

Passing the Gavel

Summer 2013



## Vol. XVIII. No. 2 Summer 2013



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## **ASTS Council**

#### President

Alan N. Langnas, DO (2014) University of Nebraska Medical Center PO Box 983280 600 South 42<sup>nd</sup> Street Omaha, NE 68198 402-559-8390 alangnas@unmc.edu

### **President-Elect**

Peter G. Stock, MD, PhD (2014) University of California - San Francisco Department of Surgery Division of Transplant 505 Parnassus Avenue, Box 0780 San Francisco, CA 94143-0780 415-353-1551 peter.stock@ucsfmedctr.org

## **Immediate Past President**

Kim M. Olthoff, MD (2014) University of Pennsylvania Hospital Department of Surgery 3400 Spruce Street, 2 Dulles Philadelphia, PA 19104 215-662-6136 kim.olthoff@uphs.upenn.edu

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Mitchell L. Henry, MD (2014) The Ohio State University Medical Center Department of Surgery Division of Transplantation 395 W. 12th Avenue, Room 130 Columbus, OH 43210 614-293-4627 henry.6@osu.edu

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Charles M. Miller, MD (2014) Cleveland Clinic Foundation 9500 Euclid Avenue, Mail Code A-110 Cleveland, OH 44195 216-445-2381 millerc8@ccf.org

### Treasurer

Timothy L. Pruett, MD (2015) University of Minnesota Department of Surgery 420 Delaware Street, SE MMC 195 Minneapolis, MN 55455 612-626-7282 tlpruett@umn.edu

### Councilors-At-Large

Marwan S. Abouljoud, MD (2014) Henry Ford Hospital 2799 W. Grand Boulevard Division of Transplant Surgery Detroit, MI 48202 313-916-2941 maboulj5@hfhs.org

Sandy Feng, MD (2014) University of California - San Francisco Department of Surgery

## May 2013 – July 2014

Division of Transplant 505 Parnassus Avenue, Box 0780 San Francisco, CA 94143-0780 415-353-8725 fengs@surgery.ucsf.edu

John C. Magee, MD (2014) University of Michigan Medical Center 2926 Taubman Center Box 0331 1500 E. Medical Center Drive, #1904 Ann Arbor, MI 48109-0331 734-936-9623 mageej@umich.edu

Jean C. Emond, MD (2015) Columbia University Medical Center 622 West 168th Street New York, NY 10032 212-305-9691 je111@columbia.edu

Abhinav Humar, MD (2015) Thomas E. Starzl Transplant Institute UPMC Montefiore - 7th Floor Suite N725 3459 Fifth Avenue Pittsburgh, PA 15213 412-692-4553 humara2@upmc.edu

Lloyd E. Ratner, MD, MPH (2015) Columbia University Department of Surgery 622 West 168th Street New York, NY 10032 212-342-3539 lr2182@columbia.edu

Douglas G. Farmer, MD (2016) Ronald Reagan UCLA Medical Center Surgery-Liver & Pancreas Transplant, MC7054 757 Westwood Plaza, Suite 8501 Los Angeles, CA 90095-9574 310-267-9612 dgfarmer@mednet.ucla.edu

James F. Markmann, MD, PhD (2016) Division of Transplantation 55 Fruit Street, 503 White Building Boston, MA 02114 617-643-4533 jmarkmann@partners.org

Mark D. Stegall, MD (2016) Mayo Clinic 200 First Street, SW Rochester, MN 55905 507-266-2812 stegall.mark@mayo.edu

### **National Office**

Kimberly A. Gifford, MBA Executive Director/CEO 2461 South Clark Street, Suite 640 Arlington, VA 22202 703-414-7870 kim.gifford@ASTS.org

www.ASTS.org



Welcome to the summer issue of the *Chimera*—my first as Chair of the ASTS Communications Committee. I'm pleased to have this opportunity to continue the work my predecessor Ken Chavin began with the new website and adding member-focused features to the *Chimera*. My goal is to continue making this a member magazine you eagerly anticipate and enjoy reading, and I welcome your thoughts and suggestions.

In this issue, you'll find a recap of the 2013 American Transplant Congress held in Seattle this past May (page 25), as well as news from the Council meeting held in conjunction with ATC (page 5). Details about the new Fellowship Training Strategic Plan are on page 13. In addition to featuring the National Living Donor Assistance Center (page 22) and news from UNOS/OPTN (page 21), this issue marks the Organ Donation and Transplant Alliance's debut (page 23).

And, of course, if you haven't been to the new website yet, please take a look and let me know what you think. We are in the process of making adjustments and adding content and would appreciate any suggestions you have.

Stay connected! Sander S. Florman, MD



## Be Part of the <sup>1974</sup> Celebration!



ASTS turns 40 next year,

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

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

Original photos will be scanned and returned to submitters.



## About the Cover

Outgoing ASTS President Kim M. Olthoff, MD (right) passed the gavel to incoming President Alan N. Langnas, DO, at the ASTS Business Meeting on Tuesday, May 21, in Seattle, Washington.

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

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Sander S. Florman, MD Chair, Communications Committee sander.florman@mountsinai.org

Diane L. Mossholder ASTS Communications Manager *Chimera* Managing Editor diane.mossholder@ASTS.org

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## President's Letter

## Alan Langnas, MD

## Change and Challenge

Change is one of the inevitabilities of life. For many of us change represents opportunity, while for others anxiety and fear. Today more than ever we must embrace the process of change as much as its possible outcomes. I would suggest that for all of us change is usually accompanied by challenge, and that is where we find ourselves as a Society today.

The field of transplantation has undergone dramatic transformation since our founding in 1974, and we can expect more in the future. Our field has expanded to new countries around the globe and now encompasses not just abdominal and cardiothoracic organs but also vascularized composite allografts. Tissue engineering, genomics, and proteomics are also potential sources of major change for transplantation, to name a few. Quality improvement has gone from a buzzword to a systematic way of doing business.

As the field adjusts to a new healthcare landscape, so do the skills and tools you need to operate effectively. That is why we offer the Leadership Development Program and this year launched the Advanced Leadership Development Program. Our committees are also continually working on helpful tools, such as the Reimbursement Committee's Professional Coding Guide and Major Complicating Co-Morbidities Worksheet. Change may be necessary, but ASTS strives to make it as painless as possible for our members.

Our upcoming 40<sup>th</sup> anniversary is a natural time to reflect on how far we've come and, more importantly, where we go from here. The issues are numerous and diverse-from training the next generation of surgeons, to how we evaluate transplant centers, to surgeon



Many changes and challenges lie ahead, but the ASTS leadership is making every effort to position the Society to meet them effectively and creatively.

specific reporting designed to link pay to performance and implementation challenges within the Affordable Care Act. Keeping up with the government agencies and regulatory bodies that affect our field is increasingly critical as various parts of the law are implemented. Invigorating the development process for transplant drugs that benefit our patients will require a new approach that cultivates innovation.

Many changes and challenges lie ahead, but the ASTS leadership is making every effort to position the Society to meet them effectively and creatively. Under the guidance of our Immediate Past President, Kim Olthoff, our program directors met last year to lay the groundwork for a five-year strategic plan to overhaul our fellowship training programs, and I intend to ensure we keep moving forward with that plan.

We're also going a step further, implementing a strategic planning process for ASTS as a whole. The Council will be meeting in New York this month to discuss the issues facing our Society and the entire field of transplantation today and the role of the Society in tackling these issues. We will map out a series of goals and milestones that will ensure we continue to adapt to our changing environment and thrive.

But even in the midst of change, some things must remain the same: our mission as a Society to serve our members and train the next generation of transplant surgeons, and our commitment to advancing the field through advocacy and education. The process we are undergoing will sharpen our focus on our mission and core activities and better position us to meet our members' needs.

I couldn't have chosen a more exciting time to be President of ASTS, and I hope you are also excited by the changes that lie ahead. I will keep you up to date in my monthly email messages, and please feel free to send me any comments or suggestions at *alan.langnas@asts.org*.

Regards,

Un Largens

Alan N. Langnas, DO ASTS President



## ASTS News

The ASTS Summer Council and Committee Chairs Meeting was held May 18, 2013, at the Sheraton Hotel in Seattle, Washington. The following are select committee news and reports from the meeting.

## **Advanced Transplant Provider Committee**

Mr. Mark Burns reported on the committee's current initiatives, including the National Transplant Service Line, which is designed to increase multidisciplinary management of out-of-region transplant patients in acute care, the mentorship program, and the ATP Newsletter. In addition, the committee has submitted two topic proposals for the World Transplant Congress and has submitted a proposal for the 2014 Winter Symposium.

### **ATC Planning Committee**

Dr. Seth Karp and Ms. Pam Ballinger reported that there were 20 plenary sessions, 549 concurrent oral sessions, and 1,207 posters at this year's ATC. Of the 2,275 abstracts submitted, 79 percent were accepted. New features this year included streaming sessions, mentored poster sessions and meet the expert sessions, sunset sessions, and the Innovators in Transplantation session.

### **Business Practice Services Committee**

Dr. William Chapman reported the 2013 Leadership Development Program (LDP) will be held September 22-25, 2013. The Advanced Leadership Development Program launched in April with onsite classes at Kellogg and will continue through July 2014 with a series of webinars and a capstone session in conjunction with WTC in San Francisco. He reported that the Transplant Surgeon Compensation Survey was released in May, and the Transplant Center Policy Library currently has 11 policies, with at least 5 more in the pipeline. The committee is also working with the Legislative Committee to host a seminar at the 2014 Winter Symposium.

### **Bylaws Committee**

Dr. Shawn Pelletier reported that the committee has been charged with updating the conflict of interest, record retention, and whistleblower policies. A policy manual will also be developed.

### **Cellular Transplantation Committee**

Dr. Andrew Posselt reported that the committee has revised the Islet Isolation Survey to reflect current practices and is ready for distribution pending Council approval. The committee also plans to revise and expand Academic Universe modules on islet transplantation. Another initiative is broadening the scope of the committee to include bioengineering and development of artificial organs. The committee also held two Lunch and Learns at the 2013 Winter Symposium, both well attended, as well as a symposium at ATC on islet transplantation.

### **Communications Committee**

Dr. Kenneth Chavin reviewed the mission statement of the committee and recent activities, including the redevelopment of the ASTS website, updates to the *Chimera*, and representing ASTS in the HRSA Workplace for Life Hospital Campaign. He reviewed new features of the website and reported that next steps will be redevelopment of the Academic Universe and production of the summer issue of the *Chimera*. Dr. Olthoff thanked Dr. Chavin for his service as committee chair and commended him on the new website. She also welcomed Dr. Sander Florman as the next committee chair.

### **CME** Committee

Dr. Michael Ishitani reported that Dr. Richard Knight will be the new chair and thanked the Council for increasing the size of the committee to handle its expanded workload. He reported on the Trans-SAP first cycle usage report, noting that overall feedback has been good. There are 21 new modules in development, 18 article-based and 3 Academic Universe presentations. When the new learning management system (LMS) launches later in 2013, Trans-SAP will have 45 paper-based modules and 3 Academic Universe modules. There is a system in place for development and replacement of content. Eventually, the committee hopes Trans-SAP will have 90 units at any one time. Dr. Olthoff thanked Dr. Ishitani for his service.

### **Curriculum Committee**

Dr. Jonathan Fryer welcomed Dr. Kenneth Washburn as the incoming chair, thanked Ms. Kebler for all her work, and noted that Ms. Behari is stepping in as staff liaison. He reported that the Academic Universe has 139 module topics, 183 PowerPoint presentations, and 23 surgical videos. The committee is working to develop tools to revise the Academic Universe based on ABS guidelines and continues to monitor usage of the curriculum for fellows and residents. There have been 45 modules reviewed and/or revised in the maintenance process. Dr. Olthoff thanked Dr. Fryer for his service as committee chair and the effort to keep the Academic Universe relevant.

### **Diversity Issues Committee**

Dr. Juan Carlos Caicedo reported that the committee hosted a Lunch and Learn session at the 2013 Winter Symposium, as well as an ATC Sunrise Symposium on Cultural Competency in Transplantation at ATC. The committee also reviewed the OPTN Minority Affairs Committee kidney referral guidelines and recommended to the ASTS Council that the Society co-sign them. Surveys of OPOs and Transplant Centers about outreach to minorities have been finalized, and the committee is working on distributing them, with a white paper planned about the



survey results. The committee is meeting with UNOS, AST, NIH, HRSA, NKF, and MOTTEP to learn what they are doing and how ASTS can coordinate efforts on diversity issues.

### **Ethics Committee**

Dr. John Ham reviewed the committee's activities, including a review of donation from the impaired patient, review of ASTS position statements, a Lunch and Learn session at the 2013 Winter Symposium, and the organ donor research initiative, which is a collaborative project with the Standards and Scientific Studies Committees.

### **Government and Scientific Liaison**

Dr. Douglas Hanto gave updates on issues relating to the American Board of Surgery, such as the Flexibility in Surgical Training (FIST) Innovations Consortium, MOC Part IV, and changing exam requirements. He also noted that Dr. William Chapman has been elected to the ABS representing ASA and will become a member of the Transplantation Advisory Council.

## Fellowship Training Committee

Dr. Douglas Farmer presented one new program for accreditation, three for reaccreditation, and three for adding an HB/HPB track. Dr. Kim Olthoff provided an update on the Fellowship Strategic Planning Meeting from last fall, and Dr. Farmer presented four proposed modifications to the fellowship training programs, which the Council approved. For details of the changes, please see the article on page 13.

## **Grants Review Committee**

Dr. Ginny Bumgardner reviewed the committee mission and noted this was her last year as chair. Dr. Jonathan Bromberg will be the new chair. The committee completed the 2013 research grants review, published a report in the *Chimera*, and is working on strategies to enhance the grant program. The committee has developed a proposal for revising grant categories and a proposal for research sponsorship opportunities. Dr. Bumgardner presented options for revising grant titles and proposed aligning the revision of grant categories with recruitment of new sponsors for transplantation research.

### **Legislative Committee**

Dr. David Reich reviewed the committee's activities, including the creation of sample letters for members to use to offer input into state exchanges, a mini fly-in to meet with key legislators, and continued advocacy on ASTS priority issues: Immunosuppressive Drug Coverage, Division of Transplantation FY 2014 Funding, the HOPE Act, Social Security Death Master File, SGR Fix, Essential Health Benefits, CMS Registry Requirements, and membership education, including the Legislative and Regulatory Update e-newsletter and a special seminar at the 2014 Winter Symposium.

### **Living Donation Committee**

Dr. Christopher Freise reported that the committee would like to develop a standardized consent form, to be approved by OPTN, to assist transplant centers with compliance with OPTN living kidney donor policies. Future work may focus on expansion of kidney exchange programs to include compatible pairs and exploring the concept of centralizing donor follow up. He reported that the ASTS representative had been eliminated from the OPTN Living Donor Committee due to budgetary concerns. The council discussed the importance of ASTS representation on this important committee and asked Ms. Gifford to work with OPTN to find a way for the chair of the ASTS Living Donation Committee to participate in deliberations of the OPTN committee.

## Membership and Workforce Committee

Dr. George Burke reported that the committee updated the membership application for the the new website, making it easier for administrators and trainees to apply online. Dr. Burke gave a presentation to the Latin American and Caribbean Transplant Society (STALYC) in March in Bogota and learned about challenges of some of the STALYC members and what ASTS can offer them. The ASTS membership currently consists of 2,098 members, of which 1,587 are surgeons, 402 are surgical associates, 54 are non-physician scientists, 44 are physicians, and 11 are honorary members.

### **Reimbursement and Regulatory Committee**

Dr. James Pomposelli presented the activities of the committee: the Professional Coding Guide, the Major Complicating Comorbidities (MCC) Worksheet, and the survey of CPT code 50360. The survey results, which suggested revaluation from 40.9 to 43 RVUs, were presented to the AMA Speciality Society Relative Value Scale Update Committee (RUC). After significant discussion, the RUC recommended the current value be preserved, but CMS will make the final decision based on the RUC recommendation. He thanked Dr. Abecassis for all his work on this issue.

### **Scientific Studies Committee**

Dr. Peter Abt reported on the committee's work on deceased donor research and innovation. A summary of the group's conclusions has been accepted for publication in the *American Journal of Transplantation*. Findings were presented to ACOT, and a consensus conference is being organized by the Organ Donation and Transplantation Alliance (ODTA) through a collaborative agree-



ment with HRSA. The committee is also working on a study of center practices toward evaluating and transplanting potential liver transplant candidates and recipients who carry a diagnosis of obesity. New initiatives include considering resources needed to meet regulatory and quality standards and the management of immunosuppression and role of transplant nephrectomy with a failed renal allograft.

### **Standards and Quality Committee**

Dr. Ryutaro Hirose announced he will be moving to co-chair of the Fellowship Training Committee but will remain involved as the committee explores the development of a National Transplant Quality Program. Additional activities for the committee are to establish a primer for members for establishing and maintaining QAPI programs and working with AOPO as it develops standards for OPO "onsite ORs." The committee recently submitted input to the UNOS Pediatric Committee regarding proposed policy development to better define the requirements for key personnel at pediatric transplant programs. Dr. Olthoff thanked Dr. Hirose for his work.

### Vanguard Committee

Dr. Dorry Segev acknowledged members of the planning committee and staff and reported that the 2013 Winter Symposium had a record number of registrations (436). Current activities include planning the 2014 Winter Symposium January 23-26 at the Loews Miami Beach Hotel and the ASTS Recognition Awards. He welcomed the new chair, Dr. Michael Englesbe. Dr. Olthoff thanked Dr. Segev for his enthusiasm and hard work making the Winter Symposium a success.

### Vascularized Composite Allograft Committee

Dr. Linda Cendales reported the committee's activities: a Lunch and Learn at the 2013 Winter Symposium, developing Criteria for VCA Transplant Members and VCA Programs, and developing recommendations for standards for procuring deceased donor VCA. The Criteria for VCA Transplant Members and VCA Programs is the priority and will define program requirements to do these types of procedures: a transplant surgeon as well as reconstructive and recovery surgeons. Programs must also be established OPTN member institutions. The draft will be ready for Council review within the next several months.

## **CUSUM Tool Being Developed for ASTS Members**

ASTS is planning to offer a new software platform intended to provide quality, process improvement, and outcomes dashboards and reporting to individual transplant centers that are relevant to UNOS and SRTR reporting. The system is intended to be easily extensible and sufficiently generic to support any future evolution in center specific or SRTR reporting. Once installed, it is relatively automated and loads UNOS and SRTR data to provide a reporting infrastructure that includes visual dashboards and tabular reports. Basic functionality is automatic and requires no specific technical background.

The software is being beta tested through the end of the year. Once the beta period is complete, we will offer this FREE to any interested ASTS member. To learn more or to add your center to the Early Interest List, visit *ASTS.* org/resources/knowledge-base/transplant-outcomes-reporting-tool.

## Features

- Automatically loads center-specific UNOS data (TCR/ TRR/TRF) and SRTR program specific reports.
- Audits discrepancies between UNOS and SRTR cohort data.
- Provides real-time dashboards of current and future SRTR reports (O/E, O-E, and p value), including incomplete cohorts.
- Updates as often as underlying UNOS and SRTR data is updated.
- Provides export capabilities of dashboard data, suitable for additional analysis or reporting.
- High performance dashboards load on commodity servers and desktop computers.



## ASTS Advanced Leadership Development Program Part I

Northwestern University Kellogg School of Management Evanston, Illinois, April 28-30, 2013

## The Leading Edge

April 2013 marked the beginning of ASTS' newest educational program, the Advanced Leadership Development Program (ALDP). Launched as the follow-up to the popular ASTS Leadership Development Program, the ALDP welcomed 45 participants and speakers to the Kellogg School of Management for Part I of a three-part, year-long, interactive learning experience. Participants were treated to four of Kellogg's outstanding professors in the areas of crisis management, leadership and decision making in periods of rapid change, strategic alliance development, and leadership and innovation in complex organizations. Complementing the Kellogg instruction were presentations and breakout sessions facilitated by top ASTS members.

Part II of the ALDP is a four-part, interactive webinar series that began in July 2013 and will continue until April 2014. Part III, a wrap-up ½-day session, will conclude the ALDP on July 27, 2014, in conjunction with the World Transplant Congress.

If you would like to attend the 4<sup>th</sup> annual ASTS LDP September 22-25, 2013, or be placed on the interest list for a future ASTS ALDP, please contact Laurie Kulikosky at *laurie.kulikosky@asts.org.* 

## Special Thanks

Michael M. Abecassis, MD, MBA Northwestern Memorial Hospital Marwan S. Abouljoud, MD Henry Ford Hospital David A. Axelrod, MD, MBA Dartmouth Hitchcock Medical Center William C. Chapman, MD Washington University School of Medicine Abhinav Humar, MD Christian P. Larsen, MD, DPhil Emory University School of Medicine Charles M. Miller, MD **Cleveland Clinic Foundation** Jennifer Milton, BSN, CCTC, MBA UT Transplant Center, San Antonio C. Wright Pinson, MD, MBA Vanderbilt University Medical Alan I. Reed, MD, MBA University of Iowa **ASTS Business Practice** Committee **ASTS** Council **Kellogg School** 

## of Management:

Cindee Bath Daniel Diermeier, PhD Holly Raider, PhD Leigh Thompson, PhD Russell Walker, PhD Robert Wolcott, PhD Edward Zajac, PhD

## What ALDP Attendees Are Saying!

Outstanding leadership examples, excellent content, engaging speaker.

It was enlightening to see a healthcare executive explain his plan/ preparation for healthcare reform.

Excellent instructor, excellent and wellbalanced participation from course participants.

Great exercise in team decision-making and innovation generation.

Very inspiring and usable concepts to apply to leadership and creating a spirit of innovation.

Very germane to the current environment medical centers find themselves struggling with.

Excellent and so relevant!

Quickly takes theory to practice — very knowledgeable about real-life examples.

Very tangible tools and strategies to manage crisis. I feel more prepared to face different situations and amazed with knowledge I didn't hold previously.

Excellent class! One of the best I have experienced.

## **ACCELERATE YOUR LEADERSHIP**



# THE ASTS LEADERSHIP DEVELOPMENT PROGRAM

The Premier Executive Management Course Designed Exclusively for the Field of Transplantation

September 22 - 25, 2013 Northwestern University Kellogg School of Management James L. Allen Center, Evanston, IL





NORTHWESTERN UNIVERSITY





The ASTS Research Grants were presented at the ASTS Grants Ceremony during ATC on Tuesday, May 21. For more information about these grant recipients, please visit ASTS.org/grants-and-research/grants/grant-recipients.



The 2013 ASTS - Astellas Faculty Development Grant went to Jason A. Wertheim, MD, PhD, of Northwestern University, who was unable to attend the ceremony. Pictured are Ginny Bumgardner, MD, PhD, ASTS Grants Review Committee Chair; Daniela Ladner, MD, who accepted the award for Dr. Wertheim; Ulf Meier-Kriesche, MD, Senior Medical Director, Transplant Immunology, Astellas; and Kim Olthoff, MD, ASTS President.



The 2013 ASTS Collaborative Scientist Grant went to Jon Odorico, MD, FACS, of the University of Wisconsin-Madison (center), pictured with Ginny Bumgardner, MD, PhD, ASTS Grants Review Committee Chair (left) and Kim Olthoff, MD, ASTS President (right).



The 2013 ASTS - Pfizer Mid-Level Faculty Development Grant went to Shu S. Lin, MD, PhD of Duke University (second from right), pictured here with Ginny Bumgardner, MD, PhD, ASTS Grants Review Committee Chair (left); Eliezer Katz, MD, Senior Director, Transplantation, from Pfizer; and Kim Olthoff, MD, ASTS President (right).



Daniel Joyce, MD, of the Cleveland Clinic Foundation (second from left) was one recipient of the **2013 ASTS - Novartis Scientist Scholarship**. He is pictured with Ginny Bumgardner, MD, PhD, ASTS Grants Review Committee Chair (left); Dharmesh Patel, MD, Executive Medical Director, from Novartis; and Kim Olthoff, MD, ASTS President (right).





Sebastian Michel, MD, of Massachusetts General Hospital also received the **2013 ASTS - Novartis Scientist Scholarship** but was unable to attend. Joren Madsen, MD, D.Phil. (second from right), accepted the award on his behalf and is pictured with (from left) Ginny Bumgardner, MD, PhD, ASTS Grants Review Committee Chair; Dharmesh Patel, MD, Executive Medical Director from Novartis; and Kim Olthoff, MD, ASTS President.



The **2013 ASTS Fellowship in Transplantation** recipient was Raul Badell, MD, of Emory University (center), pictured with Ginny Bumgardner, MD, PhD, ASTS Grants Review Committee Chair (left) and Kim Olthoff, MD, ASTS President (right).



The four **2013 ASTS Presidential Student Mentor Grant** recipients were (from second to left): Joshua Elias Mendoza-Elias of the University of Illinois at Chicago; Zain Ahmed, BS, of Massachusetts General Hospital; Shannon L. Cramm, BS, of the University of Michigan Medical School; and Katherine Khatibi, BS, of the University of Illinois at Chicago, College of Medicine. They are pictured with Ginny Bumgardner, MD, PhD, ASTS Grants Review Committee Chair (left) and Kim Olthoff, MD, ASTS President.

## ASTS Research Grants Faculty • Resident & Trainee • Fellowship



# **GRANT OPPORTUNITIES**

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

# Visit the ASTS website at www.ASTS.org

to learn more about ASTS grants, eligibility, and submission criteria.

## Application Submission Deadline: February 4, 2014

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



## The Future of ASTS Fellowship Training: Five-Year Strategic Plan



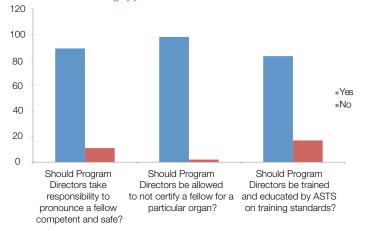
In October 2012, Program Directors from ASTS accredited training programs met in Chicago to review the current state of fellowship training and discuss the future. There are 76 training programs in the United States and Canada, and nearly 90 percent of programs were represented by either the designated program director or a proxy.

ASTS leadership, as well as Fellowship Training Committee and Curriculum Committee members, helped lead the meeting with presentations covering the changing environment of surgical education and the future of fellowship training. The afternoon session consisted of 10 groups of program directors and ASTS leadership who discussed key issues in training, including fellow assessment, program director responsibility, overall training across programs, work hours, and credentialing. During these discussions, each group was asked to develop questions to poll other program directors at the meeting. The charts show some key findings from the meeting.

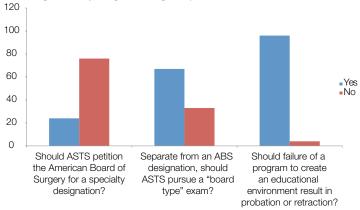
The responses from the meeting were then analyzed by a work group consisting of key ASTS leadership, as well as others devoted to the future of fellowship training. The group discussed each of the key topics from the program directors' meeting and used the audience responses to develop a five-year strategic plan that would shape not only the future of abdominal transplant surgery training, but also the Society.

The focus group presented their plan in detail to the ASTS Council on October 26, 2012, and it was unanimously approved.

We asked Program Directors about their responsibility in the training of fellows:



We asked Program Directors about their perception of ASTS' responsibility toward being the credentialing body for solid organ transplantation training programs and, potentially, surgical transplant fellows:



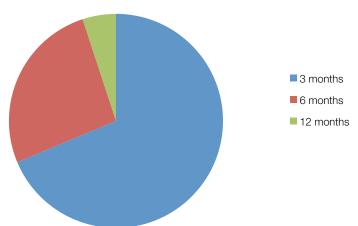
We asked Program Directors about assessing fellows



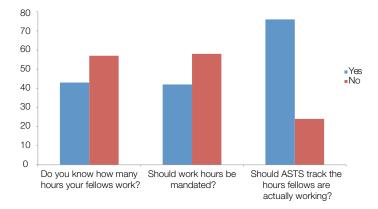


In addition to the above responses, Program Directors were also asked about the frequency of assessment. Based on the response, 94 percent of Program Directors want fellows assessed at least every 6 months, with 68 percent suggesting every 3 months.

## Assessment Frequency?



Finally, we asked Program Directors about work hour restrictions and monitoring during the fellowship experience:



The strategic plan was designed to transition fellowship training from the current model that measures individual organ volume to a more robust model that will improve education and consistency across and within training programs. It is the mission of ASTS fellowship training to provide a robust and rigorous education and training system that produces professional, skilled, and knowledgeable transplant surgeons. Over the next five years, various task forces will develop models for the following:

ASTS Responsibility	Program	Fellow Assessment	Work Hour Guidelines
& Resources	Accreditation	& Certification	
<ul> <li>Provides fellow assessment tools</li> <li>Provides transplant care staffing models</li> <li>Provides education for program directors and faculty</li> <li>Defines the role and responsibility, provides guidelines and supports program directors</li> <li>Maintains core educational resources for surgical fellows and residents</li> <li>Provides standards to ensure a uniform core educational experience</li> </ul>	Provides structural requirements in a manner consistent with other accrediting bodies Establishes guidelines and requirements for program, program directors, and faculty for maintaining an educational environment Defines program director responsibility Mandates Program annual case volume minimums Ensures compliance with outside regulatory bodies (CMS & OPTN)	Establishes requirements for fellow assessment Mandates individual required case volumes Documents the completion of training Conducts a certifying exam to assess fellows at the end of training	Monitors and defines fellow work hours Establishes mandatory weekend/vacation guidelines Provides education on fatigue recognition Provides recommendations for continuous work hours

At the most recent Council Meeting on May 18, 2013, two of the appointed task forces presented proposals on refining the core educational structure of ASTS accredited programs and providing initial fellow assessment tools for program directors. The Council approved these proposals, and detailed accounts of their contents are provided on the next page. They can also be found on the ASTS website under "Fellowship Resources."



## **Proposal for Refined Training Options:**

Douglas Farmer, MD, Wendy Grant, MD, John Magee, MD, Lewis Teperman, MD, and Maggie Kebler

ASTS is the recognized accrediting body for transplant surgery fellowship programs, and it is within the scope of the Society to ensure that future generations of transplant surgeons are provided with the skills, knowledge, and professionalism needed to perform. ASTS has a responsibility to its accredited training programs to define standards and provide tools for a uniform core educational experience across the United States and Canada. The proposal developed by this working group is a refined training model that would solidify the accreditation process for programs and strengthen the standards of an ASTS accredited fellowship.

Effective immediately, programs applying for first-time accreditation and all existing programs that submit for reaccreditation moving forward will be reviewed and assessed on the following criteria:

#### 1. Training Program Classification:

- a. Programs will be defined as a Basic Training Fellowship (BTF) and will be accredited based on the transplant center's organ of emphasis: KIDNEY, LIVER, or KIDNEY-LIVER.
- b. Programs will have the opportunity to train in Specialized Transplant Fellowship categories (STF) and can submit for accreditation in lower volume, more complex areas of training, such as pancreas transplantation, intestinal transplantation, hepatobiliary training, hepato-pancreato-biliary training, and living donor nephrectomy. These will exist in conjunction with the Basic Transplant Fellowship designations as listed above.

#### 2. Total Transplant Volume (TTV) Requirement:

- a. Programs must meet a Total Transplant Volume minimum requirement of 75 abdominal transplant procedures per year and a minimum of 25 multi-organ deceased donor procurements per year to be eligible for ASTS Accreditation.
- b. Subsequently, fellows in training will have a Total Transplant Volume minimum requirement of 50 abdominal transplant procedures and a minimum of 25 multi-organ deceased donor procurements over the 24-month fellowship.

#### 3. Reaccreditation Cycle Adjustment:

- a. Programs submitting for reaccreditation will now require a review every 3 years, a change from the previous 4-year cycle. Existing programs will not submit for reaccreditation until their previous designation cycle is up.
- b. ASTS will adjust the fees associated with reaccreditation from \$2,000 to \$1,500 per application.

#### 4. Increased Minimum Volume Requirement for Kidney Transplantation Fellows:

- a. The minimum fellow volume requirement for kidney transplantation has been increased from 30 to 40 over the 24-month fellowship.
- b. Fellows training in KIDNEY only programs will be responsible for the Total Transplant Volume minimum requirement of 50 transplant cases, of which at least 40 must be kidney.

## **Proposal for Operative Milestones and Fellow Assessment**

Jonathan Fryer, MD, Ryutaro Hirose, MD, Lewis Teperman, MD, and Maggie Kebler

Program Directors spoke at the 2012 meeting and the working group heard loud and clear the request for **assessment tools**. The proposal developed by this working group contains standardized assessment tools and core operational milestones that will allow Program Directors and fellows in training to evaluate their skills at key periods throughout the 24-month fellowship. The proposal approved contains six initial operative milestones, with the expectation that additional milestones will be developed and approved in the future. These six milestones include:

- 1. Kidney Transplant
- 2. Kidney Transplant Back Table Preparation
- 3. Laparoscopic Donor Nephrectomy
- 4. Liver Transplantation
- 5. Liver Transplant Back Table Surgery
- 6. Deceased Donor Multi-Organ Procurement

The ASTS Council has approved a Pilot Program that would enlist the participation of approximately 10 to 15 accredited training programs in which the Program Directors would use the assessment tools developed. Program Directors and fellows at these programs will be responsible for documenting, maintaining, and submitting the assessments to the ASTS National Office. It is the goal to have all ASTS accredited programs participating in this evaluation process, with assessments being documented and submitted to the National Office every six months of the fellow's training.

If you would like your ASTS-accredited program to take part in this important Pilot Project, please contact Maggie Kebler at maggie. kebler@asts.org.

## **Liver Transplantation**

These milestones are assumed to occur under the auspices of the appropriate, attending supervision.

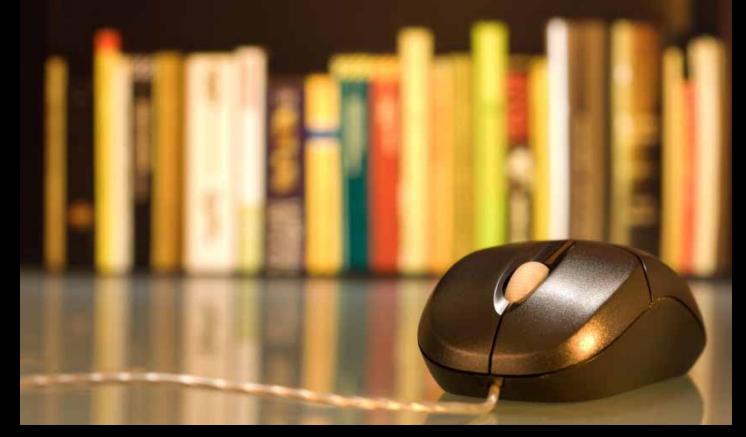
Program Director should submit completed and signed milestone every 6 months during each individual fellow's training. Forms should be submitted to the ASTS National Office to Maggie Kebler at maggie.kebler@asts.org.

Fellow Name:
Program:
Date:
Program Director:
I have discussed this assessment with the fellow and there is mutual agreement of this assessment.
Signature of Evaluating Administrator:
Signature of Program Director:
Month of Assessment       Generation     6 months     12 months     18 months     24 months

- □ Level 1: Can describe all the steps of a liver transplant including technical considerations and important decision making aspects, including how to deal with aberrant arterial anatomy, portal vein thrombosis, and unusable recipient bile duct anatomy
- **Level 2:** Can effectively and competently first assist an attending in a liver transplant
- Level 3: Can perform key parts of the hepatectomy and perform all or parts of all vascular and bile duct anastomoses with assistance from an attending
- Level 4: Can perform entire hepatectomy and act as primary surgeon for a straightforward liver transplant with assistance from another attending
- Level 5: Can perform difficult hepatectomy (re-do abdomen) in high MELD patient, and perform complex liver transplant as primary surgeon, with minimal attending assistance

## What's Next?

As you have read, the Focus Group and ASTS leadership have taken on an incredible task and responsibility to help shape the future of our Society. Based on input from fellows, program directors, educators, and leadership, and learning how other credentialing bodies assess their training programs, ASTS is now positioned to lead the way in the future of surgical training. As a valued member of our Society, you will continue to see implementation strategies, status updates, detailed proposals, and overall feedback from membership in the months and years to come. The future of our surgical trainees has reached the crossroads and is now on the path towards a more uniform, educational standard that will keep our Society a leader in the field of solid organ transplantation.



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

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

Trans-SAP contains the most relevant and exclusive content for transplant surgeons and is available 24 hours a day, 7 days a week. This new way to receive CME is specifically focused to help fulfill the new ABS Self Assessment requirements. Trans-SAP MOC is the first-ever program focused on the field of transplantation, developed by transplant surgeons for transplant surgeons and transplant physicians.

To learn more about ASTS Trans-SAP Maintenance of Certification Part 2: Lifelong Learning and Self-Assessment Program, visit ASTS.org/education/trans-sap-moc.

For more information about the ABS MOC Program, go to www.absurgery.org.

## **Understanding and Using Your Center's SRTR Data**

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

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

To access the webinars, visit ASTS.org/education/events-and-cme/webinars





## **ASTS Across the Field**

The Sanford Health transplant programs in Fargo, North Dakota, and Sioux Falls, South Dakota, have earned recognition from the Department of Health and Human Services (HHS) for quality performance in transplant care. Sanford Health is an integrated health system headquartered in the Dakotas and is now the largest rural, not-for-profit health care system in the nation with locations in 126 communities in eight states. In addition, Sanford Health is in the process of developing international clinics in Ireland, Ghana, Israel, and Mexico.

HHS has awarded the Sanford Health transplant programs with the Bronze Award for Transplant Programs and the Bronze Medal of Honor for Organ Donations.

## Awards

The Bronze Award for Transplant Programs, which was based on Sanford's work with kidney transplants, considered factors to measure quality, including post-transplant survival rates, transplant rates on waitlist patients, and pre-transplant mortality rates. This award positioned Sanford in the top 23 percent of transplant programs in the country. Additionally, Sanford medical centers in Fargo and Sioux Falls were the only transplant centers in North Dakota and South Dakota to secure the honor.

The Bronze Medal of Honor



Sanford Fargo Medical Center Team: Back: Dawn Thompson (HLA Technologist), Kim Bommersbach (Lead Office Specialist), Kristen Fischer (Transplant Social Worker/Financial Coordinator), Heather Engelstad (Pre Transplant Coordinator), Jamie Leslie (Reception), Maria Regnier (Director of Dialysis Svs), Brian Mckeever (Pre Transplant Coordinator) Dr. Louvar (Nephrologist) Middle: Robert Biberdorf (VP Transplant), Karen Heisler (HLA Technologist) Supervisor), Tammy Arman (HLA Technologist), Lori Wiedmeier (Nephrology Nurse), Roxann Myhra (Nephrology Nurse) Sheryl Asleson (Dialysis Educator) Front Row: Tracy Ottesen (Reception), Trina Reel (Reception), Nick Hillman (Director of Transplant Svs), Dr. Mistry (Transplant Surgeon/Surgical Director), Pam Wilson (Living Donor Social Worker/Donor Advocate), Rosalie Anglin (Post Transplant Coordinator/Supervisor), Transplant Coordinator), Pam Wolters (Transplant Nurse), Mary Beth Miller (Living Donor Transplant Coordinator), Pam Wolters (Transplant Nurse), Mary Beth Miller (Living Donor Transplant Coordinator), Pam Wolters (Transplant Nurse), Mary Beth Miller (Living Donor Transplant Coordinator), Pam Wolters (Transplant Nurse), Mary Beth Miller (Living Donor Transplant Coordinator), Pam Wolters (Transplant Nurse), Mary Beth Miller (Living Donor Transplant Coordinator)

for Organ Donations is presented to organizations that achieve and sustain national goals for collaborative conversion of organ donations, including a donation rate of 75 percent or more from eligible donors. Both Fargo and Sioux Falls transplant programs experienced a donation rate of nearly 80 percent. This is the sixth time Sanford Fargo Medical Center was honored for organ donations and the fourth time Sanford University of South Dakota Medical Center in Sioux Falls received this recognition.

"We strive for strong outcomes and firstrate, quality care," says Thavam Thambi-Pillai, MD, Transplant Surgical Director for Sanford in Sioux Falls. "While we've performed more than 1,000 successful transplants at Sanford. we're equally proud of the survival rates and quality outcomes we've experienced after transplants—both for donors and recipients."

Sanford features four transplant surgeons— Nadim Koleilat, MD, and ASTS members William F. Kendall Jr., MD; Bhargav

Mistry, MD; and Thavam Thambi-Pillai, MD-as well as two dedicated transplant nephrologists (Larry Burris, DO, and Adit Mahale, MD) along with several other supporting surgeons and nephrologists. With nearly 80 years of combined experience, they have performed more than 1,000 solid organ transplants and nearly 1,000 kidney transplants system-wide. Sanford Fargo Medical Center is also the only pancreas transplant program in North Dakota.

"Skilled and dedicated



## **ASTS Across the Field**



Sanford Medical Center Bismarck Team: Back: Kristen Blees (Dietician), Lisa Murry (Surgical Services) Laurie Vanderpan (Transplant Coordinator), Carol Houser (Transplant Social Worker), Dr. Youssef (Nephrologist), Dr. Raducu (Nephrologist at St. Alexius Medical Center), Dr. Shrestha (Nephrologist at St. Alexius Medical Center), John Savageau (Pharmacist), Ione Eckroth (Transplant Center Manager), LoAnn Getz (Nephrology Nurse) Seated: Danielle McPherson (Dialysis Nurse Practitioner), Susan Markegard (Transplant Coordinator), Kristin Hertz (Urology Nurse Practitioner), Ruth Praska (Urology Nurse), Dr. Koleilat (Urologist/Transplant Surgeon), Viki Renken (Transplant Coordinator) Teresa Chase (HLA Manager) Not pictured: Jessica Koch (Transplant Coordinator)

### transplant experts

allowed us to receive this recognition," says Bhargav Mistry, MD, Transplant Director for Sanford in Fargo. "We use a comprehensive and experienced team of physicians and surgeons committed to providing the best possible care for our patients."

## **Unique Programs**

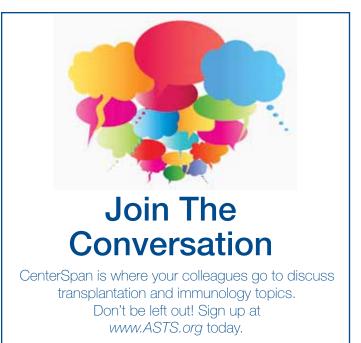
Sanford uses advanced surgical techniques and medication to help shorten post-operative (recovery) times, reduce the risk of complications, and offer a follow-up program after transplant surgery for patients and living donors. With a network of highly trained specialists, Sanford can perform transplant surgeries immediately when needed at multiple locations across the Sanford footprint. Access to the Sanford transplant team is available near most patients throughout the region.

Sanford Health includes 35 hospitals, 140 clinic locations and 1,200 physicians in 70 specialty areas of medicine. With more than 25.000 employees, Sanford Health is the largest employer in North and South Dakota. The system is experiencing dynamic growth and development in conjunction with Denny Sanford's nearly \$700 million in gifts, the largest ever to a health care organization in America. These gifts



Sanford University of South Dakota Medical Center at Sioux Falls Team: Front: Emily Luethold (RN Pre Coordinator), Catrina Hruby (Department Assistant), Emily VanLith (RN Pre Coordinator). Back (from left): Kelly Messner (Dietitian), Sarah Hutton (Pharmacist), Stacy Weller (Administrative Director), Leslie Plooster (Nurse Practitioner), Dana Trujillo (Financial Coordinator), Charish Weeldreyer (RN Donor Coordinator), Dr. Larry Burris (Transplant Nephrologist and Program Director), Rick Reuwsaat (Social Worker), Dr. William Kendall (Transplant Surgeon), Carrie Jenson (Coordinator Assistant), Dr. Thavam Thambi-Pillai (Transplant Surgeon and Surgical Director), Mikayla Jones (RN Post Coordinator), Katie Dewall (Clinical Manager), Holli Moeller-Montiel (Nurse Practitioner)

are making possible the implementation of several initiatives, including global children's clinics, multiple research centers, and finding cures for Type 1 diabetes and breast cancer. For more information, please visit *sanfordhealth. org.* 





## **ASTS Across the Field**

## People and Places

This feature contains news about ASTS transplant surgeons and their programs. If you would like to be featured or know of someone who has recently changed positions, please submit the information to *diane.mossholder@ASTS.org*.

Jonathan M. Chen, MD, is now Chief, Congenital Cardiac Surgery at Seattle Children's Hospital in Seattle, Washington.

### Hackensack University Medical Center

announced it has reactivated its adult kidney transplantation program, with **James** Lim, MD, at the helm. The hospital announced it got approval from the Centers for Medicare and Medicaid Services and United Network for Organ Sharing to restart its kidney transplantation division, effective May 16. Lim has been selected to lead the rebuilt division as program director and chief of transplant surgery, according to the announcement. For the past six years, he served as the program director and chief at Lankenau Medical Center

in Pennsylvania, which is part of the Jefferson Health System in Philadelphia.

## Benjamin Philosophe,

**MD**, **PhD**, has joined the Johns Hopkins Department of Surgery as the clinical chief of the Division of Transplantation. Dr. Philosophe came to Johns Hopkins from University of Maryland Medical System, where he was a professor of surgery and head of liver transplantation and hepatobiliary surgery.

## Gregory R. Veillette,

**MD**, is now a transplant surgeon at Westchester Medical Center in Valhalla, New York.

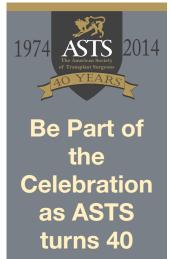
**David Mulligan** is now Professor of Surgery, Section Chief of Transplantation and Immunology, Director, Transplant Surgery at Yale University School of Medicine and Yale New Haven Hospital. He was formerly with Mayo Clinic Arizona.

## Rajeev Sharma, MBBS,

MS. recently became Clinical Assistant Professor in the Department of Surgery - Transplant at State University of New York at Buffalo after over five years of clinical/research training in transplantation surgery in United States, including a two-year Postdoctoral Research Fellowship in Transplantation Surgery from University of Rochester Medical Center (Rochester, New York), a two-year ASTS Fellowship in Liver, Kidney and Pancreas Transplantation Surgerv from Mc-Gaw Medical Center of Northwestern University (Chicago), and a one-year fellowship in Pediatric Transplantation Surgery

from Children's Hospital of Pittsburgh of UPMC.

**Dr. Satish Nadig** is now Assistant Professor Surgery, Microbiology, and Immunology at the Medical University of South Carolina. He was formerly a Fellow/Clinical Lecturer at the University of Michigan, Ann Arbor.



See page 3 for details



## **ASTS Welcomes Membership Coordinator**

ASTS is pleased to welcome **Ning Duan** as the new Membership Coordinator. Ning first joined ASTS in October 2010 as the National Living Donor Assistance Center Program Assistant. She graduated from the University of Maryland, Baltimore County in 2009 with a Bachelor of Arts in Sociology and started her career in the non-profit industry as an intern at the International Child Art Foundation, where she was later promoted to Program Officer—Specializing in China. During her spare time, Ning works at a retail pharmacy as a licensed Pharmacy Technician and has over five years of retail pharmacy experience. Ning is fluent in Mandarin and loves to travel abroad to experience the flavors of different cultures.

As Membership Coordinator, Ning will be responsible for all aspects of member

recruitment as well as the application, review, and approval process. She will manage the member database and dues processing and serve as the liaison to the Membership and Workforce Committee.

## OPTN | UNOS Corner

## **UNOS Awarded Renewal of OPTN Contract**

UNOS has renewed its federal contract to operate the national Organ Procurement and Transplantation Network (OPTN). The renewal marks the eighth contract term for operation of the OPTN since 1986, all of which have been awarded to UNOS.

The renewed contract contains a series of optional terms to extend through September 2018. Direct federal funding of the OPTN will increase over the term of the contract from approximately \$2.5 million to \$4.5 million per year. UNOS is especially grateful to ASTS for its advocacy to increase the amount of direct federal funding for the OPTN. Additional funding comes from fees paid by member institutions when registering an individual transplant candidate with the OPTN.

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

The OPTN/UNOS Board of Directors met June 24-25 in Richmond, Virginia. While an executive summary describing all board actions is available on the OPTN web site (http://optn.transplant.hrsa.gov/members/executiveSummary.asp), key action items included the following.

The Board approved substantial amendments to OPTN policy for deceased donor kidney allocation. Implementation of the policy is expected to occur in 2014. Features of the policy include:

- prioritization of kidneys with longest estimated function to a limited number of candidates expected to benefit the longest
- wider geographic allocation of kidneys with shorter potential function, to increase utilization for candidates facing a significant mortality risk remaining on dialysis long-term
- definition of waiting time expanded to include time a patient spent on dialysis prior to waiting list registration
- a sliding scale of priority for candidates with high PRA, as well as matching of blood subtype A2 and A2B offers for candidates with blood type B
- elimination of the kidney payback system and existing kidney allocation variances

In other action, the Board fully restored membership privileges for Nevada Donor Network, which had been declared Member Not in Good Standing in June 2011. It amended OPTN bylaws to clarify notification requirements for transplant programs undergoing periods of functional inactivity. The Board also approved the elimination of program certification criteria for combined heart-lung transplant programs.

The Board endorsed guidance for transplant and other health professionals addressing a variety of topics to promote transplant access, patient safety, and the interests of potential donors. These topics include timely referral for evaluation of potential kidney transplant candidates, identification of risk factors for West Nile Virus in evaluation of potential living donors, listing of adult heart transplant candidates as Status 1A(b), and donation after circulatory death in the neurologically aware population.

### Discretionary Listing for Pediatric Lung Transplant Candidates

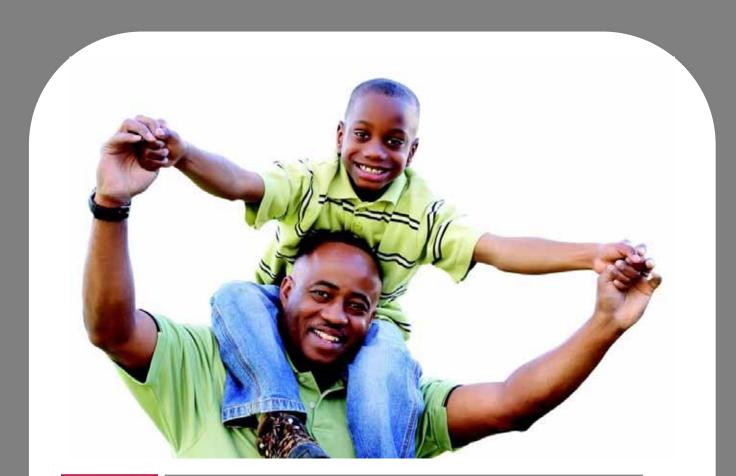
On June 10, the OPTN/UNOS Executive Committee approved a revision to national lung allocation policy affecting transplant candidates age 11 or younger. The revised policy allows a transplant team considering transplanting lungs from an adolescent or adult donor into a pediatric candidate to request additional priority from the national lung review board. The policy will expire on July 1, 2014, pending reconsideration by the full OPTN/UNOS Board of Directors and additional study and recommendations from OPTN/UNOS committees regarding the measures and outcomes of pediatric lung allocation policy.

In related action, the OPTN/UNOS Board of Directors, at its June 24-25 meeting, approved changes to the composition and procedures of the lung review board. It will now include six adult lung transplant surgeons or physicians and three pediatric lung transplant surgeons or physicians. All review board members will review every case, regardless of the age of the candidate for whom the request is submitted.

## Policy Plain Language Rewrite; Public Comment Items

A special public comment period will be held from August 9 through September 7 regarding proposed plain-language rewrites to current OPTN policy. The proposed language reflects feedback gathered from a similar public input session last year. Revisions are only intended to promote clarity and logical organization of content, not to alter the substance of the existing material.

Policy and bylaw proposals for the fall public comment period will be issued approximately September 6, and comments will be accepted through early December. When they are released they will be posted on the OPTN website: http://optn. transplant.hrsa.gov/policiesAndBylaws/publicComment.





## Living Organ Donors

**The National Living Donor Assistance Center (NLDAC)** reimburses eligible living donors for their travel expenses to the transplant center for their evaluation, surgery, and medical follow-up. Approved donors receive an American Express card to pay for transportation, food, and lodging up to \$6,000. NLDAC will also pay for up to two trips for the donor's support person(s). Call the NLDAC today for more information. We are happy to help!

## National Living Donor Assistance Center American Society of Transplant Surgeons 2461 S. Clark Street, Suite 640 Arlington, VA 22202 Toll Free: 888-870-5002 Tel: 703-414-1600 Fax: 703-414-7874 www.livingdonorassistance.org E-mail: nldac@livingdonorassistance.org

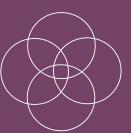
## Engaging The Donation & Transplantation Community of Practice... Improving Process & Practice Through Education & Collective Action

## About the Alliance

The Organ Donation & Transplantation Alliance (ODTA) is a consortium of national organizations and Donation Service Area (DSA) Organ Procurement Organization leaders who have come together for the sole purpose of enhancing national work to increase organ donation and transplantation. Major national organizations, including ASTS, engage in conversation with community leaders to create actions that will translate into lives saved through transplantation.

ODTA maintains a small Board of individuals who bring the best ideas from many diverse organizations. Dr. John Magee, University of Michigan, currently represents ASTS on the ODTA Board. Since 2011 the ODTA has carried out its mission through a Cooperative Grant from HHS/ HRSA. ODTA seeks to convene and collaborate with members of the Donation & Transplantation Community of Practice and others to work toward a day when no one will die waiting for the gift of a transplanted organ.

ODTA will host and support a Donor Management Research Consensus Conference along with HRSA. A Core Committee will begin discussion and sorting the issues before the open public forum in September. The Co-Chairs for this important meeting are Peter Abt, MD, University of Pennsylvania Transplant; David Nelson, MD, Chief, Heart Transplant Medicine, Integris Baptist, Oklahoma; and Rick Hasz - VP Clinical Services, Gift of Life Donor Program.



## Did You Know....

In the past 5 years, ODTA has convened over 7,400 participants in educational sessions and over 15,000 participants in educational webinars!

Sampling of upcoming meetings...

Donor Management Research Consensus Conference, September 16-17, 2013

Adult Donor Management Summit September 25-26, 2013, Los Angeles California

## **Meeting Intent:**

- To align efforts in the Donation and Transplantation Community of Practice (DTCP) addressing issues in donor management research
- To leverage these efforts in a unified process to optimize donor management within agreed upon parameters respecting donors, families, and recipients
- To encourage a defined and agreed upon network within the DTCP to share information and improvement regarding the donor management research continuum from the donor setting to the recipient's post-transplant care

## **ODTA Mission**

To establish shared goals, align and support the efforts of diverse stakeholders, and work collaboratively to heal the greatest number of lives through donation and transplantation.

## organdonationalliance.org





## American Society of Transplant Surgeons 14<sup>TH</sup> Annual State of the Art Winter Symposium

# **CALL FOR ABSTRACTS**

# MEETING THE CHALLENGES OF Innovation

## JUNIOR INVESTIGATOR TRAVEL AWARDS & ORAL ABSTRACT SESSION

Up to 20 travel awards, not to exceed \$500 each, will be presented to the top abstracts submitted by medical students, residents, fellows, and junior faculty.

The Top 14 Abstracts will be selected to present at Oral Abstract Sessions I and II during the Winter Symposium. Presenters will receive complimentary registration to the Winter Symposium.

\*Monies paid for travel awards will be presented as a check in U.S. Dollars and will be given to recipients at the ASTS registration desk in the Americana Foyer at the Loews Miami Beach Hotel in Miami Beach, FL. No other form of payment or currency is available.

Online Submission Open: 7/5/2013 Abstract & Surgical Video Submission Deadline: 9/9/2013 Housing Deadline: 12/30/2013 Pre-Registration Deadline: 1/9/2014

## **ABSTRACT SUBMISSION & REVIEW PROCESS**

All submissions will be done electronically through **ASTS.org.** You may submit as many abstracts as you wish. All abstracts are blinded for peer review and ranked on the basis of scientific merit, and the goal is to perform a scientifically rigorous review process to select those abstracts that present strong, balanced, and evidence-based clinical content, without the perception of bias.

The submission of abstracts related to clinical or basic research, surgical technique, or surgical practice that is new, innovative, or visionary is encouraged. Abstracts that address basic but controversial aspects of surgical management are also encouraged. Select abstracts will be accepted for oral or poster presentations.

## **CALL FOR VIDEOS**

ASTS is also accepting surgical video submissions for the annual surgical video presentation at the 2014 Winter Symposium. Videos that present innovative, unique, and scientifically rich surgical content are encouraged. Video abstracts can be with or without narration, and can be no longer than 10 minutes in length. Submissions will be reviewed and selected on the basis of scientific merit and relevance. Please send all video submissions to:

ASTS National Office ATTN: Maggie Kebler 2461 S. Clark Street, Suite 640 Arlington, VA 22202

## For more information visit ASTS.org

## NOTIFICATION

All persons who submitted abstracts and video abstracts will be notified by mid-November whether their abstract has been selected for oral, poster, or video presentation. All abstract presenters must register for and attend the ASTS 14<sup>th</sup> Annual Winter Symposium. All trainees will receive complimentary registration to the Winter Symposium.



## 2013 ATC: Success in Seattle

This year's American Transplant Congress, held in Seattle, Washington, May 18-22, was another successful joint meeting for both ASTS and the American Society of Transplantation. The meeting featured new sessions, a lecture from a Nobel Prize winner, and ASTS events that drew members together to network and conduct Society business. Below are a few of the highlights.

## **ASTS Pioneer Award**





The ASTS Pioneer Award is the most distinguished award bestowed upon an individual by the ASTS for a significant contribution to the field of transplantation. On Sunday, May 19, ASTS President Kim



M. Olthoff, MD, presented the award to **Ronald W. Busuttil, MD, PhD,** Distinguished Professor and Executive Chairman, The William P. Longmire, Jr. Chair in Surgery; David Geffen School of Medicine at UCLA, Department of Surgery; Chief, Division of Liver and Pancreas Transplantation; and Director, The Pfleger Liver Institute.

After graduating magna cum laude from Loyola University in New Orleans, Dr. Busuttil earned both his MD and PhD degrees at Tulane University. He served his surgical residency at UCLA under Dr. William P. Longmire, Jr. and was trained in transplantation by Dr. Thomas Starzl at the University of Pittsburgh. He has been a member of the UCLA surgical faculty since 1978. In 1984, he founded the Liver Transplant Program and has been the Director and Chief Surgeon for 28 years.

Dr. Busuttil has demonstrated a life-long commitment to teaching and advancing the field of transplantation and surgery. His training program in transplant surgery is among the foremost in the world. He has trained more than 300 transplant surgeons from the United States and abroad; many lead liver transplant programs in the United States, Asia, and Europe.

His contributions have been recognized through many awards and honors, including the ASTS Francis Moore Excellence in Mentorship in Transplantation Surgery Award, the Thomas E. Starzl Prize in Surgery and Immunology, the Transplantation Society Award for Education and Training in Transplantation, and the International Liver Transplantation Society Distinguished Service Award. To read more about Dr. Busuttil's many accomplishments, please visit ASTS.org/astspioneer-award.

## **A Global Perspective**

Dr. Olthoff gave her Presidential Address, "Think Global, Act Local: The Glocalization of the ASTS," on Tuesday, May 21. In it she reflected on





the international nature of the field of transplantation from its beginnings, when Peter Medawar introduced transplant immunology in London, leading to the first successful human kidney transplant at the Brigham in Boston by Dr. Joseph Murray. Since then, collaboration across national borders has been a frequent feature of advancements in transplantation.

But while many of the "firsts" in transplant had a global nature, she noted, it is the subsequent progress at the local level that can make the most impact. And just like some global corporations tailor their products to local tastes, as transplantation becomes more global, it is developing local "flavors" to suit different





populations. Examples include India and South Korea, which are relatively new to transplant but do more living liver donations than the United States, and Spain, which leads the world in deceased donation because of its "opt-out" system of consent and training system for transplant coordinators.

Dr. Olthoff also spoke about transplant surgeons who bring global expertise home to their communities, helping expand transplantation's benefits to new populations. She gave examples of colleagues who work to train surgeons outside the United States and fellows from around the world who train in ASTS accredited programs.

She outlined her vision of a Global Training Partners Pilot Program, in which ASTS will seek out high-performing fellowship training programs in other countries to partner with ASTS-accredited training programs in the United States.

The partner programs would hold teleconferences, share research initiatives, participate in ASTS events, and facilitate clinical exchange programs. Both partners would ideally learn not just surgical techniques, but a range of transplant-related activities that may be done differently in different centers. She reminded the audience that making advances in transplantation requires going outside the comfort zone.

At the conclusion of her address, Dr. Olthoff noted that ASTS' 40<sup>th</sup> anniversary is next year and said, "As the world of transplant changes, the ASTS will be challenged to evolve with it, but challenge is good it makes you be at your best. Happy Birthday a little early ASTS—your best years are yet to come. I am grateful for this incredible year. Thank you for the honor of serving as your President."

## ATC Session Highlights

#### The Economics of Kidney Exchange

On Sunday evening, Alvin E. Roth, MD, Economist & Professor, Stanford University and the 2012 Nobel Prize Laureate in Economics, gave a talk entitled "Kidney's Exchange: An Economist's Perspective" sponsored by both ATC and the Alliance for Paired Donation. Dr. Roth's Nobel Prize was given for his work on a theory of stable allocations and the practice of market design, and he explained how economic theory can be applied to achieving the best matches in an active clinical program. The talk was standing room only.

## Controversies in Transplantation

In transplantation today, is it necessary and practical to induce tolerance by establishing chimerism? Megan Sykes, MD, argued the "yes" position during the Tuesday, May 21, Basic Science Controversies in Transplantation while Jonathan Bromberg, MD, PhD, countered with a series of "no" arguments. You can read their arguments at http://atc365. ascendeventmedia.com/highlight. aspx?id=5931&p=440.

The other Controversies in Transplantation session, "Broader Follow-Up of Living Kidney Donors by the OPTN Is Feasible and Scientifically Justified," featured a debate about the methods used to learn more about the health of kidney donors.



Market design markets and markets

What are they fail
 How do they fail
 How do they fail
 How do they fail
 How can we fix they
 broken?

Stat Second

Connie Davis, MD, Chief Medical Officer, Skagit Regional Health, Mount Vernon, Washington, argued for more followup of patients, while Robert Gaston, MD, Endowed Professor of Transplant Nephrology, University of Alabama at Birmingham, said he favors the gathering of data by other means. Their arguments are summarized at http://atc.365. ascendeventmedia.com/highlight. aspx?id=5930&p=440.

### Innovators in Transplantation

Two stars in the field of transplantation discussed their work on Wednesday, May 22.

Paul Terasaki, PhD, is Professor Emeritus of Surgery, University of California, Los Angeles, and founder of Terasaki Foundation Laboratory, Los Angeles. He developed a microtoxicity test that evaluates donor and recipient tissue compatibility, which is the standard for tissue typing, and he later worked on other advances in transplantation. In 1984, he founded One Lambda, Inc., which supplies tissue typing and antibody detection reagents, and creates lab instruments and computer-



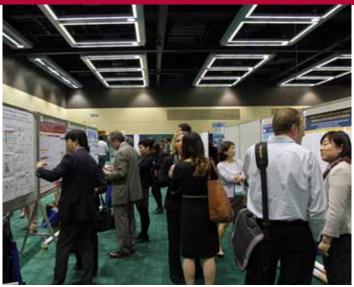


software that aids testing.

Clyde F. Barker, MD, is Donald Guthrie Professor of Surgery, Hospital of the University of Pennsylvania, Philadelphia, and he has been a leader in islet transplantation and diabetes research. He has received National Institutes of Health grants for more than 25 years, including a MERIT grant from 1987 to 1995. He has written more than 400 scientific papers and started the Hospital







of the University of Pennsylvania transplant program in 1966.

Both discussed their work in the context of the history of transplantation. For more about this session, please visit http://atc-365. ascendeventmedia.com/highlight. aspx?id=5928&p=440.

### What's Hot, What's New

The latest transplantation advances and dozens of advances in basic science and clinical research were highlighted Wednesday, May 22, in the ATC closing session.

ATC Co-Chairs Robert Fairchild, PhD, and Dorry Segev, MD, PhD, presented the highlights after studying the papers and presentations of the conference. Dr. Fairchild, Professor of Molecular Medicine at Cleveland Clinic, covered basic science while Dr. Segev, Associate Professor of Surgery, Epidemiology, and Biostatistics at Johns Hopkins University, addressed clinical topics.

In his overview of basic science highlights, Dr. Fairchild focused on innate mediators and regulators of alloimmunity, T cell effectors in graft injury, new models and mechanisms of antibody-mediated graft injury, and T cell and/or B cell regulation of the alloimmune response.

He first looked at the role of the commensal microbiota in skin allograft rejection in research that used a mouse model. Caroline Bartman, Alegre Lab, University of Chicago, used microbial products and T cell activation by dendritic cells to delay skin allograft rejection, and concluded that commensal bacteria augment alloresponses and accelerate graft rejection.

In his review of clinical sessions at ATC, Dr. Segev saw donor-specific antibodies and innovative thinking among the highlights. Dr. Segev discussed papers that concerned donorspecific antibodies (DSA) in kidney transplantation and studies outside kidney transplantation.

For a complete description of the session, please visit: http:// atc-365.ascendeventmedia.com/ highlight.aspx?id=5927&p=440.









2013 ATC: Success in Seattle









## ASTS Business Meeting

On Tuesday, May 21, ASTS members gathered to hear updates from the committees and learn the results of the elections for President-Elect and Councilors-at-Large. The new Council members are:

### President-Elect Peter G. Stock, MD, PhD, University of California - San Francisco

**Councilors-at-Large** Douglas G. Farmer, MD Ronald Reagan UCLA Medical Center

James F. Markmann, MD, PhD Massachusetts General Hospital

Mark D. Stegall, MD Mayo Clinic

Members who rotated off the Council are Michael Abecassis, MD, MBA; David C. Mulligan, MD; Stuart M. Flechner, MD; and Lewis W. Teperman, MD.

The meeting concluded with outgoing president Kim M. Olthoff, MD, passing the gavel to Alan N. Langnas, DO.





## New Committee Chairs

New committee chairs and members also began their terms as of the adjournment of the Business Meeting. New committee chairs are:

- Jonathan S. Bromberg MD, PhD (Grants Review)
- Michael J. Englesbe, MD (Vanguard)
- Sander S. Florman, MD (Communications)
- Wendy J. Grant, MD (Fellowship Training)
- Stuart M. Greenstein, MD (Standards & Quality)
- Richard J. Knight, MD (CME)
- Kenneth Washburn, MD (Curriculum)

The outgoing chairs were Ginny Bumgardner, MD, PhD; Kenneth D. Chavin, MD, PhD; Douglas G. Farmer, MD; Jonathan P. Fryer, MD; Ryutaro Hirose, MD; Michael Ishitani, MD; and Dorry L. Segev, MD, PhD.

Next year's annual meeting will be held at the World Transplant Congress in San Francisco, July 26-31, 2014. Please plan to attend not only for the meeting, but also for the unveiling of the ASTS 40<sup>th</sup> anniversary book!



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

### August 21, 2013 OPTN Requirements for the Medical and Psychosocial Evaluations of Living Kidney Donors OPTN/UNOS Webinar http://unos.peachnewmedia.com

## September 13-15, 2013

International Liver Cancer Association Seventh Annual Conference International Liver Cancer Association Washington, DC www.ilca2013.org

## September 15-18, 2013

Stem Cells in Translation International Society for Stem Cell Research Florence, Italy www.isscr.org/florence2013

## September 16-17, 2013

Donor Management Research Consensus Conference Arlington, Virginia www.organdonationalliance.org

## September 25-26, 2013

2013 National Donor Management Summit for the Donation and Transplantation Community of Practice Organ Donation and Transplantation Alliance Los Angeles, California *www.organdonationalliance.org* 

## October 16-17, 2013

Donation Perspectives: Addressing the Roles of Culture, Language, Race, and Community Organ Donation and Transplantation Alliance St. Louis, Missouri *www.organdonationalliance.org* 



## Upcoming ASTS Events 4th Annual ASTS Leadership

Development Program

Evanston, Illinois September 22-25, 2013 ASTS.org/education/events-andcme/leadership-developmentprogram

## 7th Annual Surgical Fellows Symposium

Snowbird, Utah October 4-6, 2013 ASTS.org/education/events-andcme/calendar-of-events/eventdetails/fellows-symposium

## ASTS 14th Annual State of

the Art Winter Symposium Miami, Florida January 23-26, 2014 ASTS.org/education/events-andcme/winter-symposium

2014 World Transplant Congress San Francisco, California July 26-31, 2014 www.wtc2014.org

### October 16-17, 2013 World Congress of Surgery, Obstetrics, Trauma and Anesthesia (WCSOTA)

The International College of Surgeons, The International Federation of Gynecology and Obstetrics, The World Federation of Societies of Anaesthesiologists, Johns Hopkins University School of Medicine & The Ministry of Health of Trinidad and Tobago Port of Spain, Trinidad and Tobago *www.wcsota.com* 

## November 6, 2013

OPTN Requirements for Living Kidney Donor Follow Up OPTN/UNOS Webinar http://unos.peachnewmedia.com

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Kathy Allen, RN, CCTC University of Michigan

James O. Banks, MBA Methodist University Hospital Transplant Institute

Ramesh K. Batra, MBBS, MRCSEd Mayo Clinic Arizona

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