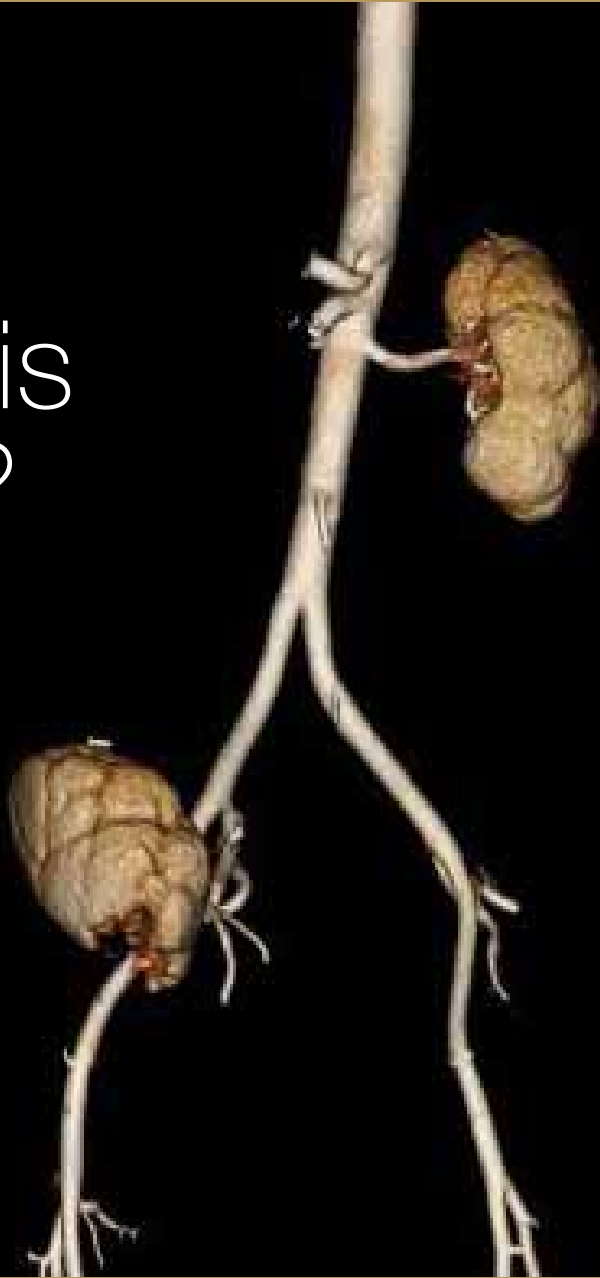


CHIMERA

Published for Members of the American Society of Transplant Surgeons

Spring 2013

What's
Wrong
With This
Picture?



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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June 2012-May 2013



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Editor's Letter

Editor's Letter



In this issue of *Chimera*, you'll find a recap of the 13th Annual State of the Art Winter Symposium in Miami. If you weren't able to join us, that will give you an idea of what you missed and hopefully inspire you to join us for next year's Winter Symposium, where we will kick off ASTS' 40th anniversary year with a special gala.


You'll also find a summary of the committee reports at the Council and Committee Chair meeting immediately before the symposium. Several committees have major projects in the works, with the Communications Committee overhauling the website (see page 15), the CME Committee launching the Trans-SAP Maintenance of Certification self-assessment program (see page 11), and the Grants Review committee working to diversify funding sources for the grants and investigating new grant opportunities (see page 10).

As I complete my term as Chair of the Communications Committee, I look back with satisfaction at the strides the committee has made in making the *Chimera* more member-focused and in bringing *ASTS.org* into the 21st century. Thank you for your support of these initiatives, and I hope you will continue to be involved in both by sending your comments, article ideas, and program profiles to diane.mossholder@ASTS.org.

Stay connected!

Kenneth D. Chavin, MD, PhD




Chimera Needs You!

Chimera is always looking for ways to feature ASTS members and their work. We particularly need cover images and transplant program profiles. Take advantage of this easy way to share information with your colleagues and gain recognition for your work by sending submissions and questions to diane.mossholder@ASTS.org. Thank you for helping make *Chimera* an interesting and informative resource for all ASTS members!

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With This
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—ASTS Vision

About the Cover

This CT angiogram was submitted by Mikel Prieto, MD, of the Mayo Clinic in Rochester, Minnesota. It is of a patient who underwent a laparoscopic donor nephrectomy and autotransplant (for Loin Pain Hematuria Syndrome) and shows a kidney transplant on somebody with a normal size/function appearing contralateral kidney. The ipsilateral kidney is missing (it has been moved to the groin).

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

Published by the American Society of Transplant Surgeons

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Worry about the Future?

Vision, Dreams and Reality

"Let our advance worrying become advance thinking and planning."

—Winston Churchill

My friends and family say I worry too much. It is true – I worry a lot.

- I worry about whether patients will get a transplant (they usually do).
- I worry about difficult operative procedures (most go well).
- I worry about audits from UNOS and CMS (but we always seem to pass).
- I worry about whether we can allocate livers better (still working on it).
- I worry about getting editorial reviews completed (most often late).
- I worry about my son in California getting a summer internship (he did).
- I worry about my son here in Philly getting into Penn (he did).
- I worry about weeds in my garden (still there).

I could go on and on – it doesn't seem to let up. Most of the time my worries are unfounded and perhaps wasted energy, but sometimes, a little extra worrying makes you care a little more and get a little more done. This year, I had one additional big worry – ASTS. Not that I worried much about the strength and core of the Society itself (it is very strong), but I worried about all I wanted to get done this year, about the message I wanted to get out, and about trying to make the future of ASTS better.

Well, I am now looking at the calendar and see that it is already March and I have less than two months left as president of this great Society. So the worry about what I have accomplished will soon be history, but I still continue to think about our future. There were three main goals I wanted to emphasize this



year: the vision of how we will train our future transplant surgeons, the dream of developing a more international perspective, and addressing the reality of how to support surgeon-scientists and transplant research. During my term as President of ASTS, I've had the privilege of working with fellow members to contribute to each of these goals. So indulge me as I expand a little on each of these.

Vision

The Annual Surgical Fellows Symposium is always one of my favorite meetings, and this year's was no different. When I looked at the audience of current transplant fellows, I could see a vision of where we are heading. I continue to be amazed at the enthusiasm, ambition, talent, and diversity this field attracts. Many of the fellows I met expressed their appreciation for the chance to focus on the science behind their specialty and to interact with senior faculty in a relaxed atmosphere, and I enjoyed the chance to meet potential future leaders in our field. Because the environment lent itself to interactive discussion, I also heard a lot about what we do well in our training, and where we need to improve.

It is my sincere wish that we continue to

train the best and the brightest, and this past fall we launched a five-year Strategic Plan for the future of our ASTS Fellowship Training Programs and fellows. Our vision for the future is progressive, bold, and timely, and I am very excited by it. There are so many factors to balance when thinking about how best to attract and train the next generation of transplant surgeons, and the strategic plan does an exemplary job of positioning our Society to continue to be the leaders in this area, exactly where it needs to be. Look for updates very soon about short- and long-term goals and implementation plans.

Dreams

I have been very fortunate to have travelled extensively across the globe in the past few years. It has become very apparent to me that transplantation is no longer U.S.- or Euro-centric, and in the last 10 years there has been massive expansion in Asia, India, and South America in areas of kidney and liver transplantation, both living and deceased donors. I have heard from many centers in other countries that they are looking to ASTS for guidance or approval of their training programs. At home, I have heard from U.S. programs that they are interested in sending their fellows abroad for a broader training experience and to get credit for that experience in their ASTS logs. At the winter Council meeting, I proposed a dream of mine: that ASTS expand our focus on such international outreach and partnerships. The first step would be to develop a pilot project to identify high-performing programs outside the United States that already have relationships with ASTS-accredited U.S. programs, with the goal of developing guidelines for "sister" international programs that meet ASTS high standards for fellow training, provide educational resources to these programs, and develop



potential clinical exchange programs between fellows. With all the advancements in electronic communication, education, and social networks, this is feasible and very exciting. Such partnerships would provide a significant opportunity for cross-fertilization, expansion of knowledge and practice, and broader exposure to a diversity of approaches to transplantation. This would result in mutual benefit for both ASTS and the international programs, advancing unlimited learning and research opportunities. The world continues to become smaller and smaller, and I believe it is important for ASTS to look to the future by increasing international activity and involvement in the Society.

Reality

At a visit to Colorado last month, I was reminded by a good friend that the very first liver transplant was performed in March of 1963. While the patient, a baby with biliary atresia, did not survive, this would be the 50th anniversary of the first liver transplant, with the first successful one occurring in 1967. It amazes me what has occurred in transplantation just in my lifetime, advances brought about by innovative and pioneering efforts of a small cadre of surgeon-scientists and multidisciplinary teams.

In our current era, there are many new challenges to confront. In my talk at this year's Winter Symposium, I asked, "Where have all the researchers gone?" Clinical demands, a lack of time for grant writing, and a lack of mentorship often discourage junior faculty from research. In addition, federal funding in the traditional way has become extremely competitive and almost impossible to obtain, particularly in this age of federal fiscal limitations. Transplant surgeon-scientists also often find it difficult to compete with full-time researchers for a myriad of reasons, including complex reimbursement for transplant, an empha-

*"Do not worry if
you have built your
castles in the air.
They are where
they should be.
Now put
foundations
under them."*

— Henry David Thoreau

sis on RVU billing, and limited income for "protected time." On the other hand, transplant continues to provide new frontiers to explore in the future, and transplant surgeons are uniquely positioned to take advantage of these areas, such as bioengineering of artificial organs, 'omics translational research, and public policy. These obstacles and opportunities can be at least partly addressed by practicing "team science," which I define as thinking outside our own centers, departments, and schools, adhering to a distributed leadership model, and creating effective partnerships with industry and government organizations. This type of non-traditional model should have the ultimate goal of the advancement of young faculty and student ideas and ensuring the success of students and junior faculty. ASTS has always supported research through its Research Grants program, but now we are trying to think outside the box, reconfiguring award categories and exploring new funding methods. Traditionally our grants have been funded by the Foundation of the ASTS, and we need to aggressively build on this solid footing. We need to find new ways of supporting innovative ideas and team

science. Luckily for me, after my ASTS presidency ends in May, I will still be able to contribute to this effort as chair of the Foundation, where my goal will be to significantly increase ASTS research funding. So you see, I will still have something more to worry about in the coming year.

Back to the Future

Do I need to worry about the future? As you can see, the future of ASTS is bright, so perhaps I needn't worry anymore. The ASTS is strong, determined, multifaceted, deep in talent, and in it for the long run. We have great vision and far-reaching dreams, all with a basis in reality.

Now, we need to look to the very near future. I hope to see you all in the beautiful city of Seattle next month for the American Transplant Congress and all the ASTS events there, including the Business Meeting on Tuesday, May 21, at which I will pass the gavel to our next President and mark the end of my term. It has been an honor and sincere privilege to serve as the ASTS President and to have had the pleasure of working with so many talented and dedicated members. I have met so many amazing ASTS members this past year, and words cannot express the pride I have in this Society and what it has accomplished, and what I know it will achieve in the future. I can never fully articulate all I have gained from my year as President. Now, I am just worrying about what I will talk about in the ASTS Presidential Address....

Thank you all for helping to make this experience one I will reflect on with great delight, pride, and satisfaction, and savor for many years to come.

Kim M. Olthoff, MD
ASTS President



ASTS News

The ASTS Winter Council and Committee Chair meeting and ASTS Foundation Board of Directors meeting were held January 31, 2013, at the Loews Miami Beach Hotel in Miami, Florida.

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

Advanced Transplant Providers Committee

Mr. Mark Burns reported that the ATP membership type is growing, and as an added benefit to this membership the committee instituted case studies for the quarterly ATP e-Newsletter. The featured case studies include a question and answer component prompting the members to submit their answers. In addition, the committee co-hosted an education session with NATCO at the Winter Symposium and presented the 2012 ATP Award. The committee continues to work on other initiatives such as the ATP Mentorship program and the ASTS National Transplant Service Line, which will offer a database that will link Advanced Transplant Providers across the country to increase multidisciplinary management of out-of-region transplant patients in acute care and to discuss common patient and related issues in transplant.

ATC Planning Committee

Dr. Seth Karp reviewed several schedule changes to the 2013 American Transplant Congress, including the special “Innovators in Transplantation” session chaired by Dr. Benedict Cosimi and featuring talks by Dr. Paul Terasaki and Dr. Thomas Starzl and a “Meet the Expert” session designed to promote interactions between junior and senior faculty. Guided tours of the posters will also be offered.

Business Practice Services Committee

Dr. William Chapman reported that the 4th annual Leadership Development Program will be held September 22-25, 2013, and that an early interest list has already been started. The new Advanced Leadership Development Program will begin in April. He also reported that the Transplant Center Policy Library currently has 11 policies, with at least three more planned for 2013. The 2013 Transplant Surgeon Compensation Survey was fielded in January with results expected to be released in late spring.

Bylaws Committee Report

Dr. Shawn Pelletier reported that the committee has completed its evaluation and update of the ASTS bylaws. The committee recommends that a formal corporate policy manual be created as a living document for Council resolutions and other non-personnel policies.

Cellular Transplantation Committee

Dr. Andrew Posselt reported that the committee is revising the Islet Isolation Survey to reflect the current state of islet transplantation and plans a final proposal for May 2013. The committee is also revising the islet transplantation modules for the fellowship curriculum and considering adding one on Total Pancreatectomy/Islet Autotransplantation. A white paper on islet coverage is awaiting the results of a large trial.

CME Committee

Dr. Michael Ishitani reported the launch of the Trans-SAP MOC program on January 28, 2013. The ABS MOC requirements include 60 hours of self-assessment activity, which the Trans-SAP is designed to help fulfill for transplant surgeons and physicians. The program currently contains 27 modules for Category I CME and self-assessment credits toward Part 2 of the ABS’ MOC Program. Nineteen modules are in review, and the committee’s goal is to release 15 modules every 6 months. The committee provides oversight of all ASTS CME certified programs, including the monthly review of AJT Images in Transplantation.

Communications Committee

Dr. Kenneth Chavin reported on the website redevelopment project, including the new Association Management System that will add online functionality for members. The new website will allow users to access the *American Journal of Transplantation* online and the Academic Universe without signing in again and will allow staff to complete many tasks now being outsourced. The website is scheduled to launch before the 2013 American Transplant Congress.

Curriculum Committee

Dr. Jonathan Fryer reported that the Academic Universe now has 137 modules and 37 surgical videos, and the committee has standardized the review process for updating content, including the addition of ABS quality questions to the self-assessments. They are working to review and update all the modules by 2014.

Diversity Issues Committee

Dr. Juan Caicedo reported that the committee planned to hold sessions on diversity issues and cultural competency at both the Winter Symposium and ATC. Surveys of transplant centers and OPOs regarding their outreach to minorities have been drafted and are almost ready to distribute. The committee plans a white paper on disparities in organ transplantation among minorities and is trying to coordinate meetings with other organizations to learn what they are doing and identify opportunities for collaboration.

Ethics Committee

Dr. John Ham reported that the committee is working on the issue of Imminent Death Donation and a position statement for ASTS. The committee is also reviewing all position statements currently on the ASTS website to ensure they remain appropriate given changes over time.

Fellowship Training Committee

Dr. Douglas Farmer presented one new program applying for accreditation, one applying for an updated accreditation, and two programs applying to add an HB or HPB track. He also reviewed



ASTS News

the committee's new training program proposal to accredit programs in core organ specialties. The committee is revising the proposal and will present an update to the Executive Committee in spring 2013.

Grants Review Committee

Dr. Ginny Bumgardner discussed long-term strategies for funding the ASTS research grants in the face of declining industry financial support and an increasing number of applicants. Ideas included a member campaign to encourage Foundation contributions specified for research grants for ASTS members and their trainees.

Legislative Committee

Dr. David Reich, chair, and Mr. Peter Thomas, ASTS legislative counsel, reviewed the results of the election and the fiscal cliff deal in Congress and their impacts on the field of transplantation, as well as anticipated effects of the Affordable Care Act's (ACA) implementation. They also reported that the immunosuppressive drug coverage bill was being reintroduced again this year. The committee hopes to involve members in a campaign to support the bill and to focus attention on ACA implementation at the state level.

Living Donation Committee

Dr. Christopher Freise reported the committee is evaluating methods to help transplant centers comply with new OPTN living donor policies for living kidney donors, such as templates for informed consent and best practices for donor follow-up. The policies went into effect at the end of February, but the first follow-up requirements are 6 months after the procedure.

Membership and Workforce Committee

Dr. George Burke reported that the total membership is 2,047, consisting of 1,574 surgeons, 365 surgical associates, 53 non-physician scientists, 44 physicians, and 11 honorary members. The committee is working on the membership application for the new website and outreach for the new membership categories.

Reimbursement and Regulatory Committee

Dr. James Pomposelli reported that the committee developed a sur-

vey for ASTS and American Urological Association (AUA) members to gather data to submit to the AMA/RUC, which is re-evaluating CPT 50360 (kidney transplant). The survey data will be collated and presented to the RUC to help ensure the code is properly valued.

Scientific Studies Committee

Dr. Peter Abt reported that a white paper on the committee's donor intervention research was under review by the American Journal of Transplantation and that the results were presented to ACOT with a positive response. He noted there are discussions about a HRSA-sponsored consensus conference on this topic.

Standards and Quality Committee

Dr. Ryutaro Hirose reported that PQRS is moving from an incentive to a penalty basis for not participating. The American Board of Surgery's Maintenance of Certification Part 4 will likely require surgeon-specific measures in the future, and SRTR data is being investigated as a possible PQRS measure. He also noted that the committee is working with the American College of Surgeons to explore the possibility of adding a transplant-specific module to the National Surgical Quality Improvement Program; developing QAPI resources online; speaking with the Association of Organ Procurement Organizations about "on site OR" standards; and considering developing standards for midlevel transplant providers.

Vanguard Committee

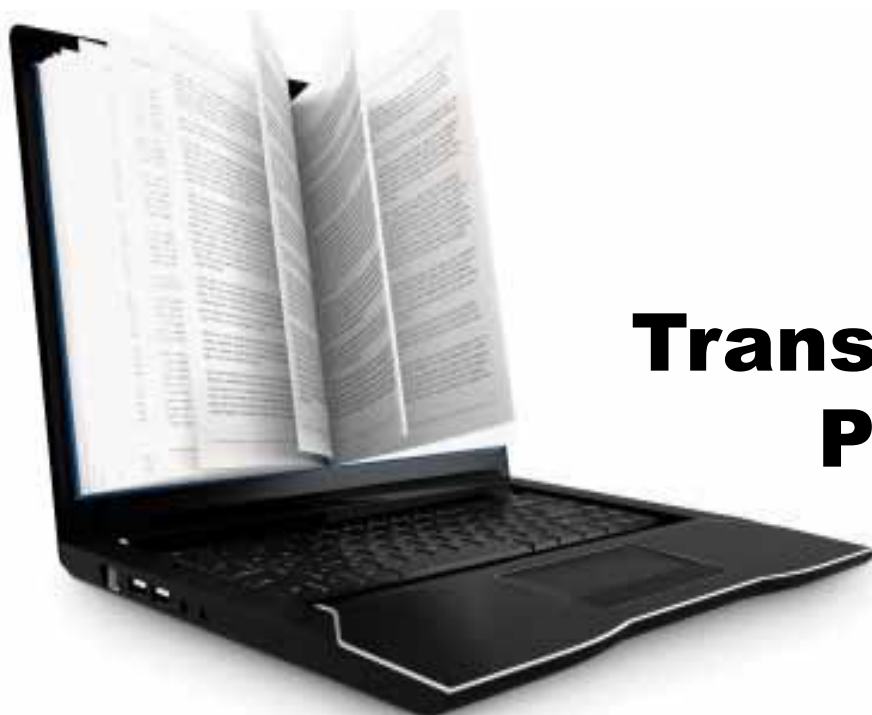
Dr. Dorry Segev reported that this year's State of the Art Winter Symposium attracted the highest number of registrants yet: 439, up from 345 in 2012 and 308 in 2011. About the same number of abstracts were submitted, and the quality remained high.

Vascularized Composite Allograft Committee

Dr. Linda Cendales noted that the committee's long-term goal is to incorporate VCA as a partner in transplantation. Short-term initiatives include recommendations for Standards for Individuals Procuring Deceased Donor VCA, criteria for designation as a VCA surgeon, and developing VCA-specific criteria to be included in the UNOS approved transplant center criteria for sites performing VCA procedures.

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World Transplant Congress
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July 26–31, 2014





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

- Informed Consent for Higher Risk Donor Organs
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- 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



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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.

Policies under consideration for creation in 2013 include: adverse event reporting – detailing and defining; what to do and when to report a decrease in volume or survival rates; and wait list management. If you have suggestions on additional policies, please email laurie.kulikovsky@asts.org.

Currently available policies include:

- **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**

Member Rate: \$1,000 per year

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

ASTS provides subscribers with updates to policies on a regular basis and will add additional policies to the subscription as they are developed.

2013 ASTS Leadership Development Program

The 4th annual Leadership Development Program will be held September 22-25, 2013, at Northwestern University's Kellogg School of Management. As this popular program gears up for its fourth year, we look forward to welcoming back Thomas Hamilton from CMS, along with other keynoters to be announced soon. Be sure to check our website for new speakers and returning favorites as they are added to the program at www.ASTS.org

Registration will open in May 2013. We are already maintaining an early interest list for the program. If you are interested in being added to this list for updates and a chance to register early, please contact Laurie Kulikovsky at laurie.kulikovsky@asts.org.

2013 ASTS Transplant Surgeon Compensation Survey

The 2013 ASTS Transplant Surgeon Compensation survey was fielded to the ASTS membership between December 2012 and February 2013. Analysis is in progress, and the results will be available to ASTS members in May. A big thank you goes out to the more than 400 members who completed the survey. Those members will receive a complimentary copy of the report analysis. The survey results will also be available for purchase in the ASTS Store at www.ASTS.org.

The ASTS Transplant Surgeon Compensation survey provides important insight into the fair and reasonable compensation for the work of providing transplant services and, as such, is a valuable resource for ASTS. The in-depth report is designed to allow individuals to easily compare their salary and benefits with their peers at the staff and leadership levels. The report contains detailed compensation data on transplant staff surgeons, program directors, division chiefs, and transplant center directors/institute directors/chiefs. Data are aggregated by region, practice type, personal and center volume, and primary practice to provide the most comprehensive data.

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



Dear Fellow ASTS Member:

As Chair of the ASTS Grants Review Committee, I complete my three-year term in May. I'm pleased that Dr. Jonathan Bromberg will move up from co-chair to committee chair and continue efforts to advance the committee's mission. The committee serves as the steward for transplant science research grants conducted by the continuum of physician scientists at all levels of training, including medical students, surgery residents, transplant fellows, early and mid-career and collaborative science faculty.

Over the last three years, Drs. John Daller and David Mercer worked with ASTS staff to collect data on the research productivity of grant recipients. The surveys and follow-up information show that most grants have resulted in published abstracts and papers within one year and all have resulted in publications within two years. Further, all grants have resulted in additional grant applications, particularly to the NIH, within one to two years. These enviable statistics demonstrate that our members are highly committed and productive and that the ASTS grants program is fulfilling the goals of training students in transplant science and supporting faculty in the next frontiers of discovery in our field.

The Grants Review Committee has sponsored and co-sponsored several sessions, at both the ATC and the ASTS Winter Symposium, on grantsmanship, funding mechanisms, mentoring, and "Why I Love It." These sessions have been very popular among trainees and faculty, and the committee will continue to support these educational activities.

New Conflict of Interest policies and greater transparency in the application and review processes have been implemented over the past two years. These policies can be viewed at www.ASTS.org. We believe that our reviews are highly professional, provide feedback to the applicants, and ensure the depth and breadth of review that all applicants deserve.

Reflecting the difficult national and international funding environment, and the concern that overall scientific activities may be decreasing, we experienced for the first time in several years a decrease in the overall number of grant applications this year. After experiencing a substantial increase (45%) in applications between 2011 and 2012 from 88 to 128, the number of applications in 2013 decreased to a total of 70. While we are concerned about the implications of this drop, the good news for investigators is that the chance of receiving a grant has increased for those who applied this year. The recipients will be announced in the spring of this year.

ASTS is fortunate to have pharmaceutical partners that value transplantation research and the scientific career development of transplant and surgical faculty. Plans are in progress to garner additional financial support from other corporate sources by focusing new grant funding opportunities in disease or treatment-specific areas that are in keeping with the core focus and missions of those corporate entities.

Despite a difficult economic environment, ASTS remains dedicated to funding research grants for members and their trainees. I hope you will join us for a special session scheduled for Monday, May 20, at 9:30 a.m. during ATC 2013 in Seattle, where we will honor the 2013 research grant recipients and thank our industry partners for their continued support of transplant research.

Ginny L. Bumgardner, MD, PhD

Committee Members

Jonathan Bromberg (Co-Chair)
Christopher Anderson (2013)
Pratima Sharma (2013)

Joseph Buell (2014)
Shimul Shah (2014)
Robert Stratta (2014)

Lucy Wrenshall (2014)
David Foley (2015)

NEW!

ASTS Trans-SAP Maintenance of Certification Part 2: Lifelong Learning and Self-Assessment Program

The American Society of Transplant Surgeons is proud to announce the launch of Trans-SAP Maintenance of Certification (MOC) Part 2: Life Long Learning and Self-Assessment Program for transplant surgeons and physicians. It was developed to meet Category I CME and self-assessment credits toward Part 2 of the ABS MOC Program. Trans-SAP MOC is currently available only to ASTS members.

Trans-SAP is an online program using selected peer-reviewed journal-based articles related to the field of organ transplantation, with self-assessment multiple choice pre- and post-test questions. Each article has clear educational objectives. Trans-SAP MOC Part 2 is an "open book test"; participants must take the pre-test, read the article, and then answer the test questions with a passing grade.

Trans-SAP MOC is the first-ever program developed by transplant surgeons for transplant surgeons and transplant physicians.

To learn more about ASTS Trans-SAP Maintenance of Certification Part 2: Lifelong Learning and Self-Assessment Program, go to www.ASTS.org

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ASTS Across the Field

Wake Forest Baptist Transplant Program

The Abdominal Organ Transplant Program of Wake Forest Baptist Medical Center in Winston-Salem, North Carolina, has reached two important milestones: both the 200th pancreas transplant and the 2,500th kidney transplant were performed in December 2012. The program averages about 18 pancreas and 160 kidney transplants a year.

Wake Forest Baptist is the largest kidney and pancreas transplant center in the state and one of the largest centers in United Network for Organ Sharing (UNOS) Region 11, which includes North Carolina, South Carolina, Kentucky, Tennessee, and Virginia. In the 42-year history of the program, more than 2,700 total transplants have been performed.

The program's physicians, Robert Stratta, MD, Alan Farney, MD, and Jeffrey Rogers, MD, are ASTS Fellowship-trained multi-organ abdominal transplant surgeons specializing in kidney and pancreas transplantation, dialysis access, and general surgery in patients with renal failure and are listed among Best Doctors in America®. Surgeon Giuseppe Orlando, MD, has recently joined the program's faculty. All are actively involved in managing



The transplant team at the Abdominal Organ Transplant Program of Wake Forest Baptist Medical Center

try of Transplant Recipients database, Wake Forest Baptist has higher than expected patient and graft survival rates based on its patient mix, lower than expected waiting times and waiting list mortality, higher rates of organ acceptance and imports, higher rates of transplantation (in nearly all age groups, but particularly in the elderly), greater utilization of expanded criteria donor kidneys, and improved waiting list turnover compared to other programs in the region.

The program is known for its expertise in transplantation of organs from expanded donors as well as transplanting high risk candidates, including patients with coronary artery disease, peripheral artery disease, diabetes, morbid obesity, and adequately controlled chronic viral infections such as HIV and hepatitis C.

post-operative immunosuppression, complex infectious disease, critical care, primary care, and long-term management of transplant recipients. They provide transplant care to the full spectrum of patients with end stage renal disease, from pediatric to geriatric candidates, and collectively have more than 50 years of experience.

Within the Scientific Regis-



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 today.



Nothing to Confess

by Donald Hricik, MD, Chief of the Division of Nephrology at Case Western Reserve University and Medical Director of Kidney and Pancreas Transplantation at Case Medical Center, tells a riveting story while touching on several issues relevant to the field of transplantation and modern medicine, most

notably disease transmission through transplanted organs and tissue and the true cost of malpractice lawsuits to the institutions and individuals involved in them.

The novel tells the story of an apparently healthy man who dies seemingly from a cocaine overdose and is evaluated as a donor by Lance Turner of the Ohio Organ Bank. After conversations with the patient's girlfriend and mother, Turner approves the donor, whose heart, lungs, kidneys, pancreas, and liver are then transplanted into various patients. The joy of receiving this gift of life is poignantly conveyed through the story of a young man who receives a kidney.

But when several of the recipients begin dying from a mysterious virus, the search for the cause begins. The identification of the virus and its likely origin then calls into question whether the donor evaluation was sound.

The aftermath illustrates the extreme emotional toll that lawsuits can take on the defendants, including an interesting analysis of the total monetary cost of such suits and what that means for health-care costs in this country.

Nothing to Confess is available in paperback and e-book formats and can be purchased through amazon.com or www.barnesandnoble.com.

In Memoriam: Joseph E. Murray, MD (1919-2012)

ASTS is deeply saddened at the passing of ASTS honorary member and Nobel Prize winning transplant surgeon, Joseph E. Murray, MD. Dr. Murray died on November 26, 2012, at Brigham and Women's Hospital in Boston after suffering a stroke. He was 93 years old.

Dr. Murray performed the first successful human organ transplant in 1954, transplanting a kidney from a healthy 23-year-old man to his twin brother. He was awarded the Nobel Prize for Physiology or Medicine in 1990.

Dr. Murray earned his MD from Harvard Medical School in 1943, became a surgical intern at the Peter Bent Brigham Hospital in Boston, and did his residency there and at The New York Hospital in plastic surgery. After the pioneering transplant operation, he continued his career in plastic surgery but kept an avid interest in transplantation, also performing the first successful kidney transplant to a non-identical recipient (1959) and the first using a kidney from a deceased donor (1962).

He was elected as an honorary member of ASTS in 1978. In a letter to ASTS, he noted, "I am anxious to encourage the Society in any way possible because the subject is one dear to my heart."

Dr. Murray collected many honors throughout his distinguished career, including the Francis Amory Prize from the American Academy of Arts and Sciences in 1962, a Gold Medal awarded by the International Society of Surgeons in 1963, and the Ninth Ferdinand C. Valentine Medal and Award in 1970. He also served as Chairman of the National Transplant Advisory Center's Scientific Advisory Committee and a member of the Board of Regents of the American College of Surgeons.

He eventually returned to plastic surgery and served as the head of plastic and reconstructive surgery at Brigham and Women's Hospital and Boston Children's Hospital, where he developed an interest in vascularized composite allografts and became a leader in craniofacial reconstruction. He retired in 1986 but remained a champion of transplantation.



ASTS Across the Field

People and Places

This feature contains news about ASTS transplant surgeons and their programs. If you would like to be featured or know of someone who has recently changed positions, please submit the information to diane.mossholder@ASTS.org.

Khalid Khwaja, MD, is now surgical director of Solid Organ Transplantation at Beth Israel Deaconess Medical Center. He was formerly with the Lahey Clinic.

Christian P. Larsen, MD, PhD, has been named dean of Emory University School of Medicine. He also serves as vice president for Health Center Integration for the Robert W. Woodruff Health Sciences Center and as chairman of the Board of Directors of The Emory Clinic. He was formerly chair of the Department of Surgery at Emory University School of Medicine.

Robert C. Robbins, MD, is now President and Chief Executive Officer of the Texas

Medical Center in Houston. He was formerly a professor and chairman of the Department of Cardiothoracic Surgery at Stanford and director of the Stanford Cardiovascular Institute.

Gazi Zibari, MD, FACS, FICS, M. Hosein Shokouh-Amiri, MD, and Donnie F. Aultman, MD, are now with Willis-Knighton Health System. They were formerly with Louisiana State University Health Shreveport.

Rodrigo Vianna, MD, former Director of Intestinal and Multivisceral Transplant Program at Indiana University, has become the director of the Miami Transplant Institute, a joined program

between the University of Miami and Jackson Memorial Hospital, and professor of surgery at University of Miami Miller School of Medicine.

Thiago Beduschi, MD, finished an Abdominal Transplant Surgery Fellowship and an additional year in Advanced Intestinal and Multivisceral Transplant Fellowship at Indiana University and accepted a position as assistant professor of surgery at University of Miami Miller School of Medicine and transplant surgeon in the Division of Liver and GI Transplant at Miami Transplant Institute.

Correction

In the Winter 2013 issue of *Chimera*, we mistakenly reported that Johnny C. Hong, MD, FACS, had accepted the Chief position at the University of Wisconsin in Milwaukee. Dr. Hong joined The Medical College of Wisconsin in October 2012 as an associate professor and became the Director, Solid Organ Transplantation, which is a collaboration of Froedtert Hospital, The Medical College of Wisconsin, Children's Hospital of Wisconsin, and the Blood Center of Wisconsin.



ASTS Career Center

Looking for your next career move or a new hire?
Look no further than the ASTS Career Center

The ASTS Career Center at careercenter.ASTS.org enables employers to post, manage, and update their job listings and company profile anytime day or night, with online payment for faster service. It also allows job seekers to apply for posted jobs or upload their resumes for employers to view.

Employers have the opportunity to post 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 employers can choose to have their openings seen by even more potential qualified applicants without repeating the posting process—the NHCN will choose the most relevant sites on its network for openings based on the keywords in the job description.





Coming soon: The New ASTS.org!

The Communications Committee and National Office staff are hard at work on the new *ASTS.org*, just in time for ATC. We'll be featuring the new site at the booth in Seattle and hope you'll stop by to let us know what you think.

Based on up-to-the-minute user research and website best practices, the new site is designed to adapt to your computer monitor, tablet, or smartphone so you can always read the text and find what you're looking for, no matter what device you're using. The home page layout and new menu structure are based on a survey of ASTS members and their use of the site, so you can easily find what you most often come to the site to see.

Thanks to the new Association Management Software running behind the scenes, everything you do on

the site will become easier, including dues renewal, purchases from the store, event registration, and finding contact information for your fellow members. And we are excited that the new system includes private portals for committees to more easily share their work and communicate with each other. The new site will also let you easily and instantly buy downloadable documents.

Stay tuned for an email announcing the launch of the new site this spring. When you receive it, please follow the instructions to login, reset your password, and update your profile. We know you'll be pleased by what you see!



Review of IT Funding Continues; Substantial Fee Increase Likely

UNOS' Information Technology Advisory Committee (ITAC) is reviewing additional resources needed to upgrade mission-critical information systems UNOS maintains to meet members' needs and OPTN contract requirements, as well as to implement a backlog of programming requests approved by the Board of Directors.

OPTN/UNOS President John Roberts, MD, in a February memo to transplant program directors and administrators, noted that while the ITAC continues detailed review of efforts and needs, "it is clear that UNOS will need significant additional resources in the near term to address system improvements and implement previously approved policies and bylaws. This will likely require a substantial increase to computer registration fees assessed upon a candidate's listing for a transplant." The entire memo is available on the Transplant Pro site: <http://transplantpro.org/funding-for-mission-critical-optn-computer-system-upgrades/>.

The ITAC will share its findings with other OPTN and UNOS governing committees, which will in turn make funding and prioritization recommendations to the OPTN/UNOS Board of Directors.

OPTN/UNOS Board of Directors Election

OPTN/UNOS voting members recently elected a slate of officers and board members for open positions in the 2013-2014 term. The newly elected officers and members will take office just after the conclusion of the June 2013 board meeting.

Kenneth A. Andreoni, MD, will become OPTN/UNOS president in the upcoming term. Other newly elected officers include vice president/president-elect Carl L. Berg, MD, and treasurer Laura M. Murdock-Stillion, MHA. For a complete listing of election results, please visit the News section of the OPTN website: <http://optn.transplant.hrsa.gov/news/>.

RFP and Proposal for OPTN Contract

In February, the Health Resources and Services Administration of the U.S. Department of Health and Human Services released a request for proposals (RFP) for continuation of the OPTN contract. The submission date was April 5. Additional information will be published later regarding the new tasks and specifications of the OPTN contract.

Public Comment and June Board Meeting

Six 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 14. The proposals are listed on the OPTN website: <http://optn.transplant.hrsa.gov/policiesAndBylaws/publicComment>.

The OPTN/UNOS Board of Directors will meet June 24-25 at the Omni Richmond Hotel in Richmond, Virginia. The board may consider action on items presented for public comment in the fall of 2012. A summary of all actions resulting from the meeting will be available on the OPTN website, as well as in Transplant Pro (<http://transplantpro.org/>) and its monthly member e-newsletter.

Subscriptions for Transplant Pro E-newsletter, UNOS Update

If you have not already subscribed to receive monthly e-mail updates to Transplant Pro, UNOS' electronic news site and archive for members, please do so here: <http://transplantliving.org/community/patient-resources/e-newsletter/>. You may also use this login to update your contact information if it has changed. The monthly e-newsletter summarizes and categorizes information recently added to the Transplant Pro site.

In addition, UNOS is changing the distribution method for its printed bimonthly magazine, *UNOS Update*. To continue to receive a free individual subscription, or to update your contact information, please register here: <http://update.unos.org/>. UNOS will also provide a limited number of copies to each member institution for additional distribution to staff.

Do your eligible living donors have access to NLDAC?

The National Living Donor Assistance Center (NLDAC) is established to provide greater access to transplantation for persons who want to donate, but cannot otherwise afford the travel and subsistence expenses associated with donation.



National Living Donor Assistance Center

2461 S. Clark Street, Suite 640

Arlington, VA 22202

Toll Free: 888-870-5002

Tel: 703-414-1600 Fax: 703-414-7874

www.livingdonorassistance.org

E-mail: nldac@livingdonorassistance.org



Workplace for Life Hospital Campaign:

Let Life Bloom!

The Hospital Campaign was launched June 29, 2011, as a special effort of the national Workplace Partnership for Life (WPFL). The campaign focuses on hospitals and state and regional hospital associations, enlisting them in the important effort to register new organ, eye, and tissue donors and encouraging them to coordinate donor awareness and registry enrollment activities with their staff, patients, and community members.



Organ procurement organizations (OPOs) and Donate Life America affiliates (DLAs) enroll in the campaign and work with hospital associations and hospitals to provide support and ideas for organizing donor registry enrollment events. OPOs and DLAs are encouraged to set donor registration goals for participating hospitals in their service areas and report results on a quarterly basis by submitting the Campaign Results form to HRSA. The goal is to register 300,000 new donors nationally by the end of May 2013 and cultivate a hospital culture that incorporates educating and

registering potential donors as part of their standard mission.

The Challenge Scorecard includes a list of outreach, education, and donor registry activities with points assigned to each. Hospitals can record the number of times they complete each activity, and the form will automatically total their points toward bronze, silver, and gold recognition in the Hospital Campaign.

Hospitals must return their completed forms to their

WPFL Hospital Campaign contact at their OPO or DLA affiliate by May 15, 2013. OPOs and DLAs will report the results to HRSA, and hospitals will be recognized in a variety of ways beginning in June 2013.

The scorecard can be downloaded at <http://organdonor.gov/how-help/hospitalcampaign.html>. Send questions about the challenge to wpfl@akoyaonline.com.

Richard Durbin Retires

November 29, 2012, marked the retirement ceremony for Richard Durbin, Director, Division of Transplantation (DoT), Health Resources Services Administration (HRSA). As Director, Mr. Durbin oversaw two main functions for HRSA: organ transplantation and blood stem cell transplantation. Within organ transplantation, the two main functions are to maintain the national waiting list to match and distribute organs to individuals and promote organ donation and increase the number of donors. During his tenure, Mr. Durbin collaborated with CMS, FDA, NIH, CDC, and others in support of these key functions.

ASTS is particularly grateful for Mr. Durbin's support of the National Living Donor Assistance Center (NLDAC), which was established through a cooperative agreement between HRSA and University of Michigan to cover travel expenses for living organ donors and is operated by ASTS. Mr. Durbin was also



involved in numerous educational campaigns designed for both the public and transplant professionals. Prior to his retirement, the division learned that their *HHS Entrepreneurs* proposal was selected as part of a new HHS program designed to increase innovative thinking and problem solving. Based on their "game-changing" project, an innovation fellow has joined DoT to help develop a new system for electronic

identification and tracking of organs.

ASTS Executive Director Kim Gifford attended the retirement ceremony and presented Mr. Durbin a plaque recognizing him for his commitment to the field of solid organ transplantation. During his comments, Mr. Durbin spoke about the unique partnership that allows the government, clinicians, and public to work together toward common goals and achieve results. ASTS wishes Mr. Durbin the best as he retires and thanks him for his efforts on behalf of transplant candidates, recipients, donors, and families.



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Exploring the Margins in Miami

The ASTS 13th Annual State of the Art Winter Symposium



The ASTS 13th Annual State of the Art Winter Symposium, “Success at the Margins,” was an unprecedented success, attracting a record number of attendees and exhibitors to the informative sessions, lively debates, and relaxed networking events. From the pre-meeting to the closing soapbox session, ASTS members had the opportunity to learn about and discuss a wide range of topics, covering nearly every aspect of transplantation.

Defining the Margins

The event kicked off at noon on Thursday, January 31, with the Pre-Meeting, “Defining the Margins.” Speakers explored the boundaries of transplantation from malignancy and disease transmission issues to allocation to donor selection. The last half of the afternoon was devoted to liver issues, while the following morning covered pancreas, thoracic, liver/kidney, and intestinal transplantation topics.

On Friday morning, the pre-meeting ended with a riveting soapbox session: “Margins I’ll Never Revisit.” Ten presenters related difficult and challenging situations they had to confront during their careers and how they responded. Afterward, the audience voted for their favorite, selecting Kim M. Olthoff, MD, for her talk, “There was a young man from Hershey....” which she delivered in rhyme!





The ASTS 13th Annual State of the Art Winter Symposium



Preparing for a Crisis

This year's ASTS Business Practice Seminar, "Crisis Management and Communications: Is Your Center Prepared?" featured Jim Axelrod, a national correspondent for CBS News, giving advice on media interactions; Adele

Gambardella-Cehrs, a public relations expert, preparing attendees for what to expect in a crisis; and transplant surgeons relating their experiences with crises they have confronted. Attendees came away with valuable advice and perspectives on unexpected outcomes of transplant procedures and best practices for surgeons and institutions in responding to both the crisis itself and the public response.

The Main Event

The Winter Symposium meeting began at noon on Friday, February 1, opened by Vanguard Committee Chair

Dorry L. Segev, MD, PhD. A highlight of the symposium was the David Hume Lecture, given by John S. Najarian, MD, and cosponsored by the American Foundation for Donation and Transplantation. Dr. Najarian's talk, "Transplantation at the Margins: Children and Older Recipients," received a standing ovation from the audience.

Another highlight was the Keynote Address by ASTS President Kim M. Olthoff, MD, "Where Have All the Researchers Gone? ... Making It All Possible." Attendees were also treated to a rousing Mini-Debate on the implementation of kidney paired donation, in

which Dr. Segev presented the case for a unified national program; Marc L. Melcher, MD, PhD, argued for competition; and Adam Bingaman, MD, won the contest with his explanation of the merits of a single center program.





The ASTS 13th Annual State of the Art Winter Symposium



The afternoon wrapped up with the poster session, followed by the Exhibit Hall Reception and the presentation of the coveted Top Ten Posters of Distinction Awards.

Making Efficiency Entertaining

This year's Career Development Seminar, "Efficiency: Keeping All the Balls in the Air," gave attendees the opportunity to learn from the wisdom of experienced "jugglers": Drs. Marwan Abouljoud, Kim Olthoff, John Roberts, and Dorry Segev. Time management tips, multi-

tasking advice, and stories of successes and failures left the audience both entertained and enlightened.

Scientific Saturday

The weekend sessions were filled with scientific presentations, including case presentations on donor-recipient matching, liver case studies, kidney/pancreas case studies, and oral abstract presentations. Saturday also featured the Lunch and Learn sessions, at which several ASTS committees led small roundtable discussions on a wide variety of topics.

Saturday afternoon was devoted to the ASTS and NATCO Joint Session, which included sessions on staffing models and RVUs, as well as a thoughtful debate on "My Ideal Job in a Perfect Transplant World."

Afterward, attendees gathered on the beautiful Americana Lawn for the presentation of the Francis Moore Excellence in Mentorship

in Transplantation Award to Nancy Ascher, MD, PhD; the Vanguard Prize to Alp Sener, MD, PhD, FRCSC, and Timucin Taner, MD, PhD; and the Advanced Transplant Provider Award to Haley Hoy, PhD, ACNP. Then it was time for dinner, followed by dancing to the jumping beat provided by DJ Dorry!

Soapbox Sunday

The final day of the symposium began with the Video Abstract Session, which provided fascinating and sometimes startling visuals to enliven the morning. Then the second oral abstract session and Liver Margins presentations finished out the morning.

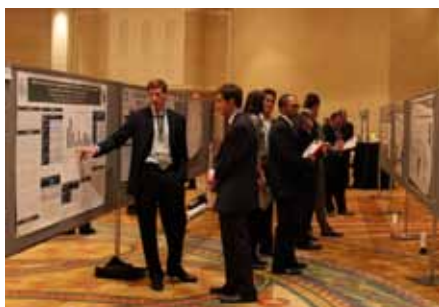
The Soapbox Session "Marginal Dreamin': Margins I Would Like to Visit" wrapped up the symposium on a competitive note. After enjoying 10 presentations on a wide variety of topics, the audience voted for their favorite, choosing Jason D. Wertheim, MD,



PhD, for his talk "Organ Engineering: Moving Toward Transplantation on Demand."

Looking Ahead

ASTS is always looking to make the next Winter Symposium the best it can be. If you have any suggestions for the 14th Annual State of the Art Winter Symposium, "Meeting the Challenges of Innovation," please send them to asts@ASTS.org. We hope to see you back in Miami January 23 -26, 2014, to kick off ASTS' 40th anniversary year with a gala and the best Winter Symposium yet!





The ASTS 13th Annual State of the Art Winter Symposium



ATP Committee Chair Mark Burns, FNP, ACNP; Haley Hoy, PhD, ACNP; Timucin Taner, MD, PhD; Alp Sener, MD, PhD, FRCSC; ASTS President Kim M. Olthoff, MD; Nancy Ascher, MD, PhD; and Vanguard Committee Chair Dorry L. Segev, MD, PhD.



The Advanced Transplant Provider Award was presented to Haley Hoy, PhD, ACNP (second from left).



The Francis Moore Excellence in Mentorship in Transplantation Award was presented to Nancy Ascher, MD, PhD.



Dr. Olthoff spoke briefly about Dr. Ascher before presenting her the Francis Moore Excellence in Mentorship in Transplantation Award.



Timucin Taner, MD, PhD, was a recipient of the Vanguard Prize.



Alp Sener, MD, PhD, FRCSC, was a recipient of the Vanguard Prize.



Corporate Contributors

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Calendar

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 703-414-7870 or diane.mossholder@ASTS.org.

April 2 - 6, 2013

NKF 2013 Spring Clinical Meetings

Walt Disney World Swan
and Dolphin
Orlando, FL

www.nkfclinicalmeetings.org

April 9, 2013

**Utilizing Traditional and Social
Media to Increase Donor
Registrations**

Organ Donation
and Transplantation Alliance
Webinar

www.organdonationalliance.org

June 12 -15, 2013

ASAIO 59th Annual Conference

Chicago, IL

www.asaio.com

July 24-25, 2013

**National Pediatric Organ
Donation Summit**

Organ Donation and Transplantation
Alliance

Sheraton Ft. Worth Hotel
Ft. Worth, TX

www.organdonationalliance.org

July 31-August 2, 2013

**Joint Meeting of Asia Pacific
Histocompatibility and
Immunogenetics Association
and Hong Kong Society
for Histocompatibility and
Immunogenetics**

Hong Kong, China

www.aphiakhshi.com



Upcoming ASTS Events

www.ASTS.org/meetings

**ASTS Advanced
Leadership
Development Program**

Evanston, IL

April 28 - 30, 2013

**13th American Transplant
Congress**

Seattle, WA

May 18 - 22, 2013

**4th Annual ASTS
Leadership Development
Program**

Evanston, IL

September 22 - 25, 2013

**14th Annual State of the
Art Winter Symposium**

Miami, FL

January 23 - 26, 2014

World Transplant Congress

San Francisco

July 26 - 31, 2014

August 2013

**Performance Improvement
Webcast**

Organ Donation and Transplantation
Alliance

www.organdonationalliance.org

September 25-26, 2013

**National Donor Management
Summit**

Organ Donation and
Transplantation Alliance

Westin Bonaventure

Los Angeles, CA

www.organdonationalliance.org

October 15-16, 2013

**Multicultural Issues in Donation
and Transplantation**

Organ Donation and Transplantation
Alliance

St. Louis, MO

www.organdonationalliance.org

American Society of Transplant Surgeons

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





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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Auckland City Hospital, New Zealand

It's Truly
a Great Time to
be a Member!



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 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.

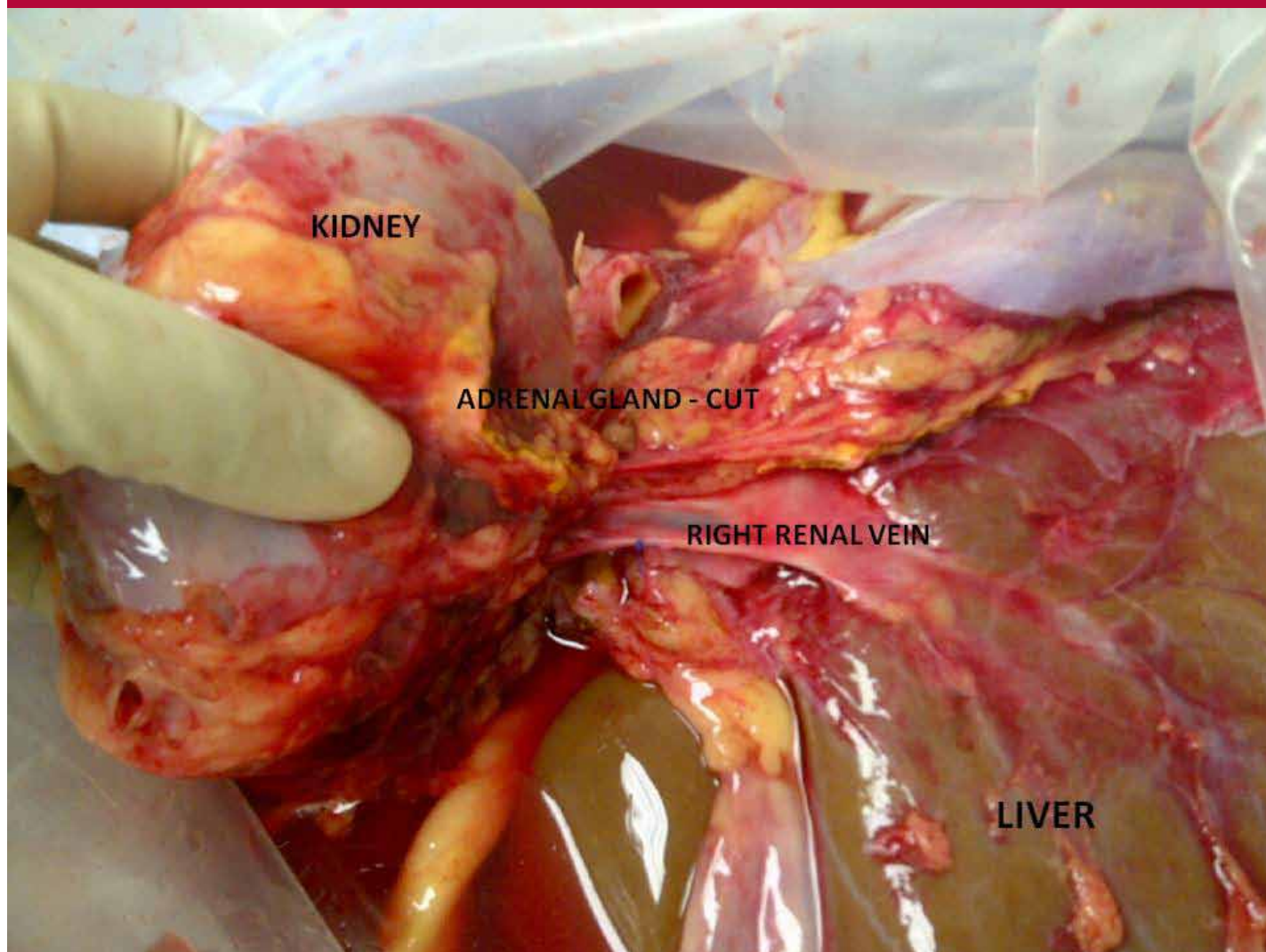
CenterSpan's objectives include:

- 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.



Photo Finish



Submitted by: Ram Seshadri MD
Transplant Surgery Fellow
Northwestern University Feinberg School of Medicine
Chicago, IL

I came across an aberrant anatomical feature during one of my organ procurement surgeries. It was a regular donor for liver and kidneys and what I realized later was pretty amazing.

The renal veins from both the kidneys normally drain to the inferior vena cava. In this instance, I found that the right renal vein was draining directly into the liver instead! I took some pictures and I asked around in my transplant center if anyone had come across this kind of anatomical variation and apparently no one had seen one like this before. I thought it would be something nice to share with the rest of the transplant community.



Photo Finish



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This cadaveric kidney had two arteries approximately 6 cm apart. The kidney was placed on the kidney pump with two separate cannulas. We backtabled the kidney and reconstructed the arteries into a common cuff. Then we were able to place the kidney back on pump with a single cannula perfusing both arteries while the patient was being prepared for transplant. The photo is of the reconstructed arteries placed back on pump.

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