CHIMERA

Published for Members of the American Society of Transplant Surgeons

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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

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Editor's Letter

Dear ASTS Members,

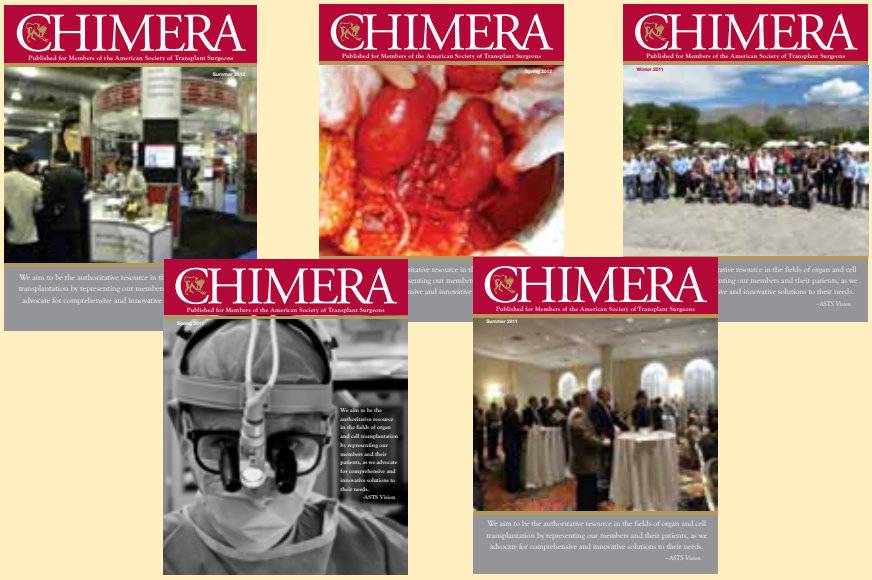
I hope you were able to join us in Boston for this year's American Transplant Congress and all the ASTS events held there! If you weren't, you missed the chance to vote on significant bylaw changes and hear what all our committees are working on. Catch up on committee news on page 5 and see highlights from ATC beginning on page 21. And be sure to read the President's Letter by our new President, Kim M. Olthoff, MD, on page 4.

One of the exciting things to come out of the ASTS Council meeting in Boston was the approval to redevelop and redesign the ASTS website to add functionality and make it easier to navigate. The Communications Committee and an advisory group of other ASTS members are already gearing up for this project and look forward to unveiling the new look and expanded functionality late this year or early in 2013.

In this issue, we continue our "Across the Field" feature, which showcases members and their transplant programs. We hope you will be inspired to participate and be featured! We're also pleased to introduce a new member-centered section called "People and Places," which contains news about ASTS members' career moves. Please contact Diane Mossholder, Communications and Web Content Manager, at *diane.mossholder@ASTS.org* with submissions or suggestions.

In addition, you'll find the latest on the Business Practice Services and National Living Donor Assistance Center (NLDAC) programs, as well as the upcoming State of the Art Winter Symposium in Miami Beach January 31 – February 3, 2013. For information on abstract submissions and more, see page 7.

Stay connected!
Kenneth D. Chavin, MD, PhD



Chimera Needs You!

Chimera is always looking for ways to feature ASTS members and their work. We particularly need cover images and transplant program profiles. Take advantage of this easy way to share information with your colleagues and gain recognition for your work by sending submissions and questions to *diane.mossholder@ASTS.org*. Thank you for helping make *Chimera* an interesting and informative resource for all ASTS members!

About the Cover

The ASTS booth in the ATC exhibit hall was a popular gathering spot for members and attracted many other visitors as well. Thanks to our members who stopped by to say hello!

If you have a photograph you would like displayed on the cover of Chimera, please email it, along with a brief description, to Diane Mossholder, Communications and Web Content Manager, at *diane.mossholder@ASTS.org.*

CHIMERA

Published by the American Society of Transplant Surgeons

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President's Letter

Kim M. Olthoff, MD

Serendipity: ser•en•dip•i•ty \ser-n-di-p-t

Definition:

Dictionary.com

1. an aptitude for making desirable discoveries by accident.
2. good fortune; luck: the serendipity of getting the first job she applied for.

Merriam-Webster.com

1. The faculty or phenomenon of finding valuable or agreeable things not sought for; *also:* an instance of this

I have always believed in serendipity (or fate, karma, luck, destiny—options provided by my Word Thesaurus). If it weren't for serendipity I don't think I would be a transplant surgeon today. When I went to college, I thought I was going to be a large animal veterinarian, and then my mother went through a surgical experience, and I switched to pre-med. When I started med school at the University of Chicago, I thought I was going to be a community general surgeon, and then they showed me how exciting academic surgical specialties could be. When I started residency at UCLA I thought I was going to be a plastic and reconstructive microsurgeon, and then I rotated on transplant and my career path changed. When I thought I had my first job lined up.... You get the idea.

My point is that each time I ended up making a key change in my professional career, it was because an influential person, a significant event, or a unique opportunity made a major impact on my decision making. The important thing is that I was able to learn from the interaction, recognize the significance, and take advantage of the moment. Almost "by accident," but not quite. Serendipity.

And, now, perhaps by serendipity, luck, fate, I have become the ASTS President. I am honored and humbled. In my short tenure as president, and previously as secretary and councilor, I continue to be surprised by all that occurs within ASTS on a

daily basis. I have come to realize that it is necessary for ASTS to respond at times in a rather serendipitous fashion. One cannot always have a highly planned calendar and agenda, and sometimes "desirable discoveries" lead our actions. The Society needs to be nimble and responsive.

Fortunately, ASTS has a strong Executive Committee, committees, administrative staff, and collaborators to deal with what the fates throw at us, quickly and with confidence. ASTS seems to find "valuable or agreeable things not sought for" and responds with great results, all for our members and our patients. I am continuously impressed by the Executive Committee's breadth of knowledge, their grasp of a new situation, and their rapid and professional response to an acute situation. I am overwhelmed by the expertise and enthusiasm the committee chairs bring to their mission and the goals they develop and wish to accomplish. I am amazed at (and thankful for!) the industrious and creative ASTS office staff and their individual strengths. We have people with background expertise in nearly every facet of association operations, as well as the wealth of knowledge they've developed about Society-specific programs and issues.

Here are some examples of how ASTS has responded to unexpected (and expected) issues in my first two months as president: we've submitted comments to the Department of Justice regarding their proposed best practices between OPOs and coroners; responded to HHS regarding concerns with the *PHS Guidelines for Reducing HIV/HBV/HCV Transmission* and provided input on the most recent proposed revisions; urged CMS to ensure that all aspects of organ transplantation are covered in states' Essential Health Benefits benchmark benefits packages in a comprehensive and non-discriminatory manner; argued against components of the CMS Proposed Rule to update Medicare payment policies and rates for *inpatient* hospital services; demanded Blue Cross/Blue Shield of Minnesota reconsider denying health coverage to a living kidney donor; and continue to work with OPTN to develop appropriate living donor policies.

Meanwhile, we've continued our "usual" operations, selling out the third Leadership Development Program, opening registration for the Winter Symposium, holding our 8th successful Match, planning a Fellows Program Directors' meeting as well as the Fellows Symposium in October, and launching a major technology/website upgrade effort. During all this, the Society continues to grow—we welcomed our 2,000th member, Jameson Forster, earlier this month!

The Roman philosopher Seneca noted that luck is what happens when preparation meets opportunity. Rest assured that ASTS, its leadership, staff, and collaborators are working hard to position the Society to embrace the next opportunity that presents itself. Whether in the realm of education, regulation, or legislation, our Society is ready to work tirelessly, and respond quickly, for the issues that matter most to you and the patients you serve.

Kim M. Olthoff, MD, ASTS President

ASTS News

The ASTS Summer Council and Committee Chair Meeting was held June 2, 2012, at the Westin Copley Place in Boston, Massachusetts. The following are select committee news and reports from the meeting.

Advanced Transplant Providers Committee

Dr. Deborah Hoch reported that the ATP bi-monthly newsletter has been launched. Additionally, the committee is ready to launch an ATP mentorship program which will pair established ATPs with those new to the field. The committee would also like to develop a National Transplant Service Line that would establish a network to help link providers with out-of-region transplant patients in acute care.

ATC Planning Committee

Ms. Pam Ballinger reported that this year's ATC offered more than 50 symposia, 25 workshops, and 73 concurrent sessions. More than 2,000 abstracts and 1,265 posters covering a variety of research and clinical topics were submitted. Changes this year included moving Early Morning Workshops to luncheon workshops, which increased registration, even selling out some workshops.

Awards Committee

Dr. Ginny Bumgardner reported on this year's research grants submission, review, and award processes. There were a record number of applications this year, but funding has continued to decline since 2009. The committee's suggestions to address the funding problem are: identify potential donors (both increased funding from current donors and identifying new possibilities); devote staff time to investigating companies and foundations with the capability and donation/investment portfolio to fund ASTS grants and non-grant activities/research; a membership drive for a transplant research fund; and an investment strategy to set aside money to support research funds.

Business Practice Services Committee

Dr. David Axelrod gave an update on the 2012 Leadership Development Program and registration demographics. He reported that the policy library contains 11 policies available for purchase and that the subscription service launched in May. It will require updates to remain relevant. He noted that the 2013 compensation survey is scheduled to be fielded in late 2012 and released in spring 2013. Dr. Axelrod reported that an Advanced Leadership Development Program is under development, aimed at attendees of the first LDP and other very senior level center directors, etc., that would cover topics such as intrapreneurship and innovation. He also reported that the Business Practice Seminar at the 2013 Winter Symposium will focus on crisis management, working with the media, and managing public response to transplant-related adverse events.

Bylaws Committee

Dr. Jean Emond reported that the committee had been charged with reviewing the existing committee structure, identifying areas of redundancy, suggesting functional changes, and updating the bylaws to support their recommendations. As part of this effort, the committee undertook a complete review of the current bylaws. The strategy was to simplify language and make technical and legal adjustments for operational aspects. The committee chose to put forward an omnibus of adjustments rather than singly. He outlined the major changes, additions, and deletions (which can be found on the Member Portal home page at *www.asts.org*), which were subsequently approved by a vote of the membership.

Cellular Transplantation Committee

Dr. Andrew Posselt reported that the committee is working on additional material for the fellowship curriculum, finalizing the islet isolation survey, developing a cellular therapy research grant, and writing an islet transplant coverage white paper.

CME Committee

Dr. Michael Ishitani reminded the Council that ASTS is the official CME provider for ATC, the Winter Symposium, and the Leadership Development Program. He gave an update on the Images in Transplantation CME feature in the *American Journal of Transplantation*. He also reviewed the Maintenance of Certification program background and requirements and reported that beta testing will take place this summer, with a launch date for members scheduled for late 2012.

Communications Committee

Dr. Kenneth Chavin reported on progress publicizing the CenterSpan listserv to attract new subscribers; the ASTS Smart smartphone app launch; the new career center on the ASTS website; the new *Chimera* feature "Across the Field;" and the recently launched ASTS NewsBrief, which aggregates stories from across the field and distributes them to members, along with Society news, every two weeks.

Curriculum Committee

Dr. Jon Fryer gave an update on the Academic Universe, which currently has 132 completed modules. The target is around 150, and the committee is well on track to meet this goal. Fellow usage data has collection issues, so the completion requirement was waived for fellows who started last year. The resident curriculum has 35 modules, 21 of which are linked with SCORE. Other committee initiatives include: board quality exam questions for the curriculum; additional videos for the transplant video library; new modules such as hepatobiliary and intestinal transplantation. Looking forward, the committee plans to work on maintaining the curriculum, incentivizing its usage, and resolving access issues.

Ethics Committee

Dr. John Ham reported that safety issues may arise with organ donor research,

so surgeons should be aware of what the research is about and how it may impact outcomes. Caution should be used when determining whether the data on patients is IRB exempt, how researchers will share data, and the legal aspects affecting the institutions and those requesting the data.

Fellowship Training Committee

Dr. Douglas Farmer presented 19 Reaccreditation Applications for approval. It was noted that these were all vetted through the Fellowship Training Committee and 3 Councilors-at-Large in order to submit all applications for an *en bloc* approval. Dr. Farmer also presented the Draft Program Requirements for approval to present at the Program Directors' Meeting in the fall of 2012.

Living Donation Committee

Dr. Christopher Friese reported that the committee's innovation challenge grant application was not awarded in the first round but still has a chance in the second round. He also said the OPTN Living Donor Policy proposals have been through the public comment period and are poised for presentation to the board at its upcoming meeting. There was significant concern about the differences between the Joint Societies Work Group (JSWG) and the OPTN Living Donor Committee documents. Additionally, the council was concerned that processes in the Rockville Agreement (the document that guides the JSWG) had not been properly followed, specifically the section that calls for continued discussions between the JSWG and OPTN committee during subsequent revisions. There was discussion about how to voice concerns before the policy goes to the OPTN Board and about the need to develop documents for centers to help them comply when the policies are implemented.

Membership Committee

Dr. George Burke reported that the membership count stands at 1,992, of which 1,525 are surgeons. The committee proposed expanding the Associate membership category to include administrators and creating a trainee category to include students, residents, masters and doctoral students, and post-doc fellows.

Reimbursement Committee

Dr. James Pomposelli reported that the MCC worksheet and professional coding guide went live on the ASTS website on May 17. These tools are designed to help transplant professionals make sure they are properly compensated and receive Relative Value Unit credit for all the work they do, while the MCC Worksheet serves as a handy reference for commonly seen diagnoses related to transplantation.

Scientific Studies Committee

Dr. Peter Abt reported on the committee's survey to assess center practice with obese kidney transplant candidates/recipients. Additionally, the committee is working with HRSA on research innovation in deceased donors and would like to pursue a grant application to fund a national consensus conference.

Standards on Organ Transplantation Committee

Dr. David Reich reported that the committee remains actively involved in representing ASTS on the American College of Surgeons' Surgical Quality Alliance (SQA) and the AMA's Physician Consortium for Process Improvement (PCPI). Dr. Reich emphasized the importance of ASTS supporting and updating measures specific to transplant as PQRS measure reporting will soon transition from a bonus to a punitive structure and transplant surgeons do not have many measures on which to report.

Vanguard Committee

The 12th Annual State of the Art Winter Symposium, "Surgical Challenges, Creative Solutions," was held January 12-15, 2012, and set records for registered attendees (366) and number of abstracts submitted (144). It also featured the first Fun Run/Walk, which attracted a large group of participants. Planning for the 2013 Winter Symposium is underway.

Ad Hoc Committee on Minority Issues

Dr. Juan Carlos Caicedo encouraged the Council to work with other transplant organizations around the globe to foster education of and collaboration with the greater transplant community. He noted that STALYC (the Latin American and Caribbean Transplant Society) is interested in working with ASTS on education, training, and research. Ms. Gifford stated that a meeting with their president was scheduled at ATC to explore mutual interests.

Ad Hoc Committee on Vascularized Composite Allografts

Dr. Linda Cendales reported that ASTS submitted comments to HRSA in support of adding VCA under OPTN auspices. This would require all VCA procedures to be conducted in OPTN-approved transplant centers. Training and experience requirements for the transplant team and certification requirements for the center will need to be established. The committee is drafting standards for deceased donor VCAs and definitions for OPO categories. The committee hopes to establish a working group with HRSA and OPTN/UNOS in developing milestones for incorporating VCA within the OPTN framework.

ASTS
American Society of Transplant Surgeons

CALL FOR ABSTRACTS

American Society of Transplant Surgeons

Success *at the* Margins

ASTS 13th Annual State of the Art Winter Symposium

Important Dates

Online Abstract Submissions Available:
July 13, 2012

Abstract & Surgical Video Submissions Deadline:
September 10, 2012

Abstract & Video Notification:
November 5, 2012

Winter Symposium:
January 31 - February 3
Pre-Meeting:
January 31 - February 1

Loews Miami Beach Hotel

2013

TOP 10

The Top 10 abstract submissions will each be awarded two nights hotel accommodations at the Loews Miami Beach Hotel, complimentary registration and a $1,000 honorarium for presenting at the Winter Symposium.

CALL FOR VIDEOS

ASTS is also accepting transplant surgical video submissions for the annual Surgical Video Presentations. Videos up to ten minutes in length that present innovative, unique and scientifically-rich surgical content, are encouraged.

REVIEW PROCESS

All abstracts are blinded for peer review and subject to a scientifically rigorous review process to select those abstracts that contribute to the advancement of transplantation research and practices, and present strong, innovative, balanced, and evidence-based clinical content.

For more information on topics and submission details visit www.ASTS.org

Legislative Report

Supreme Court Upholds ACA

On June 28, the U.S. Supreme Court upheld the constitutionality of the entire Affordable Care Act (ACA) in a series of opinions that impact academic medicine, including physical medicine and rehabilitation residencies and medical schools. The ACA's individual mandate, which requires almost all Americans to obtain health insurance, was upheld in a 5-4 decision as a constitutional exercise of Congressional taxing power in a lead opinion authored by Chief Justice John Roberts. In addition, through a coalition of three opinions, the Court upheld the ACA's expansion of the Medicaid program but denied the government the power to take away existing Medicaid funding from states that refuse to implement the expansion. The Court's overall decision, in short, is a significant victory for ACA supporters.

In essence, the Supreme Court's decision means that, with the exception of the Medicaid expansion, all the provisions of the ACA that are already effective and all the requirements that will be effective in the future will be implemented. This includes important provisions such as: the individual mandate, health insurance reforms, health insurance exchanges run by the states or the federal government, accountable care organizations, health insurance subsidies for employers and individuals, Medicare and Medicaid provisions in areas such as reimbursement and program integrity, and a wide array of demonstrations, experiments, and innovations.

The repercussions as to the Medicaid expansion remain to be seen. Although no state will be forced to expand eligibility for individuals up to 133 percent of the FPL, several different scenarios are possible. Some states will find the allure of federal financing irresistible and will engage in the expansion. Some states may conclude for political or financial reasons that they will engage in no expansion whatsoever. Other states may desire to engage in a partial expansion. Most analysts expect that the federal government will provide guidance on this before too long to resolve questions as to whether this will be permitted and, if so, under what conditions. As a result, there may be a relatively sizeable group of individuals who will remain uninsured, who will not be eligible for Medicaid due to the states' decisions not to expand fully, and who will not be subject to the tax penalty for failure to have health insurance coverage.

In that sense, there are now two Medicaid programs. Medicaid I (the pre-existing program) is subject to full federal disallowances of funds. Medicaid II (the expansion) has only the carrot of enhanced federal funding but no disallowance stick. The Court does not address whether future congressional changes to the Medicaid program will qualify as Medicaid I or Medicaid II. It may depend on their nature. Finally, it is uncertain how the Court's decision will affect the Medicaid maintenance of eligibility provisions of the ACA. Under those provisions, states are precluded from adopting Medicaid eligibility standards more stringent than those in effect on the date of the ACA's enactment (March 23, 2010). The focus on the health reform law's viability now turns to the political process, where the ACA is expected to be a major issue in the November Presidential elections.

Health Reform and Essential Health Benefits

Earlier this year, ASTS responded to guidance released by the Department of Health & Human Services (HHS) for states to help them select from among four "benchmark" benefit plans in choosing their essential health benefits package. Many believed that HHS would issue a formal regulation and create a national package of benefits that must be covered for all Americans. But HHS chose to have each state play the dominant role in selecting the essential benefits package that works in each state.

ASTS is concerned that the proposed framework provides too much flexibility for states to design their own benefit packages and could create significant coverage variation between states, thereby negatively impacting coverage of transplantation, immunosuppressive drugs, organ donor acquisition costs, and renal replacement therapy. Over the next few years, ASTS expects to carefully monitor HHS implementation of various new coverage protections and expansions contained in the new insurance laws to ensure appropriate coverage of organ donation and transplantation services. ASTS will also work with state agencies to help guide them in developing appropriate coverage policies for these benefits.

Budget Deficit Continues to Dominate Congressional Agenda

The first few months of 2012 demonstrated that Congress is still bound by the same political obstacles related to the budget deficit deliberations as last year. The central concern is whether and how to revisit the across-the-board cuts (known as "sequestration") put into the last budget deal last year. These cuts are scheduled to begin on January 1, 2013, unless Congress acts to substitute other spending reductions.

Sequestration will cut $1.2 trillion from the federal budget over 10 years, with exceptions for the Social Security and Medicaid programs. Medicare provider reimbursement cuts are limited to no more than a 2 percent decrease per calendar year for a nine-year period. The actuary for the Centers for Medicare and Medicaid Services (CMS) estimates that Medicare will be cut due to sequestration by about $125 billion over 10 years. As painful as these cuts will be, many provider organizations believe this option will have a lesser impact on Medicare reimbursement than other recently debated budget proposals that were not ultimately adopted.

Congressional leaders will debate potential adjustments to the sequestration rules throughout the year but will likely not pass any alternative in both chambers, at least not until the November elections or possibly sometime next year (if they pass a delay to implementing the sequester at all). This means that many issues of concern to physicians and surgeons this past fall (cuts to graduate medical education, bad debt provisions, and disproportionate share hospital payments, etc.) will continue to be options under consideration throughout 2012 and beyond.

The House has already passed several policies for revising the impending cuts. Though they have no chance for passage in the Senate, they will likely be a starting point for the House in future negotiations with Senate leaders and the White House. As a result, ASTS will continue to vigilantly track the many issues that will be subject to continued consideration this fall as part of potential revisions to impending budget deficit cuts.

Medicare Physician Fee Schedule

In addition, Congress again temporarily overrode the flawed SGR formula through the end of calendar year 2012, at which point the projected cut to physician payments is projected to be 32 percent off the current fee schedule amounts. The agreement also included many related Medicare provider payment extensions and reforms to other expiring policies, but for the first time a few of these policies were phased out or allowed to expire. This change telegraphs Congress' intent to finally resolve each of these policies in turn, but it is unclear when they will finally resolve the SGR issue.

A number of proposals have been introduced in Congress to repeal the SGR and institute freezes or set updates for a given number of years, during which a new payment model for physicians would be developed. However, no single option has garnered widespread support, and the cost associated with any of these proposals continues to be the biggest stumbling block given the current bleak fiscal environment.

Division of Transplantation Programs within HRSA

With the focus on the federal budget and deficit reduction, the past year presented numerous challenges to groups interested in specific programs, including the organ donation and transplantation programs of the Division of Transplantation (DoT) within HHS's Health Resources and Services Administration (HRSA). However, funding for these programs has remained stable, and the gains secured in recent years by ASTS and other stakeholders have been maintained. For instance, the Senate version of the FY 2013 federal budget level-funded DoT at just over $24 million, despite numerous agencies within HHS receiving proposed cuts in funding.

Immunosuppressive Drugs – 6 Classes

During the deficit reduction supercommittee deliberations last fall, ASTS became aware that pharmacy benefit managers (PBMs) were pushing to scale back and/or eliminate a policy that ASTS fought for several years ago. In the mid-2000s, ASTS and other concerned groups sought a legislative provision that strengthened the formulary coverage for six classes of Medicare Part D prescription drugs, including one for transplant patients, so these protections would be in statute rather than regulation only. Congress agreed and included this protection in Medicare law. The PBM proposal sought to roll back the protected status for these six classes of drugs. It failed when the Deficit Reduction Supercommittee failed to generate any proposals that obtained the support of the supercommittee. But this proposal could be revisited when sequestration is re-negotiated and is on the list of issues ASTS is monitoring.

Immunosuppressive Drug Coverage Extension Legislation – H.R. 2969 / S. 1454

S. 1454 and H.R. 2969, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011, were introduced late last summer by Senators Durbin (D-IL) and Cochran (R-MS) and Representatives Burgess (R-TX) and Kind (D-WI). Both versions of the bill are bipartisan. A version of this legislation has been introduced in several previous Congresses. The sticking point to passage of this bill has always been its cost to the federal government, even though common sense suggests that it would be cheaper for Medicare to pay for immunosuppressive drug coverage than for continued dialysis and perhaps another transplant once a transplanted organ is lost due to noncompliance with immunosuppressive drug therapy.

ASTS counsel spent many hours visiting Congressional offices in a coordinated effort, along with the American Society of Transplantation (AST), the National Kidney Foundation (NKF), Dialysis Patients Citizens, and the Renal Physicians Association (RPA), to secure as many cosponsors as possible. Due to these efforts, since the beginning of the year, the Senate version has nearly doubled its support to 14 cosponsors, up from 8 four months ago; similarly, the House bill now has 85 cosponsors, up from 48, as of the deadline for this issue. ASTS' goal is to ensure sufficient demonstrated support for the legislation so it can be passed as part of other Medicare legislation later this year, such as another temporary or permanent fix to the SGR.

Sunshine Act Implementation

The ACA also included a section on reporting of payments by the pharmaceutical and device industry to physicians, known as the Physician Payment Sunshine Act. The legislation created new reporting requirements for drug, biologic, and medical device companies to document and report all payments and transfers of value to physicians and teaching hospitals. Implementation of these requirements begins this year, with the first report by manufacturers due by March 31, 2013. A minimum value of $10/payment or $100/year triggers the reporting requirement. The provision requires reporting by companies of direct payments of honoraria, food, travel, and compensation for serving as a faculty member for an educational session. ASTS will be ready to inform members of their options and responsibilities as this policy is implemented.

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

Regulatory and Reimbursement Update

ASTS Meets with HRSA to Discuss OPTN Scope of Work

In February 2012, ASTS responded to a request from the Health Resources and Services Administration (HRSA) for public comments on the Request for a Proposal (RFP) to be issued for a contractor to operate the OPTN. In particular, HRSA was seeking comments about whether any changes should be made to the OPTN statement of work to improve existing OPTN processes and operations. In the Request for Information (RFI), HRSA sought comments on a number of issues, including whether certain new provisions should be added to the OPTN scope of work and whether certain tasks should be performed by a subcontractor rather than by the prime OPTN contractor directly.

ASTS submitted extensive comments in response to the RFI and subsequently met with staff at HRSA to discuss this topic. In its comments and at the meeting, ASTS emphasized the need for the OPTN to focus on its core responsibilities and for HRSA to refrain from expanding the scope of those responsibilities (with the potential exception of including VCAs under the authority of the OPTN); the need for the new OPTN contract to ensure that a mechanism is established for clinical input into OPTN policies and priorities on a quarterly basis; and the need for the new OPTN contract to address the challenges of the OPTN's current IT systems.

In addition, ASTS commented on the need to modify the current registration fee-based system for funding OPTN operations.

Preliminary indications suggest that HRSA is receptive to the views expressed by ASTS in its comments. It is anticipated that the OPTN RFP will be issued within the next several months.

ASTS Files Comments Objecting to Proposed Changes in OPTN Bylaws Relating to Hearing Procedures

In April 2012, ASTS filed extensive comments objecting to certain proposed OPTN bylaws changes that would modify the hearing procedures used to take adverse actions against transplant centers. ASTS was concerned that the changes were not clear and could curtail transplant centers' due process protections. In addition, the proposed changes as presented would have substantially expanded the role of the OPTN Executive Director and minimize the role of the MPSC.

OPTN heard ASTS' concerns and made changes to the proposed bylaws changes that protect the transplant centers' rights to due process and peer review. The new bylaws were formally approved at the June 2012 OPTN board meeting.

CMS Modifies Guidance to State Surveyors on Living Donor Recipient Centers as the Result of ASTS Comments

In March 2012, the Centers for Medicare and Medicaid Services (CMS) issued interim guidance to state surveyors with respect to the protocols to be used to survey living donor recipient transplant centers. The guidance appeared to hold living donor recipient centers responsible for donor centers' compliance with Medicare certification requirements in a number of key areas.

As the result of comments filed by ASTS and AST and subsequent discussions with agency officials, CMS modified the guidance significantly to allow recipient centers to rely on the CMS website to verify the donor center's certification status; to allow participation by both the donor and recipient centers in a paired donor registry in lieu of a written agreement between the two centers; and to remove much of the objectionable language that would have virtually made recipient centers the guarantors of donor center compliance with the CoPs.

ASTS Endorses Proposal to Treat VCAs as "Organs"

HRSA issued a proposal earlier this year to include vascularized composite allografts (VCAs) within the definition of "organs" under OPTN rules. ASTS submitted comments on the proposal supporting the inclusion of VCAs in the definition of "organs" for OPTN purposes insofar as this will ensure that physicians will be required to perform VCA procedures at OPTN member transplant centers and to comply with other safety and quality requirements.

As a result of the advocacy efforts of ASTS, the final document represents a significant improvement over the prior draft document, which held living donor recipient centers responsible for donor centers' compliance with Medicare certification requirements in a number of key areas.

Regulatory and Reimbursement Update

However, ASTS also emphasized that it is critical that the OPTN proceed cautiously in subjecting VCA procedures to potentially burdensome administrative requirements and to policies that may substantially increase the cost of VCA research. For example, the application of CMS cost finding and allocation policies to VCAs could lead to a dramatic and financially unsustainable increase in the cost of VCA research. ASTS therefore urged HRSA to provide the OPTN with the flexibility to proceed cautiously in this area, suggesting that the OPTN proceed in stages by first establishing safety standards and basic uniform data reporting requirements appropriately scaled for this nascent field.

PHS Goes "Back to the Drawing Board" on Communicable Disease Guidelines

As the result of an initiative spearheaded by ASTS and AST, the Public Health Service has gone "back to the drawing board" on the draft Public Health Service (PHS) "Guidelines for Reducing the Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Hepatitis C Virus Through Solid Organ Transplantation" (the "Draft Guidelines"), which were issued by the agency for comment on September 21, 2011. At this stage, it appears that the guidelines will be revised substantially before they are issued in final form and that many of the major issues of concern to ASTS will be addressed. ASTS and AST are currently in communication with PHS officials regarding a number of the remaining issues.

In other news:

Revalidation of Medicare Enrollment**:** Medicare is requiring providers, including physicians, to revalidate their Medicare enrollment. Physicians should be receiving letters from their Medicare contractors with instructions on how to do so. Providers can also determine whether they have been sent a letter at *www.cms.gov/MedicareProviderSupEnroll/11_Revalidations.asp*. Failure to update Medicare enrollment within the timeframe provided can result in loss of Medicare billing privileges. ASTS members who have not yet revalidated their enrollment may want to check their status on this list.

This means that transplant surgeons who reassign their Medicare payments to their medical practice plans, group practices, or to the hospitals (or hospital-affiliated entities) that employ them will be held responsible for billing errors made by those entities.

CMS has issued a proposed rule implementing a requirement in the Affordable Care Act that providers report and repay any Medicare overpayments within 60 days of when they are "identified." Failure to do so within the deadline subjects the provider to liability under the False Claims Act. The rule would also impose an obligation on providers to identify and repay overpayments going back 10 years. CMS is currently considering comments that strongly objected to the 10 year look-back and other onerous elements of the proposed rule.

The HHS Office of the Inspector General posted an Alert dated February 8, 2012, indicating that physicians who reassign their right to bill the Medicare program (which includes virtually all employed physicians) may be liable for false claims submitted by the entities to which they reassign their Medicare benefits. This means that transplant surgeons who reassign their Medicare payments to their medical practice plans, group practices, or to the hospitals (or hospital-affiliated entities) that employ them will be held responsible for billing errors made by those entities. The OIG Alert encourages physicians to monitor the claims submitted on their behalf by any entity to which Medicare benefits are reassigned. See *http://oig.hhs.gov/compliance/alerts/guidance/20120208.pdf*.

Also in February, ASTS submitted comments on CMS' proposed implementation of the Physician Payment Sunshine Act (Section 6002 of the Affordable Care Act), which requires manufacturers to report on certain "transfers of value" to physicians and on certain physician ownership interests in manufacturers and other entities. After CMS aggregates the data, it is to be made public. Because the proposed rule was extremely controversial, in May CMS announced that it will delay implementation until 2013.

Written by Rebecca Burke, Regulatory Counsel, and Diane Millman, Regulatory Counsel, Powers Pyles Sutter & Verville, PC.

OPTN | UNOS Corner

By Joel Newman, Assistant Director of Communications, UNOS

OPTN/UNOS Board of Directors Meetings

The OPTN/UNOS Board of Directors met June 25–26 in Richmond, Virginia, and took action on several key issues, including:

- It approved an OPTN and UNOS budget for Fiscal Year 2013. The OPTN budget is contingent upon current OPTN contract requirements and may be reassessed if major changes are included in the next request for proposal for continued operation of the OPTN. A formal notice will be sent to members after HRSA reviews and approves the OPTN fee.
- It adopted revisions to liver allocation policy to ensure broader access to organs for medically urgent candidates. Livers from adult deceased donors will be considered for candidates with a MELD or PELD score of 35 or higher at the local and regional level before being offered to any candidate with a lower score. In addition, livers from adult deceased donors will be offered to candidates who are listed as a Status 1A or 1B or who have a MELD or PELD score of 15 or higher at the local, regional, and national levels before they are offered to any candidates of lesser urgency within the local donation service area.
- It approved amendments to policy regarding the transplantation of candidates who are not residents of the United States. The amendments included refined definitions for more precise data collection of resident status, as well as new processes for review of transplants involving non-resident recipients and public reporting of such transplants.
- It accepted a series of amendments to the OPTN bylaws for greater readability and more logical organization of content. The Board also approved substantive revisions to the section of the bylaws addressing procedures for review of members' potential violations of, or non-compliance with, OPTN obligations.
- It endorsed an OPTN strategic plan to provide a framework for prioritizing development of future bylaws, policies, and initiatives. The Board also approved a UNOS corporate strategic plan and formed three new corporate committees to guide UNOS in corporate matters.

An executive summary describing all board actions is available on the OPTN website: *http://optn.transplant.hrsa.gov/members/executiveSummary.asp*. The next board meeting will be November 12–13 in St. Louis.

Information Technology Redesign (Chrysalis Project)

UNOS has redesigned and built the new information technology infrastructure to upgrade components of UNet^{SM}, UNOS' information technology system for organ matching and data management, and improve internal systems that support the functions of the Membership Department and Department of Evaluation and Quality.

The internal system work will improve UNOS' efficiency in processes such as onsite reviews and support of regional review boards. Progress is ongoing to upgrade the waitlist and match systems, which will allow quicker programming and implementation of policies. Many board-approved actions still awaiting implementation are expected to be programmed soon after completion of the waitlist and match systems. UNOS plans to conduct training and education in early 2013 to familiarize members with new features of the redesigned systems.

Kidney Paired Donation Pilot Program Update

Since the initiation of the OPTN's national kidney paired donation pilot program, 19 transplants have been performed as of May 2012 and two more were pending in June. As of May 2012, 118 kidney transplant programs have signed agreements to participate.

UNOS continues to improve automated data entry applications for participating programs to enter potential donors and candidates directly and view the eligibility status of donors and candidates. This fall UNOS plans to implement a donor pre-select tool to allow centers to enter donor acceptance criteria for individual candidates prior to match runs. This function will allow better efficiency in matching and decrease match declines based on potentially unacceptable antigens.

For more information about the paired donation pilot program, visit the article "Everything you want to know about the OPTN KPDPP in one place" on the UNOS member news archive: *http://communication.unos.org/2012/02/everything-you-wanted-to-know-about-the-optn-kidney-paired-donation-program/*.

Policy Plain Language Rewrite; Public Comment Items

A special effort will be made through the end of August to collect public feedback on proposed plain-language rewrites to current OPTN policy. Revisions are only intended to affect organization and clarity, not the substance or meaning of the existing material; thus the initiative is following a different approach from the usual public comment process. As with the recent project to update OPTN bylaws for plain language, any interested party may review proposed changes and provide input through a brief, web-based questionnaire. UNOS will compile the feedback and make additional changes as needed, in consultation with appropriate committees and staff, before the revised policies are considered by the OPTN/UNOS Board of Directors.

Policy and bylaw proposals for the fall public comment period will be issued approximately September 21, and comments will be accepted through mid-December. When they are released they will be posted on the OPTN web site: *http://optn.transplant.hrsa.gov/policiesAndBylaws/publicComment*.

ASTS Across the Field

ASTS is pleased to bring you this new feature spotlighting ASTS members and their transplant programs. We hope you will enjoy getting to know your colleagues and encourage you to submit a profile of your own program or a colleague. Send submissions or questions to Diane Mossholder, Communications and Web Content Manager, at *diane.mossholder@ASTS.org.*

Piedmont Transplant Institute

Front from left: Joshua Wolf, MD, John Whelchel, MD, Lance Stein, MD, Marty Sellers, MD. Back from left: Harrison Pollinger, DO, Erica Hartmann, MD, Eric Gibney, MD, Mark Johnson, MD, Noreen Carew, Roshan Shrestha, MD, and Miguel Tan, MD.

The Piedmont Transplant Institute (PTI) is a private, not-for-profit transplant center in Atlanta, Georgia. Since 1986, when Dr. John Whelchel started the transplant program at Piedmont Hospital, PTI has performed more than 2,700 abdominal organ transplants. The Institute offers kidney, pancreas, and liver transplantation. The liver transplant program was initiated in 2005 by Dr. Mark Johnson and to date, 500 livers have been transplanted.

Overall, PTI is in the top 15 percent by transplant volume nationally. A full complement of abdominal transplant services are offered, including a robust live donor and paired exchange kidney program that represents over 50 percent of the kidney transplants performed within the program, resulting in excellent long-term outcomes for kidney transplant recipients. It is the only kidney transplant program in Georgia that offers robotic-assisted donor nephrectomy and has an active

People and Places

This feature contains news about ASTS transplant surgeons and their programs. If you would like to be featured or know of someone who has recently changed positions, please submit the information to diane.mossholder@asts.org.

UF&Shands, the University of Florida Academic Health Center, reactivated its adult and pediatric liver transplant programs this spring after the arrival of Jeffrey Fair, MD, who became the new chief of the division of transplantation surgery in the UF College of Medicine's department of surgery. Fair, a liver, kidney, and pancreas surgeon, most recently worked at the Comprehensive Transplant Center at Cedars-Sinai Medical Center in Los Angeles.

Matthew Cooper, MD, FACS, is now Director, Kidney and Pancreas Transplantation, MedStar Georgetown Transplant Institute. He was formerly Associate Professor of Surgery and Director of Kidney Transplantation and Clinical Research in the Division of Transplantation at the University of Maryland Medical Center.

Chirag S. Desai, MD, is now with the Medstar Georgetown Transplant Institute. He was formerly assistant professor of surgery at the University of Arizona Medical Center.

Queen's Medical Center, Honolulu, Hawaii, saw its first liver transplants in March after opening a transplant program to fill the void left by the closing of the state's only transplant center at Hawaii Medical Center East. Linda Wong, MD, who performed the state's first liver transplant in 1993, also performed the new program's first liver transplant.

Florida Hospital has received UNOS approval to begin its lung transplant program after the arrival of Hartmuth Bittner, MD, as surgical director of the heart and lung transplant program. Dr. Bittner was formerly with the University of Leipzig in Germany.

Jean Botha, MB, BCH, FCS, has relocated to Wits University Donald Gordon Medical Centre in South Africa. He was formerly with the University of Nebraska Medical Center.

Thomas Diflo, MD, is now with the Westchester Medical Center. He was formerly with New York University.

Truman M. Earl, MD, has moved to the University of Mississippi Medical Center from Oregon Health & Sciences University in Portland.

desensitization program. Dr. Whelchel performed the first simultaneous kidney/pancreas transplant in Georgia. The first laparoscopic live donor nephrectomy in the state was performed at Piedmont.

Because of The Institute's location in Region 3, it has one of the shortest wait times (4 months on average) in the country for potential liver transplant recipients, as well as offering all treatment options for patients with hepatic malignancies including resection and trans-arterial chemoembolization, all under the auspices of the Transplant Institute.

The Institute directly employs more than 130 staff and 14 physicians. All transplant surgeons at PTI are active members of the American Society of Transplant Surgeons and serve on various committees. The program is led by Mark Johnson, MD, the program director and chairman as well as surgical director of the liver transplant program. The rest of the surgical team includes Miguel Tan, MD (surgical director, kidney and pancreas transplant), Marty Sellers, MD (director hepato-biliary services), Harrison Pollinger, DO, Matthew Mulloy, MD, and John Whelchel, MD (Chairman Emeritus).

In conjunction with the surgical team, there are four full-time transplant nephrologists: Carlos Zayas, MD (medical director, kidney and pancreas transplant), Eric Gibney, MD, Joshua Wolf, MD, Erica Hartmann, MD, and three full-time transplant hepatologists, Roshan Shrestha, MD (medical director, liver transplant), Lance Stein, MD, and Chakri Panjala, MD, who are all members of the American Society of Transplantation.

The success of the program stems from Christiana Care's strong support of the donation and transplant process and the supportive collaboration of Christiana Care's critical care teams and Gift of Life staff.

A clinical research staff also oversees 10 active clinical research studies that span the various disciplines, including belatacept conversion protocols, long-acting tacrolimus immunosuppression, and cutting-edge treatments for liver cancer using tyrosine kinase inhibitors.

Christiana Care Kidney Transplant Program

Christiana Care is one of only 250 hospitals in the United States performing kidney transplants and the only hospital in Delaware that performs adult kidney transplants. Of the 130 hospitals in the tri-state region (Pennsylvania, Delaware, and New Jersey) served by the Gift of Life Donor Program in Philadelphia, Christiana Care ranks first in the number of families who have chosen to donate organs. The success of the program stems from Christiana Care's strong support of the donation and transplant process and the supportive collaboration of Christiana Care's critical care teams and Gift of Life staff.

The Kidney Transplant Program began in July 2006 when S. John Swanson III, MD, FACS, became Christiana Care's first chief of Transplant Surgery, after serving as chief of Kidney Transplant Surgery at Walter Reed Army Hospital. Velma P. Scantlebury, MD, FACS, joined Dr. Swanson in July 2008 as Associate Director of the Kidney Transplant Program. Dr. Stephanie Gilibert, transplant nephrologist, is the Medical Director of the program.

To date, the program has completed more than 113 kidney transplants. About 34 percent of those procedures have involved living donors. Dr. Swanson observed that each living donor's selfless act not only saved one life from dialysis, but two. He explained that living donors, in donating a kidney to their loved one, free up a deceased donor kidney for another kidney failure patient on the waiting list to receive a transplant.

By offering the only adult kidney transplant program in Delaware, Christiana Care's experienced transplant team provides life-saving renal care close to home for residents of Delaware and the surrounding region. Our surgeons performed the first adult kidney transplants in Delaware in 2007: one from a deceased donor January 15, 2007, and the first living-donor transplant surgery on January 23, 2007.

A transplant program close to home is now a fact of life throughout Delaware. A second transplant clinic in Lewes allows patients from the central and southern counties in Delaware to be seen more easily by members of the team. Before 2007, Delaware residents who needed a kidney transplant had no choice but to travel to neighboring states

Velma P. Scantlebury, MD

ASTS Across the Field

S. John Swanson, III, MD, FACS

for their evaluation, surgery, and follow-up care. Traveling such distances for a transplant proved challenging for many patients, especially those living in southern Delaware.

"Being close and homegrown is very important," says Dr. Swanson, chief of the Kidney Transplant Program. "The familiarity of people from Delaware taking care of people who also are from Delaware is very comforting."

Dr. Rajeev Sharma

Rajeev Sharma, MD, is an Honorary Chief Consultant in transplant surgery at Apex Hospital in Jaipur, India. He recently completed an ASTS transplant surgery fellowship at McGaw Medical Center of Northwestern University in Chicago in January 2012. Coming from a small town in a state with one of the highest illiteracy rates in India, he has studied and trained at some of the best centers in the world, and has now gone on to lead a transplant program.

Dr. Sharma completed his medical school (MBBS) and most of his surgical training in India, including a three-year residency in General Surgery leading to a degree of Master of Surgery in general surgery and a two-year senior residency in Surgical Oncology from the prestigious All India Institute of Medical Sciences in New Delhi.

They also published one of the first studies on the outcomes in living and deceased donor liver transplant for primary sclerosing cholangitis, which provided greater insight into this disease to the medical community.

He then came to the United States to complete a two-year postdoctoral research fellowship at McGaw Medical Centr of Northwestern Univeristy with Dr. Ashok Jain, who became his mentor. During those two years, he published 13 journal articles and 12 abstracts and also presented his work at ATC in Toronto in 2008. Drs. Sharma and Jain did some pioneering work on the utility of trichrome stain for assessing the fibrosis score in post liver transplant biopsies with HCV virus infection, which is now the standard of care. Their work on pharmacokinetics of tacrolimus and mycophenolate mofetil established dosage recommendations for these drugs in living donor liver transplant patients. They also published one of the first studies on the outcomes in living and deceased donor liver transplant for primary sclerosing cholangitis, which provided greater insight into this disease to the medical community. Dr. Sharma's publication record includes 23 journal articles, 12 abstracts, and a book chapter in leading medical journals of international repute.

He began his clinical transplant training at the University of Virginia but soon relocated to Chicago to complete an ASTS transplant surgery fellowship with accreditation in liver, kidney, and pancreas transplants. There he was mentored by eminent surgeons like Dr. Dixon Kaufman and Dr. Riccardo Superina.

Rajeev Sharma, MD

With more than a decade of surgical training, he accepted the position of an Honorary Consultant at Apex Hospital in Jaipur, India, where he is helping the hospital set up a new transplant program, the first of its kind in the western Indian state of Rajasthan. He hopes to give something back to his hometown in the form of a state-of-the-art transplant service at very low cost. While awaiting the start of that program, he is also working at Children's Hospital of Pittsburgh of UPMC to gain additional experience in pediatric transplants.

Join The Conversation

CenterSpan is where your colleagues go to discuss transplantation and immunology topics. Don't be left out! Sign up at *www.ASTS.org/ListServSubscribe.aspx today.*

Take Advantage of ASTS Business Practice Services

2013 Business Practice Seminar: "Crisis Management and Communications: Is Your Center Prepared?"

As part of its commitment to facilitate ASTS members' understanding of the business aspects of transplantation and provide education and guidance on transplant management under increasing public visibility, the Business Practice Services Committee is pleased to sponsor the 6th Annual Business Practice Seminar held in conjunction with the 2013 ASTS State of the Art Winter Symposium January 31 – February 3, 2013. The seminar will focus on preparation for and management of crisis events and their potential wide-ranging impact on transplant center activities. Areas of focus will include preparation for potential crisis events at the institutional level and effective strategies for dealing with the media after an unplanned major transplant-related event. Given the high level of risk in the field of transplantation, this symposium will cover important topics of discussion for all members of the transplant team. The seminar will be presented in two complementary parts: Part I: "Crisis Management and Working with the Media" and Part II: "Managing Public Response to Adverse Transplant-Related Outcomes."

Transplant Center Policy Library: Subscribe Today!

Streamline your transplant center operations now. Subscribe to the ASTS' dynamic subscription service of sample policies and templates designed to provide transplant centers with the building blocks they need to successfully manage and navigate the growing regulatory and quality improvement environment.

The library is available for purchase as a subscription service online in the *ASTS store*. The library currently offers 11 initial polices, listed below. ASTS provides subscribers with updates to policies on a regular basis and will add additional policies to the subscription as they are developed. If you have suggestions on additional policies for the committee to tackle, please email *laurie.kulikosky@ASTS.org*.
Policies include background information on regulatory requirements, best practices, and implementation guides for each topic area.

Member Rate: $1,000 per year Non-Member Rate: $2,000 per year

The annual subscription to the ASTS Transplant Center Policy Library gives the subscriber access to the latest updates to the template policies and eligibility to receive additional policies developed during the subscription year at no additional cost.
Initial policies included in the ASTS Transplant Center Policy Library Subscription Service:

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

2013 ASTS Transplant Surgeon Compensation Survey

The 2013 ASTS Transplant Surgeon Compensation survey will be fielded in the fall of 2012, and results will be available to participating members at no charge. Don't forget to participate to get your copy for free! The survey results will also be available for purchase online in the ASTS Store.

2012 ASTS Leadership Development Program

This well established and popular ASTS program enters its third year in September with a full roster of attendees. A wait list is being maintained for the 2012 program and plans for two levels of the program are in the works for 2013. ASTS welcomes back respected instructors from the Kellogg School of Management and our own ranks. For a full agenda and further information about the expanded 2012 program, please visit *www.ASTS.org/Meetings/LeadershipDevProgram.aspx*. If you have questions or would like to be placed on the wait list, please contact Laurie Kulikosky at *laurie.kulikosky@ASTS.org*.

For further information on the initiatives of the Business Practice Committee, please contact ASTS at ASTS@ASTS.org or 703-414-7870. Visit us online at *www.ASTS.org/bps*.

Scientific Study

Kidney Transplant Evaluation and Obesity

Authors: Yolanda Becker, MD
Peter Abt, MD
Sandy Feng, MD, PhD

The prevalence of obesity is steadily increasing in the United States, encompassing up to one-third of adults over the age of 20 (JAMA, 295(13):1549-1555). The USRDS reports that over 60 percent of ESRD patients were overweight at the time of transplant. Obesity at the time of transplant is widely believed to be a risk factor for wound healing. Studies have also shown an increased risk of rejection, although this data is not conclusive.

The listing and transplant criteria for Body Mass Index (BMI) vary across transplant centers. In a survey of the ASTS membership, the Scientific Studies Committee gathered data about the range of BMI that is acceptable at transplant centers and determined the pre-transplant regimen employed for treatment (i.e., surgical therapy, dietary modification alone, or a combination of therapy).

On January 31, 2012, a survey was sent to the Surgical Directors of kidney transplant programs across the country. We greatly appreciate the centers that responded. A total of 67 of 150 centers responded to the survey.

While many centers initiate the evaluation at a higher BMI, 98.5 percent have a BMI criterion of 35 as the upper limit to make a patient active on the waiting list. If the patient was over the BMI limit, 74.2 percent of centers gave the patient a BMI target as a criterion for initiating the process for transplant evaluation. Dietary consultation specific for weight loss is provided to the patient by 93.5 percent of the centers responding to the survey. Additionally, 83.3 percent of centers have the transplant coordinator monitor the patients for weight loss via telephone update every 3 to 6 months. However, even with monitoring, 81.5 percent of centers did not have data regarding the success of the patients in attaining their weight loss goal. Of the 12 centers that provided data, only 30 percent of the patients were successful in achieving their goal. Seventy-five percent of centers referred candidates for bariatric surgery, but few patients participated. Nearly all centers had performed a kidney transplant on a patient who had a history of bariatric surgery prior to transplant.

While obesity is clearly an issue for U.S. transplant centers, only 28 percent of centers had data specific to the impact of obesity on transplant graft outcome or patient survival.

We hope that this survey provides information for the ASTS membership to assess their local center practice.

Comments included:

- Previous review at our center showed no impact on graft or patient survival but higher complication rate and longer length of stay.
- No patients lose weight without bariatric surgery. If we did not transplant the morbidly obese, we would not do many transplants.
- We use [a] BMI [of] 35 as a guideline but it is not absolute. There are other considerations such as body shape, urgency for transplant, comorbid conditions, and ability to lose the weight.
- Very important topic. Our tolerance for patient obesity also varies with patient age.
- BMI cutoff of 36 is a relative number. Depending on how obese the patient is in the abdomen, we sometimes will push it to BMI 40 to do the transplant or if it is a desperate situation losing access, etc.
- Our internal data show a trend towards worse graft survival but the numbers are too small. We got killed on this point by CMS [Centers for Medicare and Medicaid Services]. Not so much on the criteria, but on the fact that we weren't really enforcing our own criteria and monitoring the effect of our criteria. We really can't argue with that—they were right. We have become overly strict on this, especially considering the softness of the data, but it is what it is.
- I have data from my previous center and from national data; they are conflicting!
- This is a complex issue. We see that the impact is related to control of HTN and DM. It also is a marker for the patients who are willing to assume control of their part of the treatment plan. We have seen some gain as much as 90 pounds in one year post transplant. The underlying psych issues are at the core of the problem. We do have a support group for this population that is started immediately post transplant. However, it is indeed based on the patient's willingness to participate. I look forward to the summary of this information.

National Living Donor Assistance Center Providing a Helping Hand To Living Donors

"The NLDAC is a wonderful program and I can't say enough about it. To have the airfare, hotel stay, taxis, and meals paid for was so helpful. Everyone was so helpful, and I will definitely tell anyone who is even thinking of being a living donor to work with you if they decide to do it. THANK YOU!"
—M.F. Cedars-Sinai Medical Center

The mission of the National Living Donor Assistance Center (NLDAC) is to reduce financial disincentives to living organ donation and provide assistance to those who want to donate an organ. Priority is given to those who cannot afford the travel expenses associated with living organ donation.

NLDAC pays for the donor to travel to the transplant center for the evaluation, surgery, and medical follow-up. Nearly 3,000 applications have been filed since the NLDAC was established in 2006. If you would like more information, please call the NLDAC staff to set up a training session with your transplant team.

National Living Donor Assistance Center

703-414-1600
nldac@livingdonorassistance.org
www.livingdonorassistance.org

ASTS Grants Ceremony

Grants presented at the ASTS Grants Ceremony, Monday, June 4, 2012. For more information about these grant recipients, visit *www.ASTS.org/awards/recipients.aspx.*

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

This year's recipient was Ronald M. Ferguson, MD, PhD, Professor Emeritus of Surgery, Comprehensive Transplant Center at Ohio State University. He has held numerous leadership positions in academic medicine and transplantation over the course of his career, including Chairman of the Department of Surgery at Ohio State from 1993 to 1999. He is a past president of the Society of University Surgeons and of the American Society of Transplant Surgeons and has served two terms on the board of UNOS in addition to sitting on numerous UNOS committees. He has also authored more than 350 publications on issues in organ transplantation. Dr. Ferguson was presented the award by ASTS President Mitchell L. Henry, MD, on Sunday, June 3, 2012, during the General Session. For more about Dr. Ferguson and the award, visit *www.ASTS.org/Awards/Pioneer.aspx.*

◄The 2012 ASTS – OptumHealth Presidential Student Mentor Grant *went to four recipients, three of whom were able to receive the grant in person. Pictured are Ginny Bumgardner, MD, PhD, ASTS Awards Committee Chair; Jon Friedman, MD, National Medical Director, Transplantation, OptumHealth; recipient Matthew Tobin, BS, University of Illinois at Chicago, College of Medicine; recipient John Vasko, Northwestern University Feinberg School of Medicine; recipient Steven Kim, Emory School of Medicine; and Mitchell L. Henry, MD, ASTS President.*

Jennifer Kasten, MD, MSc, *University of Washington, Department of Surgery, received the 2012 ASTS Scientist Scholarship. Pictured are Ginny Bumgardner, MD, PhD, ASTS Awards Committee Chair; Dr. Kasten; and Mitchell L. Henry, MD, ASTS President.*

ASTS Grants Ceremony

Dorry Segev, MD, PhD, *of Johns Hopkins University received the* 2012 ASTS – Pfizer Mid Level Faculty Grant. *Pictured are Ginny Bumgardner, MD, PhD, ASTS Awards Committee Chair; Eliezer Katz, MD, FACS, Senior Director, Transplantation, Pfizer, Inc.; Dorry Segev, MD, PhD; and Mitchell L. Henry, MD, ASTS President.*

James McDaid, MD, PhD, of Massachusetts General Hospital and Harvard Medical School, received the 2012 ASTS – Astellas Fellowship in Transplantation Grant. Pictured are Ginny Bumgardner, MD, PhD, ASTS Awards Committee Chair; Doug Nolan, Senior Marketing Director, Astellas; James McDaid, MD, PhD; and Mitchell L. Henry, MD, ASTS President.

Scott Nyberg, MD, PhD, and Peter Wettstein, PhD, *both of the Mayo Clinic, Rochester, MN, received this year's* ASTS – Pfizer Collaborative Scientist Grant. *Pictured are Ginny Bumgardner, MD, PhD, ASTS Awards Committee Chair; Eliezer Katz, MD, FACS, Senior Director, Transplantation, Pfizer, Inc.; Scott Nyberg, MD, PhD; and Mitchell L. Henry, MD, ASTS President.*

Yiing Lin, MD, PhD, *of Washington University, St. Louis, received the* 2012 ASTS – Astellas Faculty Development Grant. *Pictured are Ginny Bumgardner, ASTS Awards Committee Chair; Doug Nolan, Senior Marketing Director, Astellas; Yiing Lin, MD, PhD; and Mitchell L. Henry, MD, ASTS President.*

American Transplant Congress 2012

The 12th joint meeting between the American Society of Transplant Surgeons and the American Society of Transplantation
June 2–6, 2012, John B. Hynes Convention Center, Boston, Massachusetts

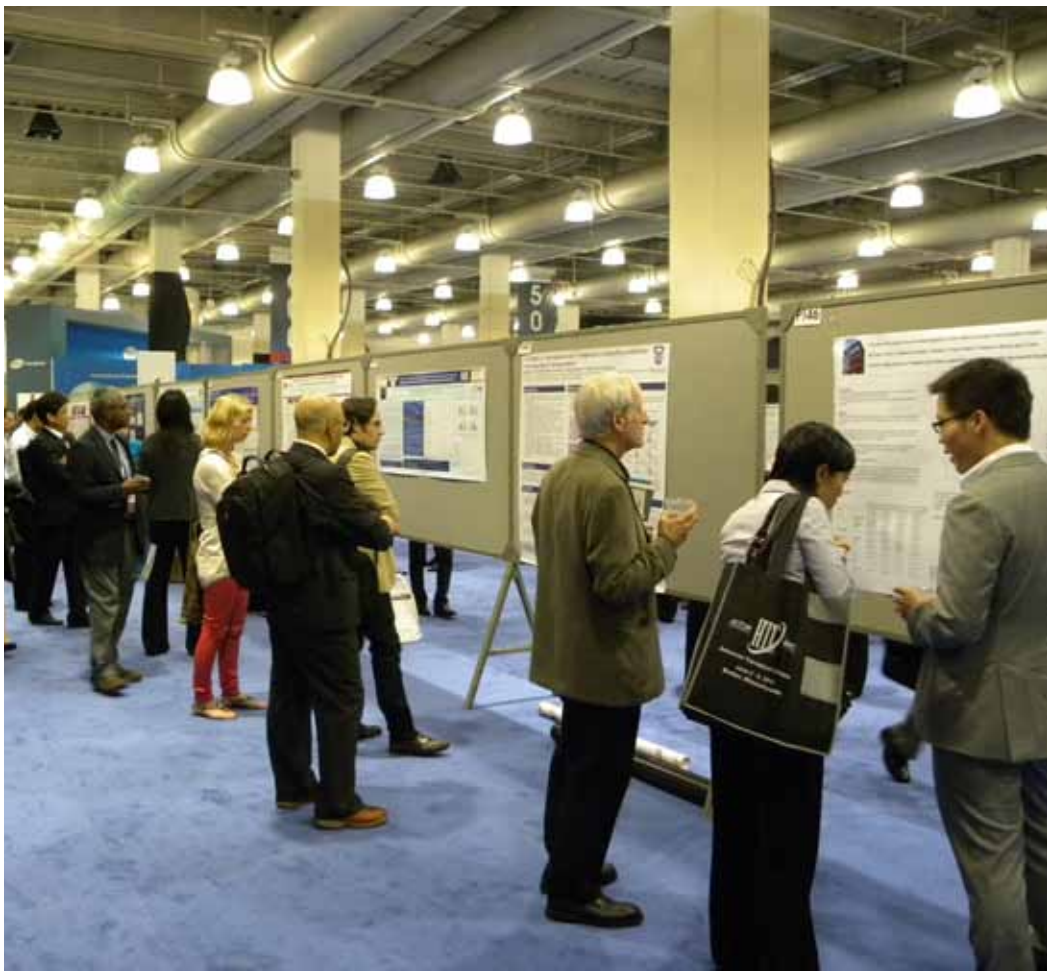
The 2012 American Transplant Congress took Boston by storm—literally. But even days of pouring rain couldn't dampen the enthusiasm of ASTS members who attended the conference, which attracted more than 5,000 attendees to the John B. Hynes Convention Center. With more than 50 symposia, 25 workshops, and 73 concurrent sessions, ATC offered something for everyone. More than 2,000 abstracts were submitted for the conference, covering a variety of research and clinical topics.

Among the most popular were the "Controversies in Transplantation" sessions. In the "Regulatory Environment: Autonomy vs. Regulation" session, Thomas Hamilton, BA, MA, Director, Survey and Certification Group, Centers for Medicare and Medicaid Services (CMS), defended regulation by saying that a pattern of serious problems in many transplant centers warranted oversight action by the CMS. Dorry Segev, MD, PhD, Associate Professor of Surgery, Epidemiology, and Biostatistics, and Director of Clinical Research, Transplant Surgery, Johns Hopkins University, Baltimore, argued that many good transplant centers are at risk for unjust flagging due to the current regulatory environment.

In the "Are Molecular Diagnostics the Wave of the Future?" session, Philip Halloran, MD, PhD, OC, drew inspiration from "Star Wars" as he advised Seth Karp, MD, to embrace his destiny and accept molecular diagnostics. Dr. Karp countered with his preferred title for his presentation, "Molecular Diagnostics: Science Fiction or Magic?" Dr. Halloran argued that molecular approaches offer considerable potential for diagnostic accuracy of allograft biopsies, and Dr. Karp expressed reservations about these approaches.

The FDA Symposium, "FDA and Solid Organ Transplantation: Meeting the Challenges of Drug Development in Transplantation," focused on whether orphan drug development could benefit transplantation and the exposure-response relationship of fixed dosing and therapeutic drug monitoring.

The "What's Hot, What's New" session was very well attended. Jay Fishman, MD, presented the basic science selections, while Abhinav Humar, MD, presented the clinical science. Dr. Fishman addressed genetics, microRNAs, antibody-mediated rejection,



regulatory T cells, and costimulatory blockade, and Dr. Humar presented advances in kidney, liver, heart, and islet cell transplantation. If you missed any of the sessions, you can access them online by purchasing ATC OnDemand at *http://2012.atcmeeting.org/best-value-package-atc-ondemand.*

Keeping Score

Mitchell L. Henry, MD, President of ASTS, gave his Presidential Address Monday morning during the General Session. After charming the audience with a slideshow during which he playfully exchanged a series of text messages about the various attributes of transplant surgeons, he spoke about competitiveness. Beginning with the space race and the huge benefits it brought in both technology and economic growth, he then talked about competition in sports and the value of playing with the older kids as a way to make sure he was playing up, not down. All the players keep score in sports, and Dr. Henry said transplantation is no different. With all the statistics and metrics kept by transplant centers, government agencies, and other parties, everyone involved with the field is keeping score—including commercial payors.

"I don't have to tell you, all of these people are keeping score, and at some level, we need to meet their expectations. My concern is that this may, in fact, affect patient access to transplantation, as older and sicker patients may be left behind in the name of optimal outcomes. As a result of our past successes, our patient population continues to be more complex, and we need to apply all our efforts at continuing the successes in these patients," Dr. Henry said. "We have to continue to strive for realistic goals, sophisticated risk stratification, and statistical methods to evaluate both sides of the transplant equation, donor organ quality and recipient outcomes. We need to be transparent with our processes and outcomes, as we continue to be the leaders in the medical environment in reporting and applying process improvement to optimize outcomes."

He noted that transplant surgeons are "bred to win" through the demands of their training and observed that they hate to lose more than they love to win.

Dr. Henry ended his speech by assuring the audience that the Society remains strong. "I think I've heard every presidential address since my first meeting in 1985, and each has talked about the privilege and honor to serve the Society. However, until this past year, it seemed to me that it was something that I was expected to say. After working through this last year, I can tell you with great humility that I now understand those words, and it truly has been an honor and privilege."

You can read the entire text online at *www.ASTS.org/TheSociety/HistoryBook.aspx.*

Hubbub at the Top of the Hub

Monday night, Dr. Henry and his guests ascended the Prudential Tower to the Top of the Hub to enjoy spectacular views of Boston as the sun set, along with cocktails and conversation. The first surprise event of the night was the arrival of Dr. Henry's children, Luke and Erin.

After a delicious dinner, Michael M. Abecassis, MD, MBA, sprang the second surprise of the night: a roast of Dr. Henry. Dr. Abecassis gave a slide presentation purporting to document Dr. Henry's pursuit of extra cash by doing odd jobs to pay for the ubiquitous Christian Louboutin shoes for his wife Marge. Several other guests got up to share in the good-natured teasing, including Drs. Kim Olthoff, Ron Ferguson, Goran Klintmalm, Alan Langnas, and Robert Gaston, President of AST.

Next year's ATC will be held in Seattle May 18–21, 2013. Mark your calendar and be sure to join us for another exciting round of educational and networking opportunities!

Down to Business

Tuesday evening, it was standing room only as ASTS members gathered for the Annual Business Meeting. Members heard reports from numerous committees, voted to approve significant bylaws changes, and learned the results of the elections, welcoming Kim M. Olthoff, MD, as the new President, while Mitchell L. Henry, MD, became the Immediate Past President and Michael M. Abecassis, MD, MBA, became Past President. Other changes to the ASTS Council are:

President-Elect
Alan N. Langnas, DO
Professor of Surgery
Director of the Nebraska Center for Transplantation; Chief, Division of Transplant Surgery
University of Nebraska Medical Center, Omaha, NE

Treasurer
Timothy L. Pruett, MD
John S. Najarian Surgical Chair in Clinical Transplantation, Chief, Division of Transplantation
University of Minnesota, Minneapolis, MN

Councilors-at-Large:
Jean C. Emond, MD
Thomas S. Zimmer Professor, Chief of Transplant Services,
Columbia University & The New York Presbyterian Hospital, New York, NY

Abhinav Humar, MD
Professor of Surgery, University of Pittsburgh; Clinical Director,
Starzl Transplant Institute, Pittsburgh, PA

Lloyd E. Ratner, MD, MPH
Professor of Surgery, Director, Renal & Pancreatic Transplantation
Columbia University/New York-Presbyterian Hospital
New York, NY

(See the complete updated Council list on page 2.)

The bylaws changes approved included altering some member categories (Associate membership will now include administrators, and a new trainee category was added) and a restructuring of several committees, including making two ad hoc committees (Minority Issues and Vascularized Composite Allograft) into standing committees (and Minority Issues was renamed Diversity Issues). For a complete list of committees and bylaws, visit www.ASTS.org.

After the meeting, members gathered for one last networking opportunity at the Member Reception and thanked companies who contribute to the Society with a Corporate Recognition Ceremony.

Clockwise from top: Dr. Henry, his wife Marge, his parents, and his children; members enjoying the roast of Dr. Henry; Dr. Alan Langnas, Maggie Kebler, Dr. Dorry Segev, Dr. Lewis Teperman, and Dr. Michael Abecassis; Dr. Abecassis, Dr. Robert Merion, Dr. Henry, Dr. Goran Klintmalm, and Dr. Kim Olthoff; Dr. Chris Freise, Dr. Kim Olthoff, Dr. Jean Emond, and Dr. Ginny Bumgardner; past presidents of ASTS; and Drs. James Pomposelli, Liz Pomfret, and Kim Olthoff join in the spirit of Dr. Abecassis' roast of Dr. Henry, which included many mentions of red-soled Louboutin shoes.

American Society of Transplant Surgeons

Recognition Awards

Nomination Deadline is September 7, 2012

Submissions are now open for the ASTS Recognition Awards. Now is your opportunity to recognize a faculty member, mentor, or peer who demonstrates outstanding leadership, stewardship, and capacity to train transplant professionals.

Vanguard Prize

Honors junior members for their publication efforts in basic and clinical research

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

Acknowledges the efforts of established surgeons for their stewardship of fellowship trainees and junior faculty

Advanced Transplant Provider Award

Recognizes the time and effort dedicated to advancing surgical management in transplantation

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

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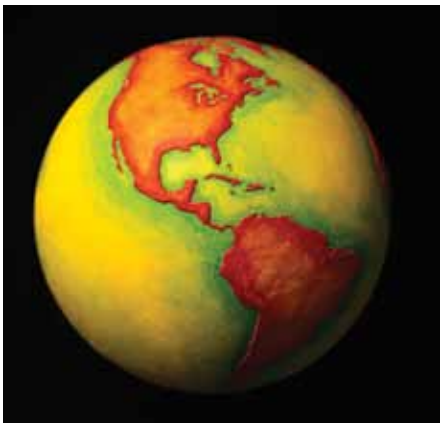

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Employers have the opportunity to post job openings on not only the ASTS Career Center, but also selected sites through the National Healthcare Career Network (NHCN), an integrated network of nearly 300 associations formed to connect healthcare employers with highly qualified candidates in numerous specialties. Now employers can choose to have their openings seen by even more potential qualified applicants without repeating the posting process—the NHCN will choose the most relevant sites on its network for openings based on the keywords in the job description.

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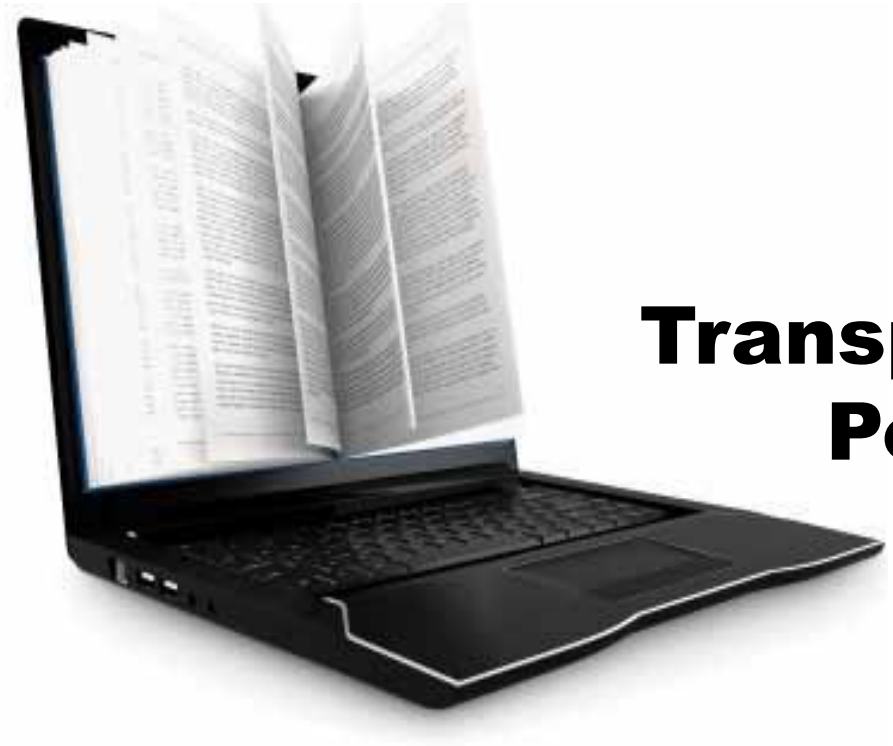

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- Communication of Donor Cultures
- Policy on Policies
- Vessel Storage
- Responsibility for Transport of Living Donor Organs

Calendar

The ASTS is pleased to coordinate with other professional organizations to maintain a relevant events calendar. If your organization would like to list an event on this calendar, please contact Diane Mossholder 703-414-7870 or diane.mossholder@ASTS.org.

Upcoming ASTS Events

www.ASTS.org/meetings

September 9–12, 2012
2012 Leadership Development Program
Kellogg School of Management, Northwestern University
Evanston, Illinois

October 26–27, 2012
6th Annual Surgical Fellows Symposium
Omni Hotel Hilton Head
Hilton Head

January 31–February 3, 2013
13th Annual State of the Art Winter Symposium
Loews Miami Beach Hotel
Miami Beach

May 18–22, 2013
American Transplant Congress
Seattle

September 2012

September 9-11, 2012
AHRQ 2012 Annual Conference
Bethesda North Marriott Hotel and Conference Center
Bethesda, MD
meetings.capconcorp.com/ahrq/

September 19-21, 2012
Association for Multicultural Affairs in Transplantation 20th Annual Meeting
Marriott New Orleans
New Orleans, LA
asmhtp.org/events.aspx

October 2012

October 4-5, 2012
Donation and Transplantation Community of Practice
7th National Learning Congress
Gaylord Texan
Grapevine, TX
www.organdonationalliance.org

November 2012

November 15-17, 2012
American Society for Reconstructive Transplantation 3rd Biennial Meeting
The Drake Hotel
Chicago, IL
Phone: 312-263-7150
www.a-s-r-t.com
Email: contact@a-s-r-t.com

March 2013

March 22-23, 2013
Antibody Mediated Rejection in Liver Transplantation
Adolphus Hotel
Dallas, TX
www.camenaegroup.com/AMR.htm

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- Facilitating active discussions of transplantation among experts in many fields, creating forums for the exploration and critical analysis of public policy and ethical issues

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