

# CHIMERA

Spring 2016

Published for Members of the American Society of Transplant Surgeons



Our Mission:

*To advance the art and science of transplant surgery through  
leadership, advocacy, education, and training.*



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July 2015 – May 2016



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## Editor's Letter

Welcome to the 2016 American Transplant Congress! I hope you are enjoying your time in Boston and am pleased you stopped by the ASTS booth to pick up your copy of the *Chimera*. Whether or not you're a regular reader, you'll find plenty to enjoy in this issue. The "What's Your Perspective?" column on page 9 is a fascinating topic: "Waste Not, Want Not: Determining the Fate of the Marginal Liver Allograft." I hope you'll chime in on the blog at [ASTS.org/perspectives](http://ASTS.org/perspectives). Or you may be inspired to write a column yourself! We are happy to publish your perspective on any transplant-related topic.

Highlights from the 16<sup>th</sup> Annual State of the Art Winter Symposium begin on page 14. You'll also find updates on ASTS committees beginning on page 5, as well as news from UNOS/OPTN (page 20) and The Alliance (page 22). The Education Corner on page 12 spotlights some of the transplant-specific CME activities ASTS offers, including self-assessment credits toward Part 2 of the American Board of Surgery (ABS) Maintenance of Certification (MOC) Program.

Have a great ATC, and stay connected!


Sander S. Florman, MD

Chair, ASTS Communications Committee



### About the Cover

Six previous U.S. Surgeons General participated in the panel "Transforming the Landscape of Organ Access and Transplantation: Surgeons General Perspectives" at the 16<sup>th</sup> Annual State of the Art Winter Symposium in Miami in January. They spoke about their experiences communicating health issues to the public and their thoughts on a national campaign on expanding organ donation and transplantation. A recording of the session is available at [ASTS.org/winter-symposium](http://ASTS.org/winter-symposium).



# CHIMERA

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# President's Letter

Charles M. Miller, MD

**A**s we approach another ATC and the annual changing of the guard, I'd like to reflect on some of the changes and challenges we've gone through as a Society during my term. In my first message to the membership, I stated my main goal: "to focus our Society's incredible intellect and abilities on increasing organ availability. When I look at the big picture, our world is limited by one thing: lack of organs to transplant. We have the passion, the smarts, the imagination, talent, and the drive to make the field great. Let's put our collective minds together—and re-energize organ donation."

This past year has proven that we do have the passion, smarts, imagination, talent, and drive to create innovative improvements to our field. We are making headway along several important paths. In that first message, I also wrote:

"...it is incumbent upon us to think through the best ways to create the science, technology, and social networks to increase organ availability, and also help influence our regulatory bodies to incentivize informed risk taking and reverse what has become a risk-averse environment in both recipient and donor/organ acceptance."

The highlight of my year so far was the Winter Symposium in January, where I had the honor to welcome six of our previous U.S. Surgeons General to talk about increasing organ availability and how best to convey the urgency and necessity to the public. Social networks, the importance of altruism, and how to tell compelling stories to catch people's attention were major topics.

As members of the transplant team, we are focused on our patients—rightly so—but it is good for us to think about the gifts that make it possible for us to do what we do. When I contemplate what it means for someone to step up and offer a part of themselves or someone they love to help another person, I am humbled and awed. We must not lose sight of that amid all the other things we do.

Living donors show a special kind of heroism, and we must continue breaking down the barriers they face. The National Living Donor Assistance Center, whose day-to-day operations are in the ASTS National Office, is a big part of that. We're exploring how to move beyond the current framework and address some of the remaining financial disincentives for living donors.



I'm proud to have created the ASTS PROACTOR (PROmoting ACcess To Organs) Task Force to identify current efforts to expand organ donation and awareness, look for areas where ASTS can productively collaborate, search for gaps we could potentially fill, and create a five-year strategic plan to achieve the goal of dramatically increasing access to organs. ASTS has also been working with groups like Organize and Waitlist Zero to explore innovative approaches to increasing organ donor registration, in addition to longstanding initiatives like the Workplace for Life Hospital Campaign. There is plenty to be done, and we welcome those making an impact in this space.

To address our risk-adverse environment and regulatory burden, ASTS worked with AST and the Laura and John Arnold Foundation to create an RFP for grant proposals to improve transplant center metrics. I'm eager to see what the grantees produce next July!

I imagine most ASTS presidents feel as I do: I've started things dear to my heart that cannot be completed in my term. But I am confident that we will continue to make progress on our goals under Tim Pruett's leadership. I know he shares my belief that increasing access to organs is the most impactful work ASTS can do in this day and age, and our conversations have left me encouraged that we will continue our leadership in this critical area.

As I think about the end of my term, I am profoundly grateful to all of you for giving me this unique opportunity to be of service to our field. It is an honor that I will look back on with pride. Transplant is a team sport, and so is the business of the Society. Thank you to the ASTS Executive Committee and Council for their thoughtful contributions throughout my term. And last but certainly not least, thank you to Kim Gifford and her team for their support, hard work, and enthusiasm.

Enjoy your time at ATC, and I hope to see you at the Business Meeting Tuesday at 5:45.

Sincerely,

Charles M. Miller, MD  
President





# ASTS News

*The ASTS Winter Council and Committee Chairs Meeting was held January 14, 2016, at the Loews Miami Beach Hotel in Miami, Florida.*

*The following are select committee news and reports from the meeting, arranged according to the focus areas in the Strategic Plan. If you have questions or comments about any committee activities, please contact the committee chair.*

## Training and Professional Development



### Vanguard Committee

Dr. Michael Englesbe reported that the 2016 Winter Symposium broke records for abstracts submitted (232) and registration (634 total attendees). He also noted that this year's program included mini oral abstracts and an interactive surgical video session, in addition to the panel of six previous U.S. Surgeons General. For highlights of the meeting, see page 14.

### CME Committee

Dr. Richard Knight presented proposals for approval of requests for interactions with other organizations and repurposing Winter Symposium MOC sessions for online MOC learning. He also reviewed the ACCME reaccreditation process and the committee's deliverables: 15 Trans-SAP modules in the Academic Universe, MOC sessions piloted at ATC, and providing CME credit for ASTS meetings and as a joint provider for the Brain Death Declaration Webinar. For 2016, the committee plans to increase the number of MOC credits available at the Winter Symposium and ATC, offer MOC credit for AJT articles, repurpose MOC content from the Winter Symposium, make more Trans-SAP modules available, and hold a Laparoscopic Donor Nephrectomy Workshop.

### Advanced Transplant Provider Committee

Ms. Georgeine Smith reviewed the ATP Committee's recent deliverables, including the ATP Award, and a brochure the committee is developing as a recruitment tool. She gave an update on the ATP Certificate of Educational Achievement program development, based on 33 Academic Universe modules and featuring an exam. Members of the CME and Curriculum committees will help create the final exam.

### Curriculum Committee

Dr. Kenneth Washburn reported the committee is reviewing the Academic Universe modules and revising them as needed according to the question writing guidelines. He noted that existing modules need to be updated and new modules created to fill gaps in areas of interest, such as HBP.

### Fellowship Training Committee

Dr. Wendy Grant gave an overview of the Fellows Symposium in October 2015 and the pilot exam given there. The fellows and faculty who took the exam gave good feedback on the questions. She also announced that a program directors meeting is planned for 2016.

## Business Practice Services Committee

Dr. Kenneth Andreoni reported that the 2016 Compensation Survey is being revised and will be put out for bid by survey companies. The Leadership Development Program will be held again in September 2016.

## Optimal Patient Care

### PROACTOR Task Force



Dr. Dorry Segev thanked Dr. Miller for creating the task force to promote access to organs and presented the members. The goal is not to re-invent the wheel but rather determine how ASTS can make the biggest impact to increase the number of transplants. The task force solicited input at the Winter Symposium on successful single center efforts. Their landscape analysis is nearly complete, and recommendations will be formulated for the Council.

## Standards and Quality Committee

Dr. Stuart Greenstein gave an update on the National Transplant Quality Improvement Program (TransQIP) development. The alpha phase of the program is expected to be launched in the spring of 2016.

## Ethics Committee

Dr. Michael Millis noted that the committee's approved professionalism and Conscious DCD statements are on [ASTS.org](http://ASTS.org). The committee is focusing on imminent death living donation.

## Organizational Structure

## Membership and Workforce Committee



Dr. Juan Rocca reported that 185 new members joined in 2015 and that the 2015 renewal rate of 91% is well above association industry standards. The workforce survey was distributed to program directors in January.

## Bylaws Committee

Dr. Ronald Pelletier reported the committee is exploring an associate member liaison role on the Council and updating the member travel reimbursement policy. Dr. Miller asked the committee to explore removing some of the committee designations from the bylaws and identifying the core ones that need to remain in the bylaws.

### Communications Committee

Dr. Sander Florman encouraged other committee members to write a “What’s Your Perspective?” column for the *Chimera*. He noted the committee is constantly exploring improvements to the website. He asked the Council for feedback on adding advertisements to the website, and the Council suggested the committee explore advertising/sponsorship for the *Chimera*.

### Advocacy

### Legislative Committee



Dr. Sherilyn Gordon-Burroughs reviewed the committee’s legislative priorities: DoT funding, bills on readmissions and immunosuppressive coverage (to be reintroduced in 2016), the Organ Donation Awareness and Promotion Act of 2015, the Living Donor Protection Act (to be reintroduced in 2016), antimicrobial resistance legislation, and tracking and monitoring legislation affecting Medicare Part D protected class drugs. She also reported there would be a fly-in in April 2016 to educate Congressional staff on transplant issues and pending legislation.

### MACRA Task Force



Dr. David Reich outlined the Alternative Payment Model (APM) and Merit-based Incentive Payment System (MIPS) paths that will be available under the Medicare Access and CHIP Reauthorization Act (MACRA). The task force’s strategy is to prepare for both, stay abreast of regulatory requirements and financial implications, interact with regulators on behalf of transplant, and inform membership of how to comply with MACRA regulations. The group submitted comments on the CMS MACRA RFI and requested a meeting with CMS to discuss the ESRD ACO and the potential for disincentives for referral for transplant. ASTS has been invited to participate in a bundling project with the American College of Surgeons.

### Research

### Cellular Transplantation Committee

Dr. Martin Wijkstrom reported that the committee provided feedback on the International Society for Stem Cell Research’s draft Guidelines for Stem Cell Research and Clinical Translation. The committee is working on a summary paper on the joint ASTS-TERMIS keynote address “History and Future of Transplant and Tissue Engineering” by Drs. Joseph Vacanti and Andrew Lee, which is planned for submission to *AJT*. They are also working on a Cellular Therapy Research Grant proposal aimed at junior faculty and updating Academic Universe modules, adding one on islets.

### VCA Committee



Dr. Suzanne Ildstad reported that the committee will respond to the UNOS VCA policy proposal. VCA modules for the Academic Universe are scheduled to launch at the 2017 Winter Symposium.

### Scientific Studies Committee

Dr. Chris Marsh gave an update on changing the committee’s process: they have written an RFI and are developing a concept for a multi-center study. The obesity in liver transplant study by Dr. Jason Wertheim is almost ready for submission. A kidney paired donation webinar was held by Dr. Ty Dunn and is now posted on *ASTS.org*. A manuscript is being drafted on the DCD liver use survey by Dr. Linda Sher. The committee will conduct two surveys of ASTS members in the spring, one about the topic of marijuana use in potential transplant patients, and one on the topic of macrosteatosis.

### Grants Review Committee

Dr. Jon Bromberg announced that the new Rising Stars in Transplantation Award had five applicants and the recipient was Dr. James Guarrera from Columbia University. The committee will work to identify new sources of funding and new avenues for outreach to industry.

**Have you updated your profile lately?**

**Log into [ASTS.org](http://ASTS.org) and make sure we have your current mailing and email address!**

## Join The Conversation



**CenterSpan** is where your colleagues go to discuss transplantation and immunology topics.

**Don’t be left out! Sign up at [ASTS.org](http://ASTS.org) today!**



# ASTS Across the Field

## People and Places

**Robert A. Montgomery, MD, PhD, FACS**, joined the faculty of NYU Langone Medical Center as director of its newly created Transplant Institute in March 2016.

**Michael R. Marvin, MD, FACS**, is now director of transplantation and liver surgery for Geisinger Health System. Dr. Marvin previously served as chief, division of transplantation, director of liver transplantation, and associate professor of surgery at the University of Louisville, and director of transplantation at Jewish Hospital, also in Louisville, Kentucky. Dr. Marvin's first liver transplant in his new role was the 100th for Geisinger.

**W. Kenneth Washburn, MD**, is now the executive director of the Ohio State Comprehensive Transplant Center and the Division of Transplantation Surgery at The Ohio State University Wexner Medical Center, as well as chief of the Division of Transplantation and director of the new Abdominal Transplant Program at Nationwide Children's Hospital. In these roles, he will lead the hospital's Pediatric Kidney Transplant Program and will establish Nationwide Children's first Pediatric Liver Transplant Program.

**A. Joseph Tector, MD, PhD**, is now professor of surgery at the University of

Alabama School of Medicine in Birmingham. He was previously with Indiana University Health.

**Tamir Miloh, MD**, is now director of pediatric hepatology and liver transplant medicine at Texas Children's Hospital.

In March 2016, Johns Hopkins announced it had performed the first kidney and liver transplants in the United States from an HIV-positive deceased donor into HIV-positive recipients. The program is led by **Dorrey L. Segev, MD, PhD**.

Hahnemann University Hospital, whose program is led by **David J. Reich, MD**, also announced that it has received permission to perform kidney and liver transplants from HIV-positive donors to HIV-positive patients.

University of Virginia Children's Hospital is partnering with Children's Hospital of Pittsburgh of UPMC to expand its pediatric liver transplant program, according to **Kenneth Brayman, MD, PhD, FACS**, division chief of transplant surgery and director of the Charles O. Strickler Transplant Center at UVA and **George V. Mazariegos, MD**, chief, pediatric transplantation at Children's.

## ASTS Welcomes Ellie Proffitt as Education Assistant



**Ellie Proffitt** joined ASTS as the Education Assistant in September, following the promotion of Chelsey Gordon to Training Coordinator. Ellie's tasks revolve around helping ASTS maintain and expand its education and training portfolio, while Chelsey now manages activities related to ASTS fellowship training programs.

**Laurie Kulikosky, CAE**, has been promoted to ASTS Deputy Director. She now serves as the number two staff person in the organization and is a thought partner to the Executive Director.

**Diane Mossholder** is now the Communications Director. She is responsible for articulating and promoting the ASTS position on issues and programs to the membership and other stakeholders.



Three ASTS staff participated in the United for UNOS 5K and Fun Run on April 16. The walk/run is meant to honor organ donors, celebrate organ recipients, and offer hope to those who continue to wait for a lifesaving organ transplant. Proceeds support UNOS' work, including organ matching and transplantation education programs.





# ASTS Across the Field

## People and Places

Baylor University Medical Center's 31-year-old transplant program is the only one in Texas and just one of three nationwide to have transplanted more than 4,000 livers. The milestone came on February 3, 2016. **Goran B. Klintmalm, MD, PhD**, launched Baylor's transplant program in 1984, performing 30 procedures in the first year. The center has grown to include the transplant of nearly every major organ including heart, lungs, kidneys, and intestine. Baylor also recently launched a clinical trial to transplant a uterus.

University of Utah Health

Care performed their first live-donor liver transplant in February 2016. **Robin D. Kim, MD**, Chief of the Division of Transplantation and Advanced Hepatobiliary Surgery at University of Utah Health Care, performed both surgeries.

Cleveland Clinic performed the first uterus transplant in the United States in February as part of a clinical trial led by **Andreas G. Tzakis, MD**. Unfortunately the graft had to be removed, but the study is continuing.

UC San Diego Health and Sharp HealthCare announced a joint program to enhance liver transplantation services

in San Diego. They are combining resources, collaborating on research, and expanding specialized liver care.

Duke University has formed North Carolina's first hand transplant program under the direction of **Linda C. Cendales, MD**.

Surgeons at Upstate University Hospital in Syracuse performed 80 transplants in 2015, the most ever. For the last 25 years, doctors at Upstate averaged about 30-40 kidney transplants a year, according to transplant chief **Rainer W.G. Gruessner, MD, PhD**.

In January, Nebraska Medicine's transplant team members performed the first lung transplant since it launched the program at the end of 2015.

ISMETT, a leading Italian transplant center managed by University of Pittsburgh Medical Center (UPMC) in Palermo, Italy, recently reached the milestone of transplanting 1,000 livers. Since performing their first liver transplant in 1999, ISMETT surgeons have transplanted 863 livers from deceased donors and 116 from living donors, as well as 21 lung-liver and kidney-liver combinations.



## Have a different perspective?

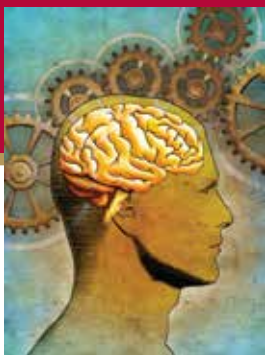
The ASTS Communications Committee would love to hear it!

Chime in on the blog at [ASTS.org/perspectives](http://ASTS.org/perspectives).

Or submit a column of your own to Diane Mossholder, Communications Director, at [diane.mossholder@asts.org](mailto:diane.mossholder@asts.org).

There's no word length or other requirements—simply your perspective!





# What's Your Perspective?

## Waste Not, Want Not: Determining the Fate of the Marginal Liver Allograft



**John B. Seal, MD**  
Transplant Surgeon  
Ochsner Health System

The primary goal of liver transplantation is to reduce mortality and significant morbidity associated with end stage liver disease and hepatocellular carcinoma. To that end, the current allocation system in the United States is designed to prioritize patients with the highest risk of death as estimated by the MELD scoring system. However, significant variability in the quality of donor organs complicates this process. The presence of extended criteria donor (ECD) features such as advanced age, abnormal liver function tests, steatosis, and donation-after-circulatory death can negatively impact early allograft function and overall graft survival. Many transplant surgeons avoid or very selectively use these grafts in the highest MELD patients out of concern for early organ dysfunction not well tolerated by sicker patients. In the environment of severe organ shortage, transplant centers are left with the onerous task of balancing the risk of death on the waitlist versus the potential risks associated with expanded criteria allografts. Each organ offer prompts the questions: Will this liver work in my sickest patient? If not, will it work in any of my listed patients? And, if it will only work in my lowest MELD patients, am I really offering a survival benefit?

For the past several years, our center has adopted an aggressive approach to organ utilization based on the hypothesis that the potentially deleterious effects of marginal features can be minimized through careful patient selection and minimization of cold ischemia time. Recipient selection is focused on limiting surgical complexity to facilitate a rapid hepatectomy with minimal blood loss. We carefully consider the patient's overall functional status and co-morbidities to help predict an adequate physiologic reserve to support hemodynamic stability during clamp and reperfusion periods. During the transplant evaluation process, patients are assigned a score of surgical risk to facilitate recipient selection when an ECD offer is received. The second key principle, minimization of cold

ischemia time, is more complex—it requires robust logistics and communications with procurement coordinators as well as an OR staff and anesthesia team able to mobilize quickly and on short notice. We also have a routine practice of having two attending surgeons available for every case. By executing these details well, we can avoid the cumulative effects of even small delays in the process that can add hours to cold ischemia time.

While the upper limit of recipient selection for ECD is easier to define (high MELD, ICU, frail, etc.), the lower limit is less clear. In keeping with the priorities of the allocation system, we approach each offer systematically working our way down the list of potential recipients from high MELD score to low. Our goal is to transplant the graft into the most appropriate patient with the highest MELD on the list. A majority of the recipients of imported grafts at our center have MELD scores between 18-25, a range where the survival benefit from transplantation is clear. For the lowest MELD patients (<18), we focus on patients with a disease burden that is not reflected in their MELD score such as marked ascites, debilitating encephalopathy, or early stage HCC tumors waiting to accrue exception points. Also, it is important to consider the MELD history of the patient, including prior episodes of increased MELD suggesting instability in the degree of compensation and likelihood of progressive liver disease in the future.

What does it mean for a graft to “work”? Defining the terms of early allograft dysfunction is critical to evaluating the performance of ECD grafts. Since 2012, we have observed no significant difference in graft or patient survival comparing imported ECD grafts with standard donors, with both categories at or above expected. Certainly we have seen higher rates of elevated AST/ALT (>2000) in the ECD grafts, but typically it is transient and normalizes by the time of discharge from the hospital. At our center we put more weight on the markers of synthetic and metabolic function of the graft, namely INR, bilirubin, and lactate in the early post-transplant period. Using post-transplant MELD as a marker of graft function<sup>1</sup>, we see no difference in early graft function with ECD grafts.

We believe nearly every donor liver offers a potential survival benefit for some listed patient. Accordingly, we have invested resources and experience to optimize outcomes using ECD grafts and to identify suitable recipients to achieve a survival benefit. Currently in the United States, the distribution of aggressive centers and donor liver utilization varies

# As we strive for parity in organ allocation across regions, **some emphasis should be placed on the lack of uniformity in utilization.**

significantly between regions.<sup>2,3</sup> As we strive for parity in organ allocation across regions, some emphasis should be placed on the lack of uniformity in utilization. We should also continue to invest in the development of better diagnostics for graft assessment, including normothermic machine perfusion systems<sup>4</sup> and metabolomic/proteomic approaches to biomarker discovery<sup>5</sup>. But in the meantime, the challenge is to employ donor-recipient matching strategies to optimize utilization of the non-perfect graft within an allocation system that prioritizes our sickest patients...*from my perspective.*

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Have a different perspective? Chime in on the blog at [ASTS.org/perspectives!](http://ASTS.org/perspectives!)



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The ASTS Academic Universe is tablet friendly! Fellows, residents, and other members can access the National Transplant Surgery Curriculum, Trans-SAP modules, and other educational offerings on the go. Users can also track their usage and download credit certificates.

Visit the Academic Universe by logging in at [ASTS.org](http://ASTS.org) and choosing “Academic Universe” from the Education menu.

# 7<sup>th</sup> Annual ASTS Leadership Development Program

September 11–14, 2016

The Premier Executive Management Course Designed Exclusively for the Field of Transplantation



In a field of increasing regulation and complexity, you need an edge to succeed. The **ASTS Leadership Development Program** will introduce you to expert coaches to improve your transplant center's performance and accelerate your career success.



NORTHWESTERN UNIVERSITY



**For more information and to register, visit  
ASTS.org**

Northwestern University Kellogg School of Management  
James L. Allen Center, Evanston, IL



## 2015 ASTS Education in Review

By the numbers:

- More than 5,000 learners participated in ASTS Education last year
- 16 new Trans-SAP modules were released
- 113.25 CME credits were offered
- 31.5 MOC credits were available
- 58 Fellows completed their ASTS Fellowship Training

# transplant





## Barriers to Change

38%



No barriers

28%



Cost

19%



Lack of time

16%



Regulation/Reimbursement

15%



Lack of staff to provide administrative support

13%



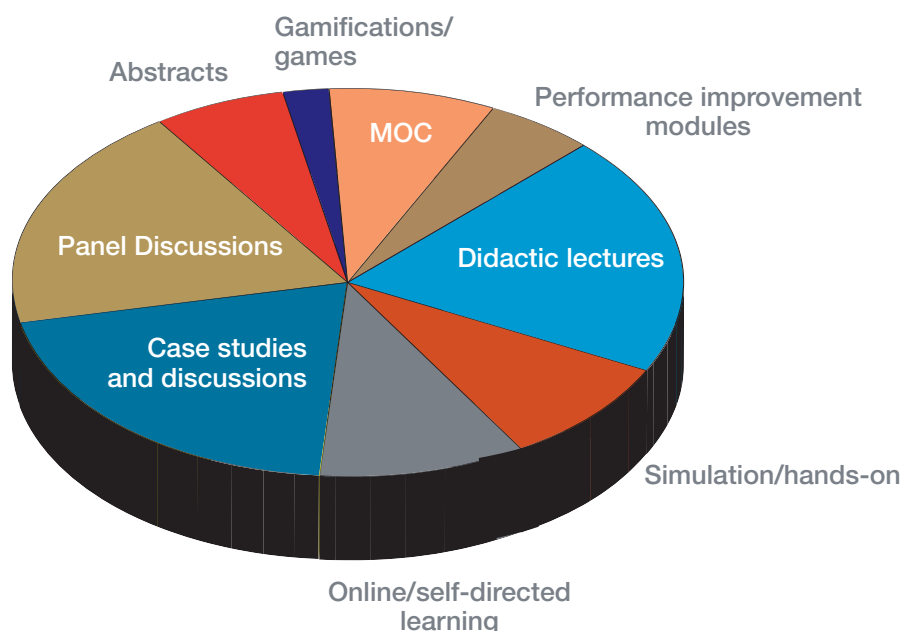
Further training is needed

9%



Patient compliance issues

## Preferred Learning Formats



## ASTS Again Achieves Accreditation with Commendation Status in 2016



The American Society of Transplant Surgeons has been surveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded Accreditation with Commendation for 6 years as a provider of continuing medical education for physicians.

ACCME accreditation seeks to assure the medical community and the public that American Society of Transplant Surgeons provides physicians with relevant, effective, practice-based continuing medical education that that supports U.S. health care quality improvement.

The ACCME employs a rigorous, multilevel process for evaluating institutions' continuing medical education programs according to the high accreditation standards adopted by all seven ACCME member organizations. These organizations of medicine in the United States are the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards of the U.S., Inc.

If you have suggestions or comments, please let us know at [education@asts.org](mailto:education@asts.org)!



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

# Limited Supply, Increasing Demand: Expanding Organ Donation



Above, attendees enjoyed networking as they explored the Exhibit Hall during the Opening Reception. Right, ASTS President Charles M. Miller, MD, introduces the Surgeons General panel on Saturday.

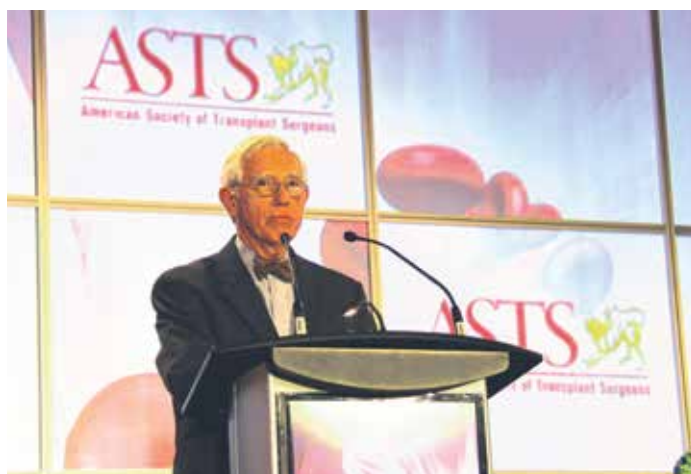


A record-breaking number of attendees gathered in Miami Beach January 14–17 to discuss the biggest question in the field of transplantation: how to increase the supply of organs so that every patient in need gets one. Six previous U.S. Surgeons General joined ASTS for a special panel discussion on Saturday afternoon: “Transforming the Landscape of Organ Access and Transplantation: Surgeons General Perspectives.” They gave their thoughts on constructing a national campaign to promote organ donation and transplantation to a standing-room-only crowd and then took questions from attendees.

Other highlights of the event included the Presidential Address by Charles M. Miller, MD, who talked about “Beauty and the Beast,” citing stories about the ups and downs of transplantation from his career while showing slides of paintings that fit the emotional context of his tales. It was a moving address made all the more poignant by the fact that the paintings were done by his wife Erica.

James F. Burdick, MD, gave the seventh





James F. Burdick, MD, gave the seventh annual David Hume Lecture.



The poster session was well attended, with plenty to discover among the 166 posters presented.

annual David Hume Lecture and treated the audience to a series of “Predictions” about the future of transplantation on Friday afternoon, followed by the Trainee Mini-Oral Abstract Session, which gave those just starting out in the field 10 minutes to present their research to the attendees. Friday was capped off by the Opening Exhibit and Poster Reception, which combined networking with visiting exhibitors and viewing posters.

On Saturday, the Oral Abstract session was kicked off by the 2016 Vanguard Prize recipients, and the Recognition Awards ceremony followed. This year the Posters of Distinction

awards were given out as part of the ceremony, along with the ATP Award, Vanguard Prize, and Francis Moore Excellence in Mentorship in the Field of Transplantation Surgery Award. The weather got in on the Saturday night dinner and dancing with a little late drizzle, but that didn’t stop attendees from dancing and singing the traditional Bohemian Rhapsody to close the event.

The second Oral Abstract session began Sunday morning, and the Symposium finished with a Shark Tank session. Eight proposals to increase organ donation, which were submitted and pre-selected for presentation, were shared with the audience, who then voted for their favorite. Kasi McCune’s “Project DONATE” was the winner.



**Francis Moore Excellence in the Field of Transplantation Surgery Award:**  
Alan N. Langnas, DO,  
University of Nebraska Medical Center



**Vanguard Prize:**  
Satish N. Nadig MD, PhD, Medical  
University of South Carolina



**Vanguard Prize:**  
Jason A. Wertheim MD, PhD,  
Northwestern University



**Advanced Transplant Provider Award:**  
Hender Rojas, APRN-BC, University of  
Kentucky Transplant Center



**Rising Stars in Transplantation Award:**  
James V. Guarrera, MD, New York Pres-  
byterian Hospital/Columbia University



“You need a very robust communications strategy.... The challenge I would put to you...is taking this complex stuff and being able to communicate it to the average person so they’re inspired. So that they feel it is part of what they need to do.”

Richard H. Carmona, MD, MPH, FACS  
17<sup>th</sup> Surgeon General of the United States

“We have to develop a collective strategy for changing attitudes and creating an environment where people see their role in public health. And where we trust each other to do the best thing for everybody involved. We can do that together.”

David Satcher, MD, PhD, 16<sup>th</sup> Surgeon General of the United States

“We’ve got to be altruistic donors. We all talk about how we love to give. Well, we’ve got to learn what that really means. And we all love life. What is the legacy we’re going to leave? We’d all like to leave a legacy. We all know a society grows great when old men, when old women, plant trees under whose shade they know they’ll never sit. So let’s hope we can change our society into one that wants to plant trees for our bright young people to sit under.”

M. Joycelyn Elders, MD, 15<sup>th</sup> Surgeon General of the United States

“You have to think that there are things out there where fear really decides the fate of people. And when you’re a minority, fear decides your fate. Because education is power and we have never been totally educated of the needs and what we need.... So when you are a minority and you really do not get the education, I think that’s the first thing that we have to do. But when we do, please, I ask you, do it in a culturally sensitive way.... You have to meet me in the place where I gather, usually my church or my community or my family, and it has been shown that we have networks and you can tap those networks to get hold of me.”

Antonia C. Novello, MD, MPH, 14<sup>th</sup> Surgeon General of the United States

“The successful approaches in public health have always centered around the sense of changing culture, changing beliefs and attitudes, and changing social norms. ... Social norms have changed with other things; it’s not just what not to do, but what to do. ... Public health can only achieve its successes through empowerment of people.”

Boris D. Lushniak, MD, MPH, Rear Admiral, US Public Health Service (Retired)  
Acting Surgeon General of the United States (2013–2014)

“We need to communicate the facts about organ donation and organ transplantation. We need to increase awareness, as my colleagues have said, so that we can get across the truth as opposed to reinforcing the myths of organ donation.... We need to have the figures to support these facts. Thank you, Boris, for pointing out that over 120,000 people are still on the waiting list, that so many people die every day, waiting.... We need to have the faces, the human faces, to support the facts, to support the figures.... The human faces that put an identity to the facts and the figures.”

Kenneth P. Moritsugu, MD, MPH, F.A.C.P.M., Rear Admiral, USPHS (Retired)  
Acting Surgeon General of the United States (2002, July 2006–September 2007)





## 2016 Poster of Distinction Winners

### Kidney

**Joseph Scalea, University of Wisconsin:** Extending DCD progression-to-death times to 2 hours allows more kidney transplants with excellent results

**Shannon Cramm, Johns Hopkins School of Medicine:** Evaluating Delayed Graft Function after Kidney Transplantation as a Potential Surrogate Outcome

**David Aufhauser, University of Pennsylvania:** HDAC2 Deletion Mitigates Renal Injury after Prolonged Cold Ischemia Prior to Transplant

**Cole Crowson, University of Alabama at Birmingham:** Lymphocyte-Depleting Induction Therapy Lowers The Risk of Acute Rejection in African American Pediatric Kidney Transplant Recipients

### Liver

**Clark Kensinger, Vanderbilt University Medical Center:** Evaluating Wait List Survival Parity among Liver Transplant Candidates: The Effect of Awarding MELD Exception Points for Hepatocellular Carcinoma

**Juan Echeverri, University of Toronto:** Use of BQ123, Epoprostenol, and Verapamil as Vasodilators During Normothermic Ex Vivo Liver Perfusion. Which One is the Best Option?

**Ashton Shaffer, Johns Hopkins University:** HCV Treatment in Liver Transplantation: Changes in Center Attitudes and Practices in the DAA Era

**Abhishek Mathur, Columbia University:** Visceral Adiposity Potentiates HCC Recurrence Following OLT for HCC

### Donor Management

**Carrie Thiessen, Yale School of Medicine:** Living Kidney Donor Preferences: A Novel Use of Visual Instrument to Quantify ESRD Risk Acceptance

### Other

**Leigh Anne Dageforde, Vanderbilt University Medical Center:** Health Literacy of Solid Organ Transplant Candidate Patient and Caregiver Pairs

## 2016 Winter Symposium by the Numbers

6

former Surgeons General



16% registration increase from 2015



139 Complimentary Trainee Registrations

10.25  
MOC Credits



77° average temperature in January in Miami



150 gallons of coffee



Kasi McCune, Columbia University Medical Center, won the Shark Tank competition on Sunday with her proposal: Project DONATE.



Charles M. Miller, MD, gave his Presidential Address "Beauty and the Beast" on Saturday afternoon.



Thomas Hamilton of CMS spoke at the Business Practice Services/Legislative Update on Friday morning.



The Saturday dinner and dancing was well attended despite a few raindrops.

ASTS gratefully acknowledges Novartis Pharmaceuticals Corporation as a Diamond Level Sponsor, Veloxis Pharmaceuticals as a Platinum Level Sponsor, and Astellas and Bristol-Myers Squibb as Gold Level Sponsors for the ASTS 16<sup>th</sup> Annual State of the Art Winter Symposium.



The Winter Symposium webcasts are available at [ASTS.org/winter-symposium](http://ASTS.org/winter-symposium). Please make plans to join us for the 17<sup>th</sup> Annual State of the Art Winter Symposium January 26–29, 2017, again at the beautiful Loews Miami Beach Hotel. See you there!





# Laparoscopic Donor Nephrectomy Workshop: Hands-On Learning

ASTS, in conjunction with the University of Cincinnati, hosted its first-ever Laparoscopic Donor Nephrectomy Workshop April 1–2, 2016, in Cincinnati. Over the course of two days, participants viewed a live surgery, reviewed related topics, and practiced their skills in a hands-on cadaver lab.

The workshop was limited to 18 participants, who all came from different institutions. Tayyab Diwan, MD, led as the workshop chair, with the help of Lloyd Ratner, MD, MPH, Stuart Flechner, MD, Madison Cuffy, MD, and Flavio Paterno, MD.

The course kicked off with Dr. Cuffy performing a live donor nephrectomy while he and Dr. Diwan walked the learners through patient positioning and strategies to ensure optimal patient care. The participants watched a live video stream while sitting in the last surgical amphitheater built in the United States, one of only a handful left in the world. The remainder of the day was spent learning how to incorporate techniques, manage intra-operative complications, and evaluate unique or difficult cases.

That evening, the participants went to dinner at Jeff Ruby's Precinct Restaurant, formerly a Cincinnati Police Patrol House. The Ethicon-sponsored dinner featured a presentation by Dr. Ratner, and participants enjoyed networking with the faculty and their peers.



On the second day, learners participated in concurrent sessions: one group performed the procedure in the cadaver lab, while the other group learned about patient selection, kidney selection, and post-op complications and care. The groups then switched, so all participants were able to practice the procedure. Due to the small size of the course, each learner was able to practice on their own kidney, and the other learner at the station was able to practice assisting. Ethicon, Applied Medical, Stryker, and ConMed all provided equipment for use in the cadaver lab.

Thank you to everyone who helped make this inaugural workshop a success!



**“The LDN workshop was the best workshop I have ever attended. It was well organized, it was extremely relevant, and most of all it was fun. I left the program with such an expanded knowledge base regarding the entire process of having a successful LDN practice.” —Jacfranz J. Guiteau, MD**

## OPTN/UNOS Board Meeting

The OPTN/UNOS Board of Directors met June 6–7 in Richmond, Virginia. An executive summary listing all Board actions will be available on the OPTN website: <https://optn.transplant.hrsa.gov/members/board-of-directors/executive-summary/>.

## Board Election

UNOS members completed voting in March for officers and Board of Directors members to fill open positions for the term beginning July 1, 2016. Stuart Sweet, MD, PhD, will become the organization's president. Yolanda T. Becker, MD, will be the vice president/president-elect. A complete listing of election results is on the OPTN website: <https://optn.transplant.hrsa.gov/news/officers-and-board-members-elected-2016/>.

## New ABO Typing/Subtyping Policies

New OPTN policy requirements for ABO determination, reporting, and verification will be implemented later in June. They are intended to clarify and strengthen requirements to ensure that the correct organ is transplanted into the correct recipient and better document the ABO compatibility of donor and recipient.

Resources to prepare for policy implementation are available in the Patient Safety section of the OPTN website (<https://optn.transplant.hrsa.gov/resources/patient-safety>). The resources include links to archived webinars, frequently asked questions, and a preparation checklist for transplant hospitals and OPOs.

## COIIN to Seek Pilot Participants

Enrollment will soon begin for approximately 15 kidney transplant programs to participate in the Collaborative Innovation and Improvement Network (COIIN). The COIIN is a three-year pilot project to test a collaborative approach to improve assessment of transplant program performance and support greater use of moderate- to high-KDPU deceased donor kidneys. Look for additional updates and resource information about the initiative on the OPTN website: <https://optn.transplant.hrsa.gov/>.

## Annual UNOS Member Survey

UNOS recently completed its annual member survey, intended to gather feedback on key UNOS services and initiatives and recommendations for improvement. Results will be posted on Transplant Pro ([www.transplantpro.org](http://www.transplantpro.org)) once they are analyzed.

Feedback from previous surveys has been used to refine or launch a number of services such as the UNOS Primer, Transplant Pro, and consolidated policy and system notices.

## UNet<sup>SM</sup> Data Enhancements Ongoing; New Organ Offer Report Available

Recent upgrades to UNet<sup>SM</sup> will allow transplant professionals to securely access a number of center-specific data reports and data sets. While new reports and features will be added over the next several months, the first updated report is the Report of Organ Offers (ROO), formerly known as the ROOT report.

The updated ROO report provides information on all offers, not only those accepted for transplantation, and contains all data available as of the week the report is run for the past 90 days of matches. The report may also be viewed in a visual format as well as tabular analytics. For more information, visit Transplant Pro ([www.transplantpro.org/news/technology/explore-the-roo-report-in-the-new-data-reports-section-on-unet/](http://www.transplantpro.org/news/technology/explore-the-roo-report-in-the-new-data-reports-section-on-unet/)).



# Help for Living Donors

## National Living Donor Assistance Center



**6,277** Applications received



**\$11,129,261** Travel expenses paid



**3,254** Donors completed their surgery



**74%** of Participants: "NLDAC made it possible for me to be a donor."

Based on data of the National Living Donor Assistance Center as of March 7, 2016.



National  
Living  
Donor  
Assistance  
Center

For more information, call the National Living Donor Assistance Center at 888-870-5002 or visit our website [LivingDonorAssistance.org](http://LivingDonorAssistance.org)

# Disrupting the Status Quo

– A National Critical Issues Forum

OCTOBER 21-22, 2016

*A collaborative forum to identify effective practices and successful strategies that will increase organ utilization*



# The Alliance

LEADERSHIP IN ORGAN DONATION AND TRANSPLANTATION

## National Critical Issues Forum – Disrupting the Status Quo: October 21–22, 2016

The Organ Donation and Transplantation Alliance (The Alliance) will host a 1½ day national critical issues interactive forum October 21–22, focusing on problem solving and building successful strategies to increase organ utilization. With the ongoing discussions about policy and regulatory changes around the issue of organ utilization, there is an imminent need to collaboratively evaluate the successful and unsuccessful practices that drive our decisions and outcomes. This Forum will allow attendees to learn from those who have implemented effective practices and strategies

and transfer them to their own practices. The Forum is limited to senior level transplant center and OPO leaders who can effect change within their organization, including hospital and transplant administrators, OPO executives, and medical and surgical directors. Seating will be limited to encourage productive group discussion and the identification of strategic outcomes.

For more information visit: <http://organdonationalalliance.org/critical-issues-forum-2016/>.



## Thanks to our 2016 Professional Partners

The Alliance has been helping the donation and transplantation community achieve together what no one organization could achieve on its own, by providing leadership and education on key issues affecting donation and transplantation across the nation. In 2016, The Alliance adopted a voluntary assessment to help sustain the numerous resources and activities provided to donation and transplantation community. The Alliance is especially grateful to the 55 OPOs and Transplant Centers that have chosen to partner with The Alliance in our effort to save and heal more lives. By joining with The Alliance,

organizations receive added value benefits and resources to help advance the donation and transplantation practices. For a listing of the 2016 professional partners visit: <http://organdonationalalliance.org/partnerships/>.

## New Programs and Resources in Development National Donor Management Summit

This in-person program will target physicians, health-care professionals, and organ procurement professionals caring for critically ill patients. The purpose of the Summit will be to discuss effective integration of organ donor management practices throughout the continuum of care with nationally and locally recognized experts in the field of donation. Planning for this



CONNECT



EQUIP



ENGAGE



INNOVATE

*Fostering connections and equipping leaders to save and heal lives.*

event is underway and the program will be offered in early 2017.

#### **Organ Donation Advanced Seminar for Standardized Clinical Education (ODASSCE)**

This one-day training will provide comprehensive education on the donation process through an interactive training course geared for physicians and advanced clinical professionals. The program is currently being

developed with pilot testing to begin in 2017.

#### **Onboarding Program for Transplant Professionals**

This module based, online onboarding program will assist transplant programs in providing a more comprehensive orientation to new staff. The program will be developed in 2016 for roll out beginning in 2017.



*Let life bloom.*

### **Workplace for Life Hospital Campaign Phase V: That's a Wrap!**

The Workplace for Life Hospital Campaign Phase V wrapped up last month. Congratulations to all the hospitals and transplant centers who tracked their donation efforts to earn points toward platinum, gold, silver, or bronze status. Activities between May 1, 2015 and April 30, 2016 counted for Phase V.

A list of the institutions who submitted scorecards and their achievements in the campaign will be posted on [organdonor.gov](http://organdonor.gov) this summer.

## **Ongoing Donation and Transplantation Resources**

‡ **The Alliance website** houses many useful resources and information for the donation and transplantation community:

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

- The Organ Donation Toolbox
- The Transplant Quality Resource Guide
- Saving and Healing Lives Training Video
- State UAGA Legislation & UNOS data reports
- Donation and Transplantation Terminology Reference List
- The Alliance Academy
- Get Connected, Transplant, Innovation webinars

‡ Connect with The Alliance and other like-minded colleagues across the donation and transplantation continuum and stay current with educational opportunities and resources through our **Social Media** channels:

- Facebook Page: <https://www.facebook.com/odtalliance>
- Twitter Page: <https://twitter.com/odtalliance>
- LinkedIn Company Page: <https://www.linkedin.com/company/odtalliance>

‡ A **national Listserv** hosted by the Alliance with its more than 1,800 participants provides a forum for subscribers to pose questions and share successful strategies and practices among the donation and transplantation community. Sign-up at <http://organdonationalalliance.org/contact-us/listserv-sign-up/>.

‡ The **Donor Management Leadership Council**, the **Transplant Leadership Council**, and the **Leadership and Innovation Council** are composed of expert leaders from across the nation and are dedicated to improving and advancing outcomes in donation and transplantation: <http://organdonationalalliance.org/education/leadership-council/>.



# Fund the Future

*Are you investing in the future of transplantation? We make it easy.*

The Foundation of the American Society of Transplant Surgeons supports scientific research by young investigators that leads to innovative discoveries in our field and launches careers in transplantation science.

Please consider a monthly donation—even \$10 a month will help! Just click the “monthly” button for your donation at <https://donatenow.networkforgood.org/asts> and you’re all set. A monthly gift will add up, increasing your recognition level over time with no additional effort on your part. It also provides a steady, predictable stream of income, allowing ASTS to maintain and grow its Research Grants program.

Our donations page works on your smartphone, tablet, or computer, so you can donate wherever and whenever you’re ready.



The ASTS Foundation is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, so your entire gift is tax-deductible to the full extent provided by law.



# Foundation of the ASTS

## New Levels for 2016

At the winter ASTS Foundation Board of Directors meeting, the Board voted to implement new recognition levels for contributors. Previously, there were three categories that acknowledged giving over the course of an individual's lifetime, but beginning in 2016, contributors will be recognized for their gifts annually in these levels:

*\$1 – \$100: Friend/Partner • \$101 – \$500: Associate • \$501 – \$1,000: Contributor • \$1,001 – \$2,500: Sponsor • \$2,501 and up: Distinguished*

Lifetime giving and major gifts will now be recognized in two categories:

### **President's Club (\$10,000 – \$24,999)**

Ronald W. Busuttill, MD, PhD  
Jean C. Emond, MD  
Goran B. Klintmalm, MD, PhD  
Charles M. Miller, MD  
Thomas G. Peters, MD  
Peter G. Stock, MD, PhD

### **Starzl Club (\$25,000+)**

We look forward to welcoming the inaugural members of the Starzl Club soon.

Both annual and lifetime contributions for 2016 and beyond will be listed at [ASTSfoundation.org](http://ASTSfoundation.org). Contributors prior to 2016 will remain listed at the historic levels in the previous contributors list.

Thank you for your continued support of the Foundation of the ASTS!



## New Members

For more information on becoming a member visit [ASTS.org](http://ASTS.org) or contact Ning Duan, Membership Coordinator, at [ning.duan@ASTS.org](mailto:ning.duan@ASTS.org) or 703-414-7870.

Kofi O. Atiemo, MD  
*Northwestern University*

Kelly Barrios, PhD  
*Gift of Hope Organ & Tissue Donor Network*

Juan Echeverri, MD  
*University of Toronto*

Macey L. Henderson, JD  
*Indiana University Richard M. Fairbanks School of Public Health*

Eliza J. Lee, MD  
*Boston Children's Hospital*

Cyril Moers, MD, PhD  
*University Medical Center Groningen*

### Join ASTS!

ASTS welcomes surgeons, physicians, non-physician scientists, trainees, and surgical associates who are actively engaged in transplantation. To learn more, visit [ASTS.org/about-asts/join](http://ASTS.org/about-asts/join).

Mahmoud Morsi, MD, CPHQ  
*Jackson Memorial Hospital, University of Miami, Florida*

Benjamin S. Parker, BS  
*Duke University School of Medicine*

Sarah Rasmussen  
*Johns Hopkins University*

Jose R. Soto, MD  
*University of California - Los Angeles*

Megan N. Stack, FNP- BC, CCTC  
*North West Renal Clinic*

Mehmet C. Uluer, MD  
*University of Maryland*

Kai Zhao  
*SUNY - Stony Brook*

Shannon M. Zielsdorf, MD  
*Rush University Medical Center*

Asha Zimmerman, MD  
*Rhode Island Hospital, Brown University*



## 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](http://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.







## Acknowledgement of Support

The American Society of Transplant Surgeons thanks the following companies for their generous contributions to ASTS. We believe their support shows a commitment to provide quality education to transplant surgeons, physicians, allied health care professionals, and their patients around the country.

### President Circle



### Sponsor Circle



### Associate Circle



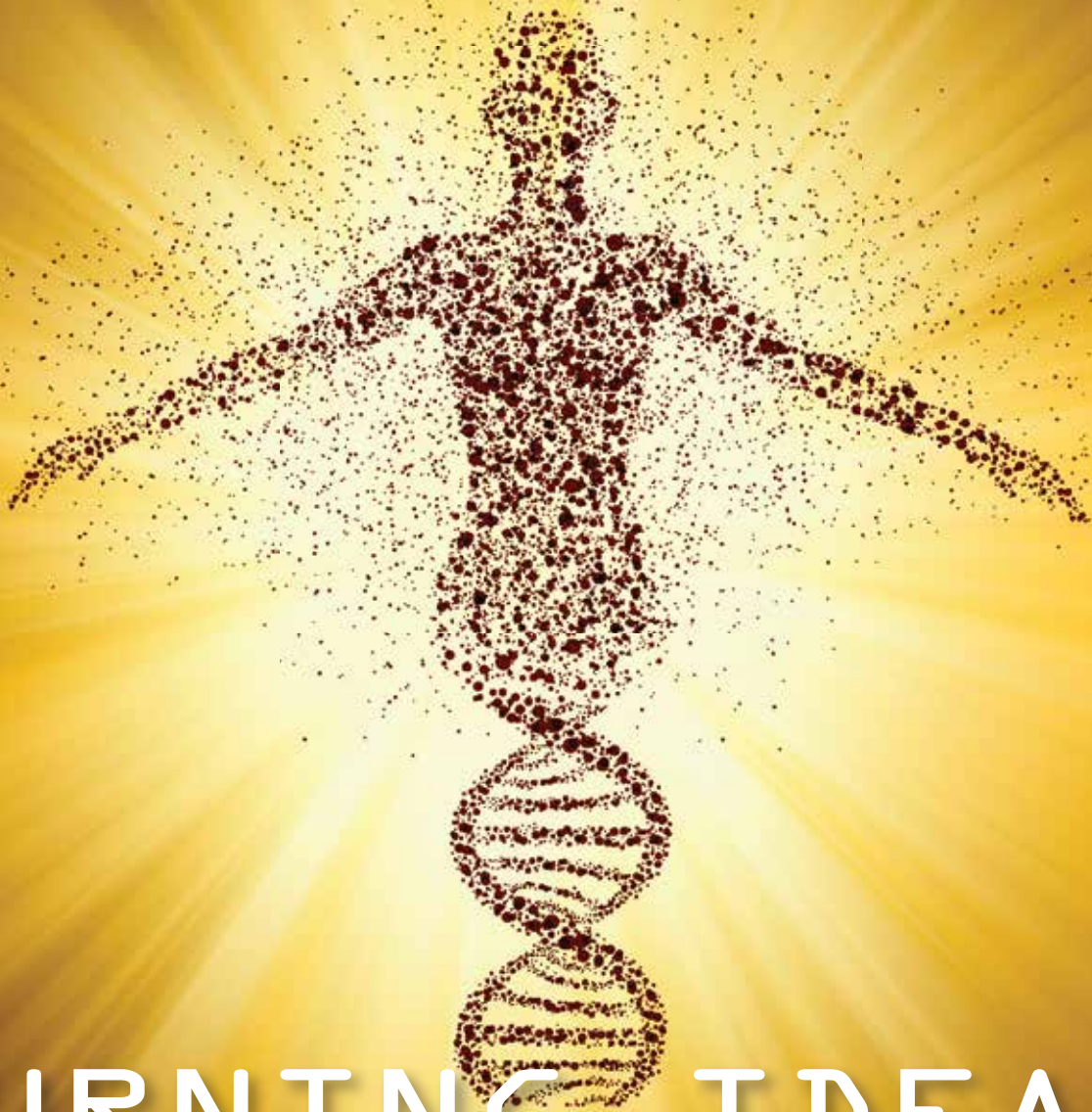
Levels are reflective of support provided to the Society in 2015.





**American Society of Transplant Surgeons**  
**17<sup>th</sup> Annual State of the Art Winter Symposium**

# ORGAN DONATION 2.0



# TURNING IDEAS INTO ACTION

**January 26–29, 2017**  
**Loews Miami Beach Hotel**  
**For more information, visit [ASTS.org](http://ASTS.org)**

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