| Unit Title                               | Course Name   | Authors   | Learning Objectives   |
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| Dialysis Access                          | Vascular Access for Hemodialysis: An Update: Part I                                     | Joseph R. Leventhal, MD, PhD                    | Understand the goals of dialysis access     Understand the advantages and disadvantages of various types of access     Appreciate the advantages and disadvantages of various types of access for a patient depending on their co-morbidities     Understand the challenges in providing patients with optimal access     Be familiar with the DOCI guidelines for dialysis access  |
| Dialysis Access                          | Vascular Access for Hemodialysis: An Update: Part II                                    | Joseph R. Leventhal, MD, PhD                    | Understand the considerations and objectives when deciding on type of dialysis access     Understand the advantages and disadvantages of various sites and types of dialysis access     Understand the general medical considerations:     Be familiar with operative site evaluation:     Be familiar with potential anesthetic approaches   |
| Dialysis Access                          | Peritoneal Dialysis Catheters   | James Whiting, MD                               | Name the 3 components of the peritoneal membrane and outline the pore theory of transperitoneal transport     Compare and contrast the approaches for peritoneal catheter placement     List the common complications of peritoneal catheter placement and approaches for their treatment.  |
| Dialysis Access                          | Complications of Vascular Access  | Kenneth J. Woodside, MD                         | To describe the diagnosis, evaluation, and management of common vascular access complications     To describe the approach and importance of vascular access site conservation and salvage     To describe and emphasize the multidisciplinary nature of vascular access use and management   |
|  |   |   | Understand terminology of medical ethics and origins in Western philosophy  |
| Ethics                                   | Ethics  | Eric Grossman, MD and<br>Peter Angelos, MD, PhD | Describe the historical context of ethical principles in medicine     Apply the ethical principles to the practice of transplantation   |
| Ethics                                   | Ethics Surrounding DBD and DCDD Donors  | David P. Foley, MD                              | Recognize and understand the ethical principles surrounding DBD and DCDD  1. Uniform Determination of Death Act  2. Criteria for Brain Death  3. Controlled DCDD Protocols  4. Utilization of donor hearts after DCDD  5. Uncontrolled DCDD protocols   |
| Ethics                                   | Ethics in Living Liver Donation   | Anji Wall, MD, PhD                              | Understand donor autonomy and its establishment through informed consent     Explain beneficence and non-maleficence as it applies to living liver donation     Understand all the required aspects of informed consent. (reference guidelines)     Understand the ethical challenges with living donation as it relates to the recipient's condition (e.g pediatric recipient, alcoholic liver disease, HCC)   |
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| Hepatopancreatobiliary                   | Management of Benign Tumors of the Liver  | Kelly M. Collins, MD                            | Diagnostic evaluation of liver masses, including incidental and symptomatic masses, and in cirrhotic patients.     Diagnostic evaluation of cystic liver lesions.     Surgical therapy for benign liver tumors.     Liver transplantation for benign liver tumors.  |
| Hepatopancreatobiliary                   | Resection for HCC   | M.B. Majella Doyle , MD, FACS                   | Diagnostic evaluation and treatment selection     Liver-directed therapy use, including bridging and downstaging     Surgical therapy for HCC     Liver transplantation for HCC   |
| Hepatopancreatobiliary                   | Management of HCC with Liver Transplant   | M.B. Majella Doyle , MD, FACS                   |   |
| Hepatopancreatobiliary                   | Benign Bile Duct Injury and Strictures  | Christopher J. Sonnenday, MD, MHS               | Le Valuation and management of bile duct injury following cholecystectomy.     Levaluation and differential diagnosis of established bile duct strictures.     Endoscopic and interventional radiology management of biliary fistula(s) and strictures  |
| Hepatopancreatobiliary                   | Metastatic Cancer of the Liver  | Parsia A. Vagefi, MD                            | 4. Role of liver transplantation for secondary biliary cirrhosis.  1. Diagnostic evaluation, staging, and multidisciplinary management of metastatic cancer to the liver.  2. Surgical therapy of metastatic colorectal cancer to the liver.  3. Neoadjuvant, adjuvant, and liver-directed therapies for metastatic colorectal cancer to the liver.  4. Liver Transplantation for metastatic disease (NE tumor, colorectal cancer).   |
| Hepatopancreatobiliary                   | Management of Cholangiocarcinoma  | Shimul A. Shah, MD, MHCM                        | Diagnostic evaluation and treatment selection, for intrahepatic and extrahepatic cholangiocarcinoma     S. Surgical therapy for intrahepatic cholangiocarcinoma (IHCC), including resection and liver transplantation.     Surgical therapy for extrahepatic cholangiocarcinoma, including resection and transplantation.   |
| Hepatopancreatobiliary                   | Pediatric Liver Tumors: Hepatoblastoma  | Sophoclis P. Alexopoulos, MD, FACS              | Understand the risk factors associated with hepatoblastoma     Be able to describe the PRETEXT staging system for hepatoblastoma     Understand the use of neoadjuvant chemotherapy in the treatment of hepatoblastoma     Understand the role of surgical resection in hepatoblastoma     Now the indications for liver transplantation in hepatoblastoma  |
| Hepatopancreatobiliary                   | Pancreatitis Management   | Marlon F. Levy, MD, FACS                        | Management of acute pancreatitis, including pancreatic necrosis.     Management of chronic pancreatitis, including resection and drainage procedures.     Role of total pancreatectomy and auto-islet transplantation.  |
| Hepatopancreatobiliary                   | Management of Gallbladder Cancer  | Karim J. Halazun, MD, FACS                      | Evaluation and management of the gallbladder mass/polyp     Management of incidental gallbladder carcinoma s/p simple cholecystectomy     Surgical therapy of gallbladder carcinoma (radical cholecystectomy)     A. Adjuvant and liver-directed therapies for gallbladder carcinoma  |
| Hepatopancreatobiliary                   | Choledochal Cyst Management   | Kendra D. Conzen, MD, FACS                      | Evaluation and staging of choledochal cysts     Workup and surgical management of choledochal cysts     Consideration of liver transplantation in patients with choledochal cyst  |
| Hepatopancreatobiliary                   | Management of Benign Cystic Tumors of the Pancreas                                      | Adeel S. Khan, MD, MPH                          | Evaluation, differential diagnosis, and management of cystic lesions of the pancreas.     Endoscopic evaluation and management of pancreatic cystic lesions.     Surgical therapy for pancreatic cystic lesions (MCN, IPMN).  |
| Hepatopancreatobiliary                   | Management of Cirrhosis in Non-Transplant Conditions                                    | Gregory Veillette, MD, FACS                     | Diagnostic evaluation for background liver synthetic condition and presence of portal hypertension.     Consideration of liver resection in patients with fibrosis and established cirrhosis.     Consideration of general surgical procedures in setting of cirrhosis and portal hypertension (e.g., ruptured umbilical hernia in setting of ascites, colectomy in setting of ascites, etc)     Consideration of TIPS as an adjunct to general surgical operative procedures |
| Immunobiology & Transplantation Research | Major Histocompatibility Complex: Structure and Function of HLA: Part I                 | Adriana Zeevi, MD                               | Describe the structural and functional differences between Class I and Class II MHC complexes     Describe the methodologies of HIA antibody detection.   |
| Immunobiology & Transplantation Research | Major Histocompatibility Complex: Clinical Significance of anti-HLA Antibodies: Part II | Adriana Zeevi, MD                               | 2. Describe the methodologies of HLA antibody detection  1. Describe a virtual crossmatch and its role in determining acceptable donors.  2. Understand the different types and timing of antibody mediated rejection.  3. Understand the clinical application of the presence of donor specific antibodies (DSA) in sensitized patients.   |
| Immunobiology & Transplantation Research | Immunobiology of Transplantation  | Sang-Mo Kang, MD                                | Define basic transplant immunology terminology     Describe how alloantigens are presented and recognized by the host immune system     Describe the host immune response to alloantigens   |

| Immunobiology & Transplantation Research   | Banff Schema for Diagnosis of Pancreas Allograft Rejection   | Cinthia Drachenberg, MD   | Describe the normal histology of pancreas and histologic targets of acute T cell rejection     Describe the stages of T cell rejection     Describe the findings in chronic rejection     Describe the histologic targets, diagnostic criteria and stages of antibody mediated rejection   |
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| Immunobiology & Transplantation Research   | Basic Transplant Immunobiology: Basic Concepts   | Allan Kirk, MD  | 1. Describe Basic Immunology – adaptive or specific immunity 2. Describe the relationship between antigen presenting cells and cytokines released by cells of the innate immune response 3. Describe the types of antigen presenting cells and the changes that occur following exposure to antigen 4. List the subsets of T cells and describe their function 5. Describe the distribution of MHC Class I and Class I molecules on immune cells and commonly transplanted organs 6. Describe the function of MHC Class I and Class II antigens 7. Define the first, second, and third signals involved in the initiation of an effective antigen specific response  |
| Immunobiology & Transplantation Research   | Basic Transplant Immunobiology: Rejection  | Allan Kirk, MD  | Definition of acute and chronic allograft rejection     C. Cellular effector mechanisms of rejection     Variables influencing alloreactivity     A. Acellular effector mechanisms of rejection     S. Variables influencing alloantibody reactivity     Overview of complement activation     Mediators of intracellular communication     Co-stimulator molecules  |
| Immunobiology & Transplantation Research   | Basic Mechanisms of Tolerance  | Satish Nadig, MD, PhD   | 1. What is tolerance? 2. Types of tolerance 3. Review central and peripheral tolerance 4. Overview of 1 cell activation and cellular targets to achieve tolerance 5. Review the possible Mechanisms to achieve tolerance 6. Summany of strategies to achieve tolerance and future directions   |
| Immunobiology & Transplantation Research   | Immunosuppressive Medications in Abdominal Organ Transplantation   | Oya M. Andacoglu, MD  | Understand the general classes/groups of agents and mechanism of action     Appreciate the concern, possible mechanism and unintended side effects     Identify CNI minimization and CNI free protocols as viable alternatives with focus updated data on benefits and risk compared to CNI based immunosuppression  |
| Immunobiology & Transplantation Research Immunobiology & Transplantation Research  | Hyper-Acute Rejection: Part I  Hyper-Acute Rejection: Part II  | Robert Montgomery, MD, PhD  Robert Montgomery, MD, PhD  |  |
| Immunobiology & Transplantation Research   | Pathological Analysis of Acute and Chronic Kidney Allograft Injury   | Michael Mengel, MD  | To review the pathomechanisms of acute and chronic kidney allograft injury     To understand the Banff classification system for diagnosing acute and chronic kidney allograft injury     To highlight the limitations of the current Banff classification system     To discuss future developments to increase diagnostics precision in acute and chronic kidney allograft injury  |
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| Intestinal Transplant  | Intestinal Transplantation: Evaluating a Potential Candidate   | Shaheed Merani, MD, PhD, FRCSC, FACS  | Deciding on when to list a patient for intestinal transplant     Classical indications for listing for intestinal transplant     How listing patients for intestinal transplant has changed with time     Outline of additional workup required  |
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| Kidney Transplantation   | Kidney Transplantation: Surgical Complications   | Sanjay Kulkarni, MD FACS  |  |
| Kidney Transplantation Kidney Transplantation Kidney Transplantation   | Kidney Transplantation: Surgical Complications Kidney Transplantation: Surgical Procedures  Delayed Graft Function DGF   | Sanjay Kulkarni, MD FACS<br>Sanjay Kulkarni, MD FACS<br>Sameh Adel Fayek, MD, PhD   | 1. Defining DGF 2. Pathophysiology of DGF 3. Diagnosis of DGF 4. Implications of DGF   |
| Kidney Transplantation   | Kidney Transplantation: Surgical Procedures  | Sanjay Kulkarni, MD FACS  | Pathophysiology of DGF     Diagnosis of DGF  |
| Kidney Transplantation  Kidney Transplantation   | Kidney Transplantation: Surgical Procedures  Delayed Graft Function DGF  | Sanjay Kulkarni, MD FACS Sameh Adel Fayek, MD, PhD  | 2. Pathophysiology of DGF 3. Diagnosis of DGF 4. Implications of DGF 5. Current and future approaches prevent and treat to DGF 1. Define acute kidney injury and a generalized approach to its evaluation 2. Understand prerenal causes of renal dysfunction 3. Understand intrinsic causes of renal dysfunction   |
| Kidney Transplantation  Kidney Transplantation  Kidney Transplantation   | Kidney Transplantation: Surgical Procedures  Delayed Graft Function DGF  Evaluation of Post-Transplant Renal Dysfunction   | Sanjay Kulkarni, MD FACS Sameh Adel Fayek, MD, PhD John J. Friedewald, MD   | 2. Pathophysiology of DGF 3. Diagnosis of DGF 4. Implications of DGF 5. Current and future approaches prevent and treat to DGF 5. Current and future approaches prevent and treat to DGF 1. Define acute kidney injury and a generalized approach to its evaluation 2. Understand prerenal causes of renal dysfunction 3. Understand intrinsic causes of renal dysfunction 4. Understand postrenal causes of renal dysfunction 1. To understand outcome differences between living donors and subtypes of deceased donors 2. Understand risk and benefits of transplanting kidneys from high KDPI donors 3. Understand impact of donor factors on outcomes 4. Understand impact of donor factors on outcomes   |
| Kidney Transplantation  Kidney Transplantation  Kidney Transplantation  Kidney Transplantation   | Kidney Transplantation: Surgical Procedures  Delayed Graft Function DGF  Evaluation of Post-Transplant Renal Dysfunction  Kidney Transplant Outcomes   | Sanjay Kulkarni, MD FACS Sameh Adel Fayek, MD, PhD  John J. Friedewald, MD  Randall S. Sung, MD   | 2. Pathophysiology of DGF 3. Diagnosis of DGF 5. Current and future approaches prevent and treat to DGF 5. Current and future approaches prevent and treat to DGF 1. Define acute kidney injury and a generalized approach to its evaluation 2. Understand prerenal causes of renal dysfunction 3. Understand intrinsic causes of renal dysfunction 4. Understand postrenal causes of renal dysfunction 4. Understand outcome differences between living donors and subtypes of deceased donors 2. Understand risk and benefits of transplanting kidneys from high KDPI donors 3. Understand impact of recipient factors on outcomes 4. Understand impact of donor factors on outcomes 5. Understand risk and benefits of high KDPI kidneys 1. To appreciate approximate long-term kidney graft survival length of time. 2. To know the common causes of long-term graft failure. 3. To recognized common histologic features of chronic graft failure.  |
| Kidney Transplantation  Kidney Transplantation  Kidney Transplantation  Kidney Transplantation  Kidney Transplantation   | Kidney Transplantation: Surgical Procedures  Delayed Graft Function DGF  Evaluation of Post-Transplant Renal Dysfunction  Kidney Transplant Outcomes  Long Term Kidney Transplant Outcomes and Chronic Graft Loss  | Sanjay Kulkarni, MD FACS  Sameh Adel Fayek, MD, PhD  John J. Friedewald, MD  Randall S. Sung, MD  Min Yoo, MD   | 2. Pathophysiology of DGF 3. Diagnosis of DGF 5. Current and future approaches prevent and treat to DGF 5. Current and future approaches prevent and treat to DGF 1. Define acute kidney injury and a generalized approach to its evaluation 2. Understand prerenal causes of renal dysfunction 3. Understand intrinsic causes of renal dysfunction 4. Understand postrenal causes of renal dysfunction 4. Understand outcome differences between living donors and subtypes of deceased donors 2. Understand risk and benefits of transplanting kidneys from high KDPI donors 3. Understand impact of recipient factors on outcomes 4. Understand impact of recipient factors on outcomes 5. Understand risk and benefits of high KDPI kidneys 1. To appreciate approximate long-term kidney graft survival length of time. 2. To know the common causes of long-term graft failure. 4. To recognized common histologic features of chronic graft failure. 4. To recognize the predictors of long-term graft survival. 1. Understand the benefits of living kidney donor transplantation 2. Appreciate the risks of living kidney donor nephrectomy to the donor 3. Appreciate the components and importance of the OPTN policy for living kidney donor evaluation 4. Understand that there are dilemmas in living kidney donation and the acceptance criteria for  |
| Kidney Transplantation  Kidney Transplantation  Kidney Transplantation  Kidney Transplantation  Kidney Transplantation  Kidney Transplantation                         | Kidney Transplantation: Surgical Procedures  Delayed Graft Function DGF  Evaluation of Post-Transplant Renal Dysfunction  Kidney Transplant Outcomes  Long Term Kidney Transplant Outcomes and Chronic Graft Loss  Evaluation of the Potential Living Kidney Donor                             | Sanjay Kulkarni, MD FACS  Sameh Adel Fayek, MD, PhD  John J. Friedewald, MD  Randall S. Sung, MD  Min Yoo, MD  Elizabeth M. Thomas, DO                      | 2. Pathophysiology of DGF 3. Diagnosis of DGF 4. Implications of DGF 5. Current and future approaches prevent and treat to DGF 5. Current and future approaches prevent and treat to DGF 6. Define acute kidney injury and a generalized approach to its evaluation 7. Define acute kidney injury and a generalized approach to its evaluation 8. Understand prerenal causes of renal dysfunction 9. Understand posternal causes of renal dysfunction 1. To understand posternal causes of renal dysfunction 1. To understand outcome differences between living donors and subtypes of deceased donors 2. Understand risk and benefits of transplanting kidneys from high KDPI donors 8. Understand impact of ecipient factors on outcomes 9. Understand impact of donor factors on outcomes 9. Understand impact of benefits of high KDPI kidneys 1. To appreciate approximate long-term kidney graft survival length of time. 1. To appreciate approximate long-term kidney graft survival length of time. 1. To recognize the common histologic features of chronic graft failure. 1. To recognize the predictors of long-term graft survival. 1. Understand the benefits of living kidney donor transplantation 2. Appreciate the risks of living kidney donor transplantation 2. Appreciate the risks of living kidney donor nephrectomy to the donor 3. Appreciate the components and importance of the OPTN policy for living kidney donor evaluation 4. Understand that there are dilemmas in living kidney donation and the acceptance criteria for living kidney donors continues to evolve. 1. Describe the Kidney Donor Profile index (KDPI) 2. Define the Expected Post-Transplant Survival (EPTS) score 3. General discussion of KDPI, EPTS, PRA, and other factors are used for kidney allocation. 4. Special circumstances in kidney allocation (previous living donors, PRA 98-100%, 0-mismatch, and emergency exceptions) 1. Understand the definition of a sensitized patien 2. Understand the definition of a sensitized patien 3. Understand the definition of a sensitized patien |
| Kidney Transplantation  Kidney Transplantation  Kidney Transplantation  Kidney Transplantation  Kidney Transplantation  Kidney Transplantation  Kidney Transplantation | Kidney Transplantation: Surgical Procedures  Delayed Graft Function DGF  Evaluation of Post-Transplant Renal Dysfunction  Kidney Transplant Outcomes  Long Term Kidney Transplant Outcomes and Chronic Graft Loss  Evaluation of the Potential Living Kidney Donor  Kidney Donor Profile Index | Sanjay Kulkarni, MD FACS  Sameh Adel Fayek, MD, PhD  John J. Friedewald, MD  Randall S. Sung, MD  Min Yoo, MD  Elizabeth M. Thomas, DO  Patrick G. Dean, MD | 2. Pathophysiology of DGF 3. Diagnosis of DGF 5. Current and future approaches prevent and treat to DGF 5. Current and future approaches prevent and treat to DGF 1. Define acute kidney injury and a generalized approach to its evaluation 2. Understand prerenal causes of renal dysfunction 3. Understand prerenal causes of renal dysfunction 4. Understand postrenal causes of renal dysfunction 5. Understand postrenal causes of renal dysfunction 7. To understand outcome differences between living donors and subtypes of deceased donors 8. Understand risk and benefits of transplanting kidneys from high KDPI donors 9. Understand impact of fonor factors on outcomes 9. Understand risk and benefits of high KDPI kidneys 1. To appreciate approximate long-term kidney graft survival length of time. 9. To recognize documon histologic features of chronic graft failure. 9. To recognize the predictors of long-term graft survival. 9. Understand the benefits of living kidney donor transplantation 9. Appreciate the risks of living kidney donor nephrectomy to the donor 9. Appreciate the components and importance of the OPTN policy for living kidney donor evaluation 9. Understand that there are dilemmas in living kidney donation and the acceptance criteria for living kidney donors continues to evolve. 1. Describe the Kidney Donor Profile Index (KDPI) 9. Define the Expected Post-Transplant Survival (EPTS) score 9. General discussion of KDPI, EPTS, PRA, and other factors are used for kidney allocation. 9. Special circumstances in kidney allocation (previous living donors, PRA 98-100%, 0-mismatch, and emergency exceptions) 1. Understand the definition of a sensitized patient 1. Understand the need for desensitization in the current era   |

| Kidney Transplantation | Chronic Kidney Allograft Rejection   | William Kitchens, MD, PhD, FACS, FAST                          | Discuss the causes of long-term allograft failure     Investigate the pathophysiologic mechanisms of kidney allograft chronic fibrosis     Identify the different kinds of chronic kidney rejection (including chronic active T-cell mediated rejection and chronic active antibody-mediated rejection), and how they are diagnosed     Evaluate different treatment modalities of chronic kidney rejection   |
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| Kidney Transplantation | Allograft Nephrectomy  | William Kitchens, MD, PhD, FACS, FAST                          | Know the indications for early and delayed/late transplant nephrectomy.     Understand the risks and benefits of a transplant nephrectomy.     Know the basic steps in performing a transplant nephrectomy.   |
| Kidney Transplantation | End Stage Renal Disease and the Renal Transplant Evaluation                              | Monica Grafals, MD   | I. Identify the most common diseases that cause ESRD     X. Know the rates of recurrence of these diseases in the transplanted kidney     3. Understand the impact of renal transplantation in these diseases     4. Evaluate patients for renal transplantation.   |
| Kidney Transplantation | Pre-transplant Evaluation of the Kidney and/or Pancreas Recipient                        | David Lee, MD  | 4. Evaluate patients for renaritiansplantation.   |
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| Liver Transplantation  | Donor Options for Pediatric Liver Transplantation: Evaluation and Management: Part       | Kim M. Olthoff, MD   |   |
| Liver Transplantation  | Donor Options for Pediatric Liver Transplantation: Evaluation and Management: Part II    | Kim M. Olthoff, MD   |   |
| Liver Transplantation  | PSC and PBC  | Gregory Gores, MD  | Define and review the potential causes of Budd-Chiari Syndrome  |
| Liver Transplantation  | Budd-Chiari Syndrome   | Jonathan Fryer, MD   | Understand the diagnostic pathway for Budd-Chiari Syndrome     Discuss the management of Budd-Chiari Syndrome     To understand the differences between compensated and decompensated liver disease   |
| Liver Transplantation  | Management of Complications of End Stage Liver Disease (ESLD)                            | Kawtar Al Khalloufi, MD  | 1. 10 understand to uninterness between Compensated and techniquestate of understand to desease     2. To discuss the CPT versus MELD scoring systems as a classification of degree of liver disease     3. To describe the pathophysiology, diagnosis, and management of major complications of ESLD including ascites, spontaneous bacterial pertinoitis, hepatorenal syndrome, hepatic encephalopathy, and variceal hemorrhage.  |
| Liver Transplantation  | Liver Offers: Factors Influencing Your Decision  | Elizabeth Pomfret, MD, PhD and<br>Megan Adams, MD              | How should consent be approached with regard to liver transplantation and organs with special considerations?     Understand donor specific concerns with regard to management and outcomes     Understand what resources are available to assist with organ evaluation and decision making   |
| Liver Transplantation  | Adult Recipient Outcomes after Live Donor Liver Transplantation                          | John P. Roberts, MD  | 1. Appreciate the overall benefit of live donor liver transplantation (LDLT) as compared to deceased donor transplantation and waiting list risk  2. Understand factors associated with improved LDLT outcomes  3. Profile of complications is LDLT setting versus deceased donor liver transplants  4. Unique complications and concerns with living donor liver transplantation: Small for size, HCV, HCC  5. Financial implications of LDLT  |
| Liver Transplantation  | DCD Liver Transplant Outcomes  | Christopher B. Hughes, MD                                      | To review the history and laws related to DCD transplantation     To describe the proposed mechanisms and risk factors for ischemic cholangiopathy     To describe the spectrum of potential manifestation of ischemic cholangiopathy     To discuss possible donor and recipient techniques to reduce the risk of ischemic cholangiopathy  |
| Liver Transplantation  | Pulmonary Contraindications To Liver Transplant  | M. Susan Mandell, MD, PhD                                      | 1. To know which diseases lead to both liver and lung disease 2. To understand that lung disease can affect the lung tissue, pleura and/or pulmonary vascular system 3. To learn about the natural history of each lung disease 4. To know how functional reserve is measured for each type of lung disease 5. To recognize when lung disease is a contraindication to liver transplantation  |
| Liver Transplantation  | Liver Implantation Techniques: Common Pitfalls and How to Navigate Them                  | Sunil K. Geevarghese, MD, MSCI, FACS                           | 1. Enhance recognition of aberrant hepatic arteries during procurement and understanding of various arterial reconstruction options.  2. Review the pitfalls of procuring arterial and venous conduit.  3. Describe the differences in the recipient hepatectomy for bicaval and piggyback orthotopic liver transplants.  4. Understand indications for and steps of placing a patient on venovenous bypass.  5. Manage intraoperative challenges with reperfusion including hemorrhage.  6. Recognize the difficult hepatic artery anastomosis and means to handle it.  7. Navigate donor-recipient bile duct size mismatch. |
| Liver Transplantation  | Hepatocellular Carcinoma: Epidemiology, Diagnosis, and Staging                           | David A. Axelrod, MD, MBA and<br>Abhinav Seth, MBBS            | Understand the evolving epidemiology of HCC in the US     Understand which populations should be screened for HCC and which studies should be used     Understand diagnostic criteria for HCC   |
| Liver Transplantation  | Hepatocellular Carcinoma: Treatment Options  | David A. Axelrod, MD, MBA                                      | 1. Describe minimally invasive treatment options and indications for transarterial chemoembolization (TACE), radiofrequency ablation (RFA), trans arterial radioembolization (TARE), and stereotactic radiation.  2. Describe patients who may be candidates for resection of HCC based on anatomy and underlying liver reserve  3. Describe the Milan and UCSF criteria used for transplant candidacy and the role of downstaging  4. Describe the MELD exception process for transplant candidates with HCC  5. Discuss adjuvant therapies for HCC  6. Understand the BCLC treatment algorithm                              |
| Liver Transplantation  | Long Term Management of the Liver Transplant Recipient                                   | Justin Boike, MD, MPH  | Trends and Disease Recurrence in Liver Transplant Recipients     Malignancy Risk and Mitigation after Transplant     Renal Disease after Liver Transplant     Metabolic Complications Associated with Transplant     Routine Health Maintenance   |
| Liver Transplantation  | Evaluation and Selection of the Living Liver Donor                                       | Lawrence Lau, MBBS, PhD  | Understand the principles guiding the assessment of living liver donation     Understand the aims of donor evaluation     Understand the assessment process including initial screening, diagnostic tests and consultations with various team members   |
| Liver Transplantation  | Living Donor Allograft Reconstruction  | Koji Hashimoto, MD, PhD  | To understand indications for back table reconstruction in each type of living donor grafts.     To review surgical techniques of back table reconstruction.     To understand the beneficial effects of back table reconstruction.   |
| Liver Transplantation  | Living Donor Liver Transplantation: Recipient Operation and Outcomes                     | Koji Hashimoto, MD, PhD  | Understand the concept of functional graft size in liver transplantation using a partial graft     Understand the importance of graft inflow and outflow in LDLT     S. Review surgical techniques of recipient operation (left lobe vs. right lobe)     Understand the short- and long-term outcomes after adult LDLT.   |
| Liver Transplantation  | Alcohol Liver Disease and Liver Transplantation  | Cary Caldwell, MD  | Describe the incidence, mechanisms and manifestations of Alcoholic Liver Disease     Describe the selection process for ESLD patients with ALD     Describe the stratagems of Transplant Centers in dealing with ALD patients     Describe the results of OLT in ALD patients   |
| Liver Transplantation  | Adult Living Donor Liver Transplantation: Donor Outcomes Part II                         | Ravi Mohanka MD, MS, DNB, MSc, MBA and<br>Amay Banker MBBS, MS | Learn living liver donor outcomes: mortality, morbidity and quality of life   |
| Liver Transplantation  | Adult Living Donor Liver Transplantation: Donor Outcomes Part I                          | Ravi Mohanka MD, MS, DNB, MSc, MBA and<br>Amay Banker MBBS, MS | Learn living liver donor outcomes: mortality, morbidity and quality of life   |
| Liver Transplantation  | Acute Rejection of the Liver Allograft: Clinical, Laboratory and Histologic Presentation |  |   |
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| Liver Transplantation                    | Alcoholic Hepatitis  | John Rice, MD                         |  |
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| Medical Complications of Transplantation | Central Nervous System Infections: Part I- CNS Infection Syndromes         | Valentina Stosor, MD                  | Review the common infectious CNS syndromes in transplant recipients     Outline the diagnostic approach when CNS infection is suspected     Understand the differential diagnosis for infectious and non-infectious CNS disorders following transplantation  |
| Medical Complications of Transplantation | Central Nervous System Infections: Part II- Pathogens                      | Valentina Stosor, MD                  | Review common pathogens encountered in posttransplant CNS infections     Define the clinical presentation, diagnostic features, therapies, and prognosis of the common CNS infections  |
| Medical Complications of Transplantation | BK Virus and Nephropathy   | Michael G. Ison, MD, MS               | La Background: understand what is BK virus, prevalence, viral reactivation  2. Appreciate the clinical significance of BK after kidney transplantation (prevalence, course, manifestations and effect on graft survival)  3. Algorithm for surveillance, diagnosis and stages of BK infection and BK nephritis  4. Treatment options  5. Retransplantation in patients with graft loss due to BK nephropathy   |
| Medical Complications of Transplantation | Infections in Immunocompromised Hosts                                      | Jeffrey Tessier, MD, FACP, FIDSA      | I. Identify typical opportunistic infections associated with transplantation     E. Explain the time points post-transplantation certain types of opportunistic infections are usually observed     S. State the management of immunosuppression for a transplant patient with an opportunistic infections     Define the association between CMV infection, acute rejection, and long-term graft outcomes   |
| Medical Complications of Transplantation | Pregnancy Outcomes After Transplantation                                   | Lisa A. Coscia, RN, BSN, CCTC         | What is the TPRI     Describe maternal conditions that can complicate pregnancies and their incidence in various organ transplant recipients.     Describe newborn potential outcomes/complications and their incidence in various organ transplant recipients.     Know the risks of immunosuppressive medications to the fetus.     What are the AST consensus guidelines on the timing of planned pregnancies   |
| Medical Complications of Transplantation | Donor Transmitted Infections   | Michael G. Ison, MD, MS               | I. Identify the behavioral and medical risk factors that qualify a donor as "increased-risk of disease transmission."     Describe the sensitivity of NAT testing for HIV, HBV, HCV and quantitate the risk of transmission of new infection in the setting "window-period" negative test results.   |
| Medical Complications of Transplantation | Implication of Transplantation on Patient Finances and Insurance Coverage  | Colleen Satarino, LMSW                | Review the psychosocial assessment as defined in the Center for Medicare and Medicaid Services (CMS) conditions of participation     Consider the impact of social determinants of health regarding access to medical care and transplantation     Review the financial aspects of transplant for the patient     Oiscuss cases to describe the process for addressing the psychosocial and financial aspects of pre and post transplant care.   |
| Medical Complications of Transplantation | Skin Cancer in Organ Transplant Recipients: Challenges and Opportunities   | Clark C. Otley, MD                    | Recognize the appearance of the three most common types of skin cancer     Understand the epidemiology and impact of immunosuppression on skin cancer incidence     Be able to educate patients on risk factors, prevention, and treatments for skin cancers     Understand the role of immunosuppression in the development of skin cancer (the section on the amount and varieties)     Recognize the incidence of skin cancer is affected by the type of transplanted organ     Understand the significance of actinic keratosis - that it requires aggressive treatment  |
| Medical Complications of Transplantation | Post Transplant Malignancy & Post-transplant Lymphoproliferative Disorders | Ryan A. Helmick, MD                   | To understand the basic immunologic principles that place transplant recipients at greater risk of cancer after transplant     To review the increased risks of specific cancers and cancer rates within specific transplant populations     To outline principles of post-transplant cancer surveillance and recommendations for surveillance     To discuss the etiology and management of Post-Transplant Lymphoproliferative Disorder  |
| Medical Complications of Transplantation | Post-transplant Lymphoproliferative Disorders                              | Betsy C. Herold, MD                   | Describe the epidemiology and pathophysiology     Describe the diagnosis and treatment     Describe the outcome of treatment in early PTLD, polyclonal PTLD and monoclonal PTLD  |
| Medical Complications of Transplantation | Prophylaxis and Treatment of Post-Transplant Hepatitis B                   | Kevin Gregg, MD and<br>Zoe Raglow, MD | Demonstrate ability to interpret hepatitis B virus serologies and molecular testing to inform post-transplant clinical care     Understand the risks of hepatitis B virus transmission from seropositive donors and strategies for prevention of disease transmission     Understand the preventive and treatment strategies for hepatitis B infection in liver transplant recipients with known infection   |
| Medical Complications of Transplantation | Donor Transmitted Diseases: Part II  | Lewis Teperman, MD                    | Describe results of using HBV core antibody-positive donors in HBV-immune and HBV-naïve recipients including protocols for use of HBIg and antiviral medications in the peri-operative and post-operative period.     Identify emerging infections (influenza, West Nile virus, Zika, etc.) and risk of transmission via solid-organ transplant.     Identify emerging infections that may be present in donors with exposures in and out of the US (Chagas, TB, strongyloides, Coccidiomycoses, Histoplasma) and understand the role of screening of selected donors.     Identify emptyoms in recipients that should raise concern for transmission of donor-derived infectious diseases |
| Medical Complications of Transplantation | Herpes Viruses after Solid Organ Transplantation                           | Eva A. Piessens, MD, MPH              | 1. Understand the risk factors, prophylactic and treatment strategies, and post transplant manifestations of CMV reactivation and disease. 2. Understand the risk factors, prophylactic and treatment strategies, and post transplant manifestations of EBV as it is associated with PTLD. 3. Understand the impact of the other Herpes viruses including HSV1 and 2, Varicella zoster virus, HHV-6, HHV-7, and HHV-9.   |
| Organ Recovery                           | Medical and Surgical Issues of Brain Dead Donors                           | Thomas Diflo, MD, FACS                | To understand the steps of determining brain death     To recognize and manage complications of brain death     To describe organ donor evaluation and organ allocation  |
| Organ Recovery                           | Organ Preservation 101: Basic Principles                                   | Zoe Stewart, MD                       | Be familiar with the history of organ preservation     Understand basic pathophysiology of ischemia and reperfusion     Understand the differences of most common used solutions UW vs HTK     Appreciate the advantages of pulsatile preservation over static cold storage  |
| Organ Recovery                           | Donation after Cardiac Death   | David P. Al-Adra, MD, PhD             | Recognize donation after cardiac death (DCD) donors are a source of transplantable organs     Appreciate the outcomes for DCD kidney and liver transplants are improving     Understand the multiple potential mechanisms of graft failure after DCD liver transplantation     Be aware of how donor-recipient matching may decrease biliary complications and improve graft survival.   |
| Organ Recovery                           | Abdominal Organ Recovery from Deceased Donors                              | David Ryan Hall, MD                   | Understand preoperative preparation for organ recovery     Describe the technique of the operation and specific considerations for procuring each organ     Learn where you can get in trouble and how to stay/get out of it   |

| Organ Recovery  | Donation After Circulatory Death: Abdominal Organ Procurement  | Mark Hobeika, MD   | Recognize the growth of donation after circulatory death in the U.S. and increasing opportunities for extra-renal organ utilization.     Explain the principles of organ donation after circulatory death.     Bescribe the recovery factors impacting the outcomes of organs recovered from donation after circulatory death donors   |
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| Pancreas Transplantation  | Pancreas Transplantation: The Outcomes and Survival Benefits- Part I   | Mark L. Sturdevant, M.D.   | Describe the Graft and Patient Outcomes of SPK, PTA, and PAK     Describe the factors associated with Early Graft Failure     Describe the strategies to improve Pancreas transplant   |
| Pancreas Transplantation  | Pancreas Transplantation: The Outcomes and Survival Benefits- Part II  | Mark L. Sturdevant, M.D.   | Describe the level of evidence on the long-term benefits of Pancreas Transplant     Discuss in detail the specific effects on retinopathy, neuropathy and macrovascular     Describe alternative treatments for Type 1 DM and selective type 2 DM  |
| Pancreas Transplantation  | Pancreas Transplantation: Exocrine and Venous Drainage   | Jonathan A. Fridell, MD  | Describe the history and evolution of pancreas transplant drainage techniques.     Describe advantages, disadvantages, and techniques of pancreas transplant bladder drainage.     Bescribe advantages, disadvantages, and techniques of pancreas transplant enteric drainage.   |
| Pancreas Transplantation  | Indications and Technique for Graft Pancreatectomy and Pancreas Retransplantation  | Ty B. Dunn, MD   | Indication and timing of graft pancreatectomy     Indications and outcomes of pancreas re-transplants     Technical tips for re-transplantation of the pancreas     Be familiar with the technical challenges and principles of graft pancreatectomy   |
| Pancreas Transplantation  | Pancreas Transplant Evaluation   | Daniel A. Katz, MD   | 1. Understand indications and contraindications for pancreas transplant 2. Understand how to think about candidate selection in the context of potential risks and benefits 3. Consider the key parts of the surgical portion of the evaluation for pancreas transplant  |
| Pancreas Transplantation  | Surgical Technique of Pancreas Recovery  | Clark D. Kensinger, MD   | 1. Pre-procurement communication 2. Steps of the donor pancreatectomy 3. Navigating a replaced right hepatic artery during pancreas procurement 4. Assessing and communicating quality 5. Avoiding procurement errors 6. Pediatric and DCD pancreas procurement  |
| Pancreas Transplantation  | Pancreas Back Table Preparation  | Clark D. Kensinger, MD   | Back table set up and equipment     Steps of a pancreas back table     Navigating a replaced right hepatic artery  |
| Pancreas Transplantation  | Impact of Pancreas Transplantation on Quality of Life  | Seth J. Karp, MD   | Examine the effect of a successful pancreas transplant of each of these complications     Examine the consequences of a failed pancreas transplant.  |
|   |  |  | 2. Examine the consequences of a falled particles transplant.  |
| Pediatrics  | Health Care Transition Following Pediatric Solid Organ Transplantation and Maintaining Adherence                           | Jennifer Vittorio, MD  | Define health care transition.     Review current outcomes following transfer of care for pediatric solid organ transplant recipients.     Identify and discuss barriers to health care transition.     Review the "Six Core Elements of Transition."  |
| Pediatrics  | Immunosuppression, Rejection, and Tolerance in Pediatric Transplantation   | Walter S. Andrews, MD  | Understand the current usage of Immunosuppression in Pediatric liver and kidney transplantation.     Understand what makes immunosuppression management different in children as compared to adults.     Understand the approaches to diagnosing and treating acute and chronic rejection.     Current understanding and status of Tolerance in Pediatric transplantation.   |
| Pediatrics  | Pediatric Organ Allocation: Listing and applying for exception points  | Srinath Chinnakotla, MBBS, MCh, FACS                                       | Understand the PELD score and Pediatirc allocation system     Understand candidate who could receive exception points     How to write and exception narrative   |
| Pediatrics  | Transplantation for Metabolic Diseases   | Alisha Mavis, MD   | Define metabolic disease     Review indications for liver transplant     Discuss ethical & surgical considerations     Observe outcomes for liver transplantation in metabolic disease     Assess the benefits and challenges of liver transplantation for metabolic disease   |
| Pediatrics  | Pediatric Kidney Transplantation   | Christine Hwang, MD, FACS  | Understand the patient demographics in pediatric kidney transplant recipients     Have an overview of technical aspects in pediatric kidney transplantation     Review the outcomes of pediatric patients after kidney transplantation   |
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| Public Policy and Organ Allocation  | Organ Procurement and Transplant Network (OPTN) and the Transplant Center  | Timothy L. Pruett, MD  | 1). Understand the history of the development of the OPTN. 2). Describe the major provisions of NOTA. 3). Describe the major provisions of the Final Rule. 4) Understand the role of MPSC, UNOS, and CMS and how they interact in the regulation of transplant center oversight.   |
| Public Policy and Organ Allocation  | Scientific Registry of Transplant Recipients   | Bertram L. Kasiske, MD   | Understand the organizational structure of OPTN and SRTR .  Understand the services provided by the SRTR and its role in feedback to the transplant center and policy development.  S. Understand the methods by which the OPTN uses Program Specific Reports (PSRs) in transplant center oversight.   |
| Public Policy and Organ Allocation  | Centers for Medicare Services (CMS) for Accreditation of Hospitals & Oversight of Transplantation                          | Kenneth Andreoni, MD   | Addresses the oversight role of the Centers for Medicaid and Medicare Services (CMS) and the Joint Commission (IC) in transplantation (current objective)     Outlines the infrastructure of Medicare services and how it applies to transplantation.     Outlines the Medicare requirements for conditions of participation by the transplant centers.     Addresses the transplant services covered by Medicare     MACRA  |
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| Diversity Equity Inclusion and Anti-Pacism  | Vishla Diversity: Homography: Goals & Variot Packgrounds = Improved Outcome  | Thomas Rutler, MD, MS, FACS  |  |
| Diversity, Equity, Inclusion, and Anti-Racism Diversity, Equity, Inclusion, and Anti-Racism   | Viable Diversity: Homogenous Goals + Variant Backgrounds = Improved Outcomes Disparities in Donation: Issues and Solutions | Thomas Butler, MD, MS, FACS Malay B. Shah, MD                              |  |
| Diversity, Equity, Inclusion, and Anti-Racism Diversity, Equity, Inclusion, and Anti-Racism Diversity, Equity, Inclusion, and Anti-Racism |  | Thomas Butler, MD, MS, FACS Malay B. Shah, MD Tanjala S. Purnell, PhD, MPH |  |
| Diversity, Equity, Inclusion, and Anti-Racism   | Disparities in Donation: Issues and Solutions  | Malay B. Shah, MD  |  |
| Diversity, Equity, Inclusion, and Anti-Racism Diversity, Equity, Inclusion, and Anti-Racism   | Disparities in Donation: Issues and Solutions Taking Care of Diverse Patient Populations                                   | Malay B. Shah, MD<br>Tanjala S. Purnell, PhD, MPH                          |  |