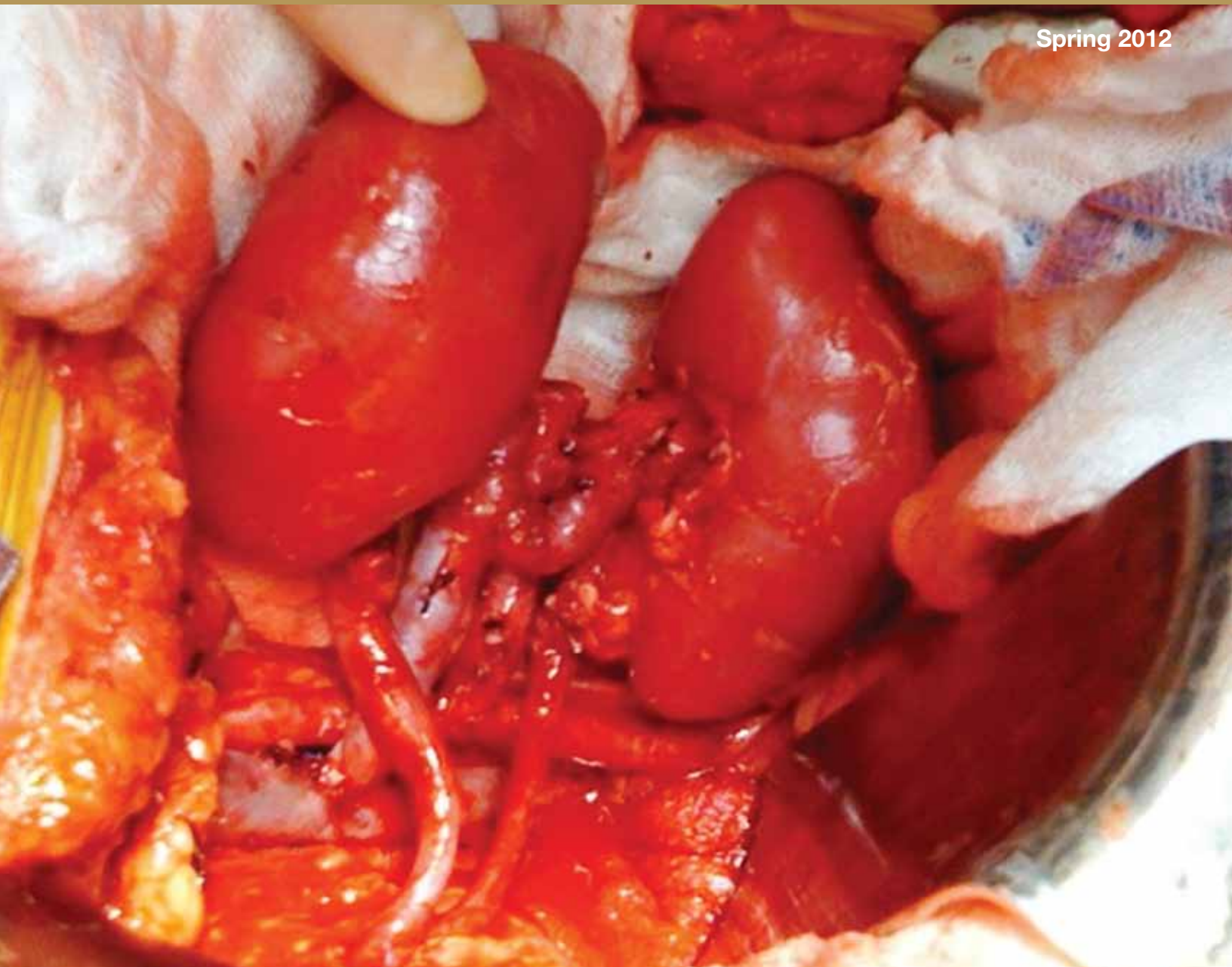


CHIMERA

Published for Members of the American Society of Transplant Surgeons

Spring 2012



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 2011–May 2012



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Editor's Letter

Dear ASTS Members,

2012 promises to be an exciting year for ASTS as we build on our recent successes, including record-breaking attendance at the Winter Symposium in Miami Beach. If you weren't able to join us, you'll want to read about what you missed—including the first-ever ASTS 5K Fun Run/Walk and the recipients of the Francis Moore Excellence in Mentorship, Advanced Transplant Provider, and Vanguard awards. See page 19 for a complete recap.

In this issue, we are pleased to introduce a new section called Across the Field, which showcases members and their transplant programs. We hope many of you will be inspired to participate and be featured—please contact Diane Mossholder, our new Communications and Web Content Manager, at diane.mossholder@asts.org if you are interested or would like to recommend a member or program to be profiled.

In addition, you'll find the latest on ASTS initiatives and programs, including the Business Practice Services and National Living Donor Assistance Center (NLDAC) reports. I also encourage you to read the

President's Letter for a look at what ASTS has achieved over the past year.

The American Transplant Congress (ATC) is just around the corner—June 2–6—in Boston, and I hope you have already made plans to join us for what is sure to be an exciting and educational conference. Don't miss the ASTS grants presentation ceremony on Monday morning and the annual business meeting and member reception on Tuesday, where we will announce the results of our annual election for officers and councilors-at-large. This year for the first time, the election is occurring prior to the annual business meeting via an electronic ballot offering eligible voters a choice of one candidate for the president-elect position, three candidates for the treasurer position, and six candidates for three councilor-at-large positions. For a schedule of ASTS events at ATC, see page 18. If you're not able to attend this year, please check out ATC OnDemand (<http://2012.atcmeeting.org/best-value-package-atc-ondemand>) so you don't miss the invaluable presentations and distinguished speakers.

Stay connected!
Kenneth D. Chavin, MD, PhD

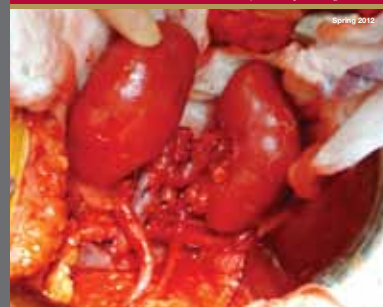


Join The Conversation

CenterSpan is where your colleagues go to discuss transplantation and immunology topics. Don't be left out! Sign up at www.asts.org/ListServSubscribe.aspx today.

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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

About the Cover

This photograph was submitted by Mary Eng, MD, of the Jewish Hospital in Louisville, Kentucky. It shows a reperfused pediatric-en-bloc renal transplant from a 16-month-old deceased donor to a 35-year-old recipient with hypertensive nephrosclerosis.

If you have a photograph you would like displayed on the cover of *Chimera*, please email it, along with a brief description, to Diane Mossholder, Communications and Web Content Manager, at diane.mossholder@asts.org.

CHIMERA

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President's Letter

Mitchell L. Henry, MD

As I look back over my term as ASTS President, I am excited by how much we've been able to accomplish and the amount of progress we've made on a variety of fronts. But I'm also pleased as I look forward and see how the Society is adapting to and preparing for the future.

These changes will be spotlighted at our annual business meeting on June 5, 2012, during ATC in Boston. At this meeting, we will announce the results of this year's officer and councilor-at-large elections and will also be voting on major changes to the bylaws—the most significant in many years. You'll receive a draft of the changes in advance, so please review it and come cast your vote. This is your opportunity to help steer the Society successfully into the future, so don't sit it out!

This has been an eventful and productive year for ASTS. Last fall, in conjunction with the AST leadership, we led efforts to unite the transplant community and object to the draft Public Health Service Guideline for Reducing Transmission of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV) through Solid Organ Transplantation that potentially would have resulted in a steep decrease in the availability of organs for transplantation. ASTS and other organizations petitioned HHS Assistant Secretary Koh to intervene and help create a more transparent process. We had a successful meeting with Dr. Koh to discuss these issues. After the CDC completes its internal review of the more than 100 comments received during the open comment period, we anticipate the expert review panel will be reconvened to help finalize a guideline more reflective of today's clinical practice.

Last June, we had our seventh successful match, administered through the NRMP, of fellows with ASTS accredited training programs. We have also partnered with SCORE to provide surgical residents ac-



cess to learning modules in the ASTS Academic Universe.

More recently, we worked with CMS to revise new surveyor guidance on living donor services performed at a transplant center other than that of the organ recipient. In a testament to our solid relationship with CMS, we were able to illuminate issues within the guidance that, while well-intentioned, risked hindering kidney paired donation—one of the few viable avenues to expanding the donor pool.

At the end of March, ASTS, AST, and others sponsored the Consensus Conference on Kidney Paired Donation, which was organized by Sandy Feng, MD. This valuable meeting helped define the challenges of expanding kidney paired donation and made many critical recommendations.

This is a time of change for our health care system, and it is vital that those of us in the medical profession work through our professional societies to make sure the decisions made are the best possible options for our patients and our programs. There has never been a more critical time to get involved in ASTS and make sure your voice is heard.

In addition to advocacy, ASTS offers help on a practical level with Business Practice

Services, from the Leadership Development Program designed for the transplantation field to the Mock Medicare Survey Program, which helps transplant programs prepare for their CMS audits.

I am particularly proud of the responsible course ASTS has steered in these uncertain economic times. We've taken an austere approach to spending, working to build our asset base and protect ourselves against future downturns. We continue to move forward and have fared well in a climate that has proven very challenging for similar organizations.

I hope to see you in Boston and hear how we can serve you even better. ASTS exists to meet our members' needs and for 38 years has served as a forum for those in the transplant community to connect with others engaged in advancing the field, as well as providing the resources needed to acquire and maintain core competencies beyond clinical and research training provided by institutional fellowships.

Please stop by our booth in the ATC exhibit hall to pick up our new annual report, which will update you on last year's accomplishments and the activities of the many ASTS committees working on behalf of us all. Don't miss the Members' Reception on Tuesday evening, a great opportunity to get to know your fellow members and learn how they are supporting the field. Meanwhile, please feel free to let me know how you think we're doing. I welcome your calls and emails and appreciate your candid feedback. We're stronger together, and there's a lot of work to do as we advance the field of transplantation. Don't miss out on everything ASTS can offer you!

Sincerely,

Mitchell L. Henry, MD
ASTS President



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

Helping You Help Your Patients

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

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

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

Spanish Versions are available **ORDER DETAILS**

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

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

Creating Award Winning Videos for the Transplant Community





ASTS News

The ASTS Winter Council and Committee Chair Meeting was held January 12, 2012, in Miami Beach, Florida. The following are select committee news and reports from the meeting.

ATP Committee

Ms. Deborah Hoch provided an overview of recent ATP Committee initiatives. There were four applications for the 2012 ATP award and, based on the peer review process, Ms. Pamela Patton, University of Florida, was selected as the recipient. The committee has also launched an e-newsletter targeted at the ATP community and is developing a mentorship program. Additionally, the committee hosted a lunch and learn session during the winter symposium.

Awards Committee

Dr. Ginny Bumgardner reported that the committee had recently enhanced the information on the grants portion of the website to provide greater resources to potential grant applicants. She also noted that the committee would host a lunch and learn session on grant writing during the winter symposium. Finally, Dr. Bumgardner reported that the grant application deadline was extended one week but the preliminary numbers indicated another robust year for applications.

Business Practice Services Committee

Dr. David Axelrod reported that the committee has completed the initial 10 policies for the transplant center policy library project and will be launching it soon. There was general agreement that there should be a system to monitor unauthorized distribution. The council approved the committee's request to move forward with the next transplant surgeon compensation survey, which will be fielded to the membership in the fall of 2012 with results available to members in early 2013.

Bylaws Committee

Dr. Jean Emond presented recommendations to improve the current committee structure. Committees targeted for elimination were Advisory Committee

on Issues, Philanthropy, and Ad Hoc Workforce. Additionally, three task force groups—critical care, international medical graduate, and maintenance of certification—were rolled into existing committees. Nine committees were slated for modification. There was general agreement with the recommendations, and committee chairs were asked to review the committee section of the bylaws and determine whether other changes to their committees were necessary.

Cell Transplant Committee

Dr. Andrew Posselt reported that the committee plans to circulate a clinical islet survey to gather current information about center activity, future directions, obstacles, etc. The Council encouraged the committee to increase the content in the Academic Universe as a resource for those interested in learning more about islet cell transplantation. Finally, the committee suggested revising the 2008 white paper on reimbursement for islet cell transplantation with current outcomes and resubmitting it to CMS.

CME Committee

Dr. Michael Ishitani reported on Images in Transplantation, a new feature published monthly in the AJT. This new feature allows AJT subscribers to review the article, complete the online activity, and claim continuing medical education (CME) credits. Additionally, the committee has gathered a portfolio of surgical videos for inclusion in the Academic Universe. Currently, the committee is working on creating a Maintenance of Certification (MOC) Part 2 program for transplant surgery, which should be available to the membership this fall.

Communications Committee

Dr. Kenneth Chavin reported that Apple has approved application content and the

ASTS app is now in development. The committee hopes to upgrade the website over the next year and will work with the national office to evaluate potential vendors.

Curriculum Committee

Dr. Jonathan Fryer reported that there are currently 125 modules that contain a total of 163 presentations in the curriculum, with an additional 44 modules in development. He also updated the council on the collaboration with SCORE, which would link to certain ASTS curriculum modules and develop eight discrete modules in the SCORE format.

Ethics Committee

Dr. John Ham reported that the committee had provided input to the American Academy of Pediatrics regarding their proposed position statement on donation after circulatory arrest. The committee will also continue to work with the Scientific Studies Committee on the donor intervention research project.

Living Donation Committee

Dr. Christopher Freise reported that the committee had completed its project with the Carey Business School at Johns Hopkins that modeled two different insurance plans for living donors. While working with the business school, the committee learned about a CMS Innovation Challenge Grant. The committee proposed developing a three-part approach that included a donor follow-up package and interface with OPTN to satisfy reporting requirements and outcomes measures. The Council was agreeable to submitting the grant request.

Membership Committee

Dr. George Burke reported that the current membership count was 1,957. He reported that the committee would like to put forward a bylaws amendment for the June business meeting to expand

membership opportunities to administrators and residents. There was agreement that the committee should move forward with both proposals and look for other opportunities to expand the membership and collaborate with other members of the transplant team.

Nominations Committee

Dr. Henry reminded the council and committee chairs that a new process was in place for officer and councilor-at-large nominations and elections for 2012. He encouraged everyone to review the policy and procedures included in the meeting materials and contact the national office with any questions.

Reimbursement Committee

Dr. James Pomposelli reported that the committee developed a CPT coding guide for transplant surgery with modifiers for easier coding and billing; a complicating co-morbid condition worksheet to maximize capture, admitting co-morbid conditions versus acquired complications; and, in collaboration with the Standards Committee, operative billing and in-patient billing worksheets with PQRI. These tools will be provided to the membership once final revisions are complete.

Scientific Studies Committee

Dr. Peter Abt presented an update on the donor intervention research project. He noted that the committee worked in collaboration with the Standards and Ethics Committees to delineate the ethical, logistical, and regulatory obstacles to innovation in donor intervention research. Two separate workgroups examined donor and recipient issues and an overview document was drafted and circulated to council for feedback. Moving forward, the committee will engage other stakeholder groups for additional input and insights. The longer-term goal is to organize and host a consensus conference. The Council suggested pursuing preliminary discussions with HRSA and OPTN and working in parallel with regulatory bodies.

Dr. George Burke reported that the current membership count was 1,957. He reported that the committee would like to put forward a bylaws amendment for the June business meeting to expand membership opportunities to administrators and residents.

Standards Committee

Dr. David Reich reported that the PCPI has agreed to develop measures to decrease cardiovascular complications following kidney and liver transplant pro bono (a value of more than \$50,000). These measures could be submitted to CMS in 2012 for implementation in the 2013 PQRS program. The Council also endorsed proposed revisions to perioperative antibiotic and DVT prophylaxis PQRS measures. Council agreed the committee should continue to engage ACS leadership to pursue development of transplant-specific perioperative measures but requested an analysis to determine how many transplant centers are also members of NSQIP. Finally, the Council approved posting to the ASTS website an updated PQRS primer addressing updates for 2012, as well as a sample surgery billing form.

Thoracic Committee

Dr. David Vega reported that ISHLT expressed strong interest in potential collaboration with ASTS. Recognizing there are various logistical issues, there was strong

support for trying to schedule the ISHLT annual meeting (when it is in North America) adjacent to ATC. There could be overlap between the two meetings and a sharing of educational content. It was felt that the ISHLT had more content in clinical heart and lung transplantation, but that the ATC had more content in basic science and immunobiology. There was also interest in supporting symposia at each group's other meetings, such as the winter symposium.

Vanguard Committee

Dr. Dorry Segev reported it was another record-breaking year for abstract submissions and pre-registration for the 12th Annual State of the Art Winter Symposium, with 144 abstracts and 345 pre-registrants. He noted that this was the first year that the winter symposium was completely managed in-house and thanked the staff for their efforts. Dr. Segev reported that next year's meeting will also be at the Loews Miami Beach and the topic is Success at the Margins. At his request, the Council approved a formal pre-meeting to be held every year in conjunction with the annual winter symposium and targeted for junior members and trainees.

American Society of Transplant Surgeons

**Proud of who we are.
Proud of what we do.**





CME: Images in Transplantation Look and Learn

Since Images in Transplantation was launched in November 2011, it has piqued the interest of many members of the American Society of Transplant Surgeons (ASTS) and the American Society of Transplantation (AST) and *American Journal of Transplantation* (AJT) subscribers around the globe. Participants can claim continuing medical education (CME) credits, and authors can also earn 10 AMA PRA Category 1 Credits™ per article.

The AJT is the official publication of the ASTS and AST, and Images in Transplantation is a monthly feature that provides journal-based CME in AJT. Edited by Drs. Douglas W. Hanto and Sandy Feng, Images in Transplantation takes a case-based approach. Members can explore images illustrating a clinical problem and enhance their knowledge by answering test questions and evaluating the process. This online educational activity is designed to keep both participants and educators up-to-date with the latest trends in images in transplantation and CME.

Transplant experts have contributed patient-based cases and CT images from their own clinical practice settings as educational offerings. Evidence-based topics include infections after transplantation, clinical problems (common or unusual) after transplantation, technical challenges pre- or post-transplant or pre- or post-organ donation, histopathological findings illustrating clinical problems, and photographs of physical findings. The editors also seek to expand each month's activity to cases such as interesting radiologic findings in transplant candidates, recipients, or donors; anatomic specimens demonstrating interesting or unusual clinical findings; and/or photographs of endoscopic findings or abnormalities.

The editors are excited about and pleased with the quality of the published topics, and they invite potential authors to submit case-based, clinically relevant content designed to deliver an optimal learning experience. To learn more about AJT's Images in Transplantation, visit www.amjtrans.com/cme.

New Staff

Diane L. Mossholder, Communications and Web Content Manager

Diane brings experience with a variety of association communications projects, from magazines to websites to implementing new technologies. She most recently worked at the National Insulation Association, where she brought day-to-day website management in-house, saving thousands of dollars a year, and in her role as liaison to the association's IT consultant oversaw voice and data line upgrades. She also served as editor of *Insulation Outlook* magazine and various printed and electronic newsletters.

Before that, she oversaw all printed and electronic communications projects for Heritage Preservation, a nonprofit serving museums, libraries, archives, and conservators of art and historical objects. While there she co-wrote and appeared in the DVD companion to the *Field Guide to Emergency Response*, which won several awards in the preservation field, and edited and designed *Cataclysm and Challenge: Impact of September 11, 2001, on Our Nation's Cultural Heritage*, the first study of the art and historical artifacts lost or damaged both in New York and the Pentagon.

Previously Diane worked at the Construction Specifications Institute as Production Editor for the *Construction Specifier* magazine. She holds a Master of Arts degree in journalism from the University of Missouri–Columbia and a bachelor's degree in journalism from Memphis State University (now the University of Memphis).



Mark Your Calendar!
World Transplant Congress
San Francisco, California
July 26–31, 2014





Regulatory and Reimbursement Update

PHS Goes “Back to the Drawing Board” on Communicable Disease Guidelines

As the result of an initiative spearheaded by ASTS and AST, the Public Health Service has decided to go “back to the drawing board” on the draft Public Health Service (PHS) “Guidelines for Reducing the Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Hepatitis C Virus Through Solid Organ Transplantation” (the “Draft Guidelines”), which were issued by the agency for comment on September 21, 2011.

The entire transplant community united in its opposition to the Draft Guidelines. The Draft Guidelines, as released for public comment, reflected an institutional bias on the part of the PHS that failed to weigh the risk of disease transmission appropriately vis-à-vis other risks to prospective transplant recipients, and they had a real potential to mislead the public regarding the risks of disease transmission through organ transplantation. Moreover, the Draft Guidelines made strong recommendations on issues about which there is little or no published data.

In light of these and other fatal flaws in the Draft Guidelines, the transplant community, including ASTS, had requested PHS to begin the process anew. After consideration of the public comments and an in-person meeting with ASTS and AST, the agency decided to reconstitute an Advisory Panel (including representatives of the transplant community) and revisit the guidelines based on expert consensus. It is anticipated that the new, revised version of the guidelines will address a number of areas of concern flagged by ASTS and other transplant organizations.

CMS Revises Draft Guidance to State Surveyors, Eases Requirements Making Living Donor Recipient Centers Guarantors of the Performance of Donor Centers

In March 2012, the Centers for Medicare and Medicaid Services (CMS) issued final

guidance to state surveyors with respect to the protocols to be used to survey living donor recipient transplant centers. As the result of the advocacy efforts of ASTS and others, the final document represents a significant improvement over the prior draft document, which held living donor recipient centers responsible for donor centers’ compliance with Medicare certification requirements in a number of key areas.

Specifically, the draft version of the guidance appeared to make the recipient center responsible for the quality of services provided by the donor center; required a specific written contract between the donor and recipient centers; required the disclosure of adverse events between transplant centers, which threatened the legal protection of peer review and quality statutes; and required the recipient center to review the policies and procedures of the donor center and engage in ongoing monitoring of the donor center’s compliance with Medicare certification regulations.

As the result of comments filed by ASTS and AST and subsequent discussions with agency officials, CMS modified the guidance significantly to preserve the legal protection afforded to peer review processes and to remove much of the objectionable language. CMS also modified the guidance to allow recipient centers to rely on the CMS website to verify the donor center’s certification status and to allow participation by both centers in a paired donor registry in lieu of a written agreement between the two centers.

ASTS Submits Comments on Draft OPTN Scope of Work

In February 2012, ASTS responded to HRSA’s Request for Information (RFI) soliciting public comments on a future proposal to operate the Organ Procurement and Transplantation Network (OPTN). The RFI solicited comments about whether any changes should be made to the statement of work to enhance or improve existing processes and operations of the OPTN. More specifically, HRSA sought comments

on whether the current contract adequately supports the operation of the OPTN and meets the needs of patients; whether certain new provisions should be added to the OPTN scope of work; and whether or not the operation of the OPTN would be improved if certain tasks or elements of tasks were done by entities under subcontract with the prime OPTN contractor.

ASTS emphasized in its comments that the OPTN is severely underfunded in light of the significant growth in OPTN responsibilities and activities in recent years. Because HRSA financial support of OPTN operations is determined by statute, ASTS urged HRSA to take a fresh look at the OPTN scope of work and to focus OPTN activities on its statutory mandate. To the extent that the OPTN is required to conduct additional activities, such activities should be included in a separate contract and separately funded at a level sufficient to cover the additional costs involved.

ASTS also commented that considerable efficiency could be achieved through streamlining the OPTN Board and staff and encouraged HRSA to include provisions related to efficient Board and staff operations in the new contract. ASTS urged HRSA to dedicate substantial additional resources to Information Technology and to include in the new contract strict timelines requiring expeditious updating of OPTN data systems to reflect changes approved by the Board with regard to allocation. ASTS’ comments also emphasized the need for the new contract to clarify the separation between UNOS and the OPTN.

At this stage, it is unclear how HRSA will respond to the ASTS comments or to other comments filed in response to the RFI; however, it appears that UNOS is beginning to address a number of areas of concern identified by ASTS.

ASTS Endorses Proposal to Treat VCAs as “Organs”

On February 14, the ASTS submitted comments supporting a HRSA proposal to



include vascularized composite allografts (VCAs) within the definition of “organs” in the Organ Procurement and Transplantation Network (OPTN) rules. ASTS’ comments point out that significant progress has been made in this field and that the inclusion of VCAs in the definition of “organs” for OPTN oversight purposes will be beneficial to the field by ensuring that, as knowledge and expertise in this field grow, consistent and rigorous standards are in place for all transplantation—including VCA procedures.

ASTS particularly supported the inclusion of VCAs in the definition of “organs” for OPTN purposes insofar as this will ensure that physicians will be required to perform VCA procedures at OPTN member transplant centers. The OPTN transplant center requirements will effectively ensure that VCA transplant teams provide patients with the necessary services and infrastructure required for these complex procedures. ASTS also pointed out that the transparency and rigor characteristic of OPTN policymaking processes will contribute to advancement of the field.

However, ASTS’ comments also emphasized that it is critical that the OPTN proceed cautiously in subjecting VCA procedures to potentially burdensome administrative requirements and to policies that may substantially increase the cost of VCA research. For example, the application of CMS cost finding and allocation policies to pancreata acquired for islet cell research purposes led to a dramatic and financially unsustainable increase in the cost of such pancreata. It is critical to ensure that the classification of VCAs as “organs” for OPTN purposes does not have a similar impact on this promising field.

ASTS therefore urged HRSA to provide the OPTN with the flexibility to proceed cautiously in this area, suggesting that the OPTN proceed in stages by first establishing safety standards and basic uniform data reporting requirements appropriately scaled for this nascent field. ASTS cautioned that immediate inclusion of VCA in the OPTN’s computer-based listings and the establishment of a national system for VCA matching require considerable knowledge of patient selection criteria

that has not yet been developed. For this reason, ASTS urged that, pending the necessary advances in research, transplant centers that are performing VCA procedures on a research basis should be able to continue to obtain the necessary allografts from their local OPOs based on individually negotiated contractual arrangements. CMS cost-finding and allocation rules that have the potential to increase VCA costs should not be imposed at this time.

Revalidation of Medicare Enrollment

Medicare is requiring providers, including physicians, to revalidate their Medicare enrollment. Physicians should be receiving letters from their carriers with instructions on how to do so. Providers can also determine whether they have been sent a letter at www.cms.gov/MedicareProviderSupEnroll/11_Revalidations.asp. Failure to update Medicare enrollment within the timeframe provided can result in loss of Medicare billing privileges. ASTS members who have not yet revalidated their enrollment may want to check their status on this list.

Proposed Rule on Reporting and Repayment of Medicare Overpayments within 60 Days

CMS has issued a proposed rule implementing a requirement in the Affordable Care Act that providers report and repay any Medicare overpayments within 60 days of when they are “identified.” Failure to do so within the deadline subjects the provider to liability under the False Claims Act. The rule would also impose an obligation on providers to identify and repay overpayments going back 10 years. There is considerable concern in the provider community that the proposed rule would not give providers sufficient time to properly complete a review and determine the amount of an overpayment, especially if it must go back 10 years.

OIG Cautions Physicians about Reassignment of Billing Rights

The HHS Office of the Inspector General recently posted an Alert, dated February 8, 2012, indicating that physicians who reassign their right to bill the Medicare program and receive Medicare payments by executing the CMS-855R application may be liable for false claims submitted by enti-

ties to which they reassign their Medicare benefits. Transplant surgeons who reassign their Medicare payments to their medical practice plans, group practices, or to the hospitals (or hospital-affiliated entities) that employ them will be held responsible for billing errors made by those entities.

The OIG Alert encourages physicians to use heightened scrutiny of entities prior to reassigning their Medicare payments and suggests that individual physicians have a responsibility to monitor the claims submitted on their behalf by any entity to which Medicare benefits are reassigned. See <http://oig.hhs.gov/compliance/alerts/guidance/20120208.pdf>.

ASTS Submits Comments on Implementation of the Sunshine Act

In February ASTS submitted comments on CMS’ proposed implementation of the Physician Payment Sunshine Act (Section 6002 of the Affordable Care Act), which requires manufacturers to report on certain “transfers of value” to physicians and on certain physician ownership interests in manufacturers and other entities. After CMS aggregates the data, it is to be made public on a public website.

Unfortunately, the proposed regulations implementing the Sunshine Act are extremely overreaching and could adversely impact ASTS members, especially those involved in research and as faculty on both CME-certified and industry-sponsored educational activities. In addition, the draft regulations, as written, have the potential to significantly interfere with ASTS’ financial relationships with industry in a manner that undercuts its effectiveness in achieving its educational, charitable, and other missions.

In its comments, ASTS endorsed the comprehensive comments prepared and submitted by the AMA, which address numerous aspects of the proposed rules. In addition, ASTS’ comments address in considerable detail the potential impact of the proposed rules on educational programs and other activities sponsored by ASTS.

Written by Rebecca Burke, Regulatory Counsel, and Diane Millman, Regulatory Counsel, Powers Pyles Sutter & Verville, PC.



Legislative Report

Budget Deficit Continues as Primary Barrier to Meaningful Policy Reforms

The beginning of 2012 has seen Congress constrained by the same political and legislative barriers that thwarted both chambers for most of 2011. With the deficit reduction Super Committee failing to develop a proposal after months of deliberations, sequestration (automatic, across-the-board spending cuts) is scheduled to begin on January 1, 2013, unless Congress acts to replace these cuts with spending reductions of some other type.

Except for Social Security and Medicaid, sequestration will cut \$1.2 trillion over 10 years from the federal budget. Medicare provider reimbursement cuts are limited to no more than a 2 percent decrease per fiscal year. The actuary for the Centers for Medicare and Medicaid Services (CMS) estimates that Medicare will be cut under sequestration by about \$125 billion over 10 years. As painful as these cuts will be, many provider organizations believe this option will have a lesser impact on Medicare reimbursement than anything the Super Committee would have proposed.

Congressional leaders will debate potential adjustments to the sequestration rules throughout the year but will likely not be able to pass any alternative to them, at least not until the election is over in November. In the interim, Congress could take up several policies on which the Super Committee tentatively agreed as a starting point for revising the impending cuts through the regular Congressional committee process. This means that many of the issues of concern to physicians and surgeons last fall (cuts to graduate medical education, bad debt provisions, and disproportionate share hospital payments, etc.) will continue to be options under consideration in 2012.

Medicare Physician Fee Schedule:

In addition, left over from 2011 was a short-term deal to prevent massive projected cuts to the physician payments

as a result of the flawed sustainable growth rate (SGR) component of the Medicare physician fee schedule. Congress had passed only a two-month extension of the current fee schedule, which was set to expire on March 1, but reached a last-minute deal to again temporarily override the flawed SGR formula for another 10 months, through the end of the calendar year, at which point the cut to physician payments is projected to be 32 percent. The agreement also included many related Medicare provider payment extensions and reforms to other expiring policies, but for the first time a few of these policies were phased out or were allowed to expire. While acknowledging that this agreement averts the immediate threat of a 27 percent payment cut, many physician organizations are frustrated that negotiators missed such a significant opportunity to permanently replace the flawed payment formula and that Congress will have to address the issue again at the end of 2012. The American Medical Association (AMA) and other physician and surgeon organizations are pushing for a repeal of the SGR and passage of legislation that would bring a period of stable Medicare physician payments, allowing for a transition period to a new payment model.

Complicating matters, the AMA and other physician groups have also had to advocate against a recently released Medicare Payment Advisory Commission (MedPAC) proposal addressing physician payment. The proposal would repeal the SGR but also freeze payment rates for primary care services for 10 years and cut payments for all other services, including transplant surgery, by 5.9 percent in each of the next three years, and then freeze these fees for the next seven years. Other proposals offered in Congress would also repeal the SGR and institute freezes or set updates for a given number of years, during which a new payment model for physicians would be developed.

No single option has garnered widespread

support as of yet. This is largely because of the magnitude of the offsets that will be required to pay for a long-term physician fee schedule fix. The most recent estimate for a long-term fix was \$330 billion over 10 years. This continues to be the biggest stumbling block given the current bleak fiscal environment.

Division of Transplantation Programs within HRSA:

Last year's congressional debates on the federal budget and deficit reduction kept ASTS focused on defending the organ donation and transplantation programs of the Division of Transplantation (DoT) within HHS's Health Resources and Services Administration (HRSA). This advocacy produced results as funding for these programs has remained stable and the increases secured in recent years have been maintained. Compared to the myriad programs that were zero funded or received sharp decreases in funding, this should be considered a legislative victory. ASTS played a major role in galvanizing support for these programs in Congress, and these efforts, along with those of like-minded transplant organizations, allowed these vital programs to continue.

HRSA DoT programs were not touched when the deficit reduction Super Committee was unable to finalize a proposal during its deliberations to generate \$1.5 trillion in program cuts. But with Congress considering adjustments to the sequestration cuts that take effect at the beginning of 2013, many discretionary and mandatory spending program budgets are again potentially on the chopping block and, as such, HRSA DoT programs remain vulnerable to budget cuts.

Immunosuppressive Drugs – 6

Classes: As transplant surgeons know, a drug or combination of drugs that works for one patient may not be tolerated by another patient, who may require a specific brand-name or multiple brand-name drugs. In the mid-2000s, ASTS and other



concerned groups fought for legislation that strengthened the formulary coverage for 6 classes of Medicare Part D prescription drugs so these protections would be in statute rather than mere regulation. The provision strengthened protections for medically vulnerable populations by codifying the requirement that Medicare Part D plans cover “all or substantially all” drugs in the six classes of drugs that are critical to treating HIV/AIDS, mental illnesses, cancer, epilepsy, autoimmune diseases such as Crohn’s, and organ transplantation.

Coverage of nearly all the drugs in these categories was standard practice among state Medicaid programs and private insurers at the time. It was also more cost effective and better clinically for people with these conditions when clinicians had the flexibility to prescribe the drugs most appropriate to manage their conditions according to factors unique to each patient. Congress agreed and included this protection in the Medicare law.

However, during the recent deficit reduction deliberations, ASTS became aware that pharmacy benefit managers were pushing to scale back or eliminate this policy. ASTS joined a large number of other provider and advocacy groups in defending the existing law by writing a joint letter to the deficit Super Committee reminding them why Congress took this action and why it is paramount that the policy be maintained. As previously mentioned, many proposed program cuts were defeated when the deficit reduction Super Committee failed to achieve a consensus recommendation. But this issue is still in the mix of potential policies that may re-emerge as Congress considers adjusting sequestration instructions, or seeks further deficit reduction, late this year.

Immunosuppressive Drug Coverage Extension Legislation – H.R. 2969/S.1454:

These bills, jointly entitled the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011, were introduced last year by Senators Durbin (D-IL) and Cochran (R-MS) and Representatives Burgess (R-TX) and Kind (D-WI). Both the House and Senate bills are bipartisan.

ASTS is working with the bills’ House and Senate champions as well as other transplant organizations to generate further support and seek opportunities to pass these bills as part of a larger Medicare bill if and when the opportunity presents itself. Of course, the current inhospitable budget environment prevents the swift passage of any proposal the Congressional Budget Office (CBO) determines does not save the federal government money. CBO currently estimates that the immunosuppressive drug bill costs between \$400 and \$600 million over 10 years. This is not a major cost in budgetary terms, but it is enough to place it on the list of proposals that cost, not save, the federal government money.

Still, in 2011 ASTS engaged in a year-end push for final passage of the recently introduced bills to address the Medicare coverage cliff for immunosuppressive drugs. In conjunction with efforts by other organ donation and transplantation groups, ASTS leadership and members reached out to House and Senate members urging final passage. As part of this effort, ASTS identified and engaged members representing the 50 most active kidney transplant centers (based on the number of transplants performed in 2010) to contact their legislators. However, after initial optimism, the partisan rancor over the federal budget and the inability of Congress to agree on how to proceed on larger fiscal policies left no opportunity for passage of the immunosuppressive drug bill before the end of 2011.

ASTS and other organ donation and transplantation groups are assisting the bill’s sponsors in securing additional congressional cosponsors to demonstrate strong support. ASTS is also actively briefing congressional staff on the merits of the bill. It is clear that key members of Congress and their staffs would like to finally see this bill enacted into law. And, in fact, the prospects for this legislation are reasonably positive. The complicating factor, of course, is the broader set of fiscal circumstances facing our country and what will happen with the future of Medicare and Medicaid in this context.

Health Care Reform and Essential Health Benefits: In recent months,

the Department of Health & Human Services (HHS) released a framework for states to select from among four benchmark plans to meet the essential health benefit statutory standards in the health care reform law, the Affordable Care Act (ACA), which was enacted two years ago. ASTS stated its concerns that the proposed framework provides too much flexibility to states to design their own benefit packages and could create significant coverage variation between states.

ASTS’ comments addressed a variety of issues, including a need for federal oversight of the Essential Health Benefits (EHB) process to ensure that the needs of the most costly and vulnerable patients are met, as well as ensuring that patients have access to immunosuppressive medications as part of the EHB and any state’s benchmark plan. ASTS commended HHS for recognizing that organ transplant services are consistently covered across health insurance markets (and are expected to be included in benchmark plans) and that there is widespread coverage of transplantation of solid organs as routine care. But ASTS noted in its comments that some small plans refuse to pay for the standard acquisition costs for deceased donor organs or the cost of working up living donors. ASTS maintains that these services should be covered under the essential benefits package. ASTS also noted that renal replacement therapy is essentially withheld from no individual in the United States and should be considered an essential benefit as well.

Over the next few years, HHS will continue to implement various rules and regulations to implement the new coverage protections and expansions in the ACA. ASTS will monitor the further development of these regulations to ensure coverage of organ transplantation as well as related services, such as dialysis and medications to prolong the life of donated organs.

Written by Peter W. Thomas, JD, Legislative Counsel, and Adam R. Chrisney, Senior Legislative Director, Powers Pyles Sutter & Verville, PC.

OPTN/UNOS Board of Directors Election

OPTN/UNOS voting members recently elected a slate of officers and board members for open positions in the 2012–2013 term. The newly elected officers and members will take office just after the conclusion of the June 2012 board meeting.

John P. Roberts, MD, a former ASTS president, will become OPTN/UNOS president in the upcoming term. Other newly elected officers include vice president/president-elect Kenneth A. Andreoni, MD; vice president of patient and donor affairs Suzanne L. Conrad, RN, MS; and secretary Stuart C. Sweet, MD, PhD. For a complete listing of election results, please visit the News section of the OPTN website: <http://optn.transplant.hrsa.gov/news/>.

Public Comment and June Board Meeting

Ten policy and bylaw proposals for the spring public comment period were published in mid-March. The deadline for receiving comments on these items is June 15. The proposals are listed on the OPTN website: <http://optn.transplant.hrsa.gov/policiesAndBylaws/publicComment>.

The OPTN/UNOS Board of Directors will meet June 25–26 at the Omni Richmond Hotel in Richmond, Virginia. They may consider action on items presented for public comment in the fall of 2011, as well as two proposals more recently issued for special public comment periods (a plain language rewrite of the OPTN bylaws and a substantive rewrite of bylaws addressing member application and hearing procedures). A summary of all actions resulting from the meeting will be available on the OPTN website and in UNOS' monthly member e-newsletter and archive (<http://communication.unos.org>).

Kidney Paired Donation Pilot Project Update

Since the initiation of the OPTN's national kidney paired donation pilot program, 19 transplants have been performed, and 110 kidney transplant programs have signed agreements to participate as of March 2012.

In late 2011, UNOS established automated data entry screens for participating centers to enter and manage information directly. Centers no longer need to enter the KPD program through one of the four coordinating centers but can join directly through UNOS. To join, contact Ruthanne Hanto at ruthanne.hanto@unos.org or 804-836-4652.

For more information about the paired donation pilot program, visit the article "Everything you want to know about the OPTN KPDPP in one place" on the UNOS member news archive: <http://communication.unos.org/2012/02/everything-you-wanted-to-know-about-the-optn-kidney-paired-donation-program/>.

Summary of Member Survey Responses Online

Thank you to all who responded to UNOS' online member survey last fall. These surveys are conducted every two to three years to assess members' usage of key services and recommendations for new and improved services.

Nearly 700 people responded to the recent survey. UNOS is reviewing feedback to assess usage and perceptions of many member services and identify opportunities either to improve current services or to develop new approaches to meet members' needs and wishes. To view summary tables of the results and read individual comments, visit the UNOS member e-newsletter and news archive: <http://communication.unos.org/2012/03/2011-unos-member-survey-results-available/>.

Follow ASTS on

Visit our profile to see regularly updated ASTS news and click  on our profile so you can get ASTS updates delivered straight to your Facebook newsfeed.

To visit the ASTS Facebook page directly, please go to: www.facebook.com/AmericanSocietyofTransplantSurgeons.



ASTS Across the Field

ASTS is pleased to bring you this new feature spotlighting ASTS members and their transplant programs. We hope you will enjoy getting to know your colleagues and encourage you to submit a profile of your own program or a colleague. Send submissions or questions to Diane Mossholder, Communications and Web Content Manager, at diane.mossholder@asts.org.



University of North Carolina Center for Transplant Care

The University of North Carolina Hospitals in Chapel Hill, North Carolina, is a public, academic medical center that serves to educate, advance research, and provide world-class care. The focus on tertiary care specialties at the flagship University Hospital includes organ transplantation. The UNC Center for Transplant Care offers kidney, liver, pancreas, heart, and lung transplantation, as well as bone marrow and stem-cell transplantation. Kidney, liver,

and bone marrow transplants are also performed in pediatric patients.

While the first kidney transplant at UNC Hospitals was performed in 1968, the abdominal transplant program began to develop after the launch of the liver transplant program in 1992. The heart transplant program opened at UNC in 1986, and the first lung transplant performed at UNC was in 1990. Over the last several years, a strong emphasis has been placed on offering patients expanded opportunities through clinical research.

The clinical research team for organ transplantation includes five full-time research coordinators, who help administer the 24 ongoing studies within the division. Currently half of these studies are industry-sponsored, while the faculty has initiated the other studies as primary investigators.

The abdominal transplant surgeons are all active members of ASTS, including David Gerber, MD; Robert Watson, MD; Alexander Toledo, MD; and Tomasz Kozlowski, MD. Within ASTS, Dr. Gerber currently serves on the Fellowship Training Committee and Dr. Toledo on the Communications Committee. The heart transplant program is led by Brett Sheridan, MD, and Andy Kiser, MD, while Ben Haithcock, MD, is the director of the lung transplant program.

The basic science activities are led by David Gerber, MD, Chief of the Abdominal

Transplant Division and Surgical Director of Liver Transplantation. His laboratory has focused on integrating novel technologies from the area of tissue engineering to develop a matrix capable of supporting the growth and differentiation of selected stem cell populations into functional tissues.

A central area of investigation for the lung team has been expanding the pool of available organs via ex-vivo perfusion and ventilation. Led by the principal investigator, Thomas Egan, MD, and Surgical Director Benjamin Haithcock, MD, this NIH trial uses a modified cardiopulmonary bypass circuit to provide ex-vivo lung perfusion to human lungs. Early findings indicate that this new technique may greatly expand the pool of suitable lungs for transplantation from both conventional brain dead donors and non-heart-beating donors.



Dr. David Leeser

(submitted by Liise Kayler, MD)
Dr. David Leeser is Assistant

Professor of Surgery (Transplantation) at Weill Cornell Medical College and an Assistant Attending Surgeon at NewYork-Presbyterian Hospital-Weill Cornell Medical Center. He specializes in pancreas and kidney transplantation.

Dr. Leeser was previously Chief of Kidney and Pancreas Transplantation at Walter Reed Army Medical Center. He

received his MD from Temple University School of Medicine and completed his internship in General Surgery at Walter Reed Army Medical Center in Washington, D.C. Dr. Leeser completed his residency training at Temple University Hospital. He completed his training in Abdominal Organ Transplantation at the University of Maryland in 2004.

I met David on my first liver recovery in New York. It was at a small hospital in Brooklyn and I was curious to see how the New York surgeons do things. David was there to procure the pancreas and my junior fellow was eager to learn how to extract it. David graciously allowed our fellow to do the majority of the dissection. He seemed to enjoy teaching and exhibited more patience than I expected.

The Henry & Marion Bloch Liver Disease Management and Transplant Center

Saint Luke's Health System's Abdominal Transplant Program offers kidney, liver, and split-liver transplants, as well as a range of hepatobiliary and pancreas procedures. Because it is in Kansas City in Region 8, where the organ availability is exceptional, the wait time for liver recipients is roughly four months, compared to more than one year for most of the country.

The renal transplant program has been in existence since 1969 and became incorporated into the abdominal transplant program when it was formed in 2010 upon the arrival of Henry Randall, MD. The liver transplant program received UNOS approval July 13, 2011, and began performing transplants in November 2011. The program is now named The Henry & Marion Bloch Liver Disease Management and Transplant Center, having received a generous gift from Henry Bloch of the famed H & R Block Tax centers.

Saint Luke's liver disease management team is a multidisciplinary team of specialists, three of whom are ASTS members:

Henry Randall, MD, is Director, Abdominal Transplantation and Hepato-Pancreato-Biliary surgery. He joined the Saint Luke's staff in 2010 to help build and lead a comprehensive program for treating those suffering from all types of liver disease. He brings more than 20 years of experience in transplantation and surgery of the liver, kidney, and pancreas and biliary tree. He is a member of ASTS and serves on the Communications Committee.

Lee Cummings, MD, brings great enthusiasm and immense exposure to the discipline of transplantation. He trained with Thomas Fishbein, MD, and Lynt Johnson, MD, at Georgetown University and has a great exposure to pediatric liver and intestinal transplantation, as well as multivisceral transplantation. He is an ASTS member.

Christie Gooden, MD, MPH, joined the Saint Luke's



Front row seated: Claudia Anderson, Holli Paulk, Jaime Yeshnowski, and Nicole Lidman. Back Row standing: Janet Morales, Conrad Boettner, Lee Cummings, Henry Randall, Fred Regenstein, Christie Gooden, John Helzberg, and Laura Alba.

Abdominal Transplant team after completing her multi-organ fellowship training at the University of Michigan in 2011. She is an ASTS member.

Other team members: **Fredric Regenstein, MD**, is medical director of liver disease management and Professor of Medicine at the University of Missouri-Kansas City School of Medicine. He is a member of the American Society of Transplantation.

John Helzberg, MD, joined Saint Luke's in 1987 and has led the Gastroenterology Department as section chief for nearly 20 years.

Laura Alba, MD, brings a wealth of experience and

insight to the Saint Luke's Hepatology program. Dr. Alba uses her experience to teach others as an assistant professor of medicine at the University of Missouri-Kansas City (UMKC). She is also the assistant program director for the gastroenterology fellowship through the UMKC School of Medicine.

Rounding out the team are Jaime Yeshnowsky, RN Transplant Coordinator, Clinical Nurse Manager; Holli Paulk, PA Physician Assistant; Claudia Anderson, ACNP Nurse Practitioner; and Nicole Lidman, RN Transplant Coordinator.

When the case was complete, we shared a car ride back to the city, me to Montefiore Medical Center in the Bronx, and he to New York-Presbyterian Hospital-Weill Cornell Medical Center in downtown Manhattan. En route, I learned about his practice (kidney and pancreas transplantation, hepatobiliary surgery, vascular access surgery, and auto-islet cell transplantation), the types

of deceased-donor kidneys his center accepts (aggressive), and most interestingly his experience with single-port laparoscopic living donor nephrectomy.

At Weill Cornell, their team has performed well over 100 cases with the single-port technique. I had done a few of these cases myself and wanted to know his thoughts. Does he actually cut through the belly-button or

very close beside it? Since the resulting scar looks the same and closure of the umbilicus is challenging, he cuts closely beside it. Besides the Gel-Point, does he use special instruments? He uses an extra-long camera, grasper, and harmonic scapel and a right-angle for the light-source. These help in preventing the instruments from battling with each other and provide access to the splenic attachments. Lastly, does he have a particular

pathway for dissecting out the kidney, such as first identifying the gonadal vein at its insertion to the renal vein or identifying the gonadal near the inferior pole first? There is no particular pathway—he works at the kidney in a gradual fashion from all angles to overcome the additional challenges presented by the single port technique. It was an interesting and informative talk.

Business Practice Services Update

Introducing the ASTS Transplant Center Policy Library Subscription Service

Are you looking for a centralized place to access standard business operating procedures you need in running your transplant center? The Business Practice Services Committee has developed a dynamic subscription service 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.

The library is now available for purchase as a subscription service online in the ASTS store (www.asts.org/TheSociety/astsstore.aspx). The library has launched with 11 initial policies, which are listed below. ASTS will provide subscribers with updates to policies on a periodic basis and will add additional policies to the subscription as they are developed. If you have suggestions on additional policies for the committee to tackle, please email laurie.kulikovsky@asts.org.

Template policies include features such as background information on regulatory requirements, best practices, and implementation guides for each topic area.

Member Rate: \$1,000 per year

Non-Member Rate: \$2,000 per year

The annual subscription to the ASTS Transplant Center Policy Library gives the subscriber access to the latest updates to the template policies and eligibility to receive additional policies developed during the subscription year at no additional cost.

Initial policies included in the ASTS Transplant Center Policy Library Subscription Service:

- Informed Consent for Higher Risk Donor Organs
- Verification of Compatibility for Solid Organ Transplantation
- Multidisciplinary Care and Discharge Planning
- Quality Assessment and Performance Improvement (QAPI)
- Independent Donor Advocate Team
- Management of Living Donor After Donation
- Post Transplant Processes for Higher Risk Donor Organs
- Communication of Donor Cultures
- Policy on Policies
- Vessel Storage
- Responsibility for Transport of Living Donor Organs

2012 ASTS Leadership Development Program

In September 2012, the ASTS Leadership Development Program enters its third year. ASTS welcomes new and returning respected instructors from the Kellogg School of Management and our own ranks. Highlights will include dinner keynotes from Thomas Hamilton, Director, Survey and Certification Group, CMS; Dr. David Reich, chair of the ASTS Standards Committee; and Mr. Robert Webb, CEO of OptumHealth Care Solutions. The program will also feature an expanded half-day session on Transplant Finance from Dr. Michael Abecassis and new strategy sessions presented by Kellogg faculty. For a full agenda and further information about the expanded 2012 program, visit www.asts.org/Meetings/LeadershipDevProgram.aspx. If you have questions or would like to be placed on the wait list, please contact Laurie Kulikovsky at laurie.kulikovsky@asts.org.

2013 ASTS Transplant Surgeon Compensation Survey—Coming Soon!

Stay tuned! The 2013 ASTS Transplant Surgeon Compensation survey will be fielded in the fall of 2012, and results will be available to participating members at no charge. Don't forget to participate to get your copy for free! The survey results will also be available for purchase online in the [ASTS Store](http://www.asts.org/TheSociety/astsstore.aspx) (www.asts.org/TheSociety/astsstore.aspx).

For further information on the initiatives of the Business Practice Services Committee, please contact ASTS at asts@asts.org or 703-414-7870. Visit us online at www.ASTS.org/bps.



National
Living
Donor
Assistance
Center

Providing a helping hand to living donors

www.livingdonorassistance.org
703-414-1600 / 888-870-5002
2461 S. Clark Street, Arlington, VA 22202

How many applications has your transplant center submitted this year?

The National Living Donor Assistance Center (NLDAC) has been removing financial disincentives for eligible living organ donors since October 2007. The NLDAC is funded by a grant from the Health Resources Services Administration, Division of Transplantation. The grant was awarded to the University of Michigan in partnership with the American Society of Transplant Surgeons. NLDAC has budgeted \$1.8 million to reimburse eligible living donors for travel to the transplant center this year. We are ready to receive applications from your transplant center.

Since 2007

2,497 Applications Received
88% of Applications Approved
1,211 Donor Surgeries Complete

For more information, please call 703-414-1600.
We are happy to help!





ASTS @ ATC Come See Us in Boston!

American Transplant Congress
June 2-6, 2012
John B. Hynes Convention Center
Boston, Massachusetts

While attending the American Transplant Congress (ATC) June 2-6, we hope you will join the American Society of Transplant Surgeons (ASTS) for several Society-specific events! On Monday, President Mitchell L. Henry, MD, will deliver his Presidential Address. At the annual business meeting on Tuesday, members will vote on the most comprehensive bylaws changes in many years, so don't miss your chance to help shape the Society's future. You'll also learn the results of our first-ever online elections for the president-elect, treasurer, and councilor-at-large positions.

After the business meeting, you'll want to stick around for the members' reception, where you can find out everything you want to know about 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 and make it easy for you to connect with other ASTS members and exchange ideas.

Print out the schedule below and take it with you. Don't forget to stop by the ASTS membership booth in the exhibit hall to pick up a copy of our brand new annual report—and see what else we have in store! See you there!



EVENT	DATE	LOCATION	TIME
ATC Opening Reception	Saturday, June 2, 2012	Exhibit Hall C/D	5:30 – 7:00 p.m.
ASTS Pioneer Award Presentation	Sunday, June 3, 2012	Veterans Auditorium	9:45 – 10:00 a.m.
ASTS Grants Ceremony	Monday, June 4, 2012	Veterans Auditorium	9:30 – 9:45 a.m.
ASTS Presidential Address	Monday, June 4, 2012	Veterans Auditorium	9:45 – 10:15 a.m.
ASTS Annual Business Meeting	Tuesday, June 5, 2012	Republic Ballroom – Sheraton Hotel	5:45 – 7:00 p.m.
Members' Reception	Tuesday, June 5, 2012	Republic Ballroom – Sheraton Hotel	7:00 – 9:00 p.m.
Corporate Contributors Recognition Ceremony	Tuesday, June 5, 2012	Republic Ballroom – Sheraton Hotel	7:30 p.m.



ASTS 12th Annual State of the Art Winter Symposium

Surgical Challenges, Creative Solutions
Held in Conjunction with the NATCO Symposium
for Advanced Transplant Professionals
January 12-15, 2012



The city of Miami Beach was abuzz as ASTS hosted its 12th Annual State of Art Winter Symposium January 12-15 at the Loews Miami Beach Hotel in Miami, Florida. Transplant professionals from around the world came together for four days of educational events focused on the challenges of transplantation and the solutions to overcome them.

The aim of the meeting was to discuss the many challenges transplant professionals face, including resident recruitment, surgical techniques, ethical and regulatory issues, and patient outcomes for both the donor and recipient. Each session was specifically tailored to address these pressing issues and offer attendees the opportunity to engage their peers and colleagues on the topics. Throughout the week, registrants were exposed to educational activities through the Pre-Meeting, Business Practice Seminar, Career Development Seminar, poster session, case study



ASTS President Mitchell L. Henry, MD, delivered the keynote address.

presentations, Lunch and Learn Sessions, and much more! The hotel offered an intimate meeting space for the sessions, as well as a stunning setting for the Inaugural ASTS 5K Fun Run/Walk and the Annual Winter Symposium Dinner.

Thursday, January 12, kicked off the event with the Pre-Meeting, "Discovering the Luster: Ensuring the Future of Transplant Surgery." Both senior and

The Exhibit Hall provided a great place for attendees to mingle while learning about advances in the field.

junior faculty presented to their peers and mentors strategies for recruitment, new training paradigms, and how to successfully advance basic science and clinical research. In a surprising twist this year, fellows in ASTS Accredited Training Programs were asked to present and offer insight into their training experiences, which gave real perspective on the life of a transplant fellow and how the field is perceived by surgical residents.

Thursday also marked the 5th Annual Business Practice Seminar, "The ABCs of Transplant Regulatory Review: CMS, MPSC, SIAs." David Axelrod, MD, chair of the Business Practice Services Committee, welcomed attendees to an outstanding line-up of presenters, offering an understanding of transplant center regulatory review. Thomas Hamilton, director of the Survey and Certification



Dr. John Magee wins the audience over with his war story “The Great Power of Doing Nothing.”

Group for the Centers for Medicare and Medicaid Services, captivated the audience with his presentation, offering his professional expertise on developing and implementing effective quality assessment and performance improvement (QAPI) programs.

The Symposium officially began Friday afternoon with the Planning Committee Chair, Dorry Segev, MD, PhD, welcoming everyone and thanking the Planning Committee, presenters, moderators, panelists, abstract reviewers, corporate contributors, and the ASTS staff for their hard work and efforts to make the meeting such a great success. There were many notable achievements this year, including record-breaking attendance and abstract submissions, as well as the launch of the Inaugural ASTS 5K Fun Run/Walk!

A new session was added this year to increase audience participation and learn from the leaders in the field, entitled “War Stories: The Most Challenging Problem I Ever Had and How I Solved It.” Some of the most influential members of the transplant community, including David Hume Lecturer G. Melville Williams, MD, presented their most difficult experiences and the steps they took to overcome them.



Dr. G. Melville Williams presented this year's David Hume Lecture, sponsored by the American Foundation for Donation and Transplantation.

Whether dealing with CMS, patient families, donor procurement, or surgical technique, the presenters were given five minutes to tell their harrowing story and how they rose above the challenge. At the end of the session, the audience voted on who had the best tale. John Magee, MD, from the University of Michigan won the audience over with his story: “The Great Power of Doing Nothing.”

David Hume Lecture

The American Foundation for Donation and Transplantation (AFDT) sponsored the third annual David Hume Lecture, which was presented by Dr. G. Melville Williams, transplant pioneer, past president of the ASTS, and personal friend of Dr. Hume. The audience listened to Dr. Williams' presentation on Friday afternoon with great admiration and interest as he described what the field of transplantation was like and how his mentor, Dr. Hume, established ground-breaking techniques and inspired the future of transplant surgery. Dr. Williams brought tears to the eyes of many as he spoke of Dr. Hume's determination, knowledge, and incredible passion for the field. ASTS thanks Dr. Williams and the AFDT for making this presentation possible and allowing the rich history of transplantation and the



From left: Robert Fisher, MD; Francis Wright, MD; Tom Peters, MD; John Najarian, MD; G. Melville Williams, MD; Lloyd Ratner, MD, MPH; Gazi Zabari, MD; and Robert Higgins, MD, MSHA.

ASTS to influence the next generation of transplant professionals!

Inaugural ASTS 5K Fun Run/Walk: RUN MIAMI

Symposium registrants and their guests were invited to participate in the Inaugural Fun Run/Walk that took place on Sunday, January 15, at 6:30 a.m. Runners and walkers alike lined up on the shores of Miami Beach and watched the sun rise over the ocean as they energized themselves for the last day of the Symposium. There was special recognition for the top three male and top three female runners and walkers of all ages. Brian Boyarsky, B.A., from Johns Hopkins University finished in first place for the men's group with a time of 17 min. 54 sec., and Lynsey Biondi, MD, from Lehigh Valley Hospital took first place for the women's group at 23 min. 57 sec. A special thank you to Astellas Pharmaceuticals, which sponsored the event, along with everyone who participated, helping make the first-ever ASTS Fun Run a success!



Lunch and Learn Sessions provided casual, interactive learning opportunities.

ASTS Winter Symposium, 4-year Comparison

	Attendees	Exhibitors	Abstracts
2012	366	26	144
2011	351	26	141
2010	341	18	122
2009	338	15	124



The Inaugural ASTS 5K Fun Run/Walk was an enjoyable, energizing way to begin the last day of the symposium.



Attendees enjoy the symposium dinner.



The interactive poster session provided a forum for attendees to learn about the latest in research in transplantation.

Vanguard Committee Chair Dorry Segev, MD, PhD—aka DJ Dorry—provided the musical entertainment for the Annual Winter Symposium Dinner.

After the symposium dinner, attendees cut loose on the dance “floor” under a beautiful Miami night sky.





ASTS award recipients celebrate at the Winter Symposium Dinner. Front row from left: Rolf Barth, MD; Pamela Patton, Pa-C, MSP; Harold C. Ott, MD; and Goran B. Klintmalm, MD, PhD, FACS. Back row from left: Mitchell L. Henry, MD, ASTS President, and Dorry Segev, MD, PhD, ASTS Winter Symposium Planning Chair.

2012 Francis Moore Excellence in Mentorship in the Field of Transplantation Surgery Award

Goran B. Klintmalm, MD, PhD, FACS
Chairman and Chief of the Annette C. and
Harold C. Simmons Transplant Institute
Baylor University Medical Center

ASTS is committed to recognizing outstanding mentorship. This award acknowledges the efforts of established surgeons for their stewardship of fellowship trainees and junior faculty. This year's recipient is Goran B. Klintmalm, MD, PhD, FACS, chairman and chief of the Annette C. and Harold C. Simmons Transplant Institute at Baylor University Medical Center in Dallas. He is a past president of ASTS.

Dr. Klintmalm received his medical degree and PhD from the Karolinska Institute in Stockholm, Sweden. His surgical residency was in Sweden, and his fellowships were under Dr. Thomas Starzl in Denver and Pittsburgh and Dr. Carl Groth in Stockholm. He was recruited to Baylor in 1984 to begin a multi-organ transplant program, which has now performed more than 3,500 liver and more than 3,300 kidney transplants.

Dr. Klintmalm is the author/coauthor of more than 600 publications and has diverse research interests. He established and has maintained the Baylor Biorepository and Clinical Research Database in liver transplantation since 1985. The Baylor program is an accredited training program for liver, kidney, and pancreas transplantation, and to date 37 transplant surgeons have received their training there.

"As a surgeon and educator, there is probably nothing that is as satisfying and meaningful than to mentor and train the next generation of surgeons. The only thing more rewarding is to experience your trainees' successes. Our trainees will stand on our shoulders seeing further over the horizon than we did, providing new and better care for future patients. To receive the Francis Moore Excellence in Mentorship Award at the ASTS Winter Symposium is an incredible recognition that I will cherish forever. I am grateful to all my trainees for their support."

2012 Vanguard Prize

Harald C. Ott, MD
Department of Surgery, Massachusetts General
Hospital
Harvard Medical School

"Regeneration and Orthotopic Transplantation of a Bioartificial Lung," *Nature Medicine* 16, no. 8 (August 2010): 927.

Rolf Barth, MD
University of Maryland School of Medicine

"Vascularized Bone Marrow-Based Immunosuppression Inhibits Rejection of Vascularized Composite Allografts in Nonhuman Primates," *American Journal of Transplantation* 2011; 11: 1407.

ASTS continues to recognize and honor junior members for their efforts in basic and clinical research by awarding travel prizes to the ASTS State of the Art Winter Symposium. The Vanguard Prize is designed to identify the best clinical and basic research manuscripts from young investigators in the previous 18 months.

Recognition by a society like the ASTS helps us to bring the motivation, the funding, and the brainpower across all disciplines together to move organ regeneration from bench to bedside.

This year, there were 20 outstanding papers submitted during the open call for nominations. Additionally, the Vanguard Committee searched more than 40 abstracts for outstanding candidate papers. Each paper nominated by the Vanguard Committee, as well as each paper received through our open call for nominations, was carefully reviewed by Vanguard Committee members.

"It is a great honor for my team and myself to win the Vanguard Prize of the American Society of Transplant Surgeons for our work in solid organ regeneration. I am grateful for the fact that our results fuel the enthusiasm of not only basic researchers, but clinicians, and most importantly transplant surgeons, who face patients suffering from end organ failure every day. Our goal to regenerate solid organs for transplantation is far-fetched, the hurdles to translation are numerous, but the potential clinical impact is tremendous. Recognition by a society like the ASTS helps us to bring the motivation, the funding, and the brainpower across all disciplines together to move organ regeneration from bench to bedside." Harald C. Ott, MD

"The Vanguard award was much appreciated recognition for research studies on vascularized composite allografts in a non-human primate model that we had established in efforts to move forward with a clinical program in face transplantation. These studies supported the beneficial effects of the vascularized bone marrow component of these allografts in preventing rejection as a component of an immunosuppressive protocol. These findings also supported our plans to move forward with a clinical trial in face transplantation that we have recently initiated with our first face transplant." Rolf Barth, MD

2012 Advanced Transplant Provider Award

Pamela Patton, PA-C, MSP

Clinical Director

Kidney and Pancreas Transplant Programs

University of Florida

For the second year in a row, ASTS continues to recognize and honor ASTS advanced transplant providers for their efforts dedicated to advancing clinical practice through translation of scientific information, development of standards, and clinical mentoring. Presented at the 2012 Winter Symposium, this year's ATP Award Recipient is Ms. Pamela Patton, PA-C, MSP. Ms. Patton is the Clinical Director of the Kidney and Pancreas Transplant programs and a board-certified physician assistant in the Department of Surgery at the University of Florida, with more than 33 years of experience in evaluating individuals with kidney disease, surgical care and medical management, outcomes tracking, database design, clinical research, and writing and pub-

lication. Her accomplishments include primary or co-authorship of more than 35 peer-reviewed articles and 20 scientific abstracts. Ms. Patton founded and chairs UF Shand's Transplant Directors Council, composed of thoracic and abdominal organ transplant program leaders. Ms. Patton's involvement includes service on numerous committees, physician outreach, guest lecturing, and mentorship to many throughout her career.

"I can think of no greater honor for my work in transplantation than to be recognized by the American Society of Transplant Surgeons. As a young Physician Assistant caring for kidney transplant patients 60-70 hours, six days a week my first two years, the tone for hard work, endurance, and a stimulating professional life was set early in my career. Ten months into my first year, June of 1979, I attended the Fifth Annual ASTS Scientific meeting at the Drake. The science, the stories, the camaraderie with members of the Society inspired in me a passion for transplantation. The able body of the ASTS, its missions, and the achievements of its individual surgeon members continue to serve as a guiding light. I am grateful to Bill Pfaff and Dick Howard for their example and their mentoring over the years, and I am deeply honored and most appreciative to be the recipient of the Society's 2nd Annual Advanced Transplant Provider Award."

Thank You



ASTS thanks the members of the Winter Symposium Program Planning Committee for their hard work, dedication, and incredible expertise.

Chair

Dorry L. Segev, MD, PhD

Senior Advisor

Robert S. Higgins, MD, MSHA

Committee Members

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Michael J. Englesbe, MD
Hoonbae Jeon, MD
Beau S. Kelly, MD, MBA
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CALL FOR ABSTRACTS

American Society of Transplant Surgeons

Success *at the* Margins

ASTS 13th Annual State of the Art Winter Symposium

Important Dates

Online Abstract Submissions Available:
July 13, 2012

Abstract & Surgical Video Submissions Deadline:
September 10, 2012

Abstract & Video Notification:
November 5, 2012

Winter Symposium:

January 31 - February 3

Pre-Meeting:

January 31 - February 1

Loews Miami Beach Hotel

2013

TOP 10

The Top 10 abstract submissions will each be awarded two nights hotel accommodations at the Loews Miami Beach Hotel, complimentary registration and a \$1,000 honorarium for presenting at the Winter Symposium.

CALL FOR VIDEOS

ASTS is also accepting transplant surgical video submissions for the annual Surgical Video Presentations. Videos up to ten minutes in length that present innovative, unique and scientifically-rich surgical content, are encouraged.

REVIEW PROCESS

All abstracts are blinded for peer review and subject to a scientifically rigorous review process to select those abstracts that contribute to the advancement of transplantation research and practices, and present strong, innovative, balanced, and evidence-based clinical content.



Corporate Contributors

*The American Society of Transplant Surgeons thanks the following companies
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Levels are reflective of support provided to the Society in 2011.



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ASTS is grateful to the following individuals for their generous support of the Foundation of the ASTS and its mission. Visit the ASTS website at www.asts.org to learn about the Foundation of the ASTS and its projects or to make a contribution.

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Calendar

The ASTS is pleased to coordinate with other professional organizations to maintain a relevant events calendar. If your organization would like to list an event on this calendar, please contact Diane Mossholder at 703-414-7870 or diane.mossholder@asts.org.

May 2012

May 4–5, 2012

University of Pittsburgh Surgical Pathology of Organ Transplantation Conference

Frick Fine Arts Building
Pittsburgh, PA

<https://ccehs.upmc.com/liveFormal-Courses.jsf>

May 9–13, 2012

National Kidney Foundation Spring Clinical Meetings

Gaylord National, Washington, DC

www.kidney.org

Phone: 800-622-9010

June 2012

June 14–16, 2012

ASAIO 58th Annual Conference American Society of Artificial Internal Organs, San Francisco, CA

www.asaio.com

June 22–30, 2012

American Foundation for Donation & Transplantation (AFDT) 16th Histocompatibility Specialist Course

New York, New York Hotel & Casino
Las Vegas, NV

Phone: 800-kidney9

Email: skinner@amfdt.org

www.amfdt.org

July 2012

July 15–19, 2012

XXIV International Congress of The Transplantation Society

Berlin, Germany

www.transplantation2012.org

September 2012

September 19–21, 2012

Association for Multicultural Affairs in Transplantation 20th Annual Meeting

Marriott New Orleans, New Orleans, LA

<http://asmhttp.org/events.aspx>



Upcoming ASTS Events

www.asts.org/meetings

June 2–6, 2012

2012 American Transplant
Congress
John B. Hynes
Convention Center
Boston

September 9–12, 2012

2012 Leadership Development
Program
Kellogg School of Management,
Northwestern University
Evanston, Illinois

January 31–February 3, 2013

13th Annual State of the Art
Winter Symposium
Loews Miami Beach Hotel
Miami Beach

July 26–31, 2014

World Transplant Congress
San Francisco

November 2012

November 15–17, 2012

American Society for Reconstructive Transplantation 3rd Biennial Meeting

The Drake Hotel

Chicago, IL

Phone: 312-263-7150

www.a-s-r-t.com

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



Join The Conversation

CenterSpan is where your colleagues go to discuss transplantation and immunology topics. It's an easy way to get your peers' thoughts on your latest challenge and to contribute your expertise by weighing in on someone else's question. By signing up for the CenterSpan listserv, you can choose the specific topics you are interested in and receive each email either individually or in digest form. Don't be left out of the conversation! Sign up at www.asts.org/ListServSubscribe.aspx today.



The CenterSpan listserv is open to transplant professionals who work in academic and medical institutions, independent medical centers, and the pharmaceutical and biotech industry. Any professional active in transplantation can subscribe to CenterSpan.

CenterSpan's objectives include:

- Providing immediate access to new developments in science and clinical practice
- Facilitating active discussions of transplantation among experts in many fields, creating forums for the exploration and critical analysis of public policy and ethical issues

To learn more about CenterSpan, visit www.asts.org/CenterSpan.aspx.

New ASTS Career Center Launches May 2012



ASTS is proud to announce the launch of the new ASTS Career Center

at careercenter.asts.org. Now employers can post, manage, and update their job listings and company profile anytime day or night, with online payment for faster service—and job seekers can post their resumes to easily apply for posted jobs or for employers to view!

ASTS is excited to offer employers the chance to post their job openings on not only the ASTS Career Center, but also selected sites through the National Healthcare Career Network (NHCN), an integrated network of nearly 300 associations formed to connect healthcare employers with highly qualified candidates in numerous specialties. Now you can choose to have your opening seen by even more potential qualified applicants without repeating the posting process—the NHCN will choose the most relevant sites on its network for your opening based on the keywords in your job description.

Job seekers can choose to upload their resumes in a variety of file formats and specify whether they should be kept private to use only for applying to jobs, searchable without contact information, or completely public. You control what information can be seen by others, ensuring your privacy during your job search.

Best of all, using the ASTS Career Center not only furthers your professional career—it also supports the Society and its programs by providing revenue. When you use the Career Center, both you and the Society benefit!

Future issues of *Chimera* will feature a live link to the new ASTS Career Center for readers who would like to browse the listings, as well as a new department spotlighting ASTS members' career moves. Please submit information about new hires, promotions, or other personnel-related news to Diane Mossholder, Communications and Web Content Manager, at diane.mossholder@asts.org. Be sure to include your name, title, employer, and date of your employment news—and we'd love to have a photo as well!



New Members

For more information on becoming a member, visit www.asts.org
or contact Joyce Williams, Membership Manager, at asts@asts.org or 703-414-7870.

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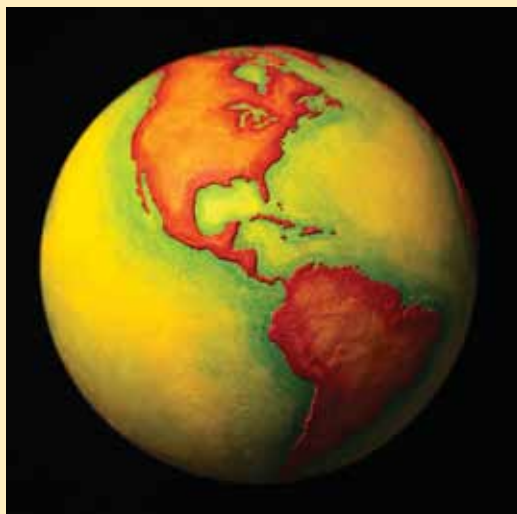
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WE HEARD WHAT YOU SAID ABOUT THE 2012 ASTS STATE OF THE ART WINTER SYMPOSIUM

"Excellent meeting and social program."

"The size of the meeting makes interaction with other participants much easier."

"GUIDEbook was awesome!"

"Overall a well-designed meeting; planning committee did an awesome job."

"Best one yet."

Record Attendance. Record Abstract Submissions. Record Breaking...

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January 31 - February 3, 2013

Loews Miami Beach Hotel

Pre-Registration Deadline

January 17, 2013

Abstract Submission Deadline

September 10, 2012

For more information visit

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Held in conjunction with the NATCO
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