

CHIMERA

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ASTS 
American Society of Transplant Surgeons

www.asts.org





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May 2007–May 2008

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Please Note...

Fall Council Meeting

September 18-19, 2007

*Chicago, IL
The James Hotel*



Editor's Letter



The momentum of the Society is skyrocketing. Over 20 committees are actively engaged in multiple initiatives to advance the Society and the field. Since the launch of the new website and redesign of the Newsletter, the ASTS leadership and management team have worked diligently to ensure members have access to current information and real-time updates regarding Society activities.

In addition to receiving the *Chimera* three times a year, the ASTS is also sending out bi-weekly messages to the membership via blast e-mails alternating a "Message from the President" and "Member News". The e-mails are intended to provide convenient and critical communications to members on a frequent basis. We strongly encourage you to read these e-mails; they are not your typical messages just advertising upcoming events. The leaders of the Society have worked hard to develop initiatives and activities relevant to advancing the science and practice of transplantation; we will work equally as hard to keep the membership informed. This edition of the *Chimera* provides an



overview of this year's ATC, committee reports from the annual business meeting, 2007 research awards, how to obtain funding for research in 2008, a call for abstracts and the latest information on how the ASTS is at work advocating for you and your programs on reimbursement, regulatory and legislative issues.

With triumphs, there are sorrows. On page twenty-one, we mourn the loss of four members of the University of Michigan transplant team and two pilots who perished after a lung retrieval mission as well as the loss of Dr. Mark Adams of the Medical College of Wisconsin. On page twenty-one, you will find an article that highlights the risks involved in the organ retrieval process and a proposal.

Support is one of the key mechanisms by which the Society exists. The ASTS will make concentrated efforts to maintain the momentum from our corporate partners, but member support is also vital. On page twenty-six learn how to become a career contributor of the ASTS Foundation. Your contributions will ensure the ASTS continues to



provide education, surgical training and research well into the future.

We value your input. Please continue to send comments and suggestions to the national office at asts@asts.org.

Best regards,

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Chair, Communications Committee

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About the cover...

The cover of the *Chimera* is a stock photo of a kidney transplant.



President's Letter

In May of 1980, I accompanied my mentor Tom Starzl to my first ASTS meeting at the Drake Hotel in Chicago. All the leading figures from around the world were present. The Society's entire membership and guests did not fill the fairly small ballroom at the Drake. However, there was only one presentation at a time and the discussions were lively. Science, patient selection, technical details, and outcomes were part of practically every presentation. This was a time when primary cadaveric renal one-year graft survival was hovering between 45-50%, but it was a fascinating world! Exciting! So much was new! So much more unknown! The personalities were debating from the podium and in the aisles, electrifying the audience with their ideas and engagement! And in the evening, Fred Merkel invited all the participants to his house on the lake shore for a reception and dinner with entertainment from a string quarter. I was enchanted, thrilled, and captivated. I wanted to become part of what I was experiencing.

Having been elected as your president for ASTS is profoundly humbling. It is a great honor that you have bestowed on me and I will make every effort to live up to your trust. Fortunately, I have colleagues and an institution willing to step up to allow me the time requested by the Society, as well as an understanding family.

The ASTS was, when I first attended the meeting at the Drake Hotel, a society exclusively engaged in the science and practice of an experimental field of surgery. It was an enabler for written and verbal communication, personal contacts and networking. It was much later that the concept of an ASTS fellowship program emerged as a vehicle for the training of future surgeons.



Goran B. Klintmalm, MD, PhD, FACS
ASTS President

With the revolutionary improvement in outcomes that occurred as a result of the introduction of cyclosporine and the resulting migration of organ transplantation from experimental surgery to multidisciplinary healthcare, new challenges emerged. With the organization of the OPTN and the requirements for transplant centers, ASTS slowly came to realize that it had the responsibility to set standards for the training of transplant surgeons. By the turn of the century, transplantation had become so mainstream that governmental agencies got engaged to the point where in 2007 organ transplantation is the most regulated of all the fields of medicine. ASTS has evolved with these changes. The Society is now an organization involved not only in the science and surgical training of transplant, but also in all aspects of professional representation with other professional organizations and governmental bodies.

ASTS is its members. My focus for the coming year is to make sure we represent as many involved in transplantation as possible. It is clear to us

that a significant number of practicing transplant surgeons are not part of the Society, mainly due to our previous membership requirement for publications, which is why we changed our bylaws at the business meeting at ATC. It is obviously important that ASTS represent as many practicing transplant surgeons as possible when we work with governmental agencies and legislators. The larger the share of active transplant surgeons we represent, the more impact we will have.

We must develop standards and curriculum for Transplant Surgery Fellowship Programs in order to ensure our patients that an ASTS fellowship transplant surgeon is highly trained and qualified to take care of them. If we do not do it, others will do it for us. We have been working toward this goal with the American Board of Surgery and the American College of Surgeons for some time to find a way that best supports our members in their professional life. The Society is focusing on bringing value to its members, not only through our efforts as advisors when legislation is developed, but also when rules and regulations are worked out and proposed, as with the new CMS rules. ASTS had significant impact on the final rule published this year. Additionally, we have concentrated a major effort on reimbursement and coding issues with great success. All of these efforts have an immediate and profound effect on the practice of organ transplantation. Taking this a step further, we have just constituted an Ad Hoc Business Practice Advisory Committee with the sole purpose to give advice and consult with members on all aspects of the physician business practice of organ transplantation. This is an area where it is almost impossible to get good comprehensive advice when you ask colleagues.

The tragedy that occurred outside of Milwaukee June 4, 2007, when a lung transplant team from the University of Michigan and their two pilots were killed in a plane crash highlights the commitment by all involved in organ transplantation to help our patients in need. We must never lose sight of why we engage ourselves in transplantation, but also of the sacrifice extracted at times. The loss to the families, the Institution and colleagues is devastating. They are all in our thoughts. ASTS extends its deep felt condolences.

The community that we live in is constantly changing. We must change



Dr. Klintmalm presented Dr. Matas with a plaque and gavel and thanked him for his service to the Society as the 2007-2008 President

with it. The ASTS is responsible to our patients, the community, and our members that we bring value to all those who rely on us. I can only see that the mission of ASTS will become ever broader and more important. Finally, I want our members to be proud that they belong to ASTS.

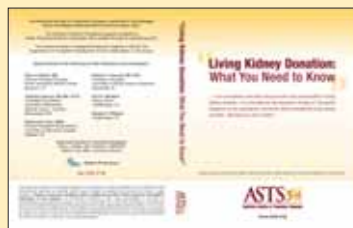
A handwritten signature in black ink, reading "G. Klintmalm".

Goran B. Klintmalm, MD, PhD, FACS
ASTS President

ASTS Living Donor Video Receives Premier Honors

"Living Kidney Donation: What You Need to Know"

The American Society of Transplant Surgeons (ASTS) first-of-its-kind living donor video, "Living Kidney Donation: What You Need to Know", received the highest honors in two sought-after awards by media industry leaders.



THE SILVER TELLY AWARD – The 28th Annual Telly Awards selected the ASTS video for its highest honor, the Silver Telly. There were over 14,000 entries in the 2007 competition and less than 10% receive the top award. The Telly Awards is a widely known and highly respected national and international competition that honors the finest local, regional, cable TV commercials and programs, web, and video and film productions. The video was entered in the "Non-Broadcast Productions/Health and Wellness" category.

THE VIDEOGRAPHER AWARD OF EXCELLENCE

– About 2000 entrants were judged in The Videographer Awards 2007 competition. "Living Kidney Donation: What You Need to Know" received maximum recognition, the Videographer Award of Excellence, in the "Medical/Patient Education" category. Approximately 14% of the entrants won this

award. The Award of Excellence is awarded to the projects the judges deemed were written, produced, shot and edited in an exceptional manner.

Written by ASTS members and other transplant colleagues, the video discusses the risks and benefits of living kidney donation. It is provided by the ASTS as an educational service for those that are considering living kidney donation. The video features transplant professionals as well as a living kidney donor.

Special Thanks to the following for their dedication and participation:

Wyeth Pharmaceuticals for making this video possible through an educational grant. NATCO, the Organization for Transplant Professionals, for their collaboration. Medipix Productions for their creative services and production.

Dale A. Distant, MD, Chief of Transplant Surgery, SUNY Downstate Medical Center
Richard J. Howard, MD, PhD, Professor of Surgery, University of Florida School of Medicine
Catherine A. Garvey, RN, BA, CCTC, Transplant Coordinator, University of Minnesota Medical Center- Fairview
Rebecca E. Hays, MSW, Clinical Transplant Social Worker, University of Wisconsin Hospital
Errol F. Williams, Kidney Donor, Chattanooga, TN
Natalia D. Williams, Chattanooga, TN

AMERICAN SOCIETY OF TRANSPLANT SURGEONS
Arthur J. Matas, MD, President, 2006-2007
Katrina Crist, MBA, Executive Director

For more information on the video, please go to www.ast.org or contact the ASTS National Office at 703.414.7870 or asts@asts.org.



Regulatory & Reimbursement Update

MEDICARE PUBLISHES FINAL TRANSPLANT CENTER REGULATIONS

The long-awaited Medicare rule on certification of transplant centers was released by CMS on March 22, 2007. The final rule establishes standards that transplant centers will be required to meet in order to participate in Medicare and requires transplant centers to participate in the Medicare survey and certification process, including the due process and appeal procedures that apply to other Medicare providers. The rule will take effect 90 days after publication (i.e. June 28, 2007); however, transplant centers that currently participate in the Medicare Program will have until December 26, 2007 to apply for initial approval under the new regulations. Transplant centers that fail to comply will face possible revocation of their certification. Centers will be subject to re-approval every three years.

ASTS had submitted lengthy and detailed comments on the proposed rule, which was issued in February of 2005. The final rule adopts many of the Society recommendations.

HIGHLIGHTS

Continued Certification of Currently-Certified Centers that Fail to Meet Data Outcomes Requirements

Most importantly, CMS addressed the ASTS concern that, under the proposed rule, centers would have been automatically denied approval for failure to meet threshold requirements related to data submission and outcomes, with no opportunity to show extenuating circumstances or to remediate. The final rule reflects a significant change: A currently-certified center that seeks initial approval under the new rules will NOT be denied approval automatically for failure to meet the threshold requirements.

Instead, if a currently-certified center does not meet one of those standards, its compliance with the other conditions



of participation will be reviewed (either with or without an on-site survey), and CMS will decide whether the center will be approved. In undertaking this review, CMS will consider mitigating factors and will give the center an opportunity to submit a plan of correction. The mitigating factors the agency will consider include, but are not limited to:

- The extent to which outcome measures are met;
- Availability of Medicare-approved transplant centers in the area; and
- Extenuating circumstances that may have had a temporary effect on meeting requirements (e.g. a natural disaster).

Data Submission Requirements

The final rule requires that a transplant center submit 95 percent of required data to the OPTN within 90 days of the OPTN due date. The agency has clarified that 95 percent means 95 percent of all forms.

Volume Requirements

Although not in the proposed rule, CMS is also instituting a volume requirement of 10 transplants over a 12-month period for initial approval and re-approval as a heart, intestine, liver, or lung transplant center. A kidney transplant center is only required to have performed three kidney transplants to qualify for initial approval; however, once approved, it must perform 10 transplants per year.

No Accreditation Option for Kidney Transplant Centers

The final rule indicates that, unlike other transplant centers, kidney transplant centers will not be able to be certified by complying with JCAHO certification requirements; rather, kidney centers will be required to be surveyed by state agencies. CMS indicates that the Medicare statute precludes certification through accrediting bodies.

In addition to the data submission and volume requirements discussed above, the final rule contains a number of process requirements related to, among other things, patient selection criteria, organ recovery and receipt, patient and living donor management, personnel requirements, and patient and living donor rights.

ASTS intends to meet with Medicare staff in the near future to discuss how the new standards will be implemented and how transplant centers can prepare themselves for the application process. For a complete analysis, go to the Regulatory tab of the ASTS website.

JOINT COMMISSION PROPOSAL TO ACCREDIT TRANSPLANT CENTERS

Earlier this year, the Joint Commission for the Accreditation of Healthcare Organizations ("the Joint Commission") announced proposed criteria for a transplant center accreditation program that closely track the Medicare proposed transplant center requirements issued in February of 2005. As requested by ASTS, JCAHO delayed launch of the new program until release of the Medicare final regulations. Now that the final rule has been issued, ASTS is in the process of scheduling a meeting with JCAHO staff to discuss development of the accreditation program and to participate in the Joint Commission Advisory Committee on transplant certification. However, Joint Commission staff have informed us that they are currently in the

process of evaluating the final CMS regulations and likely will not be prepared to meet with ASTS until a later in the year.

The Joint Commission is also considering whether or not to roll the transplant certification program into their hospital accreditation surveys, and, if so, how this could be accomplished.

CMS REVISES LVAD FACILITY CRITERIA

On March 27, 2007, CMS issued final LVAD facility criteria, which make it clear that the decision on whether or not a patient is appropriate for transplantation is to be made by a transplant center. The final decision memorandum also modifies the facility criteria for VAD implantation as destination therapy by:

- Reducing the VAD implant volume standard from 15 VADs to 10 VADs or artificial hearts implanted over a three year period either as bridge-to-transplant or as destination therapy;
- The facility's VAD team must include a surgeon with the requisite volume;
- Changing the volume measurement period from January 1, 2001 through September 30, 2003 to a continuous 3-year period;
- Eliminating the requirement that the hospital must be a Medicare-approved heart transplant facility;
- Eliminating the opportunity for an exception to these standards;
- Naming the Interagency Registry for Mechanically Assisted Circulatory Support (INTERMACS) as the registry that satisfies the CMS reporting requirement;
- Requiring that facilities be approved under the "Disease-Specific Care Certification Program for Ventricular Assist Device" developed by the Joint Commission on Accreditation of Healthcare Organizations, dated February 2007, and establishing a time limit for existing facilities to complete this process; and
- Requiring current facilities to document their continued compliance with the current and modified requirements.

Significantly, the final criteria specifically recognize ASTS's concern that the decision regarding whether or not a patient is

Current DRG	Current DRG Weight	Proposed 2008 MS- DRG	Proposed Weight	Compared to Current FY 2007 Weights
Heart Tx or implant of heart assist system	18.8653	Heart TX or implant of heart assist system w/MCC	24.4652	+29%
		Heart Tx or implant w/o MCC	11.2998	-38%
Liver Tx (includes intestinal Tx)	9.4096	Liver Tx with w/ MCC or intestinal Tx	10.3032	+9.4%
		Liver Tx w/o MCC	4.7075	-49%

eligible for transplantation (and therefore ineligible for VAD implantation as destination therapy) is to be made by a Transplant Center.

Facilities that provide VAD as destination therapy have 24 months from the date of the decision—presumably until March of 2009—to receive JCAHO certification.

MEDICARE PROPOSES CHANGES TO TRANSPLANT DRGs

Medicare is proposing modifications to the heart and liver transplant DRGs as part of a larger initiative to create a DRG system that better recognizes severity of illness. Currently, there is only one DRG for each type of transplant. CMS is now proposing to create severity-based DRGs for heart and liver transplants. The table below shows existing and proposed heart and liver DRGs and their weights. (DRG weights are multiplied by the standardized dollar amount and that amount is subject to a geographic adjustment.) The DRGs with the higher weights are cases

in which the patient has a secondary diagnosis, which CMS has designated as a major complicating condition (MCC). Note that CMS proposes to automatically assign intestinal transplants to the higher-paying liver transplant with MCC DRG.

As is evident from the table, the "uncomplicated" cases would be reimbursed substantially less than those with complications. ASTS submitted comments regarding the consequences of this proposal and met with CMS to discuss the implications of this proposal on transplant centers.

Under the proposed rule, DRGs for other transplant procedures would decline, with the pancreas/kidney combined procedure being reduced the most (almost 17%). ASTS opposed these reductions and met with CMS in May to discuss the issues raised by the proposed rule.

*By Diane Millman, Esq. and Rebecca Burke, Esq.
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ASTS Regulatory Counsel*

DRG	2007 Weight	2008 Proposed Weight	% change
Lung	8.4182	8.0577	-4.2%
Pancreas/Kidney	6.2588	5.1988	-16.9%
Pancreas	3.9771	3.6839	-4.6%
Kidney	3.1152	2.9875	- 2%



Legislative Report

Recently, the FY 2008 budget and related appropriations bills have dominated Congressional action though the various health committees have been busy as well, working to provide health insurance coverage for children and various uninsured populations (SCHIP – State Children’s Health Insurance Program). Further ensuring the safety of the nation’s drug supply through the FDA (and a variety of inter-related issues), plus reviewing the recommendations of the Medicare Payment Advisory Commission for alternatives to address the formulaic problems of the physician payment system.

LIVING KIDNEY PAIRED DONATION BILL

On February 13th of this year, Rep. Charlie Norwood (R-GA) died following an extensive battle with idiopathic pulmonary fibrosis (IPF) and non-small cell lung cancer, which included a single lung transplant. He had sponsored the House version of the paired donation bill and, upon his death, the House leadership accelerated passage of the bill. The legislation provides that for purposes of NOTA (National Organ Transplant Act), paired donation does not constitute valuable consideration, such as other items including reimbursement for travel and subsistence expenses, as well as lost wages for living donors. The one remaining hurdle is that the bill was ruled to save federal money—approximately \$500 million over ten years—leading to a legislative procedural dispute over where to allocate this unexpected revenue. ASTS continues to push for final passage in the Senate so the bill can be ratified by the President.

U.S. Department of Justice Weighs-In: In related action, on March 28, 2007, the Office of Legal Counsel in the Department of Justice concluded that certain arrangements for donation of kidneys by living donors do not involve



ASTS continues to work diligently, both individually and in concert with the Transplant Roundtable organizations, to engage Congress to obtain Organ Donation Act (ODA) funding.

“valuable consideration” under Section 301 of NOTA. This written position statement is very significant as it signals that the Administration will sign the bill once passed. In addition, the opinion specifically states that the Department of Justice does not consider either paired donation or list donation to raise concerns under NOTA. This interpretation is broader than the Norwood bill, which only applies to paired donation.

RENEWED REQUEST FOR INITIAL ORGAN DONATION ACT FUNDING:

ASTS continues to work diligently, both individually and in concert with the Transplant Roundtable organizations, to engage Congress to obtain Organ Donation Act (ODA) funding. Last year, similar efforts in the Senate succeeded in securing the first ever increase of \$2 million for the federal Division of Transplantation (DoT) in funding for ODA programs. However, all funding for new programs and special projects were deleted from FY 2007 appropriations bills. Still, DoT reorganized its 2007 budget to provide for an initial \$2 million in funding for a travel and subsistence grant, which was one of three central ODA provisions. ASTS used its February Congressional Fly-in to push this year’s renewed request and has again, worked with other transplant groups to generate grassroots outreach to House and Senate appropriators. ASTS will continue to work with Congress to secure funding in the final appropriations bill for FY 2008. However, the possibility of President Bush vetoing bills that exceed his budget proposals remains a wild card, the outcome of which will not be known until Fall.

2007 AND 2008 PHYSICIAN FEE SCHEDULE

Late last year, Congress passed the Tax Relief and Health Care Act of 2006 (TRHCA) which kept the update to the 2007 conversion factor for services paid under the Medicare Physician Fee Schedule at the 2006 level 2006 (\$37.8975), while reversing the formula-driven 5.0 percent negative update. The final impact of the update for transplant medicine was further adjusted for the impact of the final 5-year review of work RVUs, practice expense adjustments, GPCI adjustments, and other formulaic changes.

Earlier this year, CMS announced its projection that the total physician payment update for FY 2008 would be -9.9% (based on the carryover from the delayed budgeting from last year's fix plus this year's update) and the overall conversion factor for 2008 of \$34.1350. This huge projected decrease in the fee schedule is again fueling Congressional efforts to pass a Medicare bill and reform the physician payment system.

QUALITY MEASURES REPORTING

CMS and Congress have proceeded with linking physician fee schedule payments to compliance with measurable quality performance criteria. With passage of TRHCA, implementation of the Physician Quality Reporting Initiative (PQRI), (i.e., paying for quality measure reporting) begins between July 1 and December 31 of 2007. Thus far, 74 quality measures have been approved several impacting ASTS members. Participating professionals who successfully report may earn a 1.5% bonus, subject to a cap. Participating professionals must begin reporting measures on claims on or after July 1, 2007 through the use of the designated CPT Category II codes or "G" codes assigned to each measure. The bonus payment will be in the form of a lump sum paid sometime in early 2008 to the holder of record for the Taxpayer Identification Number (TIN). The PQRI bonus payment will need additional funding through additional legislation for bonus or other incentive payments to be continued after 2007.

IMMUNOSUPPRESSIVE DRUG COVERAGE

These bills would eliminate time limitations and other coverage gaps for Medicare beneficiaries requiring immunosuppressive drugs as a result of an organ transplant. Current law restricts such coverage to 36 months, forcing transplant recipients to either find access to other funding for immunosup-



ASTS will continue to monitor emerging issues for opportunities to pass priorities impacting transplantation in Congress and the federal agencies.

pressive drugs or discontinue their medication, often resulting in the patient losing the transplanted organ. This issue is one that has suffered—legislatively—from the rash of turnovers in the recent election as both House and Senate bills lost crucial champions to press the issue through the legislative process. ASTS continues to work with other transplant groups to seek new champions in both cases and to push for reintroduction and passage of both bills.

GIFT OF LIFE CONGRESSIONAL MEDAL ACT

For a number of years, Rep. Pete Stark

(D-CA) has been championing a bill to honor organ donors and their families for their life-saving contributions by providing formal recognition of the profound contribution organ donors and their families provide. The bill, which would authorize the creation of a Congressional Medal for organ donors and/or donor families, was recently re-introduced in the 110th Congress. ASTS supports this legislation and is working with Rep. Stark's office and a number of other transplant organizations to help secure a large number of House and Senate cosponsors of this important legislation. The goal is to amass so many cosponsors that the House and Senate pass the bill by unanimous consent, a procedure that expedites the legislative process for non-controversial bills.

CONCLUSION

Looking ahead, there is a strong willingness to undertake must-pass Medicare items, such as providing a one-year or multi-year fix for the SGR component for the physician payment formula. Democrats have already indicated that a long-term SGR fix is out this year due to the high cost of such a proposal. The issue provides the impetus for considering a Medicare bill this Summer and later this year, which may allow for other Medicare amendments. A target list of up to \$65 billion in Medicare provider payment cuts is under review by lawmakers to pay for reauthorizing the State Children's Health Insurance Program (SCHIP) and provide a short-term SGR fix, with most savings coming from cuts to Medicare managed care plans. ASTS will continue to monitor emerging issues for opportunities to pass priorities impacting transplantation in Congress and the federal agencies.

By Peter W. Thomas, Esq,
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Powers, Pyles, Sutter & Verville, PC
ASTS Legislative Counsel



ASTS News

The ASTS Annual Business Meeting was held in San Francisco, CA, May 8, 2007.

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

Please visit the ASTS website for current and recent committee activities.

ABS – TRANSPLANT ADVISORY COUNCIL (TAC)

Dr. Douglas Hanto reported on behalf of Dr. James Schulak that the TAC was established a few years ago to represent the subspecialty on matters pertaining to Board certification and resident training. He reported that the most relevant issue pertains to the recent proposal by the Resident Review Committee for Surgery (RRC-S) to drop required transplant rotations. In response to the ASTS comments advocating for maintaining resident transplant rotations, the ABS supported the ASTS position and helped convince the RRC-S to consider rescinding their proposal. The RRC-S agreed to give ASTS two years to develop a meaningful educational experience for transplant rotations with an emphasis on providing OR time and reducing the amount of “scut” work delegated to residents.

AWARDS COMMITTEE

Dr. Kim Olthoff reported that ASTS received 56 applications this year. Applications were submitted and reviewed using the new online system. She reported that the ASTS is converting the presidential travel award to student awards in 2008 and several proposals to establish new awards are being evaluated. See the awards tab on the website to apply for ASTS awards.

ATC 2007

Dr. Dixon Kaufman reported that 2,405 abstracts were submitted with an overall acceptance rate of 72%. Registration closed at 4,544, which exceeds the previous ATC in 2005.

BYLAWS COMMITTEE

Dr. Stuart Flechner reported that the Committee is recommending ten proposed bylaws changes related to new committees or restructuring existing committees. These proposed changes were sent to the membership via email

and posted on the website for review. Dr. Flechner presented the proposed changes for a vote. A motion was made to accept the proposed bylaws changes, seconded and passed unanimously. Dr. Flechner then presented the proposed changes to eliminate the publications requirement for membership, based on the recommendations by the Membership Committee. A motion was made to eliminate the publications requirement, seconded and passed unanimously.

CME COMMITTEE

Dr. Scott Gruber reported that the CME Committee was formed two years ago and has developed an online library of surgical lectures and videos as a resource for ASTS members. Currently, there are 9 lectures and 20 videos available on the website.

CURRICULUM COMMITTEE

Dr. Elizabeth Pomfret reported that the curriculum workgroup is now a standing committee and includes representation from the Vanguard, Fellowship Training and CME committees. The Committee has developed ten units and met with an educator to establish the best education framework for a National Transplant Surgery Fellowship Curriculum. Dr. Pomfret reported that the Committee conducted a needs assessment survey sent to surgeons five-year post-fellowship training.

ETHICS COMMITTEE

Dr. Charles Miller reported that the Committee sent out the revised position statement on Directed Donation and Solicitation of Donor Organs to the membership for feedback on solicitation of living donors in non-traditional situations. The Committee drafted a new statement on kidney paired donation which was also sent to members for feedback. He reported that the Committee is planning a conference on *Frontier Issues in Transplant Ethics* in collaboration with the Academy of Psychosomatic Medicine (APM) and the

Chicago Transplant Ethics Consortium (CTEC). The three-way collaboration is a new concept to bring together surgeons, physicians, psychiatrists, psychologists, ethicists and other professionals directly involved in ethical decision-making for transplant patients; April 4-6, 2008, in Chicago. Finally, Dr. Miller reported that the Committee is reviewing the TTS guidelines for interaction with China.

FELLOWSHIP TRAINING COMMITTEE

Dr. Kim Olthoff reported on behalf of Dr. Peter Stock that the audit of 67 ASTS accredited programs was completed and accreditation for all programs is current. He reported the Match is running smoothly in its third year and most programs are participating as required. Dr. Stock reported that the Committee has several initiatives underway including a manpower study, managed time policy, online surgical logs, a program directors consensus conference and a surgical fellows symposium.

INFORMATICS COMMITTEE

Dr. Sandy Feng reported that the Committee completed several enhancements to the new website including a template with graphics for blast email communications, photos and research summaries for the awards recipient display, online video library of surgical techniques and an online gift shop offering ASTS branded products.

LEGISLATIVE COMMITTEE

Dr. Richard Freeman reported that the Committee conducted a targeted fly-in to Capitol Hill in February to advocate for the paired donation bill, appropriations for the Organ Donation Act, immunosuppressive drug coverage and tax credit legislation. He reported that the Physician Fee Schedule update was fixed from a negative 5.0% to a zero percent update for 2007, but that the issue will need to be addressed again in 2008 when the scheduled update is a negative 9.9%.

MEMBERSHIP COMMITTEE

Dr. Timothy Pruett reported that the current membership was 1100 members strong with 93% surgeon members and 7% physician and non-physician scientist members. He advised that the Committee was evaluating the number of non-ASTS members that are surgeon members of the OPTN/UNOS. The initial analysis indicates 580 abdominal surgeons and 249 thoracic surgeons are not ASTS members. A hurdle for many of these surgeons appears to be meeting the publications requirement for ASTS membership. The Committee recommended that the ASTS eliminate the publications criteria to accommodate non-academic transplant surgeons. He reported the Council agreed with the recommendation and proposed bylaws changes will be presented for a vote by the membership.

NEWSLETTER COMMITTEE

Dr. Arthur Matas reported for Dr. Kenneth Brayman that the Newsletter Committee completed the redesign of the newsletter and published three issues over the past year. Dr. Matas advised that the Informatics and Newsletter committees have been consolidated into a new Communications Committee that will be responsible for the website, newsletter, blast emails and other communications.

REGULATORY AND REIMBURSEMENT COMMITTEE

Dr. Michael Abecassis reported the long-awaited Medicare rule on certification of transplant centers was released in March. Transplant Centers currently enrolled in Medicare have until December 26, 2007, to apply for initial approval under the new regulations. He reported that Medicare released the 2008 Inpatient Patient Payment Systems (IPPS) proposed rule that includes a proposal to revamp DRGs. The methodology appears to be flawed and CMS is expected to re-issue the proposed regulations in a few weeks.

SCIENTIFIC STUDIES COMMITTEE

Dr. James Eason reported that the Committee is organizing a consensus conference on combined liver/kidney transplantation in collaboration with the AST. The conference is scheduled for September 10-11, 2007, in Chicago. Dr.

Eason reported that a meeting report will be drafted for publication and he anticipates that the conference will lead to the establishment of a registry.

STANDARDS COMMITTEE

Dr. David Mulligan reported that the Committee is developing a service for the membership on the new CMS regulations to include online resources and consultation capabilities in addition to continuing to develop quality performance indicators for transplant surgery as part of CMS' pay for quality reporting initiative (PQRI). He reported that the Committee plans to create specific standards on all aspects of transplant surgical procedures using evidence based data where available to develop white paper documents on practices. The Committee will collaborate with the Living Donor Committee to define policies on living donation. Dr. Mulligan reported that the Committee is working with UNOS/OPTN MPSC to consider surgical "sensibility" in developing appropriate metrics in monitoring programs including risk adjustments. Finally, he reported that the Committee will develop metrics of OPO performance and define criteria for surgeons performing organ procurement procedures.

TASK FORCE ON NEW REVENUE

Dr. Michael Abecassis reported that a strategy to identify new sources of revenue was proposed at the Retreat in September 2006 by Dr. Matas. The Task Force proposed a variety of concepts for revenue producing initiatives including a Clinical Trials Initiative (CRI) where ASTS would facilitate bringing together interested transplant centers and pharmas. The CRI is currently being launched for kidney programs and will be followed by a launch for liver programs and then heart and lung programs. Additionally, the Task Force developed a proposal for sharing costs of accrediting fellowship training programs with the accredited programs, an online gift shop to sell branded ASTS products and a consulting service to assist members in developing the business side of programs/practices.

THORACIC COMMITTEE

Dr. Richard Pierson reported on behalf of Dr. Mark Barr that the Committee re-

cently met to discuss recruitment strategies targeted at thoracic transplant surgeons. The OPTN database illuminated 249 members of OPTN/UNOS who are not members of ASTS. He reported that the Committee is looking at ways to increase value for thoracic members including research priorities, advocating for reimbursement and regulatory issues, accrediting heart and lung fellowship training programs, and facilitating heart and lung programs as part of the ASTS Clinical Trials Initiative (CRI).

VANGUARD COMMITTEE

Dr. Elizabeth Pomfret reported that the 7th Annual ASTS Winter Symposium was a success and planning is well underway for the 8th Annual Winter Symposium on *The High Risk Recipient* which will be held again in Marco Island. A pre-symposium course on *Practical Knowledge for the Transplant Surgeon* will be offered. She advised that the Committee was still deciding on a topic for the Career Development Symposium. Finally, Dr. Pomfret reported that the Committee plans to hold the 2nd Annual ASTS Vanguard Committee Mentorship Cocktail Hour with the launch of the new Francis Moore Excellence in Mentorship Award. Junior members of the ASTS (candidate members or junior faculty within 5 years of fellowship) may nominate up to 2 mentors annually for this award.

AD HOC LIVING DONOR COMMITTEE

Dr. Amy Friedman reported on behalf of Dr. Andrew Klein that the Committee plans to develop guidelines for living kidney and liver donor programs. The Committee plans to model best practices using evidence-based data versus opinion-based data. The Committee also plans to draft a safety and risk statement to complement the ASTS living donor video.

AD HOC PHILANTHROPY COMMITTEE

Dr. Goran Klintmalm reported that the Committee developed a prospect database of smaller companies involved in transplant that might be interested in providing support to the ASTS. The Committee has already received positive responses from five companies committing a total of \$32,500 in support.



American Transplant Congress

7th Annual Premier Scientific Meeting

*Thank you to the ASTS representatives that served on the 2007 ATC Planning Committee.
The meeting took place in the scenic city of San Francisco, May 5-9, 2007.
The annual event is a joint collaboration of the ASTS and the AST.*

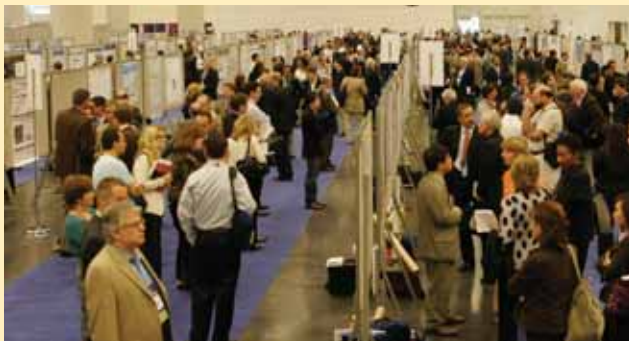
The large glass building in the heart of the city by the bay provided phenomenal sunlight and hosted over 4,500 attendees. This year's ATC exceeded 140 courses, symposia, workshops and sessions. The review committee evaluated over 2,400 abstracts, with a 72% acceptance rate.

New and enhanced technology and pharmaceuticals were on display in the exhibit hall from 90 companies worldwide. The meeting garnered close to 50 new exhibitors this year. On the other side of the exhibit hall, attendees took advantage of independent learning, viewing over 1,000 posters on display.

For participants looking for an early morning pick-me-up, the sunrise symposia provided a flare of controversy. In-depth presentations such as "Ethnic and Racial Diversity in Transplantation: Does Everyone Benefit Equally?", "Tolerance", and "Donor-derived Infections-Progress or Panic?" were provided each morning.



Participants packed the Exhibit Hall



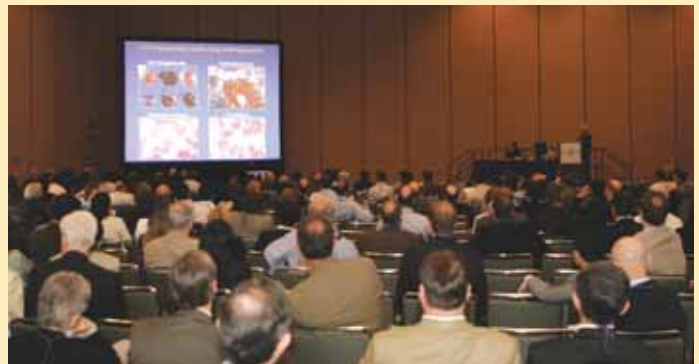
Hundreds gathered to view the posters on display

In addition to the science, the ASTS offered a host of Society specific events to bolster member involvement and advance society initiatives. There were over a dozen committee meetings, an Awards Ceremony to honor the 2007 ASTS research recipients (see page 14 for award re-



Participants make their way to plenary session. Atrium, Moscone West Convention Center

Concurrent Session



cipients), the Second Annual New Members Breakfast and an opportunity to learn more about the ACS-Surgeons Diversified Investment Fund.

Thank you to the members that attended the Annual Business meeting held May 8, 2007. The business meeting is an opportunity for members to convey their interests. Members voted on a number of key issues that affect the Society. The more pivotal vote was the elimination of publications as requirement for ASTS membership.



Annual Business Meeting, Having your voice heard and your vote counted



Members gathered to learn more about ASTS initiatives and offerings



American Transplant Congress

"...it is time for innovation, not fine tuning."

—Arthur J. Matas, MD

NEW MEMBERS BREAKFAST

To a group of surgeons, 7:30 a.m. was the perfect time to meet with new members to discuss ASTS initiatives and activities. The Society wants to ensure members understand who we are and what we do as a Society. The breakfast was an opportunity for new members to network and connect with leadership and to learn how they can help advance surgical care in transplantation. The ASTS believes that every practicing surgeon should have access to the educational and career enhancing benefits the Society has to offer.

PRESIDENTIAL ADDRESS

Dr. Arthur J. Matas delivered his presidential address that encompassed a year's progress and the road ahead for the ASTS. Dr. Matas spoke of old challenges and new fronts facing the Society, to improve long-term recipient and graft survival; to minimize post transplant morbidity; and to eliminate the organ shortage. In his address, Dr. Matas said, "it is time for innovation, not fine tuning." He suggested that everyone focus on the outcome; be steadfast in the studies that advance the knowledge and patient care in transplantation. Dr. Matas said his attraction for transplantation is the same today as it was over three decades ago, the long-term commitment to the recipient and their family, the need for multidisciplinary knowledge and effort; and the enthusiasm for asking new questions to benefit future recipients. A full manuscript of his speech is available at www.astsonline.org under the History tab.



Get involved! The leadership encouraged new members to get involved with ASTS initiatives & activities



Presidential Address, Dr. Arthur J. Matas

PRESIDENT'S DINNER

Overlooking the city, the President's Dinner took place in Alexandra's Ballroom on the Imperial Floor (32nd Floor) at the Westin Hotel. The president's dinner is the one formal event conducted specifically in honor of the current president. It provides an opportunity for him to recognize past presidents, the Council, committee chairs and others in the ASTS leadership for their contributions this past year.



President's Dinner



Dr. Goran B. Klintmalm welcomes new ASTS members



The Matas Family!



2007 ASTS Awards Ceremony

Congratulations to the 2007 ASTS Award Recipients

ASTS continues to advance the field of transplantation through its awards program that supports basic, clinical and translational research in the field of transplantation and transplant immunology in the laboratory and/or clinical service of an ASTS member.

ASTS-Roche Pioneer Award



DAVID E.R. SUTHERLAND, MD, UNIVERSITY OF MINNESOTA

The ASTS-Roche Pioneer Award is the highest honor bestowed by the American Society of Transplant Surgeons. This award is presented annually to an individual the Society deems to recognize for their important leadership in transplantation or who has made a sentinel contribution to the field.

A biography of Dr. Sutherland is available at www.ast.org under the Awards tab.

ASTS-Astellas Faculty Development Award



DAVID F. MERCER, MD, PhD
UNIVERSITY OF NEBRASKA MEDICAL CENTER

Charlotte Berlin, Product Director, Astellas, presented the award.

ASTS-Wyeth Collaborative Scientist Award



JAY RAJAGOPAL, MD (L) & JAMES A. ALLAN, MD (R)
MASSACHUSETTS GENERAL HOSPITAL

John Neylan, MD, Medical Director, Wyeth, presented the award for the combined research.

ASTS-Wyeth Mid-Level Faculty Development Award



THOMAS M. FISHBEIN, MD
GEORGETOWN UNIVERSITY

John Neylan, MD, Medical Director, Wyeth, presented the award.



ASTS-Roche Presidential Travel Award

Timothy Waugh, Vice President of Transplant, Roche, presented the awards on behalf of Roche.



DAVID K.C. COOPER, MD, PhD
THOMAS E. STARZL TRANSPLANTATION INSTITUTE
UNIVERSITY OF PITTSBURGH



ROBERT M. GOLDSTEIN, MD, FACS
BAYLOR UNIVERSITY MEDICAL CENTER

ASTS-Roche Laboratories Scientist Scholarship

Timothy Waugh, Vice President of Transplant, Roche, presented the awards on behalf of Roche.



JEFFREY B. VELLOTA, MD
STANFORD UNIVERSITY



SEAN M. LEE, MD
DUKE UNIVERSITY MEDICAL CENTER

ASTS-NKF Folkert Belzer, MD Research Award



ANDREW J. VARDANIAN, MD
UNIVERSITY OF CALIFORNIA LOS ANGELES

David Rexroad, Director of Events Management
National Kidney Foundation, presented the award.



2007 ASTS Awards Ceremony

Congratulations to the 2007 ASTS Award Recipients

ASTS-Novartis Fellowship in Transplantation



TODD V. BRENNAN, MD
UNIVERSITY OF CALIFORNIA SAN FRANCISCO

John Weinberg, Director of Marketing, Novartis presented the award.

ASTS-Thoracic Award



EDWARD CANTU, III, MD
DUKE UNIVERSITY MEDICAL CENTER

Dr. Arthur J. Matas, ASTS President and
Dr. Kim M. Olthoff, Chair, Awards Committee
presented the Thoracic Award.

ASTS Vanguard Prize

Dr. Arthur J. Matas, ASTS President and Dr. Kim M. Olthoff, Chair, Awards Committee
presented the ASTS Vanguard Prize Awards.



SANG-MO KANG, MD
UNIVERSITY OF CALIFORNIA
SAN FRANCISCO



KRISTIN MEKEEL, MD
MAYO CLINIC, ARIZONA



TADAHIRO UEMURA, MD, PhD
MILTON S. HERSHEY MEDICAL CENTER
PENN STATE

*To learn more about ASTS awards, and to apply for 2008 awards
visit our website, www.asts.org. New awards are being offered.*



ASTS 2008 Research Awards

ASTS has a 23 year history of supporting basic, clinical, and translational research in the field of transplantation and transplant immunobiology. For 2008, the Foundation of the American Society of Transplant Surgeons and its award partners will offer over \$775,000 in funding to ASTS members and their trainees.

Deadline: January 8, 2008

Apply online at www.asts.org/awards.

Applications for some awards are accepted on a continual basis throughout the year. Visit www.asts.org for complete details.





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



The Vanguard Committee is pleased to introduce the Francis Moore Excellence in Mentorship in the Field of Transplantation Surgery Award. This award will recognize outstanding mentorship of fellowship trainees and junior faculty in the field of transplantation and will be presented at the annual Mentorship Cocktail Hour held in conjunction with the ASTS State of the Art Winter Symposium.

Visit www.asts.org, meetings tab, winter symposium, for complete details.

Group Seating Available

ASTS 8th Annual State of the Art
Winter Symposium
The High Risk Recipient



www.asts.org

ASTS 8th Annual State of the Art Winter Symposium

January 25-27, 2008



Abstract Submission Deadline

Monday, September 24, 2007

6:00 PM EST

Abstract Submission Process

Abstract submission available online via www.astso.org

The American Society of Transplant Surgeons (ASTS) invites abstracts to be submitted for the 8th Annual State of the Art Winter Symposium, "The High Risk Recipient".

The submission of any and all clinical or basic research that addresses the surgical, medical or social issues associated with the high risk recipient is encouraged. Topics include but are not limited to:

- Retransplantation
- Multiorgan transplants
- Surgically challenging recipients
- Elderly recipients
- Small pediatric recipients
- Obese recipients
- Critically ill or medically high risk recipients
- Recurrent disease
- High immunologic risk transplants
- History of noncompliance, substance abuse or psychiatric disorder
- Adolescents

Outstanding abstracts will be selected for oral presentation.

The Top 10 Abstracts will be awarded three nights' hotel accommodations at the Marriott Marco Island Resort, complimentary registration and a \$1,000 honorarium.

Review and Notification

All abstracts are blinded for peer review and ranked on the basis of scientific merit.

You will be notified in early November 2007 if your abstract has been accepted for either oral or poster presentation. All abstract presenters must register for and attend the 8th Annual ASTS State of the Art Winter Symposium. Note: Registration is complimentary for trainees, ASTS Candidate Members and junior ASTS Members.

Hotel Information

The ASTS 8th Annual State of the Art Winter Symposium is scheduled for January 25-27, 2008 at the Marco Island Marriott Resort, Golf Club and Spa, www.marcoislandmarriott.com. To book accommodations at the ASTS group rate, visit www.astso.org/meetings.

Abstract Submission Deadline
Monday, September 24, 2007
6:00 PM EST



In Memoriam



Mark B. Adams, MD, MS, chairman of Surgery and longtime director of the Medical College of Wisconsin Abdominal Transplant Programs, died unexpectedly on May 24,

2007, at age 60. A master surgeon, innovator, medical educator, a role model and mentor for young surgeons, Dr. Adams made numerous contributions to the fields of surgery and transplantation over his 30 year career.

Dr. Adams graduated from Reed University in 1968 and received his medical degree from the University of Oregon in 1972. He completed his surgical residency at MCW, earning an additional Masters degree in microbiology and joined the MCW faculty in 1978. He became director of the abdominal transplant programs in 1986 and performed the first liver transplant in the state of Wisconsin in 1983. Renown for

his speed and efficiency in the operating room, Dr. Adams was equally passionate about high quality care for patients. He demanded honesty, integrity and encouraged intellectual curiosity. At the same time, he possessed a keen wit, a dry sense of humor and always displayed a humble demeanor.

While shouldering responsibility for the transplant programs for many years, he also served in numerous administrative capacities for the hospital and medical school. As a leader, he adhered to the principles of fairness and equity and was never interested in advancing his own agenda. Instead, he pursued whatever was best for the program, department, or medical school. As a result, he became a very credible and highly respected leader within the institution. In his work for professional societies, he displayed the same characteristics; he devoted his time to projects or efforts that would benefit patients or specific causes, rather than pursuing work that would gain notoriety-

or political advantage. While immersed in a demanding professional life, he also managed to enjoy an enormous number of hobbies, including hunting and other outdoor sports, motorcycling, woodworking and many others.

Above all, Mark Adams was passionate about life. Because he was so insightful, sensitive and genuine, he connected quickly with people and formed many deep, significant relationships. He enveloped his family and close friends with a protective layer of kindness and love. He performed innumerable acts of generosity and kindness for his patients, friends and colleagues. His presence will be greatly missed and his passing is a profound loss for all who knew him.

Christopher P. Johnson, MD
*Professor and Chief,
Transplant Surgery
Medical College of Wisconsin
Division of Transplant Surgery*

Remembered

University of Michigan Transplant Team & Flight Crew: The American Society of Transplant Surgeons is extremely saddened at the tragic turn of events during an organ retrieval mission in Milwaukee, Wisconsin June 4, 2007. Four members of the Transplant Team at the University of Michigan (U-M) and two pilots from Marlin Air, who operate the Survival Flight missions for U-M, were en route from Milwaukee to Detroit after retrieving lungs for transplant at the University of Michigan when their plane crashed soon after take-off. Many ASTS members have worked along side this transplant team for many years and share deeply in this tragic loss. Their passion for saving lives is valued by all within the transplant community.



*David Ashburn, MD
Fellow in pediatric
cardiothoracic surgery*



*Dennis Hoyes
Marlin Air pilot*



*Bill Serra
Marlin Air pilot*



*Richard Chenault, II
Transplant donation
specialist with the U-M
Transplant Program*



*Richard Lapensee
Transplant donation
specialist with the U-M
Transplant Program*



*Martinus (Martin) Spoor, MD
Cardiac surgeon
and member of the U-M faculty
since 2003*



The Perils of Organ Retrieval

The miracle of organ transplantation is one of the greatest developments in medicine during the last fifty years. Individuals dying from organ failure can now routinely go back to leading full productive lives with their families thanks to the pioneers who developed organ transplantation.

The miracle of organ transplantation involves a large number of individuals, such as surgeons, physicians, nurses, coordinators, and administrators who coordinate an extremely complex set of events orchestrated with the help of the most modern technology. This collaboration facilitates the admission and preparation of a dying patient to undergo surgery that will give the gift of life. The joy and success experienced by the transplant recipient, their families, and the team members are all well recognized. By that same token, the tragedy, sorrow, and bereavement of the donor family who made everything possible are as equally well recognized.

The loss of the lung retrieval team and the two pilots from the University of Michigan on the 4th day of June 2007 brings to light another facet of organ transplantation. To make organ transplantation a therapeutic modality available to as many patients as possible, organ retrieval teams board private aircraft and helicopters on a daily basis to transport them to the donor institution and to complete their life-saving mission return through the air to the transplant hospital. Such flights take place many times everyday throughout the United States. They take place whether the sun is shining, in the middle of the night, if it is raining or snowing, whether there are thunderstorms, or bad weather. Transplant teams have put themselves in jeopardy for the sake of the recipients for as long as transplantations have been performed and they will continue to do so. The fact that they



are putting themselves at risk when they do this is evidenced by the death of a cardiac transplant team in the late 1980's in New Mexico; coordinator severely injured in California and pilot killed in 2000; a cardiac team in Italy in 2005; the liver transplant team from Besancon, France in 2006; and now most recently the University of Michigan team. No statistics have been kept on the number of crashes and close calls that have occurred over the years.

The recipients and their families are always grateful for the efforts made by the transplant team. However, recognition that the organ recovery trips result in a risk to the team members is poorly, if ever, recognized by the universities, the transplant hospitals, and certainly not third party payer, or government agencies. The teams effort, the time involved, the unpredictability of organ donors, the unpredictability of other circumstances such as weather are simply ignored when it comes to judgment for employment, promotions, insurance, reimbursement and salaries. Transplant surgeons are usually seen and treated as a regular attending in general surgery and so are transplant fellows and residents rotating through transplant services. It is time

for those alluded to, to recognize these people and act accordingly.

It is my personal belief that it should be mandatory for all transplanting institutions to provide a substantial life insurance policy for all members of the transplant teams flying on organ retrieval missions. Remember that most of the individuals affected are young and often on low salaries without a "nest egg." They have families that need future support. The four transplant team members from the University of Michigan who were lost had several children each.

It is time for the transplant community to stand up and make life insurance a requirement and to make sure that the employing and participating institutions recognize the circumstances in which organ retrieval and transplantations take place.

The great loss suffered by the families of the University of Michigan Transplant team and pilots is massive. I can only express my most deeply felt and personal condolences to them. We will never forget them.

*Goran B. Klintmalm, MD, PhD, FACS
Baylor Regional Transplant Institute*



2008
American Transplant Congress
Metropolitan Toronto Convention Centre • Toronto, Ontario • CANADA

ASTS
AMERICAN SOCIETY OF TRANSPLANTATION
AST

SAVE THE DATE
May 31- June 4, 2008

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.

ABSTRACT DEADLINE: 12.07.07

Overview of the American Transplant Congress (ATC)

- 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.

Become a Member of the American Medical Association



The ASTS needs your help to become a member of the American Medical Association (AMA), Specialty and Service Society (SSS). The AMA and its Specialty and Service Society are closely involved in the Physicians Consortium for Performance Improvement (PCPI). PCPI can address matters related to performance improvement as well as “pay for performance” and how transplantation measures are developed. These matters strike to the very core of self-interest that all practicing physicians share, namely, the optimization of quality care and its remuneration.

Guidelines for admission to the Specialty and Service Society of the AMA require that 35% of any society’s members must also be AMA members. The ASTS is almost there. We have 26% AMA membership. Being a part of the AMA means actively participating in development measures with which we all may soon have to comply. To learn more about the AMA or to join, log on to www.ama-assn.org (Search SSS, Specialty and Service Society). You may also contact the ASTS national office.

*For questions and or comments regarding membership to the AMA
please direct them to asts@asts.org attention:
Thomas G. Peters, MD, ASTS- American Medical Association liaison.*



Transplant Surgery Fellowship Training Consensus Conference

ASTS convened the first-ever transplant surgery fellowship training consensus conference June 11-12, 2007. Participants from 54 ASTS accredited fellowship training programs (representing 83%) attended the two-day meeting to review, debate, and develop the best educational standards for surgical transplant fellows in the United States and Canada.



Surgical Curriculum, curriculum needs assessment survey, manpower study, performance evaluation, residency rotations, volume standards, options for accreditation or certification, matching fellows to training programs and more. Four parallel groups of 15 participants discussed the same list of questions and presented a summary of the group consensus.

The program directors discussed a myriad of topics including an education framework for the National Transplant

The full presentation of slides, list of questions and meeting agenda are available at www.asts.org under Fellowship Training.

Purpose

- Build the best possible abdominal transplant surgery fellowship training programs
- Discuss standards for surgical transplant fellowship training programs
- Define strategies to improve training
- Develop a consensus on the standards for ASTS accreditation of fellowship training programs



Snapshot of ASTS Accredited Programs

- 67 accredited programs
 - 4 in Canada
 - 63 in United States (includes Puerto Rico)
- Program accreditation
 - 13 Kidney programs
 - 24 Kidney/liver programs
 - 4 Kidney/pancreas programs
 - 3 Liver programs
 - 23 Kidney/Liver/Pancreas programs



Goals

- Review current accreditation guidelines
- Explore options for accreditation/certification
- Provide overview of ASTS National Transplant Surgery Curriculum
- Identify needs of program directors and fellows
- Assess ASTS initiatives
- Create a plan for the future



ASTS Initiatives

- National Transplant Surgery Curriculum
- Online Fellow Surgical Logs
- Manpower Study
- Managed Time Policy
- Fellows Symposium
- Program Directors' Meetings



ASTS gratefully acknowledges Novartis for their support of this important conference that will impact the future of abdominal transplant surgical training.



Corporate Support

The American Society of Transplant Surgeons would like to thank the following companies for their generous support of the ASTS in 2007. A reception was held in their honor in May during the 2007 American Transplant Congress.

Dr. Arthur J. Matas presided over the recognition ceremony.



Benefactor's Circle
Charlotte Berlin
Product Director



Founders Circle
Catherine Allison
Marketing Director



Founders Circle
Sheila Talafous, Senior Director,
Professional Affairs &
John Neylan, Medical Director



President's Circle
John Weinberg,
Director of Marketing &
Mareen Malloy,
Director Office of Grant
Education



Sponsor's Circle
Richard Wright, Vice President,
Global Brand Champion &
Cynthia Meehan, Director,
Global Marketing Immunology



Sponsor's Circle
Chris Soria
Senior Product Manager

The ASTS is grateful to our newest 2007 contributors. Thank you for your support of the ASTS.

Associate's Circle

Damer & Cartwright Specialty Pharmacy
Essential Pharmaceuticals
Management Science Associates
Transplant Management Group



Calendar

The ASTS is pleased to coordinate with other professional organizations in order to provide information concerning events that might be of interest to our members.

August 2007

August 6-9, 2007

NATCO's 32nd Annual Meeting
Marriott New York Marquis
New York, NY
Phone: 913 492.3600
www.natco1.org/

September 2007

September 5-8, 2007

Xth International Small Bowel Transplant Symposium (ISBTS)
Fairmont-Miramar Hotel
Santa Monica, CA
Phone: 310 825.5068
<http://transplant.mednet.ucla.edu>
Email: isbts@mednet.ucla.edu

September 9-12, 2007

Advances in Transplantation
La Jolla, CA
www.contemporaryforums.com
Phone: 800 377.7707 ext. 5252

October 2007

October 4-5, 2007

Professionalism at Academic Medical Centers: Challenges and Opportunities
Mayo Clinic
Rochester, MN
www.mayo.edu/cme/oct2007.html

October 5-7, 2007

ILCA's First Annual Conference
The International Liver Cancer Association -Priming Knowledge in Liver Cancer Across Disciplines
Barcelona, Spain
www.ilca-online.org

October 17-20, 2007

Transplant Immunosuppression 2007:
The Ongoing Search for Improvements
Radisson University Hospital
Minneapolis, MN
www.umn.edu
Email: cmereg@umn.edu

Upcoming ASTS Events

September 10-11, 2007

Combined Kidney-Liver Transplantation Consensus Conference
Chicago, Illinois

January 24-25, 2008

8th Annual State of the Art Winter Symposium
Pre-Meeting Course
Practical Knowledge for Transplant Surgeons
Marco Island, Florida

January 25-27, 2008

8th Annual State of the Art Winter Symposium
The High Risk Recipient
Marco Island, Florida

April 4-6, 2008

Ethics Symposium
Frontier Issues in Transplant Ethics
Chicago, Illinois

May 30, 2008 -June 4, 2008

American Transplant Congress
Toronto, Canada

May 30-June 3, 2009

American Transplant Congress
Boston, MA

May 1-May 5, 2010

American Transplant Congress
San Diego, CA

October 31, 2007-November 5, 2007

American Society of Nephrology, Renal Week 2007
Moscone Convention Center
San Francisco, CA
www.asn-online.org

February 2008

February 14-17, 2008

8th International Conference on New Trends in Immunosuppression & Immunotherapy
Berlin, Germany
www.kenes.com/immuno

February 28, 2008 - March 2, 2008

Canadian Society of Transplantation Annual Scientific Meeting
Fairmont Tremblant
Mont-Tremblant, Quebec
www.transplant.medical.org/annual_meeting.htm

April 2008

April 2-6, 2008

National Kidney Foundation 2008 Spring Clinical Meetings
Gaylord Texan
Dallas, TX
www.nkclinicalmeetings.org

April 9-12, 2008

ISHLT 28th Annual Meeting & Scientific Sessions
Hynes Convention Center
Boston, MA
www.isHLT.org/meetings

August 2008

August 10-14, 2008

XXII International Congress of The Transplantation Society
Sydney, Australia
Phone: 61.3.941.70888
www.transplantation2008.org

August 11-14, 2008

NATCO's 33rd Annual Meeting
Sheraton Boston
Boston, MA
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American Society of Transplant Surgeons

Dear ASTS Member,

As an ASTS member and surgeon, you are in a strong position to improve transplantation science and medicine, not only by the work that you do, but also by supporting ASTS sponsored initiatives including education, surgical training and research.

Over the past year, the Society has set in motion several initiatives that will undoubtedly have a lasting affect on transplantation and improve the quality of life for transplant patients and society. On the short list are: building consensus for fellowship training, development of a comprehensive National Transplant Surgery Fellowship Curriculum, improving transplant rotations for residents, establishing new research awards, development of an educational video for living donors, and the launch of an online library of surgical videos and lectures.

Taking notice, legislative, regulatory and reimbursement issues for transplantation are moving at a more rapid pace than in years past. The Society has taken significant steps to advocate on your behalf, and will continue to lead the field on issues that are critical to providing excellent patient care.

This year the Society answered the call to assist the government in its first steps to remove financial barriers to transplantation by providing reimbursement of travel expenses and subsistence costs for living organ donors. The establishment of a National Living Donor Assistance Center within the ASTS national office is another example of how ASTS is advancing the practice and science of transplantation for the benefit of patients and Society.

We want to maintain this momentum and continue to grow the ASTS as your best resource for surgical care in transplantation. Your minimum pledge of \$1000 to the Foundation of the ASTS over the course of your career will ensure the Society will be a strong advocate well into the future.

Contributing is simple and any amount strengthens the Society! Donate \$25, \$50 or \$100. Donations are tax deductible and cumulative. I am asking you to join me in a show of support by making a contribution to the ASTS Foundation in any amount. This is the first step in becoming a Career Contributor.

Donate online at www.asts.org, using the "renew my membership" function in the Members portal or send a check to the ASTS national office, payable to the ASTS Foundation.

The mission of the ASTS continues to be increasing organ donation, education and training, career enhancement, and professional development for transplant surgeons and patients.

Arthur J. Matas, MD
Foundation President

Two ways to contribute:

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Submit curriculum vitae and letter of interest to: Ann Burns
Director Physician Recruitment
Avera McKennan Hospital & University Health Center
800 East 21st Street
Sioux Falls, SD 57105
Phone: 605 371.5883 Fax: 605 371.5886
Email: ann.burns@mckennan.org

BETH ISRAEL DEACONESS: APPLICATION MANAGER/DATA ANALYST

Please contact: Linda R. Lentz
Administrative Manager
Transplant Center Beth Israel Deaconess Medical Center
Phone: 617 632.9816 Fax: 617 632.9820
Email: llentz@bidmc.harvard.edu
www.bidmc.harvard.edu/transplantcare

DARTMOUTH-HITCHCOCK MEDICAL CENTER: MULTI ORGAN TRANSPLANT SURGEON

Submit curriculum vitae and letter of interest to:
David Axelrod, MD MBA
Section Chief, Solid Organ Transplantation
Dartmouth-Hitchcock Medical Center
1 Medical Center Drive
Lebanon, NH 03756
Phone: 603 653.3931 Fax: 603 650.0924
Email: david.axelrod@hitchcock.org

GENZYME: VICE PRESIDENT MEDICAL PROGRAMS

Submit resume to: Jacqueline Whalen at
jake.whelen@genzyme.com

HENRY FORD HOSPITAL TRANSPLANT AND HEPATOBIILIARY SURGEON

Submit letter of interest, curriculum vitae, and references to:
Marwan Abouljoud, MD, FACS
Chief, Transplant & Hepatobiliary Surgery



Henry Ford Hospital
2799 West Grand Blvd., CFP2
Detroit, MI 48202
Phone: 313 916.2941
Fax: 313 916.4353
Email: Sue Haloostock shaloos1@hfhs.org

LOYOLA UNIVERSITY MEDICAL CENTER: ABDOMINAL TRANSPLANT SURGEON

Submit curriculum vitae with the names of 3 references to:
Richard L. Gamelli, MD, FACS
The Robert J. Freeark
Professor and Chairman
Department of Surgery
Loyola University Medical Center, EMS Building 110
2160 South First Avenue
Maywood, Illinois 60153

MEDICAL UNIVERSITY OF SOUTH CAROLINA: TRANSPLANT SURGEON

Please contact:
Dr. Prabhakar Baliga, Chief
MUSC Division of Transplant Surgery
96 Jonathan Lucas Street, CSB 404
Charleston, SC 29425
Email: baligap@musc.edu
Apply on line: www.musc.edu

PIEDMONT HOSPITAL: THIRD MULTI-ORGAN TRANSPLANT SURGEON

Submit cover letter and curriculum vitae to: Jack Reed, CMPE, FACHE
Chief Executive Officer, PMCC
Piedmont Medical Care Corporation

2727 Paces Ferry Road, # 1-1100
Vinings, GA 30339 Phone: 770 801.2551
Email: jack.reed@piedmont.org

SAINT LUKE'S HOSPITAL, DEPARTMENT OF SURGERY: TRANSPLANT SURGEON

Submit curriculum vitae to:
Paul W. Nelson, MD FACS
Surgical Director,
Kidney Transplant Program
4320 Wornall Road, Suite 240
Kansas City, MO 64111
Email: pnelson@saint-lukes.org
Phone: 816 932.7911

SWEDISH MEDICAL CENTER/SEATTLE, ORGAN TRANSPLANT DEPARTMENT: ABDOMINAL TRANSPLANT SURGEON

Please contact:
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Robert B. McMillen Chair and
Director, Organ Transplantation
Swedish Medical Center/Seattle
206 386.2467
Email: betsy.lusby@swedish.org

THE RECANATI/MILLER TRANSPLANTATION INSTITUTE: LIVER TRANSPLANT COORDINATOR

(Two positions available)
Please contact:
Michael Impollonia, MSN, RN, CNA
Visit our website and apply online at: www.mountsinai.org/careers
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www.mountsinai.org/nursing

THE UNIVERSITY OF CHICAGO, DEPARTMENT OF SURGERY SENIOR RESEARCH FACULTY, TRANSPLANT IMMUNOLOGY

Email a letter of interest and curriculum vitae to: Dr. Michael Millis
Chief, Section of Transplantation Surgery
University of Chicago
5841 S. Maryland Ave. MC5027
Chicago IL 60637
E-mail: mmillis@surgery.bsd.uchicago.edu

UNIVERSITY OF CALIFORNIA, IRVINE
– DIVISION OF TRANSPLANTATION
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PROFESSOR OF CLINICAL SURGERY

Submit curriculum vitae to:

Clarence E. Foster III, MD

Chief, Division of Transplantation

Director Kidney and Pancreas

Transplantation

Department of Surgery

Univ. of California, Irvine Medical Center

Building 26, Rm 1001

101 City Drive, Orange, CA 92868

Email: fosterc@uci.edu

UNIVERSITY OF CINCINNATI
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DIVISION OF TRANSPLANTATION:
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Submit curriculum vitae and letter of
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Division Chief, Division of Transplantation

Univ. of Cincinnati, Dept of Surgery

231 Albert Sabin Way

PO Box 670558

Cincinnati, OH 45267-0558

THE UNIVERSITY OF ROCHESTER
MEDICAL CENTER: ASSISTANT OR
ASSOCIATE PROFESSOR

Submit curriculum vitae, letter of inter-
est and three letters of reference to:

Adel Bozorgzadeh, MD, FACS, Director

Solid Organ Transplantation and
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University of Rochester Medical Center

601 Elmwood Avenue, Box SURG-Txp
Rochester, NY 14642.

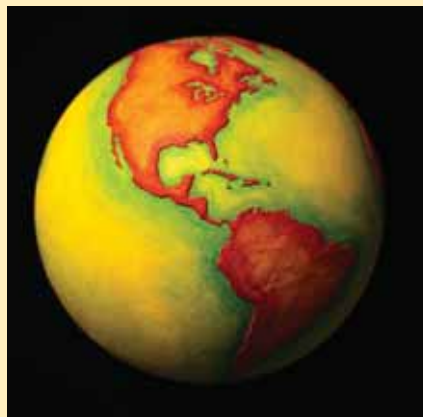
Phone: 585 275.7986

Fax : 585 276.0054

E-mail: Adel_Bozorgzadeh@urmc.roches-ter.edu

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