

# CHIMERA

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We aim to be the authoritative resource in the fields of organ and cell transplantation by representing our members and their patients, as we advocate for comprehensive and innovative solutions to their needs.

*—ASTS Vision*



President's Letter	4
Member News	5
Legislative	7
Regulatory & Reimbursement	9
OPTN/UNOS Corner	11
Academic Universe	12
Letter from the Awards Chair	13
ASTS Research Grants	14
Business Practice Services	15
National Living Donor Assistance Center (NLDAC)	16
American Transplant Congress Highlights, 2011	17
ASTS Welcomes New Staff	22
Corporate Contributors	23
Foundation	24
Calendar	25
Job Board	26
New Members	27

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May 2011-June 2012



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## Editor's Letter

An energetic young man blew into my office a few months ago and presented me with an ideal deal. Not only is Scott Pearson an up and coming surgeon, he's also quite the techie. How beneficial for ASTS, I said to him. We're currently looking for a consultant to build a Smartphone application for the Society – and so it went. Soon, thanks to his efforts, ASTS will roll out a new application designed for iPhone and Android users. Watch for details.

Now on to the *Chimera*; there is so much that you need to know about. The following pages are filled with updates and highlights of society programs and events. As you read this issue, have your pen and paper handy. While you scroll through the pages or read your printed copy, you will find detailed information on efforts to eliminate limits on immunosuppressive drug coverage for ESRD patients (p.7), as well as details on proposed changes in work relative value units for transplant procedures (p.9). The changes are a result of the most recent 5-year review of the Proposed Rule.

Additionally, the OPTN/UNOS Board of Directors took action on a series of issues at their last meeting in June that may be of interest to you, such as the approval of an addition to the OPTN bylaws to promote organ procurement organization (OPO) performance improvement by identifying and analyzing key measures, plus the adoption of an OPTN bylaw and policy amendment to enhance reporting of living donor follow-

up data on the medical and psychosocial status of living donors. Additional facts can be found on page 11 along with an update on the Kidney Paired Donation Pilot Program.

The ASTS Business Practice Services (BPS) Committee has been hard at work. I urge you to take advantage of the valuable services accessible to you as part of your member benefits. Page 15 provides an overview of the most sought after ASTS training meeting led by the BPS Committee, the Leadership Development Program, as well as particulars about the upcoming online policy library and how to obtain a copy of the latest transplant surgeon compensation survey.

I'll leave you to it, as there is so much more inside this issue. Also, if there is something that you don't see, send me your idea via our member feedback tool, [Tell Us What You Think](#). Take advantage of this important member resource.

Stay connected!  
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### About the Cover

The cover photograph was taken during the ASTS annual business meeting held May 3, 2011 in Philadelphia, PA, during the 2011 American Transplant Congress. The business meeting is an opportunity for members to learn more about Society endeavors, as well as speak one-on-one with the leadership. Next year's business meeting will be held in June in Boston, MA. Details will be released in the Fall.

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).

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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>

### National Living Donor Assistance Center Receives 2011 Power of A Gold Award

The Power of A Awards is a premier program honoring associations that exemplify how the association industry and its professionals are essential to a stronger America and world. The Awards recognize and celebrate the extraordinary contributions associations make to society by enriching lives, creating a competitive workforce, preparing society for the future, and driving innovation. The Power of A is an awareness campaign launched by ASAE – the Center for Association Leadership, in 2009 to educate and inform policymakers in Washington and other outside audiences about the wealth of resources and expertise in the association community. The campaign serves as a platform to communicate the role of associations in building a stronger America and world. The Power of A Gold Award is the second highest recognition that a program can receive.





## President's Letter

Mitchell L. Henry, MD

# The Company You Keep



Someone once told me you can measure your success by the company you keep. Early on in my previous athletic endeavors, it

became clear to me that one “played up or down” to the other athletes that you competed with or against. Those surrounding you have a significant impact on your performance. Play with the best and it will make you better. I still believe that. I have similar thoughts about my professional life. When I became President-elect of the ASTS, I had this feeling of awe when I thought about the people who had preceded me in the position. The past and present relationships among the members of the ASTS are those that I personally, and hopefully other members of the transplant community, identify as the “company we keep”. Some of my fondest memories of the ASTS are from the Drake Hotel in the mid to late

*Now, I stand to work with these folks to optimally represent the wants and needs of our members, and especially our patients*

eighties. After finishing my fellowship, I watched in amazement at the gathering of many iconic transplant surgeons whom I had only known from reading their published papers or watching their presentations about subjects like new immunosuppressive strategies, establishing new outcomes utilizing Minnesota Anti-Lymphocyte Globulin (ALG) or donor specific transfusions, or early successes in liver, pancreas or heart transplantation. Seemingly out of the blue, I was invited to sit and listen to these extraordinary people and participate in their discussions. It truly

was a magical feeling. My mentor and friend, Ronald Ferguson, MD, would take the time to introduce me to these dignitaries, one by one. And, though I still thought their halos sat in perfect position, they became real people to me and suddenly I was part of the group. Much like my thoughts in my athletic activities, this inspired me to want to “play up” to the expectations that were established by their successes.

My transplant career has been driven by seeking to emulate these successes, which were always visible to me/us (the transplant team of which I have been a member). My team has endeavored to repeat these successes in our own efforts. Further, these desires translated into wanting to be an active member of this group of esteemed people within the ASTS; to help represent the collective successes and build upon them, through this Society. The personalities, intellectual capabilities, and caring personalities of the cadre of ASTS members have been the highlights of my time in the ASTS. You don't have to be the biggest, brightest star in the constellation, but even to be a small part of it is a great feeling. Participating in many of the committees, and subsequently the council, and now the executive committee, has allowed me to develop personal and professional connections with many special people. These relationships are indelibly imprinted on my persona, and I will never forget them.

Now, I stand to work with these folks to optimally represent the wants and needs of our members, and especially our patients. There are also current and future opportunities available to us to more closely align ourselves with our non-surgical colleagues. We need to push forward the agendas of the transplant community for representation to the legislative and regulatory bodies, other associations and societies, and the patients we serve. It is my honor to be a part of this group. I invite all members of the ASTS to be active participants in the special company we keep.

Mitchell L. Henry, MD  
ASTS President



Dr. Henry presented Dr. Michael Abecassis with the presidential gavel plaque at the close of the Members' Business Meeting in Philadelphia in May and thanked him for his year of service as the Society's 37th President.



## Member News

*The ASTS Spring Council and Committee Chair Meeting was held April 30, 2011 in Philadelphia, Pennsylvania. The following are select committee news and reports from the meeting.*

### Ad Hoc Committee on Minority Issues

Dr. Juan Caicedo thanked the council for establishing such a committee, then discussed the importance of creating a committee that will work to ensure there is balanced representation among under-represented and underserved minorities, as well as to increase organ donation. He discussed the long-and short-term goals of the committee, which are to conduct a national survey among transplant centers to gain feedback on what outreach efforts and tactics they have in place to reach the minority population in order to promote education and awareness, draft a White Paper summarizing disparities, and develop guidelines to approach different minority groups.

### Advanced Transplant Provider Committee

Ms. Deborah Hoch reported that the first ASTS Advanced Transplant Provider Award was presented at the winter symposium. She noted that this recognition award was well received and looked forward to a robust application cycle for 2012. Ms. Hoch also reported that the committee had conducted an "Expert of the Week" program that encouraged members to review a particular curriculum module then ask the author questions via the ASTS chat board.

### ATC Update

Ms. Pamela Ballinger reported that registration as of April 30, 2011 stood at 5,194. There were 2,229 abstracts submitted with an acceptance rate of 73% (19 plenary, 584 concurrent oral and 1,705 posters). Ms. Ballinger reported that 2011 ATC broke several records including a complete sell out of all hotel rooms, the most exhibits ever sold and TV coverage for the first time at the "One More Transplant, One More Life" celebration during the opening reception.

### Business Practice Services Committee

Dr. David Axelrod reported that registration will open May 11<sup>th</sup> for the 2011 ASTS Leadership Development Program to be held in September at the Kellogg School of Management. The 60 spots are expected to fill up quickly. The program will be similar to 2010, but will add sessions on QAPI and transplant center policy development and implementation. Dr. Axelrod also reported that the committee is moving forward quickly on the transplant center policy library, having completed the majority of the work on two policies, with the goal of a critical mass of policies to offer as a fee-based subscription service. The library will also provide a great anchor benefit for an institutional membership category. Dr. Axelrod asked for council input on the initial policy. The committee will work with the standards committee on a QAPI related policy.

### Bylaws Committee

Dr. Jean Emond reported that the committee had undertaken an initiative to review the current bylaws to explore areas that could be updated to more accurately reflect the current activities of the Society. The Council asked the committee to review the current committee structure and activities of each committee and identify overlap and opportunities to streamline committee activities.

### Communications Committee

The Communications Committee has been working to increase ways to communicate with every demographic of the membership, as well as keep up with technological trends. The council approved a three phase installation of ASTS Smart Phone applications for the iPhone and Android. Depending upon the need, an application for the Blackberry will be established as well. The committee is also working on a proposal on how to implement podcasts into various ASTS programs.

### Curriculum Committee

Dr. Jonathan Fryer presented the current status of the curriculum. There are 138 live presentations and 103 completed modules. Dr. Fryer anticipates that by the 12<sup>th</sup> American Transplant Congress, the committee will have all proposed curriculum modules completed, all modules will have a self-assessment and feedback function, and all ASTS fellows completing a fellowship in 2013 will have engaged core modules.

Next, Dr. Fryer presented a new policy effective July 1, 2011, which requires all ASTS fellowship programs to contribute to the ASTS online curriculum. Lastly, Dr. Fryer presented a proposal to continue to collaborate with SCORE and allow SCORE to utilize / link to the ASTS resident curriculum.

### Ethics Committee

The council approved draft language for the AJT that will state the journal's position on acceptance of manuscripts from China and require authors to verify that the manuscript does not contain data from executed prisoners. The AJT submission website would contain the following language: "AJT will not accept manuscripts whose data derives from transplants involving organs obtained from executed prisoners. Manuscripts writing about this practice (e.g. an editorial or a report recounting the secondary consequences of this practice) may be considered at the discretion of the Editorial Board, but require a written appeal to the Board prior to submission of the manuscript". In addition, there will be a custom question on the manuscript submission page that says, "I attest that no data for this manuscript derived from transplants involving executed prisoners." The box will have to be checked to allow submission. The council agreed that this will not eliminate the issue but it is a step in the right direction



### Living Donation Committee

Dr. Stuart Flechner was asked to present the purpose and duties of the "Joint Societies Working Group for Living Kidney Donation." Dr. Flechner explained that the Working Group is a subcommittee formulated by the "OPTN/UNOS Joint Society Policy Steering Group." The Working Group's charge is to help identify appropriate levels of medical requirements for living kidney donors such as psycho-social evaluation, informed consent and post-donation follow-up. A consensus document on the evaluation of the living kidney donor is being circulated for review by the Executive Committee and the Living Donation Committee. Upon their approval, the document will be circulated to the ASTS membership for the opportunity to provide additional feedback. The goal is to provide a document to OPTN/UNOS that has the support of the major societies (ASTS, AST and NATCO) during the public comment period.

The committee is also working on a project that would include health insurance as an incentive for living organ donation. Chair, Dr. Andrew Klein solicited the assistance of the Johns Hopkins Carey Business School and as

part of the capstone course for the MBA program; students will work on developing a business plan in an effort to establish feasibility. Research is scheduled to begin in September 2011.

### Membership Committee

Dr. Paul Kuo reported that the membership in ASTS increased 19% in 2010 and currently stands at 1869. Possible future initiatives of the committee include a resident committee and an institutional membership category.

### Nominations Committee

Dr. Michael Abecassis reported that the committee spent a great deal of time this year discussing the nomination and election process and recommended a bylaws change to adopt a new process and establish a formal policy for officer elections. The committee recommended three specific changes, which were subsequently approved by the council and ratified by the membership via a bylaws amendment. The first was the inclusion of the president-elect on the nominations committee. The second recommendation was to establish an additional conflict of interest policy for the nominations committee which would preclude a voting member of the committee from casting a vote for him/herself and/or casting a vote for/against a candidate from the same institution. The third recommendation was to review the nominations from the general membership and put forward a ballot that contained six candidates for councilor positions and three names for the secretary or treasurer position. The eligible voting membership will be asked to vote for three council members from the six candidates and one secretary or treasurer from the three candidates. The voting will occur prior to ATC and the results announced at the annual business meeting.

### Scientific Studies Committee

Dr. Sandy Feng reported the committee is working on two initiatives. The first is to look into obesity practices and policies regarding obesity in transplant candidates. The council approved the distribution of a survey that will be sent to kidney and liver centers to better understand their practices and policies.

The second initiative involves collaborating with the Standards and Ethics committees on long-term obstacles to donor intervention studies. The committee will develop a strategy to resolve the controversial issues by identifying and involving others who should be involved in the process, raising awareness and organizing a consensus conference.

### Standards Committee

Dr. David Reich reported that the Pre-Symposium and Lunch & Learn session on PQRS during the ASTS Winter Symposium went well. The committee continues to be actively involved in the SQA and PCPI. Dr. Reich reported that he has not heard back from the PCPI regarding the ASTS application for measure development on long term CVS healthcare. He also reported that an updated PQRS primer drafted by Dr. Anil Paramesh will be made available on the website.

### Vanguard Committee

Dr. Dorry Segev reported that this was a record-breaking year for attendees of the ASTS 11<sup>th</sup> Annual State of the Art Winter Symposium, as well as for the number of abstracts submitted and exhibitors. Over 350 people attended the symposium, 141 abstracts were submitted, and 46 companies exhibited. Planning for 2012 is already underway. The theme is "Surgical Challenges, Creative Solutions."

### Vascularized Composite Allograft Committee

Dr. Linda Cendales reported that the Vascularized Composite Allograft Committee (VCA) has made significant strides with its manuscript, "Implementation of Vascularized Composite Allografts in the United States." The paper was accepted and printed by the American Journal of Transplantation (AJT). The next steps are to refine the content and submit it to reconstructive literature, as well as develop the sections delineated in the manuscript. The committee will begin with allocation, credentialing, donor matters, then financial considerations and membership and program requirements.

# SAVE THE DATE

**SURGICAL CHALLENGES,  
CREATIVE SOLUTIONS** 

**ASTS 12<sup>th</sup> ANNUAL  
STATE OF THE ART  
WINTER SYMPOSIUM**

# 2012

**Pre-Meeting: January 12 - 13**

Loews Miami Beach Hotel, Miami, FL  
Abstract Submission Deadline: September 12, 2011  
[www.astst.org](http://www.astst.org)



# Legislative Report

## *Eliminating Limits on Immunosuppressive Drug Coverage for ESRD Patients*

Efforts to address ASTS' long-standing goal to remove the Medicare coverage cliff for immunosuppressive drugs for kidney transplant recipients continues in the 111<sup>th</sup> Congress with new legislation and renewed commitments from key legislators to finally resolve this problem. ASTS has been engaged for the past several months behind the scenes, but legislation is about to be introduced and the immunosuppressive legislative fix is about to go public once again.

### BACKGROUND AND HISTORY

**OF THIS BILL:** When originally instituted, the Medicare immunosuppressive drug benefit was limited to 12 months following a transplant. Legislation enacted in 1993 expanded coverage to 36 months following a transplant. This applied to all individuals receiving a Medicare-covered transplant.

Then in 2000, Congress passed the Beneficiary Improvement and Protection Act and eliminated the 36 month limitation for Medicare aged and disabled transplant patients who were Medicare-eligible at the time of transplant. However, due to political constraints and limits on the amount Congress was willing to spend at that time on improving the Medicare program, one group of transplant recipients was left with a coverage limitation. If eligibility was based solely on the beneficiary's End-Stage Renal Disease (ESRD) status, immunosuppressive drug coverage for these individuals still ended at 36 months post transplant. Despite extensive efforts over the years, this 3-year coverage cliff is still federal law.

Legislation was originally reintroduced by long-time champions Rep. Camp (R-MI) in the House and Senator DeWine (R-OH) in the Senate to eliminate the 36 month time limit for ESRD beneficiaries. Under the original bill's approach, Medicare coverage would be extended for the purposes of immunosuppressive drug coverage only and other Medicare benefits

would end at 36 months post transplant, similar to current law.

More recently, when debate over a final healthcare reform bill wrapped up in early 2010, the immunosuppressive drug coverage 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 bill over a disagreement in the Senate regarding the means to offset the cost of that provision with other spending reductions involving the treatment of ESRD.

Congressional staff pledged that their bosses remained interested in passing a bill to address the Medicare coverage cliff. In fact, staff announced that bipartisan discussions between them, the Congressional Budget Office (CBO), and the Centers for Medicare and Medicaid Services (CMS) had yielded a series of refinements to the legislation to help secure final passage of the best bill possible. The changes would extend immunosuppressive drug coverage for the life of the transplant and included the following provisions: 1) a change in the eligibility provisions to retroactively deem coverage for anyone who received a Medicare covered transplant; 2) a change in the premium calculation to limit the cost of coverage, thereby making immunosuppressive drug coverage under Medicare more accessible; and, 3) a change in the effective date of the legislation, delaying these provisions from taking effect by one year due to the passage of time and to minimize the cost of the bill.

Congressional staff pledged that they would seek opportunities to pass the revised proposal as part of a larger Medicare bill if and when the opportunity presented itself.

During the post-election ("lame-duck") session at the end of the 2010 Congress, a

small package of Medicare provisions were under consideration, once again driven by the need for another fix to the ever-present problems with the physician payment formula. Understanding this opportunity was a long shot, ASTS worked with the other transplant groups to convince Congress to adopt a more incremental, compromise approach that would constitute a down payment on improving immunosuppressive drug coverage. That proposed compromise included the following provisions: 1) Medicare Part B immunosuppressive drug coverage only for existing Medicare ESRD beneficiaries; and, 2) extending this coverage only until 2014 when health insurance "exchanges" are expected to go into effect.

However, the repercussions of a very partisan election year and severe budgetary pressures associated with the nation's economic woes prevented a broader package of Medicare changes from being attached to the physician fee schedule fix.

**THE 111<sup>TH</sup> CONGRESS:** With the new Congress, ASTS and the transplant advocacy community decided to push for the fully revised version of the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act (previously H.R. 1458/S. 565) this year rather than the December compromise. Senate champions suggest that the new health insurance exchanges from the health reform laws will obviate the need to extend Medicare coverage for immunosuppressive drugs. They have proposed that the Institute of Medicine or some other government agency study whether the exchange plans are covering immunosuppressive drugs and whether extending Medicare coverage is still necessary after 2015.

House champions are partial to moving ahead on a bipartisan basis from where they left off last year, before the scaled back version emerged in the House and Senate in December. They are seeking





as many original cosponsors on the bill equally divided amongst the two parties before formally introducing the bill. ASTS and other organ donation and transplantation groups are assisting the bill's sponsors in securing cosponsors and briefing congressional staff. On the merits, the prospects for this legislation look fairly positive and there is newfound optimism that there may finally be action on this legislation sometime this Congress. The complicating factor, of course, is the broader set of fiscal circumstances facing our country and what will happen with the future of Medicare and Medicaid in this context.

### FUNDING THE FEDERAL BUDGET:

Deliberations on the federal budget and the associated negotiations over the federal debt ceiling have dominated every aspect of legislative and political activity for most of this year. Congress started off the year with the unresolved business of funding federal government programs for fiscal year (FY) 2011—which should have been completed before the start of the federal fiscal year last October. This provided the new Republican House majority with early opportunities to attempt to fulfill their campaign promises to significantly cut federal spending.

In order to avoid a government shutdown earlier this year over the FY 2011 budget, President Obama finally negotiated an agreement with Senate Democrats and House Republicans for this year and passed a budget agreement covering April 14 to September 31. The final deal cut \$38.5 billion from the FY 2011 budget including a 0.2% across-the-board cut to all federal programs, except defense.

These tense and difficult negotiations were compounded by proposals for the FY 2012 federal budget and a call for major commitments to cut federal spending at specific levels over the next ten year period. Republicans used this opportunity to roundly criticize the President's FY 2012 budget for not sufficiently addressing the nation's fiscal problems and taking a pass on addressing entitlement reforms. Many in both political parties acknowledge that spending on entitlement programs including Social Security, Medicare, and

Medicaid is unsustainable at their current rate of growth and must be addressed in order to tame long term debt problems.

Shortly after seeing the details on the President's FY 2012 budget, the House Republican budget authored by Rep. Paul Ryan (R-WI) was released. This proposal was even more controversial than the President's plan largely due to its treatment of Medicare and Medicaid. The Ryan budget would eliminate the entitlements to these programs and cap the federal share of spending. The House eventually passed the Ryan budget. The Senate, on the other hand, did not even try to produce a budget that could muster a filibuster proof majority of 60 votes, offering Republicans legitimate opportunities to accuse Democrats of failing to address the fiscal health of the country.

Whether any of these plans are adopted or not, the larger question is whether Congress will address reform of these entitlement programs to reign in the annual federal deficit, which is expected to hit \$1.5 trillion in FY 2012 alone. This debate is taking place under the looming crisis of the federal debt ceiling, which must be raised by August 2<sup>nd</sup> or the United States government will become insolvent.

### THE PENDING DEBT CEILING CRISIS:

The federal debt ceiling is the legal limit on borrowing by the federal government. At the turn of the last century, in order to allow for more flexibility as the nation entered World War I, lawmakers agreed to give the federal government blanket approval for most types of borrowing as long as the total was less than an established limit. If Congress does not increase the limit, borrowed funds would not be available to pay bills and the United States may be forced to default on its debt obligations.

Earlier in the year, as the nation's debt inched closer to the legal limit of \$14.3 trillion, it was thought that the ceiling could be breached as soon as May 16, 2011. But according to Treasury Secretary Timothy F. Geithner, the U.S. Treasury can stave off hitting the debt ceiling longer than previously anticipated through a series of "unorthodox"

maneuvers, allowing the new drop-dead date to be August 2, 2011. Satisfying the government's borrowing needs through 2012, which is the goal many top lawmakers would like to meet, would require an increase in the debt limit of at least a \$2.4 trillion.

The new deadline extended already-complex negotiations into June and July. Since it will take time to legislatively process any negotiated deal, talks are approaching a crucial juncture in early July that could determine how much deficit reduction is politically viable this summer and how Congress will deal with the government's imminent borrowing needs. Republicans are demanding that any increase in the \$14.3 trillion debt limit be paired with equally large, or larger, spending cuts—a demand the White House has not publicly accepted.

Vice President Joseph R. Biden Jr. is leading the negotiations with House and Senate leaders. After identifying cuts across the federal budget (likely reductions in farm subsidies, federal worker pensions and other domestic programs), negotiators now face the most divisive issues: taxes and entitlement spending. Pressure is on the group to decide whether a grand deal is possible, or if congressional leaders need to move to a shorter-term solution while there is still time.

### WHAT DOES ALL THIS HAVE TO DO WITH ORGAN TRANSPLANTATION?

Well, as key payers of transplantation services across the country, what happens in the debt talks could have profound implications for Medicare and Medicaid for many years to come. The threats are not specific at this point, but if a long term deficit reduction plan is put in place that significantly impact these programs, transplantation will most certainly be affected. And in the current legislative environment, any proposal—such as the immunosuppressive drug legislation—that does not save the federal government money will be that much more difficult to enact.

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





# Regulatory and Reimbursement Update

*ASTS Urges CMS to Reconsider the Role of Transplant Centers in ACOs*

CMS' Proposed Rule issued in March implementing the new Accountable Care Organization (ACO) program got a tepid response from providers and potential ACO participants, but was greeted by significantly greater enthusiasm by patient groups. An ACO consists of a group of providers (physicians, hospitals, nursing facilities, ancillary care providers and others) that create an organized delivery system whose objective is to achieve cost savings and improve quality. The Patient Protection and Affordable Care Act (Affordable Care Act or "ACA") enables ACOs to share in Medicare savings that they achieve, provided certain thresholds and other requirements are met.

Based on widespread provider reaction to the Proposed Rule, CMS may reconsider a number of the Proposed Rule's central provisions. There has been significant controversy over provisions in the Proposed Rule that require ACOs to incur financial risk relatively quickly (within three years). Many of those in a position to establish ACOs have objected to CMS' proposal to notify an ACO of the Medicare beneficiaries assigned to it only after the conclusion of the period for which shared savings are to be determined. Thus, under the agency's approach, an ACO is to be held accountable for care delivered to an unknown group of patients. In addition, the Proposed Rule would require ACOs to incur significant start-up and operational costs, especially for electronic health record and other information technology.

## **Assuring Access to Transplant Services for ACO Patients**

While these issues are critical to the future success of the ACO program, the ASTS focused its comments to CMS on the need to assure continued access to high quality transplantation services for Medicare patients assigned to ACOs. While, under the ACA, a Medicare patient assigned to an ACO retains the right to obtain care (including transplantation-related

services) outside of the ACO network of providers, transplant patients may be dissuaded in a myriad of ways from even considering transplantation. The ASTS comments point out that dissemination of full and accurate information regarding the availability, benefits, and risks of transplantation is necessary to ensure that Medicare and other ACO patients are fully informed of their options. In addition, ASTS urged CMS to monitor access to transplantation carefully for Medicare patients assigned to ACOs and to ensure that the number of potential transplant recipients (for example, patients with End Stage Renal Disease) assigned to ACOs is not disproportionate.

## **Learning from the Transplant Center Experience**

Finally, ASTS pointed out in its comments to CMS that the ACO program has much to learn from the transplant center experience. Transplant centers routinely provide multidisciplinary care, report outcomes in a transparent manner, provide care coordination, and function as "medical homes" that manage care (including emergency room visits)—all of which are activities that ACOs likely will need to master to generate savings. In this regard, ASTS urged CMS to focus on the quality and outcomes achieved by patient care *teams* (the approach taken by the UNOS in assessing transplant center quality) rather than the quality and outcomes achieved by individual physicians or providers (the approach generally taken by CMS).

## **Recent Proposed Rule Announces Changes in Work Relative Value Units for Transplant Procedures As the Result of the Most Recent Five Year Review**

The Physician Fee Schedule is comprised of three types of relative value units (RVUs) Physician work RVUs (W-RVUs); practice expense RVUs (PE-RVUs) and malpractice RVUs (Malpractice RVUs), all of which are added together, multiplied by a uniform conversion factor, and

adjusted for locality differences to yield the Medicare fee schedule amount for each CPT code. W-RVUs are intended to reflect the relative time and complexity of the physician work involved in the various physicians' services covered under the Physician Fee Schedule, and CMS is required to review W-RVUs every five years.

On May 24, CMS made available proposed changes in the Physician Fee Schedule resulting from the most recent five year review of W-RVUs. The procedures reviewed include a number of lung transplant, heart-lung transplant and ventricular device procedure codes that may be performed by ASTS members. The Society of Thoracic Surgeons had requested that these codes be reviewed.

As the result of the review, the W-RVUs for the lung transplant and heart-lung transplant codes were increased substantially, although the increases were somewhat smaller than those recommended by the AMA's Relative Value Update Committee (RUC), which provides recommendations to CMS in conjunction with the five year review process. The W-RVUs for the ventricular assist device codes likewise were increased, although again, not to the extent recommended by the RUC. The Five Year Review Proposed Notice also includes changes to the calculation of practice expense RVUs for the codes that were subject to review.

The chart below sets forth the current and proposed 2012 RVUs for each of the transplant procedures whose W-RVUs were reviewed during the course of the five year review process:

It is anticipated that CMS will issue another proposed rule that may further modify the RVUs implemented in 2012, and that second proposed rule likely will be issued by late June. ASTS plans to comment on both proposed notices.



CPT1/ HCPCS	Description	Proposed (2012)	Current (2011)
32851	Lung transplant single	99.49	78.64
32852	Lung transplant with bypass	108.98	87.01
32853	Lung transplant double	137.47	93.53
32x854	Lung transplant with bypass	146.68	102.32
33935	Transplantation heart/lung	149.5	106.75
33975	Implant ventricular device	39.33	33.95
33976	Implant ventricular device	48.43	37.67
33977	Remove ventricular device	34.96	37.03
33978	Remove ventricular device	41.62	41.16
33979	Insert intracorporeal device	60.3	74.24

### ASTS Submits Comments on Proposed Inpatient Prospective Payment System Rule

On April 19, 2011, CMS issued a Proposed Rule that would update Medicare payment policies and rates for acute care under the Inpatient Prospective Payment System (IPPS) in Fiscal Year (FY) 2012 (i.e. discharges occurring on or after October 1, 2011). Under the Proposed Rule, CMS projects that Medicare operating payments to acute care hospitals for discharges would decrease by a projected \$498 million or 0.5 percent in FY 2012 relative to FY 2011.

CMS is not proposing any modification of the transplantation DRGs, or in Medicare payment for organ acquisition costs. The Medicare payments for transplantation DRGs (with the exception of the DRG for heart transplants with major complicating conditions) would all undergo modest increases:

The changes are the result of annual recalibration of the MS-DRGs based on overall hospital transplant costs.

Two major proposals of interest in the

IPPS 2012 Proposed Rule attempt to pave the way for implementation of various provisions of the Patient Protection and Affordable Care Act (ACA). To provide hospitals with an incentive to improve care coordination, the ACA directs CMS to implement a Hospital Readmissions Reduction Program that will reduce payments beginning in FY 2013 to certain hospitals that have excess readmissions for certain selected conditions. CMS is proposing measures for rates of readmissions for three conditions: acute myocardial infarction (or heart attack), heart failure and pneumonia. In addition, CMS is proposing a methodology to implement the hospital "Value-Based Purchasing" (VBP) Program, which is scheduled for implementation in FY 2014.

However, CMS' methodology for implementing both of these programs may pose issues for hospitals that operate transplant programs, since, under the proposed methodology, transplant centers' readmissions rates and costs per discharge are to be compared to the readmissions rates and costs per discharge of hospitals that do not operate transplant programs. To the extent that

readmissions are more likely and the cost of post-discharge care is more expensive for transplant patients than for other patients, it would appear to be inappropriate for transplant hospitals' performance to be compared with the performance of hospitals that do not operate transplant programs. These issues were raised by ASTS in comments filed with CMS on the proposed FY 2012 IPPS Rule.

### ASTS, AST Urge Separate Biovigilance Processes for Organs vs. Blood and Tissues

On April 27, ASTS and AST met with HHS Assistant Secretary Howard Koh and others to discuss the agency's biovigilance initiatives as they relate to organs. At that meeting, both organizations emphasized the differences between the public policy issues involved in biovigilance efforts for organs, as opposed to the public policy issues involved in biovigilance efforts for blood and tissues. The transplantation community focused its presentation and discussion on the need to assure that biovigilance concerns be balanced against the need to maximize organ availability, in light of the critical nature of the organ shortage in the United States.

These same concerns were emphasized in joint comments filed by the ASTS and AST in response to an HHS solicitation of public comments issued in May, proposing a single public/private biovigilance partnership to assure the safety of the nation's blood, tissue and organ supplies.

ASTS will continue to monitor these issues closely and will continue to work closely with AST to ensure that

*continued on page 30*

MS-DRG Title	2011 DRG Weight	2012 Proposed DRG Weight	Percentage Change	Payment based on proposed national standardized amount for hospitals with wage index greater than 1 and full update*
Heart Tx or Implant of Heart Assist System w/MCC	26.3441	24.0420	-8.7%	\$123,392.00
Heart Tx or Implant of Heart Assist System w/o MCC	13.6127	13.9542	+2.5%	\$71,617.98
Liver Tx w/MCC or intestinal Tx	10.1771	10.558	+3.7%	\$54,187.46
Liver Transplant w/o MCC	4.8353	5.1145	+5.8%	\$26,249.46
Lung Tx	9.3550	9.7786	+4.5%	\$50,187.30
Simultaneous Kidney/Pancreas Tx	4.9632	5.1009	+2.8%	\$26,179.66
Pancreas Tx	3.7831	3.8844	+2.7%	\$19,936.14
Kidney Tx	3.0442	3.0583	+0.5%	\$15,697.83

### OPTN/UNOS Board of Directors Meeting Highlights

The OPTN/UNOS Board of Directors met June 28-29 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 an addition to the OPTN bylaws to promote organ procurement organization (OPO) performance improvement by identifying and analyzing key measures. The OPTN will use a statistical model developed by the Scientific Registry of Transplant Recipients that compares, for each OPO, the number of actual organs transplanted per donor to a risk-adjusted, statistically expected rate appropriate for the OPO's donation service area. The OPTN has used similar risk-adjusted outcome measures for nearly 20 years to assess transplant program performance.
- The Board adopted OPTN bylaw and policy amendments to enhance reporting of living donor follow-up data on the medical and psychosocial status of living donors. Under the new requirements, if the living donor organ recovery and the transplant are performed in separate institutions, the transplant center performing the living donor organ recovery will be responsible for reporting donor follow-up.
- The Board approved the dissolution of the OPTN/UNOS Organ Availability Committee. The issues previously addressed by the committee will be integrated into the work of other committees as appropriate.

### Kidney Paired Donation Pilot Program

UNOS recently arranged for Ruthanne Hanto, RN, M.P.H., CPTC, to serve as program manager for the OPTN kidney paired donation pilot program. She will serve as the primary contact for participating kidney transplant programs. She has several of years of experience coordinating the New England Program for Kidney Exchange.

UNOS is developing automated data entry screens for participating programs to enter potential donors and candidates, which will include the ability to maintain information so that repeat input is not needed for multiple match runs. These screens should be operational in late 2011.

Following approval by the OPTN/UNOS Board of Directors, UNOS implemented donor chains beginning in May. The June 2011 match run identified a potential chain involving 16 living donors and potential recipients, in addition to a match involving 3 pairs.

For additional information about the kidney paired donation pilot program, visit the OPTN website: <http://optn.transplant.hrsa.gov/resources/KPDPP.asp>.

### Public Comment Items to be Published in September

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

### Next UNOS Primer October 5-6

The fourth offering of the UNOS Primer will be held October 5 and 6 at UNOS' headquarters in Richmond, Va. This is a two-day program of instruction, interactive discussion and hands-on training to familiarize donation and transplantation professionals from various disciplines with UNOS' structure, OPTN requirements, and tools and resources available to assist you. Registration information and additional details will be posted to the UNOS member news archive: <http://communication.unos.org>.

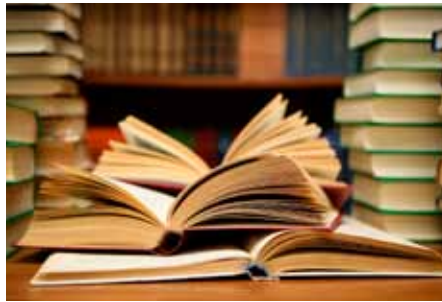
### Member Survey to be Issued in Fall

UNOS plans to conduct a member survey in the fall of 2011 to assess members' usage of key services and recommendations for new and improved services. These surveys are conducted every two to three years. Feedback from prior member surveys has helped guide initiatives to improve member service and communications, including the monthly electronic newsletter, the UNOS Primer, and the plain-language rewrite of bylaws and policies currently in progress. Look for additional information regarding the survey in the next few months on the UNOS member news archive: <http://communication.unos.org>.



# The ASTS Academic Universe

*A Valuable Educational Tool That's Not Just for Fellows*



Since the National Transplant Surgery Curriculum's inception in 2008, it has grown from a place for residents and fellows to increase their knowledge and understanding on transplantation techniques, to a virtual transplant library for the entire ASTS membership. Dr. Richard Knight, Transplant Surgeon at The Methodist Hospital in Houston, TX, is one of the first curriculum contributors. His module has been viewed more times than any other module. More than 450 people have viewed his module, which can be found Unit 2, Section 1: Pharmacology & Immunology, Immunosuppressive Agents. Maggie Kebler, ASTS Education Coordinator reached out to him to find out more about his experience in working with the online curriculum.

**Q: How did you get involved with the development of the transplant surgery curriculum?**

**A:** Through participation with the Fellowship Education Committee, I became a member of the original Curriculum Committee, charged with setting up the Academic Universe. I thought that this was an excellent format for fellowship education. Most transplant fellowship programs only have, at most, 1-4 fellows at a time, so the idea of a regular, didactic teaching schedule is not really practical, particularly given the unpredictable working life of most surgical fellows. Thus, the concept of individual teaching via the web, through short narrated presentations seemed an ideal format. It is a great way for a surgical fellow to get a brief basic overview of almost any topic in transplantation without having to wade through out-of-date textbooks or a long search through PubMed for review articles. It is also a great teaching tool for residents. I assign my surgical residents various presentations to view and then we can meet and discuss what they have learned. This is a more interactive way to teach, versus a more formal, didactic lecture.

**Q: Do you ever log in and view modules for your own benefit?**

**A:** Certainly. I have used the Academic Universe for the same reasons as above. It is a great way to quickly learn about a subject for which you may be unfamiliar. For instance, I recently viewed a great module on recurrent renal disease after transplantation.

**Q: Would you encourage your colleagues to volunteer their expertise and time to participate in the curriculum?**

**A:** Yes, of course! First, it should be relatively easy to do, as the editors try to assign presenters familiar topics. Thus, it is likely that the discussant will already have a prepared power-point presentation that can be tailored to the format. Moreover, it provides an opportunity to review and educate oneself on the subject. Second, I believe that we all have a service obligation to provide education to our surgical residents and fellows. Preparing a presentation for the Academic Universe is a great way to give something back to the ASTS, similar to participating on committees. Finally, it is an opportunity to personally give you some exposure within the ASTS. A well-done presentation is a good advertisement to show what you know about your field.





# ASTS Awards Committee

## *A Letter from the Chair*

Dear Fellow ASTS members,

I am delighted to serve as chair of the ASTS Awards Committee which champions transplant research and the education and training of future transplant investigators. On behalf of the ASTS Awards Committee, I am pleased to update you on some of the activities which support our 3-year strategic plan. First, I am fortunate to have the opportunity to work closely with Jonathan Bromberg, MD, PhD who is the co-chair of the committee among the great team of committee members. Our group is energized to provide education and training as well as ensure fair and constructive grant reviews for the annual ASTS research grant competition. We are proud to be stewards of research grants for medical students, surgery residents, transplant fellows, early and mid career faculty as well as collaborative science faculty. Together this research grant portfolio represents support along the continuum of physician scientist training.

This year, in order to collect data which evaluates the return on investment of these awards we have developed structured templates to capture research productivity data from the mid and final year reports. In addition we have developed new annual 1- 2- and 3-year updates following completion of the award in order to examine longer term outcomes. John Daller, MD will be working with staff to develop a database to efficiently capture awardees' research productivity based on these reports. Dr. Daller and David Mercer, MD, PhD, will be reviewing last year's progress and final reports in order to develop profiles of recent award recipients, their successes and future research plans which can be uploaded to the ASTS website. David will also serve as committee liaison to the ASTS Communications Committee in order to jointly develop opportunities for highlighting awardee successes and stories in the *Chimera* as well as through other communication venues such as iPod applications.

Last year, Drs. Chris Anderson and Dave Mulligan developed a "Lunch and Learn" at the ASTS Winter Symposium which was very well attended and received very positive evaluations. They have summarized the discussion in a "Lunch & Learn Tips" which has been reviewed and approved by the committee for posting to the Awards Committee website, <http://www.astsonline.org/Awards/default.aspx>. To expand upon this initial session, the committee is organizing a second "Lunch & Learn" session at the 2012 ASTS Winter Symposium focused on education and advice regarding research grant applications and mechanisms.

Over the past two years or more, the committee has reviewed the grant review statistics and process and developed a policy and procedures document outlining the "ASTS research grant review process and conflict of interest policy," which is now uploaded to the website. It is of interest to note that this past year we experienced one of the highest number of overall applications submitted to the ASTS research grant competition. A total of 82 grant applications were received. The grants were reviewed by a total of 33 ASTS members. A computerized averaged score was tabulated based on reviewer assessment of the candidate, significance of the project, research design, environment and overall anticipated impact of the project. In many categories this year, the scores were very very close. Unsuccessful applicants are urged to consider reviewer comments in revising their application for submission to other potential sponsors and/or to reapply to the annual ASTS research grant competition. I would like to sincerely thank all of the reviewers for their time and service to the application review process!

Finally, join me in welcoming the newest committee members, Drs. Robert Stratta, Lucy Wrenshall and Shimul Shah. We look forward to their contributions to ongoing activities and to learning more about their ideas for new activities. We welcome comments and feedback from the membership about plans and activities so that we can be more responsive to the needs of the membership. Please feel free to e-mail Jamison Visone, ASTS Awards Committee Liaison with your ideas, comments and concerns, at [jamison.visone@astsonline.org](mailto:jamison.visone@astsonline.org).

Sincerely,  
Ginny L. Bumgardner, MD, PhD  
Chair, ASTS Awards Committee



# Congratulations to the ASTS 2011 Research Grant and Award Recipients

*Click [here](#) to review the ASTS research grant program*



Joshua Miller, MD  
*Northwestern University Feinberg School of Medicine*

The **ASTS - Genentech Pioneer Award** is the highest honor bestowed by the American Society of Transplant Surgeons. This award is presented annually to an individual whom the Society deems to recognize for their important leadership in transplantation or who has made a Sentinel contribution to the field. Visit the following page to view Dr. Miller's biography, <http://www.astsonline.org/Awards/Pioneer.aspx>



*ASTS - Astellas Faculty Development Grant*  
Erik Finger, MD, PhD  
*University of Minnesota*



*ASTS - Pfizer Collaborative Scientist Grant*  
Jonathan Bromberg  
MD, PhD  
*University of Maryland School of Medicine*



*ASTS - Pfizer Mid Level Faculty Grant*  
David Foley, MD  
*University of Wisconsin*



*ASTS - Genentech Scientist Scholarship*  
Douglas Anderson, MD  
*Emory University School of Medicine*



*ASTS - Genentech Scientist Scholarship*  
Haofeng Ji MD, MS  
*Dumont-UCLA*



*ASTS - Fellowship in Transplantation*  
Markus Boehnert  
MD, MBA  
*University of Toronto, Toronto General Hospital*



*Genentech Presidential Student Mentor Award*  
Brandon Baird, BS  
*Duke University School of Medicine*



*Genentech Presidential Student Mentor Award*  
Gregory Bittle, BSE  
*University of Maryland School of Medicine*



*Genentech Presidential Student Mentor Award*  
Ryan Lee, BS  
*University of California, San Francisco*



*Genentech Presidential Student Mentor Award*  
Blayne Amir Sayed  
PhD  
*Northwestern University*



## Take Advantage of ASTS Business Practice Services!

- **2011 ASTS Leadership Development Program**
- **2012 Business Practice Seminar**
- **Transplant Surgeon Compensation Survey**
- **Online Policy Library**

### 2011 ASTS Leadership Development Program

This tremendously popular new ASTS program enters its second year this September with a full roster of attendees. A wait list is being maintained for the 2011 program and the 2012 program is already in the early planning stages. ASTS welcomes back respected instructors from the Kellogg School of Management and our own ranks. Highlights will include dinner keynotes from Thomas Hamilton of CMS and Dr. David Reich, chair of the ASTS Standards committee. For a full agenda and further information about the 2011 program, please visit <http://www.asts.org/Meetings/LeadershipDevProgram.aspx>. To be placed on the 2011 wait list or to express your interest in the 2012 course, please contact Laurie Kulikosky at [laurie.kulikovsky@asts.org](mailto:laurie.kulikovsky@asts.org).

### 2012 Business Practice Seminar: "The ABCs of Transplant Regulatory Review: CMS, MPSC, SIAs"

As part of its commitment to facilitate ASTS members' understanding of the business aspects of transplantation and provide education and guidance on transplant management and regulatory issues, the Business Practice Services Committee is pleased to sponsor the 5<sup>th</sup> Annual Business Practice Seminar held in conjunction with the [2012 ASTS State of the Art Winter Symposium](#) in January. The seminar will focus on increasing transplant leaders' understanding of transplant center regulatory review. Given the mounting focus on both process and outcomes measures, clinical leadership and involvement in policy development and quality review is more important than ever. The seminar will be presented in two complementary parts; Part I: "The View from the Regulatory Authorities: What Are They Looking For?" and Part II: "Preparing for and Responding to Site Reviews."

### Transplant Surgeon Compensation Survey

It is summertime and movement within the field is heating up. Have you done your research and considered your next career move? The ASTS Transplant Surgeon Compensation survey report is a valuable tool designed for you to easily compare compensation levels and benefits with your peers. The report contains detailed compensation data on transplant staff surgeons, program directors, division chiefs, and transplant center directors/institute directors/chiefs and is available for purchase online in the [ASTS Store](#).

### Online Policy Library

The Business Practice Services Committee continues to work on developing an online policy library with the goal of launching by early 2012. The template documents will include a sample policy, background information, regulatory requirements and best practices for each topic area. The library will be updated on a regular basis as regulatory requirements and guidelines change. Draft topics currently in progress include:

- Verification of Compatibility for Solid Organ Transplantation
- Multidisciplinary Care and Discharge Planning
- Informed Consent for Higher Risk Donor Organs
- Quality Assessment and Performance Improvement (QAPI)
- IDA/IDAT
- Management of Living Donor After Donation
- Post Transplant Processes for Higher Risk Donor Organs
- Communication of Donor Cultures (infectious disease transmission)
- Policy on Policies
- Vessel Storage
- Responsibility for Transport of Living Donor Organ

## Questions or Suggestions?

Please contact ASTS at [asts@asts.org](mailto:asts@asts.org) or (703) 414-7870  
Visit us online at [www.ASTS.org/bps](http://www.ASTS.org/bps)



## National Living Donor Assistance Center

National Living Donor Assistance Center  
2461 S. Clark Street, Suite 640  
Arlington, VA 22202

Toll Free 888-870-5002  
P 703-414-1600  
F 703-414-8787

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

The National Living Donor Assistance Center (NLDAC) continues their work to remove financial disincentives for eligible living donors traveling to the transplant center for their evaluation, surgery or medical follow-up trips. NLDAC is funded by a HRSA grant awarded to the University of Michigan in partnership with the ASTS. The total Federal reimbursement for qualified expenses during the donation process for the donor and accompanying individuals is capped at \$6,000.

This HRSA grant was awarded in 2006 and was reauthorized last year to provide travel reimbursement for donors until 2014. Because the Program has been so successful, funding for donor travel was increased to \$1.8 million for the upcoming budget year (BY). If your program is not participating or you would like more information, please feel free to contact the NLDAC staff at the ASTS National Office.

**Program Director**  
Akinlolu Ojo, MD, PhD  
University of Michigan

**Program Deputy Director**  
Robert Merion, MD  
University of Michigan

**Program Manager**  
Kimberly Gifford, MBA  
ASTS

**Program Coordinator**  
Holly Warren RN, BA, CPTC  
ASTS

**Program Assistant Coordinator**  
Iby Diaz, JD  
ASTS

**Program Assistant**  
Ning Duan  
ASTS

## Donor Travel







# American Transplant Congress

*The 11<sup>th</sup> joint meeting between American Society of Transplant Surgeons  
and the American Society of Transplantation*

**April 30 – May 4, 2011, Pennsylvania Convention Center**

Over 5000 participants made their way through the busy streets in the city of brotherly love to attend the 11<sup>th</sup> American Transplant Congress. Historic Philadelphia is home to Independence Hall – where the Liberty Bell resides; where the U.S. Constitution was signed and where the Declaration of Independence was adopted. These prominent backdrops gave way to some very relevant and groundbreaking science in the field of solid organ and tissue transplantation.

Each year, the ATC Planning Committee makes concerted efforts to maximize participants' access to information by offering a robust program that will encourage the exchange of new scientific and clinical information and support an interchange of opinions regarding care and management issues, as well as socioeconomic, ethical, and regulatory issues relevant to transplantation.

## Creating a Buzz

The Congress kicked off with the traditional Exhibit Hall Opening Reception – an event designed to energize attendees, ignite the learning process and increase networking opportunities. This year, the Planning Committee tried something new. Using a mixture of grandeur and valor, the exhibit hall opened with a colorful performance by The Mummers; yes The Mummers. The tradition of Philadelphia Mummers started in the late 17<sup>th</sup> century as a continuation of the Old World customs of ushering in the New Year. Mummers in America is as unique to Philadelphia as Mardi Gras is to New Orleans.

Topping the cake at the exhibit hall opening was the “One More Transplant,



*Performance by the Philadelphia Joseph Ferko String (Mummers) Band during the Exhibit Hall Opening Reception*



*Dr. Abecassis, ASTS President, speaks during “One More Transplant, One More Life,” event commemorating organ donors in the Philadelphia area*

One More Life” event, held to pay tribute to Philadelphia-area transplant recipients and donor families. April was National Donate Life Month.

In recognition, ATC partnered with the Gift of Life Donor Program in Philadelphia. The event was marked with an elaborate cupcake display with



*Philadelphia area transplant recipients and donor families attend the “One More Transplant, One More Life” event*

over 500 cupcakes meant to represent the 32,000 area residents who received life-saving transplants.

## Let the Learning Begin

Over the course of four days, attendees had front row seats to outstanding presentations on novel research that



challenged and stretched the scientific and clinical knowledge of transplant professionals. The Congress explored an array of topics for both the novice and veterans in the field.

A session on new antiviral therapies allowed attendees to explore the efficacy of new antiviral therapies for patients with hepatitis C virus infection. Allied health professionals sat in on a session that helped them understand their role as it relates to consent and the management of co-morbidity while living with a transplant, as well as the psychosocial impact on postoperative transplant outcomes. Perhaps one of the most well attended sessions was the Food and Drug Administration (FDA) Symposium, intended to equip professionals with a full understanding of FDA policies and developments. The symposium was prepared by FDA representatives and shed light on FDA action in transplantation, drug development, design, and drug device co-development.

Another well attended session was *Controversies in Transplantation: Geographic Disparities in Liver Transplantation and Novel Approaches for Addressing Them*. The focus was on demonstrating how transplant policy researchers and professionals can level the playing field for equitable organ distribution. The discussion centered around the impact on patients and transplant centers. Meanwhile, leading researchers and practitioners spoke candidly to a group of students about their career path and how their journeys evolved into transplantation. The student session was the first of its kind at the Congress and was designed to inspire students and provide them with a platform for success. Additional program highlights can be viewed by visiting, <http://www.atcmeeting.org/2011/secondary.cfm?section=highlights>.



*Annual Business Meeting*

### **ASTS at ATC**

What better time to host a series of special events than during ATC when a large portion of the membership is available and energetic about change. The annual ASTS research grants and awards ceremony was a resounding success. Scroll to page 13 and 14 for a glimpse of the 2011 recipients as well as a message from the Awards committee chair.

Each year, the annual business meeting and members' reception gets larger and larger as ASTS works to increase and promote the many awesome benefits of being an ASTS member. A hot topic at the business meeting this year was nominations. Beginning next year, the nomination's committee will ask for member's officer nominations earlier than in years past. The committee will



*Dr. Abecassis is joined by Iron Chef America, Jose Garces to make remarks during the president's dinner*





then review all nominations and put forward six names for **councilor** positions and three names for the secretary or treasurer position. Eligible voting members will receive a ballot and a bio-sketch of the candidates and be asked to vote for three councilors from the six candidates and one secretary or treasurer (depending on the year) from the three candidates. The results of the election will be announced at the annual business meeting. ASTS believes this course of action will create a more democratic process for electing officers.

ASTS is proud to have such committed and loyal corporate contributors. Following the members' reception, ASTS hosted a reception to recognize the pharmaceutical corporations that support ASTS and its mission. Recognized at this year's ceremony were Genentech, Genzyme, Pfizer, Astellas, Bristol-Myers Squibb, Kaiser Foundation Health Plan, OptumHealth and CSL Behring.

### Presidential Dinner

It was an unforgettable president's dinner. This year, famed chef Jose Garces serenaded guests with his authentic Spanish cuisine at his flagship restaurant in Philadelphia called Amada. Chef Garces is best known for his mastery of Latin cuisine and holding the prestigious title of Iron Chef America.



*Victor Abecassis plays the guitar and sings a song that he wrote for his dad during the president's dinner*

When Dr. Michael Abecassis was asked about venues for his president's dinner, Amada topped the list. The restaurant provides a Spanish culture that Dr. Abecassis shares along with his Canadian background. The evening was filled with authentic dishes and delicious desserts,

as colleagues toasted ASTS' 37<sup>th</sup> president and thanked him for a job well done. The evening ended with a heartfelt tribute to Dr. Abecassis. The room watched in silence as Dr. Abecassis' son Victor sang a song that he wrote for his dad.

*The evening was filled with authentic dishes and delicious desserts, as colleagues toasted ASTS' 37<sup>th</sup> president and thanked him for a job well done.*





### Presidential Address

"The Luster Cycle of Transplantation Surgery" was the subject during Dr. Abecassis' presidential address. As he stood at the podium in front of colleagues and friends, he thanked them for their support and assistance during his year as Society President. He noted that while past accomplishments have greatly shaped the field and should be acknowledged, his focus is on the future of transplantation – surgery in particular. He said "I hope to make a compelling case for the need to constantly re-invent ourselves and our field, in order that we remain strong, so that we continue to attract the best and brightest to our ranks." His speech went on to tell a personal tale of how an individual turned down a fellowship at his institution (*Northwestern Feinberg School of Medicine*) because he believed that "transplantation had lost its luster."

Having had years to ponder that response, Dr. Abecassis urged his colleagues to take a page from the book *Built to Last*, by well-known author, Tom Collins. Collins coined the term BHAG, which stands for BIG Hairy Audacious Goal. Collins said that "a true BHAG is clear and compelling, serves as a unifying focal point of effort, and acts as a clear catalyst for team spirit. It has a clear finish line, so the organization can know when it has achieved the goal... People like to shoot for finish lines."

In summary, Dr. Abecassis echoed Collins, saying that he believes that transplantation is almost at the finish line – that re-establishing the luster back to its highest level is attainable by achieving the following; "develop a new Transplant BHAG – one that addresses our current hurdles and challenges, and aims to overcome them. And to be sure, there are plenty of challenges that limit our ability to move the field forward that could benefit from a well thought out BHAG." To read Dr. Abecassis' full presidential address, please visit <http://www.astsonline.org/TheSociety/HistoryBook.aspx>.



Dr. Abecassis, Presidential Address



Dr. Abecassis stands center with his family, (L,R) mother, Liliane, sons Max, Josh, Zach and Victor, his wife Debbie and daughter Sissa



# SURGICAL CHALLENGES, CREATIVE SOLUTIONS



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JANUARY 12 - 15

Pre-Meeting: January 12 - 13

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Loews Miami Beach Hotel, Miami, FL  
Abstract Submission Deadline: September 12, 2011  
[www.asts.org](http://www.asts.org)

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# At the Helm

## ASTS Welcomes New Executive Director/CEO



**Kim A. Gifford, MBA, ASTS Executive Director/CEO**

Kim Gifford has been named ASTS's new Executive Director/CEO. Kim joined ASTS in 2005 and has dedicated her efforts to improving and growing ASTS educational initiatives. She has worked extensively with the Fellowship Training Committee on initiatives such as the match, the annual surgical fellows symposium, and the program directors' meeting. In addition, she was instrumental in developing the national transplant surgery curriculum and launching the Academic Universe. In 2009 Kim led the Society's reaccreditation process with the Accreditation Council for Continuing Medical Education (ACCME) which resulted in ASTS being awarded *Accreditation with Commendation* – a distinction that less than twenty-five percent of CME providers achieve. In 2010, Kim earned an MBA from University of Maryland's Robert H. Smith School of Business in executive management. Kim resides in Virginia with her husband, John Gifford.

"I am honored to be selected as ASTS' new executive director. Over the past six years I have been fortunate to work with many ASTS committees including Awards, Fellowship Training, CME and Curriculum as well as the dedicated Council leadership. During this time ASTS launched a new website, initiated an annual fellows symposium, created the Academic Universe, expanded the winter symposium and doubled its membership.

Today, at nearly 2000 members strong, ASTS is actively engaged in the issues that matter most to our members – science & research, education, and advocacy. I agree with President Mitch Henry's message on page four, that you can measure success by the 'company you keep.' I am proud to serve such a robust organization that positively impacts the field of transplantation and look forward to working with our members and national office staff on new and innovative projects."

ASTS is always seeking opportunities to better serve its members. If you have a suggestion, please contact us at [asts@asts.org](mailto:asts@asts.org).

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## Welcome New ASTS & NLDAC Staff

### **Mina Behari, ASTS, Director of Education**

Mina Behari recently joined ASTS as the Director of Education. She brings energy and expertise to her new role. Mina has nine years of experience in health care education focusing on continuing education programs, accreditation, conference management and marketing. She has worked for the American College of Cardiology, The Endocrine Society and The Infectious Diseases Society of America where she led a diverse group of stakeholders in the development of education programs. Strategic goals for Mina include developing and implementing new educational initiatives and will work closely with the CME Committee in the planning, delivery, best-in-class independent continuing education and professional development programs.

### **Maggie Kebler, ASTS, Education & Training Coordinator**

Maggie Kebler joined the ASTS team in March 2011. Maggie has a diverse background in science, sales, marketing, editing and customer service. Most recently she worked as a Women's Health Care Specialist in Portland, OR for Ascend Therapeutics, Inc., a pharmaceutical company that focuses on women's health. During her time there, she educated healthcare professionals on advanced hormone therapies and antibiotic treatments. Maggie served on the Representative Advisory Board, where she acted as the marketing liaison for the Northwest Region to help test and implement new strategies for business development. Previously, Maggie spent time in the laboratory, doing various projects

including a study on the water chemistry and aquatic entomology of several Delaware and Maryland bodies of water, as well as working for National Medical Services (NMSLab), a private, forensic toxicology laboratory in eastern Pennsylvania. She prepared and tested serological and toxicological evidence for criminal cases across the U.S.

Maggie will be managing the fellowship training programs and working directly to support program directors and fellows. She will facilitate the growth and development of the Academic Universe, as well as the implementation of new educational activities for ASTS members. She will also serve as the liaison for the curriculum, cell transplant and fellowship training committees.

### **Ning Duan, NLDAC, Program Assistant**

Ning Duan joined ASTS in October 2010 as the National Living Donor Assistance Center Program Assistant. Ning graduated from the University of Maryland, Baltimore County in 2009 with a Bachelor of Arts in Sociology. She started her career in the non-profit industry as an intern at the International Child Art Foundation and was later promoted to Program Officer—Specializing in China. As a Program Officer, she developed a colorful palette of relationships with various national art schools throughout China and also managed the organizations' social media accounts. During her spare time, Ning works at a retail pharmacy as a licensed Pharmacy Technician and has over five years of retail pharmacy experience.

*continued on page 30*



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*The American Society of Transplant Surgeons would like to thank  
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# 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 the ASTS calendar, please contact  
Chantay Parks Moye at 703 414.7870 or [chantay.parks@asts.org](mailto:chantay.parks@asts.org).

## September 2011

**September 2-4, 2011**

5<sup>th</sup> Annual Conference  
International Liver Cancer  
Association (ILCA)  
Hong Kong  
Website: [www.ilca2011.org](http://www.ilca2011.org)

**September 15-18, 2011**

XII International Small Bowel  
Transplant Symposium  
Washington, DC  
Website: [www.isbts2011.org](http://www.isbts2011.org)

**September 18-21, 2011**

AHRQ 2011 Annual Conference  
Bethesda North Marriott Hotel &  
Conference Center  
Bethesda, Maryland  
[www.capconcorp.com/AHRQ/](http://www.capconcorp.com/AHRQ/)

**September 25-28, 2011**

12<sup>th</sup> Congress of the Asian Society of  
Transplantation (CAST 2011)  
Seoul, Korea  
Tel: +82-2-3452-7213 /  
+82-3471-8555  
Fax: +82-2-521-8683  
E-mail: [cast2011@insession.co.kr](mailto:cast2011@insession.co.kr)  
Website: [www.cast2011.org](http://www.cast2011.org)

## October 2011

**October 12-15, 2011**

Transplant Immunosuppression  
2011: The Difficult Issues  
Radisson University Hotel  
Minneapolis, MN  
[www.cmecourses.umn.edu](http://www.cmecourses.umn.edu)



## Upcoming ASTS Events

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

**September 11 – 13, 2011**

2011 Leadership Development  
Program  
Kellogg School of Management  
Northwestern University,  
Evanston, IL

**September 19-21, 2011**

2011 Surgical Fellows  
Symposium  
Tucson, AZ

**January 12-15, 2012**

2012 Annual State of the Art  
Winter Symposium  
Miami, FL

**January 31 - February 2, 2013**

2013 Annual State of the Art  
Winter Symposium  
Miami, FL

**October 14-15, 2011**

Emerging Issues in Organ  
Transplantation – A Colloquium  
InterContinental Hotel  
and Bank of America  
Conference Center  
Cleveland, Ohio  
[www.ccfcmec.org/transplant11](http://www.ccfcmec.org/transplant11)

**October 23-26, 2011**

CTS-IXA 2011 Joint International  
Congress  
Miami, Florida  
Website: [www.cts-ixa2011.org](http://www.cts-ixa2011.org)

## November 2011

**November 4-8, 2011**

The Liver Meeting® 2011  
Moscone West Convention Center  
San Francisco, California  
[www.thelivermeeting.org/](http://www.thelivermeeting.org/)

**November 27-30, 2011**

11th Congress of the International  
Society for Organ Donation and  
Procurement  
Buenos Aires, Argentina  
Website: [www.isodp2011.org.ar](http://www.isodp2011.org.ar)

## July 2012

**July 15-19, 2012**

XXIV International Congress  
of The Transplantation Society  
Berlin, Germany  
[www.transplantation2012.org](http://www.transplantation2012.org)

ASTS Announces  
World Transplant Congress  
San Francisco, CA  
July 26-31, 2014





## 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 web site at the time of printing. Please log into the members' portal to view the full announcement at [www.ast.org](http://www.ast.org). If you would like to submit a listing, please contact Chantay Parks Moye at 703 414.7870 or [chantay.parks@ast.org](mailto:chantay.parks@ast.org).*

### **RenalCare Associates, Peoria, Illinois Transplant Surgeon**

RenalCare Associates seeks a transplant surgeon to join the kidney/pancreas program at OSF Saint Francis Medical Center. In addition to transplants (60/yr), we have a sizeable practice of vascular access and other renal disease-related surgery. We are a group of 13 nephrologists and 2 transplant surgeons, with a dedicated dialysis access center (including ASC). Interested transplant surgeons (BC/BE) may contact:

Timothy P. O'Connor, MD  
RenalCare Associates  
200 E. Pennsylvania Ave, Suite 212  
Peoria, IL 61603  
Phone: 309 676.8123  
Email: [tpo@renalcareassoc.com](mailto:tpo@renalcareassoc.com)

### **East Carolina University Transplant Surgeon**

East Carolina University Department of Surgery is seeking a full-time transplant surgeon. The successful candidate will join two academic transplant surgeons. Hospital privileges will be at Pitt County Memorial Hospital, a level 1 trauma center located in Greenville, NC. Candidates should have completed an ASTS accredited fellowship in transplantation and be Board Certified in General Surgery. Candidates should have an interest in teaching and have a background in basic science or clinical research. Training in laparoscopic donor nephrectomy and dialysis access surgery is a plus. For more information, please forward your curriculum vitae to:

Email: [amanda.anderson@uhseast.com](mailto:amanda.anderson@uhseast.com)  
Phone: 252 847.9029

### **Halifax Health Abdominal Organ Transplant Surgeon**

Halifax Health is seeking an experienced Abdominal Organ Transplant Surgeon

to join a dynamic Surgical Director for a growing program. The candidate must: have experience in abdominal organ transplant surgery; be well versed in all phases of the transplant process; be skilled in hepatobiliary/pancreatic surgery; be willing to participate in community outreach; have direct involvement with program growth and development; have outstanding communication skills for training and teaching; be skilled and experienced in laparoscopic donor nephrectomies; be willing to participate in organ recovery services with the local OPO; be willing to take general surgery service call; and have outstanding references in the field. More information

Contact Dai Durrance Young  
Phone: 386 226.4523  
Email: [physician.recruitment@halifax.org](mailto:physician.recruitment@halifax.org)

### **Sanford Clinic Transplant Services Transplant Surgeon**

Seeking a Board Certified fellowship-trained abdominal transplant surgeon with pancreatic transplant experience. Experience and interest in clinical and/or basic scientific research is desirable. The transplant program consists of an excellent team of nephrologists, another transplant surgeon to provide back-up coverage and a comprehensive group of well trained support staff including a renal transplant development coordinator. For More Information on this Opportunity Contact:

Dianne Zoellner, CMSR,  
Director  
Physician Placement – Sanford Health  
Phone: 605 328.6994 or 866 312.3907  
Email: [Dianne.Zoellner@sanfordhealth](mailto:Dianne.Zoellner@sanfordhealth)

### **Lifesource: Medical Director (Upper Midwest Organ Procurement Organization)**

LifeSource, located in St. Paul, MN, is seeking a part-time (.3 - .5 FTE) Medical Director who will be responsible for the overall medical aspects of LifeSource organ and tissue donation activities. The Medical Director will report to the CEO of LifeSource, and will have a significant role in clinical operations, administrative activities, and quality improvement activities. Candidates must be Board Certified physicians licensed to practice medicine in Minnesota, North Dakota or South Dakota. A minimum of five years of experience (beyond a fellowship) in transplant medicine or transplant surgery is required. Preferred candidates will be able to demonstrate an understanding of OPO or transplant center administrative operations. For a full position profile, please contact:

Jan Cronquist  
Cronquist Group Executive Search  
Phone: 651 291.2512  
Email: [jcronquist@aol.com](mailto:jcronquist@aol.com)

### **University of Utah Multi-Organ Transplant Surgeon**

The University of Utah Department of Surgery is actively recruiting a faculty member to join the multi-organ transplant team at the assistant professor level. The candidate should be Board Certified in general surgery and have completed an ASTS approved transplantation surgery fellowship. Please submit curriculum vitae to:

John B. Sorensen, M.D.  
Chief, Section of Transplantation  
University of Utah Health Sciences Center  
Room 3B110 SOM  
Salt Lake City, UT 84132  
Phone: 801 585-2816  
Email: [John.sorensen@hsc.utah.edu](mailto:John.sorensen@hsc.utah.edu)

*continued on page 30*





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## 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*



*Continued from page 10*

biovigilance efforts are both adequate to assure organ safety and that these efforts are appropriately balanced against other considerations unique to the field of organ transplantation.

### **ASTS Urges CMS To Establish Medicaid Rate-Setting Processes That Will Assure Continued Access To Transplantation For Medicaid Patients**

CMS has issued proposed regulations intended to ensure transparency in the establishment of the rates paid to providers under state Medicaid programs. The Medicaid Proposed Regulation, issued in May, sets forth a highly transparent process for Medicaid state agencies to follow in reducing providers' Medicaid rates. In comments filed with CMS, ASTS applauded the agency for issuing standards in this area, and pointed out that a number of state agencies have attempted to limit or deny coverage of transplantation services to Medicaid patients, in response to state fiscal crises. In this regard, ASTS urged CMS to require state agencies to follow established and transparent procedures not only to reduce provider rates, but also to make critical Medicaid coverage decisions. Such a requirement is necessary in order to assure that state agencies do not use coverage limits that are not supported by clinical evidence, to pursue cost-cutting objectives.

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

*Continued from page 22*

When Ning was in her late teens, she participated in competitive figure skating. Although she no longer competes, she still skates on occasion as a hobby. Ning is fluent in Mandarin and loves to travel abroad to experience the flavors of different cultures. She is incredibly honored to have joined the ASTS team and proud that she is given the great opportunity to make positive contributions to the transplant community through the National Living Donor Assistance Center.

# SAVE THE DATE

## SURGICAL CHALLENGES, CREATIVE SOLUTIONS



### ASTS 12<sup>TH</sup> ANNUAL STATE OF THE ART WINTER SYMPOSIUM

# JANUARY 12 - 15

## Pre-Meeting: January 12 - 13

*Job Board continued from page 26*

### **Florida Hospital Transplant Center Multi-Organ Transplant Surgeon**

Florida Hospital Transplant Center, in Orlando FL, is seeking to hire a multi-organ Transplant Surgeon to perform Liver, Kidneys and Pancreas Transplants. Candidates must be Board Eligible or Certified and have completed an ASTS-Fellowship. Florida Hospital Orlando is the main campus of the Florida Hospital system, a 2,188-bed medical complex serving Central Florida. The eight-campus health system is the largest healthcare provider in Central Florida and the second largest private not-for-profit hospital in the state. The transplant team performs 70-80 Liver Transplants, 150-160 Kidney Transplants and 8-10 Pancreas Transplants yearly. For consideration, please provide your formal CV and/or contact:

*Sarah Doherty, Florida Hospital Physician  
Recruiter  
Phone: 407.200.2751  
Email: Sarah.Doherty@flhosp.org*

### **UT Health/The University of Texas Medical School at Houston Transplant Surgeon, Kidney Pancreas Program**

The Division of Immunology and Organ Transplant is recruiting for a full-time qualified transplant surgeon to join its established kidney and pancreas transplant program. Qualified candidates must (1) be Board Certified or Board eligible in general surgery (2) Have experience in kidney and pancreas transplantation (3) Have completed a fellowship in transplant surgery prior to employment and (4) Must be able to obtain State of Texas license prior to employment. Preferred qualifications include experience in laparoscopy and pancreas transplantation, as well as an interest in clinical research. Interested candidates should send a letter of interest and curriculum vitae to:

*John S. Bynon, MD, 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: John.S.Bynon@uth.tmc.edu*



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