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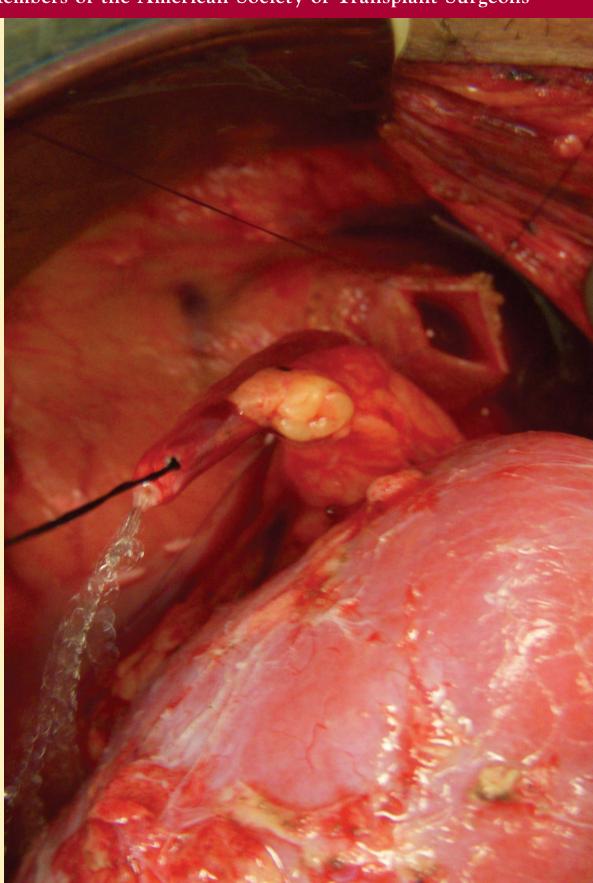
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Please Note...

A full listing of ASTS Committees and their members can be found on the ASTS website, www.asts.org, under the Society tab.



Editor's Letter







The Chimera reflects the principles and values of the Society. The ASTS is committed to adding value to its membership by staying committed to ASTS initiatives that will help increase organ donation, provide a better quality of life for transplant patients and advance the practice and science. This year the ASTS has made numerous contributions to the field of transplantation.

As ASTS approaches its 8th Annual State of the Art Winter Symposium, it was essential to the Society to broaden the learning opportunities. Under the direction of the Ad Hoc Business Practice Committee, the Society is hosting its first Business Practice Seminar entitled Medicare 101: What Every Transplant Surgeon Must Know. The mission and/or basis for the seminar are to assist ASTS members in understanding the business aspect of transplantation and to follow national trends in transplant practice management.

Another ASTS first; over 50 transplant fellows met in Maui, Hawaii for the ASTS Inaugural Surgical Fellows Symposium, November 7-11, 2007. The Fellows Symposium is designed to address frequently cited gaps in fellowship training and provide a platform for unparalleled interaction with peers and faculty experts. In addition, the symposium will help define a curriculum that sets standards for fellows and ensures

that they are highly skilled and trained surgeons. A full article of events can be found on page 14.

In a first of its kind collaboration with the US Government, the ASTS and the University of Michigan launched the National Living Donor Assistance Center (NLDAC). The primary purpose of the NLDAC is to lessen the burden of travel and subsistence expenses toward living organ donation. The Division of Transplantation, Health Resources and Services Administration (HSRA) anticipates providing eight (8) million dollars over four years to provide reimbursement to eligible donors.

Who is eligible for reimbursement from the NLDAC? What qualifying expenses are covered by the NLDAC? What is the maximum federal reimbursement for qualified expenses during the donation process? Answers to these and other questions can be found at www.livingdonorassistance.org.

As a member, you are in a strong position to improve transplantation science and medicine, not only by the work that you do, but also by supporting ASTS sponsored initiatives; make a contribution to the Foundation of the ASTS. Donating is easy, through the "renew my membership" function on the ASTS website or by sending a check payable to the ASTS Foundation.

We want to hear from you. Please forward all comments to the ASTS National Office at asts@asts.org.

Best regards,

James Whiting, MD Chair, Communications Committee

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About the cover...

The cover photo is of a live-donor renal allograft with urine output after reperfusion. Stay sutures surround the bladder mucosa exposed for the ureteral anatomosis. The ASTS is grateful to Rod Mateo, MD, FACS for submitting the photograph. Dr. Mateo is with the USC Department of Surgery, Keck- University of Southern California School of Medicine.

If you have a photo that you would like displayed on the cover of the Chimera, please e-mail it to Chantay Parks, chantayparks@earthlink.net.



President's Letter

It is an honor to serve as your President. I am equally grateful to be able to devote considerable attention to Society initiatives that benefit you and your patients. In the past year, the ASTS council and committees have more rigorously championed a plethora of federal agencies (OPTN/UNOS, CMS, JCAHO, HRSA - the alphabet seems endless), on issues that could have profound affects on transplantation.

The change in our bylaws last May that removed the requirement for publication in the field of transplantation in order to become an ASTS member has been well received. By the first week of August we had received as many new membership applications as we did in the twelve months prior to the change. To engage all practicing transplant surgeons, regardless of specialty, not only makes us stronger, but better suited to deal with various facets of future developments. We must ensure that the Society is relevant to all members.

Increasing the value of the membership, ASTS has instituted an Ad Hoc Business Practice Advisory Committee. Dr. Marwan Abouljoud is the chair and he is joined by Drs. Glenn Halff, Paul Kuo and Alan Langnas. Dr. Mike Abecassis serves in an advisory role. Rebecca Burke and Diane Millman, lawyers at PPSV in Washington, DC, advise on the committee as well. The Committee is currently developing a strategy and road map on what subjects to address and in which order, organization, reporting relationships, staffing, billing-collection, recruitment, income, retirement, and succession planning to mention a few possibilities. The number of concerns is seemingly infinite.

Understandably, it will take time before comprehensive advice and information will be available, but in an effort to begin to impart valuable information to the membership, the committee will host



Goran B. Klintmalm, MD, PhD, FACS ASTS President

a seminar at the 8th Annual State of the Art Winter Symposium in Marco Island, Florida, January 25 - 27, 2008. The title of the seminar is Medicare 101: What Every Transplant Surgeon Must *Know.* In contrast to any of the previous presentations you may have attended on the subject, this will not be focused on Medicare legal language and the institutional impact and ramifications, but will show you what you must know for your own protection, as well as how to be able to effectively bill and collect for your services. There will be seven presentations, each followed by a significant time for Q & A. Only ASTS members can register and participate in the seminar. The Society will make sure that we keep you informed on the continuing development of this committee.

Another important issue confronting transplantation is an unprecedented development of new regulations. The reason for this is clearly multi-factorial. It is partly due to a trend in our country coupled with events particular to transplantation, such as the much reported death of an organ donor in New York several

years ago, as well as the discovery of questionable transplant practices with a few programs in California. The response from OPTN/UNOS, CMS, JCAHO and Congress has been strong, if not to say overwhelming. Well-intentioned individuals have forwarded an abundance of new rules and proposed regulations. Quite frankly many of these rules are so prescriptive in that they are legislating the practice of medicine. Some are so intrusive and heavy handed that they will make transplantation difficult to perform and may have a profoundly negative impact on organ donation rates if implemented. The administrative cost aspect alone is a major issue with the possibility that all transplant programs will have to add staff simply to process the paperwork. However, it is not only the regulations and the bylaws themselves that are concerning, but also the guidelines and how the regulations should be implemented. There is an apparent risk that transplant centers will have to follow three separate and diverging set of rules and guidelines with separate reviews and approval processes for each. Potentially, a center could be found in compliance with two of the governing agencies, but out of compliance with the third.

The Society has worked vigorously for a year and a half with CMS in order to be proactive and has had excellent results. The agency has been very responsive and the final rule was made far less ominous and more relevant. We are now working with them to develop clinically valid and realistic guidelines for implementation of the final rule.

Similarly, the Society has taken a very active role working with OPTN/UNOS in making recent bylaws proposals realistic. This is particularly true in the field of living donor organ donations where policies are under development, but progress has been made.

After many months of refusal to engage in meaningful communications with our Society, JCAHO seems to have finally realized that they cannot write a set of rules and guidelines and then implement them if the Society declares the JCAHO position clinically irrelevant. Recently we have been able to commence a dialog that hopefully will result in meaningful JCAHO program certifications. This is unquestionably a work in progress.

The Society is also rapidly advancing its work on the development of a curriculum for transplant surgery fellows. We are in the advanced stages of discussions over the acquisition of a web-based program that will provide the fellows with study modules. It will also provide the program directors and the Society with verification of the fellows' progress. Several ASTS committees are working on the development of different aspects of the online curriculum in order to make components accessible at any time. This will allow the fellows to work on modules during the times they

are available. Program directors can monitor their fellows' progress and the Society will have documentation that the fellows have indeed received the core instructions. The fellows will also keep their case logs on the ASTS website enabling the Society to make sure that the expected case volumes are met. This will ensure that the case volumes are not only being met by the fellows, but also by the training program for the continued accreditation as a fellowship program.

Parallel to the curriculum for the fellows, we are initializing a curriculum for surgical residents who rotate through our programs. It is incredibly important that residents get a meaningful experience while in contact with transplantation. The future of the specialty demands that we can attract and engage bright young surgeons. However, to attract these bright young surgeons we have to ensure that the future provides a strong job market for ASTS fellowship trained transplant surgeons. We are currently working to evaluate the current and

projected job market and determine how many surgeons we need to train.

Organ transplantation can almost be used as the definition for multi-specialty team care and treatment and for the most part is led by transplant surgeons. With this leadership comes a huge responsibility, not only for ourselves as professionals, but for our colleagues, our institution, society at large, and most of all to our patients.

Who would be a better and more informed living donor advocate than we? We must help agencies and organizations do what is right for our patients. Having good intentions without knowledge is not enough and can be detrimental. The ASTS is committed to spending our time and resources to provide the knowledge that is needed.

Goran B. Klintmalm, MD, PhD, FACS ASTS President

ASTS Business Meeting January 26, 2008

8th Annual State of the Art Winter Symposium Marco Island, Florida

Why: To consider an increase in the number of councilors-at-large from six (6) to nine (9). The proposed increase would provide a larger pool of candidates from which to select officers and a president-elect and represent the recent growth of the Society.

The ASTS membership is growing and the Society's programs and initiatives continue to expand. In the last year, individuals applying for ASTS membership have increased by 40%. As you know, the ASTS recently changed its bylaws to eliminate the publication requirement as criteria for ASTS membership. Since then, the ASTS has received an even greater interest in its membership. Expanding the number of councilors will allow for greater representation on the Council and more opportunities for members to participate in leadership positions.

When: 12:30 pm, Saturday, January 26, 2008

Where: Marco Island Marriott, during the ASTS 8th Annual State of the Art Winter Symposium; Salon A-D, lobby level; Following the adjournment of the session. A boxed lunch will be served.

NOTE: Participation in the Winter Symposium is not a prerequisite of attending the Business Meeting.

There is still time to register for the 8th Annual State of the Art Winter Symposium January 25-27, 2008. The Pre-meeting Course, *Practical Knowledge for Transplant Surgeons*, is January 24-25, 2008. Pre-registration expires January 10, 2008. Visit the ASTS website for details. This is a CME event.

Call to Order



ASTS News

The ASTS Fall Council and Committee Chair Meeting was held in Chicago, IL, September 19, 2007.

The following are key committee news and reports from the meeting.

Please visit the ASTS website for current and recent committee activities.

ATC PROGRAM PLANNING COMMITTEE

Dr. Mark Stegall reported that planning is underway for 2008 and that the Program Committee is incorporating feedback from 2007 to improve the program. The council agreed that a 72% acceptance rate was too high and agreed that the acceptance rate for 2008 be reduced to increase quality.

AWARDS COMMITTEE

Dr. Abhinav Humar reported that the first ASTS-Astellas David Hume Bridge Award has been awarded to Dr. Gerald S. Lipshutz from the University of California Los Angeles. Dr. Humar presented information on the new medical student award which replaces the Presidential Travel Award. There will be four awards per year. The Committee has finalized details for the ASTS-ACS NIH Supplement Award that will be available to ASTS members, \$75,000 /year, who receive an NIH K08 or K23 award.

Bylaws Committee

Dr. Stuart Flechner reported that the Council voted to move forward with an initiative to increase the number of councilors-at-large from six to nine to involve more members of the Society in the leadership and provide a larger pool of candidates from which to select officers and a president-elect. The Society will host a members' business meeting at the 2008 Winter Symposium to consider a bylaws change. A proposal was discussed to explore alternative options for the membership to vote on Society issues.

CELL TRANSPLANT COMMITTEE

Dr. James Markmann presented the revised white paper on islet cell transplant and procurement charges for pancreata used for islets. The OPTN/UNOS has requested to be the sole author. The Committee is still dealing with the Intent to Transplant issues, especially for pancreas. Dr. Abecassis suggested engaging

legal counsel to address the reimbursement of pancreata procured for islets and intent to transplant for pancreas issues with CMS.

CME COMMITTEE

Dr. Milan Kinkhabwala reported that the Committee is seeking approval to move forward with a pilot Maintenance of Certification (MOC) program in collaboration with the ABS. The goal of the program would be to develop a novel program for ASTS members to maintain their ABS MOC requirements using content that is specific to transplantation. The pilot program would focus on "Lifelong Learning and Self-Assessment." Dr. Kinkhabwala also presented proposed standards for outside requests for ASTS sponsorship of CME activities.

COMMUNICATIONS COMMITTEE

Dr. James Whiting reported that there continues to be a positive response to the new layout of the Chimera and the Committee plans to add more "Society" related content. He reported that the website is also being updated multiple times a week; surgical videos have been added to the members' portal; navigational features have been improved and monthly web trend reports show an increase in visits to the website since last year. The Committee is working on the development of a Spanish version living kidney donor video, a recipient video and an improved Foundation section.

CRITICAL CARE INITIATIVE

Dr. Dinesh Ranjan presented information from the ASTS Critical Care Survey. Of the members that responded, 90% reported providing critical care and 95% supported a critical care initiative led by the ASTS. The Committee approved the creation of a task force to collaborate with the Society of Critical Care Medicine (SCCM). The task force will identify specific topics for specific organs that merit further education, consider

publication of a transplant critical care manual including donor management.

CURRICULUM COMMITTEE

Dr. Elizabeth Pomfret presented the completed unit and learner objectives for the curriculum, which will be posted on the ASTS website following Council and committee chair comments. The proposed resident curriculum based on immunosuppression, organ procurement, kidney transplant and liver transplant was also presented. Lastly, Dr. Pomfret presented information concerning the Thoracic Surgeons Directors Association (TSDA) Curriculum project and its application to an ASTS online curriculum and demonstrated the platform and its various components including the learning modules, operative logs and podcasts.

ETHICS COMMITTEE

Ms. Katrina Crist reported on behalf of Dr. Charles Miller that planning is well underway for the three way collaborative conference with the Academy of Psychosomatic Medicine (APM) and the Chicago Transplant Ethics Consortium (CTEC). The conference will be held April 4-6, 2008 and is titled: Dilemmas and Struggles in Transplantation: Ethics, Psychosocial Considerations and Policy.

FELLOWSHIP TRAINING COMMITTEE

Dr. John Magee reported that a subcommittee has been appointed to study the current accreditation standards and make recommendations for improving the current system. Dr. Magee also presented the Managed Time Policy. The Committee recommended mandating that all programs adopt the proposed policy or submit an alternative policy as requirement of ASTS accreditation. The Council endorsed the development and implementation of a standardized fellowship application process. This would help the ASTS track fellows in training. In addition, the Council endorsed making it a requirement that all fellows

become candidate members of the ASTS and that associated costs (AJT online subscription) be offset by the annual accreditation fee effective January 1, 2008. All accredited programs will now report their fellows on an annual basis to allow ASTS to monitor fellows who switch training programs during their fellowship and fellows who did not match, but subsequently were accepted to training programs.

LEGISLATIVE COMMITTEE

Dr. Richard Freeman reported that the Living Kidney Paired Donation Bill stalled in Congress due to a change in language by the Senate but presumably will eventually pass despite the temporary set back. Dr. Freeman reported that there are continued efforts to fund the Organ Donation Act (ODA) and interest in providing funding to link state registries. There is also renewed effort in the House for a comprehensive Medicare package that would include extended immunosuppressive drug coverage for ESRD patients beyond three years. See full Legislative Report on page 10.

Membership Committee

Dr. Timothy Pruett reported that targeted letters have been sent to non-member cardiothoracic and abdominal transplant surgeons, encouraging them to take advantage of the value and benefits of becoming an ASTS member. The membership voted in May to eliminate the publication requirement as criteria for ASTS membership. It was reported that the membership booth received a great deal of traffic during ATC distributing over 500 membership packets. Another membership campaign is underway with the possibility of creating a standing committee to represent surgical associates and to study the possibility of a curriculum aimed at physician extenders.

REIMBURSEMENT COMMITTEE

Dr. Michael Abecassis reported that CMS recently published its final FY 2008 inpatient prospective payment system (IPPS) rule which included new severity-based DRGs for heart and liver transplants. Due to inadequacies applying the two tired system to transplants, CMS recommended that ASTS consider

obtaining new ICD-9 codes in order to track donor organs quality and to classify the type of donor organ used in each procedure. The establishment of these new codes would take several years. See full Reimbursement Report on page 8.

REGULATORY REPORT

Dr. Michael Abecassis reported that the ASTS was anxiously awaiting the interpretive guidelines for the CMS rule. It was explained that the initial surveyors are relatively uninformed and recommended that transplant centers challenge the surveyors on issues of concern until the interpretive guidelines are available. The Council discussed the JCAHO certificate of distinction/transplant certification program the Joint Commission is launching in lieu of being able to seek deemed status for renal. The consensus was that ASTS should advise members that the ICAHO certificate is voluntary. The OPTN/UNOS Board accepted the ASTS recommendations in the OPTN/ UNOS proposed living donation guidelines (bylaws) that passed. The current version of the medical and psychosocial evaluation resource document is being revised; ASTS has submitted its position. See full Regulatory Report on page 8.

STANDARDS COMMITTEE

Dr. David Mulligan presented the recommended standards for organ procurement. Ultimately, there was support to include a US Medical license requirement due to legal concerns and the ability to detect disease during the procurement. The Committee will add a grandfather clause and revise the recommendations. Dr. David Reich has drafted DCD transplant guidelines that are designed to be non-prescriptive. The Committee will also review the existing measures for Physician Quality Reporting Initiative (PORI) in liver and kidney transplantation and recommend additional measures specific to transplant to support quality metrics unique to transplantation.

SCIENTIFIC STUDIES COMMITTEE

Dr. David Gerber provided a summary on the recent Combined Kidney/Liver Transplantation Consensus Conference in Chicago. A paper will be submitted for publication and they hope to organize a registry. He added that Dr. Feng drafted a concept sheet on clinical trial design issues as requested by Council to send to FDA. The Committee designed and distributed the ASTS DonorNet Survey in order to gather feedback on its impact on individual programs.

VANGUARD COMMITTEE

Dr. Randall Sung reported that planning is underway for the 8th Annual Winter Symposium on The High Risk Recipient which will be held again in Marco Island. A pre-symposium course on Practical Knowledge for the Transplant Surgeon will be offered and Dr. Abouljoud will lead the Career Development Symposium, Burnout and Work/Life Balance. See 2008 Symposium preview on page 19. The Council approved the restructure of the Vanguard Prize to reduce the awards from four to two per vear, allowing for nominations from authors, program directors and Vanguard Committee members, and increase the prize amount. Lastly, he reported that the new Francis Moore Excellence in the Field of Transplantation Surgery Award will be awarded to the first two recipients at the Winter Symposium.

AD HOC BUSINESS PRACTICE COMMITTEE

Dr. Marwan Abouljoud presented the draft program for the workshop that will be held prior to the Winter Symposium titled Medicare 101: What Every Transplant Surgeon Must Know. See overview of workshop on page 19. Dr. Paul Kuo is working on the development of a practice model survey that would be addressed to division/center chiefs to explore reporting relationships, financial staffing, levels of autonomy, subsidy and taxation models, overhead allocation, redundancy in staffing to provide coverage, and etc.

AD HOC LIVING DONOR COMMITTEE

Dr. Andrew Klein reported that the Committee is developing safety and risk statements for living donors. The Committee is striving for greater collaboration with the OPTN/UNOS Living Donor Committee to develop guidelines.



Regulatory & Reimbursement Update

New DRGs for Liver and Heart Transplants

Effective October 1, 2007 Medicare implemented a new system of hospital DRGs based on severity of illness. The new system affects both liver and heart transplants. Under the previous DRG system, there was only one DRG for heart transplants and one for liver transplants. Under the new system there are two DRGs each for both liver and heart transplants, depending upon whether or not the patient has a "major complicating condition" (MCC). The DRG weight, and consequently Medicare payment, is higher for patients with a MCC than without a MCC. ASTS met with Medicare staff to express its opposition to the creation of severity based DRGs for these procedures. ASTS took the position that there are no truly "uncomplicated," heart or liver transplants and, further, that the significant disparity



in payments between the complicated and uncomplicated cases, as articulated in the proposed rule, would result in substantial underpayments to hospitals. While CMS disagreed with ASTS' position and finalized severity-based DRGs for these procedures; ASTS did effect change in the final payment rates (set

forth below.) CMS increased the DRG weights for the uncomplicated cases, substantially reducing the payment differential between "with MCC" and "without MCC" admissions.

Note that Intestinal and Multivisceral transplants will all be assigned to the higher-severity liver DRG. CMS again declined to create a separate DRG for combined liver/kidney transplants. However, CMS expects that all liver/kidney combined transplants will be assigned to the higher paying liver transplant DRG if they are properly coded.

Severity-based DRGs were not created for any other solid organ transplants, and kidney, pancreas, combined kidney/pancreas, and lung transplants each are associated with a single DRG. The Table on page 9 compares the 2007 and 2008 DRG weights for these procedures. With the exception of pancreas/kidney the reductions are all less than in the proposed rule.

HOSPITAL UPDATE FACTORS AND REDUCTION OF "BEHAVIORAL OFFSET"

The update factor for hospitals in FY 2008 is 3.3%. The final CMS rule had included an offsetting 1.6% across the board reduction in DRG payments to compensate for what CMS believed would be an overall increase in payments due to more precise coding under the new severity-based DRGs. This provision was vigorously opposed by the hospital community and, in September of this year, Congress passed legislation which reduced the cut to 0.8%.

IMPLEMENTATION OF MEDICARE CERTIFICATION PROGRAM FOR TRANSPLANT CENTERS

The new transplant center regulations became effective on June 28, 2007, and transplant centers that are currently certified by Medicare have until December

2007 DRG	2007 DRG Weight and Payment amount*	Proposed 2008 MS- DRG	Final 2008 DRG Weight and payment amount*	Percent Change between 2007 and 2008
Heart Tx or implant of heart assist system	18.8653 \$93,606	Heart Tx or implant of heart assist system w/ MCC	23.1117 \$114,680	+22%
		Heart Tx or implant w/o MCC	16.2735 \$80,749	-13%
Liver Tx (includes intestinal Tx)	9.4096 \$46,690	Liver Tx w/ MCC or intestinal Tx	10.6120 \$52,656	+12%
		Liver Tx w/o MCC	7.2562 \$36,005	-23%

^{*} Payment amount is based on the FY 2008 national standardized amount (\$4962), assumes a wage index of 1, and does not include organ acquisition costs, geographic adjustments, capital adjustments or other sources of reimbursement such as GME payments to teaching hospitals.

26, 2007 to submit applications for approval to CMS. New centers can apply at any time.

Centers that have already submitted their applications are undergoing unannounced surveys by Medicare. In conducting these surveys, surveyors currently are applying draft Interpretive Guidelines that purport to interpret the certification regulations. ASTS has reviewed the draft Interpretive Guidelines and has a number of serious concerns, which have been communicated both to CMS and to staff of Senator Grassley, the chair of the Senate Finance Committee, which has jurisdiction over the Medicare program.

Generally, the Interpretive Guidelines appear to go well beyond what is required by the underlying regulations and impose requirements that are extremely prescriptive and detailed. In addition, the Guidelines reflect a lack of understanding of how transplant centers operate. Some of the areas we expect will be particularly problematic include:

- Interpretation of outcomes and volume data
- Qualifications and role of living donor advocate
- Responsibility of transplant center to verify donor blood type at donor site
- Informed Consent Process
- Providing donor information to patients
- Transplant team meetings
- Quality Assessment and Program Improvement (QAPI) requirements

ASTS has requested CMS refrain from applying the Interpretive Guidelines until ASTS concerns are resolved. Regardless of whether application of the draft Guidelines is suspended, ASTS is hopeful that its concerns will be addressed before the Guidelines are finalized, and will continue to work with Medicare to achieve a reasonable and workable certification program. Comments submitted to CMS are available on the ASTS website under Regulatory.

DRG	2007 Weight	Final 2008 Weight	Percentage change
Lung	8.4182	8.4002	-1%
Pancreas/Kidney	6.2588	5.1726	-17.3%
Pancreas	3.9771	3.8902	-2%
Kidney	3.1152	3.0654	- 1.5%

JOINT COMMISSION TRANSPLANT CENTER CERTIFICATION PROGRAM

The Joint Commission is proceeding with its transplant certification program. Draft standards were circulated to the field, and ASTS submitted written comments. ASTS also met with the Joint Commission to discuss its many concerns, including those related to:

- The authority of the Transplant Surgeon to direct transplant programs
- Qualifications of living donor advocate
- Informed consent requirements
- Waitlist management
- Verification of recipient and donor blood types
- Individualized plans of care
- QAPI requirements

ASTS has requested the Joint Commission modify its program requirements to address these concerns before launching the program.

The Joint Commission is planning to apply to Medicare for "deemed status." If it seeks and obtains deemed status, certification by the Joint Commission would be considered equivalent to certification by Medicare. The Medicare statute, however, prohibits the use of deemed accrediting bodies in the approval of kidney transplant centers. Therefore, kidney programs would still have to be approved by Medicare. Comments to the Joint Commission standards can be found on the ASTS website under Regulatory.

OPTN Rules on Living Donors

The OPTN has proposed changes to its bylaws and implementation of new

guidelines which would impose a number of new requirements on transplant centers and surgeons with respect to living donors. ASTS submitted comprehensive comments on the draft changes and is working with the OPTN to revise its guidelines in this area.

MEDICARE 2008 PHYSICIAN FEE SCHEDULE

The 2008 Medicare physician fee schedule is expected to be published in early November. The relative value units assigned to transplant procedures is not expected to change significantly from prior years, and, to the extent that there are changes, they are generally the result of overall budget neutrality adjustments imposed on all services. For example, all physician work RVUs are subject to a reduction of approximately 10 percent in order to implement approved work RVU increases for specific services (primarily anesthesia). Other highlights of the proposed rule include an extension of the payment add-on for administration of IVIG and changes to the physician self-referral or Stark law exceptions. As of this time, Congress had not passed legislation to avert the 10 percent reduction in Medicare payment that will otherwise occur on January 1, 2008; however, proposals to avert the reductions are under active consideration by both Houses of Congress.

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



Legislative Report

ASTS Leaders Deliver Strong Message to Congress

In recent months, Congress has been consumed with the painstaking development and negotiation of legislation to reauthorize the State Child Health Insurance Program (SCHIP), the various user fee programs within the Food & Drug Administration, and passing annual appropriations bills which fund the federal agencies and programs. As in recent years, final action on both healthcare appropriations and a Medicare package to eliminate a ten percent cut to the 2008 physician fee schedule are expected to consume the remainder of the congressional calendar.

ASTS LEGISLATIVE (FLY-IN) DAY

On October 23rd, six ASTS transplant surgeons flew to Washington to meet with their legislators and key committee staff on the Society's legislative priorities. As part of the fly-in, ASTS Legislative Committee Chair Dr. Richard Freeman (MA) was joined by Dr. Hans Sollinger (WI), Dr. Robert Merion (MI), Dr. Kim Olthoff (PA), Dr. Amy Friedman (NY), and Dr. Alan Reed (IA) in meetings with over 25 congressional offices. Each of these surgeons are constituents of House and Senate Members who are key

decision-makers on the paired donation bill, funding of the Organ Donation Act, expansion of immunosuppressive drug coverage for Medicare beneficiaries, and other priority issues of the Society.

LIVING KIDNEY PAIRED DONATION BILL

At the beginning of 2007, expectations for enactment of a bill to clarify the legality of paired donation were high after the tragic death of the House sponsor of the legislation, Rep. Charlie Norwood (R-GA). Consideration of the



"During the legislative fly-in to Washington, DC, ASTS members met directly with Senate and House sponsors of the legislation in an effort to break the impasse."

Dr. Robert Merion, Univ. of Michigan, Senator Carl Levin (D-MI), Dr. Richard Freeman, Chair, ASTS Legislative Committee, Mr. Peter Thomas, ASTS Legislative Counsel

bill was helped by issuance of a report by the U.S. Department of Justice which concluded that certain arrangements for donation of kidneys by living donors do not constitute "valuable consideration" and explicitly authorized both paired donation and list donation, a broader interpretation than the legislation. Extensive efforts to spur negotiations on the paired donation bill in recent months advanced the bill but have not yet resulted in final enactment. During the legislative fly-in to Washington, DC, ASTS members met directly with Senate and House sponsors of the legislation in an effort to break the impasse. Expectations are high for final action by the end of the year.

Renewed Request for Initial Organ Donation Act Funding

Last fiscal year, the Division of Transplantation (DoT) within the Health Resources and Services Administration (HRSA) reorganized its 2007 budget to provide for an initial \$2 million in funding for a travel and subsistence grant program which was one of three central provisions of the Organ Donation Recovery and Improvement Act of 2004. This was necessary because initial federal funding of \$2 million of

new federal funds—originally a Senate proposal—was stripped from the final spending bill when Congress and the President could not agree on new funding levels for most federal agencies and programs. The \$2 million that DoT redirected to this program was awarded to ASTS and the University of Michigan in a competitive grant process.

Earlier this year, ASTS lead the effort to secure Senate funding of the Organ Donation Act in the Senate Labor, Health and Human Services, and Education Appropriations (L/HHS) spend-

ing bill of \$2 million to increase funding for organ donation activities. The Senate bill was passed on the same day as the ASTS legislative fly-in and is headed for conference committee negotiations with the House version passed earlier this summer but contains no funds for the Organ Donation Act. The legislative fly-in presented a timely opportunity to request the House Appropriations Committee to adopt the Senate increase for these organ donation programs. It is likely that the final FY 2008 spending bill will be vetoed by the President and then a revised version will be included in an omnibus appropriations bill at year's end containing funding for several departments of the federal government.

Immunosuppressive Drug Legislation

At the end of July, H.R. 3635, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2007, was introduced in the House by Reps. Camp (R-MI) and Kind (D-WI) to extend coverage of immunosuppressive drugs for Medicare beneficiaries beyond the current 36-month coverage period. The bill eliminates the time limit for kidney transplant recipients whose Medicare coverage is based solely on their ESRD status. During the fly-in, ASTS members educated House leaders about the importance of this legislation and urged them to include the coverage extension in this year's Medicare package. ASTS expects that a bipartisan companion bill will be introduced in the Senate in the near future. ASTS has spent considerable time over the past several months educating dozens of Congressional offices on the merits of this bill.

Protections for Immunosuppressive Drugs Under Medicare Part D

As provision of the House Medicare package which passed in late July,



Ms. Katrina Crist, ASTS Executive Director, Senator Russ Feingold (D-WI), Dr. Hans Sollinger, Univ. of Wisconsin

"ASTS has spent considerable time over the past several months educating dozens of Congressional offices on the merits of this bill."

codifies the requirement that Medicare Part D drug plans cover "all or substantially all" drugs in six protected classes, including immunosuppressive drugs. Coverage of these drugs is standard practice among state Medicaid programs and private insurers; however the protections currently offered in the CMS guidance are not guaranteed beyond this year and have previously been ignored by some drug plans with little risk of sanctions. This legislative provision, if included in the final Medicare legislation, would preserve access to all or substantially all immunosuppressive drugs for Medicare Part D beneficiaries. So far, the Senate has yet to develop and pass a Medicare bill of its own. ASTS has been educating Senate staff about this provision and the fly-in provided additional opportunities to make this case.

Organ Donor Registries

On September 25, 2007, ASTS submitted testimony for the record to the

House Committee on Oversight & Government Reform in support of organ donation registries and H.R. 3635, the Everson Walls & Ron Springs Organ Donation Support Act of 2007. This legislation would help organ procurement specialists instantly identify willing donors through national registries rather than limited to local or state registries. By creating a national organ and tissue donor registry resource center, donors could make their wishes known and grants would be provided to states to create these registries where they do not exist or build upon those that do.

ASTS has also learned that a companion Senate bill will be introduced shortly.

Conclusion

For weeks, congressional Democrats have been contrasting their priorities to fund domestic healthcare programs with President Bush's demands for more war funds. Congress has sent to the President, and the President has vetoed, the children's health insurance bill, and he has threatened to veto the Health and Human Services spending bill as well. The SCHIP program, as well as most other federal programs, is operating under a "Continuing Resolution" or "CR" that expires November 16th. A CR temporarily funds programs when Congress cannot agree to final program and agency budgets by October 1st, the start of the federal fiscal year. It is widely expected that another short term CR will be passed to extend the deadline for congressional action into December.

As the year comes to a close, the congressional agenda is accelerating. Each day that goes by signals that a legislative "train wreck" is every bit as possible as a successful conclusion to the First Session of the 110th Congress.

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



OPTN/UNOS Corner

Board of Directors Emphasizes Living Donor Transplant Issues

he OPTN/UNOS Board of Directors met Sept. 17-18, 2007, in Los Angeles. A key theme of the meeting was addressing issues of living donor transplantation in response to new responsibilities given to the OPTN by the Health Resources and Services Administration (HRSA).

The Secretary of Health and Human Services has directed the OPTN to develop policies regarding living organ donors and living organ donor recipients, including equitable allocation of living donor organs. In a statement published in the Federal Register June 16, 2006, HRSA determined that OPTN policies

developed to address these issues will have the same enforceability as deceased donor policies under the OPTN Final Rule. The OPTN and UNOS also seek to maintain standards consistent with Medicare conditions of participation for transplant centers recently established by the Centers for Medicare and Medicaid Services (CMS).

LIVING DONOR KIDNEY, LIVER BYLAWS

At its September meeting, The OPTN/UNOS Board approved new bylaws for member transplant centers that operate kidney and/or liver programs involving living donor transplants. The bylaws re-

quire programs performing living donor transplantation to identify the resources necessary to provide thorough medical and psychosocial evaluation to have written protocols addressing all phases of the living donor process and to abide by those protocols once established. In addition, they require programs to have a knowledgeable person, independent from the medical professionals directly involved in the care of the potential transplant recipient, to be an advocate for the needs and interests of the potential living donor.

Liver programs currently approved for living donor transplantation will need to supply some additional information to meet new criteria in the bylaws (This will not require a completely new application). All kidney programs performing living donor transplants, and any liver programs who wish to do living donor transplants in the future, will need to submit a new application. The application forms are currently in development and await government approval. Additional information about the new applications and the review process will be provided in coming months.

Kidney Allocation Policy Development

A BRIEF OVERVIEW FROM THE OPTN/UNOS PLANNING COMMITTEE The OPTN/UNOS Kidney Transplantation Committee has undertaken a process to achieve equitable allocation as required by the OPTN Final Rule, National Organ Transplant Act, and the Principles of Equitable Organ Allocation. This process began in 2004 with a series of public hearings and a review of the OPTN Final Rule requirements and Health and Human Services Program Goals for the OPTN. Based on this review, the Committee considered life years following transplant (LYFT) as a concept for kidney allocation. The Committee presented LYFT to the public at a forum held in Dallas, Texas on February 8, 2007. During that forum, the Committee solicited feedback from participants about how kidney allocation could be improved and received many excellent recommendations. For a complete description of the recommendations, and a status update on the development of a new kidney allocation, visit www.optn.org/kars. You can also view a simulation modeling that has been developed to better understand the concept.

WHAT IS LYFT?

LYFT is the difference in estimated survival following kidney transplant versus estimated survival on dialysis. LYFT is calculated based on a number of objective medical factors including candidate time on dialysis, body mass index, albumin levels, diagnosis, age, and sensitization level. For a complete description of LYFT, Committee reports, and upcoming events visit www.optn.org/kars.

 $Source: The\ OPTN/UNOS\ Kidney\ Transplantation\ Committee$

LIVING DONOR INFORMED CONSENT RESOURCE DOCUMENT

The Board approved a resource document to describe commonalities of transplant programs' protocols for ensuring informed consent for living organ donation. The document can help inform potential donors in a consistent way about the risks and benefits of living donation, and can be useful for transplant programs as they assess and revise their individual protocols.

The OPTN/UNOS Living Donor Committee developed the resource document from the proceedings of Amsterdam and Vancouver consensus conferences on responsibility to the live organ donor and practices identified in

HRSA Collaboratives

A Review of Recent Developments

a survey of protocols from programs performing living donor transplants. The document addresses elements of educating potential living donors about the donation process, explaining donor risk and benefits, ensuring proper consent, and arranging for follow-up evaluation after the donation. It has been posted as an informational resource on the OPTN, UNOS and Transplant LivingSM web sites and distributed via e-mail to medical and program staff at programs performing living donor transplants.

LIVING DONOR EVALUATION RESOURCE DOCUMENT

The Board approved the intent to develop a second resource document regarding medical and psychosocial evaluation of potential living donors and will reconsider the specific content of the document at its next meeting in February 2008. The Living Donor Committee had initially sought public comment on this document beginning in July. Resulting comment varied widely, including concerns expressed that the original proposal was too prescriptive upon medical practice. The Living Donor Committee and the Board discussed a number of modifications to the original proposal. Ultimately the Board approved the introduction and purpose of the resource document and determined that the specific content should be reconsidered by the Living Donor Committee, including an additional period for public comment. The Committee's proposed resource document is expected to be distributed for additional public comment in November.

FOR MORE INFORMATION

An executive summary of all OPTN/ UNOS Board actions is available on the OPTN web site, www.optn.org, under the "Members" main heading and "Board of Directors" subhead. More detailed information about the living donor actions is also included in the "OPTN News" section of the site.

By Joel Newman, Assistant Director of Communications, UNOS

s part of the Gift of Life Donation Initiative, in 2003 the U.S. Department of Health and Human Services Administration (HHS), Health Resources and Services Administration (HRSA) joined with key national leaders and practitioners from the Nation's transplantation and hospital communities to launch the Organ Donation Breakthrough Collaborative. In 2005 HRSA launched a similar initiative, the Organ Transplantation Breakthrough Collaborative. The Collaboratives are intended to identify and promote best practices in organ donation for adoption by hospitals and organ procurement organizations as well as dramatically increase access to transplantable organs. The aims or goals are for hospitals, organ procurement organizations and transplant hospitals to use best practices to achieve organ donation rates of 75 percent or greater and organs transplanted per donor of 3.75.

Is a 75 percent goal sustainable?

In October the U.S. Department of Health and Human Services (HHS) presented awards to 392 of the nation's largest hospitals for their success in increasing organ donation rates at their facilities. Hospital executives, together with their partners in 57 federally-designated organ procurement organizations (OPOs), received the Department's Medal of Honor for Organ Donation for achieving and sustaining a donation rate of 75 percent or more of eligible donors.

"In just four years, the number of hospitals that have achieved the 75 percent rate has soared from 55 to 392 – a remarkable accomplishment." – Elizabeth M. Duke, Administrator of HHS/HRSA 392 out of 716 eligible hospitals met the 75% goal.

The success of the Breakthrough Collaboratives has made the following possible:

- 4,146 more organs were transplanted in 2006 than in 2003
- 31,184 organs were transplanted in 2006 during 28,923 organ transplant operations
- 24, 461 of these organs came from deceased donors, that's nearly 80 percent of transplanted organs
- 6,723 organs came from living donors, that's 21.6 percent of transplanted organs

THE TRANSPLANT GROWTH AND MANAGEMENT COLLABORATIVE

HRSA now seeks to identify and spread the best practices of transplant centers to effectively grow and adapt to the increasing organ supply, thus creating the Transplant Growth and Management Collaborative. The goal is to transplant 35,000 deceased donor organs in a single year. To work towards achieving this goal, HRSA published a report to identify and share what works across transplant centers. The report presents observations of the best practices of selected high-performing transplant centers that have achieved high organ transplantation rates, while maintaining expected or higher than expected patient and graft survival outcomes.

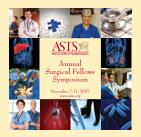
Details of the study can be found on www.organdonor.gov.

By Ginny McBride, RN, MPH, CPTC, Director, Breakthrough Collaborative Initiatives, HRSA



Annual Surgical Fellows Symposium An Inaugural Event, November 7-11, 2007

An Inaugural Event, November 7-11, 2007 The ASTS is grateful to Astellas for their support of the Symposium.



"I think it's important that ASTS has taken on this Symposium. It brings front and center our mission of fellows' education."

– Nancy L. Ascher, MD, PhD, Program Faculty, University of California San Francisco

"This [fellowship training] is the most important thing that ASTS does, and the most important thing to ensure the future of our field."

- Allan D. Kirk, MD, PhD, Program Faculty, Emory University School of Medicine

Aloha! Maui, Hawaii was a superior location to premiere the ASTS inaugural Annual Surgical Fellows Symposium. The serene and relaxed atmosphere, coupled with expert faculty is credited with creating a learning environment ripe for transplant surgeons in training. Over fifty fellows in ASTS accredited abdominal fellowship training programs and 22 faculty members throughout the U.S. and Canada attended the Symposium.

DID THE SYMPOSIUM MEET EXPECTATIONS?

"It's been a tremendous opportunity and the faculty participation is awesome. Transplantation is a small field; it's impressive and important for junior members to have access to them [senior faculty]." – Christopher J. Sonnenday, MD, MHS, Fellow, University of Michigan Medical Center

"It's a good chance to meet and be introduced to your peers from other programs and see how things are done elsewhere."

– Ajay K. Sahajpal, MD, Fellow, Mayo Clinic, Rochester

Topics such as transplant immunology, infectious disease, kidney/liver allocation, long term management, pancreas acceptance, ethics and leadership skills, to name a few, offered attendees training and education that they may not have otherwise received during their fellowship, and/or individual mentoring. The program offered over 15 hours of content to address frequently cited gaps in fellowship training. The Symposium



Drs. Peter G. Stock & John C. Magee, ASTS Fellowship Training Committee Chairs

started off with a brief history lesson. Why? As Allan D. Kirk, MD, PhD, Emory University School of Medicine said as he began his presentation on Transplant Immunology, "it's just good to know." With every other presentation to follow, fellows were provided with information that is not only good to know but also vital to become highly trained, qualified transplant surgeons.

Attendees gleaned individual learning from each presentation and more than a few "hot topics" generated an overwhelming response from fellows



Faculty-Fellow Networking! Dr. Allan D. Kirk, Emory University School of Medicine and Drs. Tariq N. Khan (L), Dmitriy A. Nikitin (R), Fellows, Baylor Regional Transplant Institute



Program Session

and faculty alike. Immunology, infectious disease, kidney allocation, liver organ offers, pancreas allocation and ethical issues in transplantation topped the list. We asked a fellow his thoughts on allocation, one of the more controversial topics, and how this symposium may impact future allocation, he said, "It's good that these important issues are being addressed. In the interest of justice, equity, and efficiency, I am sure that the allocation crisis will be improved by these [Fellows Symposium] efforts." – Peter J. Horton, MD, Fellow, University of Rochester Medical Center.

FRIENDLY FIRE!

When Peter G. Stock, MD, PhD, University of California San Francisco, opened the door for discussion following his presentation on a new model for kidney allocation the questions came pouring in. In his presentation, Dr. Stock discussed a new proposal that the OPTN/UNOS Kidney Transplantation Committee has developed to achieve more equitable allocation; life years following transplant (LYFT). LYFT is the difference in estimated survival



following kidney transplant versus estimated survival on dialysis. LYFT is calculated based on a number of objective medical factors including candidate time on dialysis, body mass index, albumin levels, diagnosis, age and sensitization. The rationale behind this proposal sparked a spirited debate among fellows and faculty. Fellows questioned how the proposed allocation model will work and if the concept is achievable. For answers to these and other questions concerning LYFT please visit www.optn.org/kars.

QUICK ON YOUR FEET!

Flashbacks of classroom training and being "put on the spot" came rushing back to Andre A. Dick, MD, University of Washington School of Medicine, as he was the first to be called upon on what would continue to be an impromptu question and answer session by Nancy L. Ascher, MD, PhD, University of California San Francisco. Dr. Ascher presented several case studies on management of the liver transplant patient and randomly called on fellows to provide a quick assessment and recommend treatment. She challenged fellows to utilize their acquired training and to analyze a situation that will ultimately become even more essential post fellowship. Dr. Ascher then asked a panel of experts to each advise how they would treat the patient as well as offered her own opinion and ultimately how UCSF proceeded.



Dr. Nancy L. Ascher, University of California San Francisco



Symposium Participants

"It's important to instill in the next generation of people who do transplants, the enthusiasm for the breadth of the field; the aggregate power of transplantation shows up at this sort of venue." – Timothy L. Pruett, MD, Program Faculty, University of Virginia Health Science Center

Wendy J. Grant, MD

Special thanks!

Astellas Pharmaceuticals for making the Symposium possible through an educational grant.

FELLOWSHIP TRAINING COMMITTEE

John C. Magee, MD, Chair, 2007-2010
Peter G. Stock, MD, PhD, Chair, 2005-2007
Marian Abouljoud, MD, Co-Chair
Alan W. Henning, MD
Douglas A. Hale, MD
Daniel A. Katz, MD
Douglas G. Farmer, MD
Gerald S. Lipshutz, MD
Jonathan P. Fryer, MD
Ron Shaprio, MD
Ryutaro Hirose, MD
Sunil K. Geevarghese, MD
Wendy J. Grant, MD

SURGICAL FELLOWS SYMPOSIUM PROGRAM FACULTY

Michael M. Abecassis, MD, MBA
Northwestern University
Nancy L. Ascher, MD, PhD
University of California San Francisco
Ginny L. Bumgardner, MD, PhD
The Ohio State University
Douglas G. Farmer, MD
University of California Los Angeles
Stuart M. Flechner, MD
The Cleveland Clinic Foundation
Glickman Urological Institute
Jonathan P. Fryer, MD
Northwestern University
Sunil K. Geevarghese, MD
Vanderbilt University

University of Nebraska Medical Center Mitchell L. Henry, MD The Ohio State University Abhinav Humar, MD University of Minnesota Seth J. Karp, MD Beth Israel Deaconess Medical Center Daniel A. Katz, MD University of Iowa Allan D. Kirk, MD, PhD Emory University School of Medicine John C. Magee, MD University of Michigan Charles M. Miller, MD The Cleveland Clinic Foundation Jon S. Odorico, MD University of Wisconsin, Madison Kim M. Olthoff, MD University of Pennsylvania Elizabeth A. Pomfret, MD, PhD Lahey Clinic Medical Center Timothy L. Pruett, MD University of Virginia Health Sciences Center Peter G. Stock, MD, PhD University of California San Francisco Randall S. Sung, MD University of Michigan Adriana Zeevi, PhD

University of Pittsburgh Medical Center



National Living Donor Assistance Center



he National Living Donor
Assistance Center (NLDAC)
website was launched on the
morning of October 17th and by the
end of the day, 19 transplant centers had
registered their living donor programs.
Less than 4 weeks later 148 programs
were enrolled and 4 applications for
funding were received. Go to www.livingdonorassistance.org to see how many
are register as of today.

Registration with the NLDAC takes five minutes and begins the process of applying for financial assistance for living donors. The NLDAC mission is to reduce financial disincentives to living organ donation. The ASTS and the University of Michigan were awarded a four year grant from HRSA to establish and operate a nationwide system to provide for reimbursement of travel and subsistence expenses to eligible individuals being evaluated and/or undergoing living organ donation. The NLDAC office and staff are housed in the ASTS office located in Arlington, VA.

After registering a living kidney, liver, lung or intestine transplant program with the NLDAC, the authorized transplant professionals file applications for financial assistance via the NLDAC website on behalf of their living donor candidates. Completed applications are then reviewed by the NLDAC review committee and, if approved, the living donor is sent a NLDAC credit card with a pre-set credit limit based on the amount of funds approved. If the patient is eligible to donate after the evaluation is complete, the credit limit on the credit card is increased to cover additional trips to the transplant center for the donor surgery and follow up. The program allows up to \$6,000 and 5 trips (3 for donor and 2 for an accompanying person) for each prospective donor.

DIRECTOR:

Akinlolu O. Ojo, MD, PhD University of Michigan Ann Arbor, MI

DEPUTY DIRECTOR:Robert M. Merion, MD *University of Michigan*Ann Arbor, MI

MANAGER:
Katrina Crist M

Katrina Crist, MBA American Society of Transplant Surgeons Arlington, VA

RESEARCH SCIENTIST:
Barry A. Hong, PhD, FAACP
Washington University School of
Medicine St Louis, MO

Program Coordinator: Holly Warren, RN, BA, CPTC

NLDAC Assistant: Justine Feighery

ASTS Welcomes NLDAC Team Members to the National Office



Holly Warren, RN, BA, CPTC is the new Program Coordinator for the National Living Donor Assistance Center (NLDAC) and Program Manager for the ASTS. Holly has been in the transplant field for 20 years with experience in organ procurement as well as organ transplantation. She re-

ceived her nursing degree from Fresno City College and her bachelor's degree from Fresno Pacific University in Human Resources Management.

Holly worked as a hospital development coordinator at the California Transplant Donor Network and as a heart transplant coordinator for the University of Maryland Medical Center. Additionally, Holly has served on the board of directors for NATCO, the Organization for Transplant

Professionals as Councilor at Large and Treasurer. Holly will coordinate the day to day activities of the NLDAC.



Justine Feighery is the new assistant for the National Living Donor Assistance Center. She graduated from Manhattanville College in New York with a Bachelors Degree in Psychology in May 2006. Justine will provide support to the program manager and program coordinator,

handling inquiries from transplant centers regarding the NLDAC application process and data collection. She will perform general office management and communication regarding controlled value card applications, travel agency inquiries and centralized reports.



National Living Donor Assistance Center

 $Q \mathcal{E} A$

Who is eligible for reimbursement from NLDAC?

Eligibility is determined based on donor and recipient household income using a threshold of 300% of the HHS Poverty Guidelines. If a recipient or a donor has income greater than 300% of HHS Poverty Guidelines and can demonstrate financial hardship, a waiver may be requested in writing (250 words or less) by the transplant center. The transplant center must provide specific facts describing significant financial hardship. The eligibility guidelines and list of the preference categories are available on the NLDAC website at www.livingdonorassistance.org under the Potential Donors Tab.

What qualifying expenses are covered by the NLDAC?

Travel, lodging, meals and incidental expenses incurred by the donor and/or accompanying person(s) as part of: donor evaluation; hospitalization for the living donor surgical procedure; and/or medical or surgical follow-up clinic visit or hospitalization within 90 days after the living donation procedure.

How does a Transplant Center register with the NLDAC?

Each transplant program must complete an online registration form at livingdonorassistance.org. The program director (surgeon or physician) must attest to 'good standing status' with the OPTN and provide the names and email addresses of two transplant professionals authorized to file applications to the NLDAC on behalf of prospective donors. It takes only five minutes to register.

Who files an application to the NLDAC on behalf of potential living donors?

The transplant program designated application filers will apply online in a



password-protected area of the website on behalf of the living donor.

Who reviews the potential living donor applications?

The NLDAC Review Committee will review and vote to approve or not approve each application. The Review Committee Members include a patient representative from the National Kidney Foundation, a transplant social worker from the Society of Transplant Social Workers, a transplant coordinator from NATCO, the Organization for Transplant Professionals, and two NLDAC staff.

What is the maximum Federal reimbursement for qualified expenses during the donation process?

A potential living donor may receive

up to \$6,000.00 dollars for expenses. Donors will have access to the funds through the use of a controlled value card, which is similar to a credit card. The card allows for all transactions to be tracked through electronic centralized reports.

How many trips are allowed per donation or intended donation?

Five. Three of these trips may be for the potential living donor and up to two trips may be for an accompanying person(s).

How can I contact the NLDAC?

The NLDAC staff is available Monday-Friday 8:00 a.m. -5:00 p.m. ET. If you have questions or comments, please feel free to call the NLDAC at 703-414-1600 or email us at nldac@livingdonorassistance.org.

Additional information is available at www.livingdonorassistance.org

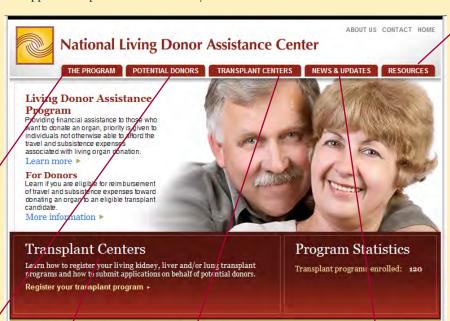




National Living Donor Assistance Center

How to navigate the NLDAC website: www.livingdonorassistance.org

Transplant centers, candidates and prospective living organ donors can obtain information about the grant, program background, and donor eligibility on the NLDAC website. The easy to navigate site allows transplant programs to efficiently complete the registration and application process electronically.



The Resources Tab:

Users may click on the resource tab to view the Federal Register publication of the final eligibility guidelines and HRSA response to public comment. A list of websites that contain information on organ donation and transplantation is also available.

The Program Tab:

This menu allows the user to learn more about the program mission, background, program team and the advisory group.

The Potential Donors Tab:

The eligibility guidelines are described in detail and potential living donors can learn more about the application process. Information is organized in a Question & Answer format. Links to other educational transplant sites that provide information on living organ donation is also provided.

Transplant Centers

Program directors can register their live organ programs using the web-based registration form. The OPTN approved program director (surgeon or physician) must supply the names of two professionals authorized to file applications and must attest that the program is in good standing with the OPTN.

The Transplant Center Tab:

Under this tab, transplant centers can register their live organ programs, learn about the application process, and login to the password protected portal to apply for funds on behalf of their living donors. This tab also provides a list of all the transplant programs currently enrolled in the NLDAC program.

The News and Updates Tab:

In the months ahead, this section will be filled with the latest NLDAC press coverage, important communications and program updates.



ASTS State of the Art Winter Symposium January 25-27, 2008 Marco Island Marriott Resort, Florida



The High Risk Recipient • January 25-27, 2008

With the increasing success of transplantation, a greater number of candidates may potentially benefit, including those previously considered to be unsuitable. The techniques, management, outcomes, and implications of transplantation in the high-risk recipient will be addressed.

The 8th Annual State of the Art Winter Symposium: *The High Risk Recipient* will begin by defining the problem. The Keynote Address on Friday afternoon will be a debate entitled "*Road to Nowhere*: *Are There Patients That Should Not Be Transplanted*?" and will include Goran B. Klintmalm, MD, PhD, FACS and Mark D. Stegall, MD. Additional sessions throughout the symposium include "*How Do You Make the Bad Not So Bad*," "The Surgically Challenging Recipient," a surgical video session, and a series of debates on Sunday morning with controversial topics such as retransplantation for recipients with hepatitis C, risk adjustment of transplant outcomes, and live donor transplants for pediatric recipients.

Registration is complimentary for fellows and residents.

Pre-Meeting Course: Practical Knowledge for Transplant Surgeons January 24-25, 2008

This course is designed to address topics rarely encountered in general transplant training. Topics to be discussed include "Obtaining a Position," "Relationship with your Institution and Career Advancement," "Running a Practice," "Managing a Clinical Transplant Program" and "Avoiding Burnout". This is an unparalleled opportunity for fellows and junior faculty to learn more

about these fundamental topics.

Career Development Symposium • Friday, January 25, 2008
The Vanguard Committee is committed to addressing nonclinical issues that are critical to the career development of the
junior membership. For 2008, Dr. Marwan Abouljoud, MD,
Henry Ford Hospital, will lead an interactive session entitled
Burnout and Work/Life Balance. This topic is essential to
advancing career and professional development

Vanguard Committee Mentorship Cocktail Reception and Award Presentation: Francis Moore Excellence in Mentorship in the Field of Transplantation Surgery Saturday, January 26, 2008

Back by popular demand, The Vanguard Committee Mentorship Cocktail Hour is designed to develop and foster the academic careers of junior surgical leaders. This year, the Vanguard Committee will honor the first two recipients of the ASTS Francis Moore Excellence in Mentorship in the Field of Transplantation Surgery Award. This award recognizes outstanding mentorship of fellowship trainees and junior faculty and will be awarded annually at the Winter Symposium.

Surgical Video Presentations • Sunday, January 27, 2008
This year's symposium will feature a video session. Similar to abstract submissions, the surgical videos were peer reviewed and 10 videos chosen for presentation during the symposium.

Register online at www.asts.org.

Medicare 101 What Every Transplant Surgeon Must Know An ASTS First

The ASTS Ad Hoc Business Advisory Committee is launching its first Annual ASTS Business Practice Seminar. This invaluable seminar will take place during the ASTS 8th Annual State of the Art Winter Symposium, 8:30 am – 11:30 am, Friday, January 25, 2008. The seminar is for ASTS members only. To register login to www.asts.org.

Why should you attend?

- Understand Medicare coverage for transplantation
- Acquire fundamental knowledge of Organ Acquisition
- Be able to enhance professional and practice Medicare revenue
- Become knowledgeable of recent CMS regulations and role of JCAHO

Program at a Glance...

Paul Kuo, MD, MBA	Cost Accounting: You are not an accountant, but you need to know this
Michael Abecassis, MD, MBA	Impact of Medicare Acquisition on your professional practice: More Money? Transplant Center Regulations: CMS, JCAHO and beyond
Marwan Abouljoud, MD	ABC's of Transplantation: Names and acronyms in the world of transplantation
Diane Millman, Esq.	Components of the acquisition cost center: What can you bill for?
Richard Freeman, MD	Introduction to Medicare: Rationale and Expectations
Dinesh Ranjan, MD	Capturing the revenue: Personal Experience



ASTS State of the Art Winter Symposium The High Risk Recipient

Friday, January 25, 2008 Defining the High Risk Recipient

Moderators: Arthur J. Matas, MD and Randall S. Sung, MD

12:00 -12:05 PM Welcome Randall S. Sung, MD University of Michigan

12:05 - 12:25 PM Give Me Your Tired, Your Poor: Framing the Problem
Thomas G. Peters, MD
Jacksonville Transplant Center

12:25 - 12:45 PM Yesterday When I Was Young: The Changing High Risk Recipient John P. Roberts, MD University of California San Francisco

12:45 - 1:05 PM Turn the Beat Around: Impact of Coronary Artery Disease on Transplant Outcomes George Tellides, MD, PhD Yale University School of Medicine

1:05 - 1:25 PM Mellow Yellow in a Non-Liver Fellow: Hepatitis C in the Extrahepatic Recipient Timothy L. Pruett, MD University of Virginia

1:25 - 1:45 PM Break

1:45 - 2:05 PM The Dog Ate My Pills: Potential Psychosocial Risk Factors Cheryl Jacobs, LICSW The Transplant Center, University of Minnesota-Fairview

2:05 - 2:25 PM What's In It for Me: Defining Transplant Benefit Robert A. Wolfe, PhD Arbor Research Collaborative for Health

Keynote Speaker Session

Moderators: Elizabeth A. Pomfret, MD, PhD and Thomas G. Peters, MD

2:25 - 2:30 PM Introduction Elizabeth A. Pomfret, MD, PhD Lahey Clinic Medical Center

2:30 - 3:30 PM Road to Nowhere: Are There Patients That Should Not Be Transplanted? Pro: Mark D. Stegall, MD

Mayo Clinic Rochester
Con: Goran B. Klintmalm, MD, PhD, FACS
Baylor Regional Transplant Institute

3:30 - 4:00 PM Break

Poster Session with Mini Oral Presentations

Moderators: Robert M. Merion, MD and Talia B. Baker, MD

4:00 - 5:30 PM Poster Session

Career Development Symposium

5:30 - 7:00 PM Burn Out and Work/Life Balance

Marwan Abouljoud, MD Henry Ford Hospital

6:30 - 7:30 PM Cocktail Reception

7:30 - 10:00 PM Dinner & Entertainment

Saturday, January 26, 2008 How Do You Make the Bad Not So Bad?

Moderators: Robert L. Kormos, MD and David A. Axelrod, MD, MBA

8:00 - 8:10 AM Welcome David A. Axelrod, MD, MBA Dartmouth Medical School

8:10 - 8:30 AM Honey, You Shrunk My Tumor: Downstaging for HCC Francis Y. Yao, MD University of California San Francisco

8:30 - 8:50 AM Under Pressure: Pulmonary Hypertension In Heart Transplant Recipients Abbas Ardehali, MD University of California Los Angeles Medical School

8:50 - 9:10 AM Papa's Got A Brand New Bag: Gastric Bypass and Transplantation J. Wesley Alexander, MD, ScD University of Cincinnati Medical Center

9:10 - 9:30 AM You Can't Always Get What You Want: The Right Organ for the Right Recipient Sandy Feng, MD, PhD University of California San Francisco

9:30 - 9:45 AM Break

Oral Abstract Presentations

Moderators: Dixon B. Kaufman, MD, PhD and Ty B. Dunn, MD, MS

9:45 - 11:05 AM Oral abstract presentations

11:05 - 11:20 AM Break

The Surgically Challenging Recipient

Moderators: Scott A. Gruber, MD, PhD and Paolo R. Salvalaggio, MD, PhD

11:20 - 11:40 AM Heart of My Heart: Repair vs. Transplantation for Congenital Heart Disease Peter J. Gruber, MD, PhD University of Pennsylvania School of Medicine

11:40 AM - 12:00 PM No Guts, No Glory: Challenges in the Intestinal Transplant Recipient Wendy J. Grant, MD University of Nebraska Medical Center

12:00 - 12:20 Up the Lazy River: Kidney/Pancreas in Recipients with Aortoiliac Disease Clarence E. Foster, III, MD University of California, Irvine Medical Center

5:30 - 7:00 PM Vanguard Committee Mentorship Cocktail Hour Award Presentation Ceremony: Francis Moore

Award Presentation Ceremony: Francis Moore Excellence in Mentorship in the Field of Transplantation Surgery

7:00 - 10:00 PM Lobster Dinner on the Beach

Sunday, January 27, 2008 Surgical Video Presentations

Moderators: Kim M. Olthoff, MD and Michael J. Englesbe, MD

7:25 - 7:30 AM Welcome Michael J. Englesbe, MD University of Michigan

7:30 - 9:30 AM Video Presentations

9:30 - 9:45 AM Break

Oral Abstract Presentations

Moderators: Mitchell L. Henry, MD and David A. Gerber, MD

9:45 - 10:45 AM Oral Abstracts

10:45 - 11:00 AM Break

January 25-27, 2008 Marco Island Marriott Resort, Florida



Debates

Moderators: John P. Roberts, MD and Sean J. Pelletier, MD

A Bird In The Hand: Pediatric Kidney Live Donors vs. Deceased Donors for Primary Transplant

11:00 – 11:10 AM Pro: H. Albin Gritsch, MD University of California Los Angeles

11:10 – 11:20 AM Con: Kenneth A. Andreoni, MD University of North Carolina

11:20 – 11:30 AM Rebuttals

Won't Get Fooled Again: Liver Retransplantation for Hepatitis C

11:30 – 11:40 AM Pro: R. Mark Ghobrial, MD, PhD University of California Los Angeles

11:40 – 11:50 AM Con: Alan N. Langnas, DO University of Nebraska Medicine Center

11:50 AM - 12:00 NN Rebuttals

Risky Business: Should Transplant Outcomes be Risk Adjusted

12:00 – 12:10 PM Pro: Mark A. Schnitzler, PhD Saint Louis University School of Medicine

12:10 – 12:20 PM Con: Roger W. Evans, PhD Independent Health Care Consultant

12:20 - 12:30 PM Rebuttals

Pre-Meeting Symposium: Practical Knowledge for Transplant Surgeons

Thursday, January 24, 2008 Obtaining a Position

Moderators: Thomas G. Peters, MD and Randall S. Sung, MD

12:30 - 1:00 PM Evaluating the Opportunity David P. Foley, MD University of Wisconsin-Madison

1:00 - 1:30 PM Negotiation Seth J. Karp, MD Beth Israel Deaconess Medical Center

Relationship with your Institution/Advancement

Moderators: James S. Allan, MD and Dorry L. Segev, MD

1:30 - 2:00 PM Establishing Yourself Clinically Ronald M. Ferguson, MD, PhD The Ohio State University

2:00 - 2:30 PM Academic Productivity John P. Roberts, MD University of California San Francisco

2:30 – 3:00 PM Managing Your Time and Creating Margin Douglas W. Hanto, MD, PhD Beth Israel Deaconess Medical Center

3:00 - 3:15 PM Break

Running a Practice

Moderators: Mitchell L. Henry, MD and Julie K. Heimbach, MD

3:15 - 3:45 PM Building and Maintaining a Referral Base Thomas G. Peters, MD Jacksonville Transplant Center

3:45 - 4:15 PM Financial Consideration Michael M. Abecassis, MD, MBA Northwestern University

4:15 – 5:00 PM Who Wants to be a Millionaire: Reducing your risk of Medical Malpractice Cliff Rapp, LHRM First Professionals Insurance Company

Friday, January 25, 2008 Running a Clinical Research Program

Moderators: Arthur J. Matas, MD and Kristin L. Mekeel, MD

7:30 - 8:00 AM Nuts and Bolts of Running a Clinical Research/Outcomes Program Robert M. Merion, MD University of Michigan

8:00 - 8:30 AM How to Run A Clinical Trial David A. Gerber, MD University of North Carolina

Managing a Clinical Transplant Program

Moderators: John P. Roberts, MD and Sunil K. Geevarghese, MD

8:30 - 9:00 AM Managing Your Program Operations C. Wright Pinson, MD, MBA Vanderbilt University Medical Center

9:00 - 9:30 AM Managing Your Patients James J. Wynn, MD Medical College of Georgia

9:30 - 10:00AM Break

10:00 - 10:30AM What Data is Collected and How it is Used John C. Magee, MD University of Michigan

10:30 - 11:00AM Is My Program in Trouble? How Increased Scrutiny Affects My Practice Timothy L. Pruett, MD University of Virginia

11:00 - 11:30AM Managing Your Peers Goran B. Klintmalm, MD, PhD, FACS Baylor Regional Transplant Institute

11:30 AM - 12:00 NN Lunch



May 31-June 4, 2008
Metropolitan Toronto Convention Centre
Ontario, CANADA

www.atcmeeting.org

Housing and Registration Available January 5, 2008

2008 ATC Planning Committee - ASTS Representatives
Executive Committee - Mark Stegall
Executive Committee - R. Mark Ghobrial
James Allan
Yolanda Becker
Sandy Feng
Thomas Fishbein
Abhinav Humar
Steven Paraskevas

A Passport is required for Travel!

As of January 2007, a passport is required to travel between the United States and Canada.

Show your Pride



The American Society of Transplant Surgeons has launched its online gift shop. Login to the ASTS website and browse through the list of ASTS branded items. Each time you make an ASTS purchase, you strengthen the Society. Show your pride, buy gifts for fellows and colleagues.

Shop ASTS at www.asts.org

Shop for polo shirts, baseball caps, coffee mugs, silk women's scarves and men's neck ties.

Other items for purchase are a hand crafted wooden chair using only maple hardwoods, an ASTS heritage lamp, and an ASTS mat and frame, perfect for your ASTS Fellowship Training Program certificate.

Personalization is also available on certain items.

If you have an idea for a specific item to be added to the site please email us at asts@asts.org















ASTS 2008 Research Awards

ASTS has a 23 year history of supporting basic, clinical, and translational research in the field of transplantation and transplant immunobiology.

For 2008, the Foundation of the American Society of Transplant Surgeons and its award partners will offer over \$775,000 in funding to ASTS members and their trainees.

Deadline: January 8, 2008

Apply online at www.asts.org/awards.

Applications for some awards are accepted on a continual basis throughout the year. Visit www.asts.org for complete details.





ASTS Welcomes Sara McCurdy

Sara McCurdy, Administrative Assistant, is the newest addition to the ASTS National Office. Sara grew up outside of Philadelphia, PA and moved to Washington D.C. in August of 2002. She graduated from American University's School of Public Affairs in May of 2006 with a B.A. in Law and Society and French minor.

While studying at AU Sara tutored underprivileged D.C. area students, and worked for a fundraising agency for non-profits. She took some time off after college to travel throughout Europe. Sara joined the ASTS in August. Her future goals include attending law school and ultimately serving as a lawyer for a non-profit organization. Welcome!



In Memoriam



Dr. H. Myron Kauffman, passed away suddenly, June 26, 2007. A long time resident of Richmond, Virginia, Dr. Kauffman spent 45 years pioneering the practice and science of transplantation. He served as Medical Director and Senior Scientist for the OPTN/UNOS until his passing. In the early 1960s, Dr. Kauffman was the first transplant surgery fellow serving with Dr. David Hume at the Medical College of Virginia (now VCU Health System). He then established kidney transplant programs at the University of Kentucky and the Medical College of Wisconsin. In 1994, he joined UNOS as a part-time medical consultant and later became a senior research scientist and eventually the OPTN Medical Director. Kauffman is remembered for his study of transplant and donor related malignancies. He was instrumental in developing the Transplant Tumor Registry at UNOS, which is now an integral part of the OPTN database. His ongoing research in this area was dedicated to better screening of malignancies in potential donors, as well as better medical management of recipients who develop cancer.



Dr. James S. Wolf, passed away August 6, 2007. Dr. Wolf was among the earliest of transplant professionals dedicated to public education in support of organ donation. He received his Medical Degree from the University of Illinois. He trained in general surgery and transplantation at the Medical College of Virginia, under Dr. David Hume. Dr. Wolf served in many capacities with the OPTN, UNOS and at Northwestern University Medical School. He resigned from UNOS due to heart disease. He received a heart transplant at the Texas Heart Institute in 2001. Dr. Wolf was also a founder and first president of the Coalition on Donation (now Donate Life America) and President and Medical Director of the Regional Organ Bank of Illinois (now Gift of Hope). In his honor, Donate Life America established the "Dr. James S. Wolf Courage Award" in 1999 to recognize individuals who have played a significant national role in educating the public about organ and tissue donation.



Corporate Support

The American Society of Transplant Surgeons would like to thank the following companies for their generous support of the ASTS in 2007.

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Foundation Contributors

The American Society of Transplant Surgeons thanks the following individuals for their generous support of the Foundation and its mission (New Contributors in bold)



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- Mitchell Henry Richard Howard Dixon Kaufman Stuart Knechtle Jimmy Light Joseph Leventhal
 - Arthur Matas Richard Migliori David Mulligan Yoshifumi Naka Scott Nyberg Kim Olthoff
 - G. Alexander Patterson Thomas Peters C. Wright Pinson Abraham Shaked
 - Richard Simmons Vivian Tellis

Contributors

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Two ways to contribute

• www.asts.org, through "renew my membership function • Check made payable to the ASTS Foundation



Job Board

This is an abbreviated listing of the job posting currently available on the ASTS website. To view the complete and more detailed information visit www.asts.org and login to the Member's Portal using your username and password.

Avera McKennan Hospital AND UNIVERSITY HEALTH CENTER: Transplant Hepatologist

Submit curriculum vitae and letter of interest to: Ann Burns Director Physician Recruitment Avera McKennan Hospital & University Health Center 800 East 21st Street Sioux Falls, SD 57105 Phone: 605 371.5883

Email: ann.burns@mckennan.org

Fax: 605 371.5886

AVERA MCKENNAN HOSPITAL AND UNIVERSITY HEALTH CENTER: Transplant Surgeon

Submit curriculum vitae and letter of interest to: Ann Burns Director Physician Recruitment Avera McKennan Hospital & University Health Center 800 East 21st Street Sioux Falls, SD 57105 Phone: 605 371.5883 Fax: 605 371.5886

Email: ann.burns@mckennan.org

BETH ISRAEL DEACONESS Medical Center: Multi-Organ Transplant Surgeon

Submit curriculum vitae and letters of recommendation to: Douglas W. Hanto, MD, PhD Chief, Division of Transplantation Beth Israel Deaconess Medical Center 110 Francis Street, Suite 7 Boston, MA 02215

Phone: 617 632.9810 Fax: 617 632.9820

E-mail: dhanto@bidmc.harvard.edu

DUKE UNIVERSITY MEDICAL CENTER: TRANSPLANTATION SURGEON

Submit curriculum vitae to: Paul C. Kuo, MD, MBA Chief, Division of General Surgery Duke University Medical Center Box 3522 Durham, NC 27710



Georgetown University HOSPITAL: DIRECTOR OF KIDNEY, PANCREAS TRANSPLANT

Submit curriculum vitae to: Lynt B. Johnson, MD, MBA Chief, Division of Transplant and Hepatobiliary Surgery Georgetown University Hospital Transplant Institute 3800 Reservoir Road, NW 2 Main Washington, DC 20007

Email: lynt.johnson@medstar.net

Kaleida Multi-Organ Transplant Center, BUFFALO GENERAL HOSPITAL: Transplant Surgeon

Submit a letter of interest, references and curriculum vitae to: Mark Reza Laftavi, MD, FACS Chief, Transplant Services Buffalo General Hospital 100 High Street Buffalo, New York 14203

Phone: 716 859.1345 Fax: 716 859.4631

E-mail: mlaftavi@kaleidahealth.org

Newark Beth Israel Medical Center: Transplant / Vascular Surgeon

For more information or to apply: www.sbhcscareers.com and enter job #21497

SOUTHERN ILLINOIS UNIVERSITY: KIDNEY AND PANCREAS TRANSPLANT SURGEON

Submit cover letter and curriculum vitae to: Edward I. Alfrey, M.D. Professor of Surgery Chair, Division of General Surgery Program Director, General Surgery Residency Training Program Southern Illinois University School of Medicine 701 N. First Street P.O. Box 19638 Springfield, IL. 62794-9638 Phone: 217 545.7240 Fax: 217 545.0040

Email: ealfrey@siumed.edu THE INTERMOUNTAIN

TRANSPLANT PROGRAM: MULTI-Organ Transplant Surgeon Submit letter of interest and curriculum vitae to:

LeGrand Belnap, MD, FACS Chief, Intermountain Transplant Program Belnap and Van der Werf Surgical Assoc., LLC 1250 East 3900 South, #220 Salt Lake City, UT 84124

Phone: 801 262.9782 Fax 801 262.8632

University of Minnesota MEDICAL SCHOOL: Assistant Professor, Associate Professor, Professor, TENURE-TRACK/TENURED OR CLINICAL SCHOLAR TRACK

Submit an application to the University of Minnesota Online Employment website to Requisition # 148909 (tenure-track, clinical scholar track) or #148911 (tenured) at http://employment.umn.edu attach a curriculum vitae, bibliography and three references. Also submit materials to:

David E. R. Sutherland, MD, PhD Search Committee Chair



Division of Transplantation,
Department of Surgery
University of Minnesota Medical School
420 Delaware St SE, MMC 195
Minneapolis, MN 55455
Email: dsuther@umn.edu

BAYSTATE MEDICAL CENTER: KIDNEY TRANSPLANT/VASCULAR ACCESS SURGEON

Submit curriculum vitae to: George Lipkowitz, MD Director of Renal Transplant Phone: 413 747.4170 Fax 413 747.4177 Email: george.lipkowitz@bhs.org

Wayne State University: Kidney Transplant Surgeon

Submit curriculum vitae to:
Scott A. Gruber, MD, PhD, MBA,
FACS, FCP
Professor and Chief
Section of Transplant Surgery
Wayne State University
School of Medicine
Director, Organ Transplant Program
Harper University Hospital
3990 John R, Suite 400
Detroit, MI 48201
Phone: 313 745.7319
Fax: 313 993-0595

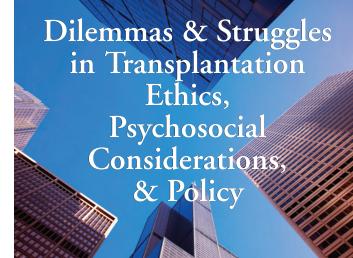
E-mail: sgruber@dmc.org

Please Note...

The ASTS now offers the option of posting a position for 30, 60 or 90 days.

Contact the ASTS national office for details.

COLLABORATIVE ETHICS CONFERENCE •



April 4-6, 2008 Chicago, IL

Call For Abstracts

Abstract Submission Deadline: January 7, 2008, 6:00 P.M. EST

The American Society of Transplant Surgeons (ASTS) along with the Academy of Psychosomatic Medicine (APM), and the Chicago Transplant Ethics Consortium (CTEC) are now inviting abstract submissions for a jointly planned, multidisciplinary meeting.

Submit abstracts to j-frader@northwestern.edu

This is a first of its kind collaboration to provide a national forum for transplant surgeons and physicians, psychiatrists, psychologists, ethicists and others with an interest in transplant ethics to discuss and debate issues in the field of solid organ transplantation.

For a complete abstract overview and list of potential topics visit the ASTS website site, www.asts.org. Send questions to asts@asts.org

Register Online:

www.cme.northwestern.edu/conferences



New Members

ASTS Welcomes New Members.....

Avinash A. Garwal, MD Emory University Atlanta, GA

Edip Akpinar, MD University of Miami Jackson Memorial Hospital Miami, FL

Thomas Aloia, MD The Methodist Hospital Houston, TX

Paul B. Alvord, MD Northwestern Memorial Hospital Chicago, IL

Emad H. Asham, MD, FRCS UCLA-Dumont Transplant Center Los Angeles, CA

Federico N. Aucejo, MD Cleveland Clinic Foundation Cleveland, OH

Arie Blitz, MD University Hospitals Case Medical Center Cleveland, OH

Justin M. Burns, MD Mayo Clinic Rochester, MN

Prosanto Chaudhury, MD Northwestern Memorial Hospital Chicago, IL

Ana C. del Pozo, MD Mount Sinai Medical School New York, NY

Roger R. Denny, MD Carolinas Medical Center Charlotte, NC



Jose Luciano Farias-Jimenez, MD McAllen Medical Center McAllen, TX

Michael H Gallichio, MD Albany Medical Center Albany, NY

Marc R. Garfinkel, MD The University of Chicago Chicago, IL

Mark J. Hill, MD University of Minnesota Minneapolis, MN

Raja Kandaswamy, MD, FACS University of Minnesota Minneapolis, MN

Wojciech Lisik, MD, PhD Medical University of Warsaw Warsaw 02006, Poland

Jayme E. Locke, MD, MPH Johns Hopkins Medical Institutions Baltimore, MD

Julian E. Losanoff, MD Wayne State University Detroit, MI Joshua D. Mezrich, MD University of Wisconsin School of Medicine Madison, WI

Kian A. Modanlou, MD Saint Louis University Saint Louis, MO

Seth C. Narins, MD, PhD Columbia University New York Presbyterian Hospital New York, NY

Justin H. Nguyen, MD Mayo Clinic Jacksonville, FL

Khaled A. Obeidat, MD Ohio State University Columbus, OH

Srikanth Padma, MD Carolinas Medical Center Charlotte, NC

Jared R. Pennington, PA-C, MHS Summa Health System Akron, OH

Dana K. Perry, MD Mayo Clinic Rochester, MN

Virgilio G. Petero, MD University of Texas Health Science Center at Houston Houston, TX

Eduardo Jose B. Ramos, MD, PhD Hospital de Clinicas Universidade Federal doParana Curitiba, Brazil

David J. Rea, MD Mayo Clinic Rochester, MN

For more information on becoming a member, please go to www.asts.org or contact the ASTS National Office at 703.414.7870 or asts@asts.org.

Markus Rentsch, MD University of Munich Campus Grosshadern Munich, Germany

Jason A. Rolls, MD Columbia University New York, NY

Ajay K. Sahajpal, Bsc, MD Mayo Clinic Rochester, MN

Ashish Saharia, MD Methodist University Hospital Memphis, TN

Scott C. Silvestry, MD Thomas Jefferson University Hospital Philadelphia, PA

Anton I. Skaro, MD, PhD Northwestern Memorial Hospital Chicago, IL

Hiroshi Sogawa, MD Mount Sinai Medical Center New York, NY

Chintalapati Varma, MD, FRCS Geisinger Medical Center Danville, PA

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Mark R. Wakefield, MD University of Missouri Columbia, MO

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Kenneth J. Woodside, MD University of Michigan Ann Arbor, MI

George Wu, BS, MD Mount Sinai Medical Center, RMTI New York, NY

Gary S. Xiao, MD Drexel University College of Medicine Philadelphia, PA

Calendar

The ASTS is pleased to coordinate with other professional organizations in order to provide information concerning events that might be of interest to our members.

February 2008

February 09, 2008

New Advances in Solid Organ Transplantation The Dana on Mission Bay

San Diego, CA

Telephone: 858 587.4325 www.scripps.org/conferenceservices

February 14-17, 2008

8th International Conference on New Trends in Immunosuppression & Immunotherapy Berlin, Germany www.kenes.com/immuno

February 28-March 2, 2008

Canadian Society of Transplantation Annual
Scientific Meeting
Fairmont Tremblant
Mont-Tremblant, Quebec
www.transplant.medical.org/annual_meeting.htm

April 2008

April 2-6, 2008

National Kidney Foundation 2008 Spring Clinical Meetings Gaylord Texan Dallas, TX www.nkfclinicalmeetings.org

April 9-12, 2008

ISHLT 28th Annual Meeting & Scientific Sessions Hynes Convention Center Boston, MA www.ishlt.org/meetings/futureMeetings.asp

May 2008

May 30-June 4, 2008 American Transplant Congress Toronto, Canada www.atcmeeting.org

August 2008
August 10-14, 2008
XXII International Congress
of The Transplantation Society

Upcoming ASTS Events

January 25, 2008

Medicare 101: What Every Transplant Surgeon Must Know Marco Island, FL

January 25-27, 2008
8th Annual State of the Art
Winter Symposium
The High Risk Recipient
Pre-Meeting Course (Jan. 24-25)
Practical Knowledge for Transplant Surgeons
Marco Island, FL

April 4-6, 2008
Ethics Symposium
Dilemmas and Struggles in Transplantation:
Ethics, Psychosocial Considerations, and Policy
Chicago, IL

May 31-June 4, 2008 American Transplant Congress www.atcmeeting.org Toronto, ON

Sydney, Australia

Telephone: 61-3-941-70888 www.transplantation2008.org/

August 11-14, 2008

NATCO's 33rd Annual Meeting

Sheraton Boston Boston, MA

Phone: 913 492.3600

 $www.natco1.org/news_calendar/calendar.htm$

October 2008

October 12-16, 2008

94th Annual Clinical Congress American College of Surgeons San Francisco, CA

www.facs.org

Email: kmatousek@facs.org

Please Note...

ASTS Business Meeting to be held Saturday, January 26, 2008 at 12:30 pm at the Marco Island Marriott during the 8th Annual State of the Art Winter Symposium in Marco Island, Florida; Salon A-D, Lobby Level; following the adjournment of the afternoon session. A boxed lunch will be served. See page 5 for details.





ASTS 8th Annual State of the Art Winter Symposium The High Risk Recipient

January 25-27, 2008 Marco Island Marriott Resort, Florida

Pre-Registration deadline:
Friday, January 10, 2008
Pre-Meeting Course:
Practical Knowledge for Transplant Surgeons
January 24-25, 2008

Held in conjunction with the NATCO Symposium for the Advanced Transplant Professional

ASTS National Office 2461 South Clark Street Suite 640 Arlington, VA 22202