

# CHIMERA

Published for Members of the American Society of Transplant Surgeons

Winter 2014

**7th Annual  
Surgical  
Fellows  
Symposium:**  
Elevating the  
Educational Experience  
Snowbird, Utah



We aim to be the authoritative resource in the fields of organ and cell transplantation by representing our members and their patients, as we advocate for comprehensive and innovative solutions to their needs.

—ASTS *Vision*



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May 2013 – July 2014



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## Editor's Letter

Welcome to the Winter 2014 issue of the *Chimera*—the first issue in our 40<sup>th</sup> anniversary year! It's been a busy fall for ASTS, and this issue contains recaps of the 4<sup>th</sup> Annual Leadership Development Program (page 8) and the 7<sup>th</sup> Annual Surgical Fellows Symposium (page 14), reports from various transplant-related organizations, and the story behind the UNOS Kidney Paired Donation pilot program (page 21). You'll also find the call for Council nominations on page 28 and a report on the Donor Management Research Consensus Conference on page 19.

The Communications Committee is currently discussing how to best get you the Society information you need. If you have suggestions about the *Chimera*, the website, or things you'd like to see in an app, please email them to Diane Mossholder, ASTS Communications Manager, at [diane.mossholder@asts.org](mailto:diane.mossholder@asts.org).

Our next issue will feature special coverage of the 40<sup>th</sup> anniversary gala at the Winter Symposium. I hope you'll be able to attend, but if not, be sure to check out the spring issue and see what happened at this historic event.

Stay connected!

Sander S. Florman, MD



### Be Part of the Celebration!

1974 ASTS 2014



ASTS turns 40 next year, and to commemorate this milestone, a workgroup led by the ASTS Historian Thomas G. Peters, MD, is compiling a companion publication to the *History of the ASTS – 20th Anniversary* book that will be ready for the World Transplant Congress in July 2014. Planning is also underway for a gala event at the 2014 Winter Symposium, which will feature a photo wall representing the past 20 years.

We need your help finding photos from the past 20 years for both the anniversary book and the gala photo wall. If you have any photos or remembrances of members from the past 20 years, please send them to [asts@asts.org](mailto:asts@asts.org). If you have photos you wish to mail, please send them to the ASTS National Office attn: Diane Mossholder 2461 S. Clark St., Suite 640 Arlington, VA 22202.

*Original photos will be scanned and returned to submitters.*

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7<sup>th</sup> Annual Surgical Fellows Symposium  
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—ASTS Vision

### About the Cover

ASTS second-year transplant fellows gathered in Snowbird, Utah, at the 7<sup>th</sup> Annual Surgical Fellows Symposium in October. The fellows benefited from the chance to learn from and talk with nationally recognized faculty experts and peers over three days of educational and networking sessions. Symposium highlights begin on page 14.

If you have a photograph you would like displayed on the cover of *Chimera*, please email it, along with a brief description, to Diane Mossholder, Communications Manager, at [diane.mossholder@ASTS.org](mailto:diane.mossholder@ASTS.org).

# CHIMERA

Published by the American Society of Transplant Surgeons

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## Speaking Up

One of the most important services ASTS provides for its members is monitoring and participating in regulatory and legislative processes, the outcomes of which can greatly affect what we do and how we do it. The monthly Legislative and Regulatory Update e-newsletter (archived at <http://asts.org/advocacy/legislative-issues/legislative-and-regulatory-update>) keeps you up to date, but I wanted to cover a few issues in more detail in this space.

### OPTN Policies

A major focus right now is the OPTN policies out for public comment through December 6, 2013. ASTS is planning to submit comments, but I encourage you to do so as an individual as well at <http://optn.transplant.hrsa.gov/policiesAndBylaws/publicComment>. The ASTS Council reviewed the policies and assigned councilors or committees to review each and provide feedback by early November. Collated responses will be posted on ASTS.org for members to review.

### OPTN Flagging Issue

One issue we are particularly concerned with is the Proposal to Revise the Current Method for Flagging for Transplant Program Post-transplant Performance Reviews. While we believe the Bayesian model is a sound method, we disagree with the hazard ratios, which were arbitrarily set to mimic the same number of programs to be flagged in the new system.

It is time for us to do better when it comes to the SRTR/OPTN flagging process. Instead of selecting a hazard ratio that ensures 1 of 8 programs ends up flagged, the community should better define what should trigger review by the OPTN Membership and Professional Standards Committee (MPSC) and set the ratios accordingly. Right now, the MPSC investigates all the flagged programs and typically takes action on only 12-24 out of 100+. If the switch to the Bayesian model were accompanied by more appropriate hazard ratios, MPSC could focus its work on the true under-performers.



### Getting Involved

This is a time of change in U.S. health care, and as processes are put in place and then refined, it's important that all of us advocate for our field and our patients by educating legislators and regulators. You can learn the best way to do this at the Legislative Update and Advocacy Symposium on Friday, January 24, immediately before the ASTS State of the Art Winter Symposium in Miami.

ASTS has been involved in regulatory and legislative issues for nearly all its history.

In the early days, this meant providing realistic information about transplantation after the 1972 legislation that placed ESRD patients under the Medicare umbrella. The development of the National Organ Transplant Act of 1984 was influenced by ASTS efforts to educate legislators, which have continued to this day as we advocate for coverage for immunosuppressive drugs beyond the current three-year limit and provide input on proposed regulations and policies. As we celebrate our 40th anniversary next year, I encourage you to come find your role in keeping up this proud tradition.

I hope you will also join us for the 40<sup>th</sup> anniversary gala at the Winter Symposium on Saturday, January 25. If you haven't made your arrangements yet, I urge you to hurry. The room block is already half full, so don't wait until the last minute to make your reservations!

If you have any thoughts or feedback, please feel free to share them with me at [alan.langnas@asts.org](mailto:alan.langnas@asts.org). I hope to see you in Miami!

Regards,

Alan N. Langnas, MD  
ASTS President



Curious about legislative and regulatory issues ASTS is working on? Check out the advocacy libraries at [ASTS.org/advocacy](http://ASTS.org/advocacy).



## ASTS News

*The following are select recent developments in the Society, including topics discussed at the Fall Council Meeting in Snowbird, Utah, October 3 – 4, 2013.*

### Strategic Planning

In September, the Council held a strategic planning session in New York to look at the Society's mission, vision, and goals for the next three to five years. Aligning activities with goals will make sure that ASTS is advancing members' interests in the most efficient and effective way and better prepare it to meet future challenges. The Council identified five basic areas on which to focus: advocacy, optimal patient care, research, training and professional development, and organizational structure.

The goal statements for each area are:

- **Advocacy:** To engage other stakeholders and effectively represent the interests of our members and the patients they serve
- **Optimal Patient Care:** To create a network of resources for learning and dissemination of knowledge focused on optimal patient care
- **Research:** To promote basic, translational, and clinical research in the field of transplantation
- **Training and Professional Development:** To provide life-long learning and educational opportunities for professionals involved in transplantation
- **Organizational Structure:** To optimize performance and strive for excellence with our members, patients, and other stakeholders

ASTS President Alan N. Langnas, DO, assigned various workgroups to address each goal and finalize strategies for achieving them, and they reported at the Fall Council Meeting in Snowbird, Utah, October 3 with proposed strategic initiatives and tactics to achieve them. The Council gave feedback on the proposed strategic initiatives, and the workgroups are incorporating that feedback into their proposals.



On October 22, ASTS was recognized by the Arlington (Virginia) County Board as a Workplace Commute Champion. ASTS staff members use a variety of commuting options, including the subway, buses, and biking. From left: Lois DeMeester of Destination Sales and Marketing Group; Elizabeth Floyd of Arlington Transportation Partners; Kim Gifford, ASTS Executive Director; and Diane Mossholder, ASTS Communications Manager.

The strategic plan is scheduled to be ready for the Council to formally adopt at the Winter Council Meeting, and is scheduled to be released to the membership in February on [ASTS.org](http://ASTS.org) and via an email overview.

An important part of the plan is to have performance measures to track progress and determine whether sufficient progress is being made toward our goals. The National Office staff will

*Continued on page 6*



### ASTS Welcomes Maureen Ndoto as NLDAC Program Assistant

The National Living Donor Assistance Center (NLDAC) has a new Program Assistant (PA). In September, Maureen Ndoto became the new PA, replacing Ning Duan, who was promoted to Membership Coordinator at ASTS.

Maureen graduated from Baylor University in Waco, Texas, in 2007 with a dual BA in Environmental and International Studies. She has five years of administrative experience at George Washington University, and in the summer of 2013 she completed a certificate in Nonprofit Management from the George Washington University. Maureen is fluent in Swahili and conversant in Spanish.

Maureen's duties at NLDAC will include fielding phone calls from transplant professionals and patients regarding the application process, data management, invoicing, writing and distributing the newsletter, and assisting the management of donor applications and controlled value cards.



# ASTS News

report to the Council on those measures after the plan is in place, providing solid data on which to base decisions.

## Fellowship Training

Two ASTS accredited programs submitted applications to add training in Hepatobiliary or Hepato-pancreato-biliary, which were both approved by the Council. There was additional discussion regarding the 5-year Strategic Plan. The work group associated with exploring a certifying board was charged with presenting a project timeline for approval at the Winter 2014 Council Meeting. Wendy J. Grant, MD, informed the Council that the Fellowship Training Committee will be hosting two webinars, as well as a session at the Winter Symposium Lunch & Learn, to inform program directors about the new changes and progress of the fellowship plan. The Council agreed with these initiatives and also suggested a formalized Program Directors Meeting in the late spring of 2014. The ASTS will solicit for funding; however, the Council approved the meeting and will ask programs to pay their own travel expenses if support is not secured.

## Legislative

David J. Reich, MD, reported on the Legislative Committee's activities, along with Peggy Tighe, JD, and Peter Thomas, JD, from Powers Pyles Sutter and Verville. The Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2013 is still attracting cosponsors, while the HIV Organ Policy Equity (HOPE) Act has passed the Senate and House and is awaiting the President's signature. The Senate Finance and House Ways and Means committees have released a draft to eliminate the SGR formula and hold reimbursements at current levels as other payment models are developed.

Dr. Reich also reported on plans for the Legislative Update and Advocacy Symposium to be held January 24, 2014, from 8 to 11 a.m. in conjunction with the ASTS 14<sup>th</sup> Annual State of the Art Winter Symposium. It will cover health care reform, legislative priorities in transplantation, how ASTS promotes its agenda in the federal legislature, transplant advocacy at the state level, and government perspectives on issues in transplantation.

## Brian Shepard named UNOS Chief Executive Officer

Brian M. Shepard has been selected as Chief Executive Officer of UNOS (United Network for Organ Sharing).

"Brian has the vision and experience that the Board was looking for to move UNOS into a new era of service to transplant professionals and the patients we serve," said Kenneth Andreoni, MD, President of the UNOS Board of Directors. "With a focus on quality improvement, UNOS will continue to increase patients' access to and benefit from life-changing organ transplantation."

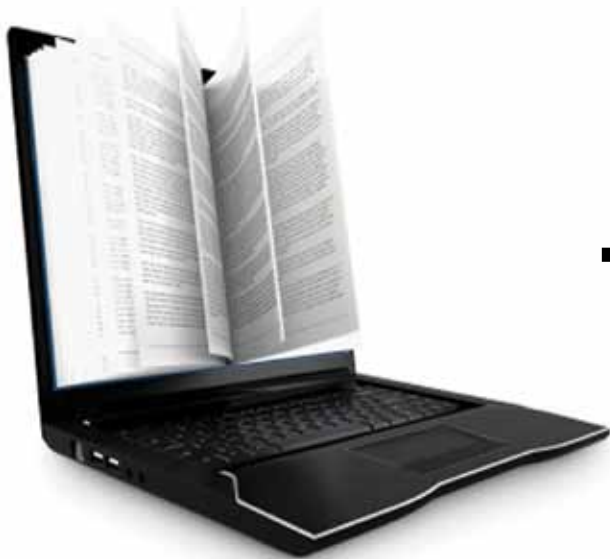
"I'm excited to have the opportunity to lead an organization with such a strong record of success as we tackle the challenges of the ever-changing health care field," said Shepard.

As Chief Executive Officer, Shepard directs the efforts of more than 300 UNOS staff to ensure that the nation's transplant network efficiently and fairly serves the needs of transplant candidates and recipients, living donors and donor family members, and transplant professionals. He reports to the UNOS President and interacts routinely with the UNOS Board of Directors and staff of federal oversight agencies to plan and accomplish strategic goals and objectives.

Shepard joined UNOS in 2010 as the Director of Policy and has served as Chief Operating Officer and interim Chief Executive Officer. Prior to joining UNOS, Shepard served 15 years in various high-level positions in Virginia state government, capped by a term as Director of Policy in Governor Timothy M. Kaine's administration. In that position, Shepard worked directly with the governor to help identify and implement the policy priorities of the Commonwealth. A native of Roanoke, Virginia, Shepard holds a bachelor's degree in history from Virginia Tech.

Spencer Stuart, a leading global executive search firm, partnered with UNOS to conduct a nationwide search. The CEO search committee was made up of Board and transplant community members who worked closely with Spencer Stuart to screen qualified candidates. The final four candidates were interviewed in October, and a recommendation for CEO was approved by a teleconference of the UNOS Board of Directors held November 6.

Shepard is the third chief executive officer in UNOS' nearly 30-year history. UNOS' founding executive director, Gene A. Pierce, retired in 1995; his successor, Walter K. Graham, retired in December 2012.



# Transplant Center Policy Library

## Subscribe Today!

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

The library is available for purchase as a subscription service online in the ASTS Store at [www.asts.org/TheSociety/astsstore.aspx](http://www.asts.org/TheSociety/astsstore.aspx)

The library currently offers 11 initial policies. Updates and additional policies will be added to your subscription as they are developed.

**Member Rate: \$1,000 per year**

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### **Initial policies included in the ASTS Transplant Center Policy Library Subscription Service:**

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

**Coming soon: 5 new policies, including Waitlist Management and Adverse Event Reporting. Subscribe now and receive the new policies for free when they are released!**

## What ALDP Attendees Are Saying!

*"Very good practical information. Good real-work relevance."*

*"If you can't go back to your center after this presentation and lower costs, then there is a problem."*

*"Excellent facility."*

*"Great interaction and different perspectives."*

*"Excellent examples of direct application to a transplant center."*

*"Extremely helpful to hear from CMS directly!"*

*"Fantastic lecture, changed my attitude towards CMS evaluations."*

*"Great perspective provided by insurance provider."*

*"One of the best lectures I have attended in 20 years. Thank you."*



Richard J. Migliori, MD

# 2013 ASTS Leadership Development Program

Kellogg School of Management

Northwestern University

Evanston, Illinois September 22 – 25, 2013

The 4<sup>th</sup> annual Leadership Development Program (LDP) was another successful interactive learning and networking event—it was sold out and filled to capacity! Benefitting from a faculty of expert professors at the Kellogg School of Management and experienced leaders in transplantation from ASTS, participants gained an in-depth education in the business side of transplant centers.



From left, Kenneth A. Andreoni, MD, Jonathan P. Fryer, MD, Richard J. Migliori, MD

Topics included transplant finance, the SRTR, leading high-functioning multi-disciplinary teams, and regulatory aspects of transplant management. Networking opportunities abounded, with ASTS President Alan N. Langnas, DO, and OPTN/UNOS President Kenneth A. Andreoni, MD, in attendance, as well as Thomas Hamilton from the Centers for Medicare and Medicaid Services (CMS).

Among the highlights were the dinner keynote guest speakers. Thomas Hamilton of CMS returned to the meeting for the fourth time, going beyond his talk by also participating in sessions. He has noted that he has seen changes in how transplant centers

operate as a result of their staff attending this program and has been consistent in his support for it. The other dinner keynote speaker was Richard J. Migliori, MD, Executive Vice President, Medical Affairs and Chief Medical Officer of UnitedHealth Group, who spoke about an insurer's



Dean Henderson and Christopher D. Anderson, MD, of University of Mississippi Medical Center

perspective on transplantation in the era of the Affordable Care Act (ACA). Presenting the government's and payor's perspectives is one way this program gives attendees information and tools they cannot get anywhere else.



Kian A. Modanlou, MD, and Michael M. Abecassis, MD, MBA

Most of the Kellogg professors were returning to the program, bringing not only their expertise but an increasing familiarity with the particulars of transplantation. The continuity contributed to the program's effectiveness. Transplant leaders also contributed beyond their own talks by listening to others and participating in discussions, sometimes spurring spirited debates.

The LDP Planning Committee is constantly evaluating the sessions offered at the course and is planning to update it for next year to accommodate the changing landscape of the field, including the ACA. Stay tuned for more information next spring!



John C. Magee, MD, Christopher J. Sonnenday, MD, MHS, and Benjamin Samstein, MD

To be placed on the interest list for the 5<sup>th</sup> annual LDP tentatively scheduled for September 7 – 10, 2014, please contact Laurie Kulikosky at [laurie.kulikovsky@asts.org](mailto:laurie.kulikovsky@asts.org).

The American Society of Transplant Surgeons thanks the following companies for their generous support: Novartis (platinum level) and Genentech (silver level).

## Special Thanks

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Kenneth A. Andreoni, MD

University of Florida

David A. Axelrod, MD, MBA

Dartmouth Hitchcock Medical Center

William C. Chapman, MD

Washington University School of Medicine

Alan N. Langnas, DO

University of Nebraska

Linda Ohler, MSN, RN,

CCTC, FAAN

*Progress in Transplantation*

Marymount University

Alan I. Reed, MD, MBA

University of Iowa

David J. Reich, MD

Drexel University College of Medicine

Hahnemann University Hospital

Dorry L. Segev, MD, PhD

Johns Hopkins University

The ASTS Business Practice Services Committee

The ASTS Council

### Kellogg School of Management

Leemore S. Dafny, PhD

J. Keith Murnighan, PhD

Leigh Thompson, PhD

Russell Walker, PhD

Beverly Walther, MBA, PhD

Holly Raider, PhD

Cindee Bath

### Guest Speakers

Richard J. Migliori, MD

UnitedHealth Group

Thomas E. Hamilton

Centers for Medicare & Medicaid Services



# ASTS Across the Field

## Center for Translational Transplant Medicine Researchers Awarded Prestigious Grant

The Roche Organ Transplantation Research Foundation (ROTRF) has awarded an international research grant to Thomas Fishbein, MD, executive director of the Center for Translational Transplant Medicine at Georgetown University Medical Center (GUMC).

The two-year grant totaling \$200,000 will support research aimed at identifying characteristic microbial signatures that could predict intestinal transplant outcomes. Grant collaborators include Center for Translational Transplant Medicine scientific director and professor Michael Zasloff, MD, PhD, and Raffaele Girlanda, MD, assistant professor of surgery at Georgetown

University School of Medicine, part of GUMC. Ramana Madupu, PhD, of the J. Craig Venter Institute also is a collaborator.

The Center for Translational Transplant Medicine was established earlier this year to cross-fertilize the expertise of a wide variety of GUMC laboratory scientists with physicians at the MedStar Georgetown Transplant Institute, also directed by Fishbein.

Fishbein, Zasloff, and their colleagues say this grant will help answer a critical question in transplantation: Is there a microbiome and/or metabolome that characterizes the normal function of a transplanted organ that has been accepted?

One aim of their study is to provide new clinical tools allowing doctors to follow the health of transplant patients, and to provide insights into the relationship between the microbes that

populate the transplanted gut and the overall outcome of the transplant. Fishbein and his colleague Girlanda will also examine the chemical compounds, or metabolites of microbes, produced in the graft.

## Saint Luke's Achieves Liver Transplantation CMS Certification

The liver transplantation program at Saint Luke's Hospital of Kansas City has received certification by the Centers for Medicare and Medicaid (CMS). The certification is an important step in enhancing the hospital's ability to care for Medicare-covered patients suffering from end-stage liver disease, and attract other insurers who base their coverage on the CMS certification.

Saint Luke's added liver transplantation to its existing heart and kidney transplant programs in 2011. Wait times for liver transplant are among the shortest in the nation. Patients at Saint Luke's wait an average of four months compared to the national average of one year for a liver transplant.

The dedicated liver transplant team includes Henry Randall, MD, who joined Saint Luke's from Baylor Regional Transplant Institute in Dallas in 2010. Dr. Randall serves as director of abdominal

transplantation and hepatobiliary surgery (liver, gall bladder, bile ducts, and pancreas). Fredric Regenstein, MD, former medical director of liver transplantation at Tulane University Hospital and Clinic in New Orleans, is the medical director of transplant hepatology. The surgical team also includes Christie Gooden, MD; Lee S. Cummings, MD; Laura Alba, MD, associate medical director - liver transplantation; and gastroenterologist/hepatologist John Helzberg, MD. For more information about transplant services at Saint Luke's Hospital, visit [saintlukeshealthsystem.org](http://saintlukeshealthsystem.org).

## The Hospital of the University of Pennsylvania Receives \$2 million from the Department of Defense to Develop Advanced Transplantation

The Hospital of the University of Pennsylvania (HUP), in partnership with the Children's Hospital of Philadelphia, has received a \$2 million grant from the Department of Defense to develop advanced transplantation.

The grant is the first ever peer-reviewed grant for such research at Penn, according to Perelman School of Medicine doctor and chair of orthopedic surgery L. Scott Levin. The team deals

## Transplantation Investigators Consortium Formed

The South Carolina Investigators in Transplantation (SCIT) is a consortium of investigators whose laboratories have a focus in transplant immunology. The vision of the collaborative is to foster collaboration within transplant labs at MUSC, throughout the state, and region in order to improve the lives of those with end-stage organ failure.

To learn more, visit <http://academicdepartments.musc.edu/surgery/divisions/transplant/scit>.



# ASTS Across the Field

with vascularized composite allotransplantation (VCA), and their main goal, Levin said, is to understand the role of T-regulatory cells in advanced transplant rejections. The team hopes through their research to minimize the risks of drugs taken to prevent rejection to broaden the application of VCA.

In fall 2011, HUP performed the first bilateral hand transplant in the region — the hospital's first exploration into VCA. The recipient had to have all four of her limbs amputated after a post-surgery infection five years before the transplant. The transplant performed at HUP was successful.

The \$2 million grant is part of a \$9.3 million consortium led by researchers at Emory University and funded by the Department of Defense's Clinical and Rehabilitative Medicine Research Program. Emory, The Scripps Research Institute, and the University of Maryland are among other institutions awarded grants under the consortium. All grants aim to further research in advanced transplants for patients who have suffered severe burns, limb loss, and other traumas.

## **NewYork-Presbyterian/Weill Cornell Medical Center Celebrates Transplant Program's 50 Years of Lifesaving Success**

NewYork-Presbyterian/Weill Cornell Medical Center and The Rogosin Institute celebrated the 50th anniversary of their transplant program in October 2013.

"We have a very simple strategy when it comes to transplantation here at NewYork-Presbyterian/Weill Cornell — we consistently strive to offer the maximum number of opportunities for patients," says Sandip Kapur, MD, surgical director of the transplant program at NewYork-Presbyterian/Weill Cornell Medical Center and associate professor of surgery and the G. Tom Shires, MD, Faculty Scholar in Surgery at Weill Cornell Medical College.

The Transplant Program at NewYork-Presbyterian/Weill Cornell is a leader in kidney and pancreas transplantation. The program works in close cooperation with The Rogosin Institute, a leading research and treatment center for kidney disease and a member of the NewYork-Presbyterian Healthcare System.

The first transplant program in the New York metropolitan area, and

one of the largest such programs in the country, the kidney transplant program has performed more than 4,200 transplants since its inception in 1963, making it one of the highest-volume kidney transplant centers in the nation.

Among its many clinical accomplishments, the program and its faculty performed the first living-donor kidney transplant in the New York metropolitan area in 1963, followed by its first pediatric transplant the next year. Just four years later, in 1968, the program became one of the first in the country to use the Belzer kidney perfusion machine to improve the viability of donated kidneys.

A major milestone was reached in 1984 as the transplant program performed its 1,000<sup>th</sup> kidney transplant. Over the next 15 years, the team would expand its capabilities, performing its first pancreas transplants while also doubling the number of kidney transplants performed. By 2007, 3,000 kidney transplants had been performed and, five years later, in 2012, the team performed the 4,000<sup>th</sup>, establishing NewYork-Presbyterian Hospital as having one of the highest kidney transplant volumes in the country.

The transplant program was first to perform a

successful pancreas islet transplant in the New York tri-state area on patients with Type 1 diabetes. In 1985, The Rogosin Institute Immunogenetics and Transplantation Laboratory (IGT), established under the directorship of Dr. Manikkam Suthanthiran and Dr. Marilena Fotino, became one of the first laboratories to provide testing for transplant patients, helping to match near-perfect donors with patients in need of a transplant. Today, the lab is one of the largest of its kind in the nation.

Since 2000, the program has evolved to use laparoscopic techniques for living kidney donor surgery, minimizing scarring; established a steroid-avoidance program, enabling select kidney transplant patients to live steroid-free; and began successfully utilizing donors with different blood types from the recipient for transplant, among other advances. Dr. Kapur says one of the moments in the program's history he is most proud of are the transplants that occurred on Valentine's Day 2008, when the transplant team performed the National Kidney Registry's first paired kidney donor chain, resulting in five transplants. Later that same year, the program initiated the first cross-country living donor chain in the United States, and in 2011 the team transplanted two donor-recipient pairs in



# ASTS Across the Field

a 60-person donor chain profiled in *The New York Times*.

For more information, visit [www.WeillCornellTransplant.org/50years](http://www.WeillCornellTransplant.org/50years).

## University of Minnesota Transplant Program Celebrates 50th Anniversary

In 1963, Joyce Wallin received a kidney from her twin sister at the University of Minnesota to become the state's first successful kidney transplant recipient.

In the 50 years since then, the University of Minnesota transplant program has

helped more than 8,000 kidney transplant patients and completed more than 13,000 organ transplants. The program observed the occasion with a black tie gala on October 18.

Milestones in the program's history include the world's first kidney-pancreas transplant in 1966 performed by Richard C. Lillehei, MD, and William Kelly, MD; that same year Dr. Lillehei performed the world's first intestinal transplant. In 1974, the program saw the first allo-islet cell transplant performed by David Sutherland, MD, PhD, and John Najarian, MD (from

a deceased donor to a living recipient) to treat type 1 diabetes. In 1979, the world's first partial pancreas transplant using a living donor was performed at the center.

To learn more, visit <http://www.umphysicians.org/about-us/news/2013/50th-anniversary-of-transplant-surgery/>.

## Northwestern Memorial Hospital Performs 1,500<sup>th</sup> Liver Transplant

On September 12, 2013, surgeons at Northwestern Memorial Hospital

performed their 1,500<sup>th</sup> liver transplant.

"I think it's an incredible institutional achievement," said Michael Abecassis, MD, MBA, chief of the division of organ transplantation and founding director of the Comprehensive Transplant Center at Northwestern University's Feinberg School of Medicine.

This milestone came shortly after the 20<sup>th</sup> anniversary of the program's first liver transplant on August 25, 1993.



# ASTS Career Center

Looking for your next career move or a new hire?  
Look no further than the ASTS Career Center

The ASTS Career Center at [careercenter.ASTS.org](http://careercenter.ASTS.org) enables employers to post, manage, and update their job listings and company profile anytime day or night, with online payment for faster service. It also allows job seekers to apply for posted jobs or upload their resumes for employers to view.

Employers have the opportunity to post job openings on not only the ASTS Career Center, but also selected sites through the National Healthcare Career Network (NHCN), an integrated network of nearly 300 associations formed to connect healthcare employers with highly qualified candidates in numerous specialties.



# ASTS Research Grants

Faculty • Resident & Trainee • Fellowship



## GRANT OPPORTUNITIES

Since inception of the program, ASTS has awarded more than 200 individuals over \$8 million in funding research

Visit the ASTS website at  
**[www.ASTS.org](http://www.ASTS.org)**  
to learn more about  
ASTS grants, eligibility,  
and submission criteria.

**Grant Submissions Open:**  
**Early December 2013**

**Application Submission**  
**Deadline: February 4, 2014**

**Grant Notifications: Mid-May, 2014**





## 2013 Fellows Symposium: Elevating the Educational Experience

### 2013 Fellows Symposium: Elevating the Educational Experience

The high altitude (8,000 ft) and first snow of the season did not deter the second-year fellows and faculty from gathering at the 7<sup>th</sup> Annual Surgical Fellows Symposium at The Cliff Lodge in Snowbird, Utah. For some, getting up the mountain during the snowfall added adventure to their educational experience!

This year's symposium took place over three days, beginning at mid-day Friday and ending early Sunday afternoon. This scheduled allowed the fellows to spend the days focused on the educational program and enjoy the evenings getting to know their colleagues and interacting with the distinguished faculty.

The program on Friday was all about immunology and the pancreas. After a welcome lunch on Friday, October 4, Jonathan S. Bromberg, MD, PhD, gave a talk on histocompatibility, followed by one on immunosuppression by Mark D. Stegall, MD. Pancreas transplantation was next up, with Mitchell L. Henry, MD, and Jon S. Odorico, MD, discussing technique and marginal donors and recipients, respectively. Robert S. Higgins, MD, gave the last presentation of the day on UNOS and CMS regulations and compliance. The day wrapped up with pancreas and immunology case discussions, followed by the Mentor Networking Dinner, which gave participants a chance to mingle and enjoy views of the newly snow-covered mountain.

Although the Saturday session was focused on the kidney, it began with an overview of the Society and its history by Jean C. Emond, MD. After this, Peter G. Stock, MD, PhD, gave a talk on donor-recipient matching and allocation, followed by Arthur J. Matas, MD, discussing Optimal Utilization of



The sessions covered a wide range of topics in transplantation and offered opportunities for fellows to participate in question-and-answer sessions. Faculty added to many of the presentations with panel discussions.





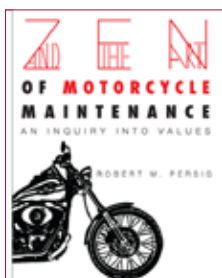
## 2013 Fellows Symposium: Elevating the Educational Experience

**“This program re-focuses and rearranges your priorities. Moreover, it provides a framework and historic perspective of the importance of our collective work in transplantation.”**



ASTS President Alan N. Langnas, DO, gave a thought-provoking address.

Kidneys for Marginal Deceased Donors. Dr. Matas’ talk gave rise to some lively debate about the use of ECD kidneys. Amy R. Evenson, MD, shared some New Techniques in Kidney Transplantation, and then David P. Foley, MD, finished out the morning with a presentation on multi-organ procurement.



Alan N. Langnas, DO, gave the ASTS President’s Message after lunch, noting that this meeting is useful not only for knowledge, but for networking, and that the fellows today will be the ones organizing the Fellows Symposium in a few years. He began by reviewing the fellowship

training mission and goals and presenting the strategic plan, noting that in the future, the ASTS will move towards certifying individual fellows. He then spoke about burnout and its causes and how mindfulness can help manage stress and prevent the inevitable exhaustion that comes with the life of a surgeon. He

recommended the fellows read *Zen and the Art of Motorcycle Maintenance* and discussed its point that both science and philosophy are just maps to the truth.

To wrap up, he showed a video called “This Is Water” based on David Foster Wallace’s commencement address to Kenyon College in 2005 (you can view it at <http://www.youtube.com/watch?v=DaVrn1Sz0H8>). The message focuses on the role of choosing in life—how to react to frustrating everyday events as well as the importance of keeping in mind that there may be a story that you don’t know behind a situation that frustrates or angers you. The freedom of education is knowing that you get to decide what has meaning and what doesn’t, whether you want to go through life angry or frustrated and whether you choose to acknowledge that the people frustrating you are possibly going through their own challenges that you will never know about. The real value of education is awareness.

John C. Magee, MD, then spoke about Transplant Team Management and Leadership, opening by asking the audience to vote for the reason he was giving this talk. The winning option was hope that he would succumb to altitude sickness and open up a job for a graduating fellow. Luckily for him, he avoided altitude sickness and was able to discuss leadership qualities, noting that while all the fellows are in effect already leaders, there is always room for growth. He then discussed the difference between being a manager and a leader. To be an





## 2013 Fellows Symposium: Elevating the Educational Experience

**“Best surgical meeting I have attended, and I have been to many.”**



effective leader, he said, you have to understand yourself, the team, and your institution and fight for the right things.

The day finished with the kidney case discussions, and attendees enjoyed a break before reconvening for the Peer Networking Dinner.

New this year was the addition of a few small group breakout sessions, in which the faculty presented interesting and difficult clinical cases to their team of fellows and engaged them in lively discussion about their experiences and lessons learned. Both the faculty and the fellows enjoyed getting to spend this time together to learn from each other.



Receptions and meal events provided attendees and faculty plenty of time to mingle in a relaxed setting.

Sunday's sessions focused on liver transplantation, including surgical techniques and split and partial liver procedures. Faculty presented several challenging cases they had encountered, provoking discussion about the treatment choices and how fellows should handle similar cases. Dr. Langnas began with his talk on Pushing the Envelope in Liver Transplantation, followed by Charles M. Miller, MD, presenting The Complex Liver Transplant Procedure and Elizabeth A. Pomfret, MD, PhD, giving a talk on Split and Partial Liver: Technical Aspects and Program Preparation.



After the break, Wendy J. Grant, MD, gave a talk on intestinal transplantation for non-intestinal transplant surgeons. She discussed the drop in intestinal transplant numbers, as well as the possible reasons for the decline in the number of procedures.





## 2013 Fellows Symposium: Elevating the Educational Experience

**“I think the small groups were an excellent idea. Great to know what people are ‘actually doing’ in their practice. Thank you!”**



The symposium concluded with the liver case discussions and wrapped up in early afternoon so attendees could make their way down the mountain to the airport to resume their busy schedules.


This year during the case discussions, the fellows were called at random to present their conclusions to the expert panelists. During the day, they worked with their teams to develop their responses, and fellows were asked to present this during each session. The fellows engaged in great debates with both their colleagues and their mentors.

Several fellows took the time to express how valuable they found this experience, and the symposium received high accolades from attendees.

**“Great conference! Thanks for putting it on.”**



### Thank You!



ASTS thanks Novartis and Astellas for their support of the 7<sup>th</sup> Annual Surgical Fellows Symposium.

Thank you to all those whose hard work made the symposium such a success, including:

Wendy J. Grant, MD  
Chair  
Fellowship Training Committee

Randall S. Sung, MD  
Chair  
Program Planning Committee

Amy R. Evenson, MD  
Planning Committee

Elmahdi A. Elkhammas, MBBS  
Planning Committee

Ryutaro Hirose, MD  
Co-Chair  
Fellowship Training Committee  
and Program Advisor



# Hear what people are saying about the ASTS State of the Art Winter Symposium

"Overall an excellent meeting—great for fellows, residents, and staff alike."

"The best surgical forum."

"The ASTS continues to develop and evolve in a very cooperative and productive manner."

"This continues to be the best practical meeting in the transplant arena."

"Outstanding meeting for networking and discussing issues with other surgeons and for young surgeons to meet and interact with transplant leadership."

## "Thank You."

## Best. Symposium. Ever.



AMERICAN SOCIETY OF TRANSPLANT SURGEONS  
14<sup>TH</sup> ANNUAL STATE OF THE ART WINTER SYMPOSIUM

## MEETING THE CHALLENGES OF *Innovation*

January 23–26, 2014  
Loews Miami Beach Hotel

**Pre-Registration Deadline**  
January 9, 2014



**For more information visit**  
[www.ASTS.org](http://www.ASTS.org)



**JOIN US FOR A SPECIAL GALA AS WE  
CELEBRATE ASTS' 40<sup>TH</sup> ANNIVERSARY YEAR!**



# Donor Management Research Consensus Conference

Washington, DC, September 16 – 17, 2013

**M**embers of the donation and transplantation community met in Washington, DC, in September at the Donor Management Research Consensus Conference (DMRCC). Held under the auspices of HRSA and the Organ Donation and Transplantation Alliance (Alliance) with planning from the ASTS and other transplant and donation organizations, the conference was convened to address impediments to the design, implementation, and execution of donor intervention research trials. The conference was enriched by the attendance of medical ethicists, institutional review board and donor safety monitoring board specialists, and representatives of the Office of Human Research Protection (OHRP), Food and Drug Administration, and National Institutes of Health.

The underlying impetus for the conference stems from the potential that donor-directed therapy represents an important opportunity to increase the quantity and quality of deceased donor organs. However, attempts to perform properly designed multicenter randomized trials have been stymied by ethical ambiguity, regulatory uncertainty, and numerous logistical barriers. The two-day event was the first time the donation and transplantation community has formally gathered to discuss this topic.

Speaking to the importance of this meeting, ASTS Immediate Past President Kim M. Olthoff, MD, noted that “Research in the area of donor management and intervention is critical to our field. We know that increasing donor availability, quality, and utilization is the one guaranteed approach that can improve the lives of all awaiting transplantation. Led by the efforts of ASTS members Peter Abt, MD, and Sandy Feng, MD, PhD, the recent Donor Management Research Consensus Conference provided a unique forum to define goals and identify a path forward. It



is imperative that we keep the momentum going and utilize this effort as a catalyst to bring all the key stakeholders to the table, implement regulatory change, and develop the mechanistic framework needed to make this a reality.”

The conference organizers framed the discourse around three domains: 1) issues surrounding the donor and donor hospitals, 2) the transplant candidates, recipients, and centers, and 3) comprehensive oversight and seamless communication (*see below*). Conference organizers and participants engaged in defining the relevant

barriers within and between domains as well as pinpointing potential solutions. A general theme that arose from the participants was that, given the logistical complexity of this type of research, a national oversight body is warranted inclusive of a scientific and human subjects protection review, as well as a data safety monitoring board. There appeared to be unanimous desire for a centralized mechanism to communicate donor intervention studies to recipient hospitals and physicians as well as to track donor interventions and recipient outcomes. Several topics were identified that were considered to have more immediate urgency. These included clarification by the OHRP as to whether deceased donors and donor hospitals are exempt from formal IRB review and whether a national IRB that would have oversight of donor intervention trials could be established.

A follow-up meeting within a year is being planned. During the interim, ASTS will be taking a leading role with HRSA and the Alliance to raise awareness of this agenda, set priorities for donor intervention research, and build an even broader coalition of support inclusive of donor families, transplant candidates, and recipients.

*By Peter Abt, MD, and Sandy Feng, MD, PhD*

## Work Groups and General Topics

### Donor-Focused Issues

Address issues related to conducting research in the donor management setting, including consent, family discussion, challenges related to IRB submission/approval, and communication with relevant entities about research protocol effect on organs.

### Oversight

Address IRB and Data Safety Monitoring Board issues, definition of risk for recipients, allocation and distribution implications for organs affected by research interventions, communication about risk, and possibilities related to a national oversight body.

### Transplant Center Issues

Address communication about research interventions and possible impact on transplanted organs and outcomes, recipient consent at listing and acceptance, standardized recipient follow-up metrics, and minimizing negative outcome and financial impact on transplant centers.

### **VCA, Data Advisory Committees Established**

To meet requirements of the recently renewed OPTN contract, UNOS has created two new committees. The Vascular Composite Allograft (VCA) Committee will develop requirements in areas including transplant program designation, data submission, allocation policies, and consent for VCA donation. The Data Advisory Committee (DAC) will advise the OPTN/UNOS Board of Directors on issues relating to data collection and reporting, including coordination of projects involving both the OPTN and the Scientific Registry of Transplant Recipients. For a list of committee members, visit the committee information section of the OPTN website: <http://optn.transplant.hrsa.gov/members/committees.asp>.

### **OPTN/UNOS Board of Directors Meeting**

The OPTN/UNOS Board of Directors met November 11-12 in Atlanta, after the deadline for this article. The Board was scheduled to consider plain language updates to OPTN policies as distributed for a special public comment period in the summer of 2013, as well as other items presented for public comment in the spring of 2013. A summary of all actions resulting from the meeting will be available on the OPTN website (<http://optn.transplant.hrsa.gov/members/executiveSummary.asp>), as well as in Transplant Pro (<http://transplantpro.org/>) and its monthly member e-newsletter.

### **Public Comment Period Ends December 6**

Public comment ends December 6 for six proposals posted in early September. After the respective sponsoring committees review public comment and consider potential modifications, the OPTN/UNOS Board of Directors may vote on some or all of these proposals at its June 2014 meeting. To provide comments or learn more detail about the proposals, visit the public comment section of the OPTN website: <http://optn.transplant.hrsa.gov/policiesAndBylaws/publicComment>.

### **Webinars on HCC Imaging, Living Donor Followup**

UNOS recently hosted two free webinars relating to new OPTN policy requirements. One addressed changes in imaging characteristics for candidates with hepatocellular carcinoma to receive a MELD/PELD exception score. The other described requirements for submitting living donor follow-up data and strategies that transplant programs may employ to meet these requirements. Both webinars are archived for additional reference.

To access the archived webinars and learn about future offerings, please visit the webinar page of Transplant Pro: <http://transplantpro.org/education/webinars/>.

### **New Process for Patient Status Verification**

In August, UNOS Data Quality initiated a new process for verifying with transplant programs the current status (living or dead) of certain candidates waitlisted and recipients transplanted and/or followed post-transplant. UNOS needed to change the previous process because certain protected death records no longer appear in the public Death Master File data released by the National Technical Information Service on behalf of the Social Security Administration.

UNOS is using data from other sources as supplements. Information in some of these sources must be confirmed before being incorporated in the database. UNOS is contacting transplant programs by secure email and asking them to confirm relevant information for each patient.

All verified patient status information that is ultimately confirmed by a program or through another source will be incorporated into the OPTN database and will be used in OPTN and SRTR data analyses and reporting, including the Program Specific Reports. The SRTR's process that allows programs to review data used in the Program Specific Reports prior to publication remains unchanged.

### **Subscriptions for Transplant Pro E-newsletter, UNOS Update**

If you have not already subscribed to receive monthly e-mail updates to Transplant Pro, UNOS' electronic news site and archived for members, please do so here: <http://transplantliving.org/community/patient-resources/e-newsletter/>. You may also use this login to update your contact information if it has changed. The monthly e-newsletter summarizes and categorizes information recently added to the Transplant Pro site.

In addition, subscribers to *UNOS Update*, UNOS' free bimonthly print magazine, must now register so that the magazine can reach subscribers' mailing addresses most efficiently. To continue receiving *Update*, provide an updated mailing address, or subscribe to it for the first time, please visit Transplant Pro: <http://transplantpro.org/resources/unos-update/>.



## The OPTN/UNOS KPD Program:

# An Idea Whose Time Has Come

*"Do not go where the path may lead, go instead where there is no path and leave a trail."*

Ralph Waldo Emerson

The idea of a national kidney paired donation (KPD) program, available to every U.S. kidney transplant program and accessible to every renal patient with a willing but incompatible donor, has been considered since the country's first paired exchanges in 2000. In the spring of 2004, the OPTN/UNOS Kidney Transplantation Committee began exploring the feasibility of that notion.

"A couple of us on the committee were speaking out rather strongly for the concept and having a debate with a few others who felt it was too early to get involved," Kenneth Andreoni, MD, recalled. "Then [co-chairs] Alan Leichtman, MD, and Mark Stegall, MD, said a few words between them, looked at me and said something like, 'If you feel so strongly about this, then run the subcommittee.'"

In late 2004 Dr. Andreoni, who had been involved with the kidney committee since 2003 and is now president of the OPTN/UNOS Board of Directors, established the KPD working group, recruiting transplant surgeons, coordinators, nephrologists, a psychologist, a living donor, and experts in histocompatibility, mathematics, economics, and computer science. Dr. Andreoni, and indeed many of the group's founding members, have remained with the project ever since.

John Friedewald, MD, a longtime member of the committee, was among them. "From the beginning," he explained, "the goal of the UNOS KPD program was to include all U.S. transplant centers and patients in a way that is efficient, equitable, and transparent while serving the greatest number of people. KPD addresses limitations in the field of kidney transplantation on several levels. Most importantly in this era of organ shortages, KPD has the potential to significantly increase the number of kidney transplants performed each year. It can achieve this while also helping patients with blood type incompatible donors or those who are highly sensitized, who have been traditionally disadvantaged by the allocation system and may have difficult access to transplantation."

There are other paired exchange programs in existence, but the working group saw a clear need for something different. Rich Formica, MD, who has been chair of the working group, explained, "The UNOS KPD program is unique because it has been designed by, and is run by, members of the transplant community in a way that is transparent. We are responsible to the UNOS membership. We must design this program to meet the needs of members."

The working group first sent concept documents and a full proposal for a national KPD program out for public comment,

engaging the community, collecting feedback, and refining their vision for the program. The goal was to deliver a fully vetted proposal for the Board's approval in 2006.

The proposal was delayed, however, due to concerns that KPD might constitute "valuable consideration," and thus violate the National Organ Transplant Act.

It would take an act of Congress to get the wheels turning again. In December 2007, after a concerted effort by many across the transplant community, President George W. Bush signed into law the Charlie W. Norwood Living Organ Donation Act, which established the legality of paired donation. "We literally learned how a bill becomes a law in our country," Dr. Andreoni reflected. "A great civics lesson!"

In June 2008, the OPTN/UNOS Board approved plans for a KPD Pilot Program. Carnegie Mellon University computer science professor Tuomas Sandholm, PhD, and Sommer Gentry, PhD, a mathematics professor at the U.S. Naval Academy and Johns Hopkins University, collaborated with the KPD working group to refine algorithms, eventually donating the optimization software upon which the entire program is based.

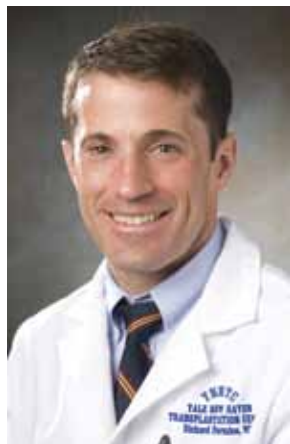
In addition to the contributions of Sandholm and Gentry, the pilot phase of the KPD program attracted gifts from charitable foundations, and in-kind donations of software and consulting from the New England Organ Bank, EDS Consulting, and ILOG.

In 2009, the pilot test was launched with five participants: The Alliance for Paired Donation; Johns Hopkins Hospital; the New England Program for Kidney Exchange; and UCLA Medical Center/California Pacific Medical Center of Los Angeles and San Francisco. By 2012 more than half of the nation's kidney transplant programs were involved, giving feedback on the technical user experience, system components, user practices, and system rules.

In early 2012, the working group and pilot participants concluded that to effectively implement the KPD program, and to ensure that all kidney programs had access to it, the system's manual processes needed to be automated and integrated into UNet<sup>SM</sup>, the system that supports the national wait list



Kenneth Andreoni, MD



Richard Formica, MD

and the matching and placement of deceased donor organs.

This phase would take 24 months and cost almost \$1.5 million. The funds were not in the OPTN's budget, but for Drs. Andreoni, Friedewald, and Formica, slowing the project's momentum was simply not an option. "Currently, paired kidney exchanges are the only available way of increasing the number of transplants," Dr. Formica said. "We had to find a way."

So in June 2012, they worked with the UNOS Foundation to find funding, helping to craft the proposal, talking up the project among their own contacts, and attending calls with prospective supporters.

Within six months they met their fundraising goal thanks to five generous sponsors: United Health Foundation, Novartis, Amgen, Pfizer, and Genentech.

Currently the KPD team is focused on realizing the program's fullest potential. The next set of program enhancements, rolling out in late 2013, will allow KPD participating centers to view

match results and potential living kidney donor records in UNet<sup>SM</sup>, and directly respond to match offers. Participants can also look forward to self-learning modules and an educational video for patients and their prospective donors. Phase 3 of the automation project is expected to be completed in mid-2014.

"UNOS KPD has had amazing support from the community since its inception," said Dr. Andreoni. "Now, we need the centers who have not been actively



John Friedewald, MD

involved to enter patient pairs. When every center in the country involves its patients and their potential donors, we'll be creating transplant opportunities for every potential candidate who has a willing and appropriate, but incompatible, living donor."

For more information about the OPTN/UNOS KPD Program, go to [transplantpro.org/kidney-paired-donation](http://transplantpro.org/kidney-paired-donation), or contact program manager Ruthanne Leishman at [ruthanne.leishman@unos.org](mailto:ruthanne.leishman@unos.org) or 804-782-4770.



## Join The Conversation

CenterSpan is where your colleagues go to discuss transplantation and immunology topics. Don't be left out! Sign up at [www.ASTS.org](http://www.ASTS.org) today.



## Living Organ Donors

**National Living Donor Assistance Center (NLDAC)** reimburses eligible living donors for their travel expenses to the transplant center for their evaluation, surgery, and medical follow-up. Approved donors receive an American Express card to pay for transportation, food, and lodging up to \$6,000. NLDAC will also pay for up to two trips for the donor's support person(s). Here are some recent quotes from our donor follow-up surveys.

*"I would just like to thank everyone from the bottom of my heart. Our finances would have suffered as well as my relationship with my husband without your help. Thanks for helping me save a 14-year-old boy's life."*

Children's Hospital Medical Center  
Cincinnati, OH

*"Thanks for helping me to help my Mom!"*

St. Luke's Hospital  
Jacksonville, FL

★★★★★★★★★★

*"I had a wonderful experience with the living donor assistance center and with the whole transplant team. I couldn't have afforded to donate if it wasn't for the assistance I received. Very wonderful program and I would do it over again in a heartbeat."*

Sacred Heart Medical Center  
Spokane, WA



*"The NLDAC was very helpful in my travel. I don't think I would have been able to have been a donor if it had not been for the NLDAC. They were really a blessing to me. I personally would just like to say thanks for all of your help and support. Keep up the good work."*

North Shore University Hospital  
Manhasset, NY

*"The Social Worker assigned to me informed us of the NLDAC. Thank you so much for your unselfish, generous help."*

UCSF Medical Center  
San Francisco, CA

**National Living Donor Assistance Center  
American Society of Transplant Surgeons**

2461 S. Clark Street, Suite 640  
Arlington, VA 22202 Toll Free: 888-870-5002

Tel: 703-414-1600 Fax: 703-414-7874

[www.livingdonorassistance.org](http://www.livingdonorassistance.org)

E-mail: [nldac@livingdonorassistance.org](mailto:nldac@livingdonorassistance.org)



# Organ Donation & Transplantation Alliance

## The Alliance in Action

The Alliance is known for convening members of the Donation and Transplantation Community of Practice (DTCP) to share and spread best practices for improving organ donation and transplantation. This is accomplished through face-to-face meetings, monthly webinars, and Task Force workgroups. All of these offerings are made available through a cooperative agreement awarded to the Alliance by the Health Resources and Services Administration (HRSA). Here are just a few highlights of the Alliance activities this past year:

### Face-to-Face Meetings Pediatric Summit

More than 250 Pediatric Intensivists, Neonatologists, Emergency Medicine, Palliative Care, Hospitalists, Nursing, OPO Coordinators, Administrators, and Pediatric Transplant Centers were represented at this Summit. Ideas were shared as to how pediatric organ donor management principles and practices can positively impact the number of pediatric deaths on the organ transplant waiting list. Increasing the number of pediatric organs transplanted per donor as well as the overall number of organs available for pediatric transplantation were important and measurable outcomes of this meeting.

### Donor Management Research Consensus Conference

More than 70 OPO and Transplant Center leaders, physicians, surgeons, medical directors, research coordinators, and general counsel convened to discuss and identify challenges related to donor management research. The three main workgroups—Donor Focused, Oversight, and Transplant Centers—identified issues including but not limited to informed consent, IRB submission and approval, allocation and distribution implications for organs affected by research interventions, standardized recipient follow-up metrics, and the impact of research on transplanted organs and outcomes.

### Webinars

The monthly webinars hosted by the Alliance include the Get Connected webinars, Transplant Center Webinars, and the Support and

Advocacy Webinars.

**Get Connected** is a monthly webinar series in its seventh year and is reaching an ever-growing national donation, transplantation, and critical care audience. Those who participate each month are intensivists, transplant specialists, organ procurement staff, and other partners in the DTCP. This webinar series promotes action through education by providing learning opportunities to spread best practice knowledge and solutions. Get Connected Webinars are scheduled on the second Tuesday of the month from 2:00 - 3:00 p.m. ET.

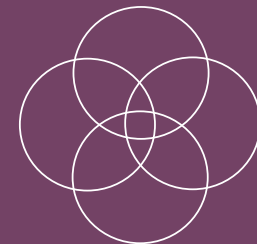
The **Transplant Center Webinar** series promotes engagement of transplant centers as key partners in the DTCP. They focus on examining and addressing issues relevant to transplant center performance and advance transplant center professionals' efforts to end deaths on the national organ transplant waiting list. Transplant Center Webinars are scheduled on the fourth Tuesday of the month from 3:00 - 4:00 p.m. ET.

The **Support & Advocacy Webinar** series focuses on current areas of interest and best practices of donation and transplantation professionals working with donor families, transplant patients, recipients, and their families. These professionals include family counselors, social workers, chaplains, and transplant coordinators from OPOs, hospitals, and transplant programs. The intent of this webinar series is to provide continuing education and a peer forum to clinical and caregiving professionals in the DTCP. Support & Advocacy Webinars are usually held quarterly on the third Tuesday of the month from 1:30 - 2:30 p.m. ET.

### Task Force Workgroups

The Alliance convenes and supports three workgroups in the areas of Donor Management, Transplant, and Quality Improvement. These workgroups convene in person once a year and have regularly scheduled calls throughout the year.

The purpose of the Donor Management Task



## About the Alliance

The Organ Donation and Transplantation Alliance is a non-profit, independent organization composed of a consortium of national organizations critical to the organ donation and transplantation process whose main goal is to eliminate deaths on the national organ transplant wait list. Alliance members include the American College of Healthcare Executives, the American Hospital Association, the American Society of Transplantation, the American Society of Transplant Surgeons, the Association of Organ Procurement Organizations, the Society of Critical Care Medicine, the Joint Commission, and the United Network for Organ Sharing. The Alliance is positioned to bring together diverse stakeholders to align, support, and advance initiatives all focused on saving lives through organ donation and transplantation.

[organdonationalliance.org](http://organdonationalliance.org)



Force (DMTF) is to promote the adoption of critical care and quality improvement practices in each donation service area that optimize organ viability and increase the number of organs transplanted per donor. The DMTF was instrumental in developing the curriculum for two major events this past year, the Donor Management Summit and the Donor Research Consensus Conference.

The role of the Transplant Center Task Force (TCTF) is to promote engagement of transplant centers by examining and addressing issues relevant to transplant center performance. The TCTF is currently working on developing a Transplant Center Toolbox. This Toolbox will provide the transplant community with important resources to assist them in their everyday practice.

Finally, the Quality Improvement Task Force (QITF) was created to use data and metrics more effectively to drive performance improvement in donation and transplantation processes. The QITF is exploring the development of a core set of measures and continuing to provide education and training in the area of quality improvement.

For more information on any of our upcoming program offerings or how to get involved in one of the Task Force groups, please visit [www.organdonationalalliance.org](http://www.organdonationalalliance.org).

### New Alliance Executive Director Named

On August 1, the Alliance hired LeAnn Swanson as the new Executive Director. Ms. Swanson replaces Helen Bottenfield, who recently retired. Ms. Swanson comes to the Alliance from the Arizona Hospital and Healthcare Association where she served as the Vice President of Education and Quality.

## The Health Insurance Marketplace What You Can Do

The Health Insurance Marketplace opened October 1, and it is estimated that about 90 percent of the currently uninsured will get some health insurance premium assistance in the new Marketplaces. It will be especially important for the organ transplant community to know where to direct individuals and families for the most current and accurate resources. There are a number of things you can do to help. They include:

1. Visit [Marketplace.cms.gov](http://Marketplace.cms.gov), where you'll find brochures to share with colleagues and distribute to patients and at community venues; posters, application checklists, fact sheets, and more. [Marketplace.cms.gov](http://Marketplace.cms.gov) is the website for health care providers.
2. Encourage your family, patients, students, and other community members to visit [HealthCare.gov](http://HealthCare.gov) to set up an account and explore enrollment options. Assistance is available in more than 150 languages 24/7 toll-free at 1-800-318-2596. It is incredibly important get the word out to and enroll people age 18-35, i.e., your students, your siblings, your children.
3. Write a message for health center, hospital, community newsletters, and local and school newspapers. We need you to help spread the word about the Health Insurance Marketplace – the new way for Americans to get coverage.

Remember – open enrollment began October 1, 2013. Coverage begins January 1, 2014.

## Let Life Bloom!

### Workplace for Life Hospital Campaign Phase II Records Outstanding Results

Phase II of the Hospital Organ Donation Campaign, which ran

from June 2012 to June 2013, recorded substantial increases in the number of campaign participants and newly registered donors. As more OPOs, DLAs, state hospital associations, transplant centers, and hospitals joined the effort, the number of new registrations attributed to the campaign grew—from 16,542 to 221,834.

Much of the momentum was a result of the Phase II Challenge in which hospitals were asked to track their registration and outreach activities and were then awarded bronze, silver, or gold level recognition. Of the 924 health facilities in the campaign, 322 reached recognition levels. See the full recognition list at <http://www.organdonor.gov/howhelp/recognitionlists.pdf>.

As Phase III of this important campaign begins, best practices from Phase II will be shared on the

Learning Series webinars and on the website at [organdonor.gov](http://organdonor.gov). On the website, you can also review a list of Ideas for Action, which includes

many of the activities from the Phase II Challenge as well as new ideas for engaging communities in outreach efforts.

### Phase III Challenge

- Begin Spring challenge February 1, 2014
- Track activities in February, March, and April
- Aim to reach 500 points for gold level recognition, 250 for silver, or 100 for bronze
- Promote the Ideas for Action document (available at <http://www.organdonor.gov/howhelp/ideasforaction.pdf>). These activities will be the basis for the Activity Scorecard, which will be released following OMB approval, anticipated for January
- Encourage hospitals to focus on community involvement



# Helping You Meet Your ABS MOC Requirements **One Part at a Time**

Launched in January 2013, the ASTS Trans-SAP was developed to help meet the American Board of Surgery (ABS) Maintenance of Certification (MOC), Part 2: Lifelong Learning and Self-Assessment Program requirements for transplant surgeons and physicians.

Trans-SAP contains the most relevant and exclusive content for transplant surgeons and is available 24 hours a day, 7 days a week. Trans-SAP is specifically focused to help meet the ABS MOC Self-Assessment requirements. Trans-SAP MOC is the first-ever program focused on the field of transplantation, developed by transplant surgeons for transplant surgeons and transplant physicians. To learn more, visit [ASTS.org/education/trans-sap-moc](http://ASTS.org/education/trans-sap-moc).

**NEW!** *American Journal of Transplantation* (AJT) – Images In Transplantation now provides Category I CME and self-assessment credits toward Part 2 of the ABS MOC Program. Images in Transplantation is a monthly CME activity featured in the AJT that explores images illustrating a case-based clinical problem, providing learners up-to-date developments in the science of images in transplantation. Now you can look and learn, and earn credits to help meet your ABS MOC requirements. For more information, go to [www.amjtrans.com/view/0/cme.html](http://www.amjtrans.com/view/0/cme.html).

For more information about the ABS MOC Program, go to [www.absurgery.org](http://www.absurgery.org).

## Understanding and Using Your Center's SRTR Data

Do you have questions about your transplant center's SRTR reports? Earn CME/CE credit while you learn about the current transplant regulatory environment and what your center needs to do to maintain CMS certification with these two webinars recently added to [ASTS.org](http://ASTS.org).

- **Webinar 1:** Demystifying the Methodology of the SRTR Program-specific Reports (And How It Affects Your Center)
- **Webinar 2:** Diagnosing Your Center's Strengths and Weaknesses: Using the SRTR Survival Estimate Worksheets

To access the webinars, visit [ASTS.org/education/events-and-cme/webinars](http://ASTS.org/education/events-and-cme/webinars)





## Corporate Contributors

*The American Society of Transplant Surgeons thanks the following companies for their generous contributions to ASTS and its activities.*

### President Circle



### Sponsor Circle



### Associate Circle





# 2013 Call For Nominations Ends December 2

Are you an active ASTS member looking to contribute more to your society? Do you have a colleague or mentor who is actively involved in ASTS and is looking to expand their efforts toward important society activities? Nominate them today!

The Nominating Committee is now accepting nominations for various positions on the ASTS Council for terms beginning in July 2014.

Nominations are being accepted for:

- 3 Councilors-at-Large
- 1 Secretary
- 1 President-Elect

You can nominate yourself or someone you know is an active ASTS member. Nominations are accepted online, and you will be asked to provide the nominee's name, institution, email, and a brief description of his/her qualifications, as well as the reason for your nomination. Nominations will be accepted until **December 2, 2013**.

Upon submission, all nominees will be asked to complete a biography form outlining their service to ASTS, the transplant community as a whole, and their

personal vision for the society. Qualified nominees will have a strong history of society participation including, but not limited to, committee involvement, advocacy efforts, meeting development or involvement, and/or education and training initiatives. Two letters of support from advocates of the nominee's own choosing will also be required to complete their nomination packet.

The committee will review all completed submissions and select the final ballot of 6 nominees for 3 councilor-at-large positions, 3 nominees for 1 secretary position, and 1 nominee for president-elect.

Councilor-at-large and officer nominees will be announced in early February. ASTS will provide detailed biographical information on all nominees on the ASTS website. Eligible ASTS voting members will be notified of the voting period in April 2014.

Choosing strong leaders is critical to ASTS' future. Your participation will help keep our society vigorous and healthy, so submit your nomination(s) as soon as possible at [ASTS.org](http://ASTS.org). Thank you for your continued support of our society.



# Foundation Contributors

*ASTS is grateful to the following individuals for their support of the Foundation of the ASTS.*

*Visit the ASTS website at [www.ASTS.org](http://www.ASTS.org) to learn about the Foundation*

*and its projects or make a contribution.*

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## Calendar

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

### January 8, 2014

SRTR CUSUM Charts: A Quality Improvement Tool for Your

Transplant Programs

OPTN/UNOS Webinar

<http://unos.peachnewmedia.com>

### February 19-23, 2014

The Americas Hepato-Pancreato

Biliary Association 2014 Conference

Miami Beach, Florida

<http://www.ahpbaconference.org/index.cfm>

### April 22-26, 2014

National Kidney Foundation 2014

Spring Clinical Meetings

Las Vegas, Nevada

<http://www.nkfclinicalmeetings.org>

### June 18-21, 2014

ASAIO 60th Annual Conference

Washington, DC

[www.asaio.com](http://www.asaio.com)

## Upcoming ASTS Events



### Advanced Leadership Development Program Webinar 3

January 16, 2014

<http://asts.org/education/events-and-cme/advanced-leadership-development-program>

### ASTS 14<sup>th</sup> Annual State of the Art Winter Symposium

Miami, Florida

January 23 -26, 2014

<http://asts.org/education/events-and-cme/winter-symposium>

### Advanced Leadership Development Program Webinar 4

April 24, 2014

<http://asts.org/education/events-and-cme/advanced-leadership-development-program>

### 2014 World Transplant Congress

San Francisco, California

July 26-31, 2014

<http://asts.org/education/events-and-cme/world-transplant-congress>

### Advanced Leadership Development Program Wrap-Up Session

San Francisco, California

July 27, 2014

<http://asts.org/education/events-and-cme/advanced-leadership-development-program>

### ASTS 5<sup>th</sup> Annual Leadership Development Program

Evanston, Illinois

September 7-10, 2014



## World Transplant Congress

Moscone West  
Convention Center  
July 26-32, 2014

### Submit Your Abstracts Today!

Abstract submission for the 2014 World Transplant Congress is now available.

Abstract submission is only available online.

[www.wtc2014.org](http://www.wtc2014.org)

Abstract Deadline:  
January 10, 2014, 11:59 PM CT





## New Members

For more information on becoming a member visit [www.ASTS.org](http://www.ASTS.org)  
or contact Ning Duan, Membership Coordinator at [ning.duan@ASTS.org](mailto:ning.duan@ASTS.org) or 703-414-7870.

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## World Transplant Congress

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Convention Center  
July 26–31, 2014

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