

Vol. XVI No. 3 Summer 2006

CHIMERA

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American Society of Transplant Surgeons

CHIMERA

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Letter from the President	1	CenterSpan	16
Report from Washington	2	CME Committee Report	16
Regulatory and Reimbursement Update	6	ASTS New Members	17
2006 Award Winners	7	New Members Breakfast	17
2006 World Transplant Congress	9	Calendar	18
ASTS Launches New Website	10	Job Board	19
Retransplantation Conference	14		

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LETTER FROM THE p r e s i d e n t



I have been honored to have had the opportunity to serve as our Society's President for the past year and want to thank all of the membership for your support and dedicated contributions to our numerous activities. Because of the July date of this year's Annual Meeting, my term has extended beyond twelve months - a period that has proved to be about as active as last year's hurricane season!

In my first letter to the Chimera in September of 2005, I identified several initiatives that I proposed as priorities for the ASTS to address this year. Thanks to the hard work and commitment of so many of our members, I am pleased to report that most of these initiatives have been either realized or are nearing completion.

As announced previously, the ASTS has committed to provide an additional source of research funding for our junior investigator members. Working with the National Institute of Allergy and Infectious Disease, Stuart Knechtle has now finalized the process whereby an award of approximately \$50-75,000 will be provided annually for an ASTS member who has submitted a meritorious KO8 or K23 application, but that NIAID was unable to fund. Our hope is that this collaboration with NIAID will continue to expand in future years to promote the development of additional junior investigators.

The data reduction project has also moved forward effectively, admittedly at a paper-generating pace exceeded only by OPTN's data gathering process itself. The UNOS Policy Oversight Committee (POC) has completed its review of the recommendations made by the joint ASTS/AST Task Force, co-chaired by Mike Abecassis. The POC agreed with most of what the Task Force had concluded and has already suggested that at least 380 data elements be deleted from currently required forms. More than 100 other elements are still being reviewed. The final recommendation will be made to the UNOS Board in June of 2006. It is anticipated that, as early as the fall of 2006, the current UNOS forms will be submitted by transplant centers without the data elements marked for deletion. Actual changes to the forms themselves will likely take place in 2007. We all owe a great debt of gratitude to Mike and everyone else who worked tirelessly to streamline the data gathering process that had evolved into an onerous, if not un-doable mandate.

Another issue that Richard Fine (President, AST) and I have been working intensely upon is a review of the terms of our current AJT contract with Blackwell Publishing. In view of the remarkable success of ASTS/AST's joint venture American Journal of Transplantation over the first five years of its existence, it seemed appropriate to us and to our publisher that the previously signed seven-year contract might be re-negotiated early. I am happy to report that we've agreed upon a new seven-year contract (subject to ratification by the entire Board) that significantly increases the cumulative returns to the Societies - projected to exceed over one million dollars annually in the near future.

The transplant surgery workforce-needs project remains in progress. As noted in my previous communication, there was a rather poor response rate to the initially distributed survey. Ginny Bumgardner's Committee has now re-surveyed our membership, unfortunately, again with the response rate being on the low side. Nevertheless, they will present their summary and recommendations to the ASTS Council in Boston in July after which we hopefully will have more information regarding this issue so critical to the planning of our future training needs.

As this issue of the Chimera goes to press, the finishing plans for my final priority for the year, the World Transplant Congress (WTC 2006), are being put into place. As I reported previously, we received over 4000 abstracts (a new record) to be considered for the Scientific Program. After careful, blinded review, more than 1200 papers have been selected for oral presentation and 1800 for poster presentation for an overall acceptance rate of around 70%. In addition to the two days of post-graduate courses on Saturday and Sunday, we've planned close to 100 oral presentation sessions beginning Monday morning. These, together with breakfast, lunch, satellite and evening symposia, will provide a uniquely thorough scientific program covering every important clinical and research topic in transplantation today.

Attendee interest in this first World Transplant Congress is also obviously high, with over 4,000 pre-registrations from 81 countries already received and the exhibit hall completely sold out! This pace of early registrations has surpassed that seen in any previous American Transplant Congress or International Congress of the Transplantation Society. Current estimates of ultimate attendance are ranging between 6,000 to 7,000. We've certainly come a long way since those early meetings in the Drake Hotel! If you haven't yet, make your plans now for WTC 2006 and be a part of this memorable event.

Again, thank you for the privilege of serving as your President this past year. It has been my honor to represent the ASTS and to speak on your behalf in the many forums where our Society is expected to play a leadership role.

I look forward to seeing you all in Boston!

A. Benedict Cosimi, M.D.

A handwritten signature in dark ink that reads "A. Benedict Cosimi".

ASTS Plays Leadership Role in Major Transplant Issues Before Congress

ASTS continues to be a major leader on policy and issues impacting transplantation. Along with other transplant organizations, ASTS took a lead role to fund federal organ donation programs in Washington, DC. Along with 12 other transplant organizations, ASTS participated in a major “Legislative Fly-in” event and Congressional briefing to highlight the need for funding the Organ Donation Act, which was enacted in 2003 but has not yet been funded. Additionally, ASTS is participating in efforts at the federal level relating to filling gaps in Medicare coverage for immunosuppressive drugs and diligently monitoring how the implementation of Medicare Part D coverage is impacting current immunosuppressive drug coverage. As major events transpire in the transplant field, such as the release of the Institute of Medicine Report on organ donation, ASTS remains at the forefront of events and actions that will impact the future of transplantation for years to come.

ASTS Delivers Message to Congress: Fund the Organ Donation Act

On April 26, 2006, eight ASTS members joined seventeen other participants from five transplant organizations (NKF, APOPO, NATCO, ALF and AST) for the first ever Transplant Roundtable Legislative Fly-in. The Transplant Roundtable is a working coalition of major transplant-related organizations that collaborate on legislative and regulatory policy in

Washington, DC. The organizations’ representatives met with Members of Congress and Congressional staff to educate them on the Organ Donation and Recovery Improvement Act of 2004 and press for funding of a portion of the \$25 million authorized by the law.

At an evening reception before the event, Dr. Jim Burdick, Director at the Health Resources and Services Administration’s Division of Transplantation (DoT), met with the group briefly and informed them of specific programs established in the Organ Donation Act and the projects that DoT is currently funding. Although the Organ Donation Act has not been funded directly, there is no prohibition for DoT to begin implementing the programs authorized by the bill using its existing budget, such as travel and subsistence expense grants for low-income living donors, studies and demonstrations to improve organ donation rates, and hospital-based organ coordinators. Despite the authorizations, however, DoT cannot fund the new programs without new appropriations unless it cuts back on existing projects.

On Wednesday morning, all twenty-five fly-in participants were briefed by ASTS and the staff of other transplant organizations on the Organ Donation Act, as well as the House and Senate bill that would provide immunosuppressive drugs for kidney transplants beyond the three-year Medicare coverage limitation. Members from the Transplant Roundtable explained the Organ Donation Act in more detail and explained how rather than seeking the

full \$25 million that was authorized, member organizations were asking for \$5 million to begin funding the Act. The \$5 million would be enough to initiate the implementation of the provisions in the law and provide a basis for additional requests in future years. Staff from the organizations also explained the “ins and outs” of meeting with Congressional staff and the current budget status.

Senator Byron Dorgan, a Democrat from North Dakota, and Senator Mike Crapo, a Republican from Idaho, sponsored a Congressional Press Briefing and Luncheon with the Transplant Roundtable which was held in the historic Russell Senate Office Building Caucus Room. Senator Dorgan agreed to make it his mission to work with his colleagues this year to obtain funding for the Organ Donation Act. He spoke passionately about transplant issues and his family’s personal experiences. Dr. Charles Miller, Director of the Liver Transplant Program at the Cleveland Clinic and ASTS Ethics Committee Chair, spoke about the need for funding of the Act. In addition to Dr. Miller, Dianne LaPointe Rudow, DrNP, CCTC, the immediate Past President of NATCO—The Organization for Transplant Professionals, and Natalie Mena, RN, a transplant nurse from Columbus Junction, Iowa whose son received a kidney transplant when he was one year old from his father, also spoke.

In total, the Transplant Roundtable met with fifty-two House and Senate offices. Eight ASTS members, from targeted states, met with almost thirty of those offices.

ASTS Members participate in Legislative Fly-in

Participants requested funding as well as sought support on two bipartisan “Dear Colleague” letters that carry significant weight in support for Congressional initiatives. The House Dear Colleague letter was sponsored by Congressman Peter King (R-NY) and Congressman Stephen Lynch (D-MA) who asked for member support of a request seeking favorable report language to the House Labor, Health Human Services and Education Appropriations bill. In the Senate, Senator Bill Frist (R-TN) and Senator Chris Dodd (D-CT), with the blessing of Senate Labor, Health and Human Services and Education Appropriations Subcommittee Chairman Arlen Specter (R-PA), reopened a Dear Colleague letter that was sent in early April seeking funding for the Organ Donation Act. Since reopening the letter, four more Senate offices have signed on to this Dear Colleague letter, adding more strength to the request to fund the Act.

ASTS members also encouraged a number of Congressional offices to cosponsor S. 173, the “Comprehensive Immunosuppressive Drug Coverage for Transplant Patients Act of 2005,” which was introduced earlier this year by Senators Mike DeWine (R-OH) and Richard Durbin (D-IL). S. 173 would remove gaps in coverage by extending Medicare coverage for immunosuppressive drugs after the ESRD 3-year time limit on Medicare coverage following a transplant.

A Transplant Roundtable press release was widely distributed for this event and participants viewed the day as a big success. The Legislative Fly-in was an opportunity to continue to

build relationships between ASTS members and their Congressional delegations. ASTS is continuing to follow up with each office visited to ensure their support. Although FY 2007 will be another very difficult year fiscally, ASTS and other Transplant Roundtable groups remain cautiously optimistic that a coordinated and sustained effort over the past two years, and in particular the past two months, will have a favorable impact on the funding of this important new law.

ASTS thanks Drs. Kim Olthoff and Abraham Shaked (PA), Drs. Amy Friedman and David Cronin (CT), Drs. James Eason and Richard Pierson III (TN), Dr. Kenneth Chavin (SC), and Dr. Charles Miller (OH) for their participation in this important event.

Institute of Medicine Releases Major Report on Organ Donation: Implications for Organ Donation Act Funding Efforts

On May 4th, the Institute of Medicine released a major study on the state of organ donation in the United States. The report, entitled “Organ Donation: Opportunities for Action,” contained recommendations for the federal government and the transplant community designed to increase the number of deceased donor organs. The 400-page report was also discussed at a meeting of the Health and Human Services Advisory Committee on Transplantation on May 5. Overall, the report’s common sense recommendations for improving deceased organ donation could have a major impact on efforts to increase funding for the Organ

Donation Act. However, the report did not emphasize issues relating to living donation. It also shied away from making endorsements of more controversial proposals such as presumed consent or financial incentives.

The full report may be purchased from the IOM website at <http://www.iom.edu/CMS/3740/24738/34249.aspx>.

The following is a summary of the recommendations made by the IOM report:

Sustaining Continuous Quality Improvement Initiatives: The IOM recommended that HRSA be funded to provide technical assistance to hospitals and OPOs for quality improvement efforts, including identification and dissemination of best practices. This would be in addition to the existing Breakthrough Collaborative structure.

Increase Research on Innovative System Changes: This recommendation emphasizes increasing funding for HRSA and the NIH, and the National Center for Minority Health and Health Disparities to increase research efforts to identify further systems changes for improving organ donation rates and evaluate those changes on the overall health care system.

Strengthening and Integrating Organ Donation into End-of-Life Practices: The IOM stated that hospitals, OPOs, and other health care entities should consider the best ways to integrate organ donation into end-of-life care practices.

Training for Health Care Professionals:

The IOM recommended that HRSA, in collaboration with professional associations, such as ASTS, as well as other diverse specialties like critical care professionals, should strengthen training in end-of-life practices that are consistent with the goal of establishing a positive environment supporting organ donation.

Initiatives to Increase Rates of DCD

Donors: According to IOM, the transplant community, particularly HRSA, should implement initiatives to increase rates of donation for Donation after Cardiac Death (DCD). IOM also recommended changing the term DCD to DCDD or “Donation after Circulatory Determination of Death.” The initiative should focus on the funding of interdisciplinary research to understand and remove institutional, professional and community barriers to DCDD donation; enhance and communicate best practices; clarify referral regulations; and, add preparation for organ donation to the end of standard resuscitation protocols.

Increase Research on Organ Quality and Enhanced Organ Viability:

The IOM stated that the NIH should request funding for the purpose of determining characteristics that modify and define organ quality. This would include funding for research on enhancing methods of organ preservation and improving criteria for determining viability of organs.

Increasing Public Awareness and Intention to Donate:

The IOM released several recommendations that, if funded and implemented, could increase awareness and willingness of persons to donate. These recommendations included the following: increasing opportunities for persons to record their intention to donate; enhancing donor registries; and, establishing a nationwide net-

work of registries that identifies self-declared organ donors.

The IOM did not endorse the use of several controversial means to increase organ donation. Specifically with regard to presumed consent and the use of financial incentives, the IOM declined to endorse either practice at this time.

It is clear that many of the recommendations for increasing deceased organ donation dovetail with the strategy to increase funding for the Organ Donation Act. With many recommendations hinging on increased funding to HRSA’s DoT and the NIH, it is clear that the report will provide additional arguments in favor of funding the programs authorized under the Organ Donation Act. The report’s wide coverage in the media will also enhance efforts to get the attention of policymakers in Washington, DC. ASTS is planning to send a letter to Congressional Leaders that details the IOM’s recommendation and makes an additional push for funding the Act.

Medicare Prescription Drug Program Implementation Proceeds, Immunosuppressive Drug Coverage Encountering Problems

The implementation of the new Medicare Part D prescription drug benefit has not been easy for many individuals enrolling in the program. From confusing enrollment forms, to complicated drug formularies, to the recent May 15th deadline for enrollment in the program, many Medicare beneficiaries are rightly worried about access to their prescription drugs. For transplant recipients, however, the stakes are even higher since being denied access for a prescription—just once—could mean the difference between health and organ rejection. Though many point out that most transplant recipients get their drugs through Part B of the Medicare pro-

gram, the looming shadow of Part D has, and likely will continue to have, a long term impact on access to immunosuppressive drugs.

ASTS, along with other transplant groups, has been closely monitoring the implementation of the new program. Prior to the program’s implementation this year, ASTS drafted and submitted multiple comments to CMS and the United States Pharmacopoeia, the standard setting agency for drug plan formularies, in an attempt to ease major access problems. Ultimately, CMS released guidance to Part D plans to include “substantially all...immunosuppressive drugs on plan formularies.” But despite those efforts, and CMS guidance, the problems experienced thus far are less about which drug to prescribe than administrative headaches of whether to prescribe the drug at all.

While there has been no major outcry from transplant recipients being denied their prescriptions, administrative and claims processing issues are compounding an already difficult pharmacy experience for many transplant recipients. The major issue appears to be at the pharmacy level. Pharmacists are confused whether a beneficiary’s medications are covered under Part B (fee for service, all drugs covered, 20% coinsurance) or Part D and, thus, subject to the broader Part D implementation issues such as which plan the beneficiary is enrolled in and whether the drug is covered by the formulary. The fact that many beneficiaries are receiving other medications, such as antibiotics, through Part D only compounds patient, pharmacy and plan-level confusion. For some beneficiaries, who did not receive a Medicare covered transplant, they do receive their immunosuppressive drugs through Part D, again adding to the confusion.

Another issue that appears to be complicating matters is dual eligibles, those enrolled in both Medicare and Medicaid. Under the Medicare pre-

Institute of Medicine Releases Report entitled “Organ Donation: Opportunities for Auction”

scription drug law enacted in 2003, beneficiaries receiving drug benefits from Medicaid were to be auto-enrolled in a Medicare drug plan and the state was to cease payment for drugs. But there is a risk that some ESRD kidney transplant recipients may encounter problems after losing their Medicare coverage after three years and Medicaid becomes their primary insurer of immunosuppressive drugs.

Early in the spring, CMS announced that transplant surgeons and physicians should begin writing directly on their prescriptions “Part B” or “Part D” coverage so that pharmacies would be less confused about a patient’s coverage. ASTS expressed its concerns about this approach to CMS and is continuing to work on an effective solution to such problems. ASTS is in communication with beneficiary groups, such as the National Kidney Foundation and the American Association of Kidney Patients, to assess the situation and provide an adequate solution to Medicare prescription drug coverage issues, particularly as it relates to immunosuppressive drug coverage.

Medical Malpractice Bill Introduced As Senate “Health Week” Promises Action on Major Health Care Bills

ASTS monitored the progress of two medical malpractice bills introduced as part of Senate “Health Week.” Passage of medical malpractice reform has been difficult in the past, and proved unsuccessful again in the Senate. The House of Representatives

has passed several versions of medical malpractice legislation in the past.

Earlier in the month, Senator John Ensign (R-NV) introduced S. 22, the “Medical Care Access Protection Act of 2006” legislation that would cap non-economic damages at \$750,000 in medical malpractice cases. S. 22 also aimed to protect states’ rights and maintains current medical liability laws, allowing states to replace any new federal caps on damages. Additionally, Senator Rick Santorum (R-PA) introduced S. 23, the “Healthy Mothers and Healthy Babies Act,” which specifically addresses the high medical malpractice insurance premiums paid by obstetricians and gynecologists. Neither measure received enough votes to close debate and therefore bring the bills to a full vote. However, Senate Republicans wanted to bring attention to the great need for medical malpractice reform and are expected to revisit the issue in the future.

Conclusion

The possibilities for enactment of an increase in funding for the Organ Donation Act are mixed. With an increasing deficit and Iraq war costs dominating the funding agenda in Congress, any funding for new programs this year would be a significant victory. However, the increasing support demonstrated by Congressional leaders during the “Fly-In” event enhances the possibility for securing some funding.

On the Medicare front, support is increasing to move forward on a tar-

geted Medicare bill, even in a difficult election climate. The bill is being driven by the expected cut in the physician fee schedule, set to take place on January 1, 2007, unless Congress acts. With Republicans lagging in the polls, their leadership may opt to pass a positive Medicare bill before the election as candidates vie for reelection. If a bill moves, there remains a possibility for inclusion of an immunosuppressive drug coverage bill, but this is more likely next year when a major Medicare bill is expected to move through Congress.

ASTS remains vigilant this summer as Congressional action heats up and appropriations bills are written. As ASTS members continue to establish long term relationships with their elected officials, pressure will remain high on those lawmakers to fund critical transplantation programs. ✎

Regulatory and Reimbursement Update

Transplant DRGs

Medicare is proposing new DRG weights for FY 2007, which would be based on hospital cost data rather than on hospital charges. Most surgical DRGs, including transplant DRGs, would be reduced as a result of this change, while medical DRGs generally would increase. Due to an error in the government's proposal, the DRG amounts for the transplant DRGs are all incorrect; however, ASTS has been able to estimate the new weights, and it appears that, if the proposal is implemented unchanged, all but one of the transplant DRGs would be reduced. The most severely affected would be the pancreas transplant DRG, which would be reduced by 32%. Other reductions are 13% for lung transplants, 6.5% for kidney; 5.7% for heart and heart/lung; and 4.1% for liver. The only increase is for the combined pancreas/kidney transplant DRG, which would go up slightly.

Medicare has also proposed to implement a new set of DRGs designed to more accurately account for patient severity of illness. The new "consolidated APR-DRGs" were part of a proposed rule published in April, with implementation most likely in October of 2007. The new DRGs do not include a separate combined kidney/pancreas DRG and they would eliminate the separate DRG for lung transplants which would be assigned to the heart and heart/lung DRG. In addition, insertion of implantable LVADs, which Medicare just reassigned, in 2005, to the heart transplant DRG, would now be assigned to different and lower paying DRGs.

ASTS will be filing comments, pointing out problems with the new methodology for re-weighting the DRGs based on cost rather than charge data and urging CMS to delay this change until the new APR-DRGs are implemented, to minimize the disruption to transplant centers and other hospitals. ASTS' comments will also address the proposed reductions in transplant DRGs that would occur as the result of the APR-DRGs and will renew its request that Medicare establish separate DRGs for combined liver/kidney and liver/intestinal transplants. ASTS will again seek to have islet cell transplants assigned to the pancreas transplant DRG.

OPTN Data Collection

Over the past eight months, ASTS has been actively involved in an initiative to reduce the amount of data required to be submitted to OPTN. OPTN has recently released, for comment, a proposal that would significantly reduce the OPTN data submission requirements, and much of this reduction is the direct result of ASTS active involvement. While the proposal goes a long way to responding to ASTS' concerns, there are still a number of issues to be resolved, including the length of time required for long term follow-up, and the reporting requirements applicable to immunosuppression and malignancy data. ASTS and AST have submitted joint comments.

JCAHO Initiative to Accredit Transplant Centers

In anticipation of Medicare's release of new criteria for transplant centers, JCAHO is developing an accreditation program for transplant centers. JCAHO accreditation could substitute for Medicare approval if JCAHO's accreditation program is approved by Medicare. JCAHO has developed draft criteria which essentially track the requirements in the Medicare proposal of last year. However, since the Medicare criteria likely will not be finalized until early 2007, and could change significantly from what was originally proposed, the JCAHO effort may be premature. ASTS is reviewing the criteria and will submit its position in writing to JCAHO.

ASTS SUCCESSFUL IN GETTING MEDICARE COVERAGE OF PANCREAS TRANSPLANTATION ALONE (PA) IN LIMITED CIRCUMSTANCES

The Centers for Medicare and Medicaid Services (CMS) has determined that the evidence is adequate to conclude that pancreas transplantation alone (PA) is reasonable and necessary for Medicare beneficiaries in the following limited circumstances:

1. PA will be limited to those facilities that are Medicare-approved for kidney transplantation (Approved centers can be found at: http://www.cms.hhs.gov/ESRDGeneralInformation/02_Data.asp#TopOfPage;

2. Patients must have a diagnosis of type I diabetes;

- The patient with diabetes must be beta cellautoantibody positive, or
- The patient must demonstrate insulinopenia defined as a fasting C-peptide level that is less than or equal to 110% of the lower limit of normal of the laboratory's measurement method. Fasting C-peptide levels will only be considered valid with a concurrently obtained fasting glucose <225 mg/dL;

3. Patients must have a history of medically-uncontrollable labile (brittle) insulin-dependent diabetes mellitus with documented recurrent, severe, acutely life-threatening metabolic complications that require hospitalization. Aforementioned complications include frequent hypoglycemia unawareness or recurring severe ketoacidosis, or recurring severe hypoglycemic attacks;

- Patients must have been optimally and intensively managed by an endocrinologist for at least 12 months with the most medically-recognized advanced insulin formulations and delivery systems;
- Patients must have the emotional and mental capacity to understand the significant risks associated with surgery and to effectively manage the lifelong need for immunosuppression;
- Patients must otherwise be a suitable candidate for transplantation.

To view the complete coverage memo, go to: <https://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=166>

Congratulations to the following 2006 ASTS Awards Recipients:

ASTS-Roche Pioneer Award:

Sir Peter J Morris, AC, FRS, FRCS
University of London

ASTS-Roche Laboratories Scientist Scholarship:

Silke V. Haustein, MD
University of Wisconsin

Adnan Jaigirdar, MD
University of California, San Francisco

Kenneth Cardona, MD
Emory University

ASTS-NKF Folkert Belzer, MD Research Award:

Au H. Bui, MD
University of California, Los Angeles

ASTS-Novartis Fellowship in Transplantation:

Alan Contreras Saldivar, MD
Children's Hospital Boston

ASTS Thoracic Fellowship:

Lois U. Nwakanma, MD
Johns Hopkins Medical Institutes

ASTS-Astellas Faculty Development Award:

Shimul Shah, MD
University of Massachusetts

ASTS-Wyeth Collaborative Scientist Award:

R. Mark Ghobrial, MD, PhD
Natalya V. Semiletova, PhD
University of California, Los Angeles

ASTS-Wyeth Mid-Level Faculty Award:

Jon S. Odorico, MD
University of Wisconsin

ASTS-Roche Presidential Travel Award:

Michael M. Abecassis, MD, MBA
Northwestern University

Abraham Shaked, MD, PhD
University of Pennsylvania

ASTS Vanguard Prize:

David A. Axelrod, MD
Dartmouth –Hitchcock Medical Center

Seth J. Karp, MD
Beth Israel Deaconess Medical Center

Dorry L. Segev, MD
Johns Hopkins Medical Institutes

Paolo Salvalaggio, MD, PhD
Northwestern University

**Visit the ASTS Membership Booth at the
World Transplant Congress (WTC)
July 22-27, 2006**

*Fostering and Advancing the practice
and science of transplantation for
the benefit of patients and society.*

Visit the ASTS Membership booth
located outside the WTC Registration Hall
and learn more about ASTS programs
and the benefits of membership.



2006 World Transplant Congress

WTC is right around the corner. This year's meeting in Boston, MA is a joint collaboration of the ASTS, the AST and the TTS. The first ever World Transplant Congress (WTC 2006) is expected to draw approximately 6,000 participants from over 80 different countries and will be the largest and most scientific meeting in the field of transplantation medicine.

In addition to the scientific sessions, we hope to see you at these important ASTS events during WTC.

Monday July 24, 2006

3:30-4:30 PM	ASTS Fellowship Training Program Directors Meeting Hynes Convention Center, Room 313
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Tuesday July 25, 2006

9:00 AM	ASTS Presidential Address Hynes Convention Center, Main Auditorium
9:30 AM	ASTS Awards Ceremony Hynes Convention Center, Main Auditorium
10:00 AM	Special Recognition Awards Ceremony Hynes Convention Center, Main Auditorium
6:00-7:00 PM	ASTS Business Meeting Hynes Convention Center, Room 302

Wednesday July 26, 2006

7:00-8:30 AM	ASTS New Members' Breakfast Hynes Convention Center, Room 100
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Your Transplant Expertise Is Needed!

A Joint Task Force consisting of members of the Fellowship Training Committee and the Vanguard Committee is in the process of developing a web-based Transplant Surgery Fellowship Curriculum. ASTS Member input is crucial. We are looking for members who are willing to contribute by defining 3-5 key learning objectives and identifying 3-5 literature references for the specific topics that will be included in the curriculum content. We estimate that this will require only 1-2 hours of your time (at most) and will require a minimal amount of writing to complete.

To become a contributor to this effort or to obtain additional information, please contact Kim Gifford, ASTS Assistant Director, at kimberlygifford@earthlink.net and indicate your specific area of interest/expertise so that you can be matched with an appropriate topic.

A few hours of your time will make a huge difference!

ASTS Launches New Website

Members – Login and Update Your Profile Now!!!

**The 1st 100 Members to Update Their Profile
Will Receive an ASTS Silk Tie or Scarf!**

The ASTS is pleased to announce the launch of an updated, dynamic, relevant and user-friendly website for the benefit of members. This is much more than a simple facelift. It is a completely new and interactive website. Under the direction of Dr. Sandy Feng, Chair, ASTS Informatics Committee, over one year of planning and implementation has resulted in a website that will serve to immediately provide up-to-date news and information on ASTS activities and events, regulatory and governmental changes that affect transplantation, reimbursement issues, new developments in basic science and clinical research as well as an online awards application process, online fellowship training accreditation and renewal, continuing education, and an interactive database of ASTS members.

YOUR HELP IS NEEDED!
Use your current username and password and login into the Members Section at www.astsonline.org. Click “UPDATE MY PROFILE” and complete the 5 easy steps. This will take **minimal** time (approximately 10 minutes), but will **maximize** your benefits from this new website. By updating your profile, the ASTS will be able to tailor information specific to your needs as well as identify appropriate members by interest and expertise to present at annual scientific meetings, symposia, consensus conferences, regulatory and legislative meetings and much more. **GET INVOLVED TODAY!**

The screenshot shows the ASTS website's members area. At the top, a welcome message for 'Dr. John Doe' is displayed along with a date and navigation links for 'Member Home Page' and 'Logout'. A horizontal menu bar contains links for 'The Society', 'Meetings', 'Advocacy', 'Awards', 'Fellowship Training', and 'Research & Education'. The main header area includes a search bar, a 'MEMBERS' title, and a 'Sample Headline' with placeholder text. Below the headline is a 'News & Information' section with several bullet points. A 'Update My Profile' section prompts users to keep their information up-to-date. A 'Member Search' section includes fields for First Name, Last Name, City, and State, a dropdown for Organ Specialty, and a 'FIND' button. The footer contains links for 'Home', 'Sitemap', and 'Contact Us', along with a 'Privacy Policy' link and contact information for the American Society of Transplant Surgeons.

Welcome Dr. John Doe 08/17/2005 [Member Home Page](#) [Logout](#)

[The Society](#) [Meetings](#) [Advocacy](#) [Awards](#) [Fellowship Training](#) [Research & Education](#)

Search: [GO](#)

MEMBERS

My Account
[Update My Profile](#)
[Renew My Membership](#)

General Info
[ASTS Homepage](#)
[Chimera](#)
[AJT](#)
[Other Journals](#)
[ASTS Foundation](#)

Tools
[Bulletin Board](#)
[Job Board](#)

Links
[Resources](#)
[Suggest a Link](#)

Sample Headline
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation.

News & Information
■ [ASTS Update on CMS Islet Cell Reimbursement](#)
■ [RESEARCH PROJECT: Click here for information on Mixed Chimerism and Renal Alografting with Non-Myeloablative Conditioning in Patients with End-Stage Renal Failure due to Multiple Myeloma](#)
■ [Abstracts from the 2005 American Transplant Congress](#)
■ [Implications of Preserving Long-term Renal Function After Renal Transplantation: Understanding the Relationship Between Renal Dysfunction and Cardiovascular Disease After Renal Transplantation](#)

Update My Profile
Keep your membership information up-to-date! Change your profile information now. [GO](#)

Member Search
First Name: Last Name:
City: State:
Organ Specialty:
☐ Kidney ☐ Pancreas ☐ Liver ☐ Small Bowel ☐ Other
☐ Heart ☐ Lung ☐ Islet ☐ Bone Marrow
[FIND](#)

[Home](#) | [Sitemap](#) | [Contact Us](#) [Privacy Policy](#)

American Society of Transplant Surgeons | 1020 North Fairfax Street, Suite 200 | Alexandria, VA 22314 | Phone: 703-684-5990 | Fax: 703-684-6303
The ASTS and its website are unable to provide medical advice and/or physician referrals.

The first 100 ASTS members who complete all 5 steps will receive their choice of an ASTS silk tie or scarf. Visit the ASTS membership booth outside the WTC Registration area at the Hynes Convention Center in Boston to find out if you were one of the first 100 members to complete your profile and to receive your gift. If you are unable to attend WTC and one of the first 100 to update your profile, you will be contacted after WTC.

Members Section includes:

- News and Information Headlines
- Member Search Function; search by name, city, state or organ specialty
- Links to American Journal of Transplantation (AJT) and The Chimera
- Ability to Update Member Profile and Renew Membership
- Message Board
- Job Board

Additional features of the new ASTS web site:

- Legislative & Regulatory Updates
- Fellowship Training Information & Online Program Accreditation
- Annual Congress Abstracts and Webcasts
- Winter Symposium Webcasts and CME
- Position Statements
- Online Awards Application
- Physician Education and CME
- Late Breaking Society Information

Visit www.asts.org and experience yet another great benefit of ASTS Membership!



The American Society of Transplant
Surgeons would like to thank the following
companies for their generous support
of the ASTS in 2006:

BENEFACTORS' CIRCLE:

ASTELLAS

WTC Exhibit # 407 & 502

FOUNDERS' CIRCLE:

ROCHE LABORATORIES, INC.

WTC Exhibit # 127

WYETH PHARMACEUTICALS

WTC Exhibit # 107 & 109

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CORPORATION

WTC Exhibit # 427

SPONSORS' CIRCLE:

BRISTOL-MYERS SQUIBB COMPANY

WTC Exhibit # 220

GENZYME CORPORATION

WTC Exhibit # 417

Visit them in the WTC Exhibit Hall



American Transplant Congress

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

SAVE THE DATE: May 5-9, 2007

Moscone West Convention Center • San Francisco, California

For information go to the ATC website: **www.atcmeeting.org**

This meeting is designed for physicians, surgeons, scientists, nurses, organ procurement personnel, and pharmacists who are interested in the clinical and research aspects of solid organ and tissue transplantation.

The American Transplant Congress (ATC) is intended:

- To provide a forum for exchange of new scientific and clinical information relevant to solid organ and tissue transplantation.
- To create an arena for the interchange of ideas regarding care and management of organ and tissue transplant recipients.
- To facilitate discussions of the socioeconomic, ethical and regulatory issues related to solid organ and tissue transplantation.

Abstract Deadline: December 1, 2006

Retransplantation Consensus Conference

March 7-8, 2006

Atlanta, GA

On March 7-8, 2006, the ASTS organized a consensus conference on retransplantation in Atlanta, GA. The conference was co-sponsored by the AST and NIAID and directed by Drs. Giacomo Basadonna and Maryl Johnson. The purpose of the conference was to review the current status of retransplantation, to evaluate data available concerning predictors of outcome following retransplantation, to define factors and additional data needed to improve outcomes with retransplantation and to ultimately write a document containing the proceedings of the conference to include recommendations for further basic and clinical research which are required to advance the field of retransplantation.

The conference opened with a Plenary Session where Drs. Frank Delmonico and Alan Leichtman presented an overview of UNOS and SRTR data concerning retransplantation. The participants then divided into seven workgroups to address organ specific issues. The first day concluded with a Plenary Session entitled "Ethical & Economic Issues in Retransplantation," moderated by Dr. John Magee. Presenters included Drs. Thomas Faust, Roger Evans, Arthur Matas and Mark Schnitzler.

The following morning each workgroup presented their findings and overall conclusions to all participants with an opportunity for discussion and questions. The consensus conference concluded with a Plenary Session entitled "Opportunities to Advance the Science of Retransplantation" presented by Dr. David Briscoe.

The conference proceedings will be submitted for publication so that the deliberations and conclusions of the conference participants can be available to the broader transplant community.

Retransplantation Conference

Participant List

SRTR/UNOS Plenary:

Francis Delmonico, MD
Alan Leichtman, MD

Adult Kidney Workgroup:

*Giacomo Basadonna, MD
Richard Formica, MD
Mark Pescovitz, MD
H. Myron Kauffman, MD
Arthur Matas, MD
Henkie Tan, MD, PhD
Ross Isaacs, MD
Francis Delmonico, MD
Alan Leichtman, MD

Pediatric Kidney Workgroup:

*Robert Ettenger, MD
Richard Fine, MD
Ruth McDonald, MD
David Briscoe, MD
Albin Gritsch, MD
Vikas Dharnidharka, MD

Pediatric Liver Workgroup:

*Maria Millan, MD
Sue McDiarmid, MD
Jorge Reyes, MD
John Renz, MD, PhD
Thomas Fishbein, MD

Adult Liver Workgroup:

*R. Mark Ghobrial, MD, PhD
*John Magee, MD
John Lake, MD
Charles Miller, MD
James Eason, MD
Richard Freeman, MD
Michael Lucey, MD
Elizabeth Pomfret, MD, PhD
James Markmann, MD, PhD
Timothy McCashland, MD
Goran Klintmalm, MD, PhD

Heart Workgroup:

*Maryl Johnson, MD
Charles Canter, MD
James Kirklin, MD
Mandeep Mehra, MD
Branislav Radovancevic, MD
David Taylor, MD
Keith Aaronson, MD
Steven Webber, MB CHB
Donna Mancini, MD

Ethics/Economics Plenary:

Mark Schnitzler, PhD
Roger Evans, PhD
Thomas Faust, MD
Arthur Matas, MD
John Magee, MD

Lung Workgroup:

*Mark Barr, MD
Selim Arcasoy, MD
Duane Davis, MD
Jason Christie, MD
Shaf Keshavjee, MD
Kenneth McCurry, MD
Stuart Sweet, MD, PhD
Jonathan Orens, MD
Steven Kawut, MD
Edward Garrity, MD, MBA
Scott Palmer, MD

HLA Workgroup:

*Adriana Zeevi, PhD
Ron Kerman, PhD
Andrea Zachary, PhD
Rene Duquesnoy, PhD
Nancy Reinsmoen, PhD
Robert Bray, PhD
Mary Leffell, PhD

*denotes workgroup facilitator

JANUARY 12-14, 2007
MARRIOTT MARCO ISLAND RESORT • MARCO ISLAND, FLORIDA

**AMERICAN SOCIETY OF TRANSPLANT SURGEONS
STATE-OF-THE-ART WINTER SYMPOSIUM**



ASTS 
American Society of Transplant Surgeons

Solving
the Organ
Shortage
Crisis

Abstracts will be accepted. For information: www.asts.org

The ASTS would like to bring a unique resource to your attention. The CenterSpan listserv was formed a number of years ago to provide an email-based forum for transplant professionals to exchange ideas, clinical dilemmas, unusual cases, and the like. It continues to generate a steady level of activity, particularly on difficult transplant patients, drug interactions, complications, and judgment decisions. In addition, a wide range of topics of general interest to transplant professionals is solicited.



A key point is that from the start, the philosophy of CenterSpan's moderators, Bob Merion and Dan Salomon, has been to review all postings first to make sure that the activity of this listserv is always manageable and subscribers do not have to worry about any unnecessary, inflammatory or inappropriate postings.

Among the approximately 400 current members from all over the world, there are subscribers from a wide range of countries (Australia, Brazil, Peru, Saudi Arabia, Iran, Philippines, France, England, etc...). So it seems logical to us to reach out now to you as a member of the ASTS and invite you to join CenterSpan. It is our belief that expanding the list membership is fully consistent with the mission of ASTS to bring the best of transplantation to the world.

CenterSpan is a global resource sponsored by the ASTS, and is open to all transplant professionals who are members of ASTS, AST, or The Transplantation Society, regardless of country of origin or professional affiliation. We hope that if you are not already a subscriber to CenterSpan, you will go to www.centerspan.org and sign up.

Report of the Continuing Medical Education (CME) Committee

Scott A. Gruber, M.D., Ph.D., FACS, FCP

The CME Committee was created approximately one year ago with the goal of enhancing the educational offerings of the ASTS to its members via the website. Under the leadership of Scott A. Gruber, MD, PhD, the committee has made considerable progress toward the creation of a "living textbook" of transplantation, composed of PowerPoint lectures on "hot topics" which can be updated on a continuous basis. The slide presentations have a uniform format, with the ASTS logo appended, and will be downloadable but not changeable. The following presentations are currently or soon-to-be available on the website:

1. Kidney vs. Liver: Where Are We Really with Allocation in Kidney Transplantation? by Mark D. Stegall, M.D., FACS
2. Donation after Cardiac Death: An End of Life Option for Patients and Families by Anthony M. D'Alessandro, MD, FACS
3. Liver Transplantation: Expanding the Donor Pool by Anthony M. D'Alessandro, MD, FACS
4. Achieving Desensitization and Preventing Humoral Rejection in Positive Crossmatch Living Donor Kidney Transplantation by Mark D. Stegall, M.D., FACS
5. Malignancy in Transplant Recipients: Incidence, Prevalence, and Prevention by Joseph F. Buell, M.D., FACS
6. Solid-Organ Transplantation in HIV+ Recipients by Henkie P. Tan, M.D., Ph.D., FACS
7. The Paired Donation Network by E. Steve Woodle, M.D., FACS
8. Hepatitis C and Liver Transplantation by Dinesh Ranjan, M.D., FACS
9. Adult Live Donor Liver Transplantation by Milan M. Kinkhabwala, M.D., FACS
10. Efficient Clinical Immunosuppression and its Relation to Transplantation Tolerance by Allan D. Kirk, M.D., Ph.D., FACS

ASTS NEW members

Joseph Africa, MD
Washington Hospital Center

Fazil T. Aki, MD
Hacettepe University School of
Medicine

Kerem H. Bortecen, MD, PhD
Hospital of the University of
Pennsylvania

Andries E. Braat, MD
University of California
San Francisco

Mark W. Burns, RN, MS, FNP-C
Mayo Clinic Hospital

Vincent P. Casingal, MD
Carolinas Medical Center

Joseph C. Cleveland, Jr., MD
University of Colorado at Denver
Health Sciences Center

Mauricio Giraldo, MD
East Texas Medical Center

Michael J. Goldstein, MD
New York Presbyterian Hospital
Weill-Cornell Medical

Mazan M. Hasan, MD
The Ohio State University

Geoffrey W. Hoffa, PA-C
Mayo Clinic Hospital

Brian E. Kogon, MD
Emory University
Children's Hospital at Egleston

Gregory J. McKenna, MD
Baylor University Medical Center

Joseph K. Melancon, MD
Johns Hopkins Medical School

Vance J. Moss, MD
Stony Brook University Hospital

Gonzalo P. Rodriguez-Laiz, MD
Mount Sinai Medical Center

Shimul A. Shah, MD
University of Massachusetts

Korosh Shahsavar Haghighi, MD
Mayo Clinic

Yuji Soejima, MD
The University of Tokushima
School of Medicine

Robert A. Watson, MD
University of North Carolina -
Chapel Hill

ASTS New Members' Breakfast Wednesday, July 26, 2006

**Hynes Convention Center
Room 100
7:00-8:30 AM**



Learn how you can help foster and advance the practice and science of transplantation by getting actively involved in the ASTS!

ASTS Members who have been a member for less than 5 years are invited to an ASTS New Members' Breakfast that will be held at the WTC. This is a great opportunity to meet other members and learn how you can contribute to the ASTS and educate us on how the ASTS can better help you.

Members of the ASTS Council will be available to answer questions and Dr. Cosimi, ASTS President, will address the attendees. Get actively involved in the leading Society advancing surgical care in transplantation!



Mark your calendars and don't miss this event!

RSVP 703 684-5990

JULY 2006

July 21-28, 2006

WORLD TRANSPLANT CONGRESS

The Joint Meeting of the American Society of Transplant Surgeons, the American Society of Transplantation and the Transplantation Society
Hynes Convention Center Boston, MA

Website: www.WTC2006.org

AUGUST 2006

August 17 - 20, 2006

16TH WORLD CONGRESS OF WORLD SOCIETY OF CARDIO-THORACIC SURGEONS

Ottawa Congress Centre
Ottawa, Ontario, Canada
Phone: 613-761-5116

Fax: 613-761-4478

Email: info@wscts2006.com

Website: www.wscts2006.com

August 27, 30, 2006

NATCO 31ST ANNUAL MEETING

Marriott Chicago Downtown
Chicago, IL

Website: www.natco1.org

SEPTEMBER 2006

September 20-22, 2006

AMERICAN SOCIETY OF MULTICULTURAL HEALTH AND

Transplant Professionals Annual Meeting
Hyatt Regency
Dearborn, MI

Website: www.asmhtp.org

September 25-27, 2006

6TH ANNUAL SOMATIC CELL THERAPY SYMPOSIUM

Hyatt Regency Bethesda
Bethesda, MD

Website: www.somaticcelltherapy.org/

September 29-30, 2006

NEW ADVANCES & CONTROVERSIES IN SOLID ORGAN TRANSPLANTATION

Coronado Island Marriott
San Diego, CA

Phone: 858-587-4404

Website: www.scripps.org/Locations.asp?ID=754

OCTOBER 2006

October 8-12, 2006

AMERICAN COLLEGE OF SURGEONS 92ND ANNUAL CLINICAL CONGRESS

McCormick Center
Chicago, IL

Website: www.facs.org/clincon2006/index.html

October 17-20, 2006

TRANSPLANT IMMUNOSUPPRESSION 2007:

The Ongoing Search for Improvement
Radisson University Hotel
Minneapolis, MN

Email: cmereg@umn.edu

Website: www.umn.edu

APRIL 2007

April 10-14, 2007

NATIONAL KIDNEY FOUNDATION 2007 SPRING CLINICAL MEETINGS

Walt Disney World Swan & Dolphin Hotel
Orlando, FL

Phone: 212 889-2210

Email: clinicalmeetings@kidney.org

Website: www.nkfcclinicalmeetings.org

MAY 2007

May 5-9, 2007

AMERICAN TRANSPLANT CONGRESS

San Francisco, CA

Website: www.atcmeeting.org

MAY/JUNE 2008

May 30 - June 4, 2008

AMERICAN TRANSPLANT CONGRESS

Toronto, Canada

JUNE 2007

June 22-26, 2007

CELL THERAPY 2007: ISCT'S 13TH ANNUAL MEETING

Sydney, Australia

Website: www.celltherapy.org

AUGUST 2008

August 10-14, 2008

XXII INTERNATIONAL CONGRESS OF THE TRANSPLANTATION SOCIETY

Sydney, Australia

Telephone: 61-3-941-70888

Website: www.transplantation2008.org

ASTS calendar

JOB BOARD

KIDNEY/PANCREAS TRANSPLANT SURGEON: The Section of Transplant Surgery of the Department of Surgery at Wayne State University seeks to fill an immediate need for a third, full-time, kidney/pancreas transplant surgeon at the Assistant Professor level to join an expanding transplant program supported by three transplant nephrologists. Candidates must be board-, or near board-, certified in general surgery and have completed a multi-organ transplant fellowship no later than July 2006. Candidates should have experience with adult and pediatric renal transplantation, laparoscopic donor nephrectomy, pancreas transplantation, multi-organ procurement, and dialysis access. The ability to establish basic, translational, and/or clinical research programs is highly desirable. Curriculum vitae should be sent to: Scott A. Gruber, M.D., Ph.D., Professor and Chief, Section of Transplant Surgery, Wayne State University School of Medicine, Harper University Hospital, 3990 John R, Suite 400, Detroit, MI 48201, PHONE (313) 745-7319, FAX (313) 993-0595, E-mail: sgruber@dmc.org. ✉

RENAL AND PANCREAS TRANSPLANT SURGEON: The Department of Surgery at Rhode Island Hospital is seeking a Renal and Pancreas Transplant Surgeon to begin as soon as July 2006. The qualified candidate must be BC and Fellowship trained. The program involves a full scope of transplant activities and care for patients with ESRD. One part-time and two full-time nephrologists, a dedicated transplant ID physician, and 3 nurse coordinators staff the program. The candidate would join Anthony Monaco, MD who serves as Director of Transplant Services at Rhode Island Hospital and Paul Morrissey, MD, Surgical Director of the Division of Organ Transplantation in a program that performs approximately 70-80 transplants annually. The candidate would be a member of University Surgical Associates, Inc. whose President is William Cioffi, MD, Chairman of Surgery at Rhode Island Hospital and Brown Medical School. USA, Inc. is comprised of 35 surgeons in many aspects of surgical care including pediatric, vascular, colorectal, minimally invasive and oncologic surgery as well as trauma critical care. USA provides the administrative and financial component for the practice. The position includes an academic appointment in the teaching/scholar track at Brown Medical School commensurate with experience. Activities include surgical care of patients with ESRD including living kidney donation (open and laparoscopic), renal transplantation (pediatric and adult), dialysis access and general surgery in patients with renal disease. Other surgical interests could be incorporated into the practice pending discussion with the Department Chair. For candidates interested in clinical work and laboratory research, Brown Medical School features a full complement of research services including primate facilities. Further facilities for small animal surgery and basic science research exist in the Department of Surgery on the hospital campus. Inquires should be made to Paul Morrissey, MD: Rhode Island Hospital, 593 Eddy Street, APC 921, Providence, RI 02903 or by e-mail: pmorrissey@lifespan.org or Fax: (401) 444-3283. ✉

TRANSPLANT SURGERY FELLOWSHIP FOR JULY 2006: The Department of Surgery, Section of Abdominal Transplantation at the University of California San Diego is seeking applicants for a 2 year Fellowship in Transplant Surgery beginning July 2006. Applicants must be board eligible or certified in general surgery in the US or hold a foreign equivalent. Fellows are trained in all aspects of pre and postoperative medical and surgical care of liver, kidney and pancreas transplant recipients. In addition, Fellows become proficient in laparoscopic donor nephrectomy, hepatobiliary surgery, multiorgan procurement and basic or clinical research. The kidney program is ASTS accredited and we expect to perform 50 liver transplants this year. Contact: Christopher Barry, MD, PhD, Fellowship Director, UCSD Section of Abdominal Transplantation, 200 West Arbor Drive, San Diego, California 92103-8401, cbarry@ucsd.edu or 619-543-3493. ✉

CHIEF OF TRANSPLANTATION, UNIVERSITY OF LOUISVILLE: The University of Louisville is seeking a Chief of Transplantation for a multi-organ transplant program (kidney, liver, pancreas). Expertise and clinical interest in liver transplantation is essential in addition to kidney and pancreas transplantation. Candidates with an interest in non-transplant hepatobiliary surgery are welcome to apply. Candidates must be board certified in general surgery and have completed a transplant fellowship in an ASTS approved program. Responsibilities include oversight of the entire transplant clinical, research and educational program. Academic appointment and salary is commensurate with experience. Send application, c.v., and contact information for 3 references to Kelly M. McMasters, M.D., Ph.D., Professor and Chairman, Department of Surgery, University of Louisville, Louisville, KY 40292. U of L is an equal opportunity employer and actively seeks diversity among its employees. American Journal of Transplantation ✉

MAYO CLINIC TRANSPLANT SURGERY: Mayo Clinic is known locally, nationally and internationally for outstanding achievements in patient care, research, and education. In Arizona, Mayo Clinic is a 330-physician integrated practice, focusing on high quality, compassionate medical care delivered in a multi-specialty academic environment. Education and research are an integral part of the Mayo Clinic Model of Care. The Division of Transplant Surgery is seeking an ASTS trained abdominal organ transplant surgeon who is comfortable performing liver, kidney and pancreas transplants. Candidates must be American Board of Surgery or foreign equivalent eligible or certified. A strong desire or experience in Hepatobiliary and Pancreatic surgery is preferable. This position includes an academic appointment with the Mayo Clinic College of Medicine.

JOB BOARD

Mayo Clinic offers competitive compensation and comprehensive benefits, including a relocation package. Our desirable location in the beautiful Sonoran Desert of Phoenix offers every opportunity for a rewarding lifestyle. For consideration, please forward current curriculum vitae to: David C. Mulligan, M.D., Chair, Division of Transplant Surgery, Mayo Clinic Hospital 5E, 5777 East Mayo Boulevard, Phoenix, AZ 85054. ✉

KIDNEY/PANCREAS TRANSPLANTATION SURGEON: Avera McKennan Hospital and University Health Center, in Sioux Falls, SD is seeking a transplant surgeon to join its active transplant team. Candidates should be board certified and should have completed a UNOS-approved fellowship in kidney and pancreas transplant surgery. Experience in laparoscopic donor nephrectomy is preferred. Duties will include patient care in both inpatient and outpatient settings. Sioux Falls is a family oriented community of 200,000 with affordable homes, low crime, clean air, excellent public and private schools, and five nearby universities. The community was ranked by Money Magazine as the "best place to live in America" and South Dakota has no state income tax. Interested candidates should send CV to: Ann Burns, Director Physician Recruitment, Avera McKennan Hospital & University Health Center, PO Box 5045, Sioux Falls, SD 57117-5045. Phone: 605-371-5883 Fax: 605-371-5886 Email: ann.burns@mckennan.org. ✉

TRANSPLANT SURGERY FELLOWSHIP OPPORTUNITY: The Division of Organ Disease and Transplant Surgery at Albert Einstein Medical Center in Philadelphia, PA offers a 2-year, ASTS-approved fellowship in transplant surgery. Applicants must be board eligible or certified in general surgery in the US, or hold a foreign equivalent. Responsibilities include comprehensive pre and postoperative management and surgical experience in transplant surgery, hepatobiliary surgery, vascular surgery and clinical research, as well as active living donor programs in kidney transplant. Both liver and kidney programs are ASTS accredited. Contact: Cosme Manzarbeitia, MD, FACS, Chairman, Division of Transplant Surgery, Albert Einstein Medical Center, 5401 Old York Road, Klein Building Suite 509, Philadelphia, PA 19141 manzarbc@einstein.edu or 215-456-4985. ✉

MULTI-ORGAN TRANSPLANT SURGEON; San Antonio, Texas. The Texas Transplant Institute at Methodist Specialty and Transplant Hospital is seeking a fourth abdominal transplant surgeon for the kidney, liver and pancreas programs. TTI has performed over 3000 organ transplants with 1000 patients on the kidney wait list and over 100 patients on the liver wait list. Over 80 living donor transplants are done yearly. TTI provides post-graduate training for residents and has an ASTS approved kidney transplant fellowship and also includes heart and bone marrow transplant programs. The position requires American Board of Surgery certification, eligibility for a Texas medical license, completion of a transplant fellowship with at least two years of experience. An excellent salary and benefits program is offered, along with relocation assistance. Please contact Tricia Fuentes, Physician Recruitment at 866-516-3319 (toll free). ✉

RESEARCH ASSOCIATE/ASSISTANT PROFESSOR: The University of Chicago, Section of Transplantation, is seeking to fill a Research Associate (Assistant Professor) position in the laboratory of Islet Transplantation. Candidates should possess a doctorate (M.D. and/or Ph.D.) with at least three years' postdoctoral experience in islet transplant and/or biology research and at least two years' postdoctoral experience in clinically oriented human islet isolation for transplantation. We are seeking an investigator who is on the path to becoming an independent investigator, able to conduct high quality basic science or translational research in the areas of islet transplantation, organ preservation, and islet biology. Responsibilities include conducting research, as well as participating, teaching, and assisting in the direction of a human islet transplant laboratory under cGMP conditions while working with a group composed of surgeons, immunologists, pathologists, and technicians. The University of Chicago, and its Medical Center are Affirmative Action/Equal Opportunity Employers. Respond to Marc R. Garfinkel, M.D., Assistant Professor of Surgery and Director, Islet Transplantation Program, University of Chicago, MC 5026, 5841 S. Maryland Avenue, Chicago, Illinois 60637, email: mgarfink@surgey.bsd.uchicago.edu. ✉

ASTS COMMITTEES 2005 – 2006

(Term expires at end of annual meeting in year indicated) • *Nominations Committee Chair rotates annually to current President

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Richard Knight (2007)
Marc Uknis (2007)
Robert Esterl (2007)
Marwan Abouljoud (2008)
Alan Hemming (2008)
Wendy Grant (2008)

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