

CHIMERA

Published for Members of the American Society of Transplant Surgeons



Vol. XIV, No. 2 Winter 2009

President's Letter	4
Member News	6
Regulatory & Reimbursement	8
Legislative Report	10
OPTN/UNOS Corner	12
Compensation Report	13
State of the Art Winter Symposium	15
Surgical Fellows Symposium	19
Mock Medicare Service	22
Research Awards	24
Video Library	26
Corporate Support	27
Foundation	28
Calendar	29
New Members	30

ASTS 
American Society of Transplant Surgeons

www.asts.org





ASTS Council

May 2008–May 2009

PRESIDENT

John P. Roberts, MD (2009)
University of California San Francisco
Division of Transplantation
505 Parnassus Avenue
Box 0780, Room M896
San Francisco, CA 94143-0780
Phone: 415 353.1888
Fax: 415 353.8709
Email: robertsj@surgery.ucsf.edu

PRESIDENT-ELECT

Robert M. Merion, MD (2009)
University of Michigan
315 West Huron, Suite 240
Ann Arbor, MI 48103-4262
Phone: 734 936.7336
Fax: 734 998.6620
Email: merionb@umich.edu

IMMEDIATE PAST PRESIDENT

Goran B. Klintmalm, MD, PhD (2009)
Baylor Regional Transplant Institute
3500 Gaston Avenue
Dallas, TX 75246
Phone: 214 820.2050
Fax: 214 820.4527
Email: gorank@baylorhealth.edu

PAST PRESIDENT

Arthur J. Matas, MD (2009)
University of Minnesota
Department of Surgery, Box 328 UMHC
420 Delaware Street, SE
Minneapolis, MN 55455
Phone: 612 625.6460
Fax: 612 624.7168
Email: matas001@tc.umn.edu

SECRETARY

Kim M. Olthoff, MD (2011)
University of Pennsylvania Hospital
Department of Surgery
3400 Spruce Street, 2 Dulles
Philadelphia, PA 19104
Phone: 215 662.6136
Fax: 215 662.2244
Email: kim.olthoff@uphs.upenn.edu

TREASURER

Michael M. Abecassis, MD, MBA (2009)
Northwestern University
Division of Transplantation
675 North St. Clair Street, #17-200
Chicago, IL 60611
Phone: 312 695.0359
Fax: 312 695.9194
Email: mabecass@nmh.org

COUNCILORS-AT-LARGE

Mitchell L. Henry, MD (2009)
The Ohio State University
Department of Transplantation
1654 Upham Drive, #345 Means Hall
Columbus, OH 43210-1250
Phone: 614 293.4627
Fax: 614 293.4541
Email: henry.6@osu.edu

Robert L. Kormos, MD (2009)
University of Pittsburgh Medical Center
Department of Surgery C700
200 Lothrop Street
Pittsburgh, PA 15213
Phone: 412 648.8107
Fax: 412 648.1029
Email: kormosrl@msx.upmc.edu

Alan N. Langnas, DO (2009)
University of Nebraska Medical Center
PO Box 983280
600 South 42nd Street
Omaha, NE 68198-3280
Phone: 402 559.8390
Fax: 402 559.6132
Email: alangnas@unmc.edu

Richard B. Freeman, Jr., MD (2010)
Tufts University School of Med
New England Medical Center
Department of Surgery
750 Washington St Box 40
Boston, MA 02111
Phone: 617 636.5592
Fax: 617 636.8228
Email: rfreeman@tufts-nemc.org

Dixon B. Kaufman, MD, PhD (2010)
Northwestern University Med School
Department of Surgery-Division of
Transplantation

675 North St. Clair Street
Galter Pavilion Suite 17-200
Chicago, IL 60611
Phone: 312 695.0257
Fax: 312 695.9194
Email: d-kaufman2@northwestern.edu

Timothy L. Pruett, MD (2010)
University of Virginia
Dept. of Surgery
PO Box 800709
Charlottesville, VA 22908-0709
Phone: 434 924.9462
Fax: 434 924.5539
Email: tp2w@virginia.edu

James D. Eason, MD (2011)
Methodist University Hospital
University of Tennessee - Dept. of Surgery
Transplant Inst., 1265 Union Ave.,
10 Service, S1011
Memphis, TN 38104-3499
Phone: 901 516.7070
Fax: 901 516.2036
Email: jeason1@utmem.edu

Charles M. Miller, MD (2011)
Cleveland Clinic Foundation
9500 Euclid Ave., Mail Code A-110
Cleveland, OH 44195
Phone: 216 445.2381
Fax: 216 444.9375
Email: millerc8@ccf.org

Peter G. Stock, MD, PhD (2011)
University of California San Francisco
Dept. of Surgery, Rm M-884
505 Parnassus Ave.
San Francisco, CA 94143-0780
Phone: 415 353.1551
Fax: 415 353.8974
Email: stockp@surgery.ucsf.edu

NATIONAL OFFICE

Katrina Crist, MBA
Executive Director
2461 South Clark Street, Suite 640
Arlington, VA 22202
Phone: 703 414.7870
Fax: 703 414.7874
Email: katrina.crist@asts.org



Editor's Letter

You've received several emails, yet may still lack an absolute perception of the many resources available to you as an ASTS member. This Winter issue of the *Chimera* promises to close the circle as we offer you a comprehensive look into the benefits of an ASTS membership.

ASTS is enthusiastic and proud of these exciting developments created for your benefit. As we watch them unfold, we know the right choices were made in helping each of you achieve your professional and personal goals.

It has been a busy year for the ASTS Business Practice committee. Under the direction of Dr. Marwan Abouljoud, ASTS launched its first ever compensation study for transplant surgeons practicing in the U.S. Thank you to each member that participated. Your results helped create a no cost comprehensive report that is now available to every ASTS member. The report comes complete with up-to-date data on transplant surgeon compensation. Read more about it on page 13. Meantime, what you don't know can hurt you! ASTS does not want that

to happen to its members. The Business Practice Committee has implemented Mock Medicare Survey services to ensure preparedness of the inevitable Medicare Audit. The service helps to pinpoint potential deficiencies and allows the transplant center to rectify possible problems before an audit.

Education is an important mission of the Society. Flip to pages 19 and 20 for highlights of the 2nd Annual Surgical Fellows Symposium held this year in Kiawah, South Carolina. Read about the ASTS Academic Universe, our National Online Curriculum that continues to grow and take shape. The online fellows log is also functional.

Currently in production, a full section of the ASTS website will preserve the society's history. In May, during the American Transplant Congress, we began what we hope will be a living legacy using video to capture some of transplantations most memorial moments. Continue to listen for details from the ASTS Historian, as this important project unfolds.

Searching for additional, more popular ways to communicate with the membership, the ASTS Communications Committee is working to implement Real Simple Syndication (RSS Feeds). By subscribing to ASTS feeds, members will have the ability to view new and updated society information posted on the ASTS website.

Last but certainly not least, especially for those of us like me hailing from the frozen north, the ASTS 9th Annual State of the Art Winter Symposium is just weeks away. The full program is available on pages 15-18. It truly looks like a spectacular meeting and we know from experience that the venue will be just as spectacular. See you there!

Best Regards,
James Whiting, MD
Chair, Communication Committee

Chantay Parks Moye
Managing Editor
chantay.parks@asts.org

Karol A. Keane
Design & Communications, Inc.
www.karolkeanedesign.com

About the Cover



Kim Gifford, Associate Director, Chantay Parks Moye, Communications Director and Sara McCurdy, Program Assistant of the ASTS National Office had the distinct opportunity to observe the transplant department in action at the Medical University of South Carolina (MUSC) in November.

The cover photograph is of ASTS member, Kenneth Chavin, MD, PhD. Dr. Chavin walked the ASTS staff through a left hepatic lobectomy. The patient had congenital cysts on the liver.

The photograph to the left is of Prabhakar Baliga, MD, Chief, Division of Transplant Surgery, and his fellow, Mahesh Gopasetty, MBBS, MS. Drs. Baliga and Gopasetty performed a kidney transplant on a double amputee with diabetes. Dr. Baliga explained the importance of the kidney "pink up" and urine production.

ASTS is grateful to Dr. Chavin for the invitation to join the transplant team at MUSC in the Operating Room.



President's Letter

There has been a lot of discussion recently about removing disincentives and providing incentives for organ donation. As this is a hot topic in transplantation and is heating up again in Congress, I wanted to float my idea on the topic with the Society.

CRAZY IDEA? HEALTH INSURANCE FOR LIVING DONORS?

I would like to see a bill introduced in Congress that would provide lifetime Medicare coverage for living donors. It is hard to find something not to like about this proposal. The transplant community would support this provision of insurance. In a recent poll of our membership, more than 70% of our members would support provision of health insurance to live donors. The American Society of Transplantation's position paper on living donation clearly supports creation of federally funded insurance programs for donors. The Declaration of Istanbul supports health insurance for donors (<http://www.astsonline.org/TheSociety/PositionStatements.aspx>). While there may be isolated pockets of resistance, the transplant community as a whole would be strongly in favor of this bill.

The more that one thinks about it, the more provision of long-term health insurance works. It removes a major disincentive to donation as well as the lack of health insurance at the time of donation and in the future. It removes the fear that short or long-term complications of donation will result in out-of-pocket expenses for the donor. It removes the fear that a donor will not be able to find health care coverage after donation.

If we focus on kidney transplantation, provision of Medicare to the donor makes a great deal of financial sense. To the extent that such a program would increase organ donation, it would result in a decrease in the cost of dialysis for patients who are transplant candidates. It has been estimated that each



John P. Roberts, MD
ASTS President

living donor kidney decreases overall healthcare costs by tens of thousands of dollars. With the long waiting time for transplantation and with what appears to be the upper limits on deceased donor transplantation, the costs for dialysis versus transplantation are enormous and will continue to grow.

WHAT ABOUT THE COST OF SUCH A PROGRAM?

When we think about patients evaluated for donation, each donor undergoes rigorous evaluation of their health. Those who pass the testing are going to be healthy, without diabetes, hypertension, heart disease, or cancer. Because the majority of donors are under age 50, these healthy donors would have low health care costs for many years unless they had a complication of donation that we would all agree should be covered by some type of insurance. Therefore, at least in the short and mid-term, the cost savings are going to outweigh the costs.

Since Medicare currently pays for a large portion of the dialysis costs in the United States, having Medicare pick up the costs of the donor's health insurance

makes a lot of sense. In a "pay as you go" Congress, it would generate a cost saving that would offset the expense of the donor's healthcare. Even if those who currently had private insurance switched to Medicare, the proven health of these patients would probably result in very low utilization until many of the donors would reach the age of 65.

The provision of Medicare will also solve the issue of tracking the outcome of donors in the long term. Currently, it is hard for the centers to maintain surveillance of donors after donation because the donors gradually drift away from the center. Current efforts to find the donors 20 years after kidney donation, the period of concern about long-term renal function, result in finding 1 in 2 donors. With Medicare as the source of health care payments, it becomes easier to follow the outcome of the donors. This will help all donors in the long run.

The elephant in the room with this proposal is whether provision of lifetime health insurance would be a financial incentive. Without a doubt, in the United States, where 40% of Americans do not have health insurance, the provision of Medicare to organ donors could be a financial incentive. However, as incentives go, this provides many advantages. First, it is not a cash payment that was opposed by a majority of our membership. Cash payments have a number of problems associated with them that have been detailed elsewhere. Health insurance circumvents a number of these issues in that it is a lifetime benefit to the donor, it cannot be traded or sold, and it prevents the disincentives of donation.

WILL IT INTERFERE WITH THOSE MOTIVATED TO DONATE?

It is hard to imagine how the provision of health care to the donors would inhibit those who want to donate to their loved one, but it may remove a disincentive to donation. I cannot see how

the provision of health insurance would cheapen the act for those motivated to donate to a loved one.

WOULD IT PROVIDE INCENTIVE TO DONATE TO THOSE WHO DO NOT HAVE AN INTENDED RECIPIENT?

One would hope that it might, given the death rate of patients on the waiting list, the cost of dialysis, and the price that time waiting on the list extracts from survival following kidney transplantation. Would health insurance be too much inducement, leading to donation by the desperate and economically disadvantaged? This also seems unlikely, as the insurance is of little value to anyone other than the donor, so it would have no market value. One could imagine that someone who is employed could benefit from not having to enroll in a corporate insurance program and save a few thousand dollars per year, but this is hardly enough for those desperate for the quick buck or the economically disadvantaged. Because Medicare is only available to US citizens, it would not provide an inducement for foreign nationals to come to the United States to donate. In summary, I do not see a slippery slope awaiting us if

we take this step as an incentive for live organ donation.

WHAT ARE THE POTENTIAL PROBLEMS WITH OFFERING LONG-TERM HEALTH CARE TO DONORS?

A concern has been raised whether providing an incentive to donation in the United States would influence organ trafficking in other parts of the world. If other countries provided long-term government sponsored health care to live donors and not cash payments, the world would not be worse for it. If the US offering health insurance as an incentive to donation is generalized by others that any form of incentive is ok, that is an issue with generalization, not with the US practice.

Within the US, offering health insurance may lead to donors coming forward with medical problems that need therapy and that are not disclosed. It seems unlikely that the donor evaluation would miss an otherwise previously diagnosed health problem, but appropriate safeguards would be needed to prevent this from occurring. Those who are ruled out for donation would not

receive the health care benefit. A system would need to be set up to evaluate donors who do not have a designated recipient. There would be some expense associated with doing this and there will be questions about whether it should be done within the transplant centers, the organ procurement organizations, or on some other basis.

In summary, the provision of long-term healthcare in the form of Medicare to living donors has a lot to be said for it. While I may be politically naïve and there are barriers to Congress passing such a bill that I cannot foresee, I believe that the transplantation community needs to find advocates in Congress for this proposal. Unless we make the effort, we will not be able to provide transplantation to the large numbers of patients who are on the waiting lists.



John P. Roberts, MD

NIH Bridge Award Funding

You are encouraged you to apply for the ASTS-Astellas David Hume Bridge Award. This award for research is available for investigators who just missed the National Institutes for Allergy and Infectious Disease (NIAID) requirements. The amount of the award is \$50,000 and is provided for one year for an ASTS member who submitted a highly meritorious K08 or K23 grant application that NIAID was unable to fund. This bridge funding will permit the primary investigator additional time to strengthen their research; to come up with creative and innovative approaches with the expectation of resubmitting their application. Visit www.astis.org/awards to apply.





ASTS News

The ASTS Fall Council and Committee Chairs meetings were held in San Francisco, CA, September 18-19, 2008. The following are select committee news and reports from these meetings. Please visit the ASTS website for additional recent committee activities.

AMERICAN BOARD OF SURGERY

The American Board of Surgery will host a retreat in January 2009 to discuss the issue of “focused expertise” for Maintenance of Certification (MOC) for subspecialties. ASTS recognizes that the key to success will be a comprehensive program that supports the four components of MOC (professional standing, lifelong learning and self-assessment, cognitive experience and evaluation of performance in practice). ASTS is developing the ASTS Academic Universe which will address MOC parts one, two and three. Additionally, ASTS supports the discussion that publicly available data through the SRTR would be sufficient to satisfy MOC part 4 since transplantation is a team-based approach to patient care.

AWARDS COMMITTEE

Dr. Abhinav Humar presented two proposals for new awards in 2009. The first is a collaborative effort with Team Donate Life, a cycling organization founded by healthcare providers dedicated to encouraging people to register as organ donors and raising money for transplantation research. The award offers \$50,000/year for 2 years to a junior faculty ASTS member with clinically focused research. The second proposal is a collaborative effort with ESOT to support a PhD student, post doc or junior faculty member in basic science and translational studies in a host institution (ASTS members in Europe and ESOT members in North America). The deadline for 2009 research awards is January 13, 2009 and details are available at www.astsonline.org/awards.

CRITICAL CARE TASK FORCE

Dr. Dinesh Ranjan reported that the CCTF will participate in the upcoming ILTS/ASA-ASTS Critical Care Symposium. Additionally, the CCTF

will host a luncheon symposium on January 17, 2009 titled “Management of the Wrong Organ for the Wrong Recipient” to complement the winter symposium topic: “The Right Organ for the Right Recipient”. The CCTF has also been selected to host an early morning workshop at the 2009 ATC. Ongoing initiatives for the task force include the development of a white paper on the prerogative of the transplant surgeon in the ICU care of transplant patients, creation of a critical care unit for the curriculum and the design of a transplant critical care manual.

BUSINESS PRACTICE COMMITTEE

Dr. Marwan Abouljoud reported that the committee will host a seminar entitled “Transplant Center Models: From Design to Practice” on January 15, 2009 in conjunction with the winter symposium. He reported that the committee has developed a Medicare Mock Survey service to ASTS members for review of policies and procedures and compliance in advance of a Medicare audit. The mock survey includes onsite chart reviews, interviews and debrief and a written report. Several transplant centers have used the service and considered it of high value. Interested programs should contact ASTS at 703 414-7870 or asts@asts.org. Finally, Dr. Abouljoud presented sample data from the first ever comprehensive compensation study for transplant surgeons practicing within the United States. The report is now available to ASTS members via a link on the members’ portal of the website.

COMMUNICATIONS COMMITTEE

Ms. Chantay Moye presented on behalf of committee chair, Dr. James Whiting. The committee is working to strengthen awareness of Clinical Forums and other items available in the members’ portal on the ASTS website. In addition,

the committee will implement Real Simple Syndication (RSS Feeds). Ms. Moye reported that there are now four patient educational videos available from ASTS; “Living Kidney Donation: What You Need to Know” and “Kidney Transplantation: A Guide for Patients and their Families” are available in English and Spanish. To date, over 6,000 videos have been distributed or purchased. Finally, Ms. Moye reported on the ASTS job board. Located within the members’ portal, the job board is an inexpensive way to advertise job postings and is viewed by over 350 members a month.

CURRICULUM COMMITTEE

Dr. Elizabeth Pomfret reported that there is continued progress on the online component of the curriculum and encouraged everyone to view the available presentations within the ASTS Academic Universe. There was some discussion as to whether ASTS should employ an editor for the curriculum to ensure consistency and no overlap. The Council asked Dr. Pomfret to organize a proposal for the next council meeting.

ETHICS COMMITTEE

Dr. Alan Reed reported that, based on the success of the collaborative ethics conference in 2008, the committee would like to propose another such event. Dr. Reed will present a refined plan in January. He presented a draft statement concerning trauma call for consideration. After some discussion, the Council asked the committee to make minor revisions and re-circulate for final approval. Dr. Reed also discussed a bill that Senator Arlen Specter (R-PA) plans to introduce in Congress that would amend NOTA to allow for government incentives for organ donation. After much discussion, the Council asked that the committee

survey the membership to gather data on member support for such a government program. Dr. Reed also discussed the committee's deliberations on the Declaration of Istanbul. The ASTS statement can be found at www.astsonline.org/society.

FELLOWSHIP TRAINING COMMITTEE

Dr. John Magee presented the proposed guidelines for ASTS accreditation of intestinal training programs and the Council approved the guidelines. ASTS will begin accrediting programs for intestinal training in 2009 and the guidelines are posted on the website under Training/Accreditation. He also presented data from the 2008 Match for positions starting in 2009. Overall, the numbers were similar to previous years with 25 US grads and 28 FMGs matching to ASTS accredited programs. Dr. Magee discussed the new online surgical logs, available within the ASTS Academic Universe, which all fellows should utilize to record their surgical experience during fellowship. The new system will provide a better picture of the scope of experience during fellowship training. Finally, Dr. Magee reported on the 2nd Annual Surgical Fellows Meeting that would unite senior fellows with experienced faculty. See full report on pages 19-20.

HISTORIAN REPORT

Dr. Thomas Peters reported that the first filming of the Chimera Chronicles project in Toronto during ATC captured great stories in transplant surgery from 16 ASTS members. Efforts are underway to complete Volume I and make the videos available on the ASTS website. Dr. Peters also reported that Volume II will be filmed during the 9th Annual State of the Art Winter Symposium and ASTS plans to film 10 senior members during this event. Additionally, one of the Chimera Chronicle honorees, Dr. John McDonald, will present "Youthful

Indiscretions: Initial Attempts to Match Donors and Recipients" during the opening session of the winter symposium.

LIVING DONOR COMMITTEE

Dr. Andrew Klein presented comments on the OPTN/UNOS proposal for a National Kidney Paired Donation System. To be proactive, the committee defined specific issues they would like to see addressed during the development of such a system and made several recommendations under the following headings: overall system performance, quality outcomes, and competency. Dr. Klein also reported that the committee has begun its own discussion regarding UNOS' decision to establish performance metrics for living donor transplant programs. The committee believes that ASTS should proactively initiate a dialog among its members to address: 1) the data elements collected, 2) the benchmarks that should be set to define safety and quality, and 3) the methodology by which the data are analyzed and distributed to the public. There should also be a mechanism to rapidly determine when a given program is performing below standard.

SCIENTIFIC STUDIES COMMITTEE

Dr. David Gerber reported that the committee was finalizing the DonorNet 2.0 survey and would have preliminary data in January. The purpose of the study to evaluate the respondents' views on the impact of DonorNet now compared to when the program first launched. The committee is also developing a survey to determine the financial impact of Medicare regulations. A sub-set of the committee is working with transplant administrators to develop the methods to create a useful tool to collect objective data that will demonstrate the increased expenses at transplant centers to be in compliance with the ever-changing regulatory burden.

STANDARDS COMMITTEE

Dr. David Mulligan reported that the committee will host the Pre-Symposium on January 16, 2009. The program is entitled "Standards for Organ Transplantation: Why Do We Need Them and How Do We Maintain Them?" He presented the ASTS position statement on Procuring Surgeon Guidelines that was approved in May and now available on the ASTS website. He also presented the revised Definition of a Transplant Surgeon. After some discussion, the Council asked Dr. Mulligan to work with Dr. Dixon Kaufman to finalize the document and then place it on the ASTS website for member feedback prior to final approval. Dr. Mulligan also reported that the DCD guidelines are complete and have been submitted to the AJT for publication.

Stay current with
ASTS by visiting
the ASTS website
at www.astsonline.org.



There you can learn
more about who we
are, what we do, why
we care, and how you
can get involved.



Regulatory & Reimbursement Update

CMS CLARIFIES ROLE OF “MITIGATING FACTORS” IN CERTIFICATION OF TRANSPLANT CENTERS

In July of 2008 CMS requested that ASTS comment on a draft policy addressing implementation of the “mitigating factors” provision of the regulations. That provision permits a center that is charged with a condition-level deficiency to seek approval based on a showing of mitigating factors or circumstances. ASTS provided extensive feedback to CMS on the draft policy, including a discussion of the limitations of the SRTR risk-adjustment methodology. CMS published a final policy in August. The final policy addresses a number of the ASTS concerns, and includes a clarification of how the agency’s “mitigating factors” review process relates to the parallel process of addressing deficiencies identified by the Medicare surveyors.

The final policy makes it clear that the mitigating factors review focuses on whether or not there is sufficient justification for a center’s failure to meet a Condition of Participation (CoP). This review focuses on considerations outside of the survey criteria which may justify failure to meet a particular CoP. The review is conducted by the CMS central office, in order to assure that a consistent standard is applied throughout the country. By contrast, the reviews conducted by the survey agencies, under the supervision of the CMS Regional Offices, focuses on whether a center’s plan of correction adequately addresses the deficiencies cited as the result of the survey.

The mitigating factor review is most relevant where a center has failed clinical experience (volume) requirements or has not met Medicare outcome standards. Those types of deficiencies may be impossible to correct within the short time frame allowed through the plan of correction process. In such situations, a request for approval based on mitigating factors may be a center’s best option. Some of the highlights of the CMS Mitigating Factor Policy are:

- A center must wait until after receiving the surveyors report (the “Statement of Deficiencies”) before asking CMS for approval based on mitigating factors
- A center must still submit a plan of correction to the state survey agency stating how it intends to correct identified areas of non-compliance. This is essentially a parallel but completely separate process.
- The request will be reviewed by a CMS national panel with expertise in transplantation.
- CMS will consider the extent to which CMS conditions of participation are met and what action the center has taken to come into compliance, including improvements to its QAPI process.
- If the area of non-compliance is related to outcomes, CMS will consider whether there are risk-adjustment anomalies that may contribute to the poor outcomes including risks not captured in the SRTR methodology.

The timelines for submitting materials for consideration by CMS in the “mitigating factors” review are relatively tight. An initial request must be submitted within ten calendar days of the Statement of Deficiencies and all additional explanatory materials must be submitted within 30 calendar days of the Statement of Deficiencies. During this period, many transplant centers also focus on drafting a plan of correction to respond to any deficiencies found by the on-site surveyors. Since the criteria for determining compliance with the outcomes and clinical experience requirements are relatively clear and quantitative, transplant centers should be aware well in advance if they fail to meet these requirements. Any center that knows that it will fall short with respect to these requirements should review CMS guidance on the “mitigating factors” review process carefully, and begin to address the deficiency proactively, so that internal program improvements can be implemented and documented in time to be considered as part of CMS’ mitigating

factors review process. The policy can be viewed on the ASTS website at <http://www.astsonline.org/Advocacy/Regulatory.aspx>

MEDICARE ANNOUNCES FINAL FY 2009 INPATIENT PROSPECTIVE PAYMENT RULE

• Hospital Acquired Conditions
CMS recently issued its final inpatient prospective payment rule for FY 2009. The agency had proposed to adopt nine new “hospital-acquired conditions” (HACs). ASTS submitted comments urging that CMS refrain from adopting HACs for ventilator-associated pneumonia (VAP), staphylococcus aureus septicemia, and *Clostridium difficile* associated disease (CDAD). CMS agreed with ASTS’ position and decided not to adopt those conditions as HACs.

CMS is adding only three of the nine hospital-acquired conditions in the proposed rule. They are:

- Surgical site infections following certain elective procedures including certain orthopedic surgeries and bariatric surgery for obesity;
- Certain manifestations of poor control of blood sugar levels; and
- Deep vein thrombosis or pulmonary embolism following total knee replacement and hip replacement surgeries

• DRGs for Heart and Liver Transplants

Earlier this year, CMS proposed MS-DRG weights for liver transplants without a major complicating condition (MCC) (MS-DRG 6) that were 33% lower than last year’s DRG weights for these transplants. Similarly, heart transplants without a MCC (MS-DRG 2) were proposed to be reduced by 20%. ASTS strongly objected to the proposed cuts in the “without MCC” DRGs for liver and heart transplants on the grounds that reductions of this magnitude were financially destabilizing for transplant centers and repeated its request for a single DRG for all liver transplant admissions and a single DRG

for all heart transplant admissions. ASTS also questioned the accuracy of the proposed recalibrated weights, in light of the magnitude of the reductions.

Unfortunately, CMS decided to finalize the proposed weights almost exactly as proposed, stating that it was premature to make any changes to the MS-DRGs this year because of insufficient claims data.

The new DRG weights for heart and liver transplants are:

DRG	Description	Current Weight – FY 2008	FY 2009 Weight Effective 10/1/2008
MS-DRG 1	Heart Tx w/MCC	23.1117	23.0701
MS-DRG 2	Heart Tx w/o MCC	16.2735	12.8157
MS-DRG 5	Liver Tx w/MCC	10.6120	10.8180
MS-DRG 6	Liver Tx w/o MCC	7.2562	4.8839

During FY 2007, the first year of the MS-DRGs, 667 cases were assigned to the heart transplant with MCC DRG and 295 were assigned to the DRG for heart transplants without MCCs. For liver transplants, 650 transplant cases were assigned to the “with MCC” DRG and 233 were assigned to the without MCC” DRG. Thus, approximately two thirds of all heart and liver transplant cases are assigned to the higher paying “with MCC” DRGs; nonetheless, the financial implications for transplant centers performing a disproportionate number of “without MCC” heart or liver transplants could be substantial. For that reason, ASTS is considering retaining a consultant to analyze the actual impact of the current DRG classifications for heart and liver transplants in advance of next year’s IPPS proposal.

In response to ASTS’ request for a separate DRG for combined liver/kidney transplants, the agency simply stated that it had insufficient data under the new MS-DRG system to justify any changes.

MEDICARE PHYSICIAN FEE SCHEDULE – UPDATE

Congress acted in July of this year to

avert the scheduled 10.8% cut in Medicare payments to physicians scheduled to take effect July 1, 2008. Instead, it maintained existing payment rates through the end of 2008 with a 1.1% update for 2009. However, there was no attempt to address the underlying problems with the physician payment law which means that physicians will be looking at additional deep cuts in 2010.

MEDICARE PUBLISHES PROPOSED PHYSICIAN FEE SCHEDULE RULE – REQUESTS COMMENTS ON ORGAN RETRIEVAL COSTS

In the proposed Physician Fee Schedule rule published this summer, CMS requested comments on the surgical fees associated with organ retrieval costs, which are included in hospitals’ organ acquisition costs. Currently, there is a cap of \$1250 per kidney donor but no limit on the surgical fee for extra-renal organs. CMS requested comments on whether the cap on kidney retrieval, which has been in place since 1987, should be updated and, if so, what cap should be established. In addition, CMS requested input and data on surgical costs for retrieval of other organs.

ASTS submitted comments on this proposal which took the position that organ retrieval procedures were extremely variable and that any effort to establish caps on such surgical fees need to take this variation into account. Variables include factors such as dry runs, wait times, and risk to the transplant team. ASTS also urged that CMS update the payment for kidney donor retrievals based on the Medicare Economic Index.

In the final rule, CMS decided not to use an index to update the cap on surgical fees for kidney acquisitions, but also decided that it did not have sufficient data to establish an appropriate cap for kidney or for extra-renal organs. CMS therefore again solicited data on the appropriate surgical fees for these services. Specifically, CMS sought information on the physician effort and resources required to procure an organ. Consistent with ASTS’s comments, CMS acknowledged that these resources include surgical time, dry runs (number and percentage of retrievals in which an organ is not recovered), travel and wait times, as well as the incremental time required for extended criteria donors and donors after cardiac death. Additionally, because CMS currently limits kidney retrieval physician reimbursement to \$1250 per donor, the agency indicated that it is seeking information to determine the difference in procuring one kidney or a pair of kidneys from a single donor in order to determine a payment on a per kidney basis as suggested by a commenter. ASTS will be working with CMS over the next year to address the issues raised by CMS’s proposal to establish caps on extra-renal organs and to urge the agency to update the cap for kidney acquisitions.

In the final rule, CMS also modified the budget neutrality adjustment that was necessitated by the last five year review of work relative value units. In accordance with the provisions of legislation enacted earlier this year, CMS shifted the impact of increases in W-RVUS resulting from the five year review. While the current methodology absorbs the cost of these increases solely through decreases in work relative value units of about 12%, the new methodology absorbs this cost through a conversion factor reduction. Specifically, in order to absorb the cost, the conversion factor will be reduced by 6.4% below what it would have been under the current methodology. This adjustment more than offsets the conversion factor increase authorized by Congress earlier this

*Regulatory & Reimbursement Update
Continues on page 12*



Legislative Report

FINANCIAL CRISIS AND IMPENDING ELECTIONS RUSH CONGRESS OUT OF TOWN

Closing Congress down for the year could not have come quicker for most federal legislators this year. Traditionally, after a long spring and summer of passing new laws and completing most funding work, Congress spent September and the beginning of October wrapping up large must-pass legislative items and remaining appropriations bills as it perhaps entertains an option of returning to conduct more legislative business during a lame-duck session after the election season in early November.

This year, however, things picked up where they left off late last year when Congress barely managed to pass its spending legislation as well as a short-term bare bones “extenders” Medicare package. Not even the national political conventions and the election season could propel completion of must-pass items before Congress went home to campaign. Congressional disagreements over the size and cost of various legislative and spending priorities left most of the work necessary to fund the programs and agencies of the federal government undone by the time Congress closed in early October. It did not help that Congress’ attention was clearly on the economic crisis and the federal rescue package that was deemed necessary to enact immediately.

BUDGET/APPROPRIATIONS IMPASSE & THE NATIONAL FINANCIAL CRISIS

Very bitter and partisan politics and disagreements over the size and cost of various legislative and spending priorities boiled over at the end of the summer and into the fall season. This standoff over spending between the White House and Capitol Hill along with the looming November elections and the severe national financial crisis resulted in Democratic leaders setting aside much of the work on the annual appropriations bills until next year.

Democrats instead enacted a continuing resolution to fund the federal agencies and the programs of the federal government through March of next year when a new President and Congress are installed. Democrats are hoping that Sen. Barack Obama’s (D-IL) win will give them the opportunity to pass Democratic spending priorities. The impact of the continuing resolution is highly relevant to ASTS as it postpones the prospects for funding of the Organ Donation and Recovery Improvement Act (ODA) programs.

Financial Crisis: Severely complicating consideration of these annual appropriations issues was the nations banking and mortgage crisis, which emerged in late September, and its impact on the national debt. The Treasury Department indicated that the federal budget deficit will probably top \$1 trillion by the end of 2009, depending on a variety of factors. The primary reason would be the recently-enacted financial sector rescue plan that allows the Treasury to purchase \$700 billion worth of a variety of financial assets. In addition, there are economic stimulus proposals of up to \$150 billion that are under development. Budget numbers this high will be hard to ignore politically in the new Congress and could very well curtail the spending and reform plans of a new administration and Congress next year.

ODA Funding: This year, congressional transplant leader Senator Dorgan (D-ND) negotiated a \$5 million increase to the budget for the programs of the Division of Transplantation (DoT) within the Health Resources and Services Administration (HRSA). DoT leadership has found a way over the past two years to fund the ODA by shifting existing resources within the agency, but new federal funds have been difficult to secure in the recently tight fiscal environment.

While this amendment was non-binding, ASTS later learned that this suggested budget increase trickled down to a \$2.4

million increase for DoT programs in the FY 2009 Senate Labor and Health & Humans Services Appropriations bill. However, with the intractability of recent negotiations over most federal appropriations bills, it is unclear how likely this funding increase is to remain in the final spending bills for fiscal year 2009.

ODA Reauthorization: The Organ Donation and Recovery Improvement Act was authorized by Congress in 2004 for five years and that authorization expires at the end of 2009. A top Congressional priority for ASTS in the coming year will be a review of the original ODA provisions, likely introduction of a new version of the ODA coupled with a push for Congressional hearings and a mark-up of new legislation and passage in both chambers by 2010.

ASTS will be soliciting the help of any surgeon willing to contact their federal legislators in the push to pass this vital legislation. Two key roadblocks will be the tangential impact of the national financial crisis on any new spending proposals and the objections of Sen. Coburn (R-OK), who has tried to stymie similar healthcare legislation out of a desire for a smaller federal government (and fewer federal programs and related spending) and a belief that most new legislation is redundant to current statutory authorization.

FINANCIAL INCENTIVES FOR ORGAN DONATION

On October 21, 2008, a briefing for Congressional staff was held to promote the need for and merits of the Organ Donor Clarification Act of 2008, a bill that has yet to be introduced by Senator Specter (R-PA). The bill is intended to increase organ donation rates by further clarification of the term “valuable consideration” in the NOTA statute. Dr. Arthur Matas, Director of the Renal Transplant Program at the University of Minnesota, spoke at the briefing and was one of nine panelists supportive of the draft bill.

The bill has evolved over the last few months and the current version primarily focuses on the elimination of financial disincentives, rather than on the provision of financial incentives, to increase donation rates. The bill clarifies that the original National Organ Transplant Act does not preempt government action that honors or encourages organ donation, increases the penalty for buying and selling organs (as a deterrent for illegal activity) and expands the types of expenses that can be recovered by organ donors without penalty. To more precisely represent the membership's opinions regarding government incentives for organ donation, the ASTS has conducted a survey, the results of which will be released soon. ASTS expects the draft bill will be further edited as Sen. Specter seeks a lead Democratic supporter before bipartisan introduction in the next Congress. We will be advocating our position based on the results of the membership survey.

OPTN "CAP" REAUTHORIZATION

On October 15, 2008, after a very quick process to draft, introduce and mark-up the bill, the President signed into law the Organ Transplant Authorization Act of 2008, H.R. 6469, sponsored by Reps. DeGette (D-CO) and Camp (R-MI). The bill, supported by ASTS, raised the cap stipulated by the National Organ Transplant Act of 1984 from \$2 million to \$7 million for HRSA's authorization to fund the Organ Procurement and Transplantation Network (OPTN). ASTS supported this legislation and worked toward its passage. However, it should be noted that the \$7 million is an authorization only. In order for HRSA to receive additional funds to support the OPTN, the funds must be specifically appropriated by Congress through a separate congressional process.

The \$2 million cap had previously hamstrung HRSA's ability to provide the resources the OPTN needed to achieve its dual goals to increase the effectiveness, efficiency and equity of organ sharing and to increase the supply of donated organs available for transplantation. In addition, HRSA recently tasked the OPTN with oversight of living donation, living

donor safety and development of living donor program criteria, all of which were not foreseen in the original NOTA authorization. The cap also prevented the funding of special initiatives such as the Transplant Collaborative to increase the utilization of procured organs.

ORGAN DONOR GOLD MEDAL

Another victory in which ASTS participated is enactment on October 14, 2009 of the Stephanie Tubbs Jones Gift of Life Medal Act of 2008, H.R. 7198. The bill had been reintroduced off of previous versions to honor former Rep. Jones (D-IL) who died of a brain aneurysm in September and became an organ donor upon death. The bill honors organ donors for their life-saving contributions through recognition of the profound contribution they and their families make. ASTS and the bill sponsors had worked for passage of this bill for a number of years.

IMMUNOSUPPRESSIVE DRUG "COVERAGE EXTENSION" LEGISLATION

This year, ASTS has worked steadily to educate over fifty Congressional offices on the merits of immunosuppressive drug coverage extension legislation as well as pushing for its inclusion in the Medicare bill that passed in July. The bills, H.R. 3282 and S. 2320, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2007, would eliminate the 36-month time limit in coverage of immunosuppressive drugs for kidney transplant recipients whose Medicare coverage is based solely on their ESRD status. Mostly due to projected cost, these bills are more likely to be seriously considered when a Medicare package is again considered at the end of 2009. ASTS expects these bills to be reintroduced in the new Congress next year and will work hard for their enactment.

ORGAN DONOR REGISTRY LEGISLATION

Legislation to assist organ procurement specialists in the identification of willing donors, H.R. 3635, the Everson Walls & Ron Springs Organ Donation Support Act of 2007, would create a national clearinghouse of organ and tissue donor registries rather than being limited

solely to the status quo of existing local or state registries. This will allow donors to make their wishes known nationally well before any fatal event. In addition, the bill establishes a state-grant program to create these registries where they do not exist and build upon those that already exist. ASTS expects the bill will be re-introduced in the House next year, hopefully to include a bipartisan version in the Senate as well.

OUTLOOK FOR THE REMAINDER OF THE 110TH CONGRESS

The November elections are having a dramatic impact on the legislative agenda. Democrats have made significant gains in their congressional margins, or at least increased their numbers in both the House and Senate. Congress is scheduled to return for a very short lame-duck session for the usual reorganizational duties necessitated by every election and Democrats may again push to pass an economic stimulus bill to combat the prospect of a prolonged recession.

Looking to 2009, it will be politically difficult to ignore the extremely high budget deficit numbers generated by the financial crisis. Even within the new Democratic caucuses in the Congress, these constraints could very well curtail the appetite of the new administration and Congress to spend billions of dollars reforming the nation's health care system, fixing the Medicare physician fee schedule, and passing other large scale legislation.

With this in mind, ASTS will develop strategies for the new Congress to secure new funding for and reauthorization of the ODA, secure passage of the registry bill, the immunosuppressive drug coverage extension bill as well as determine what ASTS opportunities lay within the health insurance and Medicare reform debates next year.

*By Peter Thomas, Esq.,
Legislative Counsel
Adam Chrisney, Legislative Director
Powers, Pyles, Sutter & Verville, PC*



OPTN/UNOS Corner

OPTN/UNOS BOARD MEETING

The OPTN/UNOS Board of Directors met in mid November, (after article deadline). Due to that, this update does not include a full meeting review. An executive summary of Board actions will be posted on the OPTN website as soon as they are available at <http://www.optn.org/members/executivesummary.asp>.

HCC CONSENSUS CONFERENCE

UNOS, ASTS, AST and ILTS were co-sponsors of a Hepatocellular Carcinoma (HCC) consensus conference held Nov. 19 – 20, 2008 in Chicago. Conference participants discussed the justification for increased priority for candidates with early stage HCC on the liver transplant waiting list, as well as how other medical and surgical treatment may affect these candidates' pre- and post-transplant outcomes. The OPTN/UNOS Liver and Intestinal Organ Transplantation Committee hosted the conference and will use recommendations from it in assessing future liver allocation policy for HCC candidates.

KIDNEY ALLOCATION POLICY REVIEW

The comment period is ending for responses to the request for information (RFI) issued to get feedback on components that may be included in a revised Kidney Allocation Policy. These concepts include a Life Years from Transplant score (LYFT), a Donor Profile Index, and calculation of waiting time based on the initiation of dialysis.

A public forum is scheduled for January 26, 2009 at the Four Seasons Hotel in St. Louis, Missouri that will incorporate RFI feedback and inviting panel discussion of the various concepts. Additional details of the forum will be announced when they are confirmed.

A formal policy proposal has yet to be developed; it will depend in part on consideration of RFI and forum feedback. Due to the degree of change that may accompany significant revisions to the kidney allocation system, it is

anticipated that when a formal proposal is issued there will be two rounds of public comment. After the first comment period, the proposal may be further modified before another round of comment is solicited.

To learn more about the kidney allocation review process, consult the following page on the OPTN web site: <http://www.optn.gov/kars.as>. You may also send comments or questions relating to this initiative via e-mail to kidneypolicy@unos.org.

KIDNEY PAIRED DONATION

Initial planning is underway for the national kidney paired donation pilot system approved by the OPTN/UNOS Board of Directors in June 2008. It will be an opt-in program available to any living donor kidney transplant program meeting OPTN requirements and for any transplant candidate on the OPTN kidney waiting list. Additional information, including applications for programs choosing to participate, will be developed and distributed in 2009.

EFFORTS TO STUDY, MINIMIZE DISEASE TRANSMISSION

The OPTN/UNOS Ad Hoc Disease Transmission Advisory Committee (DTAC) was recently elevated to OPTN committee status; it had previously functioned as an advisory work group. Its current key mandate is to estimate the risk of transplant-related infectious disease, in collaboration with the Centers for Disease Control (CDC), and recommend appropriate OPTN policy to minimize the risk of transmissible disease through transplantation.

In December 2007, the OPTN/UNOS Executive Committee approved an amendment to OPTN Policy 4.1.1 requiring transplant programs to inform a potential transplant recipient (or, if needed, their next of kin or designated health care representative) prior to implantation if the donor is known to meet any existing CDC criteria for elevated

medical risk. In a separate resolution at its June 2008 meeting, the OPTN/UNOS Board of Directors supported efforts to encourage the CDC to revisit and potentially update CDC high risk criteria for potential donors.

OPTN WEBSITE TO BECOME .GOV ADDRESS

The OPTN website address will soon transition from the existing organizational (.org) designation to a governmental (.gov) extension. This is part of a broad initiative to extend existing standards for federal agency websites, including site architecture and accessibility, to websites for services operated under federal contract. The UNOS corporate web site address, www.unos.org will not be affected by this transition. Once a new address and date of transition are determined, UNOS will notify members in advance by broadcast e-mail.

After the transition, the updated OPTN site will retain the same basic content. For some time afterward, web users who access the optn.org site will be redirected automatically to the .gov site. However, specific sub pages within the current optn.org site may be redirected to the main home page of the new site.

*By Joel Newman
Assistant Director of
Communications, UNOS*

Regulatory & Reimbursement Update Continued from page 9

year, and the result of all adjustments is a conversion factor of \$36.0666, which is approximately \$2 lower than the current conversion factor. On the other hand, the W-RVUs associated with transplantation services will increase over what they otherwise would have been, as the result of the change in the budget neutrality adjustment methodology.

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



Transplant Surgeon Compensation Report

*ASTS launches First Ever Comprehensive Compensation Study
Complete, Accurate, Up-to-Date Data!*

Dear ASTS Members:

In April, ASTS launched the first ever comprehensive compensation study for transplant surgeons practicing within the United States. An overwhelming number of you participated and the results, now available within the Members' Portal of the ASTS website, provide a better understanding of transplant surgeon compensation.

This fifty-page report is designed to allow individuals to easily compare their salary and benefits with their peers at the staff surgeon and program director level. Data have been aggregated by region, practice type, personal and center volume and primary practice in order to provide the most comprehensive data; this will help the transplant surgeon community become more educated about compensation.

While other organizations charge members over \$500 for similar reports, the ASTS is pleased to provide this report at no charge as a service to all members. The report is intended for a surgeon member's personal use in benchmarking compensation. Distributing this report to non-members is prohibited. Other interested parties should contact the ASTS National Office for access to the report.

For ASTS members in leadership positions (Division Chief, Transplant Center Director or Institute Director/Chief) a Leadership Report is also available. This seventy-page document expands on the base report to include compensation data for the leadership levels. To receive the Leadership Report, send a letter on institutional letterhead confirming your leadership status to the ASTS National Office.

ASTS is pleased to provide this unique service to its members. Thanks to the members who completed the survey, this compensation study provides complete, accurate, and up-to-date data. We look forward to increasing participation in the survey to 100% in the coming years. We hope you find it of value and a special service to the membership from ASTS.

Sincerely,

John P. Roberts, MD
President

Marwan S. Abouljoud, MD
Chair, Business Practice Advisory
Committee



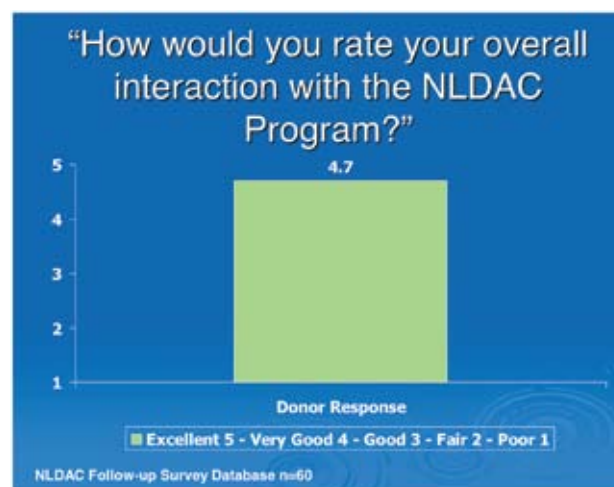
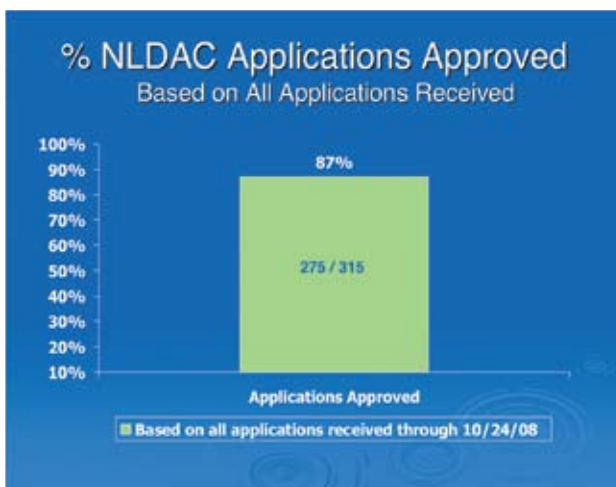
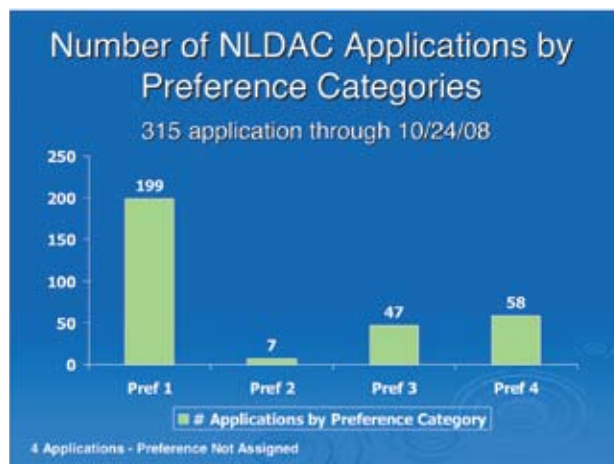
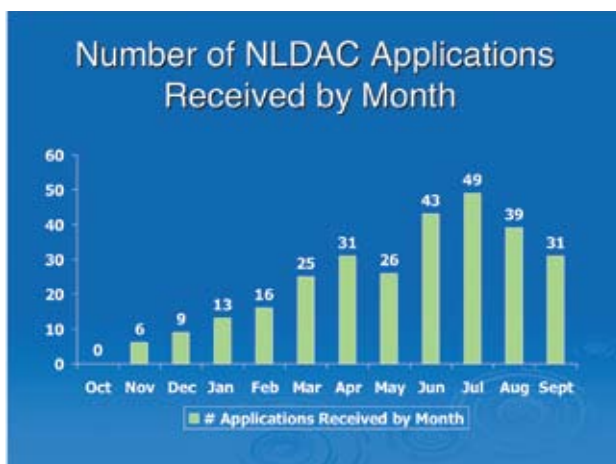
Using your ASTS issued user name and password, log in to the members' portal of the ASTS website to access the compensation report



National Living Donor Assistance Center

It has been one year since the National Living Donor Assistance Center (NLDAC) started accepting applications. Since that time, 341 applications have been sent to NLDAC and 131 donors have completed their living donor surgeries. This unique and exciting program provides real financial support (\$2,900 average) for travel expenses for eligible living donors.

40% (105/256) of the transplant centers across the U.S have submitted applications and the goal is 100% participation. NLDAC is ready and eager to train transplant professionals on how to file an application. If you have not yet participated in the NLDAC program, please call 703-414-1600 to request a 30 minute training session for your transplant team.



National
Living
Donor
Assistance
Center

David Urie received a kidney from his daughter Heather Urie on April 30, 2007 at Fletcher Allen Health Care in Burlington, Vermont. Heather received NLDAC funding for her travel expenses from Florida to Vermont. She sent the following email to NLDAC. "My experience with NLDAC and my transplant center was nothing but positive! The entire donation experience is one that I have felt passionate about since the beginning."



NLDAC www.livingdonorassistance.org NLDAC@livingdonorassistance.org 703.414.1600



The American Society of Transplant Surgeons is pleased to host its 9th Annual State of the Art Winter Symposium The Right Organ for the Right Recipient

Register Today! The ASTS 9th Annual State of the Art Winter Symposium will address effective methods to match the *Right Organ for the Right Recipient*. The concept of matching donors to recipients raises complex issues of utility, equity and justice. The Symposium will address matching by combining basic science, outcomes, allocation, and ethics. After attending the Symposium attendees will have:

- Developed a better understanding of how donor and recipient matching may affect outcomes;
- Learned a variety of practices employed in

Events and Presentations

Detailed information is on page 18

- Pre-Symposium
- Business Practice Seminar
- Keynote Speaker Session
- Vanguard Award Presentation
- Poster Session with Mini Oral Presentations
- Career Development Seminar
- Fellowship Informational Session
- Oral Abstracts Presentations
- Critical Care Luncheon Symposium
- Vanguard Committee Mentorship Cocktail Reception
- Surgical Video Presentations
- State of the Art Presentation
- Debates

- matching donors to recipients;
- A better understand of the ethical principles which affect the selection of recipients for high-risk donors;
- Become more conversant with the issues surrounding the use of organ allocation policy to match donors and recipients.

Keeping with tradition, the Symposium will kick-off Friday by defining the issue of donor-recipient matching. Join Drs. John P. Roberts and Michael M. Abecassis as they square off in a debate entitled "Tell Her About it: Do Recipients of High-Risk Organs Require Complete Informed Consent." Saturday, participants can listen and engage in discussions concerning crossing antibody barriers. Beyond the science, there are several additional events in which to connect with colleagues, expand your visibility (especially critical for junior members), and learn how to improve your practice.

Top Reasons To Attend The ASTS 9th Annual Winter Symposium

- Explore current state of the art issues
- Relaxed, informal environment
- Smaller meeting promotes personal interaction & discussion
- Network with transplant colleagues (including NATCO and Industry)

Visit the ASTS website at www.asts.org for registration information, hotel accommodations, airport instructions, driving directions, and car rental information.



Held in conjunction with the NATCO Symposium for Advanced Transplant Professionals

The Right Organ for the Right Recipient

January 16-18, 2009 Marco Island Marriott, FL



SCHEDULE

Friday, January 16, 2009

Defining the Issue of Donor-Recipient Matching

Moderators: John P. Roberts, MD and Randall S. Sung, MD

12:00 – 12:05 PM Welcome

Randall S. Sung, MD

University of Michigan

12:05 – 12:25 PM The Match Game: General Concepts

Dixon B. Kaufman, MD, PhD

Northwestern University Medical School

12:25 – 12:45 PM Youthful Indiscretions: Initial Attempts to Match Donors and Recipients

John McDonald, MD

Louisiana State University

12:45 – 1:05 PM You Were Meant for Me:

Evaluating Donor and Recipient Interactions

Dorry L. Segev, MD

Johns Hopkins University

1:05 – 1:20 PM Break

Moderators: Goran B. Klintmalm, MD, PhD
and David A. Axelrod, MD

1:20 – 1:40 PM Love the One You're With:
Extrarenal Transplants

David A. Gerber, MD

University of North Carolina

1:40 – 2:00 PM Take a Chance on Me:

Infected and Malignancy Risk Donors

Timothy L. Pruett, MD

University of Virginia

Keynote Speaker Session

Moderators: Dixon B. Kaufman, MD, PhD
and Randall S. Sung, MD

2:00 – 2:05 PM Introduction

Randall S. Sung, MD

University of Michigan

2:05 – 3:05 PM Tell Her About It: *Do Recipients of High-Risk Organs Require Complete Informed Consent?*

Pro: John P. Roberts, MD

University of California – San Francisco

Con: Michael M. Abecassis, MD, MBA

Northwestern University

Vanguard Award Presentation

3:05 – 3:10 PM Award Presentation

3:10 – 3:30 PM Break

Poster Session with Mini Oral Presentations

Moderators: Charles M. Miller, MD and Peter L. Abt, MD

3:30 – 5:00 PM Poster Session

Career Development Seminar

Moderators: Paolo R. Salvalaggio, MD, PhD
and Julie K. Heimbach, MD

5:00 – 6:30 PM Practical Approach to Grant Writing

Fellowship Informational Session

6:30 – 7:30 PM Q & A Session for
Program Directors and Prospective Fellows

Symposium Dinner

6:30 – 7:30 PM Cocktail Hour

7:30 – 10:00 PM Dinner

Saturday, January 17, 2009

Flirting with Disaster: Crossing Antibody Barriers

Moderators: Peter G. Stock, MD, PhD and Dorry L. Segev, MD

8:00 – 8:05 AM Welcome

Dorry L. Segev, MD

Johns Hopkins University

8:05 – 8:25 AM

Just My Imagination: Antibody Detection and Virtual CrossMatching

James M. Gloor, MD

Mayo Clinic Rochester

8:25 – 8:45 AM

Don't Go Breaking My Heart: The Sensitized Thoracic Recipient

Kenneth R. McCurry, MD

University of Pittsburgh



The Right Organ for the Right Recipient

January 16-18, 2009 Marco Island Marriott, FL



SCHEDULE

8:45 – 9:05 AM I Won't Back Down:

Options for the Sensitized Kidney Recipient

Robert A. Montgomery, MD, PhD

Johns Hopkins University

9:05 – 9:30 AM Break

Oral Abstract Presentations

Moderators: Mitchell L. Henry, MD

and Dev Desai, MD, PhD

9:30 – 11:05 AM Oral Abstract Presentations

11:06 – 11:20 AM Break

Topical Issues in Donor-Recipient Matching

Moderators: Kim M. Olthoff, MD and Ty B. Dunn, MD, MS

11:20 – 11:40 AM How Sweet It Is: *Simultaneous Kidney-Pancreas versus Pancreas after Living Donor Kidney Transplant*

Raja Kandaswamy, MD

University of Minnesota

11:40 AM – 12:00 PM Live and Let Die:

DCD and High DRI Livers

Christopher B. Hughes, MD

Mayo Clinic Jacksonville

12:00 – 12:20 PM Ice Water in My Veins: *Ex-vivo Perfusion*

Shaf Keshavjee, MD

Toronto General Hospital

12:20 – 12:45 PM Break

Critical Care

Luncheon Symposium

12:45 – 2:45 PM Boxed Lunch

Provided in Session Room

Vanguard Committee Mentorship Cocktail Reception

5:30 – 7:00 PM Award Presentation Ceremony:

Francis Moore Excellence in Mentorship in Transplantation

Surgery Award

Dinner on the Beach

7:00 – 10:00 PM

Dinner

Sunday, January 18, 2009

Surgical Video Presentations

Moderators: James D. Eason, MD and Vincent P. Casingal, MD

7:25 – 7:30 AM Welcome

Vincent P. Casingal, MD

Carolinas Medical Center

7:30 – 9:00 AM Video Presentations

9:00 – 9:15 AM Break

Oral Abstract Presentations

Moderators: Robert M. Merion, MD and Gregory J. McKenna, MD

9:15 – 10:45 AM Oral Abstract Presentations

10:45 – 11:00 AM Break

State of the Art Presentation

Moderators: Thomas G. Peters, MD and Hoonbae Jeon, MD

11:00 – 11:30 AM Innate Alloimmunity: *An Attractive Research Field for Transplant Surgeons*

Walter Land, MD

University of Munich

Debates

Moderators: Michael M. Abecassis, MD, MBA

and Kristin L. Mekeel, MD

11:30 AM – 12:00 PM

I Do It My Way: Registry Predictors Do Not Substitute for Surgeon Judgment in Donor-Recipient Matching

Pro: Goran B. Klintmalm, MD, PhD

Baylor Regional Transplant Institute

Con: Robert M. Merion, MD

University of Michigan

12:00 – 12:30 PM *That's Life: LYFT Should be Used in Kidney Allocation*

Pro: Mark D. Stegall, MD

Mayo Clinic Rochester

Con: Mitchell L. Henry, MD

Ohio State University



ADDITIONAL EVENTS

Thursday, January 15, 2009

Business Practice Seminar, Transplant Center Models: From Design to Practice

Educational Objectives:

- Develop understanding of transplant center models;
- Understand payer and inter-provider relationships;
- Understand key issues in total integration and partial integration models;
- Enhance understanding of surgeon compensation process and comparative data;
- Become aware of services available for business practices.

Friday, January 16, 2009

Pre-Symposium, Standards for Organ Transplantation: Why Do We Need Them and How Do We Maintain Them?

As of late, there has been significant controversy over standards of transplantation. The transplant community is under increasing scrutiny over how we practice and perform. We need to incur increased trust from the public and health care provider sector. As transplant surgeons, we are ultimately responsible and best suited to develop these standards for our practice. We have developed these standards and this is the perfect arena to present and discuss them with our membership.

Friday, January 16, 2009

Career Development Seminar: Practical Approach To Grant Writing

The Vanguard Committee is pleased to offer a practical guide to grant writing. In today's funding climate, effective grant writing is essential in securing extramural funding and advancing academic careers. Junior faculty members rarely receive formal training to help them with this important endeavor. The Career Development Seminar is a unique opportunity to learn grant writing skills that will make your applications more competitive. Attendees will gain insights on how to develop a fundable grant through a step-by-step approach and learn more about available funding mechanisms from representatives of leading funding agencies (NIH, HRSA, and ASTS). This seminar will describe available funding options, offer fundamental principles for novice grant writers, review tips, and strategies.

Friday, January 16, 2009

Fellowship Informational Session

ASTS will host a fellowship informational session for Program Directors and prospective fellows on January 16, 2009 at the Marriott Marco Island. Held in conjunction with the ASTS 9th Annual State of the Art Winter Symposium, this session will provide valuable information to potential applicants and facilitate interactions with Program Directors. Interested applicants must be registered for the Winter Symposium to attend the session. Don't delay; registration is free for ASTS Candidate Members!

Saturday, January 17, 2009

Critical Care Luncheon Symposium: Wrong Organ for the Wrong Patient, Critical Management Options

Educational Objectives:

- Understand the importance of critical care in transplant practice;
- Understand the importance optimizing medical management of elderly kidney transplant recipients with cardiac disease receiving ECD kidneys;
- Identify key strategies for critical care management in transplant recipients with compromised organ function such as allograft pancreatitis or small-for-size liver transplantation;
- Define and diagnose portopulmonary hypertension in patients undergoing liver transplantation and develop in depth knowledge of appropriate treatment modalities during the perioperative phase.

Saturday, January 17, 2009

Vanguard Committee Mentorship Cocktail Reception & Award Presentation: Francis Moore Excellence in Mentorship in the Field of Transplantation Surgery Award

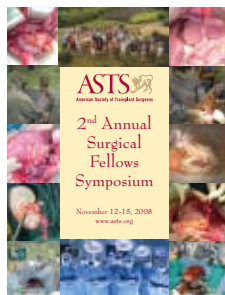
For the second year in a row, the Vanguard Committee will honor two recipients of the ASTS Francis Moore Excellence in Mentorship in the Field of Transplantation Surgery Award. This award recognizes outstanding mentorship of fellowship trainees and junior faculty. The presentation will take place during the Vanguard Committee Mentorship Cocktail Reception. This reception is designed to develop and foster the academic careers of junior surgical leaders.





Second Annual Surgical Fellows Symposium

Kiawah Island, SC • November 12-15, 2008



ASTS is committed to defining and promoting training and the career-long education of transplant surgeons. This three-day symposium specifically designed for second year transplant fellows is not a cramming session, but rather an opportunity to address underrepresented areas in their clinical training.

If you want to kill someone... prescribe a different immunosuppression each week.

– Allan Kirk, MD, PhD, Emory University

Subtle laughs reverberated as Dr. Kirk established the comfort level in a room filled with enthusiastic transplant fellows. Dr. Kirk was the first presenter, and spent the better portion of the morning discussing the unavoidable, Histocompatibility and Immunology and Immunosuppression. Other topics included infectious disease, evaluation of the kidney, liver & pancreas, allocation and acceptance, long-term management of transplant recipients, DCD protocol, negotiating your first job, evaluating career choices and effective leadership. Visit the ASTS website at www.astsonline.org to view the full program.



Program Session

Unique to the Symposium is a permeating atmosphere of learning and interaction. The Program Planning Committee chose various faculty members to present and discuss diverse topics based on their ability and desire to effectively teach and engage fellows.

Many presentations included questions where participants used an audio response device that allowed them to test their decision-making abilities, and observe how their views compared to others. At the end of the Symposium,

fellows received the results of their responses and presentations to use as educational resources.

The case study sessions were extremely valuable. They allowed us (the fellows) to strategize and really think about the cases... very educational.

– Jose Benito Abraham, MD, FPCS, Fellow, University of Texas Houston

The opportunity to sit under faculty engaging in open discussion, as they lend their viewpoints is unparalleled. Following didactic faculty presentations, fellows paired in groups and discussed complex case scenarios over working lunches. The groups later came together with a panel to discuss potential resolutions for each case.

The didactic education has been extremely beneficial. It's something I don't normally get.

– Todd Brennan, MD, MS, Fellow, University of California San Francisco.



FACULTY-FELLOW MENTORING AND NETWORKING!

Facilitated by faculty, fellows paired in groups to discuss clinical cases.

Another benefit of the Symposium is the networking opportunities through social events. The meeting provided fellows several opportunities to establish mentorships through the one-on-one interaction with faculty experts and peers.

I'm very happy that ASTS is supporting such an event. I strongly encourage them to continue this program for next year's fellows and thereafter. Faculty talked about many of the gray areas in training that have been very educational. It's also been great talking with fellows from all across the country.

– Sugam Vasani, MD, Fellow, Baylor University.

Two of the attendings recommended I attend the Symposium. My high expectations were definitely being met. It's great to talk with the faculty and learn how they have been so successful and how they deal with complex situations.

– Kerri Simo, MD, Fellow, University of North Carolina





Second Annual Surgical Fellows Symposium

Kiawah Island, SC • November 12-15, 2008



Symposium Participants

The Symposium is beyond my expectations...very very good. It's a great opportunity...there's an advantage to being able to sit down in the same room with great names and experts in transplantation.

– Caroline Rochon, MDCM, FRCSC,
Fellow, New York Medical College

The Symposium surpasses fantastic. Everything has been punctual. My stay has been comfortable, the service was great, and the lectures were good.

– Rakesh Rai, MD, Fellow,
University of Tennessee

It's great meeting some of the major players in transplantation and to speak with other fellows.

– Sophoclis Alexopoulos, MD, Fellow
Stanford University.

SPECIAL THANKS!



Wendy Grant, MD, Program Chair &
John Magee, MD, Fellowship Training
Committee Chair



Many Thanks . . .

To the ASTS Council for their support and to Astellas Pharmaceuticals for making the Symposium possible through an educational grant.

ASTS PROGRAM PLANNING COMMITTEE

Wendy J. Grant, MD Program Chair
Sunil K. Geevarghese, MD, MSCI
Thomas E. Collins, MD
John C. Magee, MD Advisor

ASTS FELLOWSHIP TRAINING COMMITTEE

John C. Magee, MD Chair
Douglas G. Farmer, MD Co-Chair
Ryutaro Hirose, MD
Gerald S. Lipshutz, MD
Jonathan P. Fryer, MD
Daniel A. Katz, MD
Douglas A. Hale, MD
Sunil K. Geevarghese, MD, MSCI
Ron Shapiro, MD
Thomas E. Collins, MD
Edmund Q. Sanchez, MD
Lewis W. Teperman, MD

PROGRAM FACULTY

Michael M. Abecassis, MD, MBA
Northwestern University
Thomas E. Collins, MD
University of Iowa
Douglas G. Farmer, MD
University of California Los Angeles
Richard B. Freeman, Jr., MD
Tufts University School of Medicine
Jonathan P. Fryer, MD
Northwestern University
Wendy J. Grant, MD
University of Nebraska Medical Center
Sunil K. Geevarghese, MD, MSCI
Vanderbilt University School of Medicine
Mitchell L. Henry, MD
Ohio State University
Abhinav Humar, MD
University of Minnesota
Daniel A. Katz, MD
University of Iowa
Dixon B. Kaufman, MD, PhD
Northwestern University
Allan D. Kirk, MD, PhD
Emory University School of Medicine

Goran B. Klintmalm, MD, PhD
Baylor Regional Transplant Institute
Paul C. Kuo, MD
Duke University Medical Center
John C. Magee, MD
University of Michigan
Arthur J. Matas, MD
University of Minnesota
David F. Mercer, MD
University of Nebraska Medical Center
Robert M. Merion, MD
University of Michigan
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
John P. Roberts, MD
University of California San Francisco
Randall S. Sung, MD
University of Michigan
Lewis W. Teperman, MD
New York University Medical Center



ASTS ACADEMIC UNIVERSE

- What:** National Transplant Surgery Fellowship Curriculum
Who: ASTS members
Where: ASTS Academic Universe – online at www.asts.org
Why: To serve as the blueprint for educational growth and development

Objective

The objective of the curriculum is to define the key areas of knowledge necessary for mastery of the field of transplantation surgery and to provide an educational guide for trainees as they progress through their fellowship and will serve as a dynamic reference for all ASTS members.

Watch for updates online at www.asts.org!

ASTS 
American Society of Transplant Surgeons



Mock Medicare Survey

CMS Audits, Are You Ready?

ASTS has assembled a team of seasoned transplant professionals that are available to help you.

Conditions of Participation (CoP) and Interpretive Guidelines (IG) are still new for transplant centers. ASTS understands that programs may not be as prepared as they would like to be to successfully undergo a CMS audit. In fact, Medicare has not customarily performed lengthy, detailed audits of transplant programs until now. The ASTS Business Practice Committee has designed a Medicare Mock Survey service that will reduce anxiety, help streamline the process, and reduce the likelihood of cited deficiencies.



ASTS member, Glenn Halff, MD, Director, Transplant Center, University of Texas Health Science Center at San Antonio, said, “The ASTS Mock Medicare Survey at our center was very helpful in ways I wouldn’t have guessed. It really helped the staff and doctors that were being interviewed have a sense of what to expect, relieved anxiety, and we were able to help them think through any poor responses. CMS came a week later, which was great, since it was fresh in everyone’s mind. CMS ended up leaving two days earlier than scheduled because they said it was such an efficient process we’d arranged. The CMS audit went very well.”

Mock Medicare Survey Services include:

1. Review of policies and procedures
2. On-site chart review
3. On-site interviews
4. On-site debrief
5. Written report of findings

The process is simple:

- a) Transplant program(s) calls ASTS and purchases the service
- b) ASTS survey team reviews policies and procedures in advance
- c) On-site survey to evaluate compliance and conduct interviews
- d) ASTS issues confidential written report to program

To Take Advantage of this valuable service: Contact the ASTS National Office
703.414.7870 • www.asts.org • asts@asts.org



The ASTS Business Practice Committee was formed specifically to assist membership with building business practice tools and resources that are critical to establishing and maintaining a quality practice in transplantation.



ASTS History Corner



Dear ASTS Members:

The living history of the American Society of Transplant Surgeons will continue at our ASTS 9th Annual State of the Art Winter Symposium, January 16 -18, 2008 in Marco Island, Florida. ASTS will capture additional stories in transplantation from a few more pioneers in the field. Our first filming in Toronto during the American Transplant Congress was a success. Work is currently under way to complete editing of the initial interviews and stream them on the ASTS website.

Enriching our living history even more, we have asked three ASTS senior members to take part in the Winter Symposium program. Walter Land will deliver a State of the Art presentation; Dr. John McDonald will speak on Initial Attempts to Match Donors and Recipients as he remembers it; and Dr. John Nigerian will present the ASTS Frances Moore in Transplantation Excellence award during the ASTS Vanguard Committee annual Mentorship Reception and Awards Ceremony. Many thanks go to the ASTS Vanguard Committee and those planning the Winter Symposium for their efforts to build upon an already rich oral history of transplantation and the ASTS.

Continued efforts to gather materials and create an archive at our ASTS offices, and to complete the web page and Chimera publications will allow all of us to appreciate our roots in transplantation surgery. Please contact me about any topic which may be of interest or importance in documenting past efforts to serve our patients through organ transplantation.

Finally, our thanks go to Roche Pharmaceuticals and our great staff at the ASTS office for support of these ambitious and important projects.

Thomas G. Peters, MD, FACS
ASTS Historian

In Memoriam Charles Fitts, MD



Charles "Tommy" Fitts, MD
ASTS Chimera Chronicle filming,
American Transplant Congress
Toronto, May 2008

One of the first ASTS members, since 1978, Dr. Charles Thomas Fitts died Tuesday, November 4, 2008 at the age of 76. Dr. Fitts earned his BA from Princeton in 1953 and his MD from the University of Pennsylvania in 1957.

Dr. Fitts spent most of his career at the Medical University of South Carolina (MUSC). Credited with pioneering the organ transplant program at MUSC, Dr. Fitts performed the first kidney transplant on December 3, 1968. That success established the model for subsequent transplant programs at MUSC.

Dr. Fitts held several appointments at MUSC including Professor of Surgery, Medical Director of the South Carolina Organ Procurement Agency (SCOPA), and attending surgeon at Medical University Hospital and the Veterans Administration Hospital. He also served as a trauma surgeon in Vietnam and Chief of the Trauma Study Branch at the

Army Medical Center in Texas. Dr. Fitts retired and entered private practice with his son, Dr. Casey Fitts, at Coastal Surgical Associates in Charleston. In addition to ASTS, Dr. Fitts was involved with the United Network for Organ Sharing (UNOS). After practice with his son, he dedicated his medical expertise to working with disability claims at age 72.

Dr. Fitts was one of the first ASTS Chimera Chronicle participants, sharing great stories in transplantation. His interview will display on the ASTS website in the coming months.

Tommy was a great surgeon and storyteller. He was present as transplantation evolved in the southeast, and those of us who knew him had great fun swapping stories about our early transplant adventures. Tommy was chosen as an honoree in our ASTS Chronicles project because I knew he would refer to himself as a farm boy having found a mamma in transplantation. It was a privilege to have known and learned from Tommy Fitts.

– Thomas G. Peters, MD, ASTS Historian

Dr. Fitts authored over 100 medical articles and was a sought-after snake and alligator bite specialist in the Southeast. He was born in Jackson, TN, on July 4, 1932. Dr. Fitts leaves behind his wife Maria, 9 children, and 11 grandchildren. He is known as one of the last cowboys of MUSC.



Go For Gold...

ASTS Research Awards

Faculty Awards

Resident/Trainee Awards

Fellowship Awards

ASTS has a 23 year history of supporting basic, clinical and translational research in the field of transplantation and transplant immunology. For 2009, The Foundation of the ASTS and its awards partners are offering over \$775,000 in funding to ASTS members and their trainees.

Visit the ASTS website at www.asts.org/awards to learn more about each award, eligibility, and submission criteria.

**Application submission
deadline: January 13, 2009**

**Award notifications will be
available by: April 2009**

ASTS 
American Society of Transplant Surgeons

www.asts.org

American Transplant Congress 09

Save the Date

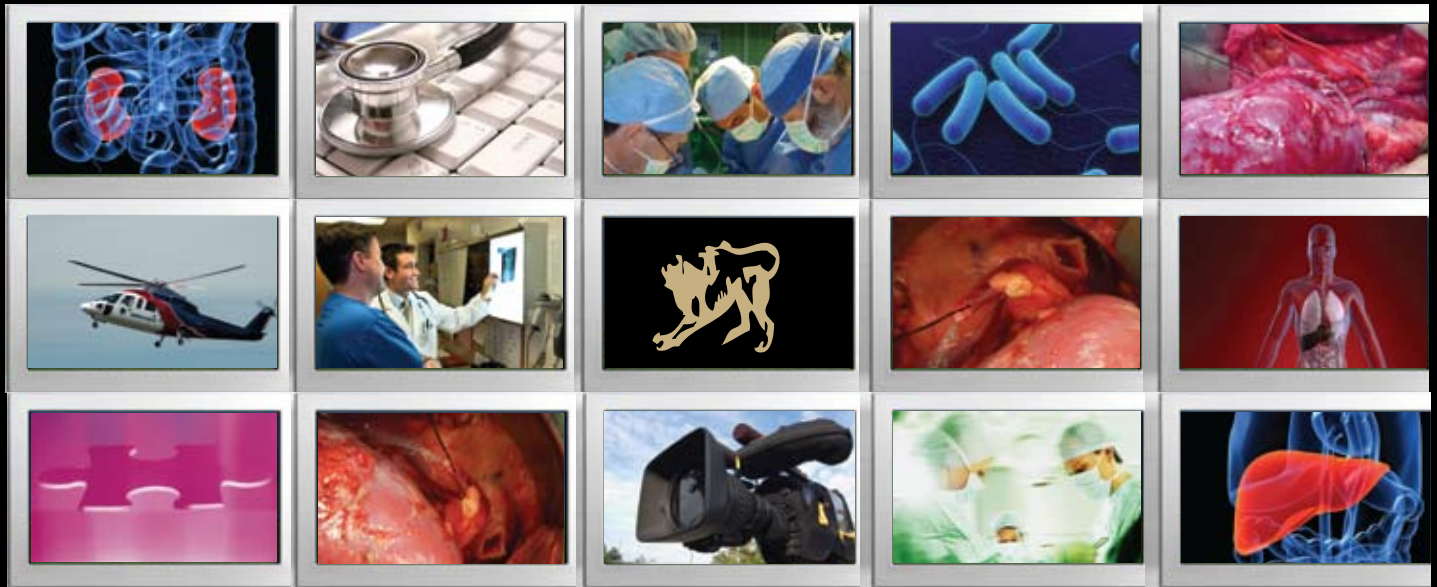
May 30 - June 3, 2009

Boston, MA



Visit us online at
www.atcmeeting.org

American Society of Transplant Surgeons...



Creating Educational Videos for the Transplant Community

Newly Released...
Kidney Transplantation:
A Guide for Patients and their Families

Also Available:
Living Kidney Donation: What You Need to Know

**Spanish Versions
Are Available**



www.asts.org



Corporate Support

The American Society of Transplant Surgeons would like to thank the following companies for their generous support of the ASTS in 2008

Benefactor Circle



Founder Circle



President Circle



Sponsor Circle



Associate Circle





Foundation Contributors

*The American Society of Transplant Surgeons is grateful to the following individuals for their generous support of the Foundation of the ASTS and its mission.
(New contributions since Summer 2008 in bold)*



Distinguished Contributors

Ronald Busuttill • Mehmet Haberal • Douglas Hanto • Mark Hardy • Goran Klintmalm
Marc Lorber • Robert Merion • Anthony Monaco • Richard Pierson III • John Roberts
Jerry Rosenberg • James Schulak

Career Contributors

Nancy Ascher • Jonthan Bromberg • A. Benedict Cosimi • Francis Delmonico
Ronald Ferguson • Darla Granger • Mitchell Henry • Richard Howard
Dixon Kaufman • Stuart Knechtle • Jimmy Light • Joseph Leventhal • Arthur Matas
Richard Migliori • Charlie Miller • David Mulligan • Yoshifumi Naka • Scott Nyberg
Kim Olthoff • G. Alexander Patterson • Thomas Peters • C. Wright Pinson
Abraham Shaked • Richard Simmons • Vivian Tellis

Contributors

Peter Abt • **George Abouna** • James Allan • J. Wesley Alexander • James Allan
Hossein Shokouh-Amiri • Robert C. Andersen • Massimo Asolati • Clyde Barker
James Bowman III • Pedro Baron • Cristoph Broelsch • Gordon Burtch
Andrew Cameron • Vincent P. Casingal • David Conti • Spencer Day • **Juan Del Rio Martin** • Alp Demirag • Niraj Desai
James Eason • Carlos O. Esquivel • Lon Eskind • **Casimir Firlit**
David Follette • O.H. Frazier • Richard Freeman • Amy Friedman • John Fung
Pierre Gianello • Jeremy Goodman • Hans Albin Gritsch • **Scott Gruber**
Arturo Hernandez • Mark Hill • Garrett Hisatake • Lynt Johnson • Sang-Mo Kang
Sandip Kapur • Philip Karuman • **Burnett Kelly** • **Nabil Khamid** • Dong Sik Kim
Masaaki Kimikawa • Richard Knight • Babuaro Koneru • • Tomasz Kozlowski
Max Langham • Hyung Lee • Robert Madden • Joren Madsen • George Mazariegos
Robert McMillan • Robert Mendez • Bhargav Mistry • Elijah Mobley • Ponnusamy Mohan • Robert Montgomery
Martin Mozes • Susan Orloff • **Anil Paramesh**
Guillermo Solorzano Peck • **Thavam Chenthan Thambi-Pillai** • **Elizabeth Pomfret**
James Pomposelli • Kadiyala Ravindra • Alan Reed • Gonzalo Rodriguez-Laiz
Richard Ruiz • Paul Russell • Bob Saggi • Benjamin Samstein • Juan Sanabria
Eduardo Santiago • Randolph Schaffer III • Ashish Shah • Mark Slaughter
Roberto C. Lopez-Solis • **Christopher Sonnenday** • Nancy Stegens • Randall Sung
Miguel Tan • **Lewis Teperman** • Nicholas Tilney • Georgios Tsoulfas • Jeffrey Veale
Kenneth Woodside • Yohichi Yasunami • Serdar Yilmaz • Krzysztof Zieniewicz



Log on to www.ast.org/Society-Foundation to learn about the Foundation of theASTS, its projects and to make a contribution.



Calendar

The ASTS is pleased to coordinate with other professional organizations in order to maintain a relevant events calendar. If your organization would like to list an event, please contact Chantay Parks Moye at 703.414.7870 ext. 101 or chantayparks@earthlink.net.

UPCOMING EVENTS

January 16-18, 2009

ASTS 9th Annual
State of the Art Winter Symposium
Marco Island, FL

May 30-June 3, 2009

American Transplant Congress
Boston, MA

January 15-17, 2010

ASTS 10th Annual State of the Art
Winter Symposium
Fort Lauderdale, FL

May 1-May 5, 2010

American Transplant Congress
San Diego, CA

January 2009

January 16-18, 2009

Symposium for the Advanced
Transplant Professional
NATCO
Marco Island Marriott, FL
Phone: 913-895-4612
Web site: www.natco1.org

March 2009

March 14, 2009

CCTC & CPTC Review Courses
NATCO
Pittsburgh, PA
Phone: 913-895-4612
Web site: www.natco1.org

March 25-29, 2009

National Kidney Foundation
2009 Spring Clinical Meeting
Gaylord Opryland
Nashville, Tennessee
Website: www.nkfclinicalmeetings.org

April 2009

April 18-21, 2009

5th Congress of the International Pediatric
Transplant Association (IPTA)
Istanbul, Turkey
Askeri Museum
Email: <http://www.iptaonline.org/5thcongress>

August 2009

August 2-5, 2009

NATCO's 34th Annual Meeting
River Rock Hotel

Las Vegas, NV

Phone: 913-895-4612

Web site: www.natco1.org

September 2009

September 9-12, 2009

XIth International Small Bowel
Transplant Symposium
Bologna, Italy

October 2009

October 27-November 1, 2009

American Society of Nephrology
Renal Week
San Diego, California

February 2010

February 4-7, 2010

9th International Conference on New
Trends in Immunosuppression and
Immunotherapy
Kenes International
Prague
www.kenes.com

August 2010

August 15-19, 2010

XXIII International Congress of The
Transplantation Society
Vancouver, Canada

November 2010

November 16-21, 2010

American Society of Nephrology
Renal Week
Denver, Colorado

Job Board

ASTS provides a Job Board as a benefit to its members. This is an abbreviated listing of the job postings currently available on the ASTS website. If you would like to submit a listing, please contact Chantay Parks Moye at chantay.parks@asts.org or 703.414.7870 ext. 101 for submission guidelines and fee requirements.

**METROPOLITAN NEW YORK
CITY ACADEMIC MEDICAL
CENTER: KIDNEY AND PANCREAS
TRANSPLANT SURGEON**

Please contact:

Email: LSacks@ppasearch.com

Email: YWasslace@ppasearch.com

Phone: 914 251.1000 ext 117

Fax: 914 251.1055

Website: www.ppasearch.com

**UNIVERSITY OF CHICAGO:
ACADEMIC POSITION IN
TRANSPLANTATION**

Please contact:

J. Michael Millis, M.D. Chief of
Transplantation

University of Chicago

Dept. of Surgery, Section of

Transplantation,

MC 5027

Chicago, IL 60637

Email: mmillis@surgery.bsd.uchicago.edu



New Members

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

Joe Benito A. Abraham, MD
University of Texas Houston

Johan Aerts, DO
University of Minnesota

Naveed Ahmed, MD, FACS
Cleveland Clinic Foundation

Mohamed Akoad, MD, FACS
Lahy Clinic Medical Center

Hamad M. Al-Bahili, MD
Toronto General Hospital

Maria H. Alonso, MD
Cincinnati Children's Hospital

Antonios Arvelakis, MD
Yale New Haven Transplant Institute

Sonal Asthana, MD, MRCS
University of Alberta Hospital

George Blessios, MD, PhD
Erie County Medical Center

Benoit Blondeau, MD
University of Mississippi Medical Center

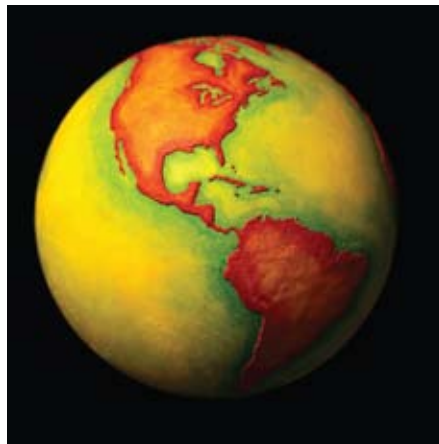
Fauzia K. Butt, MD
University of California Los Angeles

Juan C. Caicedo, MD
Northwestern Memorial Hospital

R Stalin Campos Flores, MD
University of Pittsburgh Medical Center

Paul J. Campsen, MD
University of Colorado Health Sciences

Gabriel Chan, MD, MSc
London Health Science Centre



Javier Chapochnik Friedmann, MD
Northwestern Memorial Hospital

Qasim L. Chaudhry, MB, MCh
University of Nebraska Medical Center

Chienhui Chinag, MSN
Hospital of the University of Pennsylvania

Sherri N. Chisari, MPAS
University of Florida

J. Louis Cohen, MD
Vascular Surgery Associates

Alan G. Contreras Saldivar, MD
Mount Sinai Medical Center

Ruy J. Cruz, MD, PhD
University of Pittsburgh

Susan L. Daniels, PA-C
University of Michigan Hospital

Yvonne A. Esmailian, BSN, MSN
UCLA Medical Center

Philippe M. Garzon, MD
Shands Hospital University of Florida

Bruce E. Gelb, MD
University of California San Francisco

Davide Ghinolfi, MD
Mount Sinai Medical Center

Mahesh S. Gopasetty, MBBS, MS
Medical University of South Carolina

Valerie M. Greene, PA-C, MPAS
University of Florida College of Medicine

Markus Guba, MD
Toronto General Hospital

Edward F. Hollinger, MD, PhD
Indiana University School of Medicine

John W. Hsu, MD
University of Pennsylvania

Michael G. Hughes, MD
Medical University of South Carolina

Shakir A. Hussein, MD
Columbia University

Rodrigo Iniguez Ducci, MD
Toronto General Hospital

Janet E. Jumper, MSN, RN
Georgetown University Hospital

Zolt Kaposztas, MD
University of Texas Houston

William F. Kendall, Jr., MD
LifeLink Healthcare Institute

Tariq N. Khan, MD
Baylor University Medical Center

Noorul H. Khan, MBBS
Mount Sinai Medical Center

It's Truly A Great Time To Be A Member





Prashant Khullar, MD
University of Iowa Hospitals & Clinics

Peter T. Kim, MD, MSc
Baylor Regional Transplant Institute

Vasileios Kostaras, MD
Thomas Jefferson University Hospital

Sean C. Kumer, MD, PhD
University of Virginia Health System

Alexander Kurbanov, MD
Baystate Medical Center

Chengyang Liu, MD
University of Pennsylvania School of Medicine

Felipe A .B. Maegawa, MD
Mount Sinai Medical Center

Warren R. Maley, MD
Johns Hopkins University School of Medicine

Katherine J. Manzanares, BS-PA, PA-C
Georgetown University Hospital

David P. Mason, MD
Cleveland Clinic Foundation

Nahush A. Mokadam, MD
University of Washington

Sulaiman Nanji, MD, PhD
University of Toronto

Okay H. Odocha, MD, FACS
University of Pittsburgh Medical Center

Vesna Opalic, MD
University of Pittsburgh Medical Center

Wael M. Otaibi, DO
Barnes-Jewish Hospital

Shane Ottmann, MD
University of Pennsylvania

Juan M. Palma-Vargas, MD
Texas Transplant Institute

Sarah E. Parmelee, MHS, MSN
Dartmouth Hitchcock Medical Center

Vincent P. Peyregne, MD
New York University School of Medicine

Karla H. Pillote, BSN, MSN
Georgetown University Hospital

Rakesh Rai, MS, MD
Methodist Transplant Institute

Chandrashekar Ramaiah, MD
University of Kentucky

Shannon J. Ross, MPA-C
University of Pittsburgh Medical Center

Charbel Sandroussi, MBBS, MMSC
Toronto General Hospital

Christian Schuetz, MD
Massachusetts General Hospital

Jason J. Schwartz, MD, FACS
University of Utah

Ashley H. Seawright, BSN, MSN
University of Mississippi Medical Center

Amit Sharma, MBBS, MS, Mphil
Virginia Commonwealth University

Rajeev Sharma, MBBS, MS
University of Rochester Medical Center

Sharad Sharma, MBBS, MS
Methodist University Hospital

Kerri A. Simo, MD
University of North Carolina

Rajinder P. Singh, MD, MRCS
Wake Forest University Baptist Medical Center

Kyle A. Soltys, MD
Children's Hospital of Pittsburgh

Austin L. Spitzer, MD
University of Washington

Burcin Taner, MD
Mayo Clinic Jacksonville

Qizhi Tang, PhD
University of California San Francisco

Ran Tao, MD
University of Pittsburgh Medical Center

Janel Tedesco, RN, MSN
UTSW Medical Center Dallas

Ho Yee Tiong, MD
Cleveland Clinic Foundation

Koji Tomiyama, MD, PhD
Baylor University Medical Center

Ivo G. Tzvetanov, MD
University of Illinois at Chicago

April M. Waby, MPAS
Cleveland Clinic Foundation

Martin N. Wijkstrom, MD
Northwestern University

Stephanie A. Winfrey, MSN
Wake Forest University Baptist Hospital

April A. Zarifian, APRN, DNSC
Tulane University Medical Center

Ivan R. Zendejas-Ruiz, MD
Shands Hospital/University of Florida

It's Truly A Great Time To Be A Member



ASTS STATE OF THE ART WINTER SYMPOSIUM



The Right Organ for the Right Recipient

January 16-18, 2009 • Marco Island Marriott, FL • www.asts.org

Register Online Today at www.asts.org

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