

chimera

ASTS 
American Society of Transplant Surgeons
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AMERICAN SOCIETY OF TRANSPLANT SURGEONS

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LETTER FROM THE p r e s i d e n t



Dear Colleagues:

As this letter goes to press, the winter holiday season is here, and I want to extend my best wishes to all for a healthy and productive 2002.

The joint ASTS/ AST Endpoints conference held at the Natcher Center on the NIH Campus, November 5 & 6, 2001 was well attended, and the discussions were lively. I felt the two day meeting was productive in that many of the challenges facing clinical investigation in our field were highlighted. As is so often the case, more questions were asked than answered, but a strong foundation for future efforts was established. Special thanks to Paul Kuo and Arthur Matas representing the ASTS, and Hamid Rabb and Amir Tejani representing the AST in organizing this important event.

As previously noted, the Center for Scientific Review (CSR) of the NIH is working through a re-organization plan for the study sections, and this process has raised some concerns within the transplant research community. During a meeting with CSR leadership at the NIH on November 6, 2001, I was afforded the opportunity to represent the ASTS in this regard. The CSR leadership was very receptive to our concerns regarding relevant peer review, as well as the importance of preventing dilution of transplant research applications into multiple different study sections. Dr. Ellie Ehrenfeld, CSR Director who attended the meeting, has provided her perspective on the process (Chimera, this issue, page 7). The ASTS has also provided names to the CSR who are considering membership on the Boundary Committees who will provide formal guidance to the CSR in this re-organization.

Many projects prioritized during the September Strategic Planning retreat have been initiated. Dick Howard has made substantial progress on recommendations for a possible ASTS foundation to further support the educational and research aspects of our organizational mission. Avi Shaked has begun discussions with Jay Hoofnagle of the NIDDK on a possible collaboration exploring living donor liver transplantation. Jim Schulak initiated discussions with Dr. Thomas Russell, Executive Director of the American College of Surgeons as we seek to broaden ASTS participation in various ACS functions. Similarly, I have begun discussing possible strategies for enhancing ASTS presence at the American Board of Surgery. Although these discussions are presently in their preliminary stages, each has been met with encouragement from the respective individuals involved. I look forward to continued progress, and we will keep you apprised as things progress.

Our legislative and public policy Counsel, Peter Thomas, with the able assistance of Jeremy Allen, ASTS has been working hard to keep us well apprised and represented in Washington. Among important issues, Medicare reimbursement has been prominent during recent weeks as the Congress debates further reduction in professional reimbursement. Additionally, ASTS has provided initial comments to Senator Frist's office on an early Draft of a new Organ Donation and Recovery Act.

Finally, Sandy Feng and the Vanguard Committee have organized what promises to be a fantastic program for the Second Annual ASTS Winter Meeting being held at the Eden Roc Resort and Spa in Miami Beach, January 25-27, 2002. I urge you to make plans to attend.

Again, on behalf of your Council, I urge you to let us know what you are thinking. Your input is essential as we work to represent your interests.

Marc I. Lorber, M.D.
President

The following are updates from ASTS Committees:

Awards Committee

The Awards Committee met by conference call on 5 November, 2001. The committee discussed the concept of extending certain ASTS awards should the awardee be working toward an advanced degree. For the ASTS Novartis Fellowship, Roche Surgical Scientist Scholarship, Thoracic Surgery Fellowship, and Folkert Belzer MD Research Award, individuals using the initial two years toward work on a Ph.D. or similar degree would be encouraged to apply for an extension of the award for a third and possibly fourth award year. Letters providing evidence of enrollment in a doctorate program as well as information from the degree sponsor indicating appropriate progress would be required. Certain other details would be needed to determine how an extended award would apply to any individual. This concept is a work in progress and is being more fully defined through the committee, council, and officers. The Awards Committee also is considering naming of certain awards to honor distinguished persons who have made valuable contributions to the field of transplantation, and seeking matching of funds for development. Committee members have recommended a number of individuals in the Society who might contribute by reviewing awards applications. The committee continues to review the awards process regularly and to report to the council. 🦄

Informatics and Data Gathering Committee:

A list of journals that ASTS Members can subscribe to at a discounted rate has been posted on the ASTS website, www.astts.org (They also appear in this issue of the *Chimera*). There is also a link to the American Transplant Congress site for the April 26-May 1, 2002 meeting to be held in Washington, DC. This link provides program, registration, hotel and abstract submission information. 🦄

Standards on Organ Procurement Committee:

The Committee is conducting an organ procurement survey to be circulated to program directors who are members of ASTS/UNOS. UNOS and many OPO's addressed ASTS regarding the lack of guidelines for qualifications of procurement teams. This has medical legal and regulatory implications but it is probably necessary to promulgate guidelines at this time since the absence of guidelines is becoming worse than any problems they might create. Based on the results of the survey ASTS will propose draft recommendations to the ASTS Council. 🦄

Thoracic Organ Committee:

ASTS and the Society of Thoracic Surgeons are conducting a joint program again in 2002. The meeting will be: ASTS/STS 2nd ANNUAL JOINT PROGRAM - January 27, 2002 in Ft. Lauderdale, Florida - 5:30 pm. This is immediately after the ASTS Winter Symposium in Miami Beach. You can register by going to www.sts.org. The program is:

“Issues in Heart and Lung Transplantation Surgery”

The topics will be as follows:

1. “Assist Devices - Inpatient, Outpatients, and Permanent”
Pat McCarthy, Cleveland Clinic
2. “Viral Problems in Cardiothoracic Transplant Patient (CMVEBV and herpes)”
Bartley Griffith, University of Pittsburgh
3. “Pulmonary Vascular Disease Alternatives to Transplantation”
John Conte, Johns Hopkins University
4. “Management of the Marginal Donor” - a report from the Crystal City Conference
Robert Love, University of Wisconsin

ASTS News:

ASTS has been awarded full accreditation as a provider of continuing medical education for physicians for a four year term from ACCME.

AJT News:

The **American Journal of Transplantation** (AJT) has been accepted for coverage at ISI beginning with Volume 1, Issue 1, May 2001. It will be included in the following products from ISI:

- Science Citation Index Expanded (including the Web of Science)
- ISI Alerting Services
- Current Contents/Clinical Medicine

Other index and abstract services AJT is indexed in:

Chemical Abstracts <http://www.cas.org>
CAB Abstracts <http://www.cabi.org>
CAB Health <http://www.cabi.org>

American Journal of Transplantation is currently for review at Medline awaiting acceptance. 🐉

As 2001 comes to a close, ASTS is playing a key role in transplantation issues and other legislative and regulatory matters that impact physicians generally. ASTS will continue to work to influence policy as the first session of the 107th Congress draws to a close, and will update its members on important developments in Washington as they occur.

Congress is continuing to wrestle with an array of difficult issues as it moves towards adjourning for the winter. As of this writing, several appropriations bills, including the bill funding the Departments of Labor, Health and Human Services, and Education had not been signed into law. In addition, talks are beginning on the stalled economic stimulus bill and on granting trade promotion authority to the president. The controversial issue of human cloning also re-emerged after a Massachusetts company reportedly produced a cloned human embryo. All of these issues set the stage for a contentious and unpredictable end to the session.

Advisory Committee on Organ Transplantation

The Department of Health and Human Services' Advisory Committee on Transplantation (ACOT) held its first meeting on December 3 and 4 just outside Washington, D.C. The ACOT was created under the HHS Organ Procurement and Transplantation Network final rule of 1999 and was originally created to advise the Secretary of Health and Human Services on all aspects of organ procurement, allocation and transplantation, including independent review and advice on organ allocation policies developed by the nation's transplantation network.

Former HHS Secretary Donna Shalala appointed 20 members to the committee on January 12, 2001, including former ASTS President Nancy L. Ascher as chair. The committee was originally scheduled to meet on May 1 and 2; however, that meeting was postponed indefinitely. HHS announced in August that Secretary Tommy Thompson was expanding the committee from 20 to 41 members and amended its charter to expand the scope of its responsibilities to include advising the Secretary on ways to increase organ donation nationally.

The two-day meeting focused on strategies to increase organ and tissue

donation as well as a review of current federal organ allocation policies. Staff from HHS presented a review of the major policies contained in Secretary Thompson's Gift of Life Donation Initiative announced earlier this year, including:

- **The Workplace Partnership for Life:**

An effort to involve businesses, organizations, national associations, and other places of employment in educating their employees or membership about the critical need for organs, tissues, marrow, or blood;

- **The National Forum on Donor Registries:**

Officials from the Health Resources Services Administration

ASTS is playing a key role in transplantation issues and other legislative and regulatory matters that impact physicians generally.

detailed some of the outcomes from the forum, which was held November 26 and 27;

• **Driver's Education Curriculum:** HHS will be convening an expert panel to review existing organ and tissue donation curricula for driver's education programs and select or create a curriculum for driver's education and other appropriate secondary school classes;

• **Model Donor Card:** HHS officials also discussed the rollout of the model donor card created under this initiative (to date HHS has distributed approximately 500,000 of these cards); and

• **The Gift of Life Medal:** HHS continues to support efforts to create a federal medal to commemorate organ donors and their families and is moving forward with this initiative.

HRSA officials also discussed their organ donation-related grant activities. Grants at HRSA are currently reviewed by a panel that includes a donation/transplantation specialist, a research specialist, and a research reader. Of the 35 grants currently funded by HRSA, 12 focus exclusively on minorities, while 20 focus in some way on recognizing donor intent and 15 focus on consent issues. Between 1999 and 2001, HRSA has awarded over \$26 million in grant funds.

The committee then turned its attention to discussing strategies to expand the donor pool. Francis L.

Delmonico, M.D., discussed living organ donation, including: the concepts of donor exchanges; the need for paid employee medical leave; assuring access to organs for individuals who have previously donated; and donor insurance to protect against catastrophic medical costs associated with being a living donor.

Amadeos Marcos, M.D., also discussed living organ donation and Hans Sollinger, M.D., discussed non heart-beating donors. Robert S.D. Higgins, M.D., focused his remarks on minority donation. Specifically, he looked at potential causes for low donation rates among African Americans, which he listed as: lack of trust in physicians, a lack of understanding of organ procurement and transplantation, and a fear of "experimentation," which he partially attributed to the legacy of the Tuskegee experiments.

Stephanie Senior, the OPO Coordinator with the Centers for Medicare and Medicaid Services (CMS) described efforts at HHS to improve the performance of OPOs. She briefly touched on a forthcoming proposed rule from HHS that will describe new criteria for measuring the performance of OPOs. These regulations were mandated by the Organ Procurement Organization Certification Act of 2000, which was signed into law late last year as part of the Public Health Improvement Act of 2000 (H.R. 2498). While Ms. Senior declined to discuss any specific aspects of the rule, she did touch on

what she described as "characteristics of successful OPOs." These characteristics include:

- Experienced leadership;
- Efficient mechanisms for tracking activity;
- Excellent communication with transplant hospitals;
- Timely on-site response to donor referrals;
- Adequate staffing;
- Minority requesters appropriate to ethnic mix of OPO population;
- In-house coordinator programs; and
- Targeted hospital development programs.

Finally, Kenneth Wood, M.D., addressed the issue of optimizing the actual donor pool. Dr. Wood cited several studies which found that in many cases, potential donors are not identified by medical professionals, or are lost due to medical failures. Dr. Wood cited these areas as opportunities for maximizing the number of donations from the existing pool.

The second day of the meeting was focused on organ allocation policies. While the committee reviewed kidney, pancreas, and cardio-thoracic allocation policies, the majority of the discussion centered on the new liver allocation policy that will go into effect in February.

The United Network for Organ Sharing (UNOS) unanimously approved a new policy in mid-November that will distribute livers

ASTS will continue to play an active role in monitoring developments in Congress and at the White House...

based on medical need. This represents a departure from the previous system, whereby organs were allocated primarily on a regional basis. The policy is scheduled for implementation in early 2002 and will be submitted to the Secretary of Health and Human Services for approval, who will then issue a federal regulation implementing the new system.

Under the old system, UNOS assigned patients awaiting a liver transplant a rating of 1, 2A, 2B, or 3. A patient who is assigned a score of "1" is considered very sick and is expected to die within a week without a transplant. The revised system, which was approved by the UNOS Board of Directors by a 33-0 vote, would replace all but the status 1 category with a continuous score calculated under the Mayo End-Stage Liver Disease (MELD) system or a companion formula for children known as the Pediatric End-Stage Liver Disease model (PELD).

Under the system adopted by UNOS, those patients with higher scores are at a higher risk of death without a transplant within three months and would receive first consideration for liver offers. The amount of time a patient has been on the waiting list will still be used as a tiebreaker, but UNOS reports that these tiebreakers will be needed less often.

This decision by UNOS represents the latest development in a protracted debate over the way the country's lim-

ited supply of organs is allocated. In 1998, the Clinton Administration issued a final rule that would have replaced the current regionally-based organ allocation system with a system that would have given priority to the sickest patients. Congress blocked implementation of the rule, although it was unable to develop a compromise allocation system. However, when the Department of Health and Human Services renewed its contract with UNOS to run the nation's organ transplant system in September, 2000, it explicitly called for UNOS to accept new rules that require organs to be distributed across broad geographic areas to the sickest patients first.

Richard Freeman, M.D., chair of the OPTN Liver/Intestine Transplantation Committee, made a presentation on the new system, which he said is based on objective, measurable criteria and a proven mathematical model. Some members of the committee did express reservations that the new system and whether it has been sufficiently proven that it will substantially improve the allocation of livers.

ACOT, which is scheduled to meet four times a year, will likely meet again in spring, 2002 in Washington, D.C.

NIH Study Section Reorganization

NIH is currently reorganizing the various study sections that review grant applications so the peer review

system best fosters the expanded research opportunities created by advances in biomedical research. To that end, ASTS President Marc Lorber met with NIH officials in early November to discuss the reorganization process and the concerns of the transplant community. The meeting was very productive, and represents the first step in fostering an open dialogue between NIH and ASTS which will help ensure that the needs of transplantation as a field are taken into account during this process.

Medicare Physician Payments

ASTS has been working with members of Congress and other physician groups in an attempt to stave off a scheduled across the board cut of 5.4% in Medicare payments to physicians, which is scheduled to take effect on January 1, 2002. This large cut was produced by what ASTS and organized medicine in general has argued is a flawed update system. The current system, which Congress adopted under the Balanced Budget Act of 1997, is severely flawed and needs to be modified. Under the current system, physician payment updates are tied to the U.S. Gross Domestic Product (GDP). ASTS has argued that it does not make sense to believe there is a relationship between growth in GDP and the need to use health care services. This seems particularly problematic since physicians are the only Medicare provider group with an update formula that is tied to the GDP.

Additionally, the data used in the formula is flawed. For example, during 1998 and 1999 CMS incorporated estimates that substantially underestimated GDP growth. Although these errors were almost immediately apparent, they have never been corrected by CMS. Since the formula is cumulative, these errors have been compounded with each year's update.

Legislation has been introduced in both the House and Senate to address this issue. Senator James Jeffords (I-VT) introduced a bill in the Senate that would reduce the scheduled cut to 0.9% and directs the Medicare Payment Advisory Commission (MedPAC) to make recommendations to Congress on how the current update system should be modified or replaced to more accurately account for changes in the costs of providing physicians' services. Energy and Commerce Health Subcommittee

Chairman Michael Bilirakis (R-FL) and subcommittee ranking member Sherrod Brown (D-OH) introduced companion legislation in the House. ASTS has endorsed both bills, which both enjoy wide, bipartisan support.

The fate of these bills is unclear at this writing. Some members of Congress, including Ways and Means Committee Chairman Bill Thomas (R-CA) have expressed concerns with the cost of the bill (estimated at \$1.25 billion). In addition, it is unclear what the legislative vehicle will be for moving these bills, since it is highly unlikely they would be considered as stand-alone bills due to the full legislative agenda Congress is considering. Still, this effort has a reasonably good chance at succeeding this year, largely due to the strong bipartisan support the two bills are generating in the House and Senate.

Organ Donation Legislation

Efforts to introduce legislation to increase the rate of organ and tissue donation in the U.S. have been slowed considerably in the wake of the events of September 11. However, it is still possible that organ donation legislation could be introduced before the end of the year. Specifically, Senator Bill Frist (R-TN) has been working on draft legislation that seeks to improve donation rates through a number of different strategies. ASTS was contacted by Senator Frist's office and asked to comment on his bill. ASTS offered its support for his effort and recommended several additional proposals as ways to increase organ and tissue donation. However, it does appear that Senators Kennedy and Frist, will continue to work on this issue, and hope to introduce a bipartisan bill sometime in 2002. ASTS will continue to play an active role in assisting

ASTS President, Marc Lorber, met with Ellie Ehrenfeld, Ph.D., Director, Center for Scientific Review at NIH in November. The following is a message from her to ASTS Members regarding the reorganization of the Integrated Review Groups:

To The Members of the American Society of Transplant Surgeons:

The Center for Scientific Review (CSR) is in Phase II of reorganizing its Integrated Review Groups (IRGs), and their constituent study sections, based upon the recommendations of the Panel on Scientific Boundaries for Review (PSBR). PSBR recommended clustering applications for review around their major organ or disease system. The Panel recognized, however, that some scientific areas would cut across organ system or disease boundaries. In an initial mock distribution of a round of applications, the transplantation surgery applications were distributed across many different IRGs. Although some organ system communities welcome potential review of these applications in study sections focused on the transplanted organ, CSR also is considering arguments received in favor of clustering transplant applications into one or two IRGs, either the Surgical Sciences IRG or one focused on Immunology. The draft recommendations for these two IRGs have not been finalized nor discussed with the CSR Advisory Committee. Once the draft guidelines are finalized, your community will have an opportunity to submit their comments to CSR at <http://www.csr.nih.gov/PSBR/IRGComments.htm>. The process of designing all of the IRGs is a slow and deliberative one. Changes will be implemented only after all stakeholders have had an opportunity to provide their input.

Sincerely,

Ellie Ehrenfeld, Ph.D.
Director
Center for Scientific Review

The following is a letter ASTS President, Marc Lorber, MD, sent to the New York Times in response to articles on transplant practices in China:

Letters to the Editor
The New York Times

To Whom It May Concern:

I am responding to the October 18, 2001 article describing mounting evidence that the Chinese government tolerates, and perhaps even orchestrates, the systematic removal of human organs without the consent of its prisoner donors. As a practicing transplant surgeon, I condemn this practice. The act of organ donation should be free of coercion, and it should only occur after appropriate consent has been obtained.

Similarly, in condemning this practice the American Society of Transplant Surgeons strongly supports the principles on this issue as defined by the Transplantation Society, which serves as the principal international forum for the advancement of basic and clinical transplant science. The use of organs from executed prisoners, a practice that violates the fundamental principles of human rights, is not an acceptable practice. Accordingly, ASTS urges the international community to continue applying strong pressure on China to ensure that these human rights violations are immediately stopped and safeguards are established to prevent future such occurrences.

We are aware that the ultimate driving force behind these practices may derive from the revenue generated by these transplants. ASTS, as well as the broader transplant community, is on record as opposing the commercialization of organ donation.

The position of the Transplantation Society on this issue can be found on the Internet at www.transplantation-soc.org.

Sincerely,

Marc I. Lorber
President, American Society of Transplant
Surgeons

The following is a statement prepared by Frank Delmonico, MD, Chairman of the ASTS Ethics Committee:

As surgeons, we have a respect of life that is basic to us as physicians.
As doctors, we have this responsibility that is common to us all — to care for life.
This is not only a lofty goal, it is our practical everyday dedication.

We find the sale of organs whether it be from an executed prisoner,
or from a destitute immigrant, or from a “chosen” young person in a family,
or from an employee, abhorrent to us because our tradition as a society, our culture,
and our responsibility as physicians, holds the value of life
to be a value that cannot be defined by money. So too, do we hold liberty as a value
that cannot be distorted and degraded into slavery, because of money and market.

Life and liberty are essential, they are our rights, they are not disposable,
as items of the market.

We distinguish these values, these truths, as priceless.

Thus, recall our consensus statement the live organ donor must be competent, willing to donate, and free of coercion.

Life and liberty are inalienable, they are not for sale.

Senators Kennedy and Frist in developing the content of the legislation.

Medicare Regulatory Reform Legislation Passes House

On December 4, the House passed H.R. 3391, the Medicare Regulatory and Contracting Reform Act of 2001 by a vote of 408-0. This legislation contains provisions that were in separate regulatory and administrative reform bills that were developed by the House Ways and Means and Energy and Commerce Committees. Under H.R. 3391, CMS would only be permitted to issue Medicare regulations once a month and could not make substantive changes to regulations apply retroactively. In addition, the legislation would allow providers 30 days to comply with new rules.


The bill also creates a Medicare Beneficiary Ombudsman to assist beneficiaries in appealing disputes with

Medicare, including Medicare+Choice plans. Finally, the legislation would limit the use of "extrapolation," the process by which CMS applies a billing error in a small number of claims to a much larger number of claims, unless "there is a sustained or high level of payment error (as defined by the Secretary by regulation); or documented educational intervention has failed to correct the payment error (as determined by the Secretary)."

While the bill easily passed the House and is designed to be a zero-cost item, it is not clear what the bill's fate will be in the Senate. Senator John Kerry (D-MA) has introduced a regulatory reform bill in the Senate, and while the bill does enjoy bipartisan support, some Senate staff has indicated that the bill probably will not be considered until next year. It therefore seems likely that a final Medicare regulatory and administrative reform bill will

not reach the president's desk until next year at the earliest.

Conclusion

The end of the year in Washington is notoriously unpredictable. At this writing, it was even unclear when Congress was planning on adjourning for the year. ASTS will continue to play an active role in monitoring developments in Congress and at the White House and will advocate for ASTS' interests at every opportunity. 

Prepared by:

Peter W. Thomas, Esq.

Legislative Counsel to ASTS

Jeremy Allen, Legislative Director

Powers, Pyles, Sutter & Verville, PC

ASTS

"THANKS"

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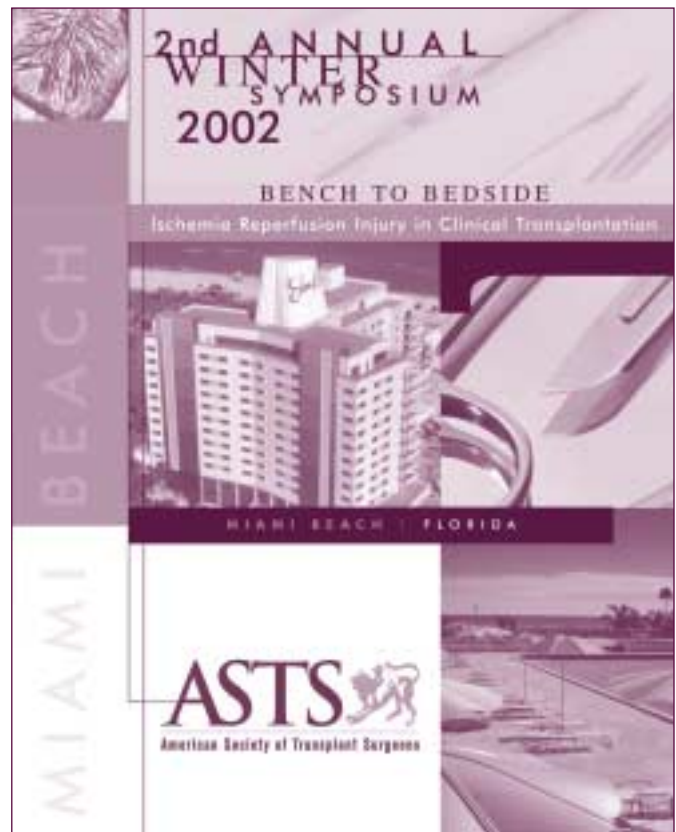
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ASTS 2002 Winter Symposium



The 2nd Annual ASTS Winter Symposium will be held January 25-27, 2002 at the Eden Roc Resort and Spa, Miami Beach, Florida. The topic for the symposium is “Bench to Bedside: Ischemia/Reperfusion Injury in Clinical Transplantation.”

Members of the program organizing committee lead by ASTS Vanguard Committee Chair, Sandy Feng, are Abbas Ardehali, UCLA School of Medicine; David Geller, University of Pittsburgh Medical Center; Jerzy Kupiec-Weglinski, UCLA Department of Surgery; and Kim Olthoff, University of Pennsylvania Hospital.

The following is the program for this meeting. To register go to www.asts.org or call 1-800-990-1066. To view the facilities of the Eden Roc Hotel and Spa which is located on Miami Beach please go to www.edenroccresort.com 

FRIDAY | January 25

PROGRAM

8:00am-7:00pm	Registration Open
8:00am-5:30pm	Exhibits Open
10:00am-10:30am	OPENING COMMENTS: OVERVIEW AND INSIGHT Nicholas Tilney Ischemia/reperfusion injury — whence, whither and what to do...
10:30am-12:30pm	NEW CONCEPTS IN ISCHEMIA/REPERFUSION INJURY Moderators: Abraham Shaked and Hamid Rabb
10:30-10:50	John Engelhardt Superoxides, the good, the bad, and the ugly
10:50-11:10	Jerzy Kupiec-Weglinski Protective effect of HO-1
11:10-11:30	David Geller NO, NO, a thousand times, NO!!
11:30-11:50	Anil Chandraker T cells: the missing link in the evolution of ischemia/reperfusion injury to alloimmune response
11:50-12:20	Questions and Panel Discussion
12:30pm-1:30pm	Lunch
1:30pm-2:20pm	KEYNOTE SPEAKER: Peter Ward Local Ischemia Reperfusion Results in Systemic Disease
2:10-2:20	Questions and Discussion
2:20pm-3:40pm	MECHANISMS OF ISCHEMIA/REPERFUSION: BENCH TO BEDSIDE Moderators: Ronald Busuttil and Thomas Fishbein
2:20-2:40	Pierre Clavien Pringle me once, pringle me twice?
2:40-3:00	Juan Contreras Give me BCL-2, or give me death!
3:00-3:20	Douglas Farmer From tips to crypts: the guts of ischemia/reperfusion injury
3:20-3:40	Questions and Panel Discussion
4:00pm-5:30pm	INTERACTIVE POSTER PRESENTATIONS (with light refreshments and wine) Moderators: Marc Lorber, Jerzy Kupiec-Weglinski, and Hamid Rabb
7:00pm-9:00pm	COCKTAILS AND DINNER ON TERRACE WITH A LATIN FLAIR

SUNDAY | January 27

7:00am-12:00pm	Registration Open
7:00am-7:30am	Continental Breakfast
7:30am-8:45am	CLINICAL IMPACT OF ISCHEMIA/REPERFUSION INJURY Moderators: Charlie Miller and Sandy Feng
7:30-7:50	Robert Merion Predicting graft injury and poor function: is there a crystal ball?
7:50-8:10	Michael Cecka Does early injury have a lasting impact?
8:10-8:30	Philip Halloran Injury and rejection: what is the relationship?
8:30-8:45	Questions and Panel Discussion
8:45am-9:45am	KILLING TWO BIRDS WITH ONE STONE: PREVENTING IR INJURY WITH IMMUNOTHERAPY Moderators: Richard Howard and Christopher Siegal
8:45-9:00	Daniel Shaskas Alternative alternatives: bioflavonoids and other natural anti-oxidants
9:00-9:15	Roland Buehler Thymoglobulin
9:15-9:30	Tomasz Szablinski FTY720—a new approach to DGF and its consequences
9:30-9:45	Questions and Panel Discussion

ASTS 2002 Winter Symposium

SATURDAY January 26

7:00am-1:00pm	Registration Open
7:00am-12:00pm	Exhibits Open
7:00am-8:00am	CONTINENTAL BREAKFAST WITH EXHIBITORS
8:00am-9:40am	THE FRONTIERS OF DONOR MANAGEMENT Moderators: David Follette and Stephen Rudich
8:00-8:20	Bruce Rosengard Maximizing donor procurement and optimizing organ function: the facts and the myths
8:20-8:40	Milan Kinkabwala To pump or not to pump?
8:40-9:00	Thomas Egan Non-heartbeating donors in thoracic transplantation: current status and future trends
9:00-9:20	Anthony D'Alessandro Non-heart beating donors in abdominal transplantation: a vast source of potential organs?
9:20-9:40	Questions and Panel Discussion
9:40am-10:00am	Break and Exhibits
10:00am-11:45am	MINIMIZING INJURY/MAXIMIZING OUTCOME Moderators: James Schulak and Patricia Thistlethwaite
10:00-10:20	Camillo Ricordi Islets in the [blood] stream: defeating the attack of radicals, complement, and coagulative forces!
10:20-10:40	Abbas Ardehali IRI: The Achilles' heel of lung transplantation
10:40-11:00	Robert Robbins Stuck on cardiopulmonary bypass? Causes and options
11:00-11:20	Johann Pratschke Brain death as a risk factor: influence on organ quality and outcome after transplantation
11:20-11:45	Questions and Panel Discussion
12:00pm-1:15pm	LUNCHEON FOR ASTS MEMBERS. New ASTS Initiatives — Vanguard Committee
6:30pm-8:30pm	CARNIVAL EVENING RECEPTION AND BARBECUE DINNER ON LAWN

SUNDAY (cont.)

9:45am-10:00am	Break
10:00am-11:30am	ISCHEMIC INJURY AND MARGINAL DONORS: AT WHAT COST? Moderators: Igal Kam and Paul Kuo
10:00-10:20	Kim Olthoff Tolerance for ischemic injury—some grafts have it, some grafts don't
10:20-10:50	Michael Abbecasis Primer on Transplant Economics—the ripple effect of an injured graft
10:50-11:20	Tom Rosenthal Calculating the actual cost of poor graft function
11:20-11:30	Questions and Panel Discussion
11:30am-12:00pm	PUSHING THE ENVELOPE: WHY WE USE THE ORGANS WE USE Moderators: Nancy Ascher and Kim Olthoff
	<ul style="list-style-type: none"> • Ronald Busuttil • Steve Bartlett • Igal Kam • Edward Alfrey • Abraham Shaked • Charlie Miller • Anthony D'Alessandro

**ASTS wishes to thank
the following sponsors
of our 2nd Winter Symposium:**

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ASTS/STS 2nd annual joint program

January 27, 2002

Ft. Lauderdale, Florida - 5:30 pm

“Issues in Heart and Lung Transplantation Surgery”

The topics will be as follows:

- 1• “Assist Devices - Inpatient, Outpatients, and Permanent”
Pat McCarthy, Cleveland Clinic
- 2• “Viral Problems in Cardiothoracic Transplant Patient (CMVEBV and herpes)”
Bartley Griffith, University of Pittsburgh
- 3• “Pulmonary Vascular Disease Alternatives to Transplantation”
John Conte, Johns Hopkins University
- 4• “Management of the Marginal Donor” - a report from the Crystal City Conference
Robert Love, University of Wisconsin

To register go online at www.sts.org

American Transplant Congress

It is with great pleasure that the American Society of Transplant Surgeons (ASTS) and the American Society of Transplantation (AST) invite you to attend the American Transplant Congress, the Third Joint American Transplant Meeting. The continuing enormous success and overwhelming attendance of the first two joint meetings confirms that this educational event is the premier annual meeting in the field of basic and clinical transplantation science and medicine.

This year ATC moves to Washington, DC and a larger venue, The Marriott Wardman Park Tower Hotel. The meeting will take place completely in the Marriott and will have ample room for exhibits and an expanded poster area. A cyber cafe will be the focal point of the exhibit/poster area. A popular addition to last year's meeting, a review/update course on Friday and Saturday, will again be offered. This year, the update course will be more focused and concentrate on new experimental and clinical approaches to modulation of the immune response. A symposium designed especially for nurses and coordinators will take place on Saturday afternoon, as well as separate pre-meeting symposia on pediatric transplantation, stem cell biology, anti-microbial resistance and retransplantation. On Sunday, Monday and Tuesday, during the meeting itself, invited experts will present in-depth reviews and scientific symposia for both the clinician and basic scientist. The ever popular, "What's Hot, What's New" will be the feature presentation on Wednesday, the final day of the meeting. On all days of the meeting, controversial topics and new developments will be the focus of the sunrise symposia. Video sessions, which were a well-received addition last year, will again be included. With the single larger venue, the site of all oral presentations will be conveniently located, making it far easier for attendees to move among concurrent sessions.

This year we are fortunate to have Francis Collins, the director of the human genome project, as our distinguished state-of-the-art speaker. We also anticipate a major U.S. government figure to deliver a health care public policy address.

Please note that this year's meeting is scheduled for April 26 – May 1, a few weeks earlier than in the past. None-the-less, we have been able to maintain an abstract deadline (November 28, 2001) similar to last year's. Abstracts will once again be published in the supplement to the joint ASTS/AST journal, the American Journal of Transplantation (AJT).

We hope that you will join us in Washington, DC for what we believe will be a stellar educational event in transplantation.

Mark L. Barr, MD
David M. Briscoe, MD
Jonathan S. Bromberg, MD, PhD
J. Richard Thistlethwaite, Jr., MD, PhD

Tentative Schedule At A Glance

Friday, April 26

10:00 a.m. – 5:00 p.m. Registration

1:00 a.m.– 5:00 p.m. Transplantation Review Course: Update on Immunomodulation

Saturday, April 27

7:00 a.m. – 6:00 p.m. Registration

8:00 a.m. – 12:00 p.m. Transplantation Review Course: Update on Immunomodulation

1:00 p.m. - 3:00 p.m. Pre-meeting Symposia

Pediatric Symposium

Anti-microbial Resistance-Epidemiology,
Control and Treatments

Nurse/Transplant Coordinator Program

3:00 p.m. – 3:30 p.m. Break

3:30 p.m. - 5:30 p.m. Clinical Science Symposium:

Issues Relating to Retransplantation

Basic Science Symposium:

Stem Cells in Biology and Transplantation:

Progress and Contention

Nurse/Transplant Coordinator Program

Continues

Sunday, April 28

6:00 a.m. – 6:30 a.m. Continental Breakfast

6:30 a.m. – 7:30 p.m. Registration

6:30 a.m. – 7:45 a.m. Concurrent Sunrise Symposia (3)

8:00 a.m. – 9:00 a.m. Dual Plenary Sessions – Basic and Clinical

9:15 a.m. – 10:45 a.m. Basic Science Symposium Clinical Science Symposium

11:00 a.m. – 11:30 a.m. ASTS or AST Awards

11:30 a.m. – 12:00 p.m. State-of-the-Art Address: Francis Collins

12:30 p.m. – 1:45 p.m. Luncheon Workshops

2:00 p.m. – 5:30 p.m. Concurrent Sessions

5:30 p.m. – 7:30 p.m. Poster Session I, Opening Reception, Exhibits Open

Monday, April 29

6:00 a.m. – 6:30 a.m. Continental Breakfast

6:30 a.m. – 7:45 a.m. Concurrent Sunrise Symposia (3)

7:00 a.m. – 6:00 p.m. Registration

8:00 a.m. – 9:30 a.m. Basic Science Symposium Clinical Science Symposium

9:30 a.m. – 10:00 a.m. Break

10:00 a.m. – 11:00 a.m. Joint Plenary Session

11:00 a.m. – 12:00 p.m. In Depth Reviews: Basic/Clinical

12:30 p.m. – 1:45 p.m. Luncheon Workshops

2:00 p.m. – 5:30 p.m. Concurrent Sessions

5:30 p.m. – 7:00 p.m. Poster Session II, Beer and Pretzels

Tuesday, April 30

6:00 a.m. – 6:30 a.m. Continental Breakfast

6:30 a.m. – 7:45 a.m. Concurrent Sunrise Symposia (3)

7:00 a.m. – 6:00 p.m. Registration

8:00 a.m. – 9:30 a.m. Basic Science Symposium Clinical Science Symposium

9:30 a.m. – 10:00 a.m. Break

10:00 a.m. – 12:00 p.m. Joint Session: ASTS and AST Presidential Addresses, ASTS or AST Awards

12:30 p.m. – 1:45 p.m. Luncheon Workshops

2:00 p.m. – 5:30 p.m. Concurrent Sessions

5:30 p.m. – 7:00 p.m. Poster Session II, Beer and Pretzels

Wednesday, May 1

6:00 a.m. – 6:30 a.m. Continental Breakfast

6:30 a.m. – 7:45 a.m. Concurrent Sunrise Symposia (3)

7:00 a.m. – 6:00 p.m. Registration

8:00 a.m. – 9:00 a.m. Dual Plenary Sessions – Basic/Clinical

9:00 a.m. – 9:30 a.m. Break

9:30 a.m. – 10:30 a.m. What's Hot; What's New

11:00 a.m. – 12:30 p.m. Concurrent Sessions

12:30 p.m. Adjourn

Discount Journal Rates for Members of The Amercian Society of Transplant Surgeons

ASTS Member rates from Munksgaard for the following journals:

Journal	Regular Price	ASTS Discounted Rate	
		Print & Online	Online only
American Journal of Reproductive Immunology	\$516	\$361	\$325
Clinical Transplantation	\$384	\$230	\$207
European Journal of Haematology	\$506	\$354	\$319
Immunological Reviews	\$540	\$378	\$340
Journal of Medical Primatology	\$444	\$311	\$280
Liver	\$324	\$194	\$175
Pediatric Transplantation (increasing to 528 pages)	\$336	\$202	\$181
Tissue Antigens	\$516	\$310	\$279
Transplant Infectious Disease	\$252	\$151	\$136
Xenotransplantation (increasing to 6 issues)	\$348	\$209	\$188

Please go to www.asts.org to order Munksgaard journals

ASTS Member rate from Lippincott, Williams & Wilkins for the following journal:

Journal	Regular rate	ASTS Member Rate
Transplantation (24 issues)	\$465	\$174

To order **Transplantation** contact Lippincott, Williams & Wilkins at (800) 638-3030 and identify yourself as an ASTS Member.

ASTS NEW members

Scott A. Ames, MD
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Nina Singh, MD
Veteran Affairs Medical Center

Randall S. Sung, MD
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Mount Sinai Medical Center

Gideon A. Zamir, MD
Hosp. Of the Univ. of Pennsylvania

DECEMBER 2001

December 6-8, 2001

2ND INTERNATIONAL CONGRESS ON IMMUNOSUPPRESSION

Professional Postgraduate Services/Thomson Healthcare

San Diego, California

Contact Phone: 201-271-6142

Contact Fax: 201-271-7546

JANUARY 2002

January 25-27, 2002

ASTS 2002 WINTER SYMPOSIUM

Ischemia/Reperfusion Injury in Clinical Transplantation

Miami Beach, Florida

Contact Phone: 800-736-6261

Contact Fax: 651-489-3387

January 27, 2002

ASTS/STS 2nd ANNUAL JOINT PROGRAM

Issues in Heart and Lung Transplantation Surgery

To register go to the STS website at www.sts.org

APRIL 2002

April 22-24, 2002

6TH INTERNATIONAL CONFERENCE ON MALIGNANCIES IN AIDS AND OTHER IMMUNODEFICIENCIES:

Basic, Epidemiologic and Clinical Research

National Institutes of Health Campus

Bethesda, MD

Contact Phone: 301-496-6711

Contact Fax: 301-496-0826

Contact Email: jquinn@mail.nih.gov

April 27 - May 1, 2002

AMERICAN TRANSPLANT CONGRESS

Washington, DC

Contact Phone: 856-439-0880

Contact Fax: 856-439-1972

More information go to www.atcmeeting.org

JOB BOARD

The ASTS Job Board is enhanced further by the addition to the ASTS website, www.astts.org, of CV's of ASTS Candidate Members. This is in an effort to facilitate the interactions between graduating fellows and transplant programs with junior position openings. To access the CVs go to the www.astts.org, log into the Members Only section and click on Upload/download files.

TRANSPLANT SURGERY FELLOWSHIP

Rush University Medical Center is seeking candidates for our Transplant Surgery Fellowship to begin July, 2002. This one or two year program will provide extensive clinical experience in organ procurement, adult and pediatric liver, kidney, pancreas, and intestinal transplantation. The fellowship is devoted primarily to clinical activities and is ASTS accredited. Clinical research is encouraged and opportunities are available for participating in basic scientific investigations. Interested individuals should send current CV and letters of recommendation to: Howard N. Sankary, MD, Director, Section of Transplantation, Department of General Surgery, Rush-Presbyterian-St. Luke's Medical Center, 1653 West Congress Parkway, Chicago, Illinois 60612 (312)-942-4827 FAX 312-942-2867

TRANSPLANT SURGEON

The Department of Surgery of the Medical University of South Carolina at Charleston is seeking a Transplant surgeon at the rank of Assistant/Associate Professor. Candidate must be a graduate of an ASTS approved fellowship program in Renal and extra-renal organ transplantation. Candidates with clinical or laboratory research preferred. Responsibilities will include performance of transplants including vascular access, pre and post transplant care, teaching, and supervision of students and house staff. Interested candidates should send current CV to: Dr. Prabhakar Baliga, Chief, Division of Transplant Surgery, Medical University of South Carolina, 404 Clinical Science Building, P.O. Box 250611, Charleston, South Carolina 29425, Fax (843) 792-8596, Telephone (843) 792-4003, email address: baligap@musc.edu. MUSC is an affirmative and equal opportunity employer.

MULTIORGAN TRANSPLANT SURGEON

Section of Transplantation of the Department of Surgery at Wayne State University seeks a full-time multiorgan transplant surgeon at the Assistant Professor level to join an expanding transplant program. Candidates must be board-, or near board-, certified in general surgery and have completed a multiorgan transplant fellowship no later than July 2002. Candidates should have experience with adult and pediatric renal transplantation, laparoscopic donor nephrectomy, solitary and combined pancreas transplantation, pediatric liver transplantation, multiorgan procurement, and vascular access. The ability to establish basic, translational, and/or clinical research programs is necessary. Curriculum vitae and letters of recommendation should be sent to: Scott A. Gruber, M.D., Ph.D., Professor of Surgery, Wayne State University School of Medicine, Harper University Hospital Transplant Surgery Center, 3990 John R, Suite 400, Detroit, MI 48201, (313) 745-7319 FAX (313) 993-0595 E-mail: sgruber@dmc.org

RENAL TRANSPLANT AND DIALYSIS ACCESS SURGEON

Western New England Renal and Transplant Associates, Inc. is a group consisting of 3 surgeons, 8 nephrologists and 4 nurse practitioners focused on the care of the renal failure patient. We are seeking a fourth surgeon to join our unique blend of private practice and academic medicine. Candidates should be BC/BE in general surgery and proficient in renal transplantation, dialysis access and general surgery. Duties will be performed at an 800-bed, fully-accredited teaching hospital and 3 smaller hospitals in the surrounding area. Interest in clinical research helpful but not necessary. Our western Massachusetts location is convenient to the Amherst/Northampton college area and is within a few hours of Boston, NYC and Vermont. Excellent financial package commensurate with experience offered. Interested candidates should send CV to: George Lipkowitz, MD, 208 Ashley Ave., West Springfield, MA 01089, Phone: 413-750-3440, Fax: 413-750-3432.✉

Call For Nominations

Call For Nominations Deadline is March 1, 2002

The American Society of Transplant Surgeons' Nominating Committee requests nominations from the Membership for the 2002/2003 offices of President-elect, Secretary, and two Councilors-at-Large. Candidates must be Regular Members in good standing and be willing to serve, if nominated.

To nominate an ASTS Member for a position on the 2002/2003 Council, please send a letter of nomination by March 1, 2002 to the attention of:

Marc Lorber, M.D., President and
Nominating Committee Chairperson
ASTS
1020 North Fairfax St., #200
Alexandria, VA 22314
Fax: 703-684-6303

ASTS members interested in serving on an ASTS Committee for a 3-year term to begin immediately following the April/May 2002 Annual Meeting may submit a letter to the ASTS office (address above) indicating which committee they would like to serve on and outlining their proposed contribution to the committee. Letters must be received no later than March 1, 2002.

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(Term expires at end of annual meeting in year indicated) · *Nominations Committee Chair rotates annually to current President

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