

# CHIMERA

Published for Members of the American Society of Transplant Surgeons



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**ASTS**   
American Society of Transplant Surgeons

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May 2010–May 2011

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## Editor's Letter

No rest for the weary! At ASTS, summer is a lively season and a time when staff and leaders are minding the shop, resuscitating old initiatives and bringing to life new programs that meet the professional needs of members.

### NEW ASTS LEADERSHIP DEVELOPMENT PROGRAM

This issue of the *Chimera* contains all the classic elements meant to keep you informed about advocacy efforts, educational opportunities, and advancements in the field. I ask that you pay particular attention to one of ASTS' newest endeavors, the *Leadership Development Program*, a premiere executive management course designed exclusively for the field of transplantation. ASTS is pleased to provide a program tailored toward individuals seeking the essential skills necessary to successfully lead transplant centers within a complex financial and regulatory environment.

ASTS is in a unique position to provide such training. As the leading organization of transplant surgeons, ASTS has forged ahead independently with this project, committed to providing a high quality, substantive program. Topics include financial statements and accounting, transplant finance, negotiating productive agreements, strategic contracting and pricing in transplant, developing and interpreting transplant center quality metrics, leading a high functioning multi-disciplinary team, and regulatory aspects of transplant management. Key components of this program will include an exposure to necessary business practices, leadership skills, and an overview of the legal and regulatory aspects of transplantation. A full overview of the program can be found on pages 17-19.

### CALL FOR ABSTRACTS

Hollywood here we come! The ASTS 11<sup>th</sup> Annual State of the Art Winter Symposium will take place in Hollywood, Florida, January 13-16, 2011. The title is *Transplantation at the Crossroads*. The



### Have Your Say!

This newsletter is for you.

The *Chimera* serves as a resource to highlight transplantation issues, society news and events, and transplantation accomplishments. If you have an idea or want to place an item in the *Chimera*, please contact *Chantay Parks Moye* for more information.

Winter Symposium is the most compact and focus-driven meeting within the solid organ transplant community. It presents a full spectrum of professionals and decision makers who are well versed in health care research, health care reform, policy development, new methodologies and more. The deadline to submit an abstract or video is September 13.

So what's new this year? Lunch and Learn. Members will have an opportunity to register for topic-driven, round table discussions over lunch. The idea is to have one person lead the discussion or case study to create a more in-depth educational atmosphere.

### 2010 COMPENSATION REPORT NOW AVAILABLE!

Your 2010 comprehensive *compensation survey and results* are now available. The report allows you to easily compare your salary and benefits with your peers at the staff, surgeon, and program director

levels. Data have been aggregated by region, practice type, personal and center volume, and primary practice in order to provide the most comprehensive data. Read more about this on page 16.

### FOLLOW US ONLINE

You can now follow ASTS on Facebook. If you're not already a Facebook member, creating an account is simple. Once a member, you can elect to receive alerts via your iPhone, Blackberry or other handheld device. The ASTS URL is [www.facebook.com/american-societyoftransplantsurgeons](http://www.facebook.com/american-societyoftransplantsurgeons), where you can click the "like" button to become a fan. In addition to Facebook, keep up with ASTS via RSS Feeds. [Click here](#) to subscribe.

I hope you enjoy the issue!

Stay connected,

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## About the Cover



The cover image was taken at the Memorial Hermann Hospital in Houston, Texas during a kidney transplant that was performed by ASTS member, Jose Benito A. Abraham, MD, clinical fellow of the University of Texas Medical School Division of Immunology and Organ Transplantation. He is assisted by Jacqueline A. Lappin, MD, chief of the pancreas transplant program. If you have a photograph that you would like displayed on the cover of the *Chimera*, please e-mail it, accompanied by a brief description, to [chantay.parks@asts.org](mailto:chantay.parks@asts.org).



## President's Letter

As we near the end of the first quarter of my term as president, I would like to share some of my thoughts regarding the direction of the society with you, in an effort to elicit some feedback. In my opinion, ASTS serves two main purposes: first, to fulfill its stated missions - 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 increase organ donation; to define and promote training and the career-long education of transplant surgeons, scientists and physicians; and, to advance the professional development and careers of transplant surgeons, scientists and physicians. Second, the ASTS aims to be responsive to any additional needs of the membership by leveraging the assets of the society. To achieve these goals, numerous committees and task forces are assembled with specific objectives designed to define and address the clinical, educational/training and finally research issues that may have direct and indirect impact on the membership. The committees often take their lead from members expressing concerns, or just simply highlighting opportunities for improving the status quo. The society addresses these issues either as they come up, or in a preemptive manner when possible. We



*Dr. Abecassis presented Dr. Robert Merion with the presidential gavel plaque at the close of the Members' Business Meeting in San Diego, CA, and thanked him for his year of service as the Society's 36th President.*



*Michael M. Abecassis, MD, MBA  
ASTS President*

are blessed with a talented group of staff members at the ASTS office who are truly passionate about transplantation and who facilitate the work of the various committees and task forces.

These are exciting times in transplantation. As the field evolves and moves forward in a number of directions, we face increasing regulatory scrutiny and financial challenges. Also, as Health Care Reform legislation is implemented, the impact on the field of transplantation needs clarification. The training of future transplant surgeons faces clear challenges as lifestyle decisions trump professional ambition and as transplant job prospects become dimmer. It is becoming increasingly difficult to obtain research funding, and there is an increasing shift from traditional bench research in immunobiology to more translational, clinical and health services and outcomes research. In response to these needs and challenges we are taking the following initiatives. I should mention from the start that I will only refer to a small proportion of a number of initiatives currently in play given the space limitations, and that many other initiatives are underway at various stages. I will address these in future communications.

1. On August 31, representatives from ASTS and AST will meet with the Agency for Healthcare

Research and Quality (AHRQ) to introduce and educate them on the field of transplantation. The new healthcare legislation directs significant funding to AHRQ for areas of investigation that relate to both comparative effectiveness research (CER) and personalized medicine. National Institutes of Health (NIH) funding has largely kept pace with the rate of new developments in basic, clinical and translational science. However, the social and epidemiologic aspects of living donation and issues related to "survivorship" after both donation and transplantation have not been a funding priority for the NIH. These types of studies will help us better understand and assess the full impact of our modern-day practices in transplantation. We believe a new paradigm is critical to integrate these health services and outcomes research disciplines with the fundamental scientific and clinical efforts at the core of the field, and that the continued successful application of transplantation in the future will require the addition of new funding partners with stakes in healthcare practice and outcomes that are complementary to the NIH. We'll keep you updated as this joint effort unfolds.

2. Recently, ASTS has developed resources and services to promote learning on the business side of transplantation. The Society is now offering a premier executive management course designed exclusively for the field of transplantation. This summer we launched, in partnership with the Kellogg School of Management, the transplant Leadership Development Program ([LDP](#)). The program will equip future transplant leaders with the business skills necessary to lead transplant programs within transplantation's intricate financial and regulatory environment. With





Kellogg School of Management at Northwestern University we have partnered with a top tier business school. The Executive MBA program was recently ranked #1 by Bloomberg Business Week. Kellogg will provide interactive instruction in the areas of financial analysis, cost accounting, negotiating, team leadership, and marketing. Complementing the Kellogg instruction will be sessions focused on the specific application to transplant program business leadership. These companion sessions will feature instruction by a team of highly respected ASTS members. The LDP will be held November 7-9. Due to the high demand for a program of this caliber, registration has closed. Please continue to call or email if you are interested in attending, we are maintaining a waitlist in the event last minute conflicts arise for registered attendees.

3. This past April, under Bob Merion's leadership, an OPTN/UNOS Joint Society Policy Steering Group was established to bring ASTS, AST and NATCO recommendations into the process early in the course of OPTN policy development for the purpose of identifying appropriate medical requirements and the appropriate level of specificity for such requirements. The Joint Society Policy Steering Group met via conference call on June 30 and voted to invoke this new process for development of living kidney donor guidelines. A workgroup has been formed with representatives of the ASTS, AST and NATCO and they will communicate closely with respective leadership of each society throughout the process. We will be providing an opportunity for the membership to comment on draft proposal and you are encouraged to provide feedback.

Finally, **ASTS needs your help** in getting the word out to general surgery program directors and residents that

ASTS now provides access to an online curriculum for general surgery residents. This is a **Call to Action**. For over three years ASTS has worked with the American Board of Surgery and the Residency Review Commission to demonstrate improvements in the educational value of transplant rotations. ASTS maintains that transplant surgery is an integral component of general surgery residency training that supports the overall residency goal of creating clinically competent and technically skilled surgeons. It provides exposure to open vascular surgery, general surgery scenarios in complex patient settings and is one of a few remaining opportunities to experience maximally invasive surgery.

A 2008 survey by the Association of Program Directors in Survey (APDS) of both program directors and residents demonstrated that 49% of program directors and 56% of residents believe a transplant rotation adds overall value to their general surgery residency program. This survey is scheduled to be repeated in October 2010 and ASTS believes that the resident online curriculum is key to enhancing the educational experience of residents on transplant rotations and positively impacting the survey results. I urge you to notify your institutional residency program director of this resource

and encourage your residents to login and view these learning modules. Access to the online resident curriculum, sample rotation objectives and surgical suggestions for residents are available at [www.asts.org/FellowshipTraining/ResidentEducation/Resident1.aspx](http://www.asts.org/FellowshipTraining/ResidentEducation/Resident1.aspx).

In closing, I encourage you all to contact me personally, or the ASTS office to voice your opinions, concerns etc. especially if you feel that ASTS, as a society can help. There is no substitute for advocacy. We have recently learned, through our dealings with CMS and other federal and regulatory agencies, that our input and our advocacy efforts result in better outcomes for our specialty. So please, get involved and more importantly take the initiative and contact us with your thoughts. You can contact me directly at [mabecass@nmh.org](mailto:mabecass@nmh.org) or through the *Your Opinion Matters* section on the ASTS homepage.

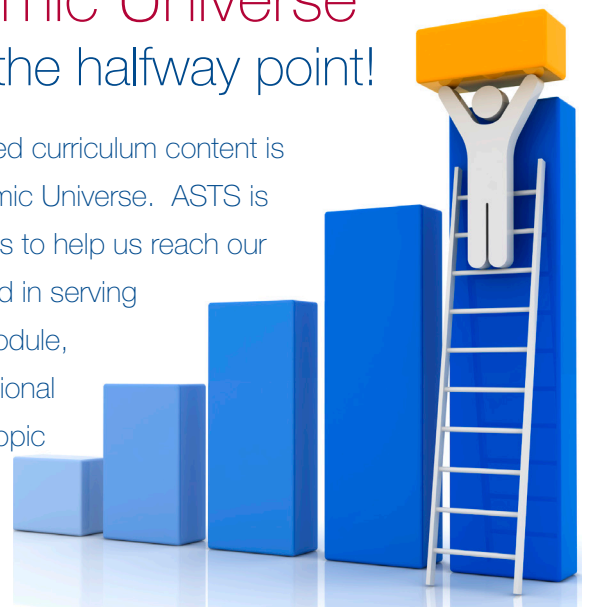
Warmest Regards,

Michael M. Abecassis, MD, MBA  
ASTS President

## ASTS Academic Universe

### We've crossed the halfway point!

Currently, 51% of the projected curriculum content is available online in the Academic Universe. ASTS is seeking member contributions to help us reach our final goal. If you are interested in serving as an author for a learning module, please contact the ASTS National Office to select an available topic that is aligned with your area of interest and expertise.





# ASTS News

*The ASTS Spring Council and Committee Chair Meetings  
were held April 30 and May 1, 2010 in San Diego, CA.*

*The following are select committee news and reports from the meetings.*

## ADVANCED TRANSPLANT PROVIDERS (ATP) COMMITTEE

Ms. Debbie Hoch reported that the ATP survey has received input from over 110 advanced transplant provider respondents. Key findings include: 88% desire a communication tool to interact with other ATPs, 51% have 0 – 3 advanced transplant providers at their institutions, 50% manage inpatients, 70% manage outpatients, and 88% work primarily with a surgeon. Next, the one year experience requirement for allied health professionals when applying for ASTS membership will be eliminated pending a bylaws approval. Lastly, Ms. Hoch presented a proposal for an award to recognize an ASTS ATP member for the time and effort required to advance surgical care management in transplantation. One award will be presented each year and will consist of complimentary registration to the annual ASTS winter symposium, two nights' hotel accommodations, and reimbursement of travel expenses up to \$750.

## CRITICAL CARE TASK FORCE

Ms. Crist reported on behalf of Dr. Dinesh Ranjan. Concerning the White Paper on the issue of closed ICUs, a critique indicated that the paper lacked credible data on the impact of specialty specific expertise on ICU management. The task force requested to resubmit the paper in its current form accompanied by a letter addressing the concerns in the critique since the paper is intended to be an opinion piece and not a scientific paper. The council directed the paper be revised to address the reviewer critiques and resubmitted to the *American Journal of Transplantation*.

## FELLOWSHIP TRAINING COMMITTEE

Dr. John Magee presented data from reaccreditation applications. Despite concerns over national pancreas volumes, the council reaffirmed current pancreas volume requirements of 20 per year

for institutions and 15 over two years for fellows. Dr. Magee also presented a proposal for an annual program volume review that would increase transparency, apply the same standard across all programs, and remove the randomness of the four year cycle. The proposal mandates collection of center volume data on an annual basis. The council accepted a proposed algorithm for an annual review and status evaluation for all ASTS accredited programs. 2010 serves as the test year, with full implementation in 2011. The council also approved the concept of establishing a Hepatobiliary (HPB) tract. Contact Kim Gifford in the national office for proposal.

## GOVERNMENT & SCIENTIFIC LIAISON COMMITTEE

Dr. Douglas Hanto reported that the ABS had determined it would not offer modular recertification for subspecialties due to the cost and perception that most physicians would opt to recertify in general surgery. In addition, the ABS considers the ASTS Academic Universe as qualifying for MOC Part 2 – lifelong learning, but would still like ASTS to create a monthly CME activity involving AJT articles. The ABS also recognized transplant surgery as a team sport and will accept SRTR data for MOC Part 4 – practice assessment.

Dr. Hanto then reported that the SCORE curriculum currently does not contain any transplant material and the Transplant Advisory Council (TAC) had requested this material be added in the next reiteration. Lastly, the ABS has established a sub-committee to re-design the general surgery residency program with a goal to create a four year program for general surgery residents in the future.

## AMA REPORT

Dr. Thomas Peters reported that ASTS now holds a position in the Specialty and Service Society (SSS) and will be

considered for representation in the AMA House of Delegates after three years of SSS membership.

## CURRICULUM COMMITTEE

Dr. Elizabeth Pomfret reported that 44% of the curriculum is now available for members and that the resident curriculum is available as well. Dr. James Burdick has agreed to serve as the Sr. Medical Content Editor and will be providing missing content from the currently available modules. Additionally, the committee plans to add HPB and intestinal transplantation sections and hopefully a cardiothoracic section in the future.

## FMG TASK FORCE

Dr. Lewis Teperman reported that the FMG Task Force would like to facilitate a match verification process with the ECFMG to identify fellows in ASTS accredited programs. Dr. Teperman also reported that a credentialing survey would be sent to program directors, credentialing offices and OPOs to better understand the current policies regarding credentialing of FMGs and identify trends or issues that the task force can address.

## ETHICS COMMITTEE

Dr. Alan Reed updated the council on the latest status of the Declaration of Istanbul. The council approved the revised ASTS version and will send document to Drs. Jeremy Chapman and Frank Delmonico along with a proposal to jointly publish the revised document with retraction of the TTS statement on compliance in the newsletter. If the proposal is not accepted, ASTS plans to publish the recommended revisions as an opinion piece.

## STANDARDS COMMITTEE

Dr. David Reich presented a primer on the Physician Quality Reporting Initiative (PQRI) that explains how transplant surgeons can participate. Currently, many surgeons do not participate and PQRI reporting is expected to become





obligatory as CMS moves to value-based purchasing and performance-based payments. Next, Dr. Reich presented draft topics for PQRI measure development. The committee has been working with Physician Consortium for Performance Improvement (PCPI) to apply for PCPI to help ASTS develop transplant specific PQRI measures through the PCPI measure development process. The application is due in September 2010. If selected by PCPI, measures will be developed through 2011 and submitted to CMS. PCPI wants ASTS to suggest topics for measures that address a gap in care and have evidence based data to guide measure development.

#### VASCULARIZED COMPOSITE ALLOGRAFT COMMITTEE

Dr. Linda Cendales reported that the committee has completed draft ASTS recommendations for VCA entitled "Implementation of Vascularized Composite Allografts in the United States: Recommendations from the American Society of Transplant Surgeons." Once approved by the Council, the recommendations will be submitted to the *American Journal of Transplantation*.

#### BUSINESS PRACTICE SERVICES COMMITTEE

Dr. David Axelrod presented a proposal and business plan for the ASTS Leader-

ship Development Program. The program will be held in conjunction with the Kellogg School of Management at Northwestern University in November 2010. The curriculum will be evenly divided between general MBA level business courses and transplant specific business sessions. The program was approved by the Council. Dr. Axelrod then reported that the 2010 Compensation survey is complete and the report will be distributed free of charge for participating surgeons. In addition, a policy library resource is in development and will focus initially on the key areas of failure from the CMS audits.

#### SCIENTIFIC STUDIES COMMITTEE

Dr. David Gerber reported that he is working with a faculty member at the University of North Carolina public health center in developing a financial implications tool to study the impact of the CMS transplant center regulations. This is in response to the council's request for the committee to develop a careful and robust methodology to provide data that will be clean and impactful to the community.

#### NEW OPTN/UNOS PROCESS – MEDICAL PRACTICE

Dr. Robert Merion advised that representatives of the ASTS, AST, NATCO, UNOS, and HRSA met to discuss and

develop a new process for incorporating clinical input into developing OPTN policies with the potential to direct or prescribe medical care. Quarterly, the Joint Society Policy Steering Group will meet via conference call to review the current and planned policy agenda of the OPTN. For any policy voted by the non-OPTN members of the Steering Group to have the potential to prescribe medical care, a Joint Society Policy Working Group will be formed. The charge (scope and goals for what's to be accomplished) of each Working Group will be defined by the Steering Group.

To pilot this process during the further development of OPTN living donor requirements, a Working Group is to be formed. The Working Group will provide recommendations to the OPTN regarding appropriate requirements for the medical evaluation (including psycho-social evaluation), informed consent, and follow-up of potential living kidney donors. The Group must provide final recommendations to the OPTN within 12 months of its formation, or approximately June 2011. The OPTN Living Donor Committee will then finalize a policy proposal, issue it for public comment, and continue any policy development and consensus building necessary for continued policy review and approval.

## Call for Nominations

Now is the time to begin thinking about serving on an ASTS committee or in an ASTS leadership position. In January, ASTS will be accepting (self) nominations for the following positions:

- Secretary
- President -Elect
- Three Councilors-at-large

Committee Appointments are for three years and begin immediately following the American Transplant Congress. Send nomination letters to the Nominating Committee Chair, listing the committee as the subject and including the nominee's proposed contributions to the committee. Submission deadline is Tuesday, March 1, 2011. The ASTS President will make committee appointments. Click to [View ASTS Committees](#).

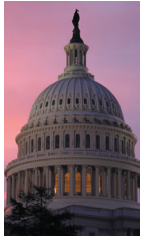
E-mail, Fax or Send Letters to:

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Current Leadership | [ASTS Committees](#)



# Legislative Report

## *Reviving the Push for Passage of Immunosuppressive Drug Coverage Extension Legislation*



Since passage of the health reform bill, the Patient Protection and Affordable Care Act (PPACA), there has been little appetite amongst Congressional leaders to address any healthcare legislation.

However, with the continued prodding from the American Society of Transplant Surgeons (ASTS) and other organ donation and transplantation professional associations and patient groups, there is renewed interest in finally passing legislation permanently extending Medicare coverage of immunosuppressive drugs.

When debate over a final health reform bill wrapped up earlier this year, the immunosuppressive drug extension bill, formally named the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2009 (H.R.1458/S.565), was left out of the final health reform bill over a disagreement in the Senate regarding the means to offset the cost of that provision with other spending reductions involving treatment of end stage renal disease.

After continued reminders that the issue was unaddressed in health reform, members of the Transplant Roundtable, an ad hoc coalition of organ donation and transplantation groups which includes ASTS, met with Democratic and Republican committee staff from the House Ways & Means (W&M) Committee and House Energy & Commerce Committee as well as staff from the sponsors of the House bill, Rep. Camp (R-MI) who is the Ranking Member (top Republican) on the W&M Committee and Rep. Kind (D-WI), a W&M Health Subcommittee member. Transplant Roundtable participants included representatives from ASTS, the American Society of Transplantation, the United Network for Organ Sharing, and the National Kidney Foundation, among others.

Congressional staff pledged that they remained interested in passing a bill to address the Medicare coverage cliff for immunosuppressive drugs. In fact, staff announced that discussions between them, the Congressional Budget Office, and CMS had yielded a series of refinements to legislation to help secure final passage of the best bill possible.

One of the changes under consideration is to make the bill's eligibility provisions retroactive so that anyone who received a Medicare transplant would be deemed covered regardless of whether they had dropped off the Medicare rolls or not. Those within the existing 36-month time frame would be deemed to be in the immunosuppressive drug benefit. Medicare would still be the secondary payor for those with private insurance. The open enrollment period would be available the entire year.

Another revision would change the premium level provided to patients. Previously, beneficiaries were required to pay the full Part B premium despite the fact that coverage was limited to immunosuppressive drugs only, not all Medicare Part B benefits. But it was deemed more appropriate that patients pay a cost equivalent to their immunosuppressive drug costs in contrast to the overall cost of the transplant. On average, these drug costs represent about 70% of a patient's overall costs. This would mean transplant patients would pay premiums of about 35% of the actuarial value of the average Medicare patient's full Medicare benefit. The bottom line is a significantly reduced premium that eligible individuals would pay for immunosuppressive drug coverage under Medicare. The final change involves a delay in the effective date from 2012 until 2013 to allow enough time to implement the new law and associated regulations.

Taking these three changes together (retroactive/deemed coverage, premiums, and effective date) creates a new score for the bill; the cost will now be \$600 million over 10 years, up from \$400 million/10 years. Interestingly, due to previous discussions over the effect of the paired donation legislation and given that this benefit amounts to a return on investment, CBO determined that, essentially, 85% of the bill's coverage pays for itself – which keeps the score relatively low.

In reviewing the proposals in more detail after the meeting with our congressional allies, the ASTS decided to support these proposed changes. In addition, a number of other major transplant organizations also support the changes. To maintain maximum procedural flexibility, it was decided to allow our congressional allies to proceed with the new language “in-hand” but not introduce a new bill in this Congress, thereby allowing them to seek opportunities to pass the revised proposal as part of a larger bill if and when the opportunity presents itself. A revised bill will be introduced in the new Congress if the current Congress does not address the issue.

### CONGRESSIONAL BUDGET PROCESS BROKEN

Thus far, Democratic inaction due to increasingly partisan election-year politics has allowed Republicans to chide Democrats for failing to produce a full-scale budget resolution that projects federal spending, revenues and deficits over five years. Republicans charge that the majority party is afraid to acknowledge the tide of red ink anticipated under current fiscal policies — an attack they are likely to continue right up to Election Day.

These charges only increased when Democrats recently filed a one-year “budget enforcement” resolution for fiscal 2011 that would set a limit of \$1.12 trillion





on discretionary spending. This limit is about \$7 billion below the comparable request made by the President at the beginning of the year and \$3 billion below the resolution approved by the Senate Budget Committee. Though Congress did not produce a final joint House-Senate budget resolution in 1998, 2002, 2004 or 2006, since the modern budget process took effect in 1976, the House has always voted on its own version of the resolution, until this year.

This may seem to be a policy issue that is of little relevance to organ donation and transplantation policy but it is highly significant to the outcomes and strategy surrounding a key ASTS priority. In particular, it directly impacts the ability to ensure sufficient funding for the organ donation and transplantation programs of the federal government.

At the beginning of the year, when reviewing the budget and recession woes of the nation last year, ASTS decided that no new request for additional funding would be undertaken this year due to the fiscal budgetary constraints facing Congress. In related discussions with our Senate champion, Sen. Dorgan (D-ND), ASTS and Sen. Dorgan agreed to send a message to the Senate appropriators requesting that they keep FY 2011 funding for the Division of Transplantation within the Health Resources and Services Administration (HRSA) at last year's levels, \$26.049 million. This followed increases secured by ASTS and Sen. Dorgan of \$1.403 million for FY 2009 and \$2 million for this year, FY 2010.

This allows the federal government to fund programs such as the National Living Donor Assistance Center (NLDAC), a program jointly administered by ASTS and the University of Michigan since 2007. NLDAC covers the travel and subsistence expenses of living donors (i.e. travel costs, hotel expenses) where these costs may be a barrier to donation for low-income donors. Other than NLDAC, other organ donation activities receiving funding include efforts to raise public awareness about organ donation, develop or improve state organ donor registries, improve the network (OPTN)

that distributes organs, and to provide public and professional organ donation education and outreach, and facilitate paired donation activities.

### CONGRESS PASSES 6-MONTH SGR PAYMENT FIX

In a quick about-face, Congress summarily passed another short-term payment update for physician services through November 2010. The bill, the "Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010," was signed by President Obama on June 25, 2010.

This action followed a period of ineffective debate and negotiations in the Senate over legislation extending various tax and other provisions that included the physician payment fix as well as a number of employment and jobs-related issues, including extensions of state Medicaid funding, unemployment insurance, and temporary COBRA insurance coverage. Objections to passage were primarily based on fiscal concerns raised by Senate Republicans and some Democrats. Earlier in June, the House of Representatives passed this comprehensive tax "extenders" bill and had waited for the Senate to comply.

During this time, the Centers for Medicare & Medicaid Services (CMS) used administrative authority to instruct contractors to hold off processing Medicare Part B physician claims. But, CMS could wait for Congress to act no longer and began processing claims on a first-in, first-out basis on June 18<sup>th</sup>. Claims submitted earliest were paid at the reduced rate, while newer claims were held for a ten-day period until Congress could act.

The payment fix retroactively establishes a 2.2 percent update to the Medicare Physician Fee Schedule payment rates from June 1 through November 30, 2010. The payment fix cost \$6.5 billion and is fully offset with two revenue-raising provisions. One would ban hospitals from charging Medicare for outpatient and inpatient services rendered within 72 hours of a hospital admission, estimated to save \$4.2 billion. The other would raise \$2.8 billion by allowing companies

to spread their pension fund obligations over a longer period, which is expected to raise taxable income at firms.

Once signed into law, CMS directed Medicare claims administrative contractors to stop processing claims at the negative update rates and to temporarily hold all claims for services rendered June 1, 2010 and later. The claims will be released after the new rates are tested and loaded into the Medicare contractors' claims processing systems. Effective testing of the new update will ensure that claims are correctly paid at the new rates. CMS expects to begin processing claims at the new rates no later than July 1, 2010. Claims for services rendered prior to June 1, 2010, will continue to be processed and paid as usual.

As for the future, considering how this six-month fix became entwined in political machinations over other issues, it is unclear what will happen when this short-term fix expires at the end of November. With the election outcomes likely to at least trim Democratic majorities in both chambers, the current Democratic leadership probably will not have much fortitude to pass a long-term fix or an overhaul of the physician payment system later this year. This foretells that another 3-7 month short-term fix is likely in December when the impending Medicare payment cut will be a whopping 23 percent with a projected increase to nearly 30 percent in January.

This is not a rosy year-end scenario for physicians or the patients that rely on their services. The silver lining to the short-term extension of the physician fee fix, of course, is that Congress will be forced to pass another Medicare bill later this year, setting up the possibility of using this legislative vehicle to attach to it the immunosuppressive drug extension legislation.

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# Regulatory and Reimbursement Update

## Medicare Physician Payment

The Proposed 2011 Medicare Physician Fee Schedule, which sets forth the proposed payments for all physician services, was released on June 25, 2010. Interested parties may comment until August 24<sup>th</sup>, 2010. You may submit electronic comments on this regulation to <http://www.regulations.gov>. In commenting, please refer to file code CMS-1503-P.

Under the PFS Proposed Rule, the relative value units (RVUs) for transplant services would all increase by approximately 8-10% in 2011 as reflected in the Table below. The RVUs are multiplied by a dollar conversion factor to determine

the amount of Medicare reimbursement. Thus, although the RVUs increase for transplant services, this may not translate into payment increases if the conversion factor is reduced.

Currently, the conversion factor is scheduled to decrease by approximately 27% in 2011 based on a formula set forth in the Medicare law which CMS is required to follow. This formula has resulted in decreases for the several years but each year Congress has intervened at the 11<sup>th</sup> hour to prevent the cuts from taking effect. Most recently, Congress acted in June of the year to implement a 2.2% increase in

the conversion factor for June – November of 2010. However, effective December 1, 2010, unless Congress acts again, a payment reduction of approximately 23% will take effect for December and a reduction of approximately 27% will be implemented in January 2011.

CMS is also proposing to implement a provision included in the healthcare reform legislation, which mandates that, beginning in 2011, Medicare is to pay bonuses of 10% to general surgeons who practice in health professional shortage areas (HPSAs). Surgery bonuses are only available for surgical procedures with a 10-day or 90-day global period that are provided in a HPSA, and only if the physician has designated the specialty code of “General Surgery” as his or her primary specialty. A 10% bonus is also payable to primary care physicians who meet certain conditions.

### ASTS CLARIFIES BILLING FOR ACQUISITION COSTS IN PAIRED KIDNEY EXCHANGES

ASTS recently obtained confirmation from the Centers for Medicare & Medicaid Services (CMS) regarding Medicare policy where one transplant center (the “donor hospital”) acquires a living donor kidney for transplant at another transplant center (the “transplant hospital”), a situation that is occurring frequently with paired kidney exchanges. In this scenario, the donor hospital may incur costs relating to donor work-up (e.g., tissue typing, pre-transplant evaluations), as well the actual kidney excision. CMS confirmed that the donor hospital may bill its live donor kidney standard acquisition charge (SAC), which has been established based on its average cost of a live donor kidney acquisition. The transplant hospital pays the donor hospital the SAC amount, which the transplant hospital may then include as an allowable cost in its kidney acquisition cost center. CMS indicated that the donor hospital could also bill the transplant hospital based on departmental

CPT/ HCPCS	Description	2010 Total RVUs	2011 Proposed RVUs	% Change 2010 – Proposed 2011
32851	Lung transplant, single	71.98	78.57	8.39
32852	Lung transplant with bypass	79.65	86.89	8.33
32853	Lung transplant, double	85.82	94.48	9.17
32854	Lung transplant with bypass	93.78	102.27	8.30
33935	Transplantation, heart/lung	98.57	106.87	7.77
33945	Transplantation of heart	136.11	148.09	8.09
47122	Extensive removal of liver	90.68	99.75	9.09
47125	Partial removal of liver	81.16	89.31	9.13
47130	Partial removal of liver	87.2	95.88	9.05
47135	Transplantation of liver	128.79	143.06	9.97
47136	Transplantation of liver	110.01	120.59	8.77
47140	Partial removal, donor liver	93.16	103.1	9.64
47141	Partial removal, donor liver	103.55	111.73	7.32
47142	Partial removal, donor liver	123.23	136.15	9.49
47146	Prep donor liver/venous	8.81	9.67	8.89
47147	Prep donor liver/arterial	10.26	11.27	8.96
48552	Prep donor pancreas/venous	6.35	6.93	8.37
48554	Transplant allograft pancreas	65.5	73.12	10.42
50320	Remove kidney, living donor	38.13	41.59	8.32
50327	Prep renal graft/venous	5.87	6.39	8.14
50328	Prep renal graft/arterial	5.13	5.58	8.06
50329	Prep renal graft/ureteral	4.89	5.23	6.50
50340	Removal of kidney	24.24	27.07	10.45
50360	Transplantation of kidney	66.71	73.99	9.84
50365	Transplantation of kidney	75.1	83.35	9.90
50370	Remove transplanted kidney	31.12	34.55	9.93
50380	Reimplantation of kidney	52.78	58.38	9.59





charges, but that billing the SAC amount is the “preferred method.”

### PROPOSED DRG PAYMENTS FOR 2011 INCLUDE MODEST CHANGES FOR TRANSPLANT SURGERY

The proposed Inpatient Prospective Payment System (IPPS) Rule for 2011 was released on April 19, 2010. Overall payments to hospitals under the proposed rule would decrease by 0.5%, or \$142 million. This reduction would result from an offset that CMS believes to be necessary to recoup an increase in payments made during FY 2008 and 2009 due to changes in hospital coding practices under the new severity-based MS-DRGs introduced in 2008. Essentially, CMS asserts that hospital coding practices under the new MS-DRGs resulted in higher payments that did not reflect increases in patients’ severity of illness. CMS is required by law to recoup the excess; however, the proposal has been heavily opposed by the hospital industry.

**Changes to Transplant DRG Weights:** CMS recalibrates the DRG weights each year based on previous year charges and costs. As reflected in the table below, CMS is proposing some shifts in weights for the transplant DRGs based on prior year charges. The Proposed Rule sets forth modest increases for heart and liver DRGs and slight dips for lung, kidney and kidney/pancreas, with a larger reduction for pancreas transplants.

CMS is also proposing a number of other changes in payment for inpatient services provided to Medicare patients, which may be of interest to ASTS members:

- CMS is proposing to increase the outlier threshold from \$23,140 to \$23,970, which may impact some transplant procedures.
- CMS is proposing to include ICD-9 code 251.3, which describes postsurgical hypoinsulinemia, as a primary diagnosis assigned to the DRG for simultaneous pancreas/kidney transplant and is also adding this diagnosis code to the list of principal or secondary diagnosis codes that may be assigned to the pancreas transplant DRG.

MS-DRG Title	2011 Proposed DRG Weight	2010 Final DRG Weight
Heart Tx or Implant of Heart Assist System w/MCC	26.1241	24.8548
Heart Tx or Implant of Heart Assist System w/o MCC	13.5332	11.7540
Liver Tx w/MCC or intestinal Tx	10.2640	10.1358
Liver Transplant w/o MCC	4.8067	4.7569
Lung Tx	9.3918	9.4543
Simultaneous Kidney/Pancreas Tx	4.9951	5.0615
Pancreas Tx	3.7220	4.2752
Kidney Tx	3.0630	2.9736

- CMS is proposing to extend for another year the new technology add-on payment (+\$53,000) for the CardioWest™ temporary total artificial heart system (TAH-t).
- CMS is assigning a number of Non-ABO incompatibility reactions diagnosis codes to the CC list, which means that patients who have these conditions can be assigned to a higher-paying DRG. Also added are diagnosis codes describing BMIs of over 40.0.
- CMS is proposing to remove acute renal failure from the list of major complicating conditions and will instead be considered only a complicating condition.
- CMS is proposing to use new ICD-9 codes approved for 2011, associated with ABO incompatibility reactions. These new ICD-9 codes replace 999.6 with five new diagnosis codes.

It is anticipated that the final IPPS rule will be issued later this summer.

### CMS PROPOSES NEW HOSPITAL OUTPATIENT PAYMENT RATES FOR 2011

On July 2, CMS issued a proposed rule that includes updates to the policies and payment rates for outpatient department services furnished in 2011 under the Outpatient Prospective Payment System (OPPS). The proposed rule would also update policies and payment rates for services in Medicare-participating ambulatory surgical centers (ASCs).

The HOPPS Proposed Rule also addresses implementation of the graduate medical education (GME) provisions

of the Affordable Care Act. The Act requires CMS to identify unused residency slots and redistribute them to certain hospitals with qualified residency programs, with a special emphasis on increasing the number of primary care physicians. CMS is also required to redistribute residency slots from hospitals that close down to other teaching hospitals, giving preference to hospitals in the same or a contiguous area as the closed hospital. In addition, the law specifies how to count hours spent by a resident in certain training and research activities, as well as how to count hours spent by a resident in patient care activities in a non-hospital setting, such as a physician’s office.

In addition, the HOPPS Proposed Rule sets forth a provision under which drugs and biologicals that are not paid on a pass-through basis would be paid based on 106 percent of the manufacturers’ average sales prices. This may affect payment for some immunosuppressive drugs administered to patients in hospital outpatient departments.

Other provisions of the notice that may be of interest to ASTS members include a proposal to establish a separate payment amount for stem cell transplantation, in order to encourage provision of the service, and a provision that would expand the current composite payment rate for certain clinic visits to include drug administration services.

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ASTS Regulatory Counsel*



## OPTN/UNOS BOARD OF DIRECTORS MEETING HIGHLIGHTS

The OPTN/UNOS Board of Directors met June 21-22 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: <http://optn.transplant.hrsa.gov/members/executiveSummary.asp>.

- The Board approved the use of the Kidney Donor Profile Index (KDPI) as an informational reference for OPTN member institutions, so clinicians can gain familiarity with the index and better assess its potential. The KDPI is calculated individually for each potential donor, incorporating a variety of medical factors known to have a statistical influence on long-term graft survival. Initially the KDPI will be made available as a spreadsheet calculation with accompanying explanatory material on the OPTN and UNOS websites. In a second phase, the KDPI score will be displayed in donor offers on DonorNet® and reflect real-time information entered for the donor.
- The Board approved a new OPTN bylaw requirement for living donor kidney and liver transplant programs to document disclosure to each potential donor that the sale or purchase of human organs is a Federal crime.

### FEEDBACK SOUGHT ON KIDNEY CONCEPT DOCUMENT

The OPTN/UNOS Kidney Transplantation Committee will soon solicit public feedback regarding concepts that may be considered for inclusion in future policy for allocating deceased donor kidneys nationwide. The concepts are as follows:

- Assigning a Kidney Donor Profile Index (KDPI) score to all potential deceased donors to assess the potential long-term survival of the transplanted kidney;
- Allocating kidneys from the 20 percent of donors with the highest predicted transplant survival, as determined by KDPI, to transplant candidates with the highest estimate of post-transplant survival; and
- For the remaining 80 percent of donors, prioritizing kidney offers to candidates whose age is within 15 years (younger or older) of the donor's age.

The concept document provides further detail on the concepts and how they could be incorporated. Interested members of the public will be asked to answer a series of questions about the concepts and provide any other feedback they choose.

The Kidney Transplantation Committee will assess this input before developing any potential proposals to amend kidney allocation policy. The committee will also sponsor a series of three teleconferences/webinars to further explain the history and detail of the concepts and answer questions. The schedule will be publicized as soon as it is finalized.

### UNOS ESTABLISHES CENTER FOR TRANSPLANT SYSTEM EXCELLENCE

UNOS has launched a new corporate initiative, the Center for Transplant System Excellence, to conduct collaborative research and education to advance the field of transplantation.

Traditionally UNOS has conducted many studies and educational projects on an individual, ad hoc basis. The Center will combine the efforts of two dedicated directors and the capabilities of UNOS staff to identify and coordinate a series of ongoing initiatives. The Center will also seek opportunities to collaborate with academic and clinical researchers, nationally and internationally, who share an interest in advancing the field of transplantation. Karl McCleary, Ph.D., M.P.H., has been named Scientific Director for the Center, and Kevin Myer, M.S.H.A., has been named Business Director. Look for updates in the near future about ongoing developments. Please feel free to contact Karl ([mccleakj@unos.org](mailto:mccleakj@unos.org) or 804-782-4867) or Kevin ([myerkeva@unos.org](mailto:myerkeva@unos.org) or 804-782-4936) with any questions or requests for information.

### KIDNEY PAIRED DONATION PILOT PROJECT UPDATE

In February, the OPTN and UNOS announced the selection of four coordinating organizations, representing nearly 80 kidney transplant programs nationwide, to enroll patients and potential living donors in a national pilot project to facilitate kidney paired donation (KPD) transplants.

In recent months UNOS has been finalizing arrangements with the coordinating centers and transplant programs, and the first match run for potential pairs is expected to be performed in early fall of this year.

The OPTN/UNOS Kidney Paired Donation Working Group has been reviewing public comment responses to the potential of including open and/or closed chains in a later iteration of the KPD pilot. It will send a recommendation on including chains in the pilot program for consideration by the Kidney Transplantation Committee at its fall 2010 meeting.

### PANCREAS ALLOCATION IMPROVEMENTS PROPOSED

Public comment recently closed on a proposed set of changes to pancreas allocation policy intended to promote greater equity, efficiency and cost-effectiveness. Some of the key concepts proposed included the following:

- Combining pancreas alone and simultaneous pancreas-kidney (SPK) candidates onto a single match run list
- Establishing qualifying medical criteria for SPK candidates
- Allowing pancreas candidates to be considered for offers preceding kidney payback or kidney-only candidates

As of press time, the OPTN/UNOS Pancreas Transplantation Committee had not yet met to consider the feedback received. Should the proposal advance to the OPTN/UNOS Board of Directors for consideration, we will provide further updates.

### PUBLIC COMMENT ITEMS TO BE PUBLISHED IN OCTOBER

Policy and bylaw proposals for the fall public comment period will be issued in early October. When they are released they will be posted on the OPTN web site: <http://optn.transplant.hrsa.gov/policiesAndBylaws/publicComment>.

By Joel Newman  
Assistant Director of Communications  
UNOS





# Physician Quality Reporting Initiative Update

*From the ASTS Standards on Organ Transplantation Committee*

Dear Colleagues,

The ASTS Standards on Organ Transplantation Committee is engaged in several important projects related to standards of care and performance improvement. In this *Chimera* update we are excited to roll out the ASTS primer on incentive payments available through the Physician Quality Reporting Initiative (PQRI). In an effort to facilitate transplant surgeons participation in PQRI, the ASTS Council recently approved this guide on how transplant surgeons can join, the measures specific to transplant surgeons, and the worksheets and necessary coding information for billing.

Participating surgeons can receive a bonus of 2% of their total Medicare Part B Physician Fee Schedule, and payment is for reporting not for performance. Those who may be concerned about the potential for public reporting of personal outcomes might keep in mind that at this point most PQRI measures are process rather than outcome measures, and CMS is considering several other groups' requests that results be attributed to the multidisciplinary team rather than the individual.

We hope that you consider joining PQRI and thereby increase your revenue and contribute to a national quality improvement initiative. By joining now, you will also be prepared for the possibility that PQRI, which is currently voluntary, becomes obligatory as CMS moves to value-based purchasing and performance-based payment.

The Standards Committee is also developing transplant-related performance measures, working to facilitate registry use for PQRI reporting, engaging with the ACS and AMA to keep abreast of quality initiatives as they relate to P4P and MOC, and working with UNOS on standards matters. We also continue to publish practice guidelines.

I want to thank Ryo Hirose, MD, who co-Chairs our committee, and Anil Paramesh, MD, who helped to author this primer – their contribution is invaluable! We hope to offer PQRI tutorials at upcoming ASTS sponsored meetings. Meantime, please see the ASTS website for additional information about PQRI, and do reach out to me with any questions or suggestions that you may have.

Best wishes,

David J. Reich, MD

Chair, Standards on Organ Transplantation Committee  
[David.Reich@Drexelmed.edu](mailto:David.Reich@Drexelmed.edu)

## PHYSICIAN QUALITY REPORTING INITIATIVE (PQRI) FOR TRANSPLANT SURGEONS

### Background:

In March 2007, CMS established the Physician Quality Reporting Initiative (PQRI) as a voluntary program wherein physicians report their practice data in relation to specific performance measures. This is likely to become a precursor to a mandatory “pay-for-performance” program which may come in the ensuing years.

In the PQRI program, physicians who choose to join must report on three quality measures (one or two if less than three apply to their practices) on their Medicare Claim Forms for at least 80% of applicable procedures. Satisfactory reporting of data will result in an incentive payment - currently 2% of the physician's estimated total Medicare Part B Physician Fee Schedule.

### Quality Measures:

The total number of PQRI quality measures has continued to increase and there are over 150 measures listed. There are currently at least four measures which are relevant to surgeons:

#### 1. Measure #20 – Perioperative Care: Timing of Antibiotic Prophylaxis

Patients 18 years and older undergoing procedures that require parenteral antibiotics must have an order on their medical record stating antibiotic to be given within an hour (if fluoroquinolone or vancomycin, two hours), prior to surgical incision or start of surgical procedure.

#### 2. Measure #21 – Perioperative Care: Selection of Prophylactic Antibiotic – First or Second Generation Cephalosporin

Patients 18 years or older undergoing procedures with the indi-



cations for a first or second generation cephalosporin prophylactic antibiotic, must have an order for cefazolin or cefuroxime for antibiotic prophylaxis.

### 3. Measure #22 – Perioperative Care: Discontinuation of Prophylactic Antibiotic (Non-Cardiac Procedures)

Patients 18 years and older undergoing procedures that require parenteral antibiotics and who received them must have an order on their medical record for discontinuation of the antibiotic within 24 hours of surgical end time.

### 4. Measure #23 – Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated for All Patients)

Patients 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, must have an order for LMWH, LDUH, adjusted dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time.

### Commonly Performed Transplant Cases That Qualify for PQRI Measures:

Each of the four listed measures applies to renal and pancreas transplant and many hepatobiliary surgeries, but only measures 20 and 23 apply to liver transplant:

#### 1. Measure #20

##### Timing of Antibiotic Prophylaxis

Liver - liver transplant, living donor hepatectomy  
Kidney - transplant, open donor nephrectomy, recipient native nephrectomy, transplant nephrectomy  
Pancreas - pancreas transplant, transplant pancreatectomy

#### 2. Measure #21

##### Selection of Prophylactic Antibiotic

Kidney - kidney transplant, open donor nephrectomy, recipient native nephrectomy, transplant nephrectomy  
Pancreas - pancreas transplant, transplant pancreatectomy

#### 3. Measure #22

##### Discontinuation of Prophylactic Antibiotic

Kidney - kidney transplant, open donor nephrectomy, recipient native nephrectomy, transplant nephrectomy  
Pancreas - pancreas transplant, transplant pancreatectomy

#### 4. Measure #23 - VTE Prophylaxis

Liver - liver transplant, living donor hepatectomy  
Kidney - kidney transplant, open donor nephrectomy, recipient native nephrectomy, transplant nephrectomy  
Pancreas - pancreas transplant, transplant pancreatectomy

Some procedures such as liver transplant have only two measures that are applicable. If you report on fewer than three PQRI measures, you may still qualify for the incentive payment based on a measure-applicability validation process (see “Analysis and Payment” link at [www.cms.gov/PQRI](http://www.cms.gov/PQRI) and/or the complete ASTS Primer on PQRI).

The above four measures are for surgeries on adults (>18 years old); as yet, there are no measures relevant to pediatric surgical patients.

The ASTS is working to develop additional transplant-related PQRI measures.

### Coding:

Each measure is given a code (CPT level II code), which must be appended to the CMS 1500 form used to report the service for which the measures are appropriate. For example, if you are reporting the antibiotic or thromboembolic prophylactic measures, you should append the CPT level II to the CMS 1500 form used to report the procedure.

1. Measure #20 (Antibiotic timing) – code is 4047F

2. Measure #21 (Choice of antibiotic) – code is 4041F

3. Measure #22 (Antibiotic discontinuation) – code is 4049F

4. Measure #23 (VTE prophylaxis) – code is 4044F

A sample claim form can be found at [www.facs.org/ahp/pqri/2010/acsclaimform.pdf](http://www.facs.org/ahp/pqri/2010/acsclaimform.pdf).

You must report on 80% of all eligible patients. That means that if you choose to report the thromboembolic prophylaxis measure, you must report on all the operative procedures on the list of eligible procedures. For example, if you are a kidney transplant but take emergency call and occasionally do appendectomies, you must report on them too, not just your transplants. Refer to a complete list of procedures applicable to individual codes at [www.cms.gov/PQRI](http://www.cms.gov/PQRI).

If a specific measure could not be implemented, there is a choice of two modifiers which can be attached to the CPT Level II, and these modifiers will prevent those procedures from counting against the total percent (remember, 80% of procedures must have proper coding!):

#### 1. Modifier 1P – Measure not applied for medical reasons

The medical record should document that there was a medical reason not to implement the measure. If you elect not to give an antibiotic because of an allergy or other medical reason, you need only to report the CPT Level II code with a 1P modifier.

#### 2. Modifier 8P – Measure not applied – reason not otherwise specified

PQRI provides pay for reporting, not pay for performance. You must only report and document that you ordered an antibiotic to be given within one hour of the operative procedure. You do not have to ensure that it is given.

In addition to the above claims-based reporting option, it is permissible to report prospectively using a registry that is recognized by CMS for PQRI purposes. Once transplant-related measures are developed, the ASTS plans to work with the SRTR to consider



the feasibility and potential benefit of obtaining approval of the SRTR for PQRI reporting.

### How to Get Started:

The first step is to understand the PQRI measures and how to report them. For surgeons this is relatively easy, as there are only four measures that generally apply to perioperative care. Review each of the quality measures you wish to use and determine which of your procedures qualifies for that measure (available on ACS and CMS websites). You need to ensure that you report on at least three measures, using the CPT II codes, and for each measure, that you report on at least 80% of your qualified procedures.

There are two reporting periods per calendar year during which time you may join – January 1 to December 31 or July 1 to December 31. Individual physicians who satisfactorily submit PQRI quality measures data via one of the reporting mechanisms above for services furnished during the 2010 reporting period will qualify to earn an incentive payment of 2.0% of their total allowed Medicare Part B Physician Fee Schedule (PFS) charges for covered professional services furnished dur-

ing that same reporting period.

Bonus payments for reporting in 2010 will be issued in a lump sum, in the following year. Payments will be made to the holder of the taxpayer identification number (TIN). The data is collected by CMS using the National Provider Identifier (NPI); however, the bonus payment will be made using the TIN. This means that a multi-physician practice that bills under one TIN will have to distribute the bonus to the individual participating physicians.






Further details about the PQRI program for surgeons can be accessed at [www.facs.org/ahp/pqri/](http://www.facs.org/ahp/pqri/) or [www.cms.gov/MLNMaterialsArticles/downloads/mm6514.pdf](http://www.cms.gov/MLNMaterialsArticles/downloads/mm6514.pdf).

The ASTS thanks the American Academy of Orthopaedic Surgeons (AAOS) for sharing their web copy on PQRI, which was helpful in preparing this PQRI primer.

## Stay Connected! How to Subscribe to ASTS RSS Feeds


Really Simple Syndication (RSS) provides an easy way to receive and read the latest ASTS postings. Whenever new content is published, you receive a summary or full article automatically in Microsoft Outlook 2010.

### Using Internet Explorer

1. Click on the orange RSS icon  located in the upper right hand corner of the screen, next to the  Home button. TIP: Directly on the ASTS web page you will see . You can view and subscribe to the RSS Feed when you click this icon as well.
2. Click  or . A list of all available ASTS RSS Feeds will display (Advocacy, Meetings, Research and Education, and Training).
3. Click a feed you want to add.
4. When the feed opens, click Subscribe to this feed at the top of the page. You will need to do this for each topic (Advocacy, Meetings, Research and Education, and Training).
5. The RSS Feed subscription is added to the Common Feed List in Windows. Your RSS Feed subscription is available in Internet Explorer, Outlook, and other programs which use the Common Feed List.
6. When a feed is generated, you will receive it in your RSS Folder, which automatically appears during set up.

### Using Outlook

Using Outlook to subscribe to an RSS Feed is quick and easy and does not involve a registration process or fee. After you subscribe to an RSS Feed, headlines will appear in your RSS folders. RSS items appear similar to mail messages. When you see a headline that interests you, just click or open the item. To manually enter an RSS Feed subscription, you are required to enter the Web address.

1. In Outlook 2010, click the File tab. On the RSS Feeds tab, click New.
2. Older Outlook versions, click Tools, Account Setting, RSS Feeds, then New.
3. In the New RSS Feed clipboard, type the URL of the RSS Feed. For example, <http://www.astss.org/TheSociety/rss.aspx?category=1> (In most Web browsers, on a Web page, you can right-click the  RSS icon, and then copy the shortcut to the Clipboard. Press Ctrl+V to paste the information from the Clipboard into the RSS Feed location box)
4. Click Add.
5. Click OK.





## 2010 ASTS Compensation Survey Results are Now Available



The results of the [2010 ASTS Compensation Survey](#) are now available. The survey was fielded in November and featured a record response rate of 50%. The Business Practice Committee would like to thank all members who took the time to contribute their data to this highly valuable survey for the transplant surgeon community. The report contains compensation data on transplant staff surgeons, program directors, division chiefs, and transplant center directors/institute directors/chiefs.

The ASTS Compensation survey provides important insight into the fair and reasonable compensation for the work of providing transplant services and, as such, is a valuable resource for the ASTS. The in-depth report is designed to allow individuals to easily compare their salary and benefits with their peers at the

staff and leadership levels. Data have been aggregated by region, practice type, personal and center volume, and primary practice in order to provide the most comprehensive data. It is our hope that the data reported will help the transplant surgeon community become more educated about compensation.

Participating members received a complimentary copy of the results in June. Non-participating members, non-member surgeons, and institutions are now able to purchase copies of the 2010 and 2008 reports on the ASTS website at <http://www.asts.org/bps/compensation.aspx>. The compensation reports are copyrighted by the ASTS and should not be distributed or reproduced without prior permission by the ASTS. For further information on the compensation survey or the initiatives of the Business Practice Committee, please contact Laurie Kulikosky at [laurie.kulikovsky@asts.org](mailto:laurie.kulikovsky@asts.org) or 703.414.1607.

## NLDAC Receives Grant Renewal to Provide Travel Assistance to Living Organ Donors For Four More Years!



National  
Living  
Donor  
Assistance  
Center

The National Living Donor Assistance Center (NLDAC) received word in June that its highly successful living organ donor travel grant has been renewed. This means NLDAC will continue to provide funding for eligible living organ donors through the end of August 2014, at which point the grant will again be up for renewal. The renewed grant provides an additional eight million dollars (two million dollars per year for four years) to assist living donors' travel expenses to the transplant centers. This unique program, a partnership of the ASTS and University of Michigan, provides an essential service to many living donors and removes disincentives to living organ donation. Since July, 549 donors have completed their donor surgery using their NLDAC controlled value cards to pay for their expenses. If you would like to receive the NLDAC newsletter, please email [nldac@livingdonorassistance.org](mailto:nldac@livingdonorassistance.org) with the subject line Newsletter.

# 596

Living Donor

Surgeries Completed

With Travel Expenses

Paid by NLDAC

As of July 31, 2010

Questions or suggestions? Please contact ASTS at [asts@asts.org](mailto:asts@asts.org) or 703 414.7870



# ASTS Launches Leadership Development Program

## Overview

The ASTS Leadership Development Program is designed to provide clinical and administrative leadership skills necessary to successfully lead transplant centers within a complex financial and regulatory environment. Key components of the program include an exposure to necessary business practices including cost accounting, financial analysis, and contracting; leadership skills including team building, strategic analysis, and institutional relationships; and an overview of the legal and regulatory aspects of transplantation.

## Specialized Instruction

The American Society of Transplant Surgeons (ASTS) is uniquely positioned to provide specialized education of this kind for the field of transplantation. As the leading organization of transplant surgeons, ASTS includes many skilled leaders within its ranks to provide transplant specific business education. Successful surgeon-leaders provide mentorship and real life experience in solving transplant management problems.

ASTS has partnered with the Kellogg School of Management at Northwestern University to design this highly customized business leadership course. Kellogg, whose Executive MBA program was recently ranked #1 by Bloomberg Business Week, will provide interactive instruction in the areas of financial analysis, cost accounting, negotiating, team leadership, and marketing. Complementing the Kellogg instruction will be sessions and simulations focused on the specific application to transplant program business leadership. These companion sessions will feature instruction by a team of highly respected ASTS members.

## Who Should Attend

The ASTS Leadership Development Program encourages joint attendance of transplant center clinical and administrative leaders. Effective cooperation among these professionals is crucial for future Transplant Center success. The program also welcomes industry attendees with an additional pre-event Transplant Essentials session.

## Venue

Located in the heart of Northwestern University's Evanston campus, the James L. Allen Center is the home of the Kellogg School of Management's Executive Education programs and hosts over 6000 executives annually. The Allen Center is designed to facilitate peer learning and informal interactions among faculty and participants. The Center is completely self-contained with classrooms, study group rooms, bedrooms, dining rooms, lounge areas, snack rooms, laundry service, and an exercise room. The goal is to create a special environment for learning that anticipates all educational and logistical needs in a seamless fashion, thereby minimizing distractions from the learning experience.

# SCHEDULE-AT-A-GLANCE

## Sunday, November 7, 2010

### PRE-PROGRAM SCHEDULE (designed for industry and administrator attendees)

8:30am–10:00am	Transplant 101: Essentials of Transplantation for the Non-Clinician
10:15am–11:45am	Transplant 101: Essentials of Transplant Regulation and Operation

### MAIN PROGRAM SCHEDULE (designed for all attendees)

11:45am–1:00pm	Opening Welcome Lunch
1:00–2:30pm	Financial Statements/Accounting: Essential Knowledge
2:45–4:15pm	Getting Good Information from Financial Statements
4:30–6:00pm	Transplant Finance: Knowledge into Practice
6:30–8:30pm	Dinner Keynote, Topic: Health Care Reform

## Monday, November 8, 2010

8:30–10:00am	Negotiating Productive Agreements: Improving Your Proficiency
10:15–11:45am	Negotiating Productive Agreements (continued)
11:45am–1:00pm	Lunch
1:00–2:00pm	Cost, Pricing Strategies and Contracting: Knowledge into Practice
2:00–4:15pm	Strategic Contracting and Pricing in Transplant: Intro and Small Group Exercise
4:30–6:00pm	Developing and Interpreting Transplant Center Quality Metrics: SRTR, CMS, Internal
6:30–8:30pm	Dinner Keynote, Topic: CMS Perspective

## Tuesday, November 9, 2010

8:30–10:00 am	Leading a High Functioning Multi-Disciplinary Team
10:15–11:45am	Developing Effective Marketing: Strategy and Lessons
11:45am–1:00pm	Lunch
1:00–2:30pm	Transplant Centers, Institutes and Institutional Relationships
2:45–4:15pm	Regulatory Aspects of Transplant Management: UNOS, CMS and Payers
4:30–5:00pm	Wrap Up and Evaluation

Participants will take home key best practices to immediately implement at their centers.





# REGISTRATION

Program Rate Includes: Tuition, materials, lodging and meals.

	Early Bird	Late Registration (After October 7, 2010)
<b>Member Rate</b> (includes lodging for Nov 7, 8)*	\$3,995	\$4,495
<b>Non-Member Rate</b> (includes lodging for Nov 7, 8)*	\$4,995	\$5,495
<b>Industry Attendee** Rate</b> (includes lodging for Nov 6, 7, 8)*	\$5,995	\$6,495

\*If you would like to reserve additional lodging for the evenings of November 6th or 9th, please email Laurie Kulikosky at [laurie.kulikovsky@asts.org](mailto:laurie.kulikovsky@asts.org) for rates and reservations.

\*\*Industry attendance is limited to 10 participants and a maximum of two per company

## ACCOMMODATIONS

The James L. Allen Center is the home of the Kellogg School Executive Education and hosts over 6000 executives annually to the School's 160 executive programs. The Center is completely self-contained with classrooms, study group rooms, bedrooms, dining rooms, and lounge areas. The goal is to create a special environment for learning that anticipates all educational and logistical needs in a seamless fashion, thereby minimizing distractions from the learning experience.

*Please note:* Occasionally, demand for programs requires that participants stay at a nearby hotel. If that is necessary, arrangements (including daily transportation between the hotel and the Allen Center) will be made for you.



### Multiple Attendee Discount:

Non-member administrators attending along with an ASTS member from the same institution are eligible to register at the lowest rate (member rate).

### Attendee Maximum

**Due to the unique interactive format, registration is limited to 60 participants.**

Industry attendance is limited to 10 participants.

Availability is on a first come, first served basis, until spots are filled. Payment in full is required to guarantee a spot in the program. A waiting list will be maintained.

### Cancellation and Refund Policy

If a registrant is unable to attend, the fee may be transferred to a substitute. If no qualified substitute can be arranged before October 7, 2010, a refund will be issued, less a \$500 non-refundable deposit. Registration cancellation requests must be made in writing and received four weeks prior to the program. No refunds will be issued for cancellations received after October 7, 2010.

Please visit [www.ASTS.org](http://www.ASTS.org) for the most up-to-date information or contact Laurie Kulikosky, Director of Strategic Development at (703) 414-1607 or [laurie.kulikovsky@asts.org](mailto:laurie.kulikovsky@asts.org).

Register online at  
**[www.ASTS.org](http://www.ASTS.org)**

## American Transplant Congress

*A joint collaboration of the ASTS and American Society of Transplantation,  
was held in San Diego, May 1-5, 2010*

How Did the 10<sup>th</sup> Annual Joint Scientific Meeting Measure Up? We'll Let You be the Judge...

### SESSIONS

- 6 pre-meeting courses
- 23 sunrise symposia
- 12 mid-day symposia
- 22 parallel early morning workshops
- 81 concurrent sessions
- 4 plenary sessions
- 2 allied health sessions
- 2 new sessions titled "Transplantation in Depth"

### ABSTRACTS

- 2332 abstracts submitted
- 19 accepted for plenary presentation
- 594 for concurrent oral presentation
- 1266 for poster presentation
- Overall acceptance rate of 80%

### ATTENDANCE

- Pre-meeting registration 1215
- ATC registrants 5242 (includes 856 exhibitors)

Missed a Session? Use [ATC On Demand](#) to obtain access to details of presentations from ATC 2010. ATC On Demand is available for attendees and allows access to up to 96 hours of ATC 2010 PowerPoint presentations with audio. Through the portal attendees can view Congress sessions virtually and it includes speaker handouts, audio streaming presentations, MP3 downloadable files and much more. [Click here](#) for access.

Through Ascends Event Media, the ATC Planning committee has also provided substantial post meeting coverage. Captured events and presentations include a debate on donor incentivized organ donation, embracing statistical information in transplantation, innate adaptive immunity, the closing session on what's hot and what's new, and much more. The events are chronicled by date. [Click here](#) to learn more about what took place at the congress.

New this year was a Featured Specialty Symposium that discussed New UNOS Donor Allocation Policies for Pediatric Transplantation. Another new feature was the New Investigator Career Highlight Forum. This forum was an interactive session where past ASTS and AST awardees had an opportunity to present their research findings to a wide audience and obtain feedback from established investigators. Podcasts were also made available. Attendees could receive event content in one place on any mobile phone using the new ATC application supported across all major platforms.

[Abstracts 2View](#) are still available on line. NOTE: You must have your congress username and password to gain access. ASTS does not provide username and passwords.

## ASTS at ATC

Once a year, ASTS leadership provides an opportunity for members to meet and discuss society news and events and to convey your opinion on matters important to you, your patients, and transplantation.



ASTS 2010 Annual Business Meeting

The meeting serves as a venue to generate discussion and consensus on ASTS programs. We are pleased to report that each year the meeting has grown larger because member participation has expanded. Plan to attend next year's meeting to be held in Philadelphia during the ATC 2011. Details will be announced at a later date.

## Meeting Highlights:

- The ASTS Curriculum committee announced new resident curriculum availability and an expansion of the modules on the academic universe online at [www.astst.org](http://www.astst.org). You must use your ASTS issued username and password to access the academic universe.
- The ASTS Standards committee announced a new Physician Quality Reporting Initiative (PQRI) primer that can be found online at <http://www.astst.org/Advocacy/Regulatory.aspx>.
- The Legislative committee reported the new health care reform law will exclude living donor status as a pre-existing condition as of 2014. The extension of immunosuppressive drug coverage continues to be a challenge and will be taken up as a separate bill at a later date.



# Thank You ASTS Members



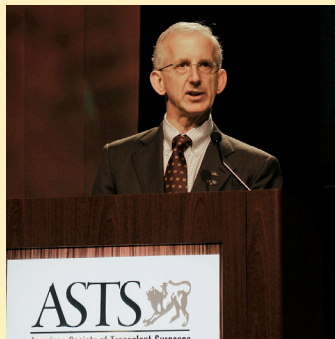
2010 Annual Member's Reception

Thank you for attending this year's annual members' reception held each year during ATC. Whether you are seeking career advice or want to propose an idea, the reception is designed to be a causal and inviting atmosphere for members to build relationships and network. The year's reception was held on the rooftop of the San Diego Convention Center overlooking the Padres baseball stadium.

Members are encouraged to attend next year's meeting in Philadelphia. New members especially are encouraged to take advantage of this opportunity to learn more about the Society.

## Presidential Highlights

ATC symbolizes a beginning and end for ASTS. We pay tribute to the outgoing president and welcome a new leader. This year, we honored Robert M. Merion, MD, the 36th ASTS president for his devotion and contributions to maintaining ASTS' success.



Dr. Robert Merion  
Presidential Speech

Two time honored traditions take place during ATC, the president's dinner and the president's speech. Dr. Merion delivered an eloquent speech focused on statistical information in transplantation. "He said, "In choosing to talk about statistically based information, my goal is to give you an increased awareness in how statistics can help each of us to help our patients." Dr. Merion went on to support his topic of discussion by saying, "We live in quantitative times. In taking patients from disease back to health, we look to numbers and statistics for support, justification, encouragement, and hope."

Dr. Merion brought his speech full circle by illustrating that using statistical information to make individual medical decisions is not always clear or easily accomplished. Statistics are certainly not a crystal ball as to the right course of action for every case, but we ignore them at our peril and risk returning to the past. [Click here](#) for a complete copy of Dr. Merion's president's speech and those before his.

## ASTS would like to thank the following:

ATC Program Planning Committee for another successful year  
ASTS Corporate Sponsors for their generous support in 2010  
ASTS Council and Committee chairs for their leadership and dedication to the Society.



The president's dinner was held at the famed San Diego Zoo. As invited guests stepped off chartered buses, they were greeted by the beauty of a royal blue peacock. As they strolled through the path to cocktails and dinner, guests caught glimpses of other exotic birds as well as members of the feline family. Just as everyone was settling into the ambience, the show began.



Taraji and Duke, the cheetah and dog duo

First up was Rio, a talking Hyacinth Macaw; then Taraji and Duke, the Cheetah and dog duo. Zoo keepers said the gorgeous cheetah, and its four legged friend are roommates, inseparable, and seem to get along quite well. As the show ended, guests gathered for for "a dinner" that included toasts to Dr. Merion and a tribute to his career as "an" excellent surgeon and leader.



(l-r) Milton & Margy Merion, Dr. Merion's parents, Dr. Merion and wife Debbie, and David & Alison Padron, Dr. Merion's daughter and son-in-law

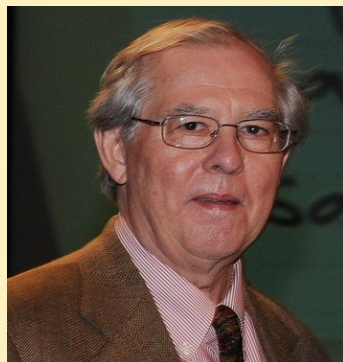


Dr. Merion up close and personal with Rio, the blue Hyacinth Macaw





# ASTS Research Awards Recipients



## ASTS – Roche Pioneer Award

*The ASTS – Roche Pioneer Award is the most distinguished award bestowed upon an individual by the ASTS for significant contribution to the field of transplantation.*

Frank Stuart, MD  
Professor Emeritus  
Northwestern University Feinberg School of Medicine



**ASTS - ESOT  
Exchange Grant**  
Suomi M.G. Fouraschen, MD  
Department of Surgery  
Erasmus MC-University  
Medical Center  
Rotterdam, Netherlands



**ASTS - Astellas Faculty Award**  
Markus Selzner, MD  
University of Toronto,  
Toronto General Hospital



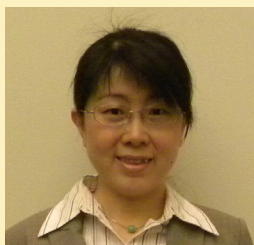
**ASTS - Pfizer Collaborative  
Scientist Award**  
Suzanne Ildstad, MD  
University of Louisville



**ASTS - Pfizer Collaborative  
Scientist Award**  
Joseph Leventhal, MD, PhD  
Northwestern University



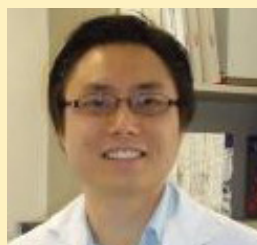
**ASTS - Pfizer Mid Level  
Faculty Award**  
Bernd Schroppel, MD  
Mount Sinai School of  
Medicine



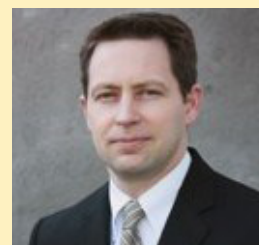
**ASTS - Genentech  
Laboratories Scientist  
Scholarship**  
Na Yin, PhD  
Mount Sinai School of  
Medicine



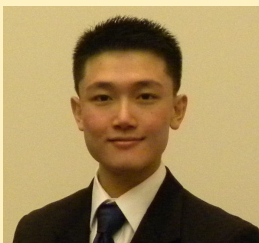
**ASTS - Genentech  
Laboratories Scientist  
Scholarship**  
Joshua Wolf, MD  
Johns Hopkins Hospital



**ASTS - NKF Folkert  
Belzer, MD Research Award**  
Minh-Tri JP Nguyen, MD  
McGill University



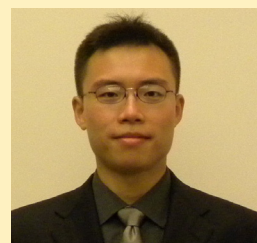
**ASTS - Fellowship  
in Transplantation**  
Andrew Adams, MD, PhD  
Massachusetts General  
Hospital



**Genentech Presidential Student  
Mentor Award**  
Jeremy J. Song, BS  
University of California,  
Irvine School of  
Medicine



**Genentech Presidential Student  
Mentor Award**  
Rafael A. Vega, PhD  
University of Illinois, College  
of Medicine



**Genentech Presidential Student  
Mentor Award**  
Matthew Zhang, MS  
University of Pittsburgh,  
Thomas E. Starzl  
Transplantation Institute



**Genentech Presidential Student  
Mentor Award**  
Jay Lee, BS  
University of Michigan



# RESIDENT CURRICULUM FOR TRANSPLANT SURGERY ROTATIONS

Stay  
Connected!

**ASTS Academic Universe**

Log in today at:

[www.astsuniverse.org/resLogin.asp](http://www.astsuniverse.org/resLogin.asp)

You must log in with your OPTN  
transplant center code, which can be found at:

[www.unos.org/members/search.asp](http://www.unos.org/members/search.asp)

## **CURRICULUM CONTAINS TOPIC-DRIVEN MODULES:**

Pharmacology & Immunosuppression

Organ Procurement

Kidney & Liver Transplantation

Renal Replacement Therapy

And More!

## **EACH MODULE INCLUDES:**

Narrated presentations from leaders in the field

Self-assessment questions

Summary & bibliography pages

Recommended references

For more information STAY CONNECTED to [www.asts.org](http://www.asts.org)

**ASTS**  **ACADEMIC UNIVERSE**



# ABSTRACT SUBMISSION DEADLINE

## MONDAY, SEPTEMBER 13, 2010

ASTS  
American Society of Transplant Surgeons

Transplantation  
at the  
Crossroads



The American Society of Transplant Surgeons (ASTS)

invites abstracts to be submitted for the

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

*Transplantation at the Crossroads*

January 14 - 16, 2011

Westin Diplomat Hotel - Hollywood, FL

ASTS  
American Society of Transplant Surgeons

For more information visit [www.ast.org](http://www.ast.org)

### IMPORTANT DATES

#### ABSTRACTS

Online Submission  
Available:

July 15, 2010

Abstract & Surgical  
Video Deadline:

September 13, 2010

Abstract & Video

Notification:

November 8, 2010

#### Pre-Registration & Housing

Online Housing Available:

August 15, 2010

Housing Deadline:

December 5, 2010

Pre-Registration Deadline:

January 5, 2011

### ABSTRACT SUBMISSION & REVIEW PROCESS

All submissions will be done electronically through [www.ast.org](http://www.ast.org). You may submit as many abstracts as you wish. All abstracts are blinded for peer review and ranked on the basis of scientific merit. Select abstracts will be accepted for oral, mini-oral, or poster presentation.

The submission of abstracts related to clinical or basic research, surgical technique, or surgical practice that is new, innovative, or visionary is encouraged. Abstracts that address basic but controversial aspects of surgical management are also encouraged.

### CALL FOR VIDEOS

ASTS is now accepting transplant surgical video submissions for the annual surgical video presentation at the 2011 Winter Symposium. Videos must be no more than 10 minutes in length.

Please forward all video submissions to:

ASTS Meeting Manager

ATTN: Shannon Fagan

15000 Commerce Parkway, Suite C  
Mt. Laurel, NJ 08054

**Notification:** You will be notified mid-November 2010 if your abstract has been selected for either oral, mini-oral, or poster presentation. All abstract presenters must register for and attend the ASTS 11<sup>th</sup> Annual Winter Symposium or the NATCO Symposium for Advanced Transplant Professionals.

**The Top 10 Abstracts will be awarded 3 nights hotel accommodations at the Westin Diplomat Hotel, complimentary registration and a \$1,000 honorarium.**

### Topics included but are not limited to:

- Living Donation: Volume, Outcomes, and Safety
- Deceased Donation: OPO Goals vs. Transplant Center Goals: Conflicting Priorities
- Overcoming Geographic Disparities
- Kidney Paired Donation Systems
- Allocation of Non-Directed Donors

- Advanced Surgical Techniques/Approaches
- Techniques in Living Donor Nephrectomy & Hepatectomy
- Cellular Transplantation & Vascularized Composite Allografts
- Organ Preservation Techniques





# American Transplant Congress *Philadelphia*

April 30, 2011 - May 04, 2011

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



## Overview of the American Transplant Congress

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

*Abstract Deadline:*  
**December 2010**



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





## Corporate Support

*The American Society of Transplant Surgeons would like to thank the following companies for their generous support of the ASTS and its activities in 2010*

### Founder Circle

**Genentech**  
*A Member of the Roche Group*

### President Circle



### Sponsor Circle



### Associate Circle





## Foundation Contributors

*The American Society of Transplant Surgeons is grateful to the following individuals for their generous support of the Foundation of the ASTS and its mission.*

*Visit the ASTS website at [www.asts.org](http://www.asts.org) to learn about the Foundation of the ASTS and its projects or to make a contribution.*

### DISTINGUISHED CONTRIBUTORS

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Busuttil, Ronald	Kirk, Allan	Monaco, Anthony	Rosenberg, Jerry
Eckhoff, Devin	Klintmalm, Goran	Olthoff, Kim	Schulak, James
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### CAREER CONTRIBUTORS

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Follette, David	Lasher, Neil	Russell, Paul	





## ASTS 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 at the time of printing. Please log into the member's portal to view the full announcement at [www.astsonline.org](http://www.astsonline.org). If you would like to submit a listing, please contact Chantay Parks Moye at [chantay.parks@astsonline.org](mailto:chantay.parks@astsonline.org) or 703 414.1602.

### Research Medical Center: Abdominal Transplant Surgeon

Please Contact:

Denise Berger

Phone: 816 508.4095

Email: [denise.berger@hcahealthcare.com](mailto:denise.berger@hcahealthcare.com)

### University of Louisville: Transplant Surgeon

Please Contact:

Michael R. Marvin, MD, FACS

Chief, Division of Transplantation

Department of Surgery

University of Louisville

Email: [michael.marvin@jhsnh.org](mailto:michael.marvin@jhsnh.org)

### Piedmont Medical Care Corp:

Transplant Psychologist

Please Visit: [www.piedmontcareers.org](http://www.piedmontcareers.org)

### Emory University:

Managing Editor, AJT

Please Contact:

Allan Kirk, M.D., Ph.D.

Emory University School of Medicine

Vice Chair, Research

& Scientific Director

Emory Transplant Center

Atlanta, Georgia

Email: [adkirk@emory.edu](mailto:adkirk@emory.edu)

### The University of Texas Medical School at Houston:

Transplant Surgeon,

Kidney Pancreas Program

Please Contact:

Charles T. Van Buren M.D.

Professor and Director

Division of Immunology

and Organ Transplant

Department of Surgery

University of Texas Medical School

at Houston

6431 Fannin Street Suite 6.240

Houston, Texas 77030

Email:

[Charles.T.Van.Buren@uth.tmc.edu](mailto:Charles.T.Van.Buren@uth.tmc.edu)

## New Members

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

Anas Alzuhaili, MD

The Ohio State University Medical Center

Ruben Canelo, MD, FRCS

Imperial College Healthcare NHS Trust

Ali M. Cheaito, MD

University of California Los Angeles

Bayindir Cimsit, MD

Yale New Haven Transplant Center

Lee S. Cummings, MD

Georgetown University Hospital

Jacqueline Garonzik Wang, MD

Johns Hopkins University

Anand Ghanekar, MD, PhD

Toronto General Hospital

Raffaele Girlanda, MD

Georgetown University Hospital

Morgan E. Grams, MD

Johns Hopkins University

Manish Gupta, MD

Geisinger Wyoming Valley Hospital

Erin C. Hall, MD

Johns Hopkins University

Shari F. Hogan, MS, BA

University of Minnesota, Fairview

Sanjay P. Kolte, MS, MCh

Sparsh Urology & Kidney Hospital

Daniel H. Kosoy, MD, FACS

Sharp Memorial Hospital

David D. Lee, MD

University of Michigan

Deonna Moore, MSN, ACNP-BC

Vanderbilt University Medical Center

Abimereki D. Muzaale, MD, MPH

Johns Hopkins University

Klearchos K. Papas, PhD

University of Minnesota

Reside Ros, PhD

Johns Hopkins University

Rauf O. Shahbazov, MD, MRCS

Central Hospital for Oilworkers

Andrew Mark James Shapiro, MD

University of Alberta

Masahiro Takahashi, MD, PhD

Miami Transplant Institute

Taizen Urahashi, MD, PhD


University of Miami

Kyle Van Arendonk, MD

Johns Hopkins University

## Follow us on

facebook

Visit our profile to see regularly updated ASTS news and click  on our profile so you can get ASTS updates delivered straight to your Facebook newsfeed.

To visit the ASTS Facebook page directly, please go to:

<http://www.facebook.com/AmericanSocietyofTransplantSurgeons>





# Calendar

The ASTS is pleased to coordinate with other professional organizations in order to maintain a relevant events calendar. If you would like to list an event on this calendar, please contact Chantay Parks Moye at (703) 414.7870 ext. 101 or [chantay.parks@asts.org](mailto:chantay.parks@asts.org).

## August 2010

**August 1-4, 2010**

NATCO 35th Annual Meeting  
Westin Diplomat Resort & Spa  
Hollywood, FL  
Phone: (913) 895.4612  
[www.natco1.org](http://www.natco1.org)  
[natco-info@goAMP.com](mailto:natco-info@goAMP.com)

## September 2010

**September 27-28, 2010**

Living Donor Follow-Up Meeting  
Crystal City Hilton  
2399 Jefferson Davis Highway  
Arlington, VA 22202  
<mailto:matas001@umn.edu>

## October 2010

**October 1-3, 2010**

ESOT-AST Joint Meeting  
Highlights in Biological Agents  
and Transplantation  
Le Palais Mediteranne  
Nice, France  
[http://www.a-s-t.org/AST\\_ESOT/index.php](http://www.a-s-t.org/AST_ESOT/index.php)

**October 21-24, 2010**

AST Annual Scientific Exchange (ASE)  
Viewing Allograft Rejection Through a Basic  
Science Lens and Applying Innovative  
Clinical Strategies Featuring a symposium in  
collaboration with ASTS  
Peabody Orlando  
Orlando, FL  
[www.ast-ase.org](http://www.ast-ase.org)

**October 28-30, 2010**

ITNS 19th Annual Symposium  
and General Assembly  
Minneapolis, MN

**October 29-Nov 2, 2010**

The Liver Meeting® 2010  
Boston, MA  
Abstract Submission Deadline: June 2, 2010  
<http://www.aasld.org/lm/Pages/Default.aspx>

## Upcoming ASTS Events



**November 7-9, 2010**

The ASTS Leadership  
Development Program  
The Premier Executive Management Course  
Designed Exclusively for the Field of  
Transplantation  
Northwestern University Kellogg  
School of Management  
<http://www.asts.org/Meetings/Leadership-DevProgram.aspx>

**December 2-4, 2010**

ASTS Co-Sponsors the Liver  
Transplantation for HCC 2010  
Consensus Conference  
Zurich, Switzerland  
[www.OLT4HCC.org](http://www.OLT4HCC.org)

**January 14-16, 2011**

State of the Art Winter Symposium  
Transplantation at the Crossroads  
Westin Diplomat Hotel, Hollywood, FL  
Abstract Submission Deadline:  
September 13, 2010  
<http://www.asts.org/meetings/stateartwintertersymposium.aspx>

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

## November 2010

**November 5-9, 2010**

NATCO Introductory Education Course  
for the New Transplant & Procurement  
Professional  
Tempe Mission Palms Hotel  
and Conference Center  
Tempe, AZ  
Phone: (913) 895.4612  
[www.natco1.org](http://www.natco1.org)  
[natco-info@goAMP.com](mailto:natco-info@goAMP.com)

**November 6, 2010**

Share the Beat  
Celebrating the Hope in Transplantation  
Regency Center  
San Francisco, CA  
[www.sharethebeat.org](http://www.sharethebeat.org)

**November 18-20, 2010**

American Society for Reconstructive  
Transplantation  
2<sup>nd</sup> Biennial Meeting  
The Drake Hotel, Chicago, IL  
Phone: (312) 263.7150  
[www.a-s-r-t.com](http://www.a-s-r-t.com)  
[contact@a-s-r-t.com](mailto:contact@a-s-r-t.com)

## December 2010

**December 2-4, 2010**

Liver Transplantation for HCC  
2010 Consensus Conference  
Zurich, Switzerland  
[www.OLT4HCC.org](http://www.OLT4HCC.org)

## April 2011

**April 2011**

10<sup>th</sup> Meeting of the International  
Society of Hand and Composite Tissue  
Allotransplantation  
Atlanta, GA

**April 26-30, 2011**

2011 Spring Clinical Meeting (SCM11)  
National Kidney Foundation  
MGM Grand Hotel and Casino  
Las Vegas, NV  
[www.kidney.org](http://www.kidney.org)

## June 2011

**June 10 – 12, 2011**

ASAIO's 57<sup>th</sup> Annual Conference  
American Society of Artificial  
Internal Organs  
Hilton Washington  
7700 Congress Avenue, Suite 3107  
Boca Raton, FL 33487  
Abstract Submission Deadline:  
January 19, 2011  
Phone: (561) 999-8969  
[www.asaio.com](http://www.asaio.com)  
[info@asaio.com](mailto:info@asaio.com)



## Vanguard Prize

*Honoring junior members for their publication efforts in basic and clinical research*

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

## Francis Moore Excellence in Mentorship in Transplantation Surgery Award

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

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

## Advanced Transplant Provider Award

*Recognizes the time and effort dedicated to advancing clinical practice through translation of scientific information, development of standards and clinical mentoring of the Advanced Transplant Provider*

- Available to ASTS Associate Members
- ASTS Members are encouraged to nominate advanced transplant providers
- Self nominations are accepted
- Nominators must include a 500 (maximum) description of the advanced transplant provider's contributions to the field of transplantation
- Current CV for the advanced transplant provider required with nomination

*For complete details and to submit a nomination please visit [www.asts.org/awards](http://www.asts.org/awards)*



# ADVANCED TRANSPLANT PROVIDER AWARD

## Applicant Eligibility

Available to ASTS Associate Members

## Submission Requirements

- ASTS members are encouraged to nominate their advanced transplant providers
- Self nominations welcome
- Nominator must include a 500 (maximum) description of the advanced transplant provider contributions to the field of transplantation and current CV

## Other Requirements

The Awardee must attend the ASTS Awards Ceremony at ASTS State of the Art Winter Symposium to formally accept the award

## Amount

Expenses associated with attendance at the ASTS State of the Art Winter Symposium (registration, 2 nights hotel accommodations, and travel costs up to \$750)

*This award  
recognizes the time  
and effort dedicated  
to advancing the  
surgical management  
in transplantation*





## ASTS Video Library features— Real People, Real Stories, Real Solutions

# Helping You Help Your Patients

The American Society of Transplant Surgeons (ASTS) has created 30 minute educational videos that feature living donors and recipients sharing their experiences for those considering donation or transplantation.

The video provides extensive coverage of what to expect before and after surgery. These specialized videos are meant to be utilized as a first step in educating potential patients before the initial clinic visit.

- ✓ **Living Kidney Donation:** What You Need to know
- ✓ **Kidney Transplantation:** A Guide for Patients and their Families
- ✓ **Living Liver Donation:** What are the Risks and Benefits

*Spanish Versions are available*

### ORDER DETAILS

- ✓ \$15 ASTS Members
- ✓ \$25 Non members
- ✓ 50 or more: \$12.50/video plus shipping and handling
- ✓ 100 or more: \$10.00/video plus shipping and handling

Visit the ASTS website at [www.asts.org](http://www.asts.org) to view the videos and to place an order.

*Creating Award Winning Videos for the Transplant Community*







ASTS NATIONAL OFFICE  
2461 SOUTH CLARK STREET  
SUITE 640  
ARLINGTON, VA 22202



# Transplantation *at the* Crossroads



## ASTS 11<sup>th</sup> Annual State of the Art Winter Symposium

January 13-16, 2011  
Westin Diplomat Hotel  
Hollywood, FL  
Abstract Submission Deadline  
September 13, 2010  
[www.asts.org](http://www.asts.org)

