

CHIMERA

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May 2009–May 2010

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Editor's Letter



Welcome back to another edition of the *Chimera*! The days are growing short as we head into another winter. One bright spot of this cold and snowy season (at least for those of us above the Mason Dixon line) is always the ASTS State of the Art Winter Symposium. This year we'll be moving over to the east coast of Florida, in Fort Lauderdale, as we consider "The Cutting Edge of Transplant Surgery." As always, the meeting will provide an intimate, more relaxed and family friendly atmosphere, something a little different from the American Transplant Congress. This year's program promises to be interesting and fun! For a full description, turn to page 16 in this edition.

While we're considering warm winter retreats, this year's ASTS Annual Fellows Symposium took place in November in Scottsdale, Arizona. This was the third year of ASTS sponsorship of this program with funding from Astellas,

Roche and Bristol-Myers Squibb, and it continues to be a rousing success. This symposium is always a highlight for our fellows. Besides the significant educational value, it provides fellows with a first chance to connect with their peers and to form lifelong friendships and professional associations. I still remember my symposium from 15 years ago. Check out the story and photos on page 20.

As always, the *Chimera* is chock full of news on the legislative and regulatory front. Please read this important information closely starting on page 8. To be an effective advocacy group for you and our patients, we need an informed and involved membership. We want to hear your opinions. In addition to following legislative news in the *Chimera*, signing up for the ASTS RSS feeds from the website is another great way of staying informed.

Of course, in addition to all that's been mentioned above, this edition of the *Chimera* is filled with all sorts of other useful and interesting news, in all of the usual columns and regular features. Read it and enjoy!

See you in Fort Lauderdale!

Best Regards,
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About the Cover



The cover photograph was taken at the Medical University of South Carolina (MUSC). The image is instrumentation for laparoscopic donor nephrectomy / liver resection. ASTS member, Kenneth Chavin, MD, PhD was the performing surgeon. The patient had congenital cysts on the liver. ASTS is grateful to Dr. Chavin for the invitation to join the transplant team at MUSC in the operating room. ASTS strives to provide members with real surgical photographs that depict what you do.

If you have a photograph that would like displayed on the cover of the *Chimera*, please email it along with a brief description to Chantay Parks Moye at chantay.parks@asts.org.



President's Letter

Greetings from your ASTS President!

After you've been doing anything for a decade, it's a good time to pause for reflection. Ten years is a nice round number, and for some reason it conveys the impression of being weightier than nine or eleven. This year, the American Society of Transplant Surgeons celebrates a decade of not one, but three important initiatives: *The American Journal of Transplantation* (AJT), the ASTS State-of-the-Art Winter Symposium, and the American Transplant Congress (ATC). Each is focused on our educational and research mission to advance the field of transplantation, and each has enjoyed remarkable success.

When the AJT was conceived in the late 1990s as a joint venture of the ASTS and the American Society of Transplantation (AST), there were many who thought we already had more than enough peer-reviewed journals in the field. Ten years later, under the extraordinary leadership, high standards, and seemingly inexhaustible energy of inaugural editor-in-chief Philip Halloran, AJT justifiably boasts the highest impact factor among all journals in transplantation, and the second highest among all surgical journals. The mean turnaround time of 22 days from submission to initial decision is the envy of most competitor journals, and is like the difference between warp speed and walking in comparison to many. After ten years at the helm, Dr. Halloran will be stepping down as editor-in-chief in 2010, and the ASTS, along with AST, has begun the process of identifying and selecting his successor. We have great confidence that AJT will continue to reach for and achieve the highest level of excellence as the flagship journal in our field.

The 10th Annual ASTS State-of-the-Art Winter Symposium will be held in Ft. Lauderdale on January 15-17,



Robert M. Merion, MD
ASTS President

2010. This scientific meeting drew its inspiration from the early ASTS meetings at the Drake Hotel in Chicago in the 1970s, at a time when there were many fewer ASTS members, and the clinician-scientists and basic science researchers in our young field were able to present all the oral abstracts without resorting to concurrent sessions! There was plenty of time allotted for discussion of each abstract, and heated debates often ensued between discussants and presenters. Another important element that contributed to the meeting's success was the opportunity for members to meet informally with their peers as well as with the pioneers in our field. Nowadays we call it networking. There was a relaxed and convivial feel to the meeting. With the advent of the ATC meeting, another joint project of the ASTS and AST, concurrent sessions were introduced and the meeting has been hugely successful, but as it's gotten bigger it has lost the intimacy of the early ASTS gatherings. The ASTS Council empowered the Vanguard Committee (which represents more junior members of ASTS) to put together a high quality scientific meeting in the winter as a counterpoint to the ATC

and to encourage surgically oriented, thematically structured topics.

The ASTS State-of-the-Art Winter Symposium has succeeded beyond our expectations! While attendance has increased every year, it still has that special feel to it. It's a unique opportunity to catch up with colleagues from around the country and advance your knowledge in a discrete area (this year's theme is *The Cutting Edge of Transplant Surgery*), with new and exciting advances presented in a relaxed environment. In addition to its appeal to transplant surgeons, the program includes offerings attractive to other clinicians, researchers, allied health professionals, advanced transplant providers, and trainees. And, as the meeting has expanded, we've added special seminars, forums, debates, and audience feedback. We recently accepted a generous invitation from the American Foundation for Donation and Transplantation to institute and fund a new named lecture at the Winter Symposium to honor the memory of Dr. David Hume, a pioneer transplant surgeon from the Medical College of Virginia. We are excited that Dr. Nicholas Tilney will be the inaugural Hume Lecturer and hope that you will join us for this exciting part of the program. See all the details about the Winter Symposium on the ASTS website (http://www.astsonline.org/Tools/News.aspx?content_id=793).

To round out the celebration of our three decade-long projects, we will hold the 10th American Transplant Congress meeting in San Diego in the spring of 2010. This 5-day meeting (May 1-5, 2010) has become renowned as a venue for the presentation of world class research on every possible transplant-related subject. Outstanding keynote speakers are lined up, a wide variety of presentation formats are planned, and I promise to do my best to avoid boring you with my presidential address. Look for more detailed information about the

program, which will include a special 10th anniversary scientific session and celebration on Saturday, May 1, 2010 and much, much more.

While we've been very successful in many areas, we have some initiatives that require our continued efforts and attention. Health care reform legislation is being hotly debated as I write this, and it is likely that there will ultimately be a bill passed that President Obama will sign into law. Whether it's the so-called public option, enhancements to Medicare, or fixes to physician reimbursement, virtually everyone has an opinion and a stake in the outcome. But amidst the broad sweeping proposals, the ASTS continues to advocate tirelessly for kidney transplant recipients, who are still faced with the loss of Medicare coverage for immunosuppression drugs after three years unless they are over age 65 or retain Medicare eligibility on the basis of permanent medical disability. ASTS has worked tirelessly but unsuccessfully to correct this obvious defect in the Medicare law for more than a dozen years, and we hope that we will be successful this time, most likely in the form of an amendment to the health care reform legislation. If we contact you to appeal to your state's congressional delegation, I sincerely hope you will respond.

Equally important to the transplant community is the element of most health care reform legislation proposals that would eliminate pre-existing conditions. This is critically important for those thousands of selfless individuals who become

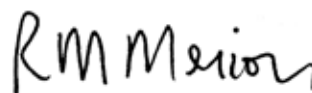
living organ donors of kidneys, livers, and occasionally other organs each year. Advocating for living donors has been a longstanding initiative of the ASTS.

I would also like to remind you that ASTS continues to advocate on your behalf for retention of general surgery residents on transplant services, as there is broad agreement from our members that these rotations offer great educational opportunity. A couple of years ago, it looked like we were going to lose transplant rotations as a part of general surgery residency training. It was proposed that transplant surgery become an optional elective rotation, which would almost certainly have meant the demise of this opportunity. Operative experiences were generally poor and the level of non-educational work (aka scut work) was high, as described by residents and general surgery program directors in a survey by the Association of Program Directors in Surgery. We've worked very hard to make the case that these rotations can be an extremely valuable component of general surgery training and to strongly encourage transplant programs to re-examine and improve the resident experience. After all, given the progressive movement toward minimally invasive procedures, transplant surgery offers a wealth of open operative cases, as well as a wide range of other surgical experiences and opportunities for exposure to management of organ failure and opportunistic infection. One measure of the positive impact of our efforts has been the decision to allow residents to count kidney transplant cases towards their mandatory open vascular

procedure requirements. Many individuals have been working on this initiative. Douglas Hanto has been our liaison to the American Board of Surgery and the Residency Review Committee. Jonathan Fryer and John Magee have been spearheading the generation and dissemination of rotation educational objectives. Elizabeth Pomfret has identified modules of the ASTS Academic Universe online curriculum that are appropriate for resident education. But, we all need to do our part within our individual training programs to ensure that the rotations are meaningful and educationally worthwhile for the residents. Please engage your local Residency Program Directors in this process. A follow-up survey of residents and general surgery program directors is likely to occur in 2010, so we should continue to be attentive to this issue. There will be a special session at the ASTS Winter Symposium on this topic on Friday, January 15, 2010. Don't miss it!

As you can tell, we are working hard to fulfill the broad ASTS mission: Fostering and advancing the practice and science of transplantation for the benefit of patients and society.

With warmest regards,



Bob Merion

ASTS Announces WTC 2014





ASTS News

*The ASTS Fall Council and Committee Chair Meeting
was held September 14-15, 2009 in New York, NY.*

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

ABS Report

Dr. Douglas Hanto reported that the new members of the Transplant Advisory Council (TAC) are Drs. Andrew Klein and Charles Miller. He reported that ABS decided not to change the recertification exam to a modular type. The TAC is urging ASTS to develop a monthly reading program as part of Part 2 of the Maintenance of Certification (MOC) that focuses on Lifelong Learning and Self-Assessment. There was also discussion on efforts to add transplant cases to ACGME case logs and the development of methodologies to satisfy individual requirements for Part 4 of MOC.

Ad Hoc Committee on Vascularized Composite Allograft (VCA)

Dr. Linda Cendales reported that the committee changed its name from Composite Tissue Allograft to VCA to be more associated with solid organ transplantation than with tissue transplantation. The field is interested in HRSA making a determination that VCA will be recognized as a solid organ and the committee is drafting guidelines for proposed standards. It was noted that there may be consequences with reimbursement if VCA is treated as an organ.

Ad Hoc Committee on Living Donation

Dr. Andrew Klein reported that the committee has been involved in working with the OPTN/UNOS in development of the guidance on the kidney medical evaluation and liver medical evaluation. Guidance targeted to the lay public for living kidney and liver donors is in development and the ASTS is working in collaboration with the OPTN/UNOS. Finally, he reported the

committee provided feedback on the informed consent resource document.

Advanced Transplant Providers (ATP) Committee

Ms. Deborah Hoch reported that the council moved the ad hoc committee established for nurse practitioners and physician assistants to a standing committee. The council approved a survey to assess the needs of the advanced practice group.

AJT Update

Dr. Robert Merion updated the council on the editor-in-chief search to succeed Dr. Philip Halloran in September 2010. Dr. Sandy Feng reported that the American Journal of Transplantation is planning a 10th anniversary celebration in 2010 that will be held in conjunction with the American Transplant Congress (ATC).

Business Practice Committee

Dr. David Axelrod reported that the survey instrument for the 2010 compensation survey is complete and that the survey will be sent out this fall. He updated the council on the business practice seminar to be held in conjunction with the winter symposium in January. The topic will be on transplant finances and healthcare reform. He reported that Mock Medicare Survey services are still being provided and there was discussion regarding further development of post-Medicare survey consultative services. Dr. Axelrod reported that the committee is developing a proposal for a leadership development program for senior clinicians and administrators. A potential format would be a short residential program and subsequent teleconference teaching in cooperation with an academic business school. Finally, Dr. Axelrod proposed that the committee prepare a white paper

on the structure of transplant centers and institutes that would describe the administrative structures currently in use with comprehensive analysis. The council decided against the white paper initiative.

Cell Transplant Committee

Dr. Steve Paraskevas reported that ASTS met with Dr. Barry Straube, Chief Medical Officer and Director of the Division of Clinical Standards and Quality, and his colleagues in June to follow up on a proposed change to reimbursement for pancreata used for islet cells. He reported that the committee is developing a session on islet transplantation at the winter symposium in January and presented a preliminary program.

Communications Committee

Dr. James Whiting presented a proposal to implement a "Your Opinion Matters" section on the ASTS website to promote more member feedback on policy proposals, legislative and regulatory issues and other activities. The council approved development of this section. Dr. Whiting reported that the committee would like to introduce social networking during one of the debates at the winter symposium. The idea would be to provide participants an opportunity to become better engaged in the program by posting questions from mobile devices to include Twitter, Facebook, texting and other social media. He reported that RSS feeds are now available through the ASTS websites and encouraged the council to sign up for the automatic feed that will highlight new information posted to the website.

Curriculum Committee

Dr. Elizabeth Pomfret reported that a total of 90 presentations have been captured and are either in the test site

for review by staff or available online in the Academic Universe. She reported that dedicated staff has been hired to increase the momentum and expedite further implementation. The council requested that an awareness campaign to promote the curriculum be developed and that visibility be increased that the curriculum is branded as the Academic Universe now that a sufficient number of modules are available to members.

Ethics Committee

Dr. Alan Reed reported that the manuscript, "Stimulus for Organ Donation: A Survey of the American Society of Transplant Surgeons Membership" was published in the September issue of AJT. He reported that the "ASTS Response to the Declaration of Istanbul" was accepted for publication and that two sessions at ATC on ethics have been submitted to the program committee. Finally, he reported that a joint task force with the AST was formed to review conflict of interest policies for joint projects including ATC and AJT.

Federal Drug Administration (FDA)

One of the highlights of the New York meeting was a session with representatives of the FDA. This was a follow-up to the highly successful session at this year's ATC meeting. ASTS council members and committee chairs had the opportunity to interact with Dr. Patrick Archdeacon, joined by Dr. Renata Albrecht, also from the FDA Center for Drug Evaluation and Research (CDER). They presented an informative overview of CDER, and also described the Center for Biologics Evaluation and Research, and the Center for Devices and Radiological Health. Each of these three FDA centers has responsibility for important aspects of transplant therapeutics, diagnostics, or organ preservation technology. There was a candid discussion about concerns ASTS has raised regarding what constitutes "adequate and well controlled studies",

the desire to incorporate widely used immunosuppressive regimens into the active comparator arms of clinical trials, the possibility of using observational data as part of the submission process for new labeling indications, and the fact that AB-equivalent generics can be approved without experience in a single transplant recipient. Drs. Archdeacon and Albrecht were extremely receptive to ASTS comments and outlined a number of mechanisms for ASTS to become more involved with FDA to pursue these initiatives through FDA Public Workshops, data submissions, and potentially even legislative changes in the Food and Drug Act. A number of members of the Executive Committee commented that this highly productive interchange marked yet another milestone in continuing efforts to reach out constructively to regulatory agencies that affect ASTS members' practices and patients' lives every day. ASTS will continue to lead the way on behalf of members on these issues.

Fellowship Training Committee

Ms. Kim Gifford, on behalf of Dr. John Magee, presented recommendations for approval of reaccreditation applications, fellowship certificates for graduating fellows and a post fellowship exit survey that the committee has initiated. She reported that the 3rd Annual Fellows Symposium will be held in Scottsdale, Arizona in November. Finally, there was discussion regarding resident rotations and the possibility of them becoming an elective as part of general survey training. The ASTS is committed to continuing to advocate for mandatory transplant rotations and to demonstrate improvement in the resident experience. Finally, there was discussion on the need to include hepatobiliary training as part of ASTS accredited liver fellowship training programs.

Standards Committee

Dr. David Reich reported that the "ASTS Recommended Practice Guide-

lines for Controlled DCD Organ Procurement and Transplantation" were published in the September issue of the AJT. He reported that the committee is attending regular Surgical Quality Alliance (SQA) meetings and that the committee is developing a "how to" primer on Pay for Quality Reporting Initiative (PQRI) bonuses for the membership. Other long-term initiatives include formulation and approval of transplant specific performance measure for PQRI and exploring the pros and cons of obtaining approval of the SRTR as a reporting registry for PQRI. Finally, he reported the committee is working in collaboration with a group of liver transplant anesthesiologists regarding analysis of a survey.

Scientific Studies Committee

Dr. David Gerber reported that the committee is working on an analysis of financial implications of the Medicare regulations with a preliminary focus on expenses related to Quality Assurance and Performance Improvement (QAPI), donor advocates, increase in personnel and frequency of Medicare surveys. The committee is also developing a proposal for an initiative on HCC recurrence post-liver transplant.

Vanguard Committee

Dr. Randall Sung presented highlights of the upcoming ASTS 2010 State of the Art Winter Symposium to be held at the Harbor Beach Marriott in Ft. Lauderdale, Florida. The theme is "The Cutting Edge of Transplant Surgery" and the Pre-Meeting will be "Clinical Research in Transplantation." He advised that the abstracts will be published in a special issue of the AJT as a supplement in January. Dr. Sung presented an outline for the 2011 winter symposium on "Transplantation at the Crossroads" which received a positive response from the council. The location for 2011 will be the Westin Diplomat Hotel in Hollywood, Florida.



Regulatory and Reimbursement Update

Is Your Transplant Center Accurately Capturing All Organ Acquisition Costs?

Medicare reimburses transplant centers for the costs of organ acquisition but the rules dictating which costs qualify are complex and the documentation requirements often seem daunting. For this reason, many transplant centers do not accurately capture their organ acquisition costs. The following summarizes the types of costs that Medicare categorizes as organ acquisition and offers guidelines on Medicare documentation requirements.

PHYSICIAN SERVICES

Typical Medicare organ acquisition costs are tissue typing, preservation and perfusion, registration with a transplant registry, and purchasing and transporting an organ. In addition, physician services to a donor or recipient can be treated as organ acquisition costs, depending principally on when those services are provided. Medicare considers physician costs for services to a live donor that are provided prior to admission for the excision to be organ acquisition costs which should be charged to the transplant center rather than billed separately to Medicare. For physician services provided to the donor after the donor is admitted for the excision, including post-operative follow-up, Medicare dictates that the physician's services be billed as other physician charges, except they are billed to the account of the transplant recipient at 100% of the fee schedule. (No copayments are billed to the donor.) Similarly, physician charges furnished to the recipient prior to the admission for the transplant are treated as organ acquisition costs, but after admission, are billed like other physician charges. For a cadaver excision, all physician charges are considered organ acquisition costs.

Many physicians and transplant centers do not treat physician costs for physicals and other medical evaluations for a donor or recipient as organ acquisition. However, any physician services furnished to a Medicare beneficiary prior to admission (for an excision for a live donor and for a transplant for the recipient) should be

charged to the transplant center and included in its organ acquisition costs.

NON-MEDICARE PATIENTS

For patients who are privately insured, physicians can submit a claim to a private insurer for evaluations of donors and recipients rather than having those costs treated as organ acquisition costs. The transplant center will lose Medicare reimbursement, however, because Medicare only pays a portion of total organ acquisition costs on the assumption that all organ acquisition costs, for Medicare beneficiaries and other patients, are included in the total. Medicare uses a proxy to determine its share of total costs (the ratio of Medicare organs to total organs), and if charges for privately insured patients are not included in total organ acquisition costs, Medicare will obviously be reimbursing less than it otherwise would be.

TRANSPLANT CENTER COSTS

For the transplant center's services to a live donor, all services are considered organ acquisition, even after the patient is admitted to the hospital for the excision. Postoperative hospital services to a live donor for complications from the donation are also considered organ acquisition costs. For the recipient, Medicare treats hospital services furnished prior to the transplant as organ acquisition, but pays under a DRG for services furnished after admission for the transplant. For hospital services related to a deceased donor, all costs are organ acquisition.

Medicare also treats the transplant center's administrative costs as organ acquisition costs, such as salary and office costs associated with the transplant program director. One difficulty in capturing these types of administrative costs, however, is separating organ acquisition costs from other costs. Typically, a program director has responsibilities associated with the entire transplant process, not just organ acquisition.

DOCUMENTING COSTS

The most reliable method for docu-

menting and allocating costs for an employee is time studies. Medicare does not require employees to keep daily time records, but does require that the time study cover a full week per month and that different weeks are used for consecutive months. Some transplant centers allocate a supervisor's time based on the time studies of the employees being supervised and allocate administrative staff based on the time studies of transplant directors. These are general principles and transplant centers should contact their Medicare fiscal intermediary to get approval of specific allocation methods.

The use of time studies, rather than daily time records, creates concerns for physicians, however, because of the federal Stark and anti-kickback laws governing payments between physicians and referral entities. Those laws require any payments between a physician and entity to which the physician refers be at fair market value. If a physician employed part-time does not keep daily time records, it is difficult to document the payments made to the physician are at fair market value. Both the hospital and physician are liable if the payments are found to be excessive and therefore an inducement to make referrals.

Medicare also requires separate reporting for each type of organ, so if the program director works in several transplant programs, the transplant center has to separate the costs among the organs. Medicare generally allows transplant centers to allocate costs among different organ programs based on the ratio of a particular type of organ transplanted to total transplants.

Although Medicare rules related to organ acquisition are fairly complex, transplant centers are obligated to report their costs accurately on the Medicare cost report. In addition, more accurate reporting may lead to additional Medicare reimbursement.

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Regulatory and Reimbursement Update

Final Physician Fee Schedule Rule Will Boost Medicare Payment for Transplant Surgery in 2010

On October 30, 2009 the Centers for Medicare and Medicaid Services (CMS) posted the final 2010 Physician Fee Schedule Rule, which sets forth final payment rates for 2010. Under the Rule, Medicare payment for the physicians' services involved in transplantation will increase, assuming that Congress once again acts to block implementation of any conversion factor reduction.

Implementation of AMA/RUC

Physician Practice Expense Survey: At CMS' direction, the American Medical Association, together with the medical specialties, funded and implemented a survey on physician practice expenses. This survey, undertaken in 2007-2008, was designed to replace the outdated SMS survey from 1995 that CMS had been using in its Physician Fee Schedule calculation. The survey yielded new practice expense per hour (PE/hr) or each specialty as well as new data on direct to indirect cost ratios.

The Final Rule will phase in the new survey results over four years, to cushion the impact on specialties whose PE/hr decreased. As reflected in the attached table, this change will increase Medicare payment for all of the transplant codes in 2010 and each year throughout the transition (ending in 2013).

2010 Conversion Factor to Decrease by 21.2%:

As expected, the proposed rule includes an estimated 2010 conversion factor update of -21.2 % as a result of the flawed SGR formula. Therefore, CMS estimates the 2010 Medicare Physician Fee Schedule (MPFS) conversion factor will be set at approximately \$28.4061 unless Congress acts to prevent it, which appears likely based on the health care reform proposals currently pending in Congress.

Removal of Part B Drugs from SGR Update Formula:

CMS has finalized its proposal to remove Part B (i.e., physician-administered) drugs from the

definition of "physician services" for purposes of computing the physician update formula. This change will reduce the number of years in which physicians are projected to experience a negative update.

Elimination of Consultation Codes:

CMS has finalized its proposal to eliminate all of the inpatient and outpatient consultations codes (except for certain telehealth consultation codes), and will do so in a budget neutral manner. The agency will redistribute the work RVUs for these services to other evaluation and management services, including new and established office visits and initial hospital and initial nursing facility visits. Significantly, the Final Rule indicates that the redistribution will increase payment for visits included in the global surgical package, although the agency observed that the impact on payment was minimal.

Recalculation of Malpractice RVUs:

CMS is proposing a new methodology designed to more accurately capture malpractice costs by specialty. CMS estimates the impact of this as a positive 1% for General Surgery and 2% for Cardiac/Thoracic Surgery. The malpractice changes appear to benefit transplant surgery.

Chronic Kidney Disease Education:

MIPPA included a new coverage provision for chronic kidney disease education (KDE) which provides for coverage of KDE for beneficiaries diagnosed with Stage IV CKD who will require dialysis or a kidney transplant.

CMS is proposing to establish two G codes for KDE which would describe one sixty minute education session. There is one code for individual education sessions and another for education in a group setting. In the Final Rule, CMS adjusted the amounts payable for the service to reflect the one-hour time limit for each service.

CMS finalized its proposals with respect to beneficiary eligibility for this new benefit (Stage IV CKD as kidney damage with a severe decreased in GFR defined quantitatively as GFR of 15-29ml/min/1.73 m² using the Modification of Diet in Renal Disease Study formula). CMS also finalized its proposal to require KDE to be provided face-to-face and be given by a physician or other qualified person, which could include a PA or NP and, in rural areas, could be certain institutional providers such as hospitals, skilled nursing facilities or home health agencies. Significantly, the KDE cannot be provided by a renal dialysis facility. CMS also finalized the content areas for education set forth in its proposed rule, and limited coverage to six sessions per beneficiary with a length of 60 minutes.

Physician Self Referral (Stark) law:

CMS has finalized two clarifications of the regulations implementing the physician self-referral law (Stark Law). The first provision clarifies that, even though the direct compensation exceptions will apply, it is not necessary for each physician owner of a practice to sign every agreement with an entity that provides services covered by the law. The second clarifies that, when applying the Stark prohibitions to a group medical practice, the parties must analyze whether the compensation payable to the practice takes into account referrals or other business generated by the practice as a whole, including all owners, employees, and independent contractors of the practice. It is not sufficient to look simply at the relationship of compensation from the DHS entity to referrals by the physician owners of the practice.

These changes highlight that a physician who is a part owner of a practice is now strictly liable under the Stark law for the arrangements of the practice, even those involving other physicians, and even though the physician may not have been in a position to control or influence the arrangement.



Regulatory and Reimbursement Update

Immunosuppressive Drugs; Revision to Regulations to Conform to Statute:

CMS is revising its regulations to reflect amendments to the Medicare law from several years ago which extended coverage for immunosuppressive drugs post-transplant provided the individual is otherwise Medicare eligible. This is not a substantive change. It simply conforms the regulations to the governing statute.

Please Note...



New for 2010!

Abstracts accepted for oral, mini-oral or poster presentation at the ASTS 10th Annual State of the Art Winter Symposium will be published in a special supplement to the American Journal of Transplantation (AJT) to be shipped with the January issue. Please visit www.ast.org for more information.

Impact of 2010 Medicare Physician Fee Schedule on Transplant Services

CPT/ HCPCS	Status	Description	2009 Total RVUs	2010 Total RVUs	2013 Total RVUs	2010 Payment	2013 Payment	RVU change 2009-2010	% Change 2009- 2010
32851	A	Lung transplant, single	69.64	71.98	71.24	\$2,591.28	\$2,564.64	2.34	3%
32852	A	Lung transplant with bypass	77.05	79.65	78.52	\$2,867.40	\$2,826.72	2.6	3%
32853	A	Lung transplant, double	83.33	85.82	84.9	\$3,089.52	\$3,056.40	2.49	3%
32854	A	Lung transplant with bypass	90.6	93.78	92.86	\$3,376.08	\$3,342.96	3.18	4%
33935	R	Transplantation, heart/lung	95.78	98.57	97.92	\$3,548.52	\$3,525.12	2.79	3%
33945	R	Transplantation of heart	125.31	136.11	137.73	\$4,899.96	\$4,958.28	10.8	9%
47122	A	Extensive removal of liver	86.82	90.68	94.59	\$3,264.48	\$3,405.24	3.86	4%
47125	A	Partial removal of liver	77.77	81.16	84.7	\$2,921.76	\$3,049.20	3.39	4%
47130	A	Partial removal of liver	83.62	87.2	90.83	\$3,139.20	\$3,269.88	3.58	4%
47135	R	Transplantation of liver	122.99	128.79	134.48	\$4,636.44	\$4,841.28	5.8	5%
47136	R	Transplantation of liver	104.89	110.01	115.14	\$3,960.36	\$4,145.04	5.12	5%
47140	A	Partial removal, donor liver	86.92	93.16	97.79	\$3,353.76	\$3,520.44	6.24	7%
47141	A	Partial removal, donor liver	103.09	103.55	107.18	\$3,727.80	\$3,858.48	0.46	0%
47142	A	Partial removal, donor liver	113.3	123.23	129.06	\$4,436.28	\$4,646.16	9.93	9%
47146	A	Prep donor liver/venous	8.57	8.81	9.13	\$317.16	\$328.68	0.24	3%
47147	A	Prep donor liver/arterial	10	10.26	10.64	\$369.36	\$383.04	0.26	3%
48552	A	Prep donor pancreas/venous	5.9	6.35	6.55	\$228.60	\$235.80	0.45	8%
48554	R	Transpl allograft pancreas	61.61	65.5	69.16	\$2,358.00	\$2,489.76	3.89	6%
50320	A	Remove kidney, living donor	37.09	38.13	38.64	\$1,372.68	\$1,391.04	1.04	3%
50327	A	Prep renal graft/venous	5.52	5.87	6.01	\$211.32	\$216.36	0.35	6%
50328	A	Prep renal graft/arterial	4.85	5.13	5.23	\$184.68	\$188.28	0.28	6%
50329	A	Prep renal graft/ureteral	4.79	4.89	4.83	\$176.04	\$173.88	0.1	2%
50340	A	Removal of kidney	22.93	24.24	25.61	\$872.64	\$921.96	1.31	6%
50360	A	Transplantation of kidney	62.61	66.71	69.97	\$2,401.56	\$2,518.92	4.1	7%
50365	A	Transplantation of kidney	71.57	75.1	77.99	\$2,703.60	\$2,807.64	3.53	5%
50370	A	Remove transplanted kidney	29.24	31.12	32.52	\$1,120.32	\$1,170.72	1.88	6%
50380	A	Reimplantation of kidney	49.39	52.78	54.16	\$1,900.08	\$1,949.76	3.39	7%



Legislative Report

Health Care Reform Endgame

On October 29th, the House Democratic leadership released health care reform legislation (H.R. 3962) with the intent to bring a bill to the House floor with enough votes to pass. The bill would expand coverage to 96 percent of Americans. The bill, entitled the “Affordable Health Care for America Act,” includes a public insurance option with negotiated provider reimbursement rates (rather than Medicare rates). The bill would totally reform the private insurance market, making organ donor status and other health experiences irrelevant to the ability to purchase private insurance. In addition, all those with incomes less than 150 percent of the federal poverty level (FPL) would qualify for Medicaid, compared with 133 percent in the original House bill and in the Senate legislation. The bill also creates health insurance “exchanges” and provides significant federal subsidies to purchase coverage. Finally, the bill includes an ASTS-championed provision extending immunosuppressive drug coverage for Medicare beneficiaries.

To pay for the overall expanded insurance coverage, the bill includes a 5.4 percent surtax on high-income households with adjusted gross incomes over \$1 million and \$500,000 for individuals. These limits were increased significantly from the original House bill which created the surtax at \$350,000 for families and \$280,000 for individuals. The House bill cut the amount that medical device manufacturers would pay to offset the cost of health reform from \$40 billion over ten years to \$20 billion through a 2.5 percent excise tax. The House bill also significantly increased cuts in payments to the pharmaceutical industry, from \$80 billion in the Senate bill to more than double that figure in the House bill. A large portion of this sum will pay for an accelerated elimination of the “donut hole” under Medicare Part D drug plans.



The gross cost of the House’s health care legislation is \$1,055 billion between 2010 and 2019 with a net cost, after subtracting revenue from taxes and fees, of \$894 billion, according to the Congressional Budget Office (CBO). The bill is forecasted to reduce the federal deficit by \$104 billion over ten years but increase federal *health care* expenditures relative to other federal spending by \$598 billion over the next decade. The bill would still leave 18 million people without coverage, including millions of illegal aliens. With respect to the public option, CBO forecasts that approximately six million Americans would enroll in this new public program.

The House is expected to begin debate of the bill the first week of November. In the Senate, Majority Leader Reid (D-NV) has taken over melding the two Senate bills into a single package for floor consideration. Reid has not announced when the new bill will be released but is expected to begin the Senate debate on health reform at some point in November 2009. The goal is for both chambers to finish their work in time for a final bill to be negotiated by both chambers and presented to the President before January 2010.

STALEMATE ON PERMANENTLY FIXING THE MEDICARE PHYSICIAN PAYMENT FORMULA

Due to a cost of approximately \$245 billion over ten years, a permanent physician payment fix has been stripped from the House health reform legislation to keep the cost of the reform bill under \$900 million, President Obama’s stated goal. Instead, House Democrats introduced separate legislation to fix the physician fee schedule and will schedule a separate vote on that bill.

Under the new physician payment legislation, H.R. 3961, the Medicare Physician Payment Reform Act of 2009, the sustainable growth rate (SGR) formula of Medicare’s physician payment system would be replaced with a new formula comprised of two new growth rates that remove certain items, such as drugs and laboratory services not paid directly to practitioners, from spending targets. The two new growth rates would allow the volume of primary and preventive care services to grow at the same rate as the Gross Domestic Product (GDP) plus 2% per year while allowing the volume of most other physician services to grow at the rate of GDP plus 1% per year.

The new bill will be considered in the House under a procedure which will add the text of H.R. 2920, the Statutory PAYGO Act of 2009, as passed by the House on July 22, 2009 before the whole package is sent to the Senate. After watching the Senate fail to consider similar physician fee schedule legislation without providing the means for paying for the new payment changes, House Speaker Pelosi and Majority Leader Hoyer (D-MD) announced that legislation providing a separate physician payment bill would not be acted on in the House unless it does not add to the budget deficit or was enacted along with a legislative package reinstating a pay-as-you-go budget law. The timing of this vote is difficult to predict but it is expected before January 1, 2010.



Legislative Report

All of this comes after the Senate on October 21, 2009 resoundingly failed to pass a \$247 billion, unpaid-for bill sponsored by Sen. Stabenow (D-MI) that would have cancelled a 21 percent Medicare payment cut for physicians in 2010, replacing it with a freeze for 10 years. Senate Majority Leader Harry Reid (D-Nev.) said the Senate will read-dress overall physician payment reform after health care reform legislation is finished. In the meantime, the Senate Finance Committee health care reform bill would implement another 1-year delay that increases doctors' pay by 0.5 percent in 2010 at a cost of \$10.9 billion, with a 25% cut to the fee schedule in 2011.

IMMUNOSUPPRESSIVE DRUG "COVERAGE EXTENSION" LEGISLATION

ASTS has long supported H.R. 1458 and S. 565, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2009. Under these bills, transplant recipients pay the Part B premium, and Medicare coverage of immunosuppressive drugs would be extended beyond 36 months only for recipients who lack access to other coverage. All other health care needs for transplant recipients not Medicare aged or disabled would remain subject to the current ESRD 36-month coverage limit. Only immunosuppressive drugs would be covered for the life of the transplant under this legislation. These limitations were necessary to reduce the cost of the legislation. ASTS, working with other transplant organizations, succeeded in having these provisions included as Section 1232 of the final House health care reform bill.

Much of ASTS' focus this fall has been on securing a similar provision in the Senate health reform bill and on mitigating the provision's cost. Interestingly, the Congressional Budget Office (CBO) has continued to recalculate how much this provision would cost the federal

government over ten years, adjusting it from an original \$1 billion at the beginning of the year, to \$400 million this summer, to a net \$100 million savings in the current House bill. This is largely due to recalculated assumptions by CBO and to coupling the provision with another provision that bundles ESRD treatments which thereby have a material impact on the cost of the immunosuppressive provision. This new CBO estimate is encouraging and makes the task of keeping the House provision in the final bill that goes to the President less difficult.

Many of the ASTS leadership, including President Robert Merion, MD as well as members of the ASTS Legislative Committee, have personally contacted their Senators and Members of Congress seeking their support for including these bills in the final health reform package to be passed this year. Current ASTS legislative focus is on getting the Senate to adopt Sen. Durbin's (D-IL) bill, S. 565, as an amendment to the final Senate health reform bill during floor debate.

PRE-EXISTING CONDITION EXCLUSIONS AND LIVING ORGAN DONOR STATUS

All of the health care reform bills pending in Congress would achieve another major goal of the ASTS; prohibition of the use of living donor status as a pre-existing condition in the private health insurance market. In fact, not only living donor status, but all health conditions, claims experience, and disabilities would be prohibited from being used in the issuance or rating of health insurance. For living organ donors, these provisions would eliminate the problem that some live organ donors face when trying to access affordable private health care insurance after they have donated an organ. This would be a significant advance for live donors and remove this disincentive to live

donation. ASTS strongly supports the elimination of organ donor status as a pre-existing condition and will work to ensure that the final health care reform legislation contains this protection for living donors.

FUNDING FOR HRSA DIVISION OF TRANSPLANTATION PROGRAMS

HRSA's Division of Transplantation is the federal office that oversees the OPTN and runs the organ donation and transplantation programs authorized by the Organ Donation and Recovery Improvement Act of 2004. When the Senate Labor/HHS Appropriations Subcommittee passed its bill in late July, it included an increase of \$2 million in fiscal year 2010 to fund DoT programs over the current funding level of approximately \$25 million.

Earlier this year, Senator Dorgan (D-ND) championed an amendment in the Senate Budget Committee to increase DoT funding by \$10 million and the amendment was adopted. While this amendment was non-binding, it helped set the stage for the \$2 million increase in DoT appropriations for fiscal year 2010. This increased Senate funding level must still be reconciled with the House bill, which level funds DoT for FY 2010 at this year's level (i.e., approximately \$25 million). ASTS continues to spearhead this issue by pressing House appropriators to adopt the Senate funding proposal and by working with other transplant organizations for additional support.

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



OPTN/UNOS Corner

BOARD OF DIRECTORS MEETING/ SLATE OF NOMINEES

The OPTN/UNOS Board of Directors met November 16-17 in Orlando, FL, after the submission date for this edition. An executive summary of all Board actions will soon be available on the OPTN web site: <http://optn.transplant.hrsa.gov>.

The Board approved a slate of nominees for open positions for its 2010-2011 term. The nominees are listed on the OPTN web site. OPTN/UNOS voting representatives will receive election ballots in early 2010.

CPRA IMPLEMENTATION

In October, the use of the Calculated Panel Reactive Antibody (CPRA) was implemented for kidney, pancreas and kidney-pancreas allocation, replacing current and peak Panel Reactive Antibody (PRA) for candidates listed for these organs.

CPRA is the percentage of donors expected to have one or more of the unacceptable antigens indicated on the waiting list for a specific candidate. The CPRA is calculated automatically when the candidate's unacceptable antigens are listed or updated. The CPRA is derived from HLA antigen/allele group and haplotype frequencies for the different racial/ethnic groups in proportion to their representation in the national deceased donor population.

Sensitized candidates will be assigned four allocation points if they have defined, unacceptable HLA antigens that yield a CPRA of 80 percent or greater. Each transplant center may define additional criteria for antigens it considers as contraindications for transplantation.

HTLV TESTING FOR DECEASED DONORS

Given the discontinuance of the most common test to assess potential deceased organ donors for HTLV 1 and

2, the Board of Directors empowered the OPTN/UNOS Executive Committee to act on a proposal to end the OPTN policy requiring prospective HTLV testing for deceased donors. After reviewing public comments sought on the proposal, the Executive Committee resolved that effective January 1, 2010, neither prospective nor retrospective HTLV testing shall be required for deceased donors. HTLV testing for deceased donors may still be performed on an optional basis according to the judgment of the member institution and the availability of testing. In addition, OPTN policy continues to require prospective HTLV testing of all living donors.

POLICY REWRITE INITIATIVE

Member surveys and other member feedback have long noted the complex wording and organization of OPTN policies. To address this concern, UNOS is beginning a major initiative to rewrite OPTN policies for plain language and logical organization of information. This effort should not affect the substance or interpretation of any policy, although the appropriate committee(s) may review any policy questions or concerns identified through this process. The process is also intended to establish clarity and organizational standards for future policies.

The project will involve two phases: The first phase will address policies not specific to organ allocation, and the second will address organ-specific policies. An external advisory group representing a cross-section of OPTN members will assist UNOS staff, and UNOS will seek public input on the revised language during each phase. The OPTN/UNOS Board is scheduled to consider all policy rewrites in November 2010. Look for additional information about this project in early 2010.

MONTHLY ONLINE NOTICE

In another initiative suggested by member feedback, UNOS plans to begin in January 2010 providing a monthly, consolidated email communication to members. Routine member notices and announcements will be combined into a single online document distributed on a regular date each month. The topics will be organized to allow the reader to quickly identify and view the most relevant items. Occasionally a separate email may need to be sent on an urgent matter, but the monthly communication should greatly reduce the overall number of broadcast emails UNOS currently sends.

REVISED UNOS WEB SITE/SOCIAL MEDIA

Early in 2010, UNOS will launch a revised version of its corporate web site. The site address will remain the same: <http://www.unos.org>. It will emphasize UNOS' functions and core capabilities as well as non-OPTN services and functions such as Transplant Living, Tii, the National Donor Memorial, CreativeAid, and the UNOS Foundation. Content that is primarily related to the OPTN will be redirected with links to the OPTN site.

In addition, UNOS has in recent months established a presence in social media outlets. UNOS has a corporate page on Facebook, as well as Facebook groups for Transplant Living and the National Donor Memorial. In addition, UNOS maintains Twitter sites for the UNOS Foundation, Transplant Living and the National Donor Memorial, as well as YouTube channels for the National Donor Memorial and the UNOS Foundation. Please visit these sites and encourage others interested in transplantation to do so as well.



ASTS ACADEMIC UNIVERSE



Have you visited the ASTS Academic Universe?

Over 100 ASTS members have taken advantage of this educational resource and we encourage you to login today to experience another great benefit of membership. To access the Academic Universe, you must be logged in to the ASTS website; from the members' homepage, click on the banner or select "Academic Universe" from the left navigation bar.

The National Transplant Surgery Fellowship Curriculum is housed within the Academic Universe. Modules are submitted from physicians and other health care professionals from across the country. Bringing together so many individuals to create such an expansive curriculum is no easy task but the existing results already prove the value of such efforts. There are currently sixty-two modules online with seventy-eight presentations covering general topics such as basic pharmacology, organ

procurement, ethics, and economics and organ specific topics including immunosuppressive strategies, rejection, outcomes and long-term follow-up. In the coming months ASTS and its constituents will see the curriculum expand rapidly with the planned addition of a new HPB unit. Be sure the check back often as the areas of study are growing and changing each week.

Those who use the curriculum are given all the tools to maximize their learning. The Academic Universe brings the information right to the learner's fingertips; you are able to learn from the leaders in the field of transplantation without leaving the comfort of your own location. Each module is spearheaded by a narrated presentation on a specific topic and accompanied by a written summary, suggested readings, and self-assessment to gauge learning.

At the core of the ASTS mission is its dedication to career-long education. This mission is mirrored by the Curriculum Committee as seen in

their mission statement below. ASTS and the Curriculum Committee are dedicated to the advancement of all professionals in the field of transplantation and we hope you will login today to experience the resources within the ASTS Academic Universe.

The mission of the Curriculum Committee is to develop and implement the National Transplant Surgery Fellowship Curriculum. The curriculum will be designed to provide a structured educational and training framework for abdominal transplant surgery fellowship. The curriculum will provide Program Directors with a basis for planning instruction and evaluating fellows, designing program practices and assessing educational outcomes. The National Transplant Surgery Fellowship Curriculum will guide fellows in their course of study and define key areas of knowledge necessary for mastery of the field of transplant surgery.

- ASTS Curriculum Committee
Mission Statement



National
Living
Donor
Assistance
Center

National Living Donor Assistance Center Update

NLDAC Unveils New Web-Based Application
Visit: www.livingdonorassistance.org

The National Living Donor Assistance Center (NLDAC) is excited to announce the unveiling of its brand new web-based application system. This web-based application was developed by Transplant Informatics Institute (Tii), a subsidiary of UNOS, and provides a high level of security.

The application is easily accessed online through the NLDAC website www.livingdonorassistance.org and was designed with the busy transplant professional in mind.

Application filers must first register before they can file a NLDAC web-based application and their registration account must be activated by NLDAC staff. To register, go to www.livingdonorassistance.org and select "filer registration" from the transplant

center tab. To save time, this registration information automatically completes the first step of the application. Applications may be started and then saved to be completed at a later date. A total of six transplant professionals per transplant program are allowed to register and file applications.

Registered filers will have access to all NLDAC forms, worksheets and informational material needed to complete and submit an application. NLDAC staff provided training to transplant professional via a series of 30 minute conference calls held in November and December. Transplant center staff that were unable to attend one of these calls can still receive training by calling NLDAC and scheduling a one-on-one training sessions for their transplant team members.

Also, stay up-to-date on the latest NLDAC program updates by joining the NLDAC monthly electronic newsletter mailing list. Contact the NLDAC office at 703.414.1600 or nldac@livingdonorassistance.org for more information.

The National Living Donor Assistance Center is funded by a federal grant, awarded to the University of Michigan and the American Society of Transplant Surgeons by the Department of Transplantation (DoT), Health and Human Services (HHS) and administered by the Health Resource Service Administration (HRSA).

NLDAC staff is available Monday – Friday 9:00-6:00 p.m. ET

ASTS History Corner



Dear ASTS Members,

The great part of serving our ASTS members as your historian is the fun in putting together many pieces of a puzzle which ultimately will emerge as a coherent picture of our past. Our history is so rich that we are now pausing to "catch-up" with our Chimera Chronicles project and some opportunities to further edit and refine all of the video tapes soon to be available on our website. We expect to continue building the Chimera Chronicles video library either in May of 2010 or January of 2011.

In our January 2010 Winter Symposium meeting, Dr. Nicholas Tilney will present the first Annual David Hume Lecture sponsored by the American Foundation for Donation and Transplantation (AFDT). The AFDT was founded by Dr. Hume in Richmond, Virginia, as the Southeastern Organ Procurement Foundation (SEOPF) in 1969. AFDT has been a great partner in development of this lectureship which will honor Dr. Hume and his pioneering work in organ transplantation. We hope to build a yearly tradition honoring Dr. Hume with a lecture by a distinguished senior surgeon putting modern transplantation surgery in the perspective of past achievements.

Please take time to visit the ASTS website where the Chimera Chronicles, Great Stories in Transplant Surgery, documents our past and celebrates recent events. Click on photo library and see candid shots from our Fellows Symposia as well as the State of the Art Winter Symposia for the last several years.

Please feel free to contact me for any projects which might hold your interest in terms of expanding our great history and celebrating those pioneers who are still with us. And, stay tuned!

Thomas G. Peters, MD, FACS
ASTS Historian

Look for these icons when planning your itinerary:



S = Surgeon
C = Clinician
R = Researcher
H = Allied Health Professional
A = Advanced Transplant Provider
T = Trainee

Friday, January 15, 2010

Plenary Session

S C R H A T

Moderators: Robert M. Merion, MD
 and Randall S. Sung, MD

12:00 – 12:05 PM

Welcome

Randall S. Sung, MD
University of Michigan

12:05 – 12:25 PM

Surgeons, Christmas Lights and
 Cheerleaders

Mitchell L. Henry, MD
Ohio State University

12:25 – 12:30 PM

Introduction: The David Hume
 Lecture

Thomas G. Peters, MD
Shands Jacksonville Transplant Center

12:30 – 12:50 PM

The David Hume Lecture
 As Time Goes By: *The Evolution of Transplantation*

Nicholas L. Tilney, MD
Brigham & Women's Hospital

12:50 – 1:10 PM

Derivation of the Uncontrolled DCD
 Protocol for New York City
 Stephen P. Wall, MD
NYU Langone Medical Center

1:10 – 1:25 PM Break

Moderators: John P. Roberts, MD and
 Dorry L. Segev, MD



1:25 – 1:45 PM

Facial Composite Tissue
 Allotransplantation: *New Era in Transplant Surgery*
 Maria Siemionow, MD, PhD
Cleveland Clinic Foundation

1:45 – 2:05 PM

I Gave You Everything: *Small Bowel Cluster Transplant*
 David F. Mercer, MD, PhD
University of Nebraska Medical Center

Vanguard Award Presentation

Moderators: Robert M. Merion, MD
 and Randall S. Sung, MD

2:05 – 2:10 PM

Award Presentation

Keynote Speaker Session

S C H A T

Moderators: Mitchell L. Henry, MD
 and Randall S. Sung, MD

2:10 – 2:25 PM

Setting the Stage
 Robert M. Merion, MD
University of Michigan

2:25 – 3:25 PM

With or Without You: *Organ Procurement Teams Should Be Regionalized*
 Pro: Kenneth R. McCurry, MD
University of Pittsburgh Medical Center
 Con: Ronald W. Busuttil, MD, PhD
University of California, Los Angeles

3:25 – 3:45 PM Break

Poster Session with Mini Oral Presentations

S C R H A T

Moderators: Timothy L. Pruett, MD
 and Vincent P. Casingal, MD

3:45 – 5:00 PM

Poster Session with Mini Oral Presentations

Career Development Seminar: *The Art and Science of Public Speaking* **T**

Moderators: Michael J. Englesbe, MD
 and Julie K. Heimbach, MD
 5:00 – 6:30 PM

Program Director & Division Chief Forum: *RRC Issues* **S**

5:00 – 6:30 PM

ASTS Winter Symposium 10th Anniversary Reception

6:30 – 7:30 PM

Saturday, January 16, 2010

Surgical Techniques Case Presentations Panel

S C R H T

Includes interactive audience response session

Moderator: Mitchell L. Henry, MD

8:00 – 8:05 AM

Welcome & Introduction
 Mitchell L. Henry, MD
Ohio State University

8:05 – 8:35 AM

Liver Case
 Julie K. Heimbach, MD
Mayo Clinic Rochester

Panelists:

Alan N. Langnas, MD
 Kim M. Olthoff, MD
 Igal Kam, MD

8:35 – 9:05 AM

Kidney Case
 Paolo R. Salvalaggio, MD, PhD
University of Washington



Panelists:

Paul C. Kuo, MD
Arthur J. Matas, MD
Mikel Prieto, MD

9:05 – 9:35 AM

Pancreas Case
David A. Axelrod, MD
Dartmouth Medical School

Panelists:

Hans W. Sollinger, MD, PhD
James F. Markmann, MD, PhD
Dixon B. Kaufman, MD, PhD

9:35 – 10:00 AM Break

Oral Abstract Presentations

SCRHAT

Moderators: Peter G. Stock, MD, PhD
and Hoonbae Jeon, MD

10:00 – 11:15 AM

Oral Abstract Presentations

11:15 – 11:30 AM Break

Mechanical Support Candidates and Donor/Organ Devices

SCAT

Moderators: Charles M. Miller, MD
and Gregory J. McKenna, MD

11:30 – 11:50 AM

Bridge Over Troubled Water: ECMO
to Lung Transplantation
Bartley P. Griffith, MD
University of Maryland Medical Center

11:50 AM – 12:10 PM

Cold, Cold Heart: Non-Renal Ex-
VIVO Perfusion
James Guarrera, MD
Columbia University Medical Center

12:10 – 12:30 PM

Debate - All Night Long: Every Kidney
Should Be Pumped
Pro: Mark H. Deierhoi, MD
University of Alabama – Birmingham



Con: A. Osama Gaber, MD
*The Methodist Hospital/Cornell
University*

12:30 – 1:00 PM Boxed Lunch

Vanguard Committee Mentorship Reception

5:30 – 7:00 PM Award
Presentation Ceremony:
*Francis Moore Excellence in
Mentorship in Transplantation
Surgery Award*

Dinner

7:00 – 10:00 PM

Sunday, January 17, 2010

Surgical Video Presentations

SCCHAT

Moderators:

Gonzolo Gonzales-Stawinski, MD and
Kristin L. Mekeel, MD

7:25 – 7:30 AM

Welcome

Gonzolo Gonzales-Stawinski, MD
Cleveland Clinic Foundation

7:30 – 9:00 AM

Video Presentations

9:00 – 9:15 AM Break

Oral Abstract Presentations

SCRHAT

Moderators: Michael M. Abecassis,
MD, MBA and Ty B. Dunn, MD, MS

9:15 – 10:45 AM

Oral Abstract Presentations

10:45 – 11:00 AM Break

State of the Art Presentation

SCRHAT

Moderator: James D. Eason, MD

Introduction

James D. Eason, MD
*Methodist University Hospital/University
of Tennessee*

11:00 – 11:30 AM

Dancing in the Dark: *The Future of
Immune Monitoring and Individualized
Immunosuppression*
Philip F. Halloran, MD
University of Alberta

Debates

SCRHAT

Moderators: Goran B. Klintmalm,
MD, PhD and Julie K. Heimbach, MD

11:30 AM – 12:00 PM

Losing My Religion: *UW is Superior to
HTK for Abdominal Organ Preservation*
Pro: Dorry L. Segev, MD
Johns Hopkins University
Con: John J. Fung, MD, PhD
Cleveland Clinic Foundation

12:00 – 12:30 PM

Leaving on a Jet Plane: *Deceased
Donor Livers Should Be Regionally
Allocated*
Pro: Elizabeth A. Pomfret, MD, PhD
Lahey Clinic Medical Center
Con: Anthony M. D'Alessandro, MD
University of Wisconsin Hospital

Save the Date

ASTS 11th Annual State of the Art Winter Symposium: Transplantation at the Crossroads
January 14 – 16, 2011 • The Westin Diplomat, Hollywood, FL



Thursday, January 14, 2010 –
Friday, January 15, 2010

Pre-Meeting: Clinical Research in Transplantation*

Educational Objectives:

- Become conversant with the regulatory structure in clinical research, specifically with respect to IRB oversight, financial billing, and interactions with pharmaceutical companies apply the principles to individual practices;
- Gain knowledge as to how to conduct an investigator-initiated clinical trial and how to participate in multicenter trials;
- Expand your knowledge of existing and new methods to develop database research programs within individual practices and how to conduct single-center and registry based research studies;
- Improve competence regarding the elements of translational research, including biomarker research and tissue repositories applying knowledge in individual practices;
- Study the potential impact of the current oversight of transplant programs at individual practices and strategies to mitigate barriers to innovation in transplant clinical research with the goal of improving patient care.

* Additional registration fee required for this event.

Thursday, January 14, 2010

12:00 PM – 2:15 PM

Vascularized Composite Allografts Seminar

Vascularized Composite Allografts (VCA) refers to the non-autologous transplantation of peripheral tissues including skin, muscle, nerve, and bone as a functional unit (e.g. a hand) to replace non-reconstructible tissue defects. Although the technical methods for VCA have followed logically from methods for limb replantation, unique aspects of VCA have prevented its broad application despite a large potential clinical need. The focus of this seminar will be on specific issues related to VCA including regulatory matters, immunosuppression, and clinical applications.

2:30 PM – 4:45 PM

Cell Transplant Seminar:

Islets in the Sun, Progress in Cell Transplantation

The last decade has seen remarkable achievements in cell transplantation. In the face of these, the use of cell based therapies for diabetes, liver failure and other degenerative diseases remains complex, highly regulated and challenging. An appreciation of the issues, both scientific and administrative, is of great importance to transplant surgeons, who continue to lead and develop programs in this frontier of transplantation. This symposium, sponsored by the ASTS Cell Transplant Committee, will provide an update on recent accomplishments and discuss the challenges ahead.

5:00 PM – 6:30 PM

FDA and Transplantation Forum

Representatives from the FDA Center for Drug Evaluation and Research (CDER) and Center for Biologic Evaluation and Research (CBER) will provide an overview of FDA roles and responsibilities as it relates to solid organ transplants. This session will provide opportunities for open dialogue and interaction with the FDA as it relates to advancing the field of transplantation through clinical trials.

Friday, January 15, 2010

7:30 AM – 10:30 AM

Business Practice Seminar:

Understanding Transplant Finance and Health Care Reform

Educational Objectives:

- Improve knowledge of transplant center revenue streams and how they impact individual practices;
- Improve competence in understanding reimbursement codes such as RUVs, CPTs and DRGs and apply within the professional setting;
- Gain an understanding of key issues in professional fee coding and collection through systems-based practice that can be applied in individual practices;
- Understand how key issues in transplant contracting impact personal practices and strategies to improve processes;
- Become more informed about national healthcare reform and how to apply payment policies in individual practices.



10:30 AM – 11:30 AM

CMS Regulations and Compliance Forum

Representatives from the Centers for Medicare and Medicaid Services Clinical Standards Group and the Survey and Certification Group will provide updates on the transplant center regulations and compliance. This session will provide opportunities for open dialogue and interaction with CMS as it relates to Medicare regulations and reimbursement.

5:00 PM – 6:30 PM

Career Development Seminar: *The Art and Science of Public Speaking, Tips From a Pro*

See a master teacher in action and learn how to polish your presentation skills. It's not enough to know your subject matter inside and out. How you deliver your message is equally important. Scott C. Litin, MD, MACP, Professor of Medicine at the Mayo Clinic, will share tips that are certain to enhance your presentation skills. Learn how to pace your presentation, beginning with a compelling opening and ending with a strong closing. Be aware of body language that can either enhance or detract from your presentation. Learn technical tips that separate amateurs from professionals. Apply the skills you'll learn from Dr. Litin to make your next presentation go better than your last.

5:00 PM – 6:30 PM

Faculty, Program Directors & Division Chief Session: *RRC Issues: Improving the Resident Experience in Transplant Surgery*

Educational Objectives:

- Learn about national issues pertaining to surgical residents on transplant surgery rotations and potential impact on future training;
- Improve competence through strategies for improving the resident experience on transplant surgery rotations;
- Gain knowledge of level-specific learning objectives for residents on transplant surgery rotations and how to incorporate into individual resident training programs to improve competence

6:30 PM – 7:30 PM

ASTS Winter Symposium 10th Anniversary Reception

Join us as we celebrate 10 years of providing state of the art science at the winter symposium! Spouse/Guest and children must be registered separately to attend this event. Registration badges will be checked upon entrance into this event.

Saturday, January 16, 2010

8:00 AM – 11:15 PM

Advanced Transplant Provider Session

Educational Objectives:

- Gain knowledge about the evaluation algorithm and contraindications for living liver donation and how to incorporate procedures into individual practices within the context of current ethical debates;
- Learn the technique for percutaneous biopsies and how to perform and evaluate them in individual practices in order to diagnose acute rejection and improve patient outcomes;
- Improve knowledge regarding the controversies surrounding the enrollment of patients in clinical trials and how to manage these cases in individual practices;
- Improve performance through in-depth study of familial amyloidotic polyneuropathy (FAP), its symptoms and identification of indications for transplantation in a patient with FAP that allows for implementation in individual practices;
- Improve Competence in indentifying and treating PTLT in individual practices through case studies.

5:30 PM – 7:00 PM

Vanguard Committee Mentorship

Cocktail Reception & Award Presentation:

Francis Moore Excellence in Mentorship in Transplantation Surgery Award

For the third year in a row, the Vanguard Committee will honor two recipients of the ASTS Francis Moore Excellence in Mentorship in 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.

7:00 PM – 10:00 PM

Symposium Dinner

Relax, unwind, and network with peers and colleagues! Relaxed business attire is requested. Dinner is open to all registered ASTS attendees. Spouse/Guest and children must be registered separately to attend this event. Registration badges will be checked upon entrance into this event.





ASTS 3rd Annual Surgical Fellows Symposium

Scottsdale, AZ, November 12-14, 2009

At the core of the ASTS mission is its commitment to define and promote training and provide career-long education to its members; the annual surgical fellows symposium is a shining example of how we meet that mission. This three day symposium is specifically designed for second year transplant fellows to focus on frequently cited gaps in fellowship training including aspects of transplant immunology, immunosuppression, candidate pre-evaluation, organ allocation, organ offers, long-term patient management, and education. ASTS thanks Astellas, Roche and Bristol-Myers Squibb for their support of this important educational activity.

*“Whatever you learn,
pass it on.”*

Noorul Hasan Khan, MBBS, MS
Mount Sinai School of Medicine

The experience and knowledge of the faculty members were definitely passed on to the fellows who attended the 3rd Annual Fellows Symposium in Scottsdale, Arizona. Lectures ranging from long-term management of transplant patients, to common post-transplant infections to procurement pitfalls, the fellowship symposium seemed to have it all, and having it all was just what the doctor ordered.

*“The symposium embodies
the very best of the mission
of ASTS. It’s interesting,
fun, and the faculty
gets to see the future of
transplantation face to
face.”*

Charles Miller, MD
Cleveland Clinic Foundation



Team Belzer prepares for the case study session



Dr. Chavin joins the liver case study debate



*Audience response system tests
fellow knowledge*



Dr. Merion, ASTS President

FINAL ANSWER?

During lectures, faculty used the audience response system to ask questions that tested the fellows' knowledge and decision-making skills. The answers were then displayed on the big screen so fellows could see how their views compared to others. Many fellows said it was a great way of showing how fellows from around the country responded to difficult situations in transplantation.



Symposium Participants



Team leaders discuss the case studies

"It was a fantastic opportunity to meet and collaborate with other transplant fellows with a similar environment who can relate to our fellowship experience."

Arvand Elihu, MD
Stanford University

CASE AND POINT

Each day the fellows had a working lunch which divided them into small groups, guided by faculty members, to discuss case studies. At the end of the day, these case studies would be up for debate and appointed team leaders would go head to head arguing their point.

Faculty also joined in these debates, which made it all the more memorable for fellows.

"A different perspective from various faculty across the country is always an educational and eye-opening experience."

Nabil Dagher, MD
Johns Hopkins Medical Center

TO TWEET OR NOT TO TWEET

It was an idea from the Planning Committee that came into fruition. Fellows (and a few enthusiastic faculty) texted questions to a designated cell phone, which were displayed and answered by the lecturer. The second day, they put their networking skills to the test and posted questions on the ASTS facebook account and the final day "tweeted" questions on the ASTS Twitter page. Fellows said using these three forms of communication will really open doors to future ASTS networking abilities.

"It makes you think of all the different approaches and techniques other transplant surgeons have. I didn't think it would be this excellent!"

Yusuf Gunay, MD
Ohio State University

As we packed our bags and bid adieu to Arizona, we will all look back at the 3rd Annual Fellowship Symposium and remember the words of Dr. Michael Abecassis during his lecture *Leading Your Transplant Team*, "A transplant team is a mosaic of people who are different from each other but share the same destiny."

Special Thanks...



Special thanks to the symposium planning committee!

John C. Magee, MD
Program Advisor

Sunil K. Geevarghese, MD, MSCI,
Program Chair

Thomas E. Collins, MD
Planning Committee

Jonathan P. Fryer, MD
Planning Committee

Abdominal Transplant Surgery Fellowship Match

Match Program The American Society of Transplant Surgeons (ASTS) is the sponsoring organization for the Abdominal Transplant Surgery Fellowship Match conducted via the National Resident Matching Program (NRMP). Visit www.asts.org and www.nrmp.org for detailed information concerning the Match.

Application Process The application process is independent from the Match and unique to individual institutions. Transplant Fellowship Programs use their individual application and interview process to evaluate potential transplant fellowship candidates for their programs. For a list of ASTS accredited Abdominal Fellowship Training Programs visit www.asts.org.

Registering for the Match Transplant Fellowship Programs and Applicants must register for the Match. More information about the Abdominal Transplant Surgery Fellowship Match & other programs focused on advancing surgical care in transplantation can be found on the ASTS website, www.asts.org.

Schedule for Match Conducted in 2010, Appointment Year 2011

January 13, 2010

Match Registration Opens

April 14, 2010

Rank Order List Entry Opens

May 26, 2010

Program Quota Change

June 9, 2010

Rank Order List Closes Certification

June 23, 2010

Match Day



The 10th Joint Annual Meeting of the American Society of Transplant Surgeons and the American Society of Transplantation

American **2010** Transplant Congress

May 1 - 5, 2010

The San Diego Convention Center

San Diego, CA

10th Anniversary



THE 10TH AMERICAN
TRANSPLANT CONGRESS

Visit us online at
www.atcmeeting.org





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 offered 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 for 2010.

**Application submission
deadline: January 12, 2010**

**Award notifications will be
available by: April 2010**

ASTS 
American Society of Transplant Surgeons

www.asts.org

Order Now!
Living Liver
Transplantation

videos

ASTS: Helping You Help Your Patients

Creating
Award Winning
Educational Videos
for the Transplant
Community

*Living Kidney Donation:
What You Need to Know*

*Kidney Transplantation:
A Guide for Patients
and their Families*

Ask About Spanish Versions

ASTS 
American Society of Transplant Surgeons

www.asts.org



ASTS Job Board

ASTS provides this Job Board as a benefit to our members.

This is an abbreviated listing of the positions currently available on the ASTS website at the time of printing.

Please log into the members' portal to view the positions in their entirety at www.astsonline.org.

If you would like to submit a listing, please contact Chantay Parks Moye at chantay.parks@astsonline.org or 703 414-7870 ext. 101 for submission guidelines and fee requirements.

LEHIGH VALLEY HEALTH NETWORK: TRANSPLANT SURGEON AND DIRECTOR, PANCREAS TRANSPLANT

Please contact:

Michael Moritz, MD, Chief
Transplantation Services, LVHN
Phone: 610-969-0213
Email: Pamela.Adams@LVH.com

THE UNIVERSITY OF CALIFORNIA DAVIS: ACADEMIC TRANSPLANT SURGEON

Please contact:

Alison Terry
Academic Personnel Manager
UC Davis Health System -
Department of Surgery
Cypress Bldg., 3rd Floor
2221 Stockton Blvd.
Sacramento, California 95817-2214
Email: alison.terry@ucdmc.ucdavis.edu

PIEDMONT TRANSPLANT SERVICES: CLINICAL AND TRANSPLANT HEPATOLOGIST

Please contact:

Cindy Baeder
Manager of Physician Recruitment
Piedmont Medical Care Corporation
Email: cindy.baeder@piedmont.org

THE CENTER FOR TRANSPLANT SERVICES AT THE UNIVERSITY OF TENNESSEE MEDICAL CENTER, KNOXVILLE

Please contact:

Chris Marino
Director of Recruitment
NHR
Direct 800-647-2232 ext 202
Local 954-532-0813 ext 202
Fax 866-328-1019
Website: www.nhrnationwide.com

LANKENAU HOSPITAL: KIDNEY TRANSPLANT/GENERAL SURGEON

Please contact:

James Lim, MD, FACS
Program Director
Lankenau Hospital
4404 Medical Sciences Bldg
100 Lancaster Ave
Wynnewood, Pa 19096
Phone: 610-645-6403
Email: limj@mlhs.org

SWEDISH MEDICAL CENTER IN SEATTLE: ORGAN TRANSPLANT PROGRAM DIRECTOR

Please contact:

Mike Waters
Physician Recruiter
Phone: 206-320-5962
Email: mike.waters@swedish.org

In Memoriam: Charles F. Zukoski, MD



The American Society of Transplant Surgeons (ASTS) is deeply saddened at the loss of long time member and transplant pioneer Charles Zukoski, MD. Dr. Zukoski became a member of the ASTS in 1975. Injuries sustained in a car accident on August 23, 2009 resulted in his death.

ASTS recently honored Dr. Zukoski for his pioneering work in transplantation. Visit <http://www.astsonline.org/Chimera>, to view an abridgment of his Chimera Chronicles, Great Stories in Transplant Surgery interview.

Dr. Zukoski performed the first kidney transplant at Vanderbilt University in 1962, thus initiating clinical efforts at a program which has grown over five decades. Ultimately moving to Tucson, Arizona, he was an Emeritus Professor of Surgery at the University of Arizona College of Medicine. He is best known for pioneering work in immunosuppression. At the Medical College of Virginia, in laboratories of Dr. David Hume, Dr. Zukoski learned that azathioprine and its derivative products would prolong kidney allograft survival in dogs. He served a long career in transplantation and general surgery at the Medical College of Virginia, Vanderbilt, North Carolina, and the University of Arizona. Dr. Zukoski was recognized by Vanderbilt in 2007 at the 45th Anniversary of the establishment of its transplant program.

Dr. Zukoski graduated from Harvard Medical School in 1951. He then completed an internship and residency at the Roosevelt Hospital in New York. Shortly after, he served as a Captain and Flight Surgeon in the U.S. Air force and completed a residency at the University Hospital in Birmingham, Alabama.



Corporate Support

The American Society of Transplant Surgeons would like to thank the following companies for their generous support of the ASTS in 2009

Founder Circle



President Circle



Sponsor Circle



Associate Circle



National Office

2461 South Clark Street
Suite 640
Arlington, VA 22202
Phone: 703 414-7870
Fax: 703 414-7874
www.astsfoundation.org

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Univ. of California San Francisco

Vice President

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Dear ASTS Members,

The American Society of Transplant Surgeons (ASTS) is proud to offer educational initiatives to influence transplantation, along with cultivating and advancing your career. As ASTS continues to grow, we are asking every member to become more involved because you are the key to combating the issues that threaten the progress of transplantation.

This year began with triumphs for transplantation while recent headwinds have stifled a plethora of healthcare resources. ASTS helped secure \$10 million in funding for organ donation and transplantation (with anticipated inclusion in the next Senate budget bill), and we maintain a robust annual awards program offering over \$775,000 a year to recipients, while transplant research received \$200 million when the 2009 Recovery Act awarded funds to the National Institutes of Health for challenge grants. We ask that you remain confident that ASTS will remain dedicated to providing you with the best resources, programs, and training.

ASTS is one of the most sought after primary resources for the evolution and advancement of transplantation. In fact, NATCO, the Organization for Transplant Professionals, has partnered with ASTS to establish dual membership. This collaboration will provide both organizations with the opportunity to expand our efforts in the transplant community. Dozens of nurse practitioners and physician assistants have also joined the ranks. In recent years, the ASTS membership has amplified by over 20%, a testimonial that ASTS is doing something right!

You can expect continued commitment from the ASTS on:

- Funding transplantation research
- Training and education
- Topic-driven symposia and consensus conferences
- Development of business practice services and education, career development and strong advocacy on legislative and regulatory issues
- The American Transplant Congress (ATC)
- The # 1 journal in transplantation, American Journal of Transplantation (AJT)
- Advancing the science and practice of transplantation

We know that you care about receiving high quality information regarding training, legislation, regulatory, and reimbursement issues that affect you, so now is the time to act.

Contribute to the Foundation of the ASTS today. To make a gift by phone, please call 703.414.7870 ext 100, online at <http://www.astsfoundation.org> or use the enclosed envelope to make a one time or monthly contribution.

If you are new to ASTS, you may have questions about the Society. Spend some time talking with trained staff at the ASTS National Office at 703.414.7870 or asts@asts.org. Attached is a list of ASTS programs and initiatives.

We value your continued trust in us, and thank you for your gift.

Sincerely,



John P. Roberts
President, Foundation of the ASTS





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 on this calendar, please contact Chantay Parks Moyer at 703.414.7870 ext. 101 or chantay.parks@asts.org.

Online CME Activity:

Managing Symptoms and Monitoring Progress in the Graft Recipient: The Patient Perspective
Release Date: May 22, 2009

Expiration Date: May 22, 2010

Presented by Drs. Stuart Flechner and Matthew Weir

Website: http://www.freecme.com/gcourse_view.php?course_id=8133

January 2010

January 15-17, 2010

NATCO Symposium for the Advanced Transplant Professional

Harbor Beach Marriott, FL

Phone: 913 895.4612

Email: natco-info@goAMP.com

Website: www.natco1.org

(place URL in web browser)

February 2010

February 4-6, 2010

UCSD 29th Annual Advanced

Nephrology: Nephrology for the Consultant

La Jolla, CA

Email: cmemarketing@ucsd.edu

Website: <http://cme.ucsd.edu/nephrology/>

February 4-7, 2010

9th International Conference on New Trends in Immunosuppression and Immunotherapy

Kenes International

Prague, Czech Republic

Website: www.kenes.com

February 7-8, 2009

Intestinal Failure: Latest Advances in Diagnosis and Treatment Including Transplantation

American Society for Parental and Enteral Nutrition

Las Vegas, NV

Website: www.nutritioncare.org

February 12-13, 2010

ITNS Winter Workshop

Quality Issues & Best Practices in Transplant Nursing

Omni La Mansion del Rio

San Antonio, TX

Website: www.itns.org

UPCOMING ASTS EVENTS



ASTS State of the Art

Winter Symposium

January 15 -17, 2010

The Cutting Edge of Transplant Surgery

Pre-Meeting: Clinical Research in Transplantation

January 14-15, 2010

Harbor Beach Marriott

Ft. Lauderdale, FL

American Transplant Congress

May 1-May 5, 2010

San Diego Convention Center

San Diego, CA

www.asts.org/Meetings

April 2010

April 13-17, 2010

NKF 2010 Spring Clinical Meetings

Walt Disney World Swan and Dolphin

Orlando, FL

Website: www.nkfclinicalmeetings.org

May 2010

May 27-29, 2010

ASAIO's 56th Annual Conference

Hilton Baltimore (Harbor), MD

ASAIO Inc

Telephone: 561 999.8969 Fax 561.999.8972

Email: info@asaio.com

Website: www.asaio.com

June 2010

June 18-19, 2010

ITNS 2nd European Conference 2010

Transplant Nursing, Improving Patient Outcomes

Berlin, Germany

Website: www.itns.org

June 25-29, 2010

NATCO Introductory Education Course for the New Transplant & Procurement Professional

Tempe Mission Palms Hotel and Conference Center

Tempe, AZ

Telephone: 913 895.4612

Email: natco-info@goAMP.com

Website: www.natco1.org

August 2010

August 1-4, 2010

NATCO 35th Annual Meeting

Westin Diplomat Resort & Spa

Hollywood, FL

Telephone: 913 895.4612

Email: natco-info@goAMP.com

Website: www.natco1.org

October 2010

October 28-30, 2010

ITNS 19th Annual Symposium

and General Assembly

Minneapolis, MN

November 2010

November 5-9, 2010

NATCO Introductory Education Course for the New Transplant & Procurement Professional

Tempe Mission Palms Hotel and Conference Center

Tempe, AZ

Telephone: 913 895.4612

Email: natco-info@goAMP.com

Website: www.natco1.org

Please Note...



ASTS Council and Committee Chair Meetings,
January 13-14, 2010
Harbor Beach Marriott
Ft. Lauderdale, FL



New Members

For more information on becoming a member, visit www.asts.org or contact the ASTS National Office at (703) 414.7870 or asts@asts.org

Ahmad Abou Abbass, MD
Henry Ford Health System

Peter L. Abrams, MD
University of Pittsburgh

Zeki Acun, MD
University of Miami

Andrew Adams, MD, PhD
Massachusetts General Hospital

Mohammad AkhavanHeidari, MD
University of Pittsburgh

Jose L. Almeda, MD
University of Southern California

Lynsey S. Biondi, MD
University of Alabama Birmingham

Pedro J. Briceno, MD
Miami Transplant Institute

Alex W. Cantafio, MD
University of Washington Medical

Abhideep Chaudhary, MD
University of Pittsburgh

Yee Lee Cheah, MD
Lahey Clinic

Linda J. Chen, MD
University of Miami

Jacob N. Clendenon, MD
Mayo Clinic Florida

Nabil N. Dagher, MD
Johns Hopkins University

Jason E. Denny, MD, BS
Henry Ford Health System

Kiran K. Dhanireddy, MD
University of California Los Angeles

Truman M. Earl, MD
Washington University St. Louis

Mazen Elatrache, MD
Henry Ford Health System

Arvand Elihu, MD
Stanford University

Ji Fan, MD
University of Miami

Michael B. Filsinger, MPA, PA-C
Carolinas Medical Center

Amy E. Gallo, MD
Stanford University

Harvey E. Garrett, MD
Cardiovascular Surgery Clinic

Brian K. Goh, MBBS, MSc
Mayo Clinic Rochester

Christie W. Gooden, MD
University of Michigan Health System

Yusuf Gunay, MD
The Ohio State University Medical

Koji Hashimoto, MD, PhD
Cleveland Clinic Foundation

David G. Heidt, MD
University of Michigan Health System

Peter J. Hodgkinson, MBBS, FRACS
University of Miami

Christine S. Hwang, MD
Stanford University

Jacques M. Jeudy, MD
Centre Hospitalier du Sacre Coeur, Haiti

Christopher M. Jones, MD
Ronald Reagan UCLA Medical Center

Fady M. Kaldas, MD
University of California Los Angeles

Ilhan Karabicak, MD
New York University

Lori M. Kautzman, MD
University of Nebraska Medical Center

Malgorzata Kloc-Stepkowska, PhD, DSC
The Methodist Hospital

Michael D. Kluger, MD, MPH
New York Presbyterian Hospital

Sumana Kolar Ramachandra, MD
University of Pittsburgh

Hussam Kudsi, MD
Albert Einstein Medical Center

Susan Logan, MD
Washington University St. Louis

Bonnie E. Lonze, MD, PhD
Johns Hopkins University

Basant Mahadevappa, MBBS, MRCS
Westchester Medical Center

Alexander T. Maskin, MD
University of Pennsylvania

Nikole A. Neidlinger, MD
University of Wisconsin

Eviatar Neshet, MD
University of Miami

Adena J. Osband, MD
Robert Wood Johnson University

Kwan Tae Park, MD, PhD
Asan Medical Center, Seoul, Korea

Rosina S. Perkins, MD
University of Toronto

It's Truly A Great Time To Be A Member



Trevor W. Reichman, MD, PhD
Toronto General Hospital

George Rofaiei, MB, BCH
Cleveland Clinic Foundation

Antonio Romano, MD
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The Ohio State University Medical

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Mount Sinai Hospital

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Hospital of the University of Pennsylvania

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New York Presbyterian - Columbia

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Anthony C. Watkins, MD
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Vaughn E. Whittaker, MB, BS
Columbia Presbyterian Medical Center

Aaron M. Winnick, MD
New York University

Radi F. Zaki, MD
Albert Einstein Medical Center

Monika Zwierzchowiecka, MD
University of Rochester Medical Center

It's Truly A Great Time To Be A Member

Mock Medicare Survey (MMS)

How healthy is your
transplant program?

Are you ready for the CMS audit?
Would you like to hand CMS your
corrective action plan the day they
arrive? Reduce stress, reduce program
disruption and sail through your
Medicare Audit.

ASTS has assembled a team of
seasoned transplant professionals
and regulatory experts who are
standing by to review program
policies and procedures, evaluate
compliance through on-site
chart review, conduct personnel
interviews and debriefings and
present programs with a written
report of potential deficiencies.

Contact ASTS for testimonials
or to schedule your MMS today!

703.414.7870
www.asts.org
asts@asts.org





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



ASTS 10th Annual State of the Art Winter Symposium

The Cutting Edge Of Transplant Surgery

Pre-Meeting Course
January 14 – 15, 2010

Winter Symposium
January 15 – 17, 2010

Marriott Harbor Beach, Ft. Lauderdale, FL

