)

June 10 – 12, 2011

ASAI0's 57<sup>th</sup> Annual Conference

American Society of Artificial Internal  
Organs

Hilton Washington

Boca Raton, Florida

Phone: 561 999.8969 Fax 561 999.8972

Website: [www.asaio.com](http://www.asaio.com)

June 11-14, 2011

XII TTS Basic Science Symposium

II ESOT Basic Science Meeting

Boston (Cape Cod), Massachusetts

## Upcoming ASTS Events

[www.astst.org/meetings](http://www.astst.org/meetings)

April 30 - May 4, 2011

2011 American Transplant Congress  
Pennsylvania Convention Center

September 11 – 13, 2011

2011 Leadership Development  
Program

Kellogg School of Management

Northwestern University, Evanston, IL

January 12-15, 2012

2012 Annual State of the Art

Winter Symposium

Miami Beach

January 31 - February 2, 2013

2013 Annual State of the Art

Winter Symposium

Details: TBA

Website: [www.bss2011.org](http://www.bss2011.org)

June 12-17, 2011

4<sup>th</sup> Annual Emerging Technologies in the  
OR & Great Fluid Debate

Duke University Medical Center

Department of Anesthesiology

Disney Grant Floridian Resort & Spa

Lake Buena, Florida

Website: [http://anesthesiology.duke.edu/modules/anes\\_cme\\_emerg/index.php?id=1](http://anesthesiology.duke.edu/modules/anes_cme_emerg/index.php?id=1)

Patient or KNOW Patient™

A continuing education certified online  
activity

Extending Allograft Function and

Recipient Survival:

Managing Comorbidities While Minimizing

Immunosuppression

Expiration Date: June 18, 2011

Website: [www.sceptercme.com/kt](http://www.sceptercme.com/kt)

CUSTOMIZING IMMUNOSUPPRESSION:

Optimizing CMV Management in Renal

Transplantation

A CME-certified Web course

Expires June 25, 2011

Website: [www.potomacme.org/transplantCMV](http://www.potomacme.org/transplantCMV)

## July 2011

July 21-24, 2011

Texas Transplantation Society

Annual Scientific Meeting

AT&T Executive Education & Conference  
Center, Austin, TX

Website: [www.transplanttexas.org](http://www.transplanttexas.org)

## September 2011

September 2-4, 2011

5<sup>th</sup> Annual Conference

International Liver Cancer Association  
ILCA

Hong Kong

Website: [www.ilca2011.org](http://www.ilca2011.org)

September 15-18, 2011

XII International Small Bowel Transplant  
Symposium

Washington, DC

Website: [www.isbts2011.org](http://www.isbts2011.org)

September 23-26, 2011

Transplant Immunosuppression 2011:

The Difficult Issues

Radisson University Hotel

Minneapolis, MN

Website: [www.cmecourses.umn.edu](http://www.cmecourses.umn.edu)

September 25-28, 2011

12<sup>th</sup> Congress of the Asian Society of  
Transplantation (CAST 2011)

Phone: +82 2 3452.7213 / +82 3471.8555

Fax: +82 2 521.8683

Website: [www.cast2011.org](http://www.cast2011.org)

## October 2011

October 23-26, 2011

CTS-IXA 2011 Joint International  
Congress

Miami, Florida

Website: [www.cts-ixa2011.org](http://www.cts-ixa2011.org)

## November 2011

November 27-30, 2011

11th Congress of the International  
Society for

Organ Donation and Procurement

Buenos Aires, Argentina

Website: [www.isodp2011.org.ar](http://www.isodp2011.org.ar)

## July 2012

July 15-19, 2012

XXIV International Congress of The  
Transplantation Society

Berlin, Germany

Website: [www.transplantation2012.org](http://www.transplantation2012.org)



## 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 web site at the time of printing. Please log into the members' portal to view the full announcement at [www.astsonline.org](http://www.astsonline.org). If you would like to submit a listing, please contact Chantay Parks Moye at 703 414.7870 or [chantay.parks@astsonline.org](mailto:chantay.parks@astsonline.org).

### **Carolinas Medical Center Transplant Surgeon**

Carolinas Medical Center (CMC) in Charlotte, NC is seeking a BC/BE Transplant Surgeon to support growth of program. Ideal candidate will preferably have multi organ training however we will consider a candidate who will perform only kidney/pancreas or liver only. Forward a letter of interest along with your Curriculum Vitae to [geri.deutschman@carolinashealthcare.org](mailto:geri.deutschman@carolinashealthcare.org) or call at 800 847.5084.

### **Tulane University Multi-Organ Transplant Surgeon**

Tulane University Health Sciences Center is seeking a multi-organ transplant surgeon. The appropriate candidate should be board certified and have completed an approved fellowship in transplant surgery. Independence in liver transplantation, including pediatric and split liver is desirable. All interested applicants should submit curriculum vitae to:

Joseph Buell, MD, FACS  
Director, Tulane Transplant Institute  
Tulane University School of Medicine  
1415 Tulane Ave, TW-35  
New Orleans, LA 70112  
Phone: 504 988.0783 Fax: 504 988.7510  
Email: [jbuell1@tulane.edu](mailto:jbuell1@tulane.edu)

### **UT Health/The University of Texas Medical School at Houston Transplant Surgeon, Kidney Pancreas Program**

The Division of Immunology and Organ Transplant is recruiting for a full-time qualified transplant surgeon to join its established kidney and pancreas transplant program. Qualified candidates must (1) be Board-certified or Board eligible in general surgery (2) Have experience in kidney and pancreas transplantation (3) Have completed a fellowship in transplant surgery prior

to employment and (4) Must be able to obtain State of Texas license prior to employment. Interested candidates should send a letter of interest and curriculum vitae to:

Charles T. Van Buren M.D.  
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](mailto:Charles.T.Van.Buren@uth.tmc.edu)

### **UT Health/ The University of Texas Medical School at Houston Transplant Surgeon, Liver Transplant Program**

The Department of Surgery, Division of Immunology and Organ Transplantation is seeking a full time qualified transplant surgeon to join its liver transplantation and hepatobiliary surgery section. We are seeking a candidate at the Assistant Professor level who has a strong interest and solid foundation of training in the field. An interest in clinical investigation is desired. Interested candidates should send a letter of interest and curriculum vitae to:

Bob H. Saggi, MD  
Associate Professor and Interim Director of Liver Transplantation  
Department of Surgery  
Division of Immunology & Organ Transplant  
University of Texas Medical School at Houston  
6431 Fannin Street, Suite 6.258  
Houston, Texas 77030  
Email: [Bob.H.Saggi@uth.tmc.edu](mailto:Bob.H.Saggi@uth.tmc.edu)

### **Oregon Health & Sciences University Abdominal Organ Transplant Surgeon**

The Division of Abdominal Organ Transplantation is seeking an academic transplant surgeon at the rank of Assistant Professor, Associate Professor, or Professor, who is an ASTS-trained abdominal organ transplant surgeon proficient in performing liver, kidney and pancreas transplants. The ideal candidate will have a specialized experience in kidney and pancreas transplantation, with practice in liver transplantation and hepatobiliary surgery. The successful candidate will work with adult and pediatric patients in a pre- and post-operative care surgical and clinical setting. Please contact:

Mark Valadez  
Manager, Division of Abdominal Organ Transplantation  
Department of Surgery  
Oregon Health & Sciences University  
E-mail: [valadez@ohsu.edu](mailto:valadez@ohsu.edu)

### **Montefiore Medical Center University Hospital of the Albert Einstein College of Medicine Transplant Surgeon**

The Montefiore Einstein Center for Transplantation seeks a transplant surgeon with at least 3 years post fellowship experience in transplantation. Depending on experience and background, leadership opportunities are available. The applicant will have demonstrated clinical and academic excellence, and have skills in kidney and pancreas transplantation. Additional skills which would be valuable in this position, though not required, include liver. For more information, contact:

Milan Kinkhabwala, MD  
Professor of Surgery and Chief  
Division of Transplantation  
Phone: 718 920.6659  
Email: [mkinkhab@montefiore.org](mailto:mkinkhab@montefiore.org)



## ASTS Job Board

### **Intermountain Medical Center Hepatology Medical Director**

Salt Lake Valley, Utah: Intermountain Healthcare needs one BC gastroenterologist with hepatology fellowship training or equivalent experience to fill the position of Medical Director, Hepatology and Liver Transplant, a position encompassing responsibilities in patient care, administration, research and education. Physician must: 1) have a minimum of five years post residency experience in a clinical care or academic setting that includes responsibilities in medical administration and education; 2) be UNOS qualified to be principle physician of a Liver Transplant Program; 3) be experienced in clinical research. Send/e-mail/fax CV to:

Intermountain Healthcare  
Physician Recruiting Department  
Attn: Barbara Tarran  
36 S. State Street, 21<sup>st</sup> Floor  
Salt Lake City, UT 84111  
Phone: 800 888.3134  
Fax: 801 442.3388  
Email: [PhysicianRecruit@imail.org](mailto:PhysicianRecruit@imail.org)  
Website: [physicianjobsintermountain.org](http://physicianjobsintermountain.org)

### **INTEGRIS Baptist Medical Center – Nazih Zuhdi Transplantation Abdominal Transplant Surgeon**

INTEGRIS Baptist Medical Center – Nazih Zuhdi Transplantation Institute (NZTI) in Oklahoma City seeks an Abdominal Transplant Surgeon to join its Adult and Pediatric Liver, Kidney and Pancreas team. A leadership position is possible depending on qualifications. This is an excellent opportunity to join a thriving program doing 50+ Liver, 100+ Kidney and 5+ Pancreas transplants per year with demonstrable growth in waiting lists annually. In addition, the program has developed robust activity in hepatobiliary – pancreatic surgery. Please send CV to:

Gary Sigle  
Administrative Director  
Nazih Zuhdi Transplant Institute  
INTEGRIS Baptist Medical Center  
3300 NW Expressway  
Oklahoma City, OK 73112  
Phone: 800 991.3349 Fax 405  
713.7618  
Email: [gary.sigle@intgrisok.com](mailto:gary.sigle@intgrisok.com)

### **Columbia University Transplant Surgeon/Scientist**

The Columbia Center for Translational Immunology (CCTI) and Department of Surgery at Columbia University, College of Physicians and Surgeons, is accepting applications for an Assistant or Associate Professor-level position for a transplant surgeon with a strong background in transplant immunology and large animal experimental transplantation. The successful candidate will direct a laboratory program in large animal organ/cell transplantation in the newly established Columbia Center for Translational Immunology at Columbia University. Send inquiries or Apply online at [academicjobs.columbia.edu/applicants/Central?quickFind=54193](http://academicjobs.columbia.edu/applicants/Central?quickFind=54193)

Megan Sykes, M.D.  
Michael J. Friedlander Professor of Medicine and Professor of Microbiology & Immunology and Surgical Sciences (in Surgery) Director, Columbia Center for Translational Immunology, Columbia University College of Physicians and Surgeons Director of Research, Transplant Initiative, New York-Presbyterian Hospital Director, Bone Marrow Transplantation Research, Division of Hematology/Oncology

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
### **Beth Israel Deaconess Medical Center Multi-Organ Transplant Surgeon**

The Department of Surgery and the Division of Transplantation at Beth Israel Deaconess Medical Center and Harvard Medical School are seeking an outstanding multi-organ transplant surgeon to serve as an Assistant or Associate Professor of Surgery. The successful candidate should be a recognized academic surgeon with 5-10 years of experience and with significant achievements in the field of transplantation.

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# New Members

For more information on becoming a member, visit [www.ast.org](http://www.ast.org)  
or contact Joyce Williams, Membership Manager at [asts@ast.org](mailto:asts@ast.org) or 703 414.7870.

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Karin A. Vassar, ANP-BC  
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Yuming Yu, MD, PhD  
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in passing a bill to address the Medicare coverage cliff for immunosuppressive drugs. Now that a new Congress is underway, the current focus is on introducing a refined and updated version of the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act (previously H.R. 1458/S. 565). The changes were developed during ultimately unsuccessful negotiations between House champions and the Centers for Medicare and Medicaid Services (CMS) to include the language in last year's health reform bill.

The changes under consideration include 1) making the bill's eligibility provisions retroactive so that anyone who received a Medicare transplant would be deemed covered regardless of whether they had dropped off the Medicare rolls or not, 2) changing the premium level charged to patients to make the benefit more affordable, and 3) delaying the effective date from 2012 until 2013 to allow enough time to implement the new law and associated regulations.

**Conclusion:** ASTS continues to work collaboratively with a number of key transplant organizations to advance the government affairs priorities of transplant surgeons and the patients they serve. 2011 has already been a very active year for health care policy and all indications suggest that this pace will continue throughout the 112<sup>th</sup> Congress.

*By Peter W. Thomas, Esq.,  
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