

# CHIMERA

Published for Members of the American Society of Transplant Surgeons

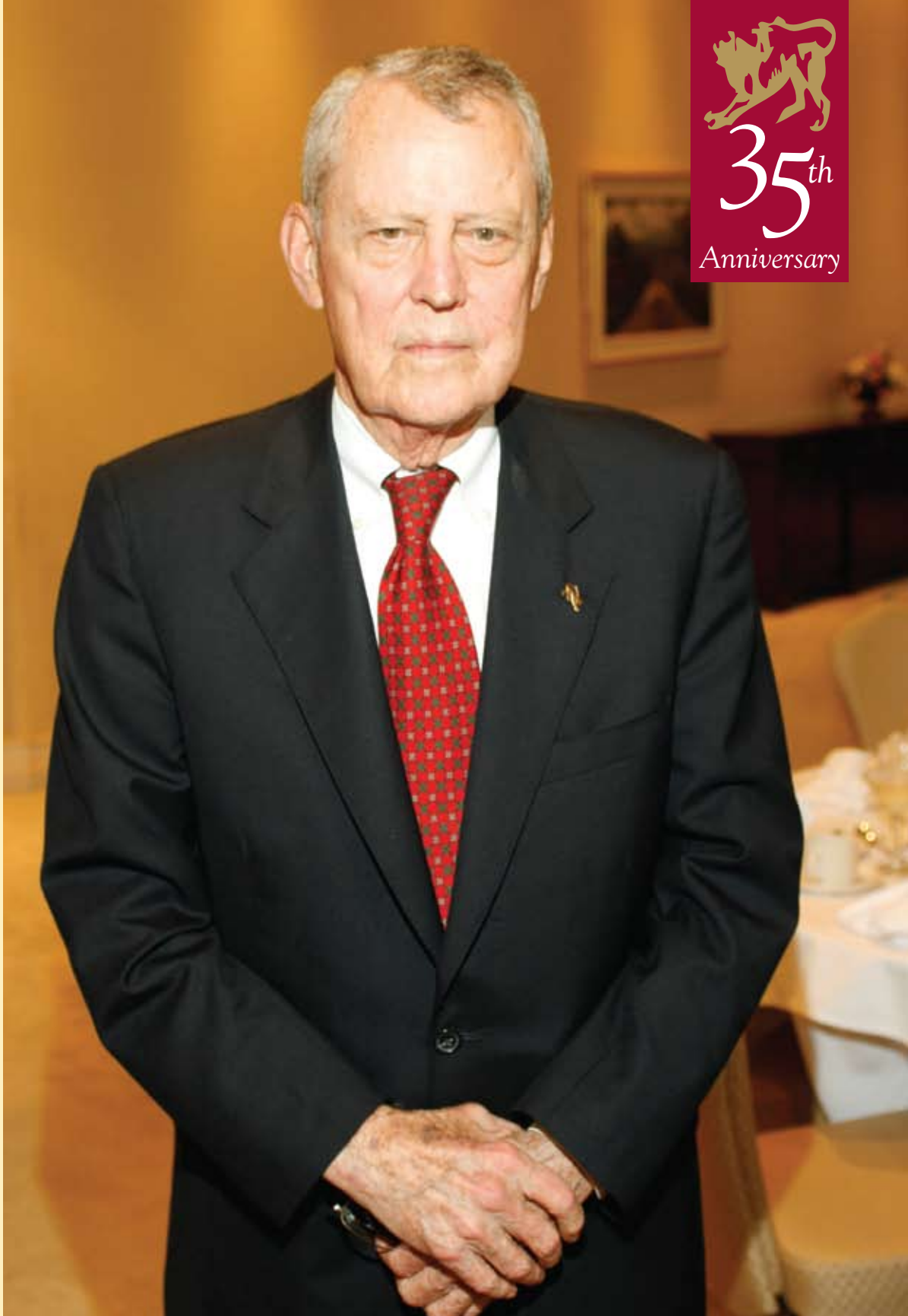


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|                                      |    |
|--------------------------------------|----|
| President's Letter                   | 4  |
| Member News                          | 6  |
| Regulatory & Reimbursement           | 8  |
| Legislative Report                   | 10 |
| OPTN/UNOS Corner                     | 12 |
| 35 <sup>th</sup> Anniversary of ASTS | 14 |
| Winter Symposium                     | 18 |
| Chimera Chronicles                   | 19 |
| American Transplant Congress 2009    | 20 |
| Beyond the Award                     | 23 |
| ASTS Job Board                       | 26 |
| Corporate Support                    | 27 |
| Foundation                           | 28 |
| Calendar                             | 29 |
| New Members                          | 30 |

**ASTS**   
American Society of Transplant Surgeons

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



  
35<sup>th</sup>  
Anniversary



# ASTS Council

May 2009–May 2010

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## Editor's Letter

ASTS Celebrates 35 years



*When one considers the origin of ASTS, its subsequent astonishing growth elicits a sense of genuine pride and accomplishment. This growth can be measured in many ways, including membership, meeting attendance, abstracts submitted and accepted, and committee and council activity.* – Oscar Salvatierra, Jr., MD, original charter member

Dr. Salvatierra, an active ASTS member today, said it best. Looking back, the focus of the Society has not changed. ASTS remains committed to the foundation established in its early years: members are a top priority, the meetings are scientifically relevant, the research submitted is more promising, and the committees and council have grown rapidly.

What began with 16 surgeons at a meeting in Rockville, Maryland has blossomed into a society of over 1500 members dedicated to the advancement of transplantation. And these members are grateful for the path paved by pioneers in the field.

ASTS started in the mid 70's with 7 committees and 8 council members. Today, ASTS has 23 standing committees, 4 ad hoc committees, 4 task forces and 15 council members. Many members recall the intimate meetings at the Drake Hotel in Chicago, where members met not only to discuss transplantation but for the camaraderie. Today, the Winter Symposium holds the same purpose, and remains small for a reason, to provide an atmosphere where members can discuss new research and interact with colleagues. Dr. Salvatierra goes on to say,

*The impressive growth and maturation of ASTS to its current status well exceeded the expectations, dreams and hopes of the original founders. This multifaceted growth has better allowed us to achieve the goal articulated in our bylaws: to promote transplantation science through research and education for the optimal benefit of recipients of organ transplants. A particularly unique stimulus has been the education and training of surgeons to perform transplantation of all organs and to be exposed to evolving transplant immunobiology. Not surprisingly, ASTS is now recognized by many as the principal forum and voice of organ transplantation in this hemisphere. In effect, the history of ASTS reflects the history and growth of U.S. transplant surgery for the past two decades.*

The passages were written in 1994, but carry the same sentiment today. As you flip the pages of this issue, you'll discover more about the history of ASTS, gain insight from our new President, Dr. Robert M. Merion, as he discusses new technological trends, and learn more about the importance and benefits of receiving ASTS research awards and other current events.

Join me as we celebrate 35 years of success!

Best Regards,  
James Whiting, MD  
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### About the Cover



As we celebrate 35 years of advancing transplantation, we want to show you where it all began. The cover is a photo of the first ASTS president Thomas E. Starzl, MD, PhD. Dr. Starzl is a pioneer transplantation surgeon, having performed the first human liver transplant in 1963. You may also know him for his exceptional accomplishments in kidney transplantation and his work to develop better drugs to make human organ transplants safer. Many second-generation transplant surgeons may know him best as their mentor, trainer, and friend. Many others may know him as the modern day father of transplantation. Use the following link to read more about Dr. Starzl's astonishing career and his contribution to a field once described as unheard of, <http://www.upmc.com/MediaRelations/Experts/pages/ExpertsPage.aspx?ExpertID=230>.



## President's Letter

**A**s I compose my first *Chimera* column as president of the American Society of Transplant Surgeons on my laptop, I recognize the enormous privilege and highlight of my professional career it is to have had this honor bestowed on me. I follow a long line of distinguished past presidents (35 to be exact) in whose company I feel awed and humbled. At the conclusion of the 2010 American Transplant Congress meeting in San Diego when my presidency is concluded, I hope that the ASTS will be an even better and more relevant society than it is today.

Are you talking to me?

"ASTS promotes collaboration with Medicare, FDA, and HRSA in promoting patient welfare and member interests; help us to be better advocates."

"ASTS needs you to write or call your state's congressional delegation today to urge inclusion of extension of immunosuppression coverage."

"The ASTS Winter Symposium, to be held in Ft. Lauderdale on January 15-17, 2010, has issued a call for scientific abstracts."

Aside from being true, what is the common characteristic of each of these sentences? Well, if you have an account with the online social media network Twitter, you probably noticed that each one is shorter than the 140-character limit for a tweet. "Wait a second," you say. "What's Twitter and what does it have to do with the ASTS?" Read on, and we'll explore together how embracing new technology can help the ASTS to achieve its goals.

Technology isn't new to ASTS. It was only a few years ago that the ASTS produced an annual printed version of the membership directory. We spent about \$20,000 per year on it, and then spent more money mailing one to each mem-



Robert M. Merion, MD  
ASTS President

ber. Every year, we went through the process again, and most members then threw away the old version. I was one of a group of nerdy ASTS members – hard to picture, I know – who recommended that we put the directory online on the new ASTS website and stop printing the paper version. I got a lot of pushback initially, but eventually it happened. The hard-copy directories are hardly even remembered now, and the online directory has the advantage that it is updated in real time as members notify the office that they've moved, and as new members join our expanding society. The data behind all of this formed the nucleus of our society database, which has since been expanded to allow us to integrate with communications tools, the new online curriculum, fellowship tracking, billing, and many other society functions and services. We've even talked about using it to help study job stability by tracking address changes over time. The transition to an online directory has saved the ASTS at least \$80,000 in direct costs over the past five years. But, more importantly, it laid the foundation for us to better and more efficiently serve our members in ways that could have never been anticipated at the time.

Similarly, the ASTS Council questioned at one time whether there would ever be a reason to communicate with members using any medium other than a stamped postmarked letter hand-delivered to your office by a uniformed United States Postal Service carrier in shorts. Although our venerable *Chimera* newsletter is still printed and distributed by mail, for the past several years it has also been available in an online version, which some of you are viewing right now (perhaps on a smartphone). Are the days of the print version numbered? I think the *Chimera* will eventually move to an online-only format like many newspapers and magazines, but the ultimate form it takes will be our decision to make.

ASTS sends out informative emails about once a week that you hopefully read. However, we're re-examining this one-size-fits-all approach as our society's rapidly growing 1500-strong membership and activities become increasingly diverse. Jim Whiting and the ASTS Communications Committee are in the process of rolling out RSS feeds (really simple syndication, for those of you who are curious), which will allow you to subscribe to the information that's of most interest and importance to you.

I've also asked them to explore a potential role for social media networking tools like Twitter. In case you're not familiar with Twitter, it allows you to send a short burst of information in real time – a 140-character tweet – to all the people who are interested in you or the topic you're tweeting about.

NASA has been using Twitter to update thousands who are interested in the space program. When the Iranian election in June resulted in widespread protests and the government shut down all of the conventional news media, a new form of reporting using Twitter emerged almost instantly. But if these examples seem irrelevant to transplantation, consider that ASTS members Drs. Dev Desai and Juan



Arenas provided a real time Twitter feed from the operating room to the donor and recipient's family in the waiting room during a recent living donor kidney transplant in Dallas (<http://tinyurl.com/twitter-kidney>). A legislative call to action might ask you to call your congressional representatives. A call for abstracts might direct you to our website. An informational tweet might address work the ASTS has done to facilitate better reimbursement. Tell us how you think we should use this new media because we don't know all the answers and the technological landscape changes quickly. Commentary, controversy, news, views – it's all possible!

Is it a gimmick or the next real thing? It's too early to tell, so stay tuned and stay involved – in my opinion we will either embrace new technology or get left behind!

Is it time for a change in leadership?

The American Society of Transplant Surgeons was established in October, 1974, when 16 founding members met in Rockville, MD. Over the next several months, 127 surgeons signed up and the first ASTS Annual Meeting was held in May 1975 at the Hyatt Regency Hotel in Chicago.

ASTS is now in its 35<sup>th</sup> year of existence, having grown from humble beginnings to a nationally and internationally respected society, increasing each year in number, stature, influence, and areas of service to our members. The graphic shows the especially remarkable growth of our society over the past few years, and elsewhere in this issue of the *Chimera* is a 5-page ASTS retrospective.

With growth and longevity come responsibility and maturity. We must ensure smooth transitions in the society's leadership each year to highly qualified, enthusiastic, and interested members of the society with strong visions for our future and a sense of responsibility to our membership. We hope that you view your current Executive Committee and Council favorably in that light.

The process currently in place vests responsibility in our Nominating Committee to receive nominations for the elected offices of president-elect, secretary, treasurer, and three classes of councilors-at-large. The composition of the Nominating Committee is specified in our bylaws (<http://www.astsonline.org/TheSociety/MissionByLaws.aspx>) and they are charged to bring a slate of nominees to the business meeting each spring for election.

I'm pleased to report that we had a record turnout at this year's business meeting at ATC, perhaps because of John Roberts' suggestion to start the ASTS reception at the beginning of the meeting! More than 80 members got to hear the latest ASTS news, participate in discussion of important topics, and vote on the slate of proposed candidates for elected positions. However, those 80 represent less than 10% of our membership. That got me thinking about ASTS elections. It's time to consider some changes in the process that may increase participation, encourage leadership diversity, and strengthen our society. Here are a few examples of questions to consider:

- Should the entire membership have the opportunity to vote via a secure online system or only those members who attend the business meeting?
- Should we have contested elections with more than one candidate?
- If so, should we offer competing



*Dr. Merion presented Dr. Roberts with a plaque and gavel and thanked him for his service to the Society as the 35<sup>th</sup> President.*

candidates for all elected positions or just certain ones (like the councilor-at-large positions)?

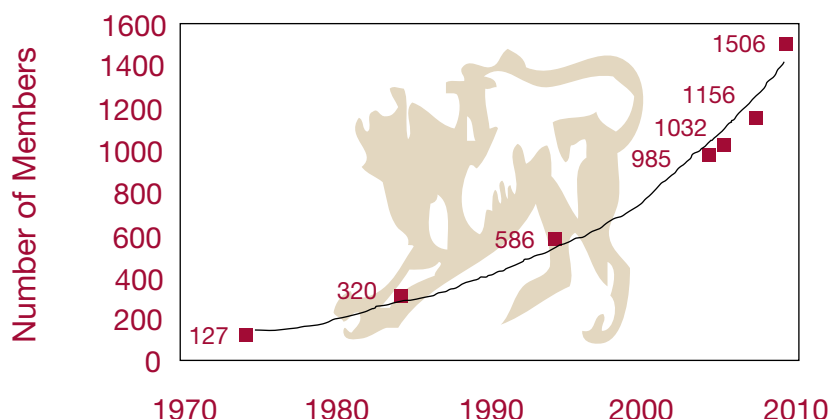
I have asked the Executive Committee to embark on an exploration of these important ASTS leadership issues and I am soliciting the opinions of our past presidents. I also strongly urge you to contact me, because it is my firm belief that an open, transparent, and inclusive ASTS is a stronger, more representative, and more responsible ASTS.

With warmest regards,

*RM Merion*

Bob Merion

### ASTS Membership Growth 1974-2009





# ASTS News

*The ASTS Spring Council and Committee Chair Meeting  
was held May 29-30, 2009 in Boston, MA*

*The following are select committee new and reports from the meeting*

## ABS REPORT

Dr. Robert Merion reported on behalf of Dr. James Schulak that the Transplant Advisory Council (TAC) met recently and continues to agree that ASTS' goal should be to make transplant rotations the most valuable general surgery rotation/service. The curriculum committee developed a resident curriculum consisting of 75 online modules as a subset of the overall fellowship curriculum. It was suggested that a session be held at the winter symposium on how to improve the residency experience from two perspectives, those with fellowship training programs and those without.

## AD HOC COMMITTEE ON COMPOSITE TISSUE ALLOTRANSPLANTATION (CTA)

Dr. Linda Cendales presented the overall goals for the committee, which are to develop guidelines for vascularized composite tissue allocation and procurement, following OPTN/UNOS parameters, include CTA in the Scientific Registry of Transplant Recipients (SRTR) and initiate a registry to include the unique aspects of CTA. In addition, the committee plans to define standards for what a composite tissue program and surgeon would constitute.

## AD HOC COMMITTEE ON LIVING DONATION

Dr. Andrew Klein reported that the committee has formulated a response to the OPTN/UNOS proposed policy on *Recipient Selection for Organs from Nondirected Living Donor Allocation of Nondirected Living Donor Organs*. Next, a proposal is circulating to improve the safety of living donation through an improved ABO verification process. Also expected to be circulated is a proposal on the Guidance for the Medical Evaluation of Living Liver Donor. Dr. Klein went on to report that the OPTN/UNOS had created a separate OPTN policy section for policies related to

living donor transplantation by moving and consolidating existing living donor policies. Meantime, the committee will review the OPTN/UNOS kidney paired donation pilot program proposal and provide recommendations. Lastly, guidance (not policy) for the informed consent of living donors by the OPTN/UNOS Living Donor Committee was developed to help transplant professionals develop consent processes for all living donors and to inform and educate potential living liver donors about their own medical evaluations.

## AD HOC NP/PA COMMITTEE

Ms. Deborah Hoch reported that there are over 1,700 advanced practice professionals who have identified transplantation as specialty through certification boards. There is no national educational program for advance practice providers and standard of care and access to training through ASTS will be of high interest to this group. The committee's short-term goals are to initiate a national survey to assess the needs of physician extenders in transplantation, develop an educational program at the winter symposium, increase membership in the upcoming year and increase channels of communication.

## AJT UPDATE

Dr. Robert Merion reported that the journal is approaching its 10<sup>th</sup> year and it's still a thriving journal. Dr. Philip Halloran's term as chief editor is ending in 2010 and ASTS and AST are soliciting applications. Dr. Merion reported that the AJT is moving to increase its online presence and material by providing videos, interviews, and audio content.

## BUSINESS PRACTICE

Dr. Marwan Abouljoud presented a proposal and received council approval for a 2010 compensation study and report. The council requested additional information in regards to the proposed

interactive online feature that would allow members to create custom cross tabulations of the compensation data through an Online Searchable Results (OSR) function. The council discussed options for incentivizing greater participation in the survey and a fee structure.

Dr. Abouljoud reported that five Mock Medicare Surveys (MMS) have performed thus far in 2009. The MMS is featured in the committee's new marketing brochure and ASTS exhibited at the Transplant Management Forum in Seattle on April 22-24, 2009 to create greater awareness of the ASTS services to transplant administrators. The committee is also currently evaluating the feasibility and opportunity of providing post Medicare audit consulting services to programs who need help with developing and implementing corrective action plans. The committee is working to develop a dedicated section on the website created for business practices services. Finally, Dr. Abouljoud presented the committee's recommendations on the request to evaluate a business opportunity for ASTS to establish a Donor Call Center but further study and analysis is needed.

## BYLAWS COMMITTEE REPORT

Dr. Stuart Flechner reported that the committee presented options for moving committee appointments as a privilege of the president to a more inclusive approach to appoint committee members. A motion was made to change the language in Article 6: Section 2 under Committees of the ASTS Bylaws to place responsibility of nominating committee positions under the auspices of the Nominations Committee and not the president to provide a broader perspective on these key positions. The motion was defeated with 3 in favor and 12 opposed. Subsequently a second motion passed to change internal policy to have the Nominations Committee re-

view committee nominations and make recommendations for appointments to the president.

#### CELL TRANSPLANT COMMITTEE

Dr. Steve Paraskevas reported that a letter was sent to the Secretary of Health and Human Services highlighting the ongoing issues with the cost of pancreata used for islet transplantation and its negative impact on the field. The committee will have details of a follow up meeting with Dr. Barry Straube, Chief Medical Officer and Director of Clinical Standards Group. Lastly, the committee would like to develop a consensus conference on islet transplantation at the winter symposium.

#### COMMUNICATIONS COMMITTEE

Dr. James Whiting presented current web trend statistics and the steady incline of visits to the ASTS website in the past two years. The infrastructure to establish Real Simple Syndication (RSS) Feeds is complete and currently in testing mode for implementation. Lastly, Dr. Whiting presented future developments that include management of and implementing CenterSpan into the ASTS website, as well as establishing additional means of communicating with the members. The council requested that the committee develop a user-friendly system for soliciting feedback from the members on ASTS position statements and comments on policy proposals.

#### CURRICULUM COMMITTEE

Dr. Elizabeth Pomfret reported that to date 212 modules have been identified, 178 authors have accepted to produce a module and 49 modules are online or in the queue waiting for approval to be released to website. Additionally, she advised that 16 of the 75 modules identified as part of the resident curriculum are online. The curriculum has been consistently touted as a cornerstone project of the ASTS, and it is the lynchpin for a number of other important initiatives including improving resident rotations, maintenance of certification and potential focused expertise board exam. ASTS will provide additional resources to propel the curriculum forward.

#### ETHICS COMMITTEE

Dr. Alan Reed reported that the manuscript, "Stimulus for Organ Donation: A Survey of the American Society of Transplant Surgeons Membership" was accepted for publication in AJT. The committee was asked to take on a comprehensive review of conflict of interest policy and disclosure as it relates to ASTS, ATC and AJT.

#### FELLOWSHIP TRAINING COMMITTEE

Dr. John Magee presented a Parallel Track Position Statement. The council approved the statement, which is posted on the website at <http://www.astst.org/TheSociety/PositionStatements.aspx>. Also approved was a proposal to discontinue the Quality versus Quantity program, which was established as a short-term solution several years ago, as well as a proposal for ASTS to require program directors to be members of the Society.

Dr. Magee also outlined new committee efforts to develop a process to review programs on an annual basis, to develop a probationary mechanism, to review volume metrics and volume requirements.

#### MEMBERSHIP COMMITTEE

Ms. Katrina Crist reported that the society membership is at 1507 members, an increase of 163 from the last quarter. The ASTS established dual membership with NATCO and 130 of the new members fall into this category. A conference call with Ms. Cassandra Smith-Fields, Chair of the OPTN/UNOS Transplant Administrators Committee concluded that the administrators are interested in forming a standalone society to represent their interests or partnering with an existing transplant society. The transplant administrators plan to conduct a survey to assess member interest and feasibility of a variety of options and necessary resources.

#### STANDARDS COMMITTEE

Dr. David Mulligan reported that the guidelines for controlled donation after cardiac death were submitted for publication to the AJT, and that the recommended standards for organ procurement and recommendations for definition of a transplant surgeon were

submitted to the OPTN/UNOS. ASTS attended the Surgical Quality Alliance (SQA) meeting. He highlighted three areas of interest: 1) formulating transplant specific performance measures, 2) SQA plans to roll out patient satisfaction survey and 3) should ASTS join SQA in approaching payers to discuss risk-adjusted reimbursement?

#### SCIENTIFIC STUDIES COMMITTEE

Dr. David Gerber reported that the committee completed the second DonorNet survey in January 2009. A letter summarizing the results was sent to the OPTN/UNOS in April. The committee is moving forward with an analysis of financial implications of the Medicare regulations with a preliminary focus on expenses related to Quality Assurance and Performance Improvement (QAPI), donor advocates, increase in personnel and frequency of Medicare surveys.

#### VANGUARD COMMITTEE

Dr. Randall Sung presented highlights of the upcoming ASTS 2010 State of the Art Winter Symposium to be held at the Harbor Beach Marriott in Ft. Lauderdale, Florida. The theme is "The Cutting Edge of Transplantation Surgery" and the Pre-Meeting will be "Clinical Research in Transplantation." The location for 2011 will be the Westin Diplomat Hotel in Hollywood, Florida. Dr. Sung reported that new in 2010 will be concurrent thoracic and abdominal sessions and case presentations with audience response incorporated into the program. Dr. Sung also presented a workforce initiative proposal to enhance and monitor current databases for the purposes of job tracking/manpower, junior membership, meeting attendance and ATC abstract review. The target audience to develop a database would be fellows in training, graduating fellows and junior members. Committee will use the ASTS membership database to determine potential participants. The goal is to have an automated database that will generate a report of collected data and identify trends over time.



# Regulatory and Reimbursement Update

## CMS ISSUES 2010 PROPOSED PHYSICIAN FEE SCHEDULE

The Centers for Medicare and Medicaid Services recently released its 2010 proposed physician fee schedule rule which sets forth proposed payment rates for 2010. CMS also used the proposal to announce a number of policy changes which could have an impact on ASTS members. They include:

- **Implementation of AMA/RUC Physician Practice Expense Survey:** At CMS' direction, the AMA, together with the medical specialties, funded and implemented a survey on physician practice expenses. This survey, undertaken in 2007-2008, was designed to replace the outdated CMS survey from 1995 that CMS had been using in its Physician Fee Schedule calculation. The survey yielded new practice expense per hours for each specialty as well as new data on direct to indirect cost ratios. The amounts paid for practice expense associated with transplant surgery are comprised almost entirely of indirect expenses since most of the direct costs (e.g. clinical staff, equipment, supplies) are incurred by the hospital. Transplant surgery is assigned to the specialty of general surgery or cardiac/thoracic surgery for heart and lung transplants, for purposes of the Medicare physician fee schedule calculations. The general surgery PE/Hr increased from \$70 to \$100; the PE/hr for cardiac/thoracic

surgery decreased from \$91 to \$81. The CMS impact analysis estimates a 4% increase for General Surgery and a 3% decrease for cardiac/thoracic surgery with at least 1% being attributable to the new survey results. However, as reflected in the Table on page 9, all of the transplant codes, including heart and heart/lung would increase.

- **Elimination of Consultation Codes and Increase in Other E and M Codes:** In an effort to increase payment for primary care services, CMS is proposing to eliminate payment for inpatient and outpatient consultation codes and redistribute the RVUs for those services among the other evaluation and management codes. This, combined with boosts from implementation of the new survey, results in overall increases for Family Medicine and Internal Medicine of 8% and 6% respectively.
- **Recalculation of Malpractice RVUs:** CMS is proposing a new methodology designed to more accurately capture malpractice costs by specialty. CMS estimates the impact of this as a positive one percent for General Surgery and positive three percent for cardiac/thoracic Surgery.

## MEDICARE PROPOSED HOSPITAL INPATIENT PAYMENT RULE FOR 2010

In April, CMS released the proposed hospital inpatient prospective payment system (IPPS) rates for 2010. The 2010 proposed DRG weights for transplant services are set forth in the table below. Unlike last year, in which CMS proposed and subsequently finalized drastic reductions to the "uncomplicated" liver and heart DRGs, the proposed DRGs for 2010 are more similar to current 2009 rates although both the liver and heart "uncomplicated" DRGs would undergo small reductions.

Last year's IPPS rule included several new "hospital-acquired conditions." However, CMS is not proposing any new HACs in this year's proposal. The final IPPS rule will be published around August 1, 2009.

## CMS CONSIDERS TRANSPLANT CENTER APPEALS BASED ON "MITIGATING FACTORS"

CMS reports that they have received requests for review based on mitigating factors from approximately 25 transplant center programs. Nine of the requests (43%) were approved. Seven of the nine were related to patient or graft outcomes and all seven of those programs were able to demonstrate substantial program improvements that had been implemented and institutionalized, significant evidence of improved outcomes subsequent to the changes, and projected compliance with outcomes requirements based on current outcomes. Two of the nine approved were related to volume. As part of the review of a mitigating factor appeal based on outcomes, CMS requires the center to submit graft and patient survival data for six-month intervals going back three years and may require ongoing submission of data subsequent to the filing of the appeal so that it can monitor the center's improvement. An effective QAPI program and a thorough root cause analysis were also cited by

| MS-DRG Title                                       | 2009 DRG Weight | 2010 Proposed DRG Weight |
|--|-----------------|--------------------------|
| Heart Tx or Implant of Heart Assist System w/MCC   | 23.0701         | 25.1254                  |
| Heart Tx or Implant of Heart Assist System w/o MCC | 12.815          | 12.0884                  |
| Liver Tx w/MCC or intestinal Tx                    | 10.8180         | 10.7983                  |
| Liver Transplant w/o MCC                           | 4.8839          | 4.9885                   |
| Lung Tx  | 8.4002          | 9.9992                   |
| Simultaneous Kidney/Pancreas Tx                    | 5.1726          | 5.1271                   |
| Pancreas Tx  | 3.8902          | 4.3277                   |
| Kidney Tx  | 3.0654          | 3.0194                   |



| CPT <sup>1,3</sup> /<br>HCPCS | Mod | Description                  | Proposed<br>2010<br>Facility<br>Total<br>RVUs | Change in<br>Facility<br>Total<br>RVUs,<br>2009-2010 | Percentage<br>Change in<br>Facility<br>Total<br>RVUs,<br>2009-2010 | Proposed<br>2010<br>Facility<br>Total<br>RVUs<br>Using 2009<br>Conversion<br>Factor |  |
|-------------------------------|-----|------------------------------|---|--|--|---|--|
| 32851                         |     | Lung transplant, single      | 71.01   | 1.37   | 2.0%   | \$2,561.09  |  |
| 32852                         |     | Lung transplant with bypass  | 78.21   | 1.16   | 1.5%   | \$2,820.77  |  |
| 32853                         |     | Lung transplant, double      | 84.78   | 1.45   | 1.7%   | \$3,057.73  |  |
| 32854                         |     | Lung transplant with bypass  | 92.71   | 2.11   | 2.3%   | \$3,343.73  |  |
| 33935                         |     | Transplantation, heart/lung  | 98.34   | 2.56   | 2.7%   | \$3,546.79  |  |
| 33945                         |     | Transplantation of heart     | 138.23  | 12.92  | 10.3%  | \$4,985.49  |  |
| 47120                         |     | Partial removal of liver     | 64.11   | 5.81   | 10.0%  | \$2,312.23  |  |
| 47122                         |     | Extensive removal of liver   | 95.08   | 8.26   | 9.5%   | \$3,429.21  |  |
| 47125                         |     | Partial removal of liver     | 85.13   | 7.36   | 9.5%   | \$3,070.35  |  |
| 47130                         |     | Partial removal of liver     | 91.29   | 7.67   | 9.2%   | \$3,292.52  |  |
| 47135                         |     | Transplantation of liver     | 134.95  | 11.96  | 9.7%   | \$4,867.19  |  |
| 47136                         |     | Transplantation of liver     | 115.53  | 10.64  | 10.1%  | \$4,166.77  |  |
| 47140                         |     | Partial removal, donor liver | 98.29   | 11.37  | 13.1%  | \$3,544.99  |  |
| 47141                         |     | Partial removal, donor liver | 107.19  | 4.10   | 4.0%   | \$3,865.98  |  |
| 47142                         |     | Partial removal, donor liver | 129.71  | 16.41  | 14.5%  | \$4,678.20  |  |
| 47146                         |     | Prep donor liver/venous      | 9.2   | 0.63   | 7.4%   | \$331.81  |  |
| 47147                         |     | Prep donor liver/arterial    | 10.73   | 0.73   | 7.3%   | \$386.99  |  |
| 48552                         |     | Prep donor pancreas/venous   | 6.6   | 0.70   | 11.9%  | \$238.04  |  |
| 48554                         |     | Transpl allograft pancreas   | 68.68   | 7.07   | 11.5%  | \$2,477.05  |  |
| 50320                         |     | Remove kidney, living donor  | 38.67   | 1.58   | 4.3%   | \$1,394.70  |  |
| 50327                         |     | Prep renal graft/venous      | 6.04  | 0.52   | 9.4%   | \$217.84  |  |
| 50328                         |     | Prep renal graft/arterial    | 5.26  | 0.41   | 8.5%   | \$189.71  |  |
| 50329                         |     | Prep renal graft/ureteral    | 4.82  | 0.03   | 0.6%   | \$173.84  |  |
| 50340                         |     | Removal of kidney            | 25.58   | 2.65   | 11.6%  | \$922.58  |  |
| 50360                         |     | Transplantation of kidney    | 69.9  | 7.29   | 11.6%  | \$2,521.06  |  |
| 50365                         |     | Transplantation of kidney    | 78.01   | 7.44   | 10.5%  | \$2,813.56  |  |
| 50370                         |     | Remove transplanted kidney   | 32.49   | 3.25   | 11.1%  | \$1,171.80  |  |
| 50380                         |     | Reimplantation of kidney     | 54.01   | 4.62   | 9.4%   | \$1,947.96  |  |

CMS as important in reaching a positive decision.

CMS still has a number of requests pending and noted that it may take at least seven months from the time it receives a request to make a decision. The national office is working with its regional offices to make sure that any termination processes are put on hold pending completion of mitigating factor review.

ASTS recently met with CMS in the division responsible for transplant center certification to discuss a number of issues related to the certification process. At the meeting, CMS officials

noted that many of the mitigating factor appeals submitted by transplant centers related to outcomes reflected a lack of understanding of the SRTR methodology and risk adjusters. They stated that the most effective appeals were those in which the transplant center could demonstrate prompt identification of problems and implementation of corrective action. Attempts to rationalize lower than expected outcomes as due to patient or donor risk factors not captured by the SRTR were generally unsuccessful because the patient or graft deaths that caused the center to fail the Medicare outcomes test were not those the center identified as high risk.

### COST OF PANCREATIC ISLET CELLS

ASTS has continued to request CMS to reverse its current policy, which requires OPOs to charge the same amount for pancreata used for islet cell transplantation and pancreata used for whole organ transplantation. ASTS recently met with CMS officials again to reiterate this request, and CMS currently has the matter under advisement.

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



# Legislative Report

## CONGRESS PUSHING TO ADVANCE HEALTH REFORM BILL

Five different House and Senate Committees with jurisdiction over health care and Medicare policy are scheduled to “mark up” legislation in July, constituting the most active month for health care reform in many years. House Democratic leaders want to push the package through the three committees of jurisdiction and then through the full House by early August, when members leave for the long August recess. Democratic leaders can pretty much set the pace for House floor action, but the health care package faces a more difficult path in the Senate.

If the two Senate committees—the Finance Committee and the Health Education Labor and Pensions (HELP) Committee—complete their separate versions of the legislation before the August recess, they will face another hurdle that is just as substantial—deciding how to combine their bills on the floor in a way that generates maximum support. To capture as many votes as possible, the Finance Committee is aiming for a politically moderate measure in order to attract Republican support. The Health, Education, Labor and Pensions (HELP) Committee is pursuing a more liberal—and more partisan—package. Many do not expect a conference report and a final vote on health care reform before the end of the year. Keeping to this timeline is the subject of much speculation as negotiations grind on.

President Obama highlighted what is perhaps his biggest challenge in maintaining support for remaking the health care system. That is to make sure Americans do not think they will personally lose out in an overhaul of the way medical services are delivered – through higher costs to themselves, lower quality of care or simple inability to get the care they need. Opponents’ talking points are clear: The Congress is embarking on a massive redistribution of



wealth where the middle class will lose. Proponents counter that the health care system in America is unsustainable, too costly, and is only working for some. From a purely structural point, the outlines for the bills are largely the same—but some of the policies differ. Democrats still have not reached agreement on such issues as the inclusion of a government-run “public plan” option for insurance, or the contributions businesses will be asked to make in the form of employer mandates. Still unsettled is the question of whether individuals’ health care benefits from their employers will be taxed as a mechanism to pay for a large expansion of insurance coverage to people who are currently uninsured.

## IMMUNOSUPPRESSIVE DRUG “COVERAGE EXTENSION” LEGISLATION

ASTS has continued its long-standing work this year on one of its signature priorities; extension of immunosuppressive drug coverage for Medicare beneficiaries. Working in concert with other transplant organizations, ASTS has taken a lead role in successfully including this issue in the health care reform debate. The House and Senate bills, H.R. 1458 and S. 565, respec-

tively, are known as the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2007. The legislation 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. This three-year limit on immunosuppressive drug coverage is not a problem for recipients of organs other than kidneys due to the unique eligibility status that ESRD patients have with the Medicare program.

The transplant community has long advocated for ESRD kidney recipients to receive coverage of immunosuppressive drugs for the life of the transplant through Medicare Part B. Under these bills, transplant recipients would pay the Part B premium, and Medicare would be extended beyond 36 months only for recipients who lack other health care coverage. All other health care needs for transplant recipients who are not Medicare aged or disabled would remain subject to the current ESRD 36-month coverage limit. Only immunosuppressive drugs would be covered for the life of the transplant under this legislation. These limitations were necessary to reduce the cost of the legislation and breathed new life into a bill that has been reintroduced several times in successive Congresses without action being taken.

In fact, in the last Congress, the immunosuppressive drug extension bill was estimated to cost approximately \$1 billion over ten years. However, earlier this year, the Congressional Budget Office (CBO) estimated the ten-year cost of this provision at \$800 million, largely due to recalculations in the CBO’s assumptions. ASTS believes that arguments it has advanced have contributed to this lower score, namely, that Medicare saves dialysis costs and retransplantation costs when beneficiaries increase their chances of keeping their graft due to better drug compliance. In early July, the CBO

recalculated this provision again, lowering the ten-year cost to just \$400 million. This is largely due to the fact that other provisions in the House bill related to ESRD care are having a material impact on the cost of this provision.

With strong, consistent advocacy from ASTS and a number of transplant-related organizations known as the Immunosuppressive Drug Coalition, ASTS learned at the end of June that our efforts to secure inclusion of this bill in the House health care reform bill succeeded when the bill was included in Section 1232 of the House Tri-Committee draft health care reform bill. The bill is to be considered in House mark-up hearings the week of July 13<sup>th</sup> with final passage in the House expected at the end of July or early August. ASTS is now focused on securing this legislation in the Senate Finance Committee health reform package which is also expected to be considered the week of July 13<sup>th</sup>. In addition to the efforts of the Society's federal staff, many of the ASTS leadership, including President Robert Merion, MD, as well as members of the Legislative Committee, have personally reached out to their Senators and Members of Congress seeking their support for including these bills in the final health reform package to be passed this year.

#### **FIXING THE MEDICARE PHYSICIAN PAYMENT FORMULA**

On physician payment, the House Tri-Committee bill would adopt a policy that would scrap the current way Medicare pays physicians and replace it with a system allowing pay increases for most services to be based on the growth in the gross domestic product. Under current law, doctors' Medicare reimbursement is scheduled to be reduced

by 21 percent in 2010 unless Congress intervenes. The new payment update in 2010 would be based on the Medicare Economic Index and the provision would give CMS a year to implement the new payment system. Beginning in 2011, the new system would allow the volume of most services to grow at the rate of GDP plus 1 percentage point per year and allow the volume of primary and preventive care services to grow at GDP plus 2 percent per year. The new payment system would also exclude prescription drugs and laboratory services from the payment calculation. The CBO estimates that this long-term payment formula fix would cost approximately \$229 billion over ten years.

#### **ORGAN DONATION ACT FUNDING**

At the end of last year, the Society along with other members of the Transplant Roundtable and congressional allies succeeded in securing a \$1.4 million increase for FY 2009 to the organ donation and transplantation programs of the Division of Transplantation (DoT) within the Health Resources and Services Administration (HRSA). This funding began as a non-binding \$5 million amendment to increase the federal budget championed by our long-time ally Senator Dorgan (D-ND).

This year, Senator Dorgan doubled his request and secured a \$10 million increase to the Division of Transplantation (DoT) in the FY 2010 federal budget for these programs. The allocations in the federal budget in turn determine the overall spending allocations in the various federal appropriations bills. Again, the \$10 million increase is non-binding and simply helps ASTS and others advocate for increases in appropriations levels later in the year. ASTS is working hard to secure as much of the Dorgan amendment

as possible for the DoT account within the Labor, Health & Human Resources Appropriations Subcommittee bill for FY 2010.

#### **INSURANCE COVERAGE FOR ORGAN DONORS**

Since 2008, ASTS has been promoting legislation that requires the federal government to prohibit private health insurers and self-insured health plans from treating live organ donors as having a pre-existing condition. These pre-existing condition exclusions dramatically increase the cost of health insurance for altruistic donors or have the impact of rendering the person uninsurable altogether. Private insurance plans often treat an individual's donor status as a pre-existing condition thus creating a serious disincentive for living donation.

The House bill would change this practice, not just for organ donors but for all treatments considered pre-existing conditions through the "Health Insurance Exchange" provisions by prohibiting discrimination against any patient based on their health status. Such a change would remove a huge impediment for organ donors and transplant recipients who otherwise would be denied access through their insurance coverage or would be "priced out" of being able to afford insurance coverage. If comprehensive reform is not achievable this year, ASTS will continue to advocate for the establishment of a more specific prohibition on insurers that treat live organ donation as having pre-existing condition exclusion for purposes of obtaining private health insurance.

*By Peter W. Thomas,  
ASTS Legislative Counsel,  
Adam R. Chrisney, Legislative Director  
Powers, Pyles, Sutter & Verville, PC*



Visit the ASTS website for additional advocacy efforts at [www.ast्स.org/Advocacy](http://www.ast्स.org/Advocacy)



# OPTN/UNOS Corner

## OPTN WEB SITE TRANSITION AND IMPROVEMENTS

The Organ Procurement and Transplantation Network (OPTN) has changed its address and improved its web site. The new site can now be found at <http://optn.transplant.hrsa.gov>.

Although the [www.optn.org](http://www.optn.org) address will include a redirect to the new site, we encourage you to check your links and bookmarks.

The site's design was updated to coordinate with the Health Resources and Services Administration's (HRSA) family of Web sites. The information contained on the site is also compliant with federal Section 508 requirements for greater accessibility by people with disabilities.

## OPTN/UNOS BOARD OF DIRECTORS MEETING HIGHLIGHTS

The OPTN/UNOS Board of Directors met June 22-23 in Richmond, Va. It took action on a number of items, of which key topics are outlined below. An executive summary of all Board actions is available on the OPTN web site.

- The Board adopted a policy to broaden access to donated livers for Status 1A and 1B liver candidates. At any given moment, there are usually fewer than 10 of these candidates nationwide. Liver offers from adult donors will be considered for any medically compatible Status 1A and 1B candidates throughout the OPTN region of the donor before being offered to any less urgent patients either locally or regionally. Experience gained in three regions that have allocated livers region-wide, for Status 1A/1B candidates through Board-approved alternate allocation systems, some since 1990, was an important factor in the decision to institute a national policy.
- The Board endorsed a public forum to be convened in the spring of 2010 to discuss additional potential improvements to liver allocation policy. The need for additional discussion was prompted in part by a recent public comment proposal to allocate all livers throughout the OPTN region based on MELD/PELD score instead of the current tiered local/regional sequence. Based on significant concerns raised during public comment, the proposal was not presented for Board consideration at this time.
- The Board endorsed the concept of incorporating into the Lung Allocation Score (LAS), which prioritizes candidates for lung transplantation, each lung candidate's laboratory measure of total bilirubin and whether candidates in Diagnosis Group B have a bilirubin score that has increased by 50 percent within a six-month period. Data analysis suggests this addition would reduce waitlist mortality primarily among Group B candidates, most of whom need a transplant due to pulmonary hypertension. To further assess how this concept should be implemented and the priority of programming, the Board will consider implementation options at a later meeting. In the interim, the Board endorsed measures to educate lung transplant centers about the process they may use to seek additional priority through the national lung review board for candidates with pulmonary hypertension.
- The Board additionally approved establishment of a section of OPTN policy specifically to house living donation requirements. This new policy section distinguishes current living donor policies from others meant only to apply to deceased donor transplantation and will be the destination for additional living donor policies as they are developed.
- Given the announced discontinuance of the most common

test kit used to assess potential organ donors for HTLV 1 and 2 prior to donation, the Board resolved that the OPTN end the requirement of prospective HTLV testing for deceased donors, effective pending notice to members. The Board further specified that retrospective testing with confirmation shall be performed on all deceased donors. Implementation of this requirement will be delayed to permit a minimum 45-day public comment period and review by the OPTN/UNOS Executive Committee. The OPTN/UNOS Ad Hoc Disease Transmission Advisory Committee will submit further policy modifications for public comment in late summer/early fall.

## KIDNEY PAIRED DONATION PILOT PROGRAM

A selection group drawn from the OPTN/UNOS Kidney Transplantation Committee, the Kidney Paired Donation (KPD) Work Group and OPTN/UNOS leadership is reviewing responses to a recent request for proposals for programs to participate in an initial implementation of a national KPD pilot program. The initial implementation is meant to help UNOS staff gain experience with KPD before rolling out a full system in the fourth quarter of 2010, to test the KPD business processes before they are programmed in the full system, and to implement a limited KPD system on an expedited timeframe. Due to resource limitations, initial implementation is expected to be limited to two to four programs or groups. Additional programs will have the opportunity to participate in the full implementation of the KPD pilot program anticipated to begin in late 2010.

*By Joel Newman  
Assistant Director of Communications  
UNOS*





National  
Living  
Donor  
Assistance  
Center

# National Living Donor Assistance Center Update

*Reducing the financial disincentives to living organ donation*

## • NLDAC Eligibility Guidelines

Amended – to keep NLDAC in line with the OPTN policies of a 2-year follow up, NLDAC is now allowed to pay for the medical follow-up trip if it is within two calendar years following the living donor procedure, or beyond if certain exceptional circumstances exists. The original guidelines required the medical follow-up trip to be within 90 days of the surgical procedure. This will allow more donors to see their physicians at their Transplant Centers. Please keep in mind NLDAC pays for follow-up trips only if the application is approved and funded prior to the surgical procedure.

- **More Applications Received** - NLDAC has seen a steady increase in applications submitted. As of June 2009, NLDAC had processed 633 applications and approved 544 (86%).
- **More Funding Approved** - As of June 2009, NLDAC had approved approximately \$1.3 million dollars for donor travel.
- **NLDAC Team Expands** - Our newest member, Iby Diaz, brings experience in the administrative and systems fields and her bilingual skills streamline communication with Spanish speaking donors.
- **Donors Rate NLDAC High** - On a scale of 1-5 (5 being the highest), donors rated their experience with NLDAC at 4.6, which reflects a high level of satisfaction.
- **Ready to Train More Transplant Centers** - NLDAC is prepared to receive more applications and strongly encourages Transplant Centers to look for opportunities to help eligible donors with travel expenses. Approximately 53% of Transplant Centers with living donor programs have filed a NLDAC application. Call 703-414-1600 or email [nldac@livingdonorassistance.org](mailto:nldac@livingdonorassistance.org) to set up a one-on-one training in the application process.

## ASTS ACADEMIC UNIVERSE

ASTS members are encouraged to visit the ASTS Academic Universe and take advantage of the educational resources available within the online curriculum. Simply sign-in to the members' portal at [www.ast.org](http://www.ast.org) and click on the Academic Universe link to access the online curriculum, surgical logs and usage reports. While targeted to fellows, the online curriculum is a dynamic reference for all ASTS members. **ASTS is grateful to all the authors - both members and non-members - that have contributed their time and expertise to this project.** The online curriculum consists of eleven units, including organ specific transplantation, immunology, procurement, allocation, ethics and economics of transplantation, and will eventually house 200 learning modules. Login today to view these and other modules:

**Unit 1 – Immunobiology and Transplantation Research:** Dr. Jonathan Bromberg's presentation on inflammation and innate immunity in organ transplantation discusses topics such as ischemia/reperfusion, toll like recep-

tors and chemokines and their role in transplantation.

**Unit 2 – Pharmacology and Immunosuppression:** Dr. Richard Knight discusses Maintenance Immunosuppressive Agents and provides an overview of calcineurin inhibitors, mTOR inhibitors, anti-metabolites and corticosteroids in a manner fellows can easily grasp.

**Unit 3 – Organ Procurement:** Dr. Michael Ishitani's module titled "Understanding the Moral, Ethical, and Legal Issues of Death: The Justification for Use of Organs from Deceased and Non-Heart-Beating Donors," addresses the evolution of transplantation and the concept of death.

**Unit 6 – Liver Transplantation:** Dr. Christopher Hughes discusses DCD liver transplant outcomes and provides data from numerous recently published studies.

**Unit 10 – Ethics:** The module authored by Drs. Peter Angelos and Eric Grossman serves as an analysis of current ethical issues in the field of transplantation. After discussing the origins

of the Hippocratic Oath, the talk delves into principles specific to solid organ transplantation.

Modules are continually added to the website so check back often for new content and please use the "Feedback" function within each module to let us know how we can enhance this educational tool.

## Please Note...



New for 2010! Abstracts accepted for oral, mini-oral or poster presentation at the ASTS 10th Annual State of the Art Winter Symposium will be published in a special supplement to the American Journal of Transplantation (AJT) to be shipped with the January issue. Please visit [www.ast.org](http://www.ast.org) for more information or to submit an abstract. The deadline to submit an abstract is Wednesday, September 9, 2009 and notification will be sent in mid-October.



# ASTS Celebrates 35 Years

## Those Early Years

The American Society of Transplant Surgeons was founded in 1974 in an effort to unite surgeons involved in transplantation. The effort was spearheaded by Drs. Frederick Merkel and John Bergen from Northwestern University and Dr. Aaron Bannett from Albert Einstein Medical Center. The idea to form a national society grew from a meeting originally convened by the Department of Health, Education and Welfare to obtain input from transplant surgeons concerning the Social Security Act of 1972. This act, later signed into law, established the End-Stage Renal Disease (ERSD) Program.

In that same year, another meeting brought together 16 surgeons in Chicago. During that meeting, the name of the society and requirements for membership were discussed. The general belief of the Society was that transplantation would become much more important for patients with end-stage diseases of a variety of organs, rather than kidney alone.

Subsequently, 127 Charter Members joined the Society; nineteen of whom have served as ASTS President. Dr. Thomas Starzl was elected as the Society's first President and presided over the First Annual Meeting, held at the Hyatt Regency Hotel in Chicago, Illinois, May 23, 1975.

In Starzl's inaugural speech, he said, *You cannot shrink from a clear enunciation of our first priorities. My own bias is simple. I think that we [transplant surgeons] exist for the development and exchange of accurate information and informed opinion. By definition, our principal objectives are therefore intellectual and professional and this must be reflected in the programs we develop annually...the name, Society of Transplant Surgeons, is all-inclusive. It would be both tragic and inexcusable if we functioned as a society for kidney transplantation [only].*

*By definition, our principal objectives are therefore intellectual and professional and this must be reflected in the programs we develop annually...the name, Society of Transplant Surgeons, is all-inclusive. It would be both tragic and inexcusable if we functioned as a society for kidney transplantation [only].*

Today, members of ASTS specialize in lung, heart, kidney, liver, pancreas/islet cell and intestine transplantation, as well as composite tissue allotransplantation.

Over the last twenty years, the Society has established a strong presence in transplantation research, education and training, and advocacy. These basic principles remain the pillars that the Society stands upon: to foster and advance the practice and science of transplantation for the benefit of patients and society; to guide those who make policy decisions that influence the practice and science of transplantation; to define and promote the training and career-long education of its members; and to advance the professional development and careers of its members.

During a 2009 interview, Dr. H. M. Lee, ASTS 11<sup>th</sup> president, was asked what advice he could offer younger transplant surgeons as the field expands. Lee answered, *Personal, intimate exchange of the transplant experience, whether good or bad, will be conducive to the future development of more experimental and additional clinical transplants.*

Lee went on to explain how this was advice he lived by when asked about the formative years of ASTS and transplantation: *Everybody's experience was small; always somebody had a new finding. It was exchanging, I had this kind of problem, and this kind of complication and the other one [surgeon] would learn from that. It was much more intimate; there was a very personal communications exchange.*

Two other charter members reminisced about the basic principles of transplantation and offered these thoughts:

*Well I just think that transplantation is such a wonderful field because it covers so many different areas. Mentorship is important, teaching is important, we need to continue this.* – Dr. Frederick Merkel, 5<sup>th</sup> ASTS President and Founding Member

*I think transplantation has done a wonderful job and the society has done a wonderful job. The science...has improved tremendously, the education has become more formalized, and the communication within the system has become more formalized.* – Dr. James Cerilli, 7<sup>th</sup> ASTS President  
Dr. William Pfaff, an ASTS Charter member, recalls his experience as a transplant surgeon:

*The impact of transplantation has been immense. It's the best decision I've ever made. I've had more fun learning, doing and proving sometimes, really achieving, and I particularly enjoyed my roles in the organizations that relate to transplantation.*

It is these and other charter members that helped pave the way for not only ASTS members but the entire transplant community. Today, the American Society of Transplant Surgeons' membership includes over 1500 transplant surgeons, physicians, scientists, and allied health professionals from all around the globe.



# ASTS Celebrates 35 Years

## *The ASTS Now*

*Thomas G. Peters, MD, FACS, ASTS Historian*



**T**he first Annual Meeting of the American Society of Transplant Surgeons (ASTS) was held May 23, 1975, at the Hyatt Regency Hotel in Chicago. A scientific session and a lively business meeting ensued at which a number of issues were raised. Among these were the selection of the journal, *Surgery*, for publication of the presented papers, transplant education, public relations, and criteria for the 127 members of this new Society. There was no ASTS office or staff, and administrative tasks were managed through individual efforts of the respective officers and committee chairs.

How we have grown! Now, with over fifteen hundred members and an agenda, which reaches far and wide, our ASTS is the voice of transplantation surgeons in North America and, to a large degree, the world. Interestingly, the basic mission of the ASTS has not changed since its inception. The purposes of the ASTS are to, “encourage education and research with respect to organ and tissue transplantation,” and to, “collaborate with existing public and private organizations to promote...optimal benefit to recipients of transplants.” These words, virtually unchanged since our inception, have guided the organization through three and one-half decades. The comparison of the mission, then and now, belies a substantial contrast: the Society has evolved from simple origins to its current broad and dynamic structure.

Imagine if you will, our Society without its principal journal, *The American Journal of Transplantation*. Consider, also, an ASTS, which could not address important legislative, work force, reimbursement, and philanthropic topics. None of these matters was prominent in the early deliberations of our founders. Yet, the ASTS is now immersed in these and other matters germane to our practices, professional lives, and – most importantly

– our patients. Thus, the mission, written so well in 1974, remains.

Today, 6 officers and 9 Councilors-at-Large lead the ASTS. Additionally, there are twenty-three standing committees and eight task force groups and/or ad hoc committees on topics ranging from awards to journal management to legislation and even practice standards. ASTS groups have embraced new areas as times have changed. An example is our Critical Care Task Force currently examining how transplant surgeons ought to fit into treatment venues where transplant recipients require intensive care. Tasks of our Ad Hoc Committee on Living Donation have evolved recently with the issues of living donor swap or domino donation-transplantation as well as the important matters of costs and outcomes affecting any living donor. Multiply critical care and living donation topics by as many transplant issues as one might imagine, and there emerges some idea as to the very busy agenda of the ASTS Council and its Committee Chairs.

Visit our website. Even for nonmembers, the website gives a thorough and easily used summary of a modern ASTS. Legislative accomplishments, education issues, and information about living donor assistance programs are all there. For members, the overview of meetings, advocacy, awards, training, membership, and other matters is truly complete. In addition, we have our own ASTS Foundation, established in 2001, to support the mission of the ASTS. The foundation has been integral in the evolution and support of the *Chimera Chronicles*, the stories of our founders and senior members, currently in development by ASTS.

So here we are now, a mature and diverse society which has grown from the ideas and efforts of our mentors who

continue to tell the story of transplantation as it once was. Many of these pioneers are still productive, and continue to guide us. Still despite maturation, we remain small as compared with many other surgical specialty societies. Our relatively small size, however, should not ever deter us from the important elements of our professional and public duties to comment on all matters related to organ and tissue transplantation.

Finally, no update on the Society would be complete without a comment about our staff. Led by Executive Director, Katrina Crist, MBA, the ASTS office now employs, in conjunction with the National Living Donor Assistance Center, eight persons, all capable professionals, who carry out the day-to-day functions of our society. These professionals are committed to our mission, and facilitate the realization of all the ideas, plans, and aspirations of your ASTS leadership and your fellow members.

Said simply, the ASTS now is the premier resource for transplant surgeons and for virtually all information about our discipline. Surgical curriculum and standards, the American Transplant Congress and our ASTS Winter Symposium, business practices and reimbursement for our clinical tasks, liaison with the American Board of Surgery and the American College of Surgeons, and so many more matters are before our ASTS leadership every day. Moreover, the leaders with our staff have command of these issues while they work effectively on behalf of ASTS members. With over thirty-five years of achievement, over fifteen hundred members, and great success from efforts by all of us to provide maximal efficiency and optimal benefit to our patients, the recipients of organ transplants.



# Charter Members of ASTS

*Listed below are charter members who joined ASTS in 1974, and are still members today, along with their institutional affiliation at that time.*

J. Wesley Alexander, MD  
*University of Cincinnati*

Charles B. Anderson, MD  
*Washington University, St. Louis*

J.B. Aust, MD, PhD  
*University of Texas*

Aaron D. Bannett, MD  
*Albert Einstein Hospital, Philadelphia*

Clyde F. Barker, MD  
*University of Pennsylvania*

Khalid M.H. Butt, MD  
*Downstate Medical Center, Brooklyn*

Clive O. Callender, MD  
*Freedmen's Hospital, Washington, DC*

James Cerilli, MD  
*Ohio State University, Columbus*

Abraham T.K. Cockett, MD  
*University of Rochester*

James E. Colberg, MD  
*University of California, Irvine*

A. Benedict Cosimi, MD  
*Massachusetts General Hospital, Boston*

Charles B. Currier, Jr., MD  
*Washington Hospital Center,  
Washington, DC*

Fuad J. Dagher, MD  
*University of Maryland, Baltimore*

Edward A. Dainko, MD  
*San Bernardino County Hospital*

Dennis R. Filippone, MD  
*St. Barnabas Medical Center, Livingston*

Casimir F. Firlit, MD  
*Children's Memorial-Chicago*

Jay C. Fish, MD  
*University of Texas, Galveston*

D.T. Freier, MD  
*University of Michigan, Kalamazoo*

Joseph R. Gerbasi, MD  
*State University of New York, Buffalo*

Mark A. Hardy, MD  
*Albert Einstein, New York*

J. Laurance Hill, MD  
*University of Chicago*

Barry D. Kahan, PhD, MD  
*Northwestern University, Chicago*

John W. Konnak, MD  
*University of Michigan, Kalamazoo*

Kenneth A. Kropp, MD  
*Medical College of Ohio, Toledo*

Hyung Mo Lee, MD  
*Medical College of Virginia, Richmond*

Neil Lempert, MD  
*Albany Medical College*

John Libertino, MD  
*Lahey Clinic, Burlington*

Jimmy A. Light, MD  
*Walter Reed General Hospital,  
Washington, DC*

Robert McCabe, MD  
*Columbia University, New York*

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*Tulane University, Louisiana*

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*Montefiore Hospital, New York*

Jeremiah G. Turcotte, MD  
*University of Michigan, Ann Arbor*

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*University of Miami*

John C. Whitsell, II, MD  
*Cornell University, New York*

G. Melville Williams, MD  
*Johns Hopkins University, Baltimore*

Clarence E. Zimmerman, MD  
*Beth Israel Hospital, Boston*



# At The Helm!

ASTS Presidents 1974-Present



1. Thomas Starzl



2. Folkert Belzer



3. Thomas  
Marchioro



4. John Najarian



5. Frederick Merkel



6. Jeremiah Turcotte



7. James Cerilli



8. Richard Simmons



9. G. Melville  
Williams



10. Oscar Salvatierra



11. H.M. Lee



12. Anthony  
Monaco



13. Robert Corry



14. John McDonald



15. J. Wesley  
Alexander



16. Barry Kahan



17. David Sutherland



18. Arnold Diethelm



19. Clyde Barker



20. Frank Stuart



21. Mark Hardy



22. Nicholas Tilney



23. Hans Sollinger



24. Ronald Ferguson



25. Joshua Miller



26. Ronald Busuttill



27. Nancy Ascher



28. Marc Lorber



29. James Schulak



30. Abraham Shaked



31. Richard Howard



32. Benedict Cosimi



33. Arthur Matas



34. Goran Klintmalm



35. John Roberts



36. Robert Merion

ASTS 10<sup>th</sup> Annual State of the Art Winter Symposium

# CALL FOR ABSTRACTS



## The Cutting Edge Of Transplant Surgery

Pre-Meeting:

Clinical Research in Transplantation

*Committed to Leading the Way in the 21st Century*

**The American Society of Transplant Surgeons (ASTS)  
invites abstracts to be submitted for the  
10<sup>th</sup> Annual State of the Art Winter Symposium**

### Important Dates

#### Abstracts

|                                    |                              |
|------------------------------------|------------------------------|
| Online Submission Available        | Monday, June 29, 2009        |
| Abstract & Surgical Video Deadline | Wednesday, September 9, 2009 |
| Abstract & Video Notification      | Thursday, November 19, 2009  |

#### Pre-Registration and Housing

|                           |                              |
|---------------------------|------------------------------|
| Online Housing Available  | Monday, August 3, 2009       |
| Housing Deadline          | Wednesday, December 16, 2009 |
| Pre-Registration Deadline | Wednesday, January 6, 2010   |

Harbor Beach Marriott  
Ft. Lauderdale, FL  
January 15 – 17, 2010  
[www.asts.org](http://www.asts.org)

**ASTS**   
American Society of Transplant Surgeons



# Chimera Chronicles

## Great Stories in Transplantation

*In 1974, scientific scholarship, commitment to education and concern for the welfare of transplant patients bonded a growing group of surgeons. Today, ASTS remembers their efforts and share their trials and triumphs. Join ASTS as we celebrate living legacies, pioneers sharing their great stories in transplant surgery.*



The first phase of the ASTS Chimera Chronicles Project is complete. On the ASTS website, [www.astsonline.org](http://www.astsonline.org), wherever you see the icon to the left, click on and explore the history of ASTS and transplantation as senior members share their experiences. This historical journey begins with many of the Society's first leaders such as Drs. Thomas Starzl, G. Melville Williams, Frederick Merkel, Oscar Salvatierra, Thomas Fitts and a dozen more. The Chronicles project is complete with member accounts of transplantation as they remember it, their profiles, the full transcript of their interviews, a photo library of recent ASTS meetings, details of the ASTS history, and information about the Foundation of the ASTS. As the years go by, ASTS will continue to work to compile members' stories and make them available via video streaming and various other media outlets.

## ASTS HISTORIAN REPORT

**Historian Update:** The 2009 ASTS Winter Symposium provided a great opportunity to enrich the Society with more personal accounts of our history by past luminaries in transplantation. The Chimera Chronicles project, in which we interview senior transplant surgeons, engaged past presidents of the ASTS including Drs. James Cerilli, John Najarian, H.M. Lee, Richard Simmons, and Arnold Diethelm. A past president of both the Southeastern Organ Procurement Foundation and the United Network for Organ Sharing, Dr. William Pfaff, was also a participant. These Chimera Chronicles video tapes are in the editing process and will soon be available on our ASTS website, as well as excerpts of past interviews featuring Dr. Joseph Murray.

### Mistaken Identity...



In the Spring 2009 Chimera, we featured a Chimera Chronicles tribute. We apologize for the two incorrectly placed names. The captions should have read:



Richard Simmons, MD



Arnold Diethelm, MD

We plan to hold the next series of interviews for Chimera Chronicles at the 2010 ASTS Winter Symposium. All interested ASTS members may submit names of prominent transplantation surgeons who may have an interesting story to tell. We ask that interesting stories, papers, documents, or other memorabilia be sent to the ASTS office, attention ASTS Historian. I am available at anytime by e-mail [tgpetersmd@hotmail.com](mailto:tgpetersmd@hotmail.com) or phone 904 244.9800 should anyone want to discuss interesting aspects of the history of our society and our specialty.

Thomas G. Peters, MD, FACS  
ASTS Historian





# American Transplant Congress

## 9th Annual Joint Scientific Meeting

ATC, A joint collaboration of the ASTS and AST, was held in Boston, May 30 – June 3, 2009

**A Global Success!** It could have been the baked beans, the cream pie or the baseball that brought 4265 (not including exhibitors) people from all walks of the world to the 9<sup>th</sup> Annual American Transplant Congress (ATC), but we're certain the science played a major role. Final registration numbers illustrate that the meeting was representative of attendees from 74 countries. The top five countries in descending order were the United States, Canada, United Kingdom, Germany, and France.

There is certainly something to be said for the science at ATC. The meeting is capturing the attention of more and more surgeons, physicians, scientists, and others seeking to advance and better understand the field. Of 2547 abstracts submitted, 1963 were accepted. At over 75%, the 2009 acceptance rate was higher than the 2008 acceptance rate of 73%.

### 2009 ATC Abstracts

Number of Plenary – 20

Number of Concurrent Oral – 644

Number of Posters – 1299

Total accepted – 1963

Total Abstracts Submitted – 2547

### ATC, Something for Everyone

The purpose of ATC is to provide a forum for exchange of new scientific and clinical information relevant to solid organ and tissue transplantation. In addition, to create an arena for the interchange of ideas regarding care and management of organ and tissue transplant receipt, and lastly to facilitate discussions of socioeconomic, ethical,

and regulatory issues related to solid organ and tissue transplantation.

**Pre-meeting symposia** addresses topics that appeal to specialists in the field.

**Sunrise symposia** are single topic symposia for those searching for targeted material.

**Early morning workshop sessions** are smaller and provide better networking opportunities.

**Exhibits, abstracts, and posters** are an integral part of the educational experience and feature the latest technology and research.

**ATC Today** was a daily newspaper published specially for attendees. The paper highlighted special sessions and provides local information related to the meeting location.

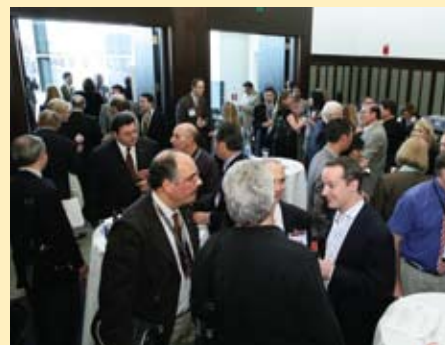
If you missed this year's congress, next year promises to be just as rewarding. Plan to attend ATC 2010 in sunny San Diego, CA, May 1-5<sup>th</sup>, at the San Diego Convention Center. Abstract submission deadline for ATC 2010 is December 4, 2009. Visit [www.atc.meeting.org](http://www.atc.meeting.org) for details.

In honor of the leadership, membership, and corporate supporters, this year ASTS hosted a trio of events on June 2<sup>nd</sup>, which began with the ASTS annual business meeting. ASTS is delighted that members are 1) taking advantage of the benefits of being an ASTS member, 2) showing continued interests in the Society and its growth, and 3) participating in various society initiatives and training programs that serve to advance the field.



ASTS Annual Business Meeting

Following the business meeting, a reception took place to honor and thank the ASTS corporate supporters for their commitment to ensuring ASTS has the resources required to serve the transplant community. The ASTS corporate supporters are responsible for numerous successful projects such as the growth and stability of ASTS research awards programs and educational resources such as the videos that discuss the risks and benefits of organ donation and transplantation. Another project, the annual fellows' symposium provides an additional venue for fellows to participate in a series of lectures and interactive sessions, to ask questions and fill the gaps that too often are not covered as part of clinical training.



Corporate Support & Members Reception

## We would like to thank the following:

ATC Program Planning Committee on another successful year

ASTS Corporate Sponsors for their generous support in 2009

ASTS Council and Committee chairs for leadership and dedication to the Society





# American Transplant Congress 09

May 30 - June 3, 2009  
Boston, MA



*Fellows Reception*

The evening ended with a reception for members that provided an opportunity for members to interact one-on-one with colleagues and to learn more about the Society and how it exists to serve the interests of the membership.

ASTS has long demonstrated its commitment to training and advancing the professional development and careers of its members. We strive to provide avenues where members can interact with colleagues. This year, ASTS held a Fellows Reception during ATC to help foster and generate mentorship opportunities among the senior and junior members, and to spawn additional ideas for communications among the membership.

## Presidential Highlights

One of the highlights of every ATC is the tribute to the president. His family, close friends and other society luminaries joined Dr. John P. Roberts, the ASTS



*Dr. Roberts with his family at the President's Dinner, L-R, Donald Roberts, MD (brother), John D. Roberts, PhD (father), Allen Roberts (brother) and center, Edith Roberts (mother)*

35th President at the annual president's dinner and presidential speech. Both events are a reflection of the impact ASTS has on the field.

Overlooking the city of Boston, the president's dinner took place at *The Top of the Hub, Skywalk* in the Prudential Center. Dinner began with melodic jazz sounds, followed by dinner, and a roast if you will, to Dr. Roberts. Guests shared great laughs and lauded Dr. Roberts for his dedication to transplantation, his 20 years at the University of California, San Francisco and his contributions to ASTS.

Dr. Roberts' presidential speech though presented a different tone for transplantation, that of simplicity, yet profound. The focus of his speech was the effects the media has on transplantation. He said "we [the transplant community] need to take a broader view of the media and understand its value to transplantation. Media coverage of sentinel events can change the attitudes of the public." After several examples of triumphant media coverage and the too often scrutinized events, Dr. Roberts ended his speech by saying "The transplant community will have its own crisis as the media focuses its attention on our failures to distribute organs fairly. In the future, our policies must pass basic tests. We should act in a way that we would expect others to act toward us. We should do the greatest good for the



*Dr. Roberts center with his wife, Nancy Ascher, MD, PhD, (also past president of ASTS) & Becky, their daughter.*



*Dr. Roberts, Presidential Speech*

greatest number. We should take the same actions as would a disinterested party and finally we should only create policies that we would feel comfortable explaining on a national news program."



*Dr. Roberts enjoying a moment with mentor John Najarian, MD*

## Plan Ahead for ATC 2010!



San Diego, CA,  
May 1-5  
San Diego Convention Center.

Abstract submission deadline  
for ATC 2010 is  
December 4, 2009.

# ASTS Research Awards Recipients



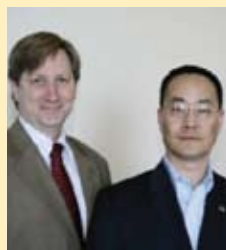
Sir Roy Calne  
Cambridge University

## ASTS – Roche Pioneer Award

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. Visit [www.asts.org/awards](http://www.asts.org/awards) for a full biographical overview of Sir Roy.



ASTS-Astellas Faculty Award  
**Joshua Mezrich, MD**  
University of Wisconsin School of Medicine and Public Health



ASTS-Wyeth Collaborative Scientist Award  
**Allan Kirk, MD, PhD**  
Emory University  
**Neal Iwakoshi, PhD**  
Emory University



ASTS Wyeth Mid-level Faculty Development Award  
**Yuan Zhai, MD, PhD**  
The Dumont-UCLA Transplant Center



ASTS-Team Donate Life Award  
**Michael Hughes, Jr., MD**  
Medical University of South Carolina



ASTS-Roche Laboratories Scientist Scholarship  
**Aaron Ahearn, MD, PhD**  
University of California, San Francisco



ASTS-Roche Laboratories Scientist Scholarship  
**William Kitchens, MD**  
Emory University



ASTS NKF Folkert Belzer, MD Research Award  
**Thomas Pham, MD**  
The Ohio State University



ASTS Novartis Fellowship in Transplantation  
**Parsia Vagefi, MD**  
University of California, San Francisco



Roche Presidential Student Mentor Award  
**James Cassuto, BS**  
New York Medical College



Roche Presidential Student Mentor Award  
**Hari Keshava, MS**  
Case Western Reserve University and Cleveland Clinic



Roche Presidential Student Mentor Award  
**Smaranda Paunescu**  
Northwestern University



Roche Presidential Student Mentor Award  
**Julie Sara Weclesler, AB**  
University of Southern California

  
*Go For Gold...*

# ASTS Research Awards

Faculty Awards

Resident/Trainee Awards

Fellowship Awards

ASTS has a 23 year history of supporting basic, clinical and translational research in the field of transplantation and transplant immunology. For 2009, The Foundation of the ASTS and its awards partners offered over \$775,000 in funding to ASTS members and their trainees.

Visit the ASTS website at [www.asts.org/awards](http://www.asts.org/awards) to learn more about each award, eligibility, and submission criteria for 2010.

**Application submission deadline: January 12, 2010**

**Award notifications will be available by: April 2010**

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





# ASTS Research Awards

## More Than Just Awards

*ASTS has a 23-year history of supporting basic, clinical, and translational research in the field of transplantation and transplant immunology. ASTS and its collaborators developed over a dozen awards to help ensure that highly trained surgeons, physicians, and scientists will be available in adequate numbers and in appropriate research areas to carry out the tasks of transplantation. Below are two stories of how ASTS awards have benefited others. If you are an ASTS award recipient or partner, and would like to share your story, please submit it to [chantay.parks@asts.org](mailto:chantay.parks@asts.org)*

### ASTS Grant Support: Benefits Beyond Funding

*Submitted by: Raymond J Lynch, MD, MS, House Officer,  
University of Michigan Medical Center, 2008 recipient of the ASTS – Roche Laboratories Scientist Scholarship*

I am a resident in the Department of Surgery at the University of Michigan, commencing my second year of research with Dr. Jeffrey Platt. Among various projects, members explore accommodation, a condition in which cells, tissues or organs acquire resistance to immunological injury. In the setting of ABO-incompatible transplantation, accommodation is thought to be induced by anti-blood group antibodies that bind to the transplanted organ. This same phenomenon may occur in reactions against MHC antigens. How to detect accommodation has been a question central to gaining a further understanding of this condition. We postulate that accommodation protects against both cell-mediated and antibody-mediated injury and that it may be common response in many, if not most, clinical transplants.

In 2008, I received the ASTS-Roche Laboratories Scientist Scholarship to allow me to investigate accommodation in human kidney transplantation. I am pleased and grateful to have received this award. Not only because it supports my research, but because of the credibility that sponsorship by the American Society of Transplant Surgeons provides. Supported by this award, I have secured additional funding from the Loan Repayment Program of the National Institutes of Health. This program repays educational loans, allowing physicians and surgeons engaged in postdoctoral research to focus on career development without undue burden. The Loan Repayment program is highly competitive, and I did not receive a fundable score on my initial application in the 2007-2008 cycle. When reapplying this year, the preliminary findings generated during support by this award

buttressed my proposal, and assured the NIH that I had independent support for the conduct of research. I believe that the investment of the ASTS in my research was the critical factor in the success of my Loan Repayment Program proposal.

As I continue in my research and clinical career in transplantation, I hope to maintain close contact with the ASTS. Whether as a source of funding, as well as a nexus of financial, practical, and intellectual assistance, the ASTS is an invaluable aid to young surgeons interested in the field of transplantation. The commitment of the ASTS to assisting residents, fellows, and junior faculty develop a career in research is emblematic of the overall ethos of transplantation, and encourages young surgeons to choose transplantation as a specialty.

### Cycling for A Cause

*Submitted by: Richard Perez, MD, UC Davis Medical Center, Team Donate Life Board Member*

This year Team Donate Life in partnership with the ASTS awarded a \$50,000 Young Faculty Research Fellowship to Dr Michael Hughes of the Medical College of South Carolina. The award is part of ongoing efforts to raise funds for research in transplantation by Team Donate Life (TDL). TDL is a non-profit organization started by Jason and Kristen Weckworth, both kidney donors, and

TDL Team Liverators, an 8-person team that included transplant hepatologists Ray Thomason, Terry Box, himself a liver recipient, and Lorenzo Rossaro recently completed the Race Across America June 2009





# ASTS Research Awards

## More Than Just Awards

a number of health care professionals at UC Davis Medical Center. All of us are recreational cyclists who established TDL as a foundation to utilize cycling as a platform to raise public awareness to the benefits of organ donation and to raise funds for transplant research. Our main promotional cycling event has been the Race Across America (RAAM), an annual 3000+ mile transcontinental race from California to the East Coast. This specific event, described as one of the most grueling endurance rides in the world, was chosen to demonstrate the ability of donors and recipients to return to a healthy lifestyle after surgery.

Since 2005, 180 individuals have either cycled or crewed as part of 11 TDL teams in this non-stop, 24-hour-a-day race over mountains, across deserts and through the windy, rolling topography of the Midwest. A diverse cast of personalities has joined in this adventure. Participants have included transplant professionals of all types, ranging from surgeons, physicians, nurses, and pharmacists. Friends, families, and fellow church members of patients have joined to support the cause. Particularly inspiring have been transplant donors and recipients who have competed in the race. Each individual has their own story about the months of training, the immense organizational challenges of crew coordination, and the thrill of meeting other cyclists from all over the world. Overall, the experience of trekking across the continent on two wheels to support a cause we believe in has been life changing.

Jason Weckworth after completing his third RAAM said:

*"It's the hardest thing I've done in my life... so why do I do it? It's quite simple, really. It's the people... First and foremost, are the patients we honor and race on behalf of... we seek media interviews across the country so we can share a message of hope for those often on the brink of death. Many have died waiting. Some are still with us because of an incredible gift from a selfless donor family or living donor. I think of my dad, Rodney Weckworth, who is still with us 6 years after receiving my kidney, and Staci Smith, who was once a stranger before receiving my wife, Kristen's kidney last summer. I consider Terry Box, a TDL teammate and transplant physician who himself nearly died from liver failure but survived in the 11th hour from the gift of a donor family. I think of the literally hundreds of family members who have told us of their personal stories of transplant success, and I cry for those who have shared the loss of their best friends along the way. I believe that what we do matters... a whole lot. I believe that our efforts through RAAM will save someone's life... if not today, then tomorrow, or the next day, or the day after that. And I will never stop for that reason. My greatest joy during RAAM is not the finish line... but rather a conversation and picture with a stranger along the way, who smiles and says "I've been tracking Team Donate Life, and I love your cause."*

I appeal to all members of our society to consider taking the lead by identifying passionate individuals in your community who would be interested in establishing a local TDL chapter in your city. Since racing in RAAM may not be for everyone, we have broadened our platform so individuals can raise funds by participating in local running or cycling events. The overall goal is to increase funds to support more research awards sponsored through our soci-

ety. There is certainly no shortage of promising investigators who can benefit from our efforts. Despite the difficult economic times of the present, I am optimistic that many will answer this call for our profession and our patients. To find out more about the Team Donate Life contact Richard Perez at [richard.perez@ucdmc.ucdavis.edu](mailto:richard.perez@ucdmc.ucdavis.edu) or visit <http://www.teamdonatelife.com>.

# ASTS Announces WTC 2014





# American **2010** Transplant Congress

**May 1 - 5, 2010**

The San Diego Convention Center • San Diego, CA

10<sup>th</sup> Anniversary



2010

THE 10<sup>TH</sup> AMERICAN  
TRANSPLANT CONGRESS

## IMPORTANT DATES

ABSTRACT SUBMISSION OPENS

September 2009

ABSTRACT SUBMISSION DEADLINE

December 4, 2009

ONLINE REGISTRATION OPENS

January 2010

AUTHOR NOTIFICATION

OF ACCEPTANCE

February 2010

LATE BREAKING

ABSTRACT DEADLINE

February 1, 2010

HOTEL RESERVATION DEADLINE

APRIL 1, 2010

EARLY REGISTRATION DEADLINE

April 2, 2010

Visit us online at  
[www.atcmeeting.org](http://www.atcmeeting.org)





# Job Board

ASTS provides this Job Board as a benefit to our members. This is an abbreviated listing of the positions currently available on the ASTS website. Please log into the members' portal to view the positions in their entirety at [www.asts.org](http://www.asts.org). If you would like to submit a listing, please contact Chantay Parks Moye at [chantay.parks@asts.org](mailto:chantay.parks@asts.org) or 703 414-7870 ext. 101 for submission guidelines and fee requirements.

## ORGAN TRANSPLANT PROGRAM DIRECTOR: SWEDISH MEDICAL CENTER IN SEATTLE

Please contact:

Mike Waters

Physician Recruiter

Phone: 206 320.5962

Email: [mike.waters@swedish.org](mailto:mike.waters@swedish.org)

## YALE UNIVERSITY SCHOOL OF MEDICINE: TRANSPLANT SURGEON

Please contact:

Sukru Emre, MD

Professor of Surgery and Pediatrics

Chief, Section of Transplantation and  
Immunology

Director, Yale-New Haven

Transplantation Center

Department of Surgery

Yale University School of Medicine

333 Cedar Street, FMB 112, PO Box

208062

New Haven, CT 06520-8019

## KIDNEY TRANSPLANT/GENERAL SURGEON: LANKENAU HOSPITAL

Please contact:

James Lim, MD, FACS Program Director

Lankenau Hospital

4404 Medical Sciences Bldg

100 Lancaster Ave

Wynnewood, Pa 19096

Phone: 610 645.6403

Email: [limj@mlhs.org](mailto:limj@mlhs.org)

## ASSOCIATE DIRECTOR: THE HARTFORD HOSPITAL KIDNEY TRANSPLANT PROGRAM

Please contact:

David Hull, MD

Transplant Program

Hartford Hospital

85 Seymour Street

MOB Suite 321

Hartford, CT 06106

Email: [Dhull@harthosp.org](mailto:Dhull@harthosp.org)

## MEDICAL DIRECTOR (PART TIME), GIFT OF LIFE DONOR PROGRAM

Please Contact:

Gift of Life Donor Program

Human Resources

401 North 3rd Street

Philadelphia, PA, 19123

Fax: 215 963.0702

Email: [kklastic@donors1.org](mailto:kklastic@donors1.org)

## T32 POST-DOCTORAL RESEARCH FELLOWSHIPS IN TRANSPLANTATION IMMUNOLOGY AND STEM CELL BIOLOGY - UNIVERSITY OF LOUISVILLE

Please contact:

Frances Chapman

Administrative Officer, ICT

Institute for Cellular Therapeutics

University of Louisville, School of Medicine

570 South Preston Street, Ste 404

Louisville, KY 40202

Email: [fachap01@louisville.edu](mailto:fachap01@louisville.edu)

# Mock Medicare Survey (MMS)

## How healthy is your transplant program?

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Would you like to hand CMS your  
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Medicare Audit.

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[www.asts.org](http://www.asts.org)  
[asts@asts.org](mailto:asts@asts.org)





## Corporate Support

*The American Society of Transplant Surgeons would like to thank the following companies for their generous support in 2009. ASTS held a reception in their honor during the 2009 American Transplant Congress in Boston. Dr. John P. Roberts, Immediate Past President, presented the awards.*

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Product Director



### Founder Circle



Timothy Waugh,  
VP Transplant



### President Circle



Tina Deignan,  
Senior Director



### President Circle



John Weinberg,  
Director of Marketing



### President Circle



Sheila Talafous,  
Senior Director,  
Professional Affairs



### Sponsor Circle



Chris Soria,  
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### Associate Circle Supporters



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Dear ASTS Members,

**We're not just Proud, We're ASTS PROUD!**

The American Society of Transplant Surgeons (ASTS) is proud to offer educational initiatives to influence transplantation, along with cultivating and advancing your career. As ASTS continues to grow, we are asking every member to become more involved because you are the key to combating the issues that threaten the progress of transplantation.

This year began with triumphs for transplantation while recent headwinds have stifled a plethora of healthcare resources. ASTS helped secure \$10 million in funding for organ donation and transplantation (with anticipated inclusion in the next Senate budget bill), and we maintain a robust annual awards program offering over \$775,000 a year to recipients, while transplant research received \$200 million when the 2009 Recovery Act awarded funds to the National Institutes of Health for challenge grants. We ask that you remain confident that ASTS will remain dedicated to providing you with the best resources, programs, and training.

ASTS is one of the most sought after primary resources for the evolution and advancement of transplantation. In fact, NATCO, the Organization for Transplant Professionals, has partnered with ASTS to establish dual membership. This collaboration will provide both organizations with the opportunity to expand our efforts in the transplant community. Dozens of nurse practitioners and physician assistants have also joined the ranks. In recent years, the ASTS membership has amplified by over 20%, a testimonial that ASTS is doing something right!

You can expect continued commitment from the ASTS on:

- Funding transplantation research
- Training and education
- Topic-driven symposia and consensus conferences
- Development of business practice services and education, career development and strong advocacy on legislative and regulatory issues
- The American Transplant Congress (ATC)
- The # 1 journal in transplantation, American Journal of Transplantation (AJT)
- Advancing the science and practice of transplantation

We know that you care about receiving high quality information regarding training, legislation, regulatory, and reimbursement issues that affect you, so now is the time to act.

Contribute to the Foundation of the ASTS today. To make a gift by phone, please call 703.414.7870 ext. 100 or online at <http://www.astsof.org/astsofoundation>.

If you are new to ASTS, you may have questions about the Society. Spend some time talking with trained staff at the ASTS National Office at 703.414.7870 or [astso@astsof.org](mailto:astso@astsof.org).

We value your continued trust in us, and thank you for your gift.

Sincerely,

John P. Roberts  
President, Foundation of the ASTS

**Proud of Who We Are, Proud of What We Do**





# 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 [chantay.parks@asts.org](mailto:chantay.parks@asts.org).

## September 2009

**September 3-5, 2009**

American Association of Kidney Patients (AAKP)

36<sup>th</sup> Annual National Convention

Hyatt Regency Denver

Denver, Colorado

Jerome A. Bailey,

Communications Manager

Phone: 800-749-AAKP

Email: [jbailey@aakp.org](mailto:jbailey@aakp.org)

[www.aakp.org/events/convention/2009](http://www.aakp.org/events/convention/2009)

**September 11-12, 2009**

9th Meeting of the International

Society of Hand and

Composite Tissue Allotransplantation

Valencia, Spain

[www.ctavalencia2009.com](http://www.ctavalencia2009.com)

E-mail: [info@ctavalencia2009.com](mailto:info@ctavalencia2009.com)

**September 13-14, 2009**

Extracorporeal Support

in Organ Donation and Transplantation

The Extracorporeal Life Support

Organization

Ann Arbor, MI

[www.else.med.umich.edu/meetings.htm](http://www.else.med.umich.edu/meetings.htm)

**September 23-26, 2009**

Transplant Immunosuppression:

Today's Issues

Radisson University Hotel

Minneapolis, MN

[www.cmecourses.umn.edu](http://www.cmecourses.umn.edu)

## October 2009

**October 8-9, 2009**

Living Kidney Donation Conference &

Donor Advocacy Training

American Foundation for Donation &

Transplantation (formerly SEOPF)

The Hutton Hotel

Nashville, TN

Contact: Arlene Skinner

Phone: 804-323-9890

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

## UPCOMING ASTS EVENTS



January 15 -17, 2010

**ASTS State of the Art Winter  
Symposium  
The Cutting Edge  
of Transplant Surgery**

**Pre-Meeting: Clinical Research  
in Transplantation**

**Harbor Beach Marriott,  
Ft. Lauderdale, FL  
Abstract and Video Submission  
Deadline: September 9, 2009  
[www.asts.org](http://www.asts.org)**

**October 30-November 3, 2009**

The Liver Meeting 2009

AASLD

Boston

[www.aasld.org/thelivermeeting/Pages/default.aspx](http://www.aasld.org/thelivermeeting/Pages/default.aspx)

**October 30-31, 2009**

Keeping the Patient With End-stage

Cirrhosis Alive

2009 Postgraduate Course

Boston

[www.aasld.org/thelivermeeting/Pages/default.aspx](http://www.aasld.org/thelivermeeting/Pages/default.aspx)

## November 2009

**November 3-6, 2009**

National Conference to End Health

Disparities IIF

Faces of A Healthy Future

Center of Excellence,

Winston-Salem State University

Twin City Quarter, Winston-Salem, NC

Phone: 336-779-7361

[www.facesofahealthyfuture.com](http://www.facesofahealthyfuture.com)

## January 2010

**January 15 -17, 2010**

ASTS State of the Art Winter Symposium

The Cutting Edge of Transplant Surgery

Pre-Meeting: Clinical Research

in Transplantation

Harbor Beach Marriott,

Ft. Lauderdale, FL

**January 12-17, 2010**

Symposium for the Advanced Transplant Professional

NATCO

Harbor Beach Marriott, FL

[www.natco1.org](http://www.natco1.org)

**Release Date: May 22, 2009**

**Expiration Date: May 22, 2010**

Managing Symptoms and Monitoring

Progress in the Graft Recipient:

The Patient Perspective

Presented by Drs. Stuart Flechner and

Matthew Weir

[www.freecme.com/gcourse\\_view.php?course\\_id=8133](http://www.freecme.com/gcourse_view.php?course_id=8133)

## February 2010

**February 4-7, 2010**

9th International Conference on New

Trends in Immunosuppression

and Immunotherapy

Kenes International

Prague

[www.kenes.com](http://www.kenes.com)

**February 7-8, 2009**

Intestinal Failure: Latest Advances in

Diagnosis and Treatment

Including Transplantation

American Society for Parental

and Enteral Nutrition

Las Vegas

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

## April 2010

**April 13-17, 2010**

NKF 2010 Spring Clinical Meetings

Walt Disney World Swan and Dolphin

Orlando, Florida

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



# New Members

For more information on becoming a member, visit [www.asts.org](http://www.asts.org) or contact the ASTS National Office at (703) 414.7870 or [asts@asts.org](mailto:asts@asts.org)

Joachim Andrassy, MD  
University Hospital Grosshadern, Ludwig

Janet M. Bellingham, MD  
University of Wisconsin School of Medicine

David A. Bruno, BA, MD  
Emory University

Leonard M. Canessa, MD  
The Children's Medical Center of Dayton

Keith M. Cavaness, DO  
Baylor University Medical Center

Brandi L. Cominos-Liggins, MSN, FNP-BC  
Methodist University Hospital

Amanda G. Dean, MSN, RN, ACNP-BC  
Methodist University Hospital

Oleg Dolghi, MD  
University of Iowa Hospitals & Clinics

Susan T. Ferrara, BSN, MSN  
University of California Davis Medical Center

Cass Franklin, MD, FACS  
Mercy Transplant Medical Center - Des Moines

Ganesh Gunasekaran, MD  
Cleveland Clinic Foundation

Frank D. Irwin, MD  
OptumHealth Care Solutions

Colleen L. Jay, MD  
Northwestern University - Feinberg School of Medicine

Cheol Woong Jung, MD  
University of Cincinnati Hospital

Nitin N. Katariya, MD  
Northwestern University - Feinberg School of Medicine

Kamran Khanmoradi, MD  
Albert Einstein Medical Center

Ingo Klein, MD  
University of California - San Francisco

Daniela P. Ladner, MD  
Northwestern Memorial Hospital

John W. McGillicuddy, MD  
Medical University of South Carolina

Ivaylo I. Mitsiev, MD  
New York University

Ido Nachmany, MD  
University of Pittsburgh - Starzl Transplant Institute

Henrik Petrowsky, MD  
UCLA Transplant Center - The Dumont

Christina B. Pippin, RN, CPTC  
Alabama Organ Center

Anthony T. Rezcallah, MD  
University of Minnesota

Luke Y. Shen, MD  
Emory University

James J. Stone, MD  
University of Minnesota

Christine A. Tabor, MSN, CRNP, CCRN  
University of Maryland Medical Center

Douglas K. Tadaki, PhD  
Naval Medical Research Center

Karoly Varga, MD  
University of Texas Health Science Center Houston

Philip Y. Wai, MD  
University of Wisconsin-Madison

Jeffrey Warren, MD, FRCS  
London Health Sciences Centre

Baris D. Yildiz, MD  
Baylor Regional Transplant Inst

Yuan Zhai, PhD  
UCLA Transplant Center - The Dumont

## ASTS WELCOMES DUAL ASTS/NATCO MEMBERS

Marlene Abe, RN, BS, CPTC  
St. Joseph Hospital

Stacey Abel, RN, BSN, CCTC  
Iowa City VA Med. Center

Deborah Andersen, RN, BSN  
University of Nebraska Medical Center

Joan Arata, RN, BSN  
Intermountain Transplant Center

Sarah Armstrong, BA  
Canterbury District Health Board

Carolyn Atkins, RN, BS, CCTC  
Children's Medical Center

Wayne Babcock, RN, BSN  
Babcock Consulting, LLC

Kristine Baker, RN, BSN  
Cedars-Sinai Medical Center

Denise Batchelder, RN, BSN, CPTC  
New England Organ Bank

John Belcher, CCEMT-P, CTBS, CPTC  
New England Organ Bank

Renee Bennett, RN, BSN, CNOR, CCTN  
Cleveland Clinic Foundation

Sandra Berney, RN, ASN, CCTC  
St. Vincent Hospital

Roberta Billman, RN, MSN, CNN  
The Rogosin Institute

Jamie Blazek, MPH, FNP-C  
Ochsner Multi-Organ Transplant Center

Karen Bramley, RN, CNN, CCTC  
Porter Transplant Service

Katrina Bramstedt, PhD, FRSM  
California Pacific Medical Center

S. Diane Brockmeier, RN, BSN, MA  
Mid-America Transplant Services

Scott Brubaker, CTBS  
American Association of Tissue Banks

Sandra Cantera, RN, BSN  
The Lankenau Hospital

Philip Carlson, RN, RNP, CPTC  
Arkansas Regional Organ Recovery Agency

Lana Casica, RN, BSN  
OSF St. Francis Medical Center

Lori Coleman, RN, CPTC  
California Pacific Medical Center

Stephanie Collazo, RN, CCRN, CNS, CPTC  
OneLegacy

Carrie Comellas, RN, CPTC  
Stony Brook University

Suzanne Conrad, RN, MS  
Iowa Donor Network

Danielle Cornell, RN, BSN  
LifeQuest Organ Recovery Services

S. Wade Crowson, RN, BSN, CCTC  
University Medical Center

Theresa Davis, RN, CPTC  
LifeLine of Ohio

Ginger Delario, PhD, MT, ASCP, CPTC  
Carolina Donor Services

Nancy Duncan, RN, BSN  
The Clarian Transplant Center

Susan Dunn, RN, BSN, MBA, CPTC  
Donor Alliance

Gina Dunne Smith, BS  
International Institute for the Advancement of Medicine

Rosemary Durning, PA, BA  
New England Organ Bank

Donna Ennis, RN, CCTC  
The Clarian Transplant Center

Tracy Evans-Walker, RN, BSN, CCTC  
Cleveland Clinic Foundation

William Faircloth, RN, CEBT, AA  
LifeShare of the Carolinas

Jan Finn, RN, MSN, CPTC  
Midwest Transplant Network

Vicki Fioravanti, RN  
Children's Mercy Hospital

Susan Fleagle, RN, BSN, CCTC, CCM  
University of Maryland

Phyllis Freeman, RN, BSN  
Mercy Hospital Medical Center

Tommy Frieson, BS, CPTC  
Clinical Consulting Associates

Liana Frost, RN  
Mercy Hospital Medical Center

Mimi Funovits, RN, BS  
Starzl Transplantation Institute

Catherine Garvey, RN, BA, CCTC  
University of Minnesota Medical Center

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*Donor Network of Arizona*

Kevin Gramlich, RN, CPTC  
*Upstate New York Transplant Services*

Paula Gull, RN, MSN, ANP, CS, CNN  
*St. Joseph Hospital*

Judith Hambleton, RN, SRN  
*Rogovin Institute*

Ruthanne Hanto, RN, MPH  
*New England Organ Bank*

Sheila Harms, RN, MSN, CPTC  
*New England Organ Bank*

Ruth Havens, RN, BSN  
*SUNY Health Science Center*

Renee Hawthorne, BS  
*OneLegacy*

Douglas Heiney, BBA  
*United Network for Organ Sharing*

Randall Heyn-Lamb, RN, BSN  
*University of Southern California*

Deborah Himmel, RN, BSN  
*OSF St. Francis Medical Center*

Ursula Hobbs, RN, BSN  
*Thomas Jefferson University Hospital*

Judith Hoff, RN  
*St. Louis University Hospital*

Veda Hope, RN, BS, CNN, CCTC  
*Erlanger*

Bette Hopkins-Senecal, RN, BSN, MS  
*Rhode Island Hospital*

Monica Horn, RN, CCRN, CCTC  
*Children's Hospital of Los Angeles*

Laura Huckestein, RN, BSN  
*New England Organ Bank*

Kelley Jaeger Jackson, RN, BSN  
*Sutter Medical Center*

Jennifer Jeter, ADN-RN  
*Memorial Hermann Hospital*

Linda Jones, RN  
*LifeLine of Ohio*

LeAnne Jones, RN, BSN, CCTC  
*Shands Hospital University of Florida*

Peggy Kearney-Hoffman, RN, BSN  
*Sutter Medical Center*

Anne Marie King, RN, BA, BSN, MA, CCTC  
*Massachusetts General Hospital*

Annette Klemme, RN, BSN, MBA  
*University of California San Francisco*

Amy Knight, RN, BS, CCTC  
*Scripps Green Organ & Cell Transplant*

Rob Kochik, RN, BSN  
*Finger Lakes Donor Recovery Network*

Gloria Lardieri, RN, BSN, CCTC  
*University Of Pittsburgh Transplant Surgery*

Sandra Leyden, RN, MA  
*UCSD Transplant Center*

James Locke, CTOP II  
*OneLegacy*

Karen Lord, RN, CCRN, MS, FNP  
*New England Organ Bank*

Tammy Lovewell, RN, BSN, CCTC  
*University Massachusetts Medical Center*

Brigette Marciniak-Bednar, RN, BSN  
*Jackson Memorial Hospital*

Lori Markham, RN, MSN, CCRN, CPTC  
*Midwest Transplant Network*

Daren Marshall, BASW, Med, LSW  
*LifeBanc*

James McCabe, MS  
*New England Organ Bank*

Gwen McNatt, RN, CNN, CFNP  
*Northwestern Memorial Hospital*

Linda Miller, RN, CHPN, MPH  
*University of Toledo*

Deborah Mountain, RN, AA  
*University of California Irvine Medical Center*

Anne Murphy, MBA  
*University of Michigan*

Craig Myrick, RN, CPTC  
*Intermountain Donor Services*

Howard Nathan, BS  
*Gift of Life Donor Program*

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*University of California San Francisco*

Susan Noska, RN, CNN, CCTC  
*Massachusetts General Hospital*

Jean Novak, RN, BSN, CCTC, CPTC  
*Thomas Jefferson University Hospital*

Lori Noyes, RN, BSN, CCTC  
*Riverside Community Hospital*

Barbara Nuesse, RN, BSN, CCTC, CPTC  
*Orange Park Florida*

Robin Ohkagawa, RN, BSN  
*New England Organ Bank*

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*LifeGift Organ Donation Center*

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*Thomas Jefferson University Hospital*

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*Tulane University Hospital & Clinic*

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*University of California San Francisco*

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*Froedtert Hospital and Med. College of WI*

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*Donor Alliance*

Merit Qviste, RN, CNN  
*University Transplant Program*

Elizabeth Roach, RN, BSN  
*Intermountain Donor Services*

Lori Rosenthal, DrNP, NP-C, ACNP-C  
*New York-Presbyterian Medical Center*

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*Life Connection of Ohio*

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*OneLegacy*

Nancy Satmary, RN, BSN, MHCA, CCTC  
*St. John Hospital & Medical Center*

James Schneider, EMT, CHT, CPTC  
*Finger Lakes Donor Recovery Network*

Teresa Shafer, RN, MSN  
*LifeGift Organ Donation Center*

Heather Shank-Givens, CPTC  
*Washington Regional Transplant Community*

Gigi Sommerauer, RN, BSN  
*Midwest Transplant Network*

Jill Speicher, RN, BSN, CCTC  
*Massachusetts Memorial Hospital*

Elizabeth Stanzione, RN, CPTC  
*LifeNet Health*

Dorothy Starr, RN, BSN  
*Texas Organ Sharing Alliance*

Tracy Steinberg, RN, MSN, CNS  
*University Hospital-Transplant Surgery*

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*Clinical Consulting Associates*

Debra Strichartz, RN, BA  
*Stanford Pediatric Liver Transplant Program*

Rodney Strothcamp, CPTC  
*Mid-America Transplant Services*

M. Kevin Stump, RN, BSN  
*Mississippi Organ Recovery Agency*

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*United Healthcare*

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*Maine Medical Center*

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*UT Southwestern Medical Center*

Dave Teune, CPTC  
*New England Organ Bank*

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*Dumont-UCLA Transplant Center*

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*Kaiser Santa Clara (TPMG)*

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*Henry Ford Hospital*

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*California Transplant Donor Network*

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*University of Virginia Health System*

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2461 SOUTH CLARK STREET  
SUITE 640  
ARLINGTON, VA 22202



ASTS 10<sup>th</sup> Annual State of the Art Winter Symposium

# The Cutting Edge Of Transplant Surgery

Pre-Meeting Course  
January 14 – 15, 2010

Winter Symposium  
January 15 – 17, 2010

Marriott Harbor Beach, Ft. Lauderdale, FL

