CHIMERA

Published for Members of the American Society of Transplant Surgeons

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Solving the Organ Shortage Crisis: Implications of Expanding the Donor Pool

Pre-Registration Deadline: Tuesday, January 2nd, 2007

Newsletter Redesign

It is our pleasure to present to you the newly re-designed Chimera. Over the past six months, the Newsletter Committee conducted an extensive search for a new designer to provide an updated product for the membership. The ASTS office organized and distributed a Request for Proposals and received twelve strong proposals for further review. The Committee met at the WTC and reviewed the proposals of the three finalists. The ASTS office conducted interviews on behalf of the Committee and Ms. Karol Keane was selected as the new designer.

Ms. Keane has over 23 years of experience in the graphic design field and specializes in publications. Before launching her independent business, Karol A. Keane Design & Communications, she worked for the National Journal Group. Currently she teaches Magazine Design for the Corcoran College of Art and Design and designs the Regulatory Affairs Professional Society monthly magazine. We look forward to working with her to deliver an eye-catching, branded source of information that others in the field of transplantation will benchmark against.

As with previous editions of the Chimera, you will find the President's Letter, Regulatory and Reimbursement Update, Legislative Report, Calendar and Job Board. We have also created new features such as a Fellowship Training Section.

With the launch of the re-designed Chimera, the Newsletter Committee would like to feature images submitted by ASTS members in future editions of Chimera. The new feature, titled "Interesting Transplant Images," may include radiographs, pathology photomicrographs, intraoperative photographs or other clinically relevant images of transplant-related diseases/procedures. Submitted images must be original images and not previously published/copyrighted or currently under consideration for publication elsewhere; additionally, they must be void of any patient-identifying information. Please send the image(s), a brief description (limited to 100 words), and your contact information to asts@asts.org or to:

ASTS Newsletter Committee
2461 S. Clark St.
Suite 640
Arlington, Virginia 22202

All entries will be reviewed by the Newsletter Committee and suitable images will be chosen for future editions of Chimera. All images used within Chimera will be properly credited. Get involved today and help make the Chimera reflect the field of transplantation on a more unique level by submitting your interesting transplant images.

We hope you enjoy this re-design and encourage you to provide feedback on the format and suggestions for future content to asts@asts.org.

Kenneth L. Brayman, MD, PhD
Chair, Newsletter Committee

Kim Gifford
Managing Editor

President's Letter

I am old! I was at the first meeting of the American Society of Transplant Surgeons held at the Drake Hotel in Chicago, IL and am proud to have been a member of our Society since the completion of my transplant fellowship. It is a great honor to serve as the 33rd President of our Society.

The mission statement of the ASTS reads: "The ASTS, a non-profit organization, and its Members are committed to leading the way in the 21st Century in fostering and advancing the practice and science of transplantation for the benefit of patients and society; guiding those who make policy decisions that influence the practice and science of transplantation; increasing organ donation; defining and promoting training and the career-long education of transplant surgeons, scientists and physicians; and, advancing the professional development and careers of transplant surgeons, scientists and physicians." We have made great strides in these areas.

Fostering and advancing the practice and science of transplantation.

Our annual meeting, a joint meeting with the American Society of Transplantation (AST), is the premier meeting in transplantation. Our State of the Art Winter Symposium, organized by the Vanguard Committee (a committee of new members for new members; Chair, Elizabeth Pomfret) has had an enthusiastic response. Annually, the meeting has been built around a specific theme. The 7th Annual Winter Symposium "Solving the Organ Shortage Crisis: Implications of Expanding the Donor Pool" is scheduled to be held January 12-14, 2007 (Martin Luther King weekend), at the Marriott Marco Island Resort on Marco Island, Florida. I encourage you to attend this exciting and informative meeting.

Arthur J. Matas, MD
ASTS President

Our journal, *The American Journal of Transplantation* (another joint venture with the AST) is now in its 6th year and has been a resounding success. With an impact factor of 6.002, it is the #1 transplantation journal and ranked second in the surgery category. *AJT* now offers free online access to all articles after 12 months and, in addition to ASTS/AST members, 2,165 institutions worldwide have access to the *AJT*.

The ASTS, with support from our corporate sponsors, offers 9 different awards and scholarships to support research at all levels of career development — residents, fellows, and faculty. Applications submission is now available at www.asts.org for the 2007 awards and the deadline to submit applications is December 12, 2006. The Awards Committee (Chair, Kim Olthoff) worked with the Informatics Committee to create the new online submission and review process. Stuart Knechtle has been working with NIAID to develop an additional award to provide support to achieve NIH funding. The ASTS – David Hume Bridge Award, available for the first time this year, will provide $50,000 in funding to a qualified ASTS member who submitted a highly meritorious K08 or K23 grant application that the NIAID was unable to fund.

Guiding those who make the policy decisions.

Working with legislative counsel (PPSV), our Legislative Committee (former Chair, John Roberts and current Chair, Richard Freeman) has worked hard to encourage Congress to fund the Organ Donation Act. A Fly-in, sponsored by ASTS and other members of the Transplant Roundtable was held on April 26, 2006 and ASTS members from targeted states visited Congressional offices to advocate for funding. On Thursday, July 13, 2006, the Transplant Roundtable hosted a National Call-in Day to target the Senate in preparation for the upcoming mark-up of the fiscal year (FY) 2007 Labor, Health and Human Services, and Education (Labor-HHS) appropriations bill. The Call-in Day generated over 750 calls to Senate offices from thirty-seven states. As a result of our collective efforts, the ASTS is proud to announce that the Division of Transplantation (DoT) received an increase of $2 million from the Senate Committee to fund the Organ Donation Act. Coupled with the funding that Dr. Jim Burdick, DoT Director, is shifting from existing programs, this is a reasonable budget to start these new programs. The next challenge will be to maintain the $2 million increase in the final bill as the Senate and House reconcile their respective bills. ASTS will continue working throughout this year to secure funding for these important programs.

Physician reimbursement has been an ongoing issue. In the Regulatory and Reimbursement Update (page 6), the Reimbursement Committee (Chair, Mike Abecassis) highlights the activities the Committee has participated in

over the year, working to represent the ASTS on reimbursement issues. In addition, ASTS has led a major initiative to decrease the data requirements mandated by CMS; as a result of these efforts (including efforts from other societies), data requirements are expected to decrease 50%.

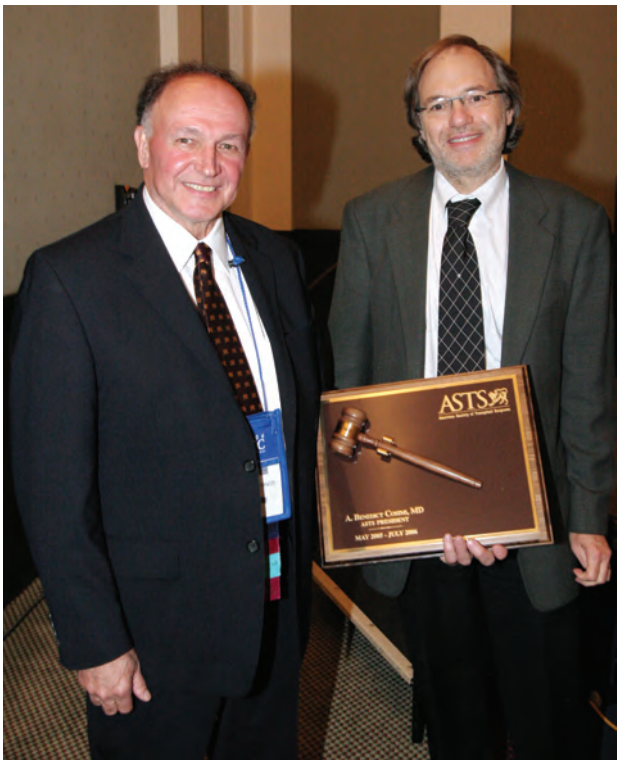
Increasing Organ Donation.

ASTS and the University of Michigan (UM) were recently awarded a major grant from the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services. The 4-year grant will provide reimbursement of travel expenses and subsistence costs for living organ donors. Under provisions of the grant, a National Living Donor Assistance Center will be established at the ASTS National Office, and the vast majority of the $8 million grant will be used for direct reimbursements to potential and actual living donors. See page 25 for additional details.

We have just finished filming a donor information video that will be available to all transplant centers. At the University of Minnesota, we have found it extremely helpful to send donor candidates, prior to their first clinic visit, a "talking head" video outlining the procedure, including the evaluation, and the risks. Candidates can then come to clinic prepared with their questions. With financial support from Wyeth, and help from NATCO, the ASTS is generating a similar donor information video that can be used in any institution. There are no institutional logos on the video and the participants (surgeons, coordinator, social worker, donor family) came from different parts of the country. Once completed, the video will be available to your institution at a minimal cost. More details soon…

Defining and promoting training and the career-long education of transplant surgeons.

During the past year, the Fellowship Training Committee (Chair, Peter Stock) reviewed 42 transplant programs' applications for ASTS accreditation of their Fellowship Training Programs. A number of issues emerged leading to ongoing discussions as to how to provide the best training possible to the fellows. In addition, this was the second year for the Transplant Surgery Fellowship Match; although reviews were mixed (see page 14) for differing views of this process), the overall response has been positive. During the next year, we will be discussing the development of a defined curriculum for transplant fellows. A workgroup consisting of members from the CME, Fellowship Training and Vanguard Committees and led by Elizabeth Pomfret continues work on this important project.



Dr. Matas presented Dr. Cosimi with a plaque and gavel and thanked him for his service to the Society as the 32nd President.

The CME Committee (Chair, Scott Gruber) has developed a series of lecture kits available on the ASTS web site. The committee hopes to expand this library with the addition of surgical videos submitted by the membership.

In July of this year, the Informatics Committee (Chair, Sandy Feng) launched our new, and significantly improved, website, www.asts.org. There are areas of interest for individuals at every stage of their career. I encourage each of you to log on to the site and update your personal profile. Our goal is to feature different site areas throughout the year. Blast emails to the membership will inform of you of what is happening within the Society. And, I encourage you to use the website to direct suggestions, credos, or criticisms to the Executive Committee or to Katrina Crist, our Executive Director.

As you have probably noticed, *The Chimera* has a new design and format. The Newsletter Committee (Chair, Kenneth Brayman) welcomes your contributions or suggestions for future issues.

As you can see from the above, our society is active and vibrant. My thanks to Dr. Cosimi (our immediate past president), the Council, and the Membership for their work on these activities this past year. Our goal for the next year is to continue to develop ASTS as a society representing all of our interests. I encourage each of you to get involved with our activities: write or email the office and let us know how you want to participate, or with your suggestions for what the society can do for you. I look forward to seeing each of you at our winter meeting.

Arthur J. Matas, MD

Regulatory & Reimbursement Update

Transplant DRGs

In the previous issue, we reported that Medicare was considering adopting a new set of DRGs to more accurately account for patient severity of illness. If adopted, reimbursement for many types of transplants would have been reduced. ASTS submitted comments on the proposal urging that adoption of the new DRG system be deferred pending further study. Medicare agreed with the ASTS position, deciding to postpone implementation of a new DRG system and to continue to study various approaches.

However, effective for FY 2007, Medicare will calculate updates to existing DRGs based on hospital cost data rather than charge data. Although this change generally causes minor decreases in surgical DRGs and correspondingly minor increases in medical DRGs, all of the transplant DRGs, with the exception of the DRG for pancreas transplant alone, would increase under the new approach.

2007 Physician Payments

In August, Medicare released its proposed payment rates for physicians' services under the Medicare Physician Fee Schedule for calendar year 2007. As in the past, the amounts allowable under the fee schedule are determined by the relative value units (RVUs) for the code involved, multiplied by a uniform dollar amount (the "conversion factor"). This year's proposed rates

reflect the results of significant methodological and data changes to the RVUs and a substantial reduction in the proposed conversion factor.

While it had been anticipated that the conversion factor would be reduced by about 4.6 % as the result of the current update formula for physicians' fees, CMS announced that, unless Congress intervenes, the conversion factor will be reduced by 5.1%.

Second, the proposed rates reflect a number of substantial changes in the RVUs for both physician work (W-RVUs) and for physician practice expenses (PE-RVUs). The W-RVUs are changing primarily because CMS is proposing significant increases for a number of inpatient and outpatient "evaluation and management" codes. These increases are being applied to patient visits included in global surgical services, which results in modest increases for surgical procedure codes. The potential impact of these changes in W-RVUs is lessened to some extent, though, because CMS is proposing to reduce all W-RVUs by 10% to maintain budget neutrality.

Medicare is also proposing substantial changes to the way it calculates the PE-RVUs. Unlike the W-RVU changes, these changes are to be phased in over four years.

If CMS's rates for CY 2007 are finalized as currently proposed, RVUs for transplant services generally will increase in CY 2007, primarily as the result of the W-RVU changes for evaluation and management codes, but rates will generally decline modestly from 2008-2010 as the PE-RVU changes are phased in. For most transplant services, the 2010 RVUs will remain within 5% of current RVUs.

The primary exceptions are for kidney transplant procedures (CPT 50360-50380) whose RVUs will increase by 14%-37% by 2010; pancreas transplant (allograft)(CPT 48554) whose payment will increase by almost 9% by 2010, and heart transplant (CPT 33943) whose payment will increase by approximately 8% by 2010.

DRG	DRG No.	2006 Standardized Amt	2007 Standardized Amt	% change
Heart Transplant	103	$95,632	$100,221	4.8%
Kidney Transplant	302	$16,213	$16,513	1.2%
Liver and combined Liver/Intestinal Transplant	480	$46,210	$49,867	7.9%
Lung Transplant	495	$44,172	$44,667	1.1%
Pancreas/Kidney	512	$27,646	$33,218	20.1%
Pancreas	513	$30,742	$21,040	31.6%

JCAHO Initiative to Accredit Transplant Centers

In the previous issue we reported that JCAHO was proposing to develop a transplant center accreditation program and had published draft accreditation criteria for comment. ASTS was concerned that the JCAHO program was premature given that CMS has not yet issued its final standards for Medicare-certified transplant centers. Those standards are expected by the end of this year. ASTS submitted a letter to JCAHO urging that it postpone its initiative until final Medicare standards were published.

Government Enforcement of Medicare Certification Standards

As a result of a series of articles in the *Los Angeles Times* in July of this year reporting that nearly 50 Medicare-certified transplant centers did not meet Medicare requirements related to volume or survival rates, the Centers for Medicare and Medicaid Services (CMS) began an investigation of transplant center compliance. About 35 centers received letters from the government requesting data. At present, CMS is considering the data and will determine whether further enforcement action is necessary against those centers. This could include revocation of Medicare certification. In addition, the agency has decided to move the date for issuance of final transplant center regulations to the end of 2006. Previously, publication had been planned for early 2007.

Final OPO Regulations Issued

Medicare published final Organ Procurement Organization standards in May of this year. The final version of the regulations was different from that proposed in February of 2005 and incorporated a number of ASTS' suggestions including those related to criteria for evaluation of OPO performance.

Reimbursement Highlights

ASTS has led a major initiative to decrease the data requirements mandated by CMS. As a result of several comprehensive efforts, including ASTS, AST, HRSA, OPTN, SRTR and others, the data requirements overall are expected to decrease by approximately 50%. These changes will become effective when UNOS' computers have been adjusted.

Pancreas alone reimbursement was approved by CMS for pre-uremic patients. Also, a final rule was issued for islet cell reimbursement that included organ acquisition cost centers. This principle had been denied for islet cells in the original CMS proposal.

Reconstruction backbench codes were valued by the RUC last year. In contrast ASTS chose not to value standard backbench codes arguing that they should be considered Part A. This issue is still being deliberated by ASTS with CMS. In the interim, and upon instruction from the RUC, ASTS carried out some surveys among its members.
The results of the surveys were extremely variable, and it was clear that a majority of the members surveyed did not understand the survey tool.

Therefore, we made a presentation to the RUC to allow ASTS to use alternate survey tools. In the meantime, we are awaiting the results of a conference call with Dr. Barry Straube (CMS) to determine if Part A remains a consideration.

Most members have been reimbursed reasonably well for these codes that are currently "carrier priced", meaning that the surgeon can charge a reasonable amount and it is up to the payor, based on existing contractual arrangements to set the reimbursement.

Physician reimbursement went through the mandated "5-year review". This is a joint effort between the AMA's RUC, made up of all medical and surgical specialties, which acts as advisor to CMS. The abdominal transplant codes came out ahead of the previous year in terms of RVU's, despite a 10% shift overall from CPT (procedural) codes to E&M (cognitive) codes. The conversion factor which "converts" RVU's to actual dollars is still in play and will affect all codes evenly. The final RVU for all codes will be published in the 2007 Medicare Fee Schedule and will be effective January 1, 2007.

Inpatient hospital (prospective) reimbursement (DRG) has just undergone a significant overhaul based on severity adjustments. CMS had published a proposal which initially appeared to benefit transplant codes. However, it was clear that CMS had made a computational error by including organ acquisition on the cost side. Once the organ acquisition costs were removed from the calculations, transplant codes were affected negatively, just like most surgically driven codes. The ACS and the ASTS made strong comments to CMS in the comment period. These comments are available at www.asts.org/advocacy/reimbursement. The final rule, just released last month shows that the comments were taken seriously. As a result, most transplant codes have remained at the same value or are slightly higher with the exception of a couple. These however clearly created rank-order anomalies and needed readjustments. These changes should be effective January 1, 2007.

Legislative Report

ASTS Engages Congress Amidst Uncertain Future for Medicare Payments and Critical Transplant Issues

Heading into the midterm Congressional elections, there is a great deal of uncertainty with how lawmakers will approach a Medicare bill in the final months of the 109th Congress. Such a bill is being driven by physicians' efforts to have Congress provide relief from a proposed reduction in Medicare's physician fee schedule. The outcome of the Fall elections may significantly impact how this debate takes shape, and could determine whether additional Medicare changes could be in store for providers and beneficiaries later this year.

In addition to broader Medicare issues, ASTS is continuing to focus its resources on long-standing legislative priorities. In July, Senate appropriators finally included specific funding to implement the Organ Donation Act. ASTS is continuing its efforts in coordination with the transplant community to ensure an increase in funding for this new law. With regard to legislation that would clarify the legality of living kidney paired donation, ASTS is working with Congressional leaders to remove any concerns with the bill, hopefully before the end of the Congressional session. And finally, the Bush Administration recently released an Executive Order that seeks to increase transparency in health care pricing, a move that may have a significant impact on all providers over time.

Medicare Legislation Likely this Year, but Timing and Content Remain Uncertain

Congress is under great pressure to craft a Medicare bill this fall that would eliminate a proposed 5.1 percent decrease in physician payments for Calendar Year (CY) 2007. This would be consistent with what Congress has done every year since 2001 when it first suspended the statutory Sustainable Growth Rate (SGR) formula from being implemented. The SGR continues to calculate negative physician fee schedule updates as a result of three factors: (1) steady increases in physician utilization; (2) overpayments made by Medicare under the physician fee schedule in the late 1990's; and (3) subsequent Congressional action to prevent updates that would keep overall expenditures within a "target" range. Although some form of revision to the physician fee schedule is likely this year, there is much speculation about how Congress will ultimately attempt it.

Republican leaders may elect to pass only a three or six month fee freeze in anticipation of a Democratic victory

There are three main strategic factors form the debate: what specific reform proposal to attempt, how much to spend, and what political strategy would best be applied. The expected outcome of the fall elections seems to be playing a major role in the course this debate takes.

The options for reforming the SGR formula entirely or, as has been done in the past, simply setting a statutory payment update, are perennially debated in Congress. Physician groups, including ASTS, and lawmakers alike would prefer a long-term solution to the SGR formula so that Congress and the interest groups are not forced to address this issue each year. But long-term solutions are very difficult to achieve due to the high cost of such an approach over the next ten years, the amount of time the Congressional Budget Office (CBO) calculates for purposes of forecasting the cost of various policy proposals. The Medicare Payment Advisory Commission (MedPAC) has recommended replacing the SGR with the Medicare Economic Index (MEI) as an annual update mechanism for physicians. However, CBO figures demonstrate that the 10-year cost of this substitution has swelled from $155 billion in 2005 to $218 billion in 2006, more than half the cost of the Iraq war to date.

A zero percent update for one year to the Medicare physician fee schedule is expected to cost approximately $13 billion, still a very steep price tag in a tough fiscal environment. This means that Congress will have to identify cuts to other health care providers to help pay for this proposal, putting all providers on edge in the closing months of this Congress. It also puts

AARP on edge, as increases to the physician fee schedule translate into greater out-of-pocket costs for Medicare beneficiaries in need of physician services through the required 20% copayment. In order to achieve such a politically difficult issue on a tight timeframe, there is every expectation that legislation, if enacted, will be closely held by Congressional leadership with little opportunity for the public to react or weigh-in.

Despite the cost concerns, perhaps the largest degree of uncertainty this fall comes from competing political agendas. With increasing speculation that Democrats may regain a majority of seats in the House of Representatives (and even possibly the Senate), political scenarios for how to accomplish challenging legislative initiatives so close to a politically charged election are becoming more complex.

One likely theory for how the Medicare debate will play out this fall is that lawmakers will delay action on Medicare until after the November election and return for a "lame duck" session that would culminate in a "quick" Medicare bill. This view is favored by some House Republican leaders aligned with the main Medicare committee, Ways and Means. Another strategy, favored by some Republicans on the Energy and Commerce Committee (which has some Medicare jurisdiction), is to pass a bill before the election so that candidates in tight races will have accomplishments to tout in their campaigns. The strategy of waiting until after the election to enact a bill has some historical precedent, since no major Medicare legislation has been enacted so close to an election. The Benefits Improvement and Protection Act of 2000 (BIPA), which prevented a reduction to the physician fee schedule, was enacted in a lame duck session after the election.

Another potential scenario, one which could have deep ramifications for the future of physician fee schedule updates, is that Republican leaders may elect to pass only a three or six month fee freeze in anticipation of a Democratic victory in either house of Congress this fall. Therefore, if Democrats do gain control, they would be forced to work out a longer term solution on their watch—a difficult prospect indeed since Medicare bills are notoriously difficult to pass. This strategy, of course, is at least, in part, intended by Republican leadership to send the message to the physician community that they had better support Republicans during the upcoming elections or take their chances with what Democrats will do if they gain power.

Senate Appropriators Include Increase for Organ Donation Act Programs

In a long-sought, very encouraging development, the Senate Appropriations Committee provided $2 million for the Health Resources and Services Administration's (HRSA) Division of Transplantation to increase funding for programs under the Organ Donation and Recovery Improvement Act. The funding was accompanied by report language in the bill's report that specifically "earmarked" these new funds for implementation of the programs under this new law. The move follows years of intense efforts by ASTS and other transplant organizations to engage lawmakers directly on programs designed to increase organ donation rates.

After working with key Senate Labor, Health and Human Services, and Education Appropriations Subcommittee members throughout the year, several Senators distinguished themselves as champions of this funding. Senator Specter (R-PA), Chairman of the Subcommittee, was instrumental in securing the funding, along with Senator DeWine (R-OH) of his Subcommittee and Majority Leader Bill Frist (R-TN). Key Democratic supporters included Senator Harkin (D-IA), the ranking Democrat on the Subcommittee, Senator Dorgan (D-ND), Dodd (D-CN), and Durbin (D-IL). In every instance, ASTS members from these Senators' home states were in contact with these key Senate offices, making the case for funding the new law, in some instances, for the third year in a row.

The funding, if ultimately agreed to by the House in the final bill later this year, would go toward funding a travel and subsistence reimbursement program for living donors, grants to hospital-based organ coordinators, and grants and demonstration projects designed to increase organ donation awareness and the rate of donation. The Division of Transplantation had signaled earlier this year that it intended to shift some of its existing budget to begin implementation of these programs. Assuming the new funding is included in the final bill, the amount of dollars capable of being devoted to these programs is fairly significant, considering the budget pressures of the past several years.

The President's FY 2007 budget proposal had originally proposed level-funding for the Division of Transplantation at the FY 2006 appropriated amount of $23.2 million. This would have meant another year of no additional funding to implement the programs authorized by the new law. Funding for the agency has steadily decreased since a high of $25 million in FY 2004. Earlier this year, the House of Representatives passed their version of the Labor, Health and Human Services and Education Appropriations bill with the same level-funding for the Division of Transplantation. The Senate level of support, $25.2 million, is a direct result of an intensive and sustained campaign by ASTS and several other transplant organizations to finally get this bill funded and its programs underway.

It remains unclear whether this $2 million increase will make it into a final spending bill this year. Prospects are good but intense fiscal pressure remains

to hold federal spending for these types of programs to little or no increase from this year's spending levels. ASTS will be leading a concerted effort within the transplant community this fall to ensure that the full increase is ultimately enacted. However, political and economic issues may predominate, prompting a compromise between the House and Senate and/or an across the board spending cut similar to those enacted in the past three appropriations cycles.

Living Kidney Paired Donation Bill Faces Difficult Road Ahead

ASTS is continuing its efforts this year to clarify that the National Organ Transplant Act (NOTA) did not intend to prohibit living kidney paired donation as an exchange of "valuable consideration." ASTS and most in the transplant community do not believe that paired donation raises the kinds of ethical concerns that this provision of NOTA was designed to address, namely, the creation of a market for donor organs. But clarification in the NOTA law that paired donation is not a violation of NOTA has become a high priority of ASTS due to vague concerns raised by Executive Branch officials that the situation is not clear. Eliminating any lingering legal concerns would encourage transplant centers to adopt paired donation programs as a standard practice and could lead to the development of a national paired donation program.

However, hopes for speedy passage of the legislation, S. 2306, the "Living Kidney Organ Donation Clarification Act," are dimming as the number of legislative days on the Congressional calendar for 2006 diminish with each passing day. ASTS, along with key members of the transplant community, still believe that there is a chance the bill could be expedited for passage, either later this year or, more likely,

next year. Much will depend upon the outcome of the mid-term elections. Although a formal bill has been introduced in the Senate, its progress is slow and there is fear that "opening up" NOTA will prompt a flurry of other amendments to this law that would not be welcome. A House bill has yet to be introduced and they are not likely to make significant progress on this issue until the Senate demonstrates that it would like to move on this legislation

With the likelihood of action this year slim, ASTS and other transplant community members are working to educate key committee staff and Members of the committees of jurisdiction about the merits of this legislation in preparation for a major campaign next year. The widespread lack of ethical concerns with paired donation, coupled with the promise it holds for increasing donation rates and lessening dialysis costs for the Medicare program, make this issue a compelling one for Congressional attention.

Executive Order on Price Transparency

In a move that could open the door to greater health care price transparency and electronic health information sharing, the Bush Administration issued an executive order on August 22, 2006, that would direct federal health programs to disclose prices paid for health care services and share information with the public. The order also directs federal health care agencies to develop best practices that encourage high quality, efficient health care. Amidst the release of the Executive Order, Congressional leaders dropped a price transparency provision from health information technology legislation moving its way through the House and Senate. The legislation has actually passed both the House and Senate, but conferees have not yet been appointed and both houses of Congress still need to approve a compromise bill before Congress adjourns for the year or the bill will die.

According to the Order, by January 2007, the U.S. Department of Health and Human Services (HHS), the Department of Defense, the Veterans Administration, and the Office of Personnel Management must have programs established whose function is to collect information on the cost and quality of health care, including information on how much is being paid to providers, doctors, and hospitals.

The Order includes the following major provisions:

All agencies must use health information technology systems and products that meet "recognized interoperability standards" when they implement, acquire, or upgrade health information technology systems for the direct exchange of health information between agencies and with non-Federal entities. The term "recognized interoperability standards" means such stan-

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dards recognized by the Secretary of HHS on the date of implementation, acquisition or upgrade.

In contracts or agreements with health care providers, health plans, or health insurance carriers, federal agencies must require the utilization of health information technology systems that meet recognized interoperability standards.

Each agency must implement quality measurement standards for the services furnished by health care providers to beneficiaries or enrollees of Federal health care programs. An agency meets this requirement if it participates in the aggregation of claims and other appropriate data for the purposes of quality measurement.

Federal agencies must develop programs that measure quality of care with the collected data. The agencies must find best practices that encourage high quality care and pay-for-performance models are explicitly permitted.

The four agencies will begin their data collection with the top 100 employers in the United States and develop collaborative arrangements with health care providers to determine the costs for common procedures. It is unclear what procedures will be measured or how they will be calculated. The data, along with quality standards developed by the agencies, are expected to be widely disseminated and incorporated by private sector health care providers, employers and insurers.

The Executive Order appears on its face to be an articulation of the President's "Ownership Society." Although the transparency initiative is one piece of the President's broader second term health care agenda, this is the first opportunity to view details of how specifically he proposes to accomplish it. With price transparency, the theory is that consumers will be able to better "shop" for health care services and, ultimately, reduce the cost of health care. Health insurers, as well, would likely welcome the transparency since they sometimes pay more than public payors for the same service.

Transparency proposals are getting strong support from employer groups such as The Business Roundtable since they believe more disclosure will reveal significant discrepancies and create a more uniform pricing scheme. Furthermore, many conservatives believe that publicizing prices will rationalize what they consider to be a largely broken market.

The transparency initiative overall is unlikely to have an immediate impact on health care providers or patients, but its longer term effects are potentially wide-ranging. There are ongoing discussions of the impact that true price transparency in health care would bring. Collusion and price fixing, not terms often associated with health care pricing, could become major issues as disclosure of prices becomes more widespread. And the real impact of consumer-driven health care choices based on price remains very unclear.

Regulations will be forthcoming from the Department of Health and Human Services on the types of data to be required for submission and the electronic interoperability standards. Although regulations will be drafted to specify which providers will be impacted, it is likely that transplant centers would be impacted, though to what extent is unclear at this point.

Conclusion

ASTS remains vigilant into the fall as Congressional action heats up and appropriations bills are finalized. With many ASTS members having established long term relationships with their elected officials, pressure will remain high on those lawmakers to fund critical transplantation programs and provide prudent physician fee schedule updates.

Clinical Notes

Hemorrhagic Complications of Living Kidney Donation

In a paper published recently in *Annals of Surgery* (243, 1, January, 2006, 126-130), Dr. Amy L. Friedman and her colleagues describe significant hemorrhagic problems associated with certain techniques applied during removal of kidneys from living donors. The ASTS member authors writing with Dr. Friedman included Drs. Thomas G. Peters, Kenneth W. Jones, and Lloyd E. Ratner; Dr. L. Ebony Boulware of the Department of Medicine at Johns Hopkins joined the ASTS members in analysis of an ASTS Council approved survey. That document, sent to all ASTS surgeon members and analyzed in 2005, provided data disclosing significant hemorrhagic complications in 66 cases involving arterial control and 39 episodes related to venous control. Respondents reported 2 deaths occurring from arterial hemorrhage associated with failure of hemostatic clips, and 2 cases of contralateral renal failure also associated with surgical clip dysfunction. Significant clinical events also included the need for reexploration, transfusion, and care associated with unexpected massive hemorrhage.

Both locking and non-locking clips were implicated by surgeons who additionally opined that techniques of arterial control should involve tissue transfixion (suture ligature or staple) rather than simple ligature or placement of clips. Since publication of the paper, at least one manufacturer has changed its package insert to note that application of surgical clips for control of the renal artery in living donor nephrectomy is contraindicated. The authors concluded that the circumstances of significant arterial or venous hemorrhage may be relatively infrequent, but when occurring result in high-impact events which can threaten the life of a healthy living kidney donor.

ASTS News

The ASTS Business Meeting was held on July 26, 2006 in Boston, MA during the WTC. The following are key reports from the meeting.

ATC 2007 Program Committee

Dr. Dixon Kaufman reported that ATC 2007 will be held in San Francisco, CA, May 5-9, 2007. The abstract deadline for ATC 2007 is December 1, 2006. Dr. Kaufman reported that San Francisco will be a great venue for the meeting and that the interests of the Society will be well served at ATC 2007.

Membership Committee

Dr. David Mulligan reported that the current membership was 1068. He reported growth in the Surgical Associate Category and asked members to return to their transplant centers and encourage appropriate allied health professionals to apply for ASTS Membership.

Newsletter Committee

Dr. Kenneth Brayman reported that the Newsletter Committee met earlier to review proposals for a new designer for the Chimera. The decision was made to reduce the publication to three times a year to coincide with the Annual Meeting, the Fall Council Meeting, and the Winter Symposium. He reported that the improved Chimera would provide a more professional look and increase the visibility of the Society. Dr. Brayman also reported that previous editions of the Chimera are now available on the new website.

CME Committee

Dr. Scott Gruber reported that the CME Committee continues its work to expand educational offerings for the Society's members. There are currently 10 ASTS-branded presentations available for download at www.asts.org. Dr. Gruber reported that the Committee plans 5-10 more "hot topic" presentations over the next year and that the Committee will also begin work on a video library of surgical procedures.

Awards Committee

Dr. Olthoff announced the new ASTS-David Hume Bridge Award which was developed, through the efforts of Dr. Stuart Knechtle, to provide bridge funding for one year for an ASTS member who submitted a highly meritorious K08 or K23 grant application that the NIAID was unable to fund. ASTS will offer one $50,000 award annually to a qualified applicant and details are available at www.asts.org. Dr. Olthoff also announced the completion of the online awards application system that will allow the entire 2007 awards process for both applicants and reviewers to be conducted electronically.

Informatics and Data Management Committee

Dr. Sandy Feng reported that ASTS launched a new website on July 13, 2006. The new website features up-to-date news and information on ASTS activities and events, regulatory and governmental changes that affect transplantation, reimbursement issues, online awards application process, online fellowship training program accreditation and renewal, continuing education, and an interactive database of ASTS members.

Vanguard Committee

Dr. Elizabeth Pomfret reported that planning is well underway for the 7th Annual Winter Symposium. This event will be held on Marco Island, Florida and is titled "Solving the Organ Shortage Crisis: Implications of Expanding the Donor Pool." Dr. Pomfret reported that there will be a ½ day pre-symposium seminar hosted by the Standards Committee and a mentorship seminar organized by Dr. Talia Baker. The Vanguard Committee is designing a new pre-symposium course for 2008 titled "Preparation for a Career in Transplant Surgery" and will cover topics such as negotiating your first job, billing, business issues related to transplant surgery and other issues important to new surgeons.

Scientific Studies Committee

Dr. Cosimi reported on behalf of Dr. James Eason that in March, the ASTS organized a Consensus Conference on Retransplantation in Atlanta. The conference was co-sponsored by the AST and NIAID and directed by Drs. Giacomo Basadonna and Maryl Johnson. The purpose of the conference was to review the current status of retransplantation, to evaluate data available concerning predictors of outcome following retransplantation, to define factors and additional data needed to improve outcomes with retransplantation. Mini-reviews have submitted for publication. The Committee is planning a kidney/liver multi-institutional study.

Ethics Committee

Dr. Charles Miller reported that as attempts are made to expand donors, more ethical concerns arise. He reported that Committee members attended the Psychosocial Evaluation of the Live Kidney Donor Consensus Conference on May 25, 2006. From the knowledge gained at this conference, the Committee has organized a draft Statement on Solicitation and Directed Donation of Organs. The Committee will continue work on this statement and present it at the next meeting of the Council.

Fellowship Training Committee

Dr. Peter Stock reported that in June 2005 the decision was made to transfer the fellowship accreditation files to the ASTS national office in order to centralize the accreditation process. This centralization was necessary due to increased scrutiny of the accreditation process and requirements. Dr. Stock also reported that fellow logs, previously voluntary for fellows in ASTS accredited programs, would now be mandatory. Online fellow logs will be part of Phase II for the website. Dr. Stock reported on the 2006 NRMP Fellowship Match for appointments beginning in July 2007. There were 22 graduates of US medical schools who participated in the match and all 22 received fellowships. He reported that overall, 72% of match participants received a fellowship. Dr. Stock reported that Dr. David Reich is in the process of surveying the program directors and previous fellows to determine manpower issues concerning transplant surgeons and that he anticipates the survey will be completed within a year.

Ad Hoc Committee on Workforce

Dr. Ginny Bumgardner reported that the Ad Hoc Committee on Workforce had developed and distributed a survey to determine the demographics, training history, participation in clinical and/or basic research and professional development of the transplant surgery workforce. Dr. Bumgardner reported that the information will be analyzed and a report will be submitted to the AJT for publication. The information will also be available through the ASTS website and there are plans to interface with the AAMC Workforce Center. Dr. Bumgardner reported that the responses regarding professional development needs would be used when considering new programs and initiatives.

Standards Committee

Dr. Richard Freeman reported that the Standards Committee will host a ½-day pre-symposium seminar in January in conjunction with the ASTS Winter Symposium. Dr. Barry Straube from CMS is an invited guest and Dr. Freeman reported that with the new CMS regulations due to be released soon, this will be an opportunity for Dr. Straube to give participants the CMS perspective. Dr. Freeman reported that the other invited guests at the pre-symposium workshop will also provide important regulatory updates.

Legislative Committee

Dr. John Roberts reported that ASTS has been very active in efforts to fund the Organ Donation Act. Originally enacted in 2004, it has yet to be funded. Dr. Roberts reported that the ASTS initiated a coordinated effort within the transplant community to engage Congress to the fund the Act. The Transplant Roundtable consists of 13 transplant organizations and in April the Transplant Roundtable coordinated a legislative fly-in. Eight ASTS Members from targeted states participated in nearly thirty meetings with House and Senate offices. Dr. Roberts also reported that the Transplant Roundtable organized a "National Call-in Day" prior to the Senate Labor Health and Human Services Committee appropriations legislation mark up. The effort resulted in over 750 calls from 37 states. He reported that the Senate has authorized $2,000,000 to fund the Organ Donation Act and is hopeful that the House will follow with similar action.

Reimbursement Committee

Ms. Katrina Crist reported on behalf of Dr. Michael Abecassis that the Reimbursement Committee has been very active and information regarding all the committee activities is available at www.asts.org. She informed members that there is a great deal of information available under the "Advocacy" tab on the website concerning the regulatory and reimbursement issues. She encouraged members to check often for updates on these important issues.

Fellowship Training

The objective of a Transplant Surgery Fellowship Training Program is to develop proficiency in the surgical and medical management of patients with end-stage organ diseases amenable to transplantation. Currently, the ASTS accredits 65 Abdominal Transplant Surgery Fellowship Training Programs throughout the United States and Canada.

Sandy Feng, MD, PhD

Sandy Feng, MD, PhD
Fellowship Training Program Director
University of California San Francisco

I did my first kidney transplant as a third year general surgery resident and I immediately fell in love with transplantation. Although tempted, I did not feel that I could responsibly or credibly commit to Transplant Surgery as a career until I had experienced liver transplantation. I therefore made special arrangements to do my liver transplant rotation as the first of my fourth year. In September 2003, right after the rotation, I sent out letters inquiring about fellowship positions. I was shocked and disappointed to realize that I was late in the process. Many "prestigious" programs replied that their positions for July 1995 were all filled. Many programs did not even answer.

I was a General Surgery resident at Brigham and Women's Hospital, famous for the first successful kidney transplant. In the early 1990s, however, it was certainly not in the mainstream of transplantation. I had no inkling that transplant fellowship positions were secured sometimes four or five years prior to matriculation. In retrospect, I would have had to decide as a second year resident or even as an intern, before any exposure to transplantation! I was used to the predictable and transparent timelines of application, competition and selection. I did not know that transplant fellowship arrangements were made with a friendly handshake whenever it felt right and completely outside of any standardized process.

I believe that a standardized and synchronized application and selection process would best serve the ideals of a meritocracy in which I hope we all believe.

Ultimately, I was able to visit with and interview at several programs around the country. As I neared a decision, an unexpected opening developed at a previously filled program. The original candidate, selected several years earlier, had simply changed his mind for personal reasons. That twist of fate has, without a doubt, completely shaped my career. What a scary thought, indeed!

Driven by this personal experience, I worked hard to establish the Abdominal Transplant Surgery Fellowship Match. I believe that a standardized and synchronized application and selection process would best serve the ideals of a meritocracy in which I hope we all believe. Only with a level, well-defined playing field can candidates best compete for fellowship positions AND programs best compete for fellowship candidates. The Match would shorten the timeline of decision-making from four to five years down to approximately one year. This would substantially reduce the potential for those who have made commitments, often as a junior resident, to "change their mind" – a decision which frequently disrupts not just one but often several programs through a ripple effect as programs scramble to fill the unexpected opening(s) Admittedly, the formal Match may increase interview expenses for candidates. However, even with the previous random scramble approach, most candidates did some traveling and interviewing. Some also think that the formal Match increases the time expenditure for the faculty. I would argue that this is time well spent.

I would like to close by reviewing the process by which the Abdominal Transplant Surgery Fellowship Match was established. This effort began in September, 2003 when I made a formal presentation to the ASTS Council and Committee Chairs to consider creating the Match. At the direction of the Council, Mitch Henry, then Chair of the Education Committee, and I surveyed all Fellowship Program Directors in December, 2003,. The responses were overwhelmingly positive, with 81% in favor, 8% neutral, and only 10% opposed. The Match was then presented and approved at the ASTS Business Meeting in May 2004. The first ASTS sponsored Abdominal Transplant Surgery Fellowship Match was completed in August 2005 for fellowship positions matriculating in academic year 2005 – 2006. I congratulate the ASTS for deciding to bring process and order to the very important task of fellow selection.

In 2005, the ASTS implemented an annual Match program for prospective fellows interested in a fellowship at an ASTS accredited program and contracted with the National Resident Matching Program (NRMP) to conduct a Match for this subspecialty. In the spirit of debate and increased dialogue, Dr. Matas asked two Fellowship Training Program Directors to present their views on the Transplant Surgery Fellowship Match.

Hans W. Sollinger, MD, PhD

Hans W. Sollinger, MD, PhD
Fellowship Training Program Director
University of Wisconsin

When I arrived from Germany in 1975 and first learned about the residency match in surgery I was very impressed. Quite in contrast to the German system where to get these positions often required special connections to the Department Chair, the system in the US seemed fair and transparent; therefore, you might be surprised that I am now opposed to match fellows in Transplantation. In fact, I think the Transplant Fellow Match is:

1) Useless, as nothing will change in the way fellows will choose programs;
2) It is expensive in terms of dollars and time spent; and
3) It will hurt the field in the long-run, as fewer of these young talents will choose Transplantation.

1. To understand why nothing will change, let's go back and review how fellow selection worked in the past. In general, large training programs like the University of Wisconsin received up to a dozen letters from applicants. Usually, the two to three best were picked and interviewed. Once they had visited all their programs of interest and made a decision, we agreed over the phone and the deal was done. Smaller or less popular training programs most likely ended up with fellows which were not picked by the top programs. So, what's so different now? Applicant letters are received; we pick the best candidates, interview the top group and most likely end up with some of the highest ranked candidates. Less attractive programs get the lower matched candidates. There is no real difference, with the exception that our secretaries and the fellows have to spend significant time with paperwork and e-mails.

Like it or not—match or no match—the high volume programs which take training of fellows seriously will always get the better candidates.

2. However, one difference does exist. As we cannot tell the applicant how they rate (although, I am sure body language and messengers of all kinds—friendly fellows, residents, etc., can do quite a good job), they cannot be sure to make the match at their higher ranked programs. As a result, they visit many more places. One of our candidates interviewed at 12 programs. Let's assume that at $600 per visit she would have spent over $7000. Also, she missed twenty-four work days of her PGY 4 year, which certainly did not make her program director happy (remember the 80 work week).

3. Finally, I consider matching to be good and necessary when you deal with hundreds or thousands of applicants; but it is demeaning when only twenty-two US candidates and a total of sixty, overall, apply. As one of our residents told me, "I was matched as an 18 year-old to go to college; when I was 22 I went through the same process to go to medical school and four years later to get into my surgical residency. Now I am a grown up man who is 34 years old with a wife and two children and I absolutely refuse to have a computer determine where we go as a family." He ultimately decided to practice general surgery. The fact that other subspecialties have matches does not make me feel better. Many of them do it to control the number of practitioners to ensure good incomes for decades to come. And one might ask, "Why do enterprises much more successful than the US medical system, such as big law firms, Microsoft or Genentech, not match?" It is simply because they have learned that careful identification and selection of candidates by personal interviews and attention is the best way to attract top talent.

Like it or not—match or no match—the high volume programs which take training of fellows seriously will always get the better candidates.

World Transplant Congress

The first ever World Transplant Congress (WTC) was held July 23-27, 2007 at the Hynes Convention Center in Boston, MA. This event was a joint collaboration of the ASTS, the AST and TTS and was the largest and most scientific meeting in the field of transplantation. The World Transplant Congress drew 6,477 delegates from 83 countries.

Senator Hillary Clinton addressed the World Transplant Congress delegates at the Opening Ceremonies.

ASTS President, A. Benedict Cosimi, MD, delivered his Presidential Address on July 25, 2006 which highlighted the 8 Nobel Prize recipients and their contributions to the field of transplantation. The complete manuscript of Dr. Cosimi's Presidential Address is available at http://www.asts.org/thesociety/history.aspx.

Alonzo Mourning, spoke about his experience as a living donor kidney recipient and his deep respect for those in the field of transplantation.

A. Benedict Cosimi, MD, WTC President, welcomed Alonzo Mourning, NBA Player and kidney recipient, to the WTC Opening Ceremony. At 6'10", Alonzo Mourning towered over Dr. Cosimi.

2006 ASTS-Roche Pioneer Award

The ASTS-Roche Pioneer award
is the most distinguished award bestowed upon an individual by the ASTS
for a significant contribution to the field of transplantation

Sir Peter Morris, AC, FRS, FRCS is the 2006 recipient of the ASTS-Roche Pioneer Award. Sir Peter Morris, an Australian, is the Nuffield Professor of Surgery Emeritus and Fellow of Balliol College at the University of Oxford. He graduated from the Medical School of the University of Melbourne and St. Vincent's Hospital, and received his surgical training in Australia, the United Kingdom and the USA. He is a Fellow of the Royal College of Surgeons of England, the Royal Australasian College of Surgeons and the American College of Surgeons. Since 2004 he has been Director of the Centre for Evidence in Transplantation at the Royal College of Surgeons of England, and an Honorary Professor within the London School of Hygiene and Tropical Medicine of the University of London.

His clinical interests are in transplantation and vascular surgery and, after going to Oxford, he established major units in transplantation and vascular surgery. His professional scientific career has revolved around transplantation and transplantation biology, especially in the immune response to histocompatibility antigens and its suppression. His many contributions include the definition of autoantibodies in potential recipients of transplants, the induction of tolerance to allografts in experimental models, and the role of matching for HLA in renal transplantation. In addition, in the earlier part of his career he made contributions to the knowledge of the association between HLA and disease, as well as playing a major part in early anthropological studies of HLA around the Pacific Rim. In 1996 he received a Knighthood from the Queen for services to medicine and in 2004 he was made a Companion of the Order of Australia for services to medical science.

Dr. A. Benedict Cosimi, ASTS President, and Mr. Timothy Waugh, Vice President of Transplant, Roche, presented Sir Peter Morris with the 2006 ASTS-Roche Pioneer Award.

Sir Peter Morris provided remarks at the World Transplant Congress after accepting the 2006 ASTS-Roche Pioneer Award.

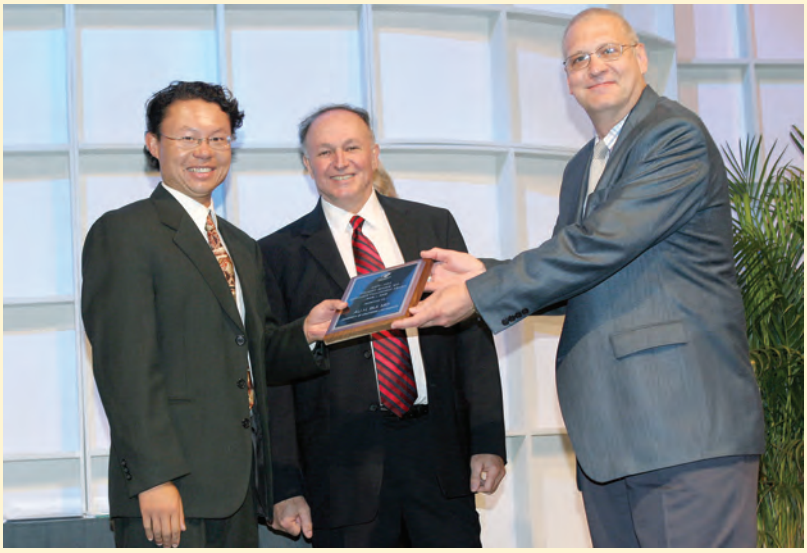
2006 ASTS Awards Ceremony

ASTS continues its commitment to advance the field of transplantation through its awards program that supports basic, clinical and translational research in the field of transplantation and transplant immunobiology in the laboratory and/or clinical service of an ASTS member.

Adnan Jaigirdar, MD, is a 2006 recipient of the ASTS-Roche Laboratories Scientist Award. Dr. Jaigirdar's research will be conducted at the University of California San Francisco and his proposal is entitled "Characterization of the Alloimmune Response in Acute Islet Transplantation".

Silke Haustein, MD, is a 2006 recipient of the ASTS-Roche Laboratories Scientist Award. Dr. Haustein's research will be conducted at the University of Wisconsin-Madison and her proposal is entitled "Serum Proteomics and Immunohistochemistry to Differentiate Acute Rejection from Recurrent Hepatitis C in Liver Transplantation".

Kenneth Cardona, MD, is a 2006 recipient of the ASTS-Roche Laboratories Scientist Award. Dr. Cardona's research will be conducted at Emory University and the focus will be to investigate the principal challenges that must be met in order to make xenotransplantation of islets from porcine donors a clinical reality for the treatment of diabetic humans.



Mr. David Rexroad, Director of Events Management, with the National Kidney Foundation presented the 2006 ASTS-NKF Folkert Belzer, MD Research Award to Au Bui, MD. Dr. Bui's research will be conducted at the University of California, Los Angeles and his proposal is entitled "Toll-like Receptor (TLR) System in the Pathophysiology of Ischemia/Reperfusion (IRI) in Liver Transplantation".

Congratulations to the 2006 ASTS Award Recipients.
Applications for 2007 awards now available at www.asts.org

Ms. Charlotte Berlin, Product Director, Immunology, Astellas, presented the 2006 ASTS-Astellas Faculty Development Award to Shimul Shah, MD. Dr. Shah's research will be conducted at the University of Massachusetts and his proposal is entitled "Signaling Mechanisms of Hepatitis C-induced Hepatocellular Carcinoma Before and After Transplantation".

ASTS President A. Benedict Cosimi, MD, and ASTS Awards Committee Chair Kim M. Olthoff, MD, presented the 2006 ASTS Thoracic Award to Lois Nwakanma, MD. Dr. Nwakanma's research will be conducted at the John Hopkins Medical Institutes and her proposal is entitled "Ambulatory Paracorporeal Artificial Lung as a Bridge to Lung Transplantation".

Mr. John Weinberg, Director of Marketing, Novartis, presented the 2006 ASTS-Novartis Fellowship in Transplantation to Alan Contreras Saldivar, MD. Dr. Contreras' research will be conducted at the Children's Hospital Boston and his proposal is entitled "Akt-Induced Activation of Graft Endothelial cells in vivo in Rejection and Alloimmune Tolerance".

Dr. John Neylan, Medical Director, with Wyeth presented the 2006 ASTS-Wyeth Mid-Level Faculty Development Award to Jon Odorico, MD. Dr. Odorico will conduct research at the University of Wisconsin-Madison as to whether bone morphogenetic protein signals are capable of enhancing endoderm germ layer fate and promoting pancreatic cell differentiation from human embryonic stem cells.

2006 ASTS Awards Ceremony

ASTS Awards are made possible through corporate support and collaboration with other transplant organizations

ASTS President, A. Benedict Cosimi, MD, presented the 2006 Vanguard Prize to Seth Karp, MD, of Beth Israel Deaconess Medical Center for his paper entitled "Excellent Outcomes after Transplantation of Deceased Donor Kidneys with High Terminal Creatinine and Mild Pathologic Lesions" which was published in *Transplantation* in 2005.

ASTS President, A. Benedict Cosimi, MD, presented the 2006 Vanguard Prize to David Axelrod, MD, of Dartmouth-Hitchcock Medical Center for his paper entitled "The Economic Impact of MELD on Liver Transplant Centers" which was published in the *American Journal of Transplantation* in 2005.

Dr. John Neylan, Medical Director, Wyeth, presented the 2006 ASTS-Wyeth Collaborative Scientist Award to R. Mark Ghobrial, MD, PhD, and Natalya Semeiletova, PhD. Drs. Ghobrial and Semiletova will conduct collaborative research at the University of California Los Angeles that will focus on the development of a clinically applicable strategy to induce chronic rejection free transplantation tolerance.

Online application for 2007 Awards is now available at www.asts.org.
Submission deadline: December 12, 2006

ASTS President, A. Benedict Cosimi, MD, presented the 2006 Vanguard Prize to Dorry Segev of Johns Hopkins Medical Institutes for his paper entitled "Kidney Paired Donation and Optimizing the Use of Live Donor Organs" which was published in *The Journal of the American Medical Association* in 2005.

ASTS President, A. Benedict Cosimi, MD, presented the 2006 Vanguard Prize to Paolo Salvalaggio, MD, PhD, of Northwestern University for his paper entitled "Regional Variation and Use of Exception Letters for Cadaveric Liver Allocation in Children with Chronic Liver Disease" which was published in the *American Journal of Transplantation* in 2005.

Mr. Timothy Waugh, Vice President of Transplant, Roche, presented the 2006 ASTS-Roche Presidential Travel Award to Michael Abecassis, MD, MBA, of Northwestern University and Abraham Shaked, MD, PhD, of the University of Pennsylvania.

Corporate Support

Corporate Support allows ASTS to provide a wide variety of programs and initiatives that would otherwise not be possible. ASTS thanks Astellas, Roche, Wyeth, Novartis, Bristol-Myers Squibb and Genzyme for their generous support of the ASTS and its activities in 2006.

Dr. Cosimi presented Astellas with the 2006 Benefactors' Circle Recognition Award. Benefactor's Circle is the highest level of support and ASTS recognized Astellas as the only Benefactor's Circle Supporter for 2006. Ms. Charlotte Berlin, Product Director, Immunology, accepted the award on behalf of Astellas.

Dr. Cosimi presented Bristol-Myers Squibb Company a 2006 Sponsors' Circle Recognition Award. Dr. Scott Batty, Jr., Director, Global Medical Affairs, Belatacept, accepted the award on behalf of Bristol-Myers Squibb.

Dr. Cosimi presented Genzyme Corporation a 2006 Sponsors' Circle Recognition Award. Mr. Kevin Campbell, Senior Product Manager, Transplant Business Unit, accepted the award on behalf on Genzyme.

Dr. Cosimi presented Roche Laboratories, Inc. a 2006 Founders' Circle Recognition Award. Ms. Catherine Allison, Marketing Director, Transplant, accepted the award on behalf of Roche.

Dr. Cosimi presented Wyeth Pharmaceuticals a 2006 Founders Circle Recognition Award. Ms. Shiela Talafous, Senior Director, Professional Affairs, accepted the award on behalf of Wyeth.

Dr. Cosimi presented Novartis Pharmaceuticals the 2006 Presidents' Circle Recognition Award. Mr. John Weinberg, Director, Marketing, accepted the award on behalf of Novartis.

Member News

New Members Breakfast

The ASTS Council hosted a New Members' Breakfast during the recent WTC. This forum allowed attendees to meet informally with the leadership, learn more about the Society and find out how to get actively involved with the leading society advancing surgical care in transplantation.

Council Members Goran Klintmalm and John Roberts and Legislative Committee Chair, Richard Freeman conducted a roundtable discussion with new members that focused on how to actively engage the membership on important issues.

Sandy Feng, Chair, Informatics Committee, demonstrated new features of the ASTS website for new members Ian Cranmer, Manuel Rodriguez-Davalos and Gonzalo Rodriguez-Laiz.

In Memoriam

Dr. Olga Jonasson passed away on August 30, 2006 at the age of 72 of T-cell lymphoma. Dr. Jonasson was a pioneer in the field of transplantation and histocompatibility. Dr. Jonasson attended Northwestern University and graduated from the University of Illinois Chicago College of Medicine. She completed post-graduate work in immunochemistry at Walter Reed Army Institute of Research and in transplantation immunobiology at the Massachusetts General Hospital and Harvard Medical School. In 1987, she became the Chair and Robert M. Zollinger Professor of Surgery at Ohio State University and the first woman in the United States to chair an academic surgery department. In 1993 she returned to Chicago where she was on staff at UIC and worked at the American College of Surgeons. She was active in many surgical societies and served on the editorial boards of the *Annals of Surgery* and the *Journal of the American College of Surgeons*.

Dr Robert Zhen Zhong passed away on September 8, 2006 at the age of 60 after a four month battle with cancer. Dr. Zhong was a world-class expert in experimental microsurgery and transplantation at the University of Western Ontario. Dr. Zhong was a Tier one Canada Research Chair in Transplantation and Experimental Surgery, a Professor of Surgery, Pathology and Microbiology & Immunology as well as Director of Experimental Surgery in the Schulich School of Medicine and Dentistry. He was also a Scientist at Robarts Research Institute, Director of the Microsurgery Laboratory at London Health Sciences Centre and a Scientist with Lawson Health Research Institute. He is survived by his wife Aili Lao, daughter Toni, mother Manli Yang, father Baoyan Zhong, and sister Jenny Zhong. Condolences may be sent to his wife, Aili Zhong at 60 Nathaniel Court, London, Ontario Canada N5X 2N5.

ASTS Welcomes Its New Members

Ian G. Cranmer, PA-C
Mayo Clinic Hospital
Phoenix, AZ

Michael F. Daily, MD
Thomas Starzl Transplant Institute
Pittsburgh, PA

Patrick G. Dean, MD
Mayo Clinic Hospital
Rochester, MN

Garrett M. Hisatake, MD
California Pacific Medical Center
San Francisco, CA

Johnny C. Hong, MD
University of California Los Angeles
David Geffen School of Medicine
Los Angeles, CA

Robert W. Osorio, MD
California Pacific Medical Center
San Francisco, CA

Hootan C. Roozrokh, MD
Kaiser Permanente Medical Center
San Francisco, CA

Craig H. Selzman, MD
University of North Carolina
at Chapel Hill
Chapel Hill, NC

Ngoc L Thai, MD, PhD
Thomas Starzl Transplant Institute
Pittsburgh, PA

Thomas H. Tung, MD
Washington University School of
Medicine
St. Louis, MO

Krzysztof Zieniewicz, MD, PhD
Medical University of Warsaw
Warsaw, Poland

Grant Announcement

National Living Donor Assistance Center will be established at ASTS National Office

The American Society of Transplant Surgeons (ASTS) and the University of Michigan (UM) are pleased to announce the receipt of a major grant from the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services. The 4-year grant will provide reimbursement of travel expenses and subsistence costs for living organ donors, removing an important financial disincentive to living organ donation.

As part of the ASTS Mission to "increase organ donation", the UM-ASTS project team will work closely with HRSA to develop an efficient nationwide system to identify potential live organ donors who face financial hardship in meeting travel and subsistence expenses associated with the process of evaluation and undergoing live organ donation procedures.

The project scientists will critically evaluate the specific impact of the reimbursement program on facilitating live organ donations that would not have otherwise been possible. According to Project Director Akinlolu Ojo, MD, PhD, Professor of Medicine at the University of Michigan, "The costs of travel, lodging, and other expenses incurred by individuals who wish to be evaluated as potential organ donors may be prohibitive. For these people, who may otherwise be very suitable donors for their loved ones, reimbursement of these out-of-pocket expenses may make the critical difference and allow them to proceed."

Under provisions of the grant, a National Living Donor Assistance Center will be established at the ASTS National Office, and the vast majority of the $8 million grant will be used for direct reimbursements to potential and actual living donors. The UM-ASTS Project Team consists of the following individuals:

Project Director: Akinlolu Ojo, MD, PhD (UM)
Deputy Project Director: Robert M. Merion, MD (UM)
Project Manager: Katrina Crist, MBA (ASTS)
Project Research Scientist: Barry Hong, PhD (Washington University, St. Louis)

Under the leadership of this talented and proven team of professionals, it is estimated that the grant will make live organ donation possible for an additional 800-1000 individuals annually.

The ASTS-UM Project Team is in the midst of meeting with HRSA officials and developing an application process and infrastructure. Check the ASTS website for updates.

Check www.asts.org and visit the information booth at the 7th Annual State of the Art Winter Symposium in January in Marco Island, Florida for more details.

Calendar

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

November 2006

November 14-19, 2006
American Society of Nephrology
Renal Week 2006
San Diego Convention Center
San Diego, CA
www.asn-online.org

December 2006

December 8-9, 2006
Pancreas Transplantation Symposium
Radisson University Hotel
Minneapolis, MN
Email: cmereg@umn.edu
www.cme.umn.edu

January 2007

January 29-31, 2007
The Society of Thoracic Surgeons 43rd Annual Meeting
San Diego Convention Center
San Diego, CA
www.sts.org

March 2007

March 15-18, 2007
Canadian Society of Transplantation
Annual Scientific Meeting
Fairmont Banff Springs
Banff, Alberta
www.transplant.medical.org

March 17-21, 2007
The International Pediatric Transplant Association (IPTA)
4th Congress on Pediatric Transplantation Medicine
Cancun, Mexico
www.IPTAonline.org

April 2007

April 1-4, 2007
Initiating a European Platform Organ Transplantation:
Ethical, Legal and Psychological Aspects
Towards a Common European Policy
World Trade Center Rotterdam
Rotterdam, The Netherlands
www.elpat.eu

Upcoming ASTS Events

7th Annual State of the Art Winter Symposium
Solving the Organ Shortage Crisis: Implications of Expanding the Donor Pool
January 12-14, 2007
Marriott Marco Island Resort
Marco Island, FL
Online registration now available:
www.asts.org/meetings

American Transplant Congress
May 5-9, 2007
San Francisco, CA
Website:www.atcmeeting.org
Abstract Deadline:December 1, 2006

April 10-14, 2007

National Kidney Foundation
2007 Spring Clinical Meetings
Walt Disney World
Swan & Dolphin Hotel
Orlando, FL
Phone: 212 889-2210
Email: clinicalmeetings@kidney.org
www.nkfclinicalmeetings.org

April 21-25, 2007

World Congress of Nephrology 2007
Rio de Janeiro, Brazil
www.wcn2007.org

April 25-28, 2007

ISHLT 27th Annual Meeting
& Scientific Sessions
San Francisco Hilton
San Francisco, CA
www.ishlt.org

May 2007

May 18-23, 2007
American Thoracic Society (ATS)
103rd Conference
San Francisco, CA
www.thoracic.org

June 2007

June 12-15, 2007
AOPO 24th Annual Meeting
Fairmont Hotel
Dallas, TX
Phone: 703 556-4242
www.apop.org

June 22-26, 2007

Cell Therapy 2007:
ISCT's 13th Annual Meeting
Sydney, Australia
www.celltherapy.org

August 2007

August 6-9, 2007
NATCO's 32nd Annual Meeting
Marriott New York Marquis
New York, NY
Phone: 913 492-3600
www.natco1.org

September 2007

September 5-8, 2007
Xth International Small Bowel Transplant Symposium (ISBTS)
Fairmont-Miramar Hotel
Santa Monica, CA
Phone: 310 825-5068
http://transplant.mednet.ucla.edu
Email:isbts@mednet.ucla.edu

October 2007

October 17-20, 2007
Transplant Immunosuppression 2007:
The Ongoing Search for Improvements
Radisson University Hospital
Minneapolis, MN
Email: cmereg@umn.edu
www.umn.edu

October 31, 2007-November 5, 2007

American Society of Nephrology,
Renal Week 2007
Moscone Convention Center
San Francisco, CA
www.asn-online.org

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July 2006-May 2007

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Arthur J. Matas, MD (2007)
University of Minnesota
Department of Surgery, Box 328 UMHC
420 Delaware Street, SE
Minneapolis, MN 55455
Phone: 612-625-6460
Fax: 612-624-7168
Email: matas001@tc.umn.edu

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Goran B. Klintmalm, MD PhD (2007)
Baylor Regional Transplant Institute
3500 Gaston Avenue
Dallas, TX 75246
Phone: 214-820-2050
Fax: 214-820-4527
Email: gorank@baylorhealth.edu

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A. Benedict Cosimi, MD (2007)
Massachusetts General Hospital
Department of Surgery
55 Fruit Street
Boston, MA 02114
Phone: 617-726-8256
Fax: 617-726-8137
Email: cpadyk@partners.org

Past President

Richard J. Howard, MD PhD (2007)
University of Florida
Department of Surgery, Rm. 6142
1600-6142 SW Archer Road.
PO Box 100286
Gainesville, FL 32610-0286
Phone: 352-265-0606
Fax: 352-265-0678
Email: howard@surgery.ufl.edu

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Robert M. Merion, MD (2008)
University of Michigan
315 West Huron, Suite 240
Ann Arbor, MI 48103-4262
Phone: 734-936-7336
Fax: 734-998-6620
Email: merionb@umich.edu

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MD, MBA (2009)
Northwestern University
Division of Transplantation
675 N. St. Clair Street, #17-200
Chicago, IL 60611
Phone: 312-695-0359
Fax: 312-695-9194
Email: mabecass@nmh.org

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Jacksonville Transplantation Center
Department of Surgery
580 W. 8th Street, #8000
Jacksonville, FL 32209
Phone: 904-244-9800
Fax: 904-244-9842
Email: tgpetersmd@hotmail.com

Stuart J. Knechtle, MD (2007)
University of Wisconsin
Hospital & Clinic
Department of Surgery
600 Highland Avenue
Madison, WI 53792-7375
Phone: 608-263-2527
Fax: 608-262-6280
Email: stuart@surgery.wisc.edu

Mitchell L. Henry, MD (2008)
The Ohio State University
Department of Transplantation
1654 Upham Drive, #345 Means Hall
Columbus, OH 43210-1250
Phone: 614-293-4627
Fax: 614-293-4541
Email: henry.6@osu.edu

Kim M. Olthoff, MD (2008)
University of Pennsylvania Hospital
Department of Surgery
3400 Spruce Street – 2 Dulles
Philadelphia, PA 19104
Phone: 215-662-6136
Fax: 215-662-2244
Email: kim.olthoff@uphs.upenn.edu

Robert L. Kormos, MD (2009)
University of Pittsburgh Medical
Center
Department of Surgery C700
200 Lothrop Street
Pittsburgh, PA 15213
Phone: 412-648-8107
Fax: 412-648-1029
Email: kormosrl@msx.upmc.edu

Alan N. Langnas, DO (2009)
University of Nebraska Medical Center
PO Box 983280
600 South 42nd Street
Omaha, NE 68198-3280
Phone: 402-559-8390
Fax: 402-559-6132
Email: alangnas@unmc.edu

National Office

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Executive Director
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Please Note.....

The ASTS National Office has moved.

The new address is:
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Job Board

Loyola University Medical Center: Abdominal Transplant Surgeon

The Department of Surgery of the Loyola University Medical Center is seeking an abdominal transplant surgeon. Candidates must be BE/BC in general surgery and have completed an ASTS approved multi-organ transplantation fellowship. Academic rank will be commensurate with experience and responsibilities include the full spectrum of transplantation related to liver and kidney disease, pre/post transplant care, and teaching at the student and resident levels. Many diverse opportunities for research exist and experience in laparoscopic donor nephrectomy is desired. Loyola's Department of Surgery currently performs 20 liver transplants and 70 kidney transplants along with 150 advanced hepatobiliary procedures each year.

LUHS is a nationally recognized leader in providing specialty and primary healthcare services as well as in conducting groundbreaking research in treatment of heart disease, cancer, organ transplantation and neurological disorders.

The Loyola University Health System is an affirmative action/equal opportunity educator and employer. The University undertakes affirmative action to assure equal employment opportunity for underrepresented minorities, women, and persons with disabilities. Interested candidates should forward their CV with the names of 3 references to:
Richard L. Gamelli, MD, FACS
The Robert J. Freeark
Professor and Chairman
Department of Surgery
Loyola University Medical Center, EMS Building 110
2160 South First Avenue
Maywood, Illinois 60153

Albert Einstein Medical Center: Attending Surgeon and Director, Pancreas Transplant Program

The Department of Surgery at Albert Einstein Medical Center in Philadelphia, PA is seeking a full time attending surgeon to join our Solid Organ Abdominal Transplantation Program as the Director of the Pancreas Transplant Program. Candidates must be board certified/eligible and a graduate of an ASTS approved transplant surgery fellowship program. Experience with multiorgan donor transplants including pancreas, kidney and liver transplantations, living donor kidney transplant and laparoscopic donor nephrectomy is preferred. Our academic program has an exceptionally strong clinical service, an ASTS approved multiorgan transplant training program. We also participate actively in the education of fellows, residents and medical students. Multiple opportunities for clinical research and participation in clinical trials exist. The successful candidate would be eligible for an academic appointment at Thomas Jefferson College of Medicine. Albert Einstein Medical Center is located in metropolitan Philadelphia. A competitive salary and benefits package is offered. Applicant should send a letter of interest, curriculum vitae and names of references to:
Radi Zaki, MD
Section Chief, Renal Transplantation
Albert Einstein Medical Center
5501 Old York Road, Klein Suite 505
Philadelphia, PA 19141
Phone: 215 456.6933
Fax: 215 456.3529
Email: zakir@einstein.edu

Hackensack University Medical Center: Transplant Surgeon

The Section of Organ Transplantation at Hackensack University Medical Center is seeking a second, full-time kidney and pancreas transplant surgeon at the assistant professor level to join an active, growing transplant program. Started in 1999, the section currently performs 60 kidney and/or pancreas transplants annually in both adults and children. Candidate must be board certified in general surgery and have completed an ASTS approved transplant fellowship. Duties will involve adult and pediatric renal surgery. Interest in clinical and/or basic research is strongly encouraged. Hackensack University Medical Center is a 781-bed teaching and research hospital affiliated with the University of Medicine and Dentistry of New Jersey - New Jersey Medical School. It is the largest provider of inpatient and outpatient services in the state of New Jersey. The medical center, located eight miles from midtown Manhattan, includes the Joseph M. Sanzari Children's Hospital, and is one of the busiest cardiac and cancer centers in the New York tri-state area. Interested candidates should forward a letter of interest and CV to:
Michael E. Shapiro, MD, FACS
Chief, Organ Transplantation
Hackensack University Medical Center
30 Prospect Avenue
Hackensack, New Jersey 07601
Phone: 201 996.2608
Fax: 201 498.0148
Email: mshapiro@humed.com

University of Vermont: Transplant Surgeon

The Department of Surgery, Division of Transplant Surgery at the University of Vermont is seeking a full time, 12 month, salaried, faculty appointee with attending privileges at Fletcher Allen Health Care (the teaching hospital of the University of Vermont).
Candidates must have completed a board approved general surgery residency program with an additional training in a 2-year ASTS accredited abdominal organ transplant fellowship. The successful candidate must be board eligible or board certified, eligible for medical licensure in the State of Vermont, and possess an interest in teaching and academic pursuits. Salary is competitive and commensurate with ability and experience. The University of Vermont is an Affirmative Action/Equal Opportunity Employer. Applications from women and people of diverse racial, ethnic and cultural backgrounds are encouraged to apply. Applications will be accepted until position is filled. Interested applicants should forward a letter of interest and curriculum vitae to:
Jeanne M. Jackson, Admin. Assistant
University of Vermont
111 Colchester Avenue,
Fletcher House 462
Burlington, VT 05401
Phone: 802 847-4274
Fax: 802 847-5579
Email: jeanne.jackson@vtmednet.org
Apply online:
https://www.uvmjobs.com

Renal Transplant Surgeon

A unique, private practice group of three renal transplant surgeons and fifteen nephrologists is seeking a fourth surgeon to join a busy practice serving the Western Massachusetts area. Candidates should be BE/BC in general surgery and completion of an ASTS approved fellowship is preferred but not mandatory. Duties will include inpatient and outpatient care involving renal transplantation, dialysis access and general surgery at Baystate Medical Center, a tertiary care, teaching hospital affiliated with Tufts University School of Medicine. Outpatient duties will also include vascular access procedures at a free standing, state-of-the-art vascular access center owned by the group. An academic appointment to Tufts is available, and participation in surgical/medical student teaching and involvement in clinical research is required. Our location in ideally situated to allow easy access to Boston, New York City, the Berkshire Mountains, Vermont and New Hampshire. An excellent salary and benefits package commensurate with experience is offered as well as eventual partnership. Interested candidates should send a CV to:
George Lipkowitz, MD, FACS
Director of Renal Transplantation
208 Ashley Avenue
West Springfield, MA 01089
Phone: 413 747-4170
Fax: 413 747-4177
Email: george.lipkowitz@bhs.org

Washington Hospital Center: Associate Director, Transplantation

Washington Hospital Center is seeking a surgeon who is board certified to serve as the Associate Director for Transplantation, with a primary interest in Kidney and Pancreas transplantation. The ideal candidate will have at least five years of post-fellowship experience, including residency education and clinical research. Washington Hospital Center is a 907 bed, not-for-profit, acute care teaching and research hospital based in Northwest Washington, D.C. As the largest private hospital in the nation's capital, it is home to one of the busiest cardiac programs in the country; a comprehensive Cancer Institute; a nationally recognized diabetes treatment program; a full range of women's services; MedSTAR, one of the nation's top shock trauma centers; an extensive organ transplantation program; a renowned Neurosciences Institute and the most advance Burn Center in the region. It is owned and operated by the MedStar Health Group and is affiliated with Georgetown University School of Medicine and the Uniformed Services University Health Sciences School of Medicine.
Interested candidates should forward correspondence and curriculum vitae to:
Jimmy A. Light, MD, FACS
Director, Transplantation
Washington Hospital Center
110 Irving Street NW, 3D
Washington, D.C. 20010
Phone: 202 877-6029
Email: Jimmy.A.Light@medstar.net

Wayne State University: Transplant Surgeon

The Section of Transplant Surgery of the Department of Surgery at Wayne State University seeks to fill an immediate need for a third, full-time, kidney/pancreas transplant surgeon at the Assistant Professor level to join an expanding transplant program supported by three transplant nephrologists. Candidates must be board or near board certified in general surgery and have completed a multiorgan transplant fellowship no later than July 2006. Candidates should have experience with adult and pediatric renal transplantation, laparoscopic donor nephrectomy, pancreas transplantation, multiorgan procurement and dialysis access. The ability to establish basic, translational, and/or clinical research programs is highly desirable. Curriculum vitae should be sent to:
Scott A. Gruber, MD, PhD
Professor and Chief, Section of Transplant Surgery
Wayne State University School of Medicine
Harper University Hospital
3990 John R.
Suite 400
Detroit, MI 48201
Phone: 313 745-7319
Fax: 313 993-0595
Email: sgruber@dmc.org

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American Transplant Congress

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May 5 - 9, 2007 • Moscone West • San Francisco, California

Abstract Deadline: Friday, December 1, 2006 • www.atcmeeting.org