

CHIMERA

Published for Members of the American Society of Transplant Surgeons



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ASTS 
American Society of Transplant Surgeons

www.asts.org



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May 2008–May 2009

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Editor's Letter



Welcome to another issue of the *Chimera*!

It's becoming a conundrum, struggling to piece together the mixture of events and endeavors the Society has undertaken in recent years. Rightfully so, things are heating up in the ASTS National Office. From a 12 % increase in membership in the last year, the development of an online curriculum, to the friendly fire with regulatory agencies for improved patient care, ASTS has risen to the occasion and is working to better transplantation.

If your program has not yet been audited by CMS this year, or even if it has, be sure to check out the latest summary of the efforts of ASTS starting on page 8 to work with CMS to produce interpretative guidelines that are both meaningful to the transplant community and reassuring to our patients. It is also worth pointing out that through the efforts of the ASTS Business Practice Committee, your center can undergo a Mock Medicare Survey to ensure your team is as prepared as possible for the actual CMS audit.

The ASTS Academic Universe (online curriculum) continues to take shape. A combination of learning objectives, narrated web based presentations, and eventually questions and case based presentations, this curriculum, primarily designed for transplant surgical fellows,

will form the backbone for other ASTS sponsored educational endeavors aimed at residents, and midlevel providers. Read about it in this issue and access it on the website in the "members' portal". Also, in the works, in the members portal is the institution of a clinical forum, where members can post difficult problems and share solutions and ideas for solving them with other members.

Speaking of midlevel providers, the ASTS is rapidly becoming a professional home for Nurse Practitioners (NPs) and Physician Assistants (PAs) working in transplantation. The Society certainly recognizes the importance of these individuals in the care of transplant patients and recent bylaw changes have been made to facilitate their joining the Society. To all the NPs and PAs in transplantation, Welcome!

We also welcome new leadership, Dr. John P. Roberts, from the University of

California San Francisco. As the new ASTS President., Dr. Roberts brings with him a laid back California flair and passion for transplantation. You can view his first letter on the following pages.

Lastly, if time allows for nothing else, please peruse pages 16-18, the *Chimera Chronicles*. Read about this important effort to preserve ASTS history.

Best Regards,
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About the cover...



The cover photo is a polycystic kidney nephrectomy that was preformed after kidney transplantation at the University of Florida. This is a photo of the left kidney removal. However, at the same operation both native kidneys were removed due to pain caused by the large size of the polycystic kidneys. Together, the kidneys weighed 16 lbs, more than a newborn! Dr. Liise K. Kayler is holding the left kidney. ASTS is grateful for her contribution.

If you have a photo that you would like displayed on the cover of the *Chimera*, please e-mail it along with a brief description to Chantay Parks Moye at chantayparks@earthlink.net.



President's Letter

It is truly a great time to be a member of the ASTS. The Society is fortunate to be a progressive group of members coming together to establish an atmosphere that is breaking new ground in research and educational excellence. This is an especially exciting time for us, as many of the ideas and projects we have envisioned are becoming reality.

As your new President, there are a few flames I plan to fan to keep us moving forward. I would like to underscore several key programs and their relevancy to the success of your practice, and ultimately your patients. The programs that ASTS has created for your benefit will have a lasting impact on transplantation.

As you know, CMS has had many in the transplant community in an uproar over their surprise audits, in the absence of final Interpretive Guidelines (IGs) for Conditions of Participation (CoP). Reluctant to allow someone else to take the lead on such measures that affect our subspecialty, the ASTS Business Practice Committee has developed Mock Medicare Surveys. ASTS has worked long and hard on both the CoP and IGs, and remain proactive in our approach to make sure that they are fair and represent what transplant centers should be doing. And while CMS has at last released final IGs in June, it is important that ASTS remain steadfast in our efforts to facilitate further changes and clarification.

To date, ASTS has conducted three mock Medicare surveys and the interest from centers is growing. The mock surveys work like this: a team of seasoned transplant professionals knowledgeable in the new Medicare regulations including transplant surgeons, nurses, and administrators review policies and procedures, review charts onsite for compliance, and conduct interviews.



*John P. Roberts, MD
ASTS President*

Preliminary findings are discussed during a debrief and a written report of findings is provided to the program director. This pay-it-forward service helps to ensure your center is prepared and can sustain a CMS audit. Contact the ASTS National Office for more information on how your program can benefit from a mock survey.

The ASTS Academic Universe (National Transplant Surgery Fellowship Curriculum) is up and running. Fellows can now start using the online surgical logs to track and record cases. The online logs replace those cumbersome paper trails and provide a clearer picture of the types of procedures being performed by each fellow. The curriculum serves as the blueprint for education growth and development. The ASTS Curriculum Committee has developed a 74-page document and comprehensive unit and learner objectives that can be found on the ASTS website. To access the objectives and curriculum, visit the Physician Education & CME page on the ASTS website. It's located under the Research and Education tab on the home page.

ASTS has posted a statement on the website concerning fellowship workload practice. It is part of our mission to ensure fellows are developing safe and responsible work habits. The following four structural elements are considered requirements of ASTS approved fellowships:

- The training program should designate formal continuing medical education time for the fellows, including attendance at least one national meeting a year, that does not count toward vacation time.
- The fellow should be provided at least two weeks of vacation every year and up to three weeks if only one week a year is designated for meeting time.
- Recognizing that significant periods of absence detract from clinical training, aggregate vacation and meeting time away from the training program should not exceed 4 weeks per year.
- The fellow should be off call and free from clinical responsibilities at least one weekend per month and at least two additional 24-hour periods every month exclusive of vacation time.

Coming down the pike is the launch of a Maintenance of Certification (MOC) for transplantation in collaboration with the American Board of Surgery (ABS). In brief, a transplant surgeon due for recertification would have the option of taking a recertification exam with focused expertise in transplant surgery instead of the traditional general surgery recertification exam. Utilizing the new ASTS Academic Universe, members will create a secure learner portfolio that can log and store required information for MOC such as medical licenses, reference letters, and hospital documents in a centralized location for easy reference when verifying admitting and operating privileges. In addition, an online surgical case

log system will be available to members. Users have the option to generate reports that can be sent directly to the American Board of Surgery (ABS) for review.

In newer developments, I have recently been in discussion with the Centers for Disease Control (CDC), United Network for Organ Sharing (UNOS), Association for Organ Procurement Organization (AOPO), the American Society of Transplantation (AST) and others to unite a conference that will provide, in the end, a revision of the guidelines defining high risks donors with Human Immunodeficiency Virus (HIV) and Hepatitis C and B viruses (HCV and HBV). We anticipate the findings to be published in the Morbidity and Mortality Weekly Report (MMWR).

Strengthening collaborations with our cohorts in transplantation will open the door for greater things to happen within our specialty. Petitioning Congress for funding and approval on regulatory issues that are critical to us can be achieved, but we increase our chances if we work together to accomplish our goals. Recalling our participation in the Transplant Roundtable (a working coalition of transplant patients, professionals, and research foundations), those efforts helped push through the Living Kidney Organ Donation Clarification Act to be introduced in Congress, and eventually passed by Congress, to what is now the Charlie W. Norwood Living Organ Donation Act. This law clears the way for a national paired donation system.

All of these projects aforementioned have or will expand the resources available to our members. They will also fortify our bonds with the organizations throughout the transplant community we serve.

ASTS has begun a project to commemorate the past and connect it with the future of transplantation. *The Chimera Chronicles, Great Stories in Transplantation* has taken flight. ASTS has more than 70 members recognized as senior members, who have pioneered and have made contributions to the field. ASTS recognizes their efforts and wants to ensure their contributions and stories are captured for future generations. Sixteen senior members participated in the first of many recordings during the 2008 American Transplant Congress. Their accounts dating back before 1974 are phenomenal. Their stories will be placed in video stream in the coming months on the ASTS website and other media avenues. Flip to pages 16-18 for a glimpse of the project.

Join me for the ASTS 9th Annual State of the Art Winter Symposium, *The Right Organ for the Right Recipient*, January 16-18, 2008 in Marco Island, Florida. For those of you who may be asking, why Marco Island again, my guess is that you have never been to Marco Island.

Each year, the goal of the planning committee is to build on existing elements to create an atmosphere ripe for (junior) transplant professionals. The ASTS Winter Symposium is held in conjunction with the NATCO Symposium for

Advanced Transplant Professionals. This year is particularly exciting for ASTS as we have recently experienced an influx of new members. In addition to surgeons, nurse practitioners and physician assistants have joined the ranks.

Why should you attend? In addition to the topic-driven science and intimate networking opportunities, you won't want to miss the mini symposium on standards, the business practice seminar on the design and practice of transplant center models, the 2nd annual mentorship awards presentation, the critical care seminar on management of the wrong organ for the wrong recipient, and an opportunity to dine on the beach.

Abstract submissions are now open. The top ten abstracts will be chosen for oral presentation, receive a \$1000 honorarium and three nights hotel accommodations to the symposium; last year we received more than 115 abstracts with a 72% overall acceptance rate. We look forward to another record breaking year.

It's truly a great time to be a member of the ASTS.



John P. Roberts, MD

Please Note...



*Fall Council Meeting, September 18-19, 2008
Hotel Nikko, San Francisco, CA*



ASTS News

The ASTS Spring Council Meeting and Annual Business Meeting were held in Toronto, ON, during ATC 2008. The following are select committee news and reports from these meetings.

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

AWARDS COMMITTEE

Dr. Abhinav Humar reported that 64 applications were received for 2008. Reviewers commented on the high caliber of applications and a total of 11 awards were presented. This year, at ATC the awards ceremony was divided into two separate sessions which resulted in increased attendance. The committee is moving to reallocate more funding for 2009. Finally, he reported that ASTS is working to offer a joint award with ESOT and this should be available for application as part of 2009 awards process.

BYLAWS COMMITTEE

Dr. Stuart Flechner advised that the previous approval to increase the councilor-at-large positions from 6 to 9 necessitated a change to the composition of the nominations committee. Dr. Flechner moved to increase the number of councilors from the 4 most senior, to the 6 most senior. Dr. Flechner presented a proposed bylaw amendment to eliminate the requirement of two letters of endorsement and amend the required transplantation experience from two years to one year for Associate members. Both proposals passed unanimously.

BUSINESS PRACTICE COMMITTEE

Dr. Marwan Abouljoud reported that the compensation survey was sent to 846 ASTS surgeon members with a 47% response rate. The survey will provide a benchmark of salaries and benefits for transplant surgeons. The data are being analyzed by a 3rd party and reports will be available in the fall. The committee has organized Mock Medicare Survey (MMS) teams to conduct CMS-like surveys to help transplant centers identify possible deficiencies prior to an actual audit. The MMS teams will spend one day on-

site conducting the inspection and will provide a written report after the visit to help the center form a corrective action plan. This service is available to transplant centers for a fee based on the number of programs surveyed. The committee is planning another Business Practice Seminar at the Winter Symposium. This year's topic is "Transplant Center Models: From Design to Practice" and will be held on Thursday, January 15, 2009.

CELL TRANSPLANT COMMITTEE

Dr. James Markmann reported that the white paper *Financial Issues Constraining the Use of Pancreata Recovered for Islet Transplantation* has been accepted for publication in the AJT. The committee is in the process of organizing a formal meeting with HHS, CMS, NIH and HRSA to discuss solutions. The committee also plans to develop and submit a proposal for the 2010 State of the Art Winter Symposium Pre-Meeting Course.

CME COMMITTEE

Dr. Milan Kinkhabwala reported that the committee is coordinating with the national office to ensure ASTS meets new ACCME guidelines. The committee is assisting with the development of a transplant specific Maintenance of Certification (MOC) and plans to develop practice/study modules, similar to SESAP, for the transplant specific MOC.

COMMUNICATIONS COMMITTEE

Dr. James Whiting reported that the committee continues to seek new and innovative ways to communicate with the membership. The new Clinical Forum initiative will host a new case each week/month. Members can login and discuss the case. The committee is

also developing a plan to create online interviews. Each month would feature a different member who would accept and respond to questions from the membership. Finally, he reported that the committee would like to add Real Simple Syndication (RSS) feeds to the ASTS website to allow members to automatically receive Society updates.

CURRICULUM COMMITTEE

Dr. Elizabeth Pomfret reported that development of an online component for the National Transplant Surgery Fellowship Curriculum is well underway. The online system will include over 200 learning modules. Each learning module will include a narrated presentation, text summary and bibliography, recommended references for additional study, self-assessment and feedback mechanism. The committee has recently established an editorial subcommittee to review all submissions prior to placement in the online system. The ASTS Academic Universe, which houses the online curriculum, is available via the members' portal of the ASTS website.

ETHICS COMMITTEE

Dr. Charles Miller reported that the recent collaborative ethics conference was a success with 182 registrants. A manuscript is in development and will be submitted to the AJT for publication. The Committee is discussing a possible position statement to address conflict of interest with trauma call. Finally, the committee will evaluate the ASTS position on the TTS statement from the Istanbul Summit and submit recommendations to the Council for consideration.

FELLOWSHIP TRAINING COMMITTEE

Dr. John Magee reported that the committee is working to codify the structure and evaluation of ASTS accredited fellowship training programs. The com-

mittee will propose refined accreditation standards to the council for consideration. The committee will continue to advocate for residents in transplant surgery rotations. While the ABS has been pleased with the ASTS response thus far, they have requested a survey of the general surgery program directors in order to evaluate how the initiatives have been enacted in individual programs. Finally, ASTS will host the 2nd Annual Surgical Fellows' Symposium this fall.

MEMBERSHIP COMMITTEE

Dr. Timothy Pruett reported that the 2008 1st Quarter had a record application submission of 43 membership applications. The current membership count is 1239. The committee is actively recruiting NP/PA members and is working to develop initiatives that will provide value to this group. The committee is developing an alliance with NATCO which will launch this fall. Finally, the committee is discussions with the transplant administrators who have also expressed interest in partnering with ASTS on various initiatives.

SCIENTIFIC STUDIES COMMITTEE

Dr. David Gerber reported that the manuscript from the Combined Liver/Kidney Transplantation Consensus Conference was submitted to AJT. The committee is creating a DonorNet follow-up survey to re-evaluate the impact of DonorNet on transplant programs with plans to release the survey in the fall. Finally, he reported that the committee will study the financial impact of CMS regulation on transplant programs in collaboration with transplant administrators.

STANDARDS COMMITTEE

Dr. David Mulligan reported that the committee will host a mini-symposium titled "Standards for Organ Transplantation: Why Do We Need

Them and How Do We Maintain Them" immediately preceding the winter symposium in January. The committee is finalizing recommended guidelines for procuring surgeons. The committee is also near to finalizing best practice guidelines for controlled donation after cardiac death for abdominal organ procurement and transplantation. Finally, the committee is working on a formal definition of a transplant surgeon for recommended adoption by OPTN/UNOS.

VANGUARD COMMITTEE

Dr. Randall Sung reported that the upcoming winter symposium will address "The Right Organ for the Right Recipient" and will be held January 16-18, 2009 at the Marriott Marco Island. He reported that the new guidelines will be in place for the 2009 Vanguard Prize and that the award will be officially presented at the annual winter symposium. In addition to self-nomination, members-at-large can nominate their junior faculty for recent publications. Applications for the ASTS Francis Moore Excellence in Mentorship in Transplantation Surgery Award are also being accepted. This award recognizes the mentoring of fellows and junior faculty. Nominations can be made online at www.ast.org.

AD HOC LIVING DONOR COMMITTEE

Dr. Andrew Klein reported that after significant changes from ASTS and others in the transplant community, the proposed OPTN/UNOS Resource Document for the Medical Evaluation of Living Kidney Donors is a more relevant and realistic resource for professionals. He reported that the committee has drafted guidelines concerning volunteer non-directed live donors with the long-term goal of broad sharing of kidneys. Finally, the committee plans to submit comments on the recently released

OPTN/UNOS proposal for a National Kidney Paired Donation System.

CRITICAL CARE TASK FORCE

Dr. Dinesh Ranjan reported that the task force would host a session at the upcoming ILTS-ASA conference in October in Orlando, FL. The task force continues to explore other venues such as ATC and the winter symposium for seminar opportunities. The task force will collaborate with the curriculum committee to create a critical care unit for the online curriculum. The long-term goal of the task force is to create a critical care manual and develop a critical care Certificate of Additional Qualification (CAQ).

FMG TASK FORCE

Dr. Lewis Teperman reported that the task force is developing a draft statement on the training of FMGs. The task force would also plans to provide program directors with information to help with visa and licensing issues.

MOC TASK FORCE

Dr. Dixon Kaufman reported that ASTS is working with ABS to develop a transplant specific Maintenance of Certification (MOC). The goal is to develop a "focused expertise" exam specific to transplant. When this is complete, an ASTS member due for re-certification could opt to take the focused expertise exam that would contain 100 transplant specific questions with the balance to include relevant general surgery questions. The task force is working with the ABS to ensure ASTS satisfies the four components of MOC (professional standing, lifelong learning and self-assessment, cognitive experience and evaluation of performance in practice).



Regulatory & Reimbursement Update

ASTS SUCCESSFULLY URGES MODIFICATION OF INTERPRETIVE GUIDELINES USED TO IMPLEMENT MEDICARE CERTIFICATION PROGRAM FOR TRANSPLANT CENTERS

CMS is proceeding with its surveys of transplant centers for compliance with the new Conditions of Participation. In addition, the agency has recently released final Interpretive Guidelines which are intended to assist surveyors in interpreting the regulations. ASTS took an active role in the review and revision of the draft Guidelines; identifying a number of problems with the draft Guidelines meeting with CMS to discuss alternative approaches, and submitting proposed language changes. ASTS efforts were largely successful. The revised Guidelines address almost all of ASTS' concerns. Specifically, the agency issued revisions and clarifications on the following topics:

Effective date: CMS has amended the Guidelines throughout to indicate that transplant centers will only be reviewed for compliance after the June 28, 2007 effective date of the regulations, and that medical records and other documents pre-dating June 28, 2007 are not subject to review.

Multidisciplinary teams: The revised Guidelines provide transplant centers with additional flexibility in documenting the involvement of multidisciplinary teams in transplant-related care.

Living Donor Assessment: The Guidelines have been revised to clarify that a team meeting to determine donor suitability is not required if there is evidence in the medical record or elsewhere of a "formal process" by which all team members can raise issues and concerns.

TPQR Report: CMS accepted ASTS language, which states that surveyors may provide a copy of the TPQR to TCs during the onsite survey.

Scope of Survey: The Guidelines have been revised to clarify that the on-site survey does not include the outpatient clinic

(except to interview transplant patients about their inpatient experiences).

Post-Discharge Obligations of the TC:

The Guidelines now recognize that the discharge plan can call for patients to be followed by the local physician and eliminated a required six-month follow-up period.

Tissue-Typing: The revised Guidelines clarify that tissue typing services are not required to be provided on a 24-hour basis.

Clinical Experience Requirements:

CMS added ASTS language clarifying that for re-approval, the 10 transplants per year clinical experience requirement can be met so long as a transplant center performs an average of 10 over a period of three years.

ASTS is now communicating with CMS about other issues related to implementation of the transplant center certification program including, for example, the process to be used to determine whether there are "mitigating circumstances" that justify a center's failure to meet the outcomes requirement, and the standards to be used in determining when a failure to meet outcomes, data submission, or clinical experience requirements jeopardize a transplant center's continued participation in the Medicare Program. ASTS looks forward to a continued positive and productive relationship with CMS as additional issues relating to implementation of the transplant center certification program arise.

CMS PROPOSES REVIEW OF PAYMENT CAP ON PROFESSIONAL FEES FOR KIDNEY EXCISIONS, SUGGESTS PAYMENT CAP ON FEES FOR OTHER ORGAN ACQUISITIONS

CMS recently published its proposed physician fee schedule rule for 2009. Under the Proposed Rule, Medicare payment overall would be reduced by around 5% as the result of the application of the Sustainable Growth Rate formula;

however, proposals pending before Congress would preclude this adjustment from taking place.

In addition, however, the Proposed Rule includes a number of issues of particular interest to ASTS.

Organ Procurement: Even though the excision of organs is not reimbursed under the Physician Fee Schedule which is the primary focus of the Proposed Rule, CMS has included in the Proposed Rule an announcement that the agency is reviewing the payments OPOs make to transplant surgeons for cadaver organ excisions. Currently, Medicare payment for the professional fees involved in the excision of such organs is made under Part A of the Medicare Program, as Organ Acquisition Costs.

Medicare currently caps payments for kidney excision at \$1250; however, there is no cap on payment for other solid organs. The Proposed Rule indicates that CMS is seeking information on costs associated with both kidney and other organ procurements and that the agency intends to consider whether the current cap on kidney excisions is appropriate as well as whether a cap should be established for excisions of other organs. ASTS will be responding to this proposal in written comments to be submitted to the agency this month.

Backbench Services: There are again no changes with respect to the backbench codes. CMS continues to designate the standard backbench procedures as carrier priced.

IVIG: CMS is proposing to discontinue the add-on fee of approximately \$70 for IVIG infusion in non-hospital settings.

Stark law exception for gain sharing: CMS is proposing to establish a new exception to the Stark or physician self-referral law for gain sharing arrangements between hospitals and physicians.

ASTS OBJECTS TO REDUCTION IN DRG PAYMENT FOR “UNCOMPLICATED” HEART AND LIVER TRANSPLANTS, DENIAL OF ADDITIONAL PAYMENT FOR CERTAIN HOSPITAL ACQUIRED CONDITIONS AFFECTING TRANSPLANT PATIENTS

On June 11, 2008, ASTS submitted comments on a number of issues in the FY 2009 proposed inpatient prospective payment rule that would have an adverse impact on Medicare payment to transplant centers and that may disrupt the financial stability of some transplant programs.

Specifically, in the proposed inpatient Prospective Payment System Rule, which would go into effect for cost reporting periods beginning on and after October 1, 2008, CMS proposed to add several new hospital-acquired conditions or “never events” to the inpatient prospective payment system. If a condition is designated a “hospital-acquired condition” and the patient acquires the condition in the hospital (i.e. the condition is not present on admission) the hospital will not qualify for a higher DRG payment that would otherwise apply. In particular, CMS proposed to add the following conditions to the list of “never events”:

- Surgical site infections following certain elective procedures
- Legionnaires’ disease (a type of pneumonia caused by a specific bacterium)
- Extreme blood sugar derangement
- Iatrogenic pneumothorax (collapse of the lung)
- Delirium
- Ventilator-associated pneumonia
- Deep vein thrombosis/Pulmonary

Embolism (formation/movement of a blood clot)

- *Staphylococcus aureus* septicemia (bloodstream infection)
- *Clostridium difficile* associated disease (a bacterium that causes severe diarrhea and more serious intestinal conditions such as colitis)

ASTS submitted comments expressing concern regarding the inclusion of several of the proposed conditions with respect to transplant patients. ASTS expressed concern about denying otherwise applicable Medicare payment to transplant centers whose transplant patients develop ventilator associated pneumonia, staphylococcus aureus septicemia and *Clostridium difficile*, arguing that it is inappropriate to consider these conditions “never events” for patients who are immune-compromised as a result of their disease or because of immunosuppressive therapy.

In addition, ASTS reiterated its objections to the adoption of severity adjusted DRGs for heart and liver transplants. By way of background, for cost reporting periods beginning on and after October, 2007, CMS implemented new severity adjusted DRGs for both heart and liver transplants. Thus, heart and liver transplants are classified as either with or without a “major complicating condition” (MCC). Those with an MCC receive a higher DRG payment than those without a MCC. This year’s proposed rule would significantly decrease DRG payments for the “without MCC” liver and heart transplants, with only a modest increase in payment for the “with MCC” cases.

ASTS submitted comments expressing concern that yearly fluctuations in payment of this magnitude can cause serious financial instability for transplant centers and urged the agency to rescind the MS-DRGs adopted last year and go back to a single DRG per procedure as existed prior to FY 2008.

Finally, ASTS renewed its request that CMS establish a separate DRG for combined liver/kidney transplants on the grounds that these procedures are significantly more costly than liver transplants alone. Currently, combined procedures are paid under the DRG for liver transplants.

ASTS SUBMITS COMMENTS ON PROPOSAL ON VASCULARIZED COMPOSITE ALLOGRAFTS

On March 3, 2008, the Department of Health and Human Services (DHHS), published a *Federal Register* to solicit feedback on whether vascularized composite allografts should be included within the definition of organs covered by the regulations governing the operation of the Organ Procurement and Transplantation Network (OPTN) and whether vascularized composite allografts should be added to the definition of human organs covered by section 301 of the National Organ Transplant Act of 1984 (NOTA). ASTS submitted comments endorsing both proposals.

*By Diane Millman, Esq. and
Rebecca Burke, Esq.
Powers, Pyles, Sutter and Verville, PC
ASTS Regulatory Counsel*

DRG	Description	Current Weight – FY 2008	\$ FY 2008	Proposed Weight for FY 2009	Proposed \$ FY 2009 *
MS DRG1	Heart Tx w/MCC	23.1117	\$115,341.25	23.4061	\$119,346.77
MS-DRG 2	Heart Tx w/o MCC	16.2735	\$81,214.53	12.8956	\$65,754.15
MS-DRG 5	Liver Tx w/MCC	10.6120	\$52,960.25	10.7436	\$54,781.19
MS-DRG 6	Liver Tx w/o MCC	7.2562	\$36,212.79	4.8292	\$24,623.90

* Based on the proposed fully-updated FY 2009 national standardized amount (without geographic adjustments) of \$5,098.96. Please note that the amounts in the table do not reflect costs of organ acquisition that are paid separately.



Legislative Report

ASTS PUSHES KEY TRANSPLANT ISSUES WHILE CONGRESS REMAINS HIGHLY PARTISAN

The projected “train wreck” at the end of last year came to pass when, after a year-long fight with Democrats in control of both chambers of Congress, the President vetoed a number of spending and program priorities of congressional Democrats. As a by-product, Congress was only able to pass a short-term Medicare package to eliminate cuts to the 2008 physician fee schedule as well as a few other “must pass” and time-sensitive policies.

THE MEDICARE DEBACLE

This bill was a short-term fix that did not include the vast array of items addressed by the House in last year’s broader Medicare package. This short term fix expired at the end of June when Congress was supposed to address the deep cuts scheduled for the second half of the year. It was unclear whether the package would extend the fee fix into 2009 and whether the bill would include a broader set of policy proposals.

As a result, the need to pass a Medicare bill by July 1st dominated the healthcare debate for the first half of 2008. When Senate negotiations on a mid-year fix to the scheduled physician fee schedule cuts finally started in May, it was very unclear that a compromise would be achieved in time to avoid the looming July 1 deadline; the mounting frustration led to a late-June House vote where all Democrats were joined by many House Republicans in unexpectedly passing a bipartisan version of an un-passed Senate Democratic bill. The lopsided nature of this vote was a surprise to all, a veto-proof margin of 355 to 59. But, this success did not lead Senate Republicans to capitulate immediately as they blocked further action into mid-July.



Unable to face mounting pressure to protect providers and beneficiaries, however, Republicans finally capitulated and the bill, H.R. 6331, the Medicare Improvements for Patients and Providers Act, passed the Senate by voice vote on July 9, 2008. This occurred immediately after the final “cloture” motion passed by a veto-proof vote of 69-30, effectively preventing a filibuster, and ending debate. This strongly bipartisan vote was not at all expected, as earlier in the day there was mounting frustration on behalf of Senate Democrats. In fact, in a sign that every vote was critical, Senator Kennedy made his first appearance on the Senate floor to cast his vote, the first time he had been seen in public since news broke of his brain cancer.

The Medicare Improvements for Patients and Providers Act of 2008, H.R. 6331, became law when the House and Senate voted (383-41 and 70-26, respectively) to override President Bush’s earlier veto of the bill.

CONTENTS OF THE MEDICARE PACKAGE

Regarding the contents of H.R. 6331, the bill prevents a 10.6% Medicare payment cut to physicians, which technically took effect on July 1st, but was suspended for 10 business days by the Administration. The legislation would prevent physician reimbursement cuts for 18 months, providing doctors with a 0.5% update through the rest of 2008 and 1.1% in 2009. This provision is primarily offset by cuts to “indirect medical education” payments under Medicare Advantage (Medicare managed care), which go to those private plans that have teaching hospitals in their service areas.

Additionally, the legislation would delay competitive bidding of durable medical equipment, extend the exceptions process for the outpatient therapy caps policy, improve coverage for low-income beneficiaries, extend expiring policies and improve payments for rural hospitals and providers, modernize and update the dialysis payment system, improve access to telehealth services, phase-in mental health parity under Medicare, provide prompt-payment for pharmacies, and improve coverage of preventive healthcare services. The bill does not extend coverage of immunosuppressive drugs for kidney transplant recipients past the current three-year cutoff, but this proposal was viewed as a broader Medicare reform that is more likely to be seriously considered in a more comprehensive bill in the future.

ADDENDUM TO ASTS LEGISLATIVE FLY-IN DAY

On March 13th, four ASTS transplant surgeons flew to Washington, D.C. to meet with nearly 25 legislators and key committee staff on the Society’s legislative priorities. On May 7th, Dr. Hans Sollinger augmented that outreach by coming to Capitol Hill to meet

primarily with House Appropriations Committee Chairman Obey's office, the key House office for addressing funding of the Organ Donation Recovery and Improvement Act of 2004 (ODA) programs. Dr. Sollinger also met with Senate Select Committee on Aging Chairman Kohl (D-WI) regarding other ASTS issues. Earlier fly-in participants focused on other House and Senate appropriators as well as such ASTS issues as Medicare immunosuppressive drug coverage, donor registry legislation, and other ASTS priorities.

LATEST DEVELOPMENTS REGARDING ORGAN DONATION ACT (ODA) FUNDING

The March ASTS Fly-In to Congress met with welcome news when it was learned that Sen. Dorgan (D-ND) negotiated a \$5 million increase to the budget for the programs of the Division of Transplantation (DoT) within the Health Resources and Services Administration (HRSA). Senator Dorgan's amendment to the budget bill was non-binding, but it sent a strong signal to the appropriators that this is an important program. Prior to the March Fly-In, ASTS lead a joint request with members of the Transplant Roundtable requesting funding for a new organ coordinator program for hospitals and organ procurement organizations under the ODA.

ASTS has learned that this suggested budget increase has trickled down to a \$2.4 million increase for DoT programs in the FY 2009 Senate Labor and Health & Humans Services Appropriations bill. Such an allocation improves the chances that Congress will finally appropriate new federal funding for ODA programs. The ODA was authorized by Congress in 2004 for five years and that authorization expires at the end of 2009. DoT leadership has found a way over the past two years to begin funding the ODA by shifting existing resources within the agency, but

new federal funds have been difficult to secure in this fiscal environment.

IMMUNOSUPPRESSIVE DRUG COVERAGE EXTENSION LEGISLATION

This year, both as part of the Spring fly-ins and with other members of the Transplant Roundtable, ASTS has worked steadily to educate dozens of Congressional offices on the merits of immunosuppressive drug extension legislation. Overall, ASTS has sought support from over fifty Congressional offices for this legislation as well as pushing for its inclusion in the Senate Medicare package this Spring.

H.R. 3635 and S. 2320, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2007, would eliminate the 36-month time limit in coverage of immunosuppressive drugs for kidney transplant recipients whose Medicare coverage is based solely on their ESRD status. These bills have been introduced by Reps. Camp (R-MI) and Kind (D-WI) and Senators Durbin (D-IL) and Cochran (R-MS), respectively, and include the support of organ donation and transplant champion Sen. Carl Levin (D-MI).

MEDICARE PART D IMMUNOSUPPRESSIVE DRUG PROTECTIONS

This provision was included in the House Medicare package last July and codifies the requirement that Medicare Part D drug plans cover "all or substantially all" drugs in six protected classes, including immunosuppressive drugs. If included in future Medicare legislation, this immunosuppressive drug provision would preserve access to "all or substantially all" immunosuppressive drugs for Medicare beneficiaries enrolled in Medicare Part D. Coverage of these drugs has been standard practice among state Medicaid programs and private insurers but the protections currently offered in the CMS guidance are

not guaranteed beyond this year and have previously been ignored by some drug plans with little risk of sanctions.

ORGAN DONOR REGISTRY LEGISLATION

H.R. 3635, the Everson Walls & Ron Springs Organ Donation Support Act of 2007, would assist organ procurement specialists in the identification of willing donors by creating a national clearinghouse of organ and tissue donor registries rather than being limited solely to existing local or state registries. This will allow donors to make their wishes known nationally well before any fatal event. In addition, the bill establishes a state-grant program to create these registries where they do not exist and build upon those that already do exist. The bill has 17 House cosponsors and is expected to be introduced in the Senate soon.

OUTLOOK FOR THE REMAINDER OF THE 110TH CONGRESS

Now that the Medicare legislation is off of Congress' plate until a new Congress and a new Administration are elected and convene, many in the health care field will take a deep breath and prepare for the political season in earnest. It is widely expected that this year's appropriations bills will be pushed off until a lame duck session of Congress, after this year's elections. There will continue to be opportunities to advance transplant-related bills and build bipartisan support for these initiatives during the remaining summer months and the coming fall months, but all eyes will soon shift to the national elections. There is expected to be a robust debate on the future of health care in America in the upcoming months and ASTS will seek to take its rightful place in this important debate.

*By Peter Thomas, Esq. and
Adam Chrisney
Powers Pyles Sutter & Verville, PC
ASTS Legislative Counsel*



OPTN/UNOS Corner

OPTN/UNOS Board of Directors June Meeting Highlights

KIDNEY PAIRED DONATION

The Board approved elements of a pilot national system to facilitate kidney paired donation. The action followed the December 2007 passage of the Charlie W. Norwood Living Organ Donation Act, which clarified the legal basis for paired donation in the United States.

The initial pilot system will be voluntary, open to any living donor kidney transplant program meeting OPTN requirements and for any candidate on the OPTN kidney waiting list. The matching system is designed to optimize the number of living donor kidney transplants through two- or three-way kidney exchanges, while allowing flexibility for circumstances such as the donor and/or candidate's willingness to travel for a transplant. Additional proposals for system improvement, such as ongoing "donor chains," will be considered as future results of the pilot are evaluated.

The OPTN pilot program is not intended to replace these efforts, but to offer a program based on its existing data infrastructure and give programs and candidates potential national access in donor matching.

PEDIATRIC PATIENT ACCESS

The Board also accepted a series of policy changes intended to help achieve the ultimate goal of eliminating deaths among children awaiting transplantation. The policy changes in general will ensure broader consideration of pediatric candidates, particularly when the organ donor is also a child or adolescent. Specific policy changes include the following:

- In heart transplantation, existing preferential matches from adolescent donors (older than 11 and younger than 18) for pediatric candidates will be extended to all pediatric donors (less than 18). In addition, hearts from pediatric donors will first be offered to matching

pediatric candidates up to 500 miles from the donor location for the most urgent patient category (Status 1A) before local adult Status 1A candidates. Status 1B pediatric candidates up to 500 miles from the donor hospital will then be considered for any offers not accepted for a 1A patient.

- In lung transplantation, a new Status 1 and 2 will be created for candidates age newborn to 11. Previously, these candidates received priority for lung offers based only upon accrued waiting time. Status 1, the most urgent, includes patients who meet criteria indicating they have respiratory failure or severe pulmonary hypertension. Status 1 candidates will receive higher transplant priority than Status 2. In addition, lungs from deceased donors age 11 or younger will be offered to all compatible candidates 11 or younger within 1000 miles of the donor location before other patients are considered.
- In liver and combined liver-intestine transplantation, organs from donors age 10 or younger will first be considered for all Status 1A (most urgent) local and regional pediatric candidates (younger than 18), then all national Status 1A candidates age 11 and younger, before the organs are considered for other candidates.

ZERO-ANTIGEN MISMATCH KIDNEY OFFERS

The Board approved a proposal to increase efficiency in kidney matching by focusing mandatory regional and national sharing of zero-antigen mismatched kidneys for adult candidates who are moderately to highly sensitized, with a calculated panel reactive antibody (CPRA) greater than 20. About 14 percent of all deceased donor kidney transplants currently occur as a result of zero-antigen mismatches. Candidates with a CPRA score of 20 percent or less are likely to have very

few incompatible antigens with donor kidneys. As such, their likelihood of long-term success is not as dependent on getting a zero-antigen mismatch as candidates with a higher degree of sensitivity, and their likelihood of getting a compatible match is higher than that of people with high CPRA scores. The OPTN/UNOS Kidney Transplantation Committee found that mandatory shares beyond the local allocation area for low-sensitivity candidates created logistical inefficiencies. Mandatory sharing will continue at the regional and national levels with specifications. The full details can be found at www.optn.org.

LIVING DONOR MEDICAL EVALUATION RESOURCE DOCUMENT

The Board ratified an earlier decision from the OPTN/UNOS Executive Committee to approve a resource document to help living donor kidney transplant programs establish or revise medical protocols for evaluating potential living donors. The document is advisory and does not reflect OPTN policy requirements for member transplant centers.

The OPTN/UNOS Living Donor Committee developed the document based on a survey of protocols from programs performing living donor transplants, and with additional input from transplant practitioners and transplant professional societies. The current document is primarily intended as a professional resource, but the Living Donor Committee is developing a parallel document with more contexts for potential living donors and the general public.

An executive summary of all OPTN/UNOS Board actions can be viewed on the OPTN web site at www.optn.org

By Joel Newman
Assistant Director of
Communications, UNOS



ASTS Providing Practical Services to its Members

Mock Medicare Survey

New Medicare Conditions of Participation: Are You Ready?

ASTS has had ongoing dialogue with CMS over the past three years concerning the Conditions of Participation and Interpretive Guidelines. We share CMS' goal to improve safety and quality. ASTS is providing, as a service to its members, a review of your program policies and procedures, and compliance in advance of a Medicare audit.



ASTS MOCK MEDICARE SURVEY INCLUDES:

- Review of Policies & Procedures
- On-site chart review
- On-site interviews
- On-site debrief
- Written report of findings

ASTS provides a team of seasoned transplant professionals and regulatory counsel knowledgeable in the new Medicare Conditions of Participation for Transplant Centers to conduct the mock survey.

TO PARTICIPATE: Contact the ASTS National Office or visit the ASTS website to learn more about the service, fee structure, process, and timeline.

703.414.7870 • www.asts.org (Advocacy/Regulatory) • asts@asts.org

Visit www.asts.org today to experience another great benefit of membership.

From the Members' Portal you can now access the ASTS Academic Universe. Within the ASTS Academic Universe you will find the new online surgical logs for fellows and the beginning stages of the National Transplant Surgery Fellowship Curriculum. When complete, the ASTS Academic Universe will contain over 200 learning modules. Each module will have a narrated PowerPoint presentation that covers the key points on each topic, written summary and bibliography, list of recommended references for additional research, self-assessment questions and a mechanism to provide feedback on the learning segment. This valuable tool will provide an educational guide for trainees as they progress through their fellowship and will serve as a dynamic reference for all ASTS members. Invited authors are currently working on new learning modules so check back often for updates.



Program Directors: Starting July 1, 2008 the online surgical logs were available within the Academic Universe. Your fellows should use this tool to record their surgical experience. The current paper logs will be discontinued October 1, 2008. It is mandatory that your fellows apply for candidate membership in order to access the surgical logs. Throughout the duration of the fellowship, dues payments for fellows, including online access to the American Journal of Transplantation (AJT) will be waived. The next quarterly review of membership applications will close on September 30, 2008 and applicants must have a complete application on file with the National Office prior to that date. Ensure your fellows apply for ASTS membership immediately. The online application is available at www.asts.org.



National Living Donor Assistance Center

NLDAC Reaches Out - Transplant Centers Respond with Overwhelming Success Update (as of 7/23/08)



**National
Living
Donor
Assistance
Center**

Transplant Professionals heeded the call to utilize the NLDAC by

working with staff to fulfill the program's mission of reducing financial disincentives to living organ donation. Since the NLDAC Call to Action in the Chimera Spring 2008 issue, 88 centers from 34 states have submitted applications on behalf of living donors, an increase of over 120%. The number of applications centers are filing has tripled to over 200. NLDAC is confident that with new transplant centers taking advantage of the program, the number of applications submitted will continue to increase in the upcoming months.

FULFILLING A NEED

Over 80% of donor applications have been funded. The reimbursements per donor range from a few hundred dollars, for those who have a need for essentials such as gas, parking and meals, to \$6,000 for those who that require airfare to the center and lodging for up to two weeks.

The average amount of reimbursement is \$2,900. With assistance from the NLDAC, 80 surgeries have taken place. Of these 80 donors, nearly half state that NLDAC funds made it possible for them to donate an organ. NLDAC continues to support those with the greatest need; over 65% of the applications received and nearly 70% of those funded have been the preference category one applicants.

HRSA RESPONDS

With continued success brings continued growth. NLDAC staff works diligently addressing the needs of transplant professionals and incorporating and updating policies and program guidelines. HRSA recently amended regulations, giving NLDAC the ability to approve additional trips to transplant centers due to donor complications or health related issues. This was in response to the requests of transplant teams whose donors require additional trips which necessitate further NLDAC funding.

NLDAC staff is now asking transplant

centers to document donor loss of income in an effort to incorporate lost wages as part of the \$6,000 reimbursement. A proposal has been sent to HRSA.

REQUEST A PATIENT BROCHURE

NLDAC continues to educate transplant centers on how to incorporate NLDAC financial assistance as part of the donor work-up. The NLDAC patient brochure has proven extremely successful in this endeavor. Transplant programs are printing the brochure and distributing it as part of their living donor packets. If you do not already have a copy of the brochure, contact the office at nldac@livingdonorassistance.org and an electronic copy will be sent to you. Additionally you may download the patient brochure from the ASTS website, www.astsonline.org.

This program is funded by the Division of Transplantation (DoT), Healthcare Systems Bureau (HSB), Health Resource and Service Administration (HRSA), United States Department of Health and Human Services (HHS) through a cooperative agreement with the University of Michigan (UM) and the American Society of Transplant Surgeons (ASTS). Section 3 of the Organ Donation and Recovery Improvement Act (ODRIA), 42 U.S.C. 274f, establishes the authority and legislative parameters to provide reimbursement of travel and subsistence expenses incurred toward living donation.

CONTACT THE NLDAC:

2461 S. Clark Street
Suite 640

Arlington, VA 22202

Phone: 703.414.1600

Fax: 703 414.7874

www.livingdonorassistance.org

nldac@livingdonorassistance.org

UPCOMING NLDAC EVENTS



The top priority of the NDLAC is to distribute funds to donors who would otherwise not be able to afford the expenses associated with living organ donation. NLDAC believes reaching out to transplant professionals is the best way to accomplish this goal. Staff stands ready to offer educational opportunities, teaching centers how to employ the program and complete an application. Along with monthly national call-ins and in-services, NLDAC staff will present and/or exhibit at the following upcoming events:

August 11-13, 2008 – Boston, MA: NLDAC will be presenting at the annual meeting of the North American Transplant Coordinators Organization (NATCO).

October 23-25, 2008 – New Orleans, LA: NLDAC will be presenting and exhibiting at the Society for Transplant Social Workers meeting.

October 1-3, 2008 – Nashville, TN: NLDAC will be presenting at the Transplant Financial Coordinators Association.



American Transplant Congress

8th Annual Premier Scientific Meeting

*Thank you to the ASTS representatives that served on the 2008 ATC Planning Committee.
ATC, a joint collaboration of the ASTS and the AST, was held in Toronto, Ontario Canada, May 31-June 2, 2008.*



Over 5200 individuals packed the Toronto Metro Convention Centre, nestled next to the CN Tower, home to the tallest free standing structure in

North America. Updated travel restrictions to Canada did not deter attendees as this year's meeting attracted hundreds of individuals from all walks of the world. Over 20% of the attendees were from foreign countries, a significant amount coming from Europe followed by Asia and South America.

The ATC is the most sought after scientific event that offers surgeons, physicians, researchers, scientists, nurse practitioners, physician assistants, coordinators, and others in the transplant community the unique opportunity to exchange new scientific and clinical information. The ATC Planning Committee is striving each year to build upon existing concepts and stay current by increasing relevancy and introducing new advances.

In response to feedback from the 2007 evaluation forms, the committee made significant modifications to the 2008 program. A few notables were a daily joint plenary session that presented the highest scoring abstracts; poster sessions were given increased visibility when moved to the afternoon; and with the rapidly increasing interest in the developments in liver transplantation, a full day course addressing hepatitis C was added. Also new this year was three audio response sessions, and the Abstracts2View Program. Attendees could access plenary, concurrent and poster sessions online

Meeting Overview

Registration:

Pre-Meeting Course: 1450
Annual Meeting: 5299 (Includes exhibitors)
Exhibitors: 856

Abstracts:

Plenary: 20
Concurrent Oral: 540
Posters: 1200
Total Abstracts Submitted: 2400
Acceptance Rate: 73%

by searching for abstracts by category or keyword. Attendees could then create a meeting itinerary or download information to their PDA. Posters to view were accessible onsite during the Congress.

Overall, the meeting continues to offer and support an interchange of opinions regarding patient care and management issues, along with ethical and regulatory issues surrounding solid organ transplantation. For ASTS members, ATC is also an opportunity to discuss and engage in the various programs within the Society. Each year the ASTS membership booth is fully staffed to facilitate questions members may have concerning membership, leadership or how to become involved in society programs.



ASTS Membership Booth

Each year the Foundation of the ASTS and its award partners grant over \$775,000 in funding for research in the

field of transplantation and transplant immunobiology. This year the recipients were honored during two ceremonies that took place following joint plenary sessions. 2008 award recipients can be found on pages 20-21.

The second ASTS Business Meeting of the year was held during ATC. Attending the business meetings provides an opportunity to affect change by casting your vote for new society endeavors. Attendance also offers an additional opportunity to talk one-on-one with the leadership.

Recent bylaws changes that were voted on during the annual business meeting are:

- **Article 4: Membership:** The number of sponsor letters and years of transplant experience required for the surgical associate membership category will be changed to one. Previously, three letters and two years of experience were required.
- **Article 6: Committees:** The number of Councilors-At-Large on the Nominations Committee will be changed to 6. Previously it was the four most senior councilors.



ASTS Business Meeting

Begin preparing for 2009! Next year's meeting will take place in Boston, May 30 – June 3, 2009. Visit the ASTS website at www.ast.org/meetings for more information.



ASTS History Corner

The Chimera Chronicles: Great Stories in Transplant Surgery

I remember when it [ASTS] started...I presume it was 1974...I had been in business for four years by then...most of us who were founding members of ASTS knew each other professionally. So it was a great camaraderie in those days. A small group, and of course, it's grown now. And I think by size, we've lost a lot of our personal relationships that we used to have. But then, this filming that we're doing now, today and tomorrow, I think will help bring us back to where we were 30 years ago; 35 years ago.

– Robert McCabe, MD, Chimera Chronicle participant

Dear ASTS Members,

The American Society of Transplant Surgeons has a rich history. In 1994, Drs. Oscar Salvatierra and Caliann Lum edited the book entitled *History of the American Society of Transplant Surgeons*. A significant work of nearly four hundred pages, the book tells the tale of transplantation as told by those who began our now mature surgical discipline.

Remarkable gains have been realized in the nearly two decades since our history was placed in book form. Thankfully, most of the leaders and significant contributors to early clinical transplantation are still with us. We have at our fingertips a living history of ASTS past presidents, those who have served the Society as committee chairs or councilors, and surgeons who have led transplantation efforts as center directors in their medical community. This rich trove of information is simply there for the asking, and the goal of the ASTS historian is to create a living, dynamic, and interesting flow of information about our roots.

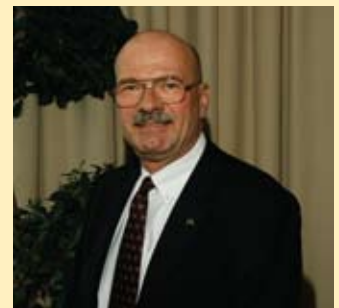
A new documentation of our history has already begun. At the 2008 American Transplant Congress in Toronto, the Chimera Chronicles project took wing. Supported by a generous grant from Roche Pharmaceuticals, the Chimera Chronicles project is designed to capture the personal recollections of senior transplant surgeons. The plan is to build a video library, archiving the great stories in transplantation, which will be made available via the ASTS website.

As our Winter Symposium evolves and becomes better each year, the ASTS Vanguard Committee has begun to plan for some of our senior members to present historic papers. While the program planning is not yet complete, look forward to a paper from 1972, or 1986, or even 1968 read, once again, by a luminary from our past.

Finally, we intend to link our senior members with those just entering transplantation surgery. At a luncheon in Toronto, each surgeon interviewed in Chimera Chronicles was introduced by a young surgeon previously unknown to our honoree. This allowed what was literally a living linkage which, we hope, will initiate an oral history which may last generations.

The rich history of our exciting surgical specialty must not be lost. With our 1994 History of the ASTS as a solid anchor, our efforts to continue building on firm knowledge of the past will be fun for all and, hopefully, lend perspective which will create opportunity for further discoveries which ultimately can be applied to improve patient care.

Thomas G. Peters, MD



Thomas G. Peters, MD
ASTS Historian



ASTS History Corner

The Chimera Chronicles: Great Stories in Transplant Surgery

ASTS presents the first of many living legacies that shared their great stories in transplant surgery during the first Chimera Chronicles recording held during the 2008 American Transplant Congress.

Within the walls of the ASTS are well kept secrets; unsung stories that were told but never recorded, until now. ASTS currently has 78 members of the Society designated with “senior” status. Most of these members have retired from clinical practice, but have much to offer by way of documenting the story of transplantation. As the first generation of transplant surgeons retire, it is important that their contributions live on to inspire new generations of young surgeons, physicians, and scientists to take transplantation to the next level. In the coming months, years, ASTS will work to compile their stories that will be made available through video streaming on the ASTS website and various other media outlets. We are proud to present their stories.



J. Wesley Alexander, MD



Clyde Barker, MD



Charles Fitts, MD



Mark Hardy, MD



Jimmy Light, MD



Stanley Mandel, MD



Robert McCabe, MD



Frederick Merckel, MD



Joshua Miller, MD



Anthony Monaco, MD



Oscar Salvatierra, MD



Thomas Starzl, MD, PhD



Sylvester Sterioff, MD



Jeremiah Turcotte, MD



G. Melville Williams, MD



Charles Zukoski, MD



Chimera Chronicles Luncheon

Sunday, June 1, 2008

St. Andrew's Club, Toronto, Ontario, Canada



On hand for the luncheon were several junior members as well as the ASTS leadership. Junior members were assigned to present a brief biography of each honoree's contribution to the field of transplantation.

Mentoring Opportunity...3rd generation transplant surgeons seize the opportunity to talk one-on-one with pioneers in transplantation.



Dr. Randall Sung spends a brief moment with the first ASTS President, Dr. Thomas Starzl.



Dr. Elizabeth Pomfret & Dr. Joshua Miller share fond words before lunch is served. (middle: Dr. Anthony Monaco)



American Transplant Congress Continued

NEW MEMBERS BREAKFAST

Membership is important to the ASTS and each year during the ATC, new members are recognized for choosing to support the society and its mission for transplantation. The breakfast allows new members the opportunity to meet the leadership, cast their ideas, and increase their understanding of the benefits of being an ASTS member. ASTS membership has increased nearly 12% this year from 1100 to well over 1200. For a complete list of ASTS member benefits visit the ASTS website at www.astsonline.org/Society.



New Members Breakfast

PRESIDENTIAL ADDRESS

Reminiscent of his journey in transplantation, Dr. Goran Klintmalm began his speech "Standing on Shoulders" by thanking those that helped him reach his potential and ultimately become President of ASTS. He acknowledged a helping hand from transplant giants such as Thomas

Starzl stating "I will never claim that I see further or understand the biology of transplantation nearly as well as Starzl. However, he gave me the opportunity to stand on his shoulders to catch a glimpse of the wonder on the horizon. What I saw has fascinated me ever since."

Dr. Klintmalm closed out his address with comments regarding regulatory oversight. He stressed the need for the transplant community to shoulder the responsibility and assist in developing regulations when justified that are best

for patients and the future of transplantation. A full manuscript of his speech is available under the History tab on the ASTS website at www.astsonline.org/Society.

PRESIDENT'S DINNER

A speculator view, excellent food, and good company made the president's dinner at the Panorama Room of the Manulife Centre in Toronto a memorable event. Dr. Klintmalm was joined by his wife Tina and their three sons, Marcus, Erik and Philip as he recognized the accomplishments of the Society over the past year. Past presidents, Council members, and colleagues, were among the many attendees who spoke of their fondness for ASTS and their appreciation of Dr. Klintmalm's leadership and those before him.

Begin preparing for 2009! Next year's meeting will take place in Boston, May 30 – June 3, 2009. Visit the ASTS website at www.astsonline.org/meetings for more information.



*Dr. Goran B. Klintmalm
Presidential Address*



*The Klintmalm Family
President's Dinner*



ASTS Research Awards Recipients

Congratulations to the 2008 ASTS Award Recipients

ASTS has a 23 year history of supporting basic, clinical and translational research in the field of transplantation and transplant immunology. For 2008, The Foundation of the ASTS and its awards partners offered over \$775,000 in funding to ASTS Members and their trainees. The awards were presented during the 2008 American Transplant Congress.



ASTS – Roche Pioneer Award
Carl G. Groth, MD, PhD
Karolinska Institute, Sweden

The ASTS-Roche Pioneer award is the most distinguished award bestowed upon an individual by the ASTS for a significant contribution to the field of transplantation. A full biographical overview of Dr. Groth can be found at www.ast्स.org/awards.



ASTS – Astellas Faculty Development Award
Christopher D. Anderson, MD
Washington University of St. Louis



ASTS – Astellas Faculty Development Award
Linda Cendales, MD
Emory University



ASTS – Wyeth Collaborative Scientist Award
Seth J. Karp, MD
Beth Israel Deaconess
Harvard Medical School



ASTS – Wyeth Mid-Level Faculty Development Award
Dymrna Kelly, MD, MCh, FRCSI
Cleveland Clinic Foundation



ASTS – Roche Laboratories Scientist Scholarship
Raymon John Lynch, MD, MS
University of Michigan



ASTS – Roche Laboratories Scientist Scholarship
James E. Tong, MD
University of California, San Francisco



ASTS – NKF Folkert Belzer, MD Research Award
Joseph Lillegard, MD, PhD
Mayo Clinic Rochester, MN



ASTS-Novartis Fellowship Transplantation
Alp Sener, MD, PhD
University of Maryland



ASTS Vanguard Prize
Daniel Kreisel, MD, PhD
Washington University in St. Louis



ASTS Vanguard Prize
Shimul A. Shah, MD
University of Massachusetts



ASTS Research Awards Recipients

Congratulations to the 2008 ASTS Award Recipients



Roche Presidential Student
Mentor Award
Henry G. Cheng, BS
David Geffen School of Medicine
University of California
Los Angeles



Roche Presidential Student
Mentor Award
Denver M. Lough, BS
Georgetown University
School of Medicine



Roche Presidential Student
Mentor Award
Juliet Emamaulee, PhD
University of Alberta



Roche Presidential Student
Mentor Award
Ann DeBoard Smith, BA
University of Chicago

The following awards are available for 2009

Application submission deadline: January 13, 2009

Award notifications will be available by: April 2009



ASTS-ASTELLAS DAVID HUME BRIDGE AWARD

\$50,000 per year for 1 year

(Applications for this award are accepted on a continual basis throughout the year)



VANGUARD AWARDS

ASTS Vanguard Prize - 2 awards per year:
ASTS Francis Moore Excellence in Mentorship in
Transplantation Surgery Award:

\$2,500 & expenses to the ASTS Winter Symposium

Travel Expenses to the
ASTS State of the Art Winter Symposium



FACULTY AWARDS

ASTS-Astellas Faculty Development Award:
ASTS-Wyeth Mid-Level Award:
ASTS-Wyeth Collaborative Scientist Award:

\$50,000 per year for 2 years

\$50,000 per year for 2 years

\$50,000 per year for 2 years



RESIDENT/TRAINEE AWARDS

ASTS-Roche Presidential Student Mentor Award: \$3,500 Summer internship
ASTS-Roche Laboratories Scientist Scholarships: \$40,000 per year for 2 years
ASTS-NKF Folkert Belzer, MD Research Award: \$40,000 per year for 2 years



FELLOWSHIP AWARDS

ASTS-Novartis Fellowship in Transplantation : \$42,500 per year for 2 years
ASTS Thoracic Fellowship: \$42,500 per year for 2 years

Visit the ASTS website at www.astsonline.org/awards to learn more about each award, eligibility, and submission criteria.

ASTS Vanguard Prize

Honoring junior members for their efforts in basic and clinical research.

- Self Nominations are accepted
- ASTS Members are encouraged to submit nominations
- Prize includes travel expenses associated with attendance at the State of the Art Winter Symposium

Francis Moore Excellence in Mentorship in Transplantation Surgery Award

This award acknowledges the efforts of established surgeons for their stewardship of fellowship trainees and junior faculty.

- The nominator must be a junior member of the ASTS. Candidate members or junior faculty within 7 years of their fellowship may nominate up to 2 mentors annually
- Nominator Statement – 500 word description of the mentor's contribution to the nominator's training and career
- Current CV for mentor and nominator

For complete details and to submit a nomination please visit www.astsonline.org/awards

Nomination Deadline: October 1, 2008
2 recipients will be chosen each year for each award



American Transplant Congress 09

Save the Date

May 30 - June 3, 2009

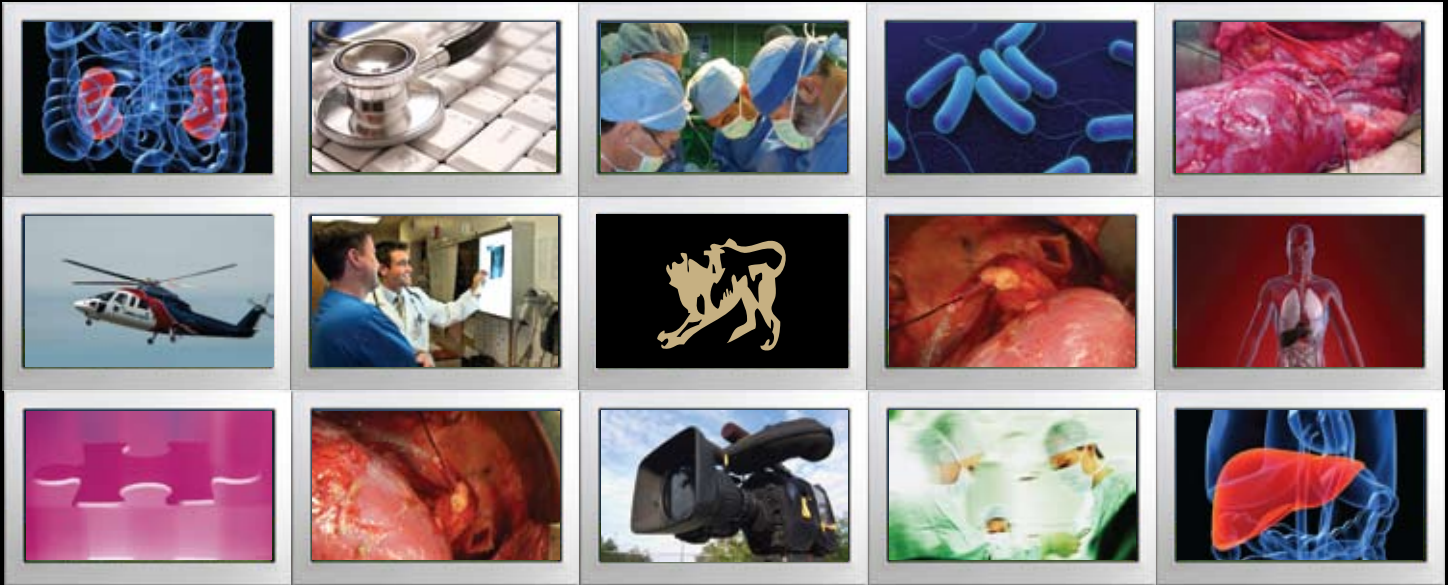
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www.ast.org
www.atcmeeting.org

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Creating Educational Videos for the Transplant Community

Newly Released...
Kidney Transplantation:
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Living Kidney Donation: What You Need to Know

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The American Society of Transplant Surgeons would like to thank the following companies for their generous support in 2008. A reception was held in their honor in June during the 2008 American Transplant Congress. Dr. Goran B. Klintmalm, Immediate Past President, presented the awards.

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Dear ASTS Members,

The increasing dynamics of transplantation have triggered the American Society of Transplant Surgeons (ASTS) to provide even greater value-based programs. Our focus on building a variety of (online) resources will help members to better find, engage, and benefit from the work that they do; in addition, to refine their services and enhance their practice.

ASTS is pleased to announce the development of a transplant specific Maintenance of Certification Program (MOC) in collaboration with the American Board of Surgery (ABS). The MOC will serve as a catalyst to safeguard a standard of quality and reinforce commitment to lifelong learning and practice improvement. In addition, the ASTS Academic Universe (National Transplant Surgery Fellowship Curriculum) will launch this summer. The objective of the curriculum which will house over 200 learning modules is to define the key areas of knowledge necessary for mastery of the field of transplantation surgery and to provide an educational guide for trainees.

Now more than ever, supporting the ASTS is truly an investment in transplantation and your personal success.

Other online resources:

- Access to the American Journal of Transplantation
- Online surgical videos and PowerPoint lectures
- Symposia slide shows and/or web casts
- Funding and research announcements
- Legislative, regulatory and reimbursement advocacy

A multitude of benefits has been placed before you. In fact, you have probably taken advantage of many of them. In addition to the list above, ASTS has over a dozen other initiatives and online resources. To learn more about them visit the ASTS website at www.astsof.org or call the ASTS National Office at 703.414.7870.

At this time of phenomenal growth, it is essential that ASTS secure a solid financial foundation to maintain and create new programs. I ask you to give a tax deductible gift to the Foundation of the ASTS. Use the following options to donate \$25, \$100, \$1000 or more.

1. Online at www.astsof.org, using the "Make a donation" function under the Society/Foundation tab.
2. Use the enclosed envelope to donate via check or credit card.

Thank you for your support. The goals of the ASTS are tangible with your help.

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



Calendar

The ASTS is pleased to coordinate with other professional organizations in order to maintain a relevant events calendar. If your organization would like to list an event, please contact Chantay Parks Moye at 703.414.7870 ext. 101 or chantayparks@earthlink.net.

August 2008

August 10-14, 2008

XXII International Congress of The Transplantation Society

Sydney, Australia

Telephone: 61-3-941-70888

<http://www.transplantation2008.org/>

August 11-14, 2008

NATCO's 33rd Annual Meeting

Sheraton Boston

Boston, MA

Phone: 913 492-3600

www.natco1.org/news_calendar/calendar.htm

September 2008

September 5-7, 2008

International Liver Cancer Association Annual Conference

Chicago, IL

www.ilca2008.org

September 25-27, 2008

TRIO Symposium, in conjunction with the International Transplant Nurses Society

Millennium Hotel

St. Louis, MI

Phone: 904.285.4918

www.trioweb.org

October 2008

October 12-15, 2008

20th Annual National Conference on Solid Organ Transplantation

Denver, CO

Phone: 800 377.7707 ext. 5252

Email: www.contemporaryforums.com

October 12-16, 2008

94th Annual Clinical Congress

American College of Surgeons

San Francisco, CA

www.facs.org

Email: kmatousek@facs.org

Upcoming ASTS Events

November 6-8, 2008

2nd Annual ASTS Surgical Fellows Symposium, Location: TBD

January 16-18, 2009

ASTS 9th Annual State of the Art Winter Symposium, Marco Island, FL

SYMPOSIUM EVENTS:

Mini Symposium

January 15, 2009

Business Practice Seminar

Transplant Center Models: From Design to Practice

January 16, 2009

Vanguard Mentorship Reception & Awards Ceremony

January 17, 2009

Critical Care Luncheon

January 17, 2009

April 2009

April 18-21, 2009

5th Congress of the International Pediatric Transplant Association (IPTA)

Istanbul, Turkey

Askeri Museum

Email: <http://www.iptaonline.org/5thcongress>

May 2009

March 25-29, 2009

National Kidney Foundation 2009 Spring Clinical Meeting

Gaylord Opryland

Nashville, Tennessee

www.nkfclinicalmeetings.org

May 30-June 3, 2009

American Transplant Congress

Boston, MA

www.atcmeeting.org

January 2010

January 15-17, 2010

ASTS 10th Annual State of the Art Winter Symposium

Ft. Lauderdale, FL

February 2010

February 4-7, 2010

9th International Conference on New Trends in Immunosuppression and Immunotherapy

Kenes International

Prague

www.kenes.com

May 2010

May 1-May 5, 2010

American Transplant Congress

San Diego, CA



New Members

ASTS Welcomes New Members.....

Mohammed I. Alsaghier, MBBS
*King Faisal Specialist Hospital
& Research Centre*
Kingdom of Saudi Arabia

Kimberly A. Alva, BSN, MSN
Cedar Sinai Medical Center
Los Angeles, CA

Alger Aquino, MD
NYU Transplant
New York, NY

Adam W. Bingaman, MD, PhD
Texas Transplant Institute
San Antonio, TX

Sharon Blaschka, MSN, NP-C
University of California San Francisco
San Francisco, CA

Charles T. Brownridge, MD, FACS
Sutter Medical Group
Sacramento, CA

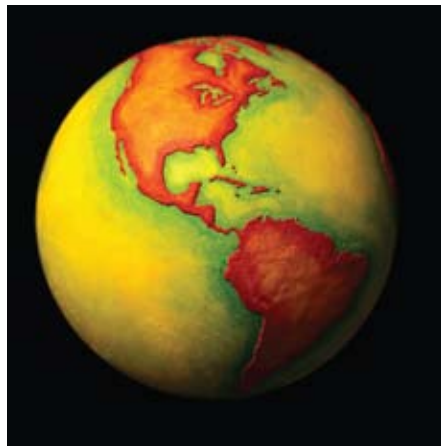
Edie Y. Chan, MD
Rush University Medical Center
Chicago, IL

Michelle Coombs, MS
University of Pittsburgh
Pittsburgh, PA

Joseph Costa, RPA-C, MPAS
Columbia Presbyterian Medical Center
New York, NY

Juan V. del Rio Martin, MD
Mount Sinai Medical Center
New York, NY

M. B. Majella Doyle, MD, BA
Washington University School of Medicine
St Louis, MO



Cynthia A. Galbraith, RN, MSN
University of California San Francisco
San Francisco, CA

Gonzalo V. Gonzalez-Stawinski, MD
Cleveland Clinic Foundation
Cleveland, OH

Jeffrey B. Halldorson, MD
University of Washington
Seattle, WA

Assad A. Hassoun, MD, FACS
Pacific Health Medical Center
San Francisco, CA

Arturo Hernandez, MD
Howard University Hospital
Washington, DC

Deborah A. Hoch, NP
Maine Medical Center
Portland, ME

Peter J. Horton, MD, MA
University of Rochester Medical Center
Rochester, NY

Kishore R. Iyer, MBBS, FRCS
Mount Sinai Medical Center
New York, NY

Randeep S. Kashyap, MD
University of Rochester Medical Center
Rochester, NY

Burak Kocak, MD
Istanbul Memorial Hospital
Istanbul, Turkey

Lauren M. Kucirka, ScM
Johns Hopkins School of Medicine
Baltimore, MD

Kathryn E. Kugler, PA-C
Penn State Hershey
Hershey, PA

Tina S. Mele, MD, PhD
University of Western Ontario
London ON, Canada

Matthew R. Mulloy, MD
University of Alabama Birmingham
Birmingham, AL

Peter F. Nichol, MD, PhD
University of Wisconsin
Madison, WI

Nicholas N. Nissen, MD
Cedars-Sinai Medical Center
Los Angeles, CA

Samuel R. Obiekwe, MD, FACS
University of California San Diego
San Diego, CA

Makoto Ogihara, MD
Hawaii Medical Center East
Honolulu, HI

Pamela R. Patton, PA, MSP
University of Florida
Gainesville, FL

*For more information on becoming a member, please go to www.asts.org
or contact the ASTS National Office at (703) 414.7870 or asts@asts.org*



Roseanne M. Rath, PA
University of Iowa Hospitals & Clinic
Iowa City, IA

Caroline Rochon, MDCM, FRCSC
Westchester Medical Center
Valhalla, NY

Jill R. Savitzky-Warshaw, RN, MS
Mount Sinai Hospital
New York, NY

Inbo Shim, MD
University of Chicago Medical Center
Chicago, IL

Robert R. Slater, MD
Henry Ford Hospital
Detroit, MI

Zoe A. Stewart, MD, PhD
Johns Hopkins Hospital
Baltimore, MD

Mark L. Sturdevant, MD
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New York, NY

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London, ON Canada

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Duke University Medical Center
Durham, NC

Jason R. Wellen, MD
Washington University School of Medicine
St Louis, MO

Darrin L. Willingham, MD
Mayo Clinic Jacksonville
Jacksonville, FL

Job Board

This is an abbreviated listing of the job postings currently available on the ASTS website. To view the detailed job description visit www.astsonline.org and login to the Members' Portal using your ASTS issued username and password.

LAHEY CLINIC MEDICAL CENTER: CHAIR, DEPARTMENT OF SOLID ORGAN TRANSPLANTATION

Submit cover letter & curriculum vitae
in Word format to:

Robert McLellan, MD
Chair, Department of Gynecology
Chair Search Committee, Chair,
Department of Solid
Organ Transplantation
Email: Robert.McLellan@lahey.org
Website: www.lahey.org

UNIVERSITY OF WISCONSIN- MADISON: TWO MULTI-ORGAN TRANSPLANT SURGEONS

Submit cover letter & curriculum
vitae to:

Hans W. Sollinger, MD
Chairman, Division of Organ
Transplantation
University of Wisconsin
Phone: 608-263-9903 Fax 608-262-6280
Email: hans@surgery.wisc.edu

PIEDMONT MEDICAL CARE CORPORATION: CLINICAL AND TRANSPLANT HEPATOLOGIST

Submit cover letter & curriculum
vitae to:

Debbie Carlisle
Employment Manager
Piedmont Medical Care Corporation
Email: debbie.carlisle@piedmont.org

AVERA MCKENNAN HOSPITAL AND UNIVERSITY HEALTH CENTER: TRANSPLANT SURGEON

Submit curriculum vitae & letter of
interest to:

Ann Burns
Director Physician Recruitment
Avera McKennan Hospital & University
Health Center
Phone: 605-371-5883
Email: ann.burns@mckennan.org

UNIVERSITY OF TENNESSEE METHODIST TRANSPLANT INSTITUTE: ASSOCIATE PROFESSOR/PROFESSOR OF TRANSPLANT SURGERY

Please contact:

Jill Powelson, Dir. of Operations
UT Medical Group
Phone: 901-448-2463
Email: jill.powelson@utmg.org

UNIVERSITY OF MINNESOTA: ASSISTANT PROFESSOR, ASSOCIATE PROFESSOR, PROFESSOR TENURE-TRACK/ TENURED OR CLINICAL SCHOLAR TRACK

Submit application materials to:

David E. R. Sutherland, MD, PhD
Search Committee Chair
Division of Transplantation
Department of Surgery
University of Minnesota Medical School
Email: dsuther@umn.edu

NEWARK BETH ISRAEL MEDICAL CENTER: TRANSPLANT/VASCULAR SURGEON

For more information about this posi-
tion or to apply, visit:

Website: www.sbhscareers.com



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Term expires at end of annual meeting in year indicated

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