

# American Society of Transplant Surgeons



—

History of the  
**American Society of Transplant  
Surgeons**

On the Occasion of its 20th Anniversary

*Editors*

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San Francisco

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Minneapolis



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- Monaco, A. P. Problems in Transplantation—Ethics, Education, and Expansion. *Transplantation*, Williams & Wilkins, January 1987. 43(1):1-4.
- Corry, Robert J. Recommendations Regarding Issues Facing Organ Transplantation. *Transplantation*, Williams & Wilkins, February 1988. 45(2):259-261.
- McDonald, John C. History, Irony and Perception. *Transplantation*, Williams & Wilkins, January 1989. 47(1):1-2.
- Alexander, J. Wesley. The Cutting Edge. A Look to the Future in Transplantation. *Transplantation*, Williams & Wilkins, February 1990. 49(2):237-240.
- Kahan, Barry D. Transplantation Timeline, Mankind's Three Millennia—One Maverick's Three Decades in the Struggle Against Biochemical Individuality. *Transplantation*, Williams & Wilkins, January 1991. 51(1):001-021.

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## Introduction

*Oscar Salvatierra, Jr., M.D.  
Caliann T. Lum, M.D., Ph.D.*

*On May 18–20, 1994, we celebrate the Twentieth Anniversary and the Twentieth Annual Scientific Meeting of the American Society of Transplant Surgeons. This book commemorates the founding of our society.*

In 1974, transplantation surgery was a burgeoning specialty brimful of the true American pioneer spirit. That year, a small adventurous band of surgeons, most without any formal training in transplantation, gathered together with an amazing unity of purpose and set about creating the American Society of Transplant Surgeons (ASTS). Scientific scholarship, commitment to education, and concern for the welfare of transplant patients bonded this growing group of highly independent thinkers—many of whom did not yet know each other—into an organization that today is the preeminent and dominant voice in American transplantation medicine.

Twenty years is a long time, and recollections fade. This book captures the rich history of ASTS as preserved over the years in the minds of its founders and dedicated progeny.

The panorama begins with a historical documentation of the organizational meetings and fond recollections of the founding and growth of ASTS. Then, presidential reminiscences of each term reflect the explosive growth in clinical and experimental transplantation science. The presidential addresses themselves uniquely portray the thoughts of the transplant community in the year they were delivered.

The past two decades have seen kidney, liver, pancreas, heart, and heart-lung transplantation each come into their own. Their stories are narrated by world-renowned specialists who championed the broad diversification of the field of transplantation. Lung, small bowel, and cell transplantation will continue to emerge as ever-growing projects for younger leaders.

Education, education, and more education enlivens ASTS history, as evidenced by protocols for accrediting training programs, sponsored fellowship grants, the annual postgraduate course, and a quarterly newsletter. All of these have become integral and prominent features of our solid organizational structure.

Finally, in keeping with the somber realities of sharing and allocating scarce human resources, the final chapters discuss societal and ethical issues—juxtaposed in seemingly stark contrast with the impersonal backdrop of Washington politics.

This book is the work of ASTS members whose priceless memories become even more priceless with the passing of time. So many selfless contributors gave unstintingly of their time to make this project a reality.



## Acknowledgments

*The American Society of Transplant Surgeons gratefully acknowledges Sandoz Pharmaceuticals Corporation for its generous support of this publication and its continued support in promoting the advancement of transplantation science.*

The editors take this opportunity to thank our assistants, Kimberly Peichel and Linda Sherwood, for the excellent work they have done in helping us compile and prepare these papers for publication.

We also acknowledge the skillful technical assistance of Mary Knatterud, editor for the Department of Surgery at the University of Minnesota Medical School.

Finally, we would like to recognize our parent institutions for encouraging and supporting our efforts as editors of this document on the history of the American Society of Transplant Surgeons:

California Pacific Medical Center,  
Hennepin Faculty Associates,  
University of Minnesota Medical School.





## *In Memoriam*

Death has prematurely claimed some of our fellow members. In spite of their professional youthfulness, they made significant contributions to the American Society of Transplant Surgeons and to organ transplantation in general:

*Richard Burlison*

*Samuel Kountz*

*Richard Lillehei*

*William Newton*

*Leonard Perloff*

*Charles Peters*

*Leslie Rudoff*

*Derck Sampson*

*Richard Wilson*

*David Hume* died before the organization of ASTS. Nevertheless, his monumental pioneering contributions have been recognized by the establishment of the ASTS Annual David M. Hume Lectureship.







# I

## Founding of the Society

*Frederick K. Merkel and Oscar Salvatierra, Jr.*

### History

In the early 1970s, organ transplantation was at best a fledgling field, not yet defined as the specialty we know today. Only a few kidney transplant centers existed, and most of them performed only a few transplants annually. Extrarenal organ transplantation was considered experimental, and was essentially carried out at only two centers, Denver (liver) and Stanford (heart). Graft and patient survival rates were far inferior to today's results. Most transplant surgeons barely knew each other, except perhaps by name. It was in this environment that the need emerged for an exchange of scientific knowledge and experiences among American surgeons in this new field.

The initial idea for an organization to unite transplant surgeons throughout the U.S. appears to have been conceived somewhat simultaneously by Drs. John Bergen, Frederick K. Merkel, and Aaron Bannett. Bergen was then at Northwestern University; as director of the NIH-ACS (National Institutes of Health—American College of Surgeons) National Kidney Transplant Registry, he probably had the greatest contact with transplant surgeons of anyone. Merkel, also at Northwestern University, was associate director of the registry. Bannett was at Albert Einstein (Philadelphia) Medical Center.

This concept of a national society of transplant surgeons was first openly discussed in early 1974 at a meeting in Rockville, Maryland. The meeting had been organized and sponsored by the U.S. Department of Health, Education, and Welfare (DHEW) to obtain input from transplant surgeons regarding implementation of the Social Security Act Amendments of 1972. This law established the End-Stage Renal Disease (ESRD) Program, which entitled eligible beneficiaries to Medicare payment for kidney transplantation and dialysis. DHEW representatives and 16 transplant surgeons from throughout the U.S. attended the meeting.

Merkel helped bring these 16 together by telephoning the American surgeons he had met or heard of through the Surgical Forum meetings of the American College of Surgeons, the NIH-ACS National Kidney Transplant Registry, and the Transplantation Society. During the course of the meeting Merkel asked these surgeons if they

would be interested in forming a national society of transplant surgeons. Most of them agreed that the idea merited further discussion.

Later in 1974, a second meeting between these same surgeons and DHEW representatives was held in Baltimore. After further discussion and affirmation of the need for a transplant surgical society, an organizing committee was formed. A special organizational meeting was held at O'Hare International Airport in Chicago in the spring of 1974. At that meeting, the name for the society and the requirements for membership were discussed at length. Some wanted to make it a general transplantation society serving all disciplines involved in transplantation. However, the prevailing opinion was that a society for transplant surgeons only was needed, since other societies already existed for immunologists, nephrologists, and the like. The general belief was that transplantation would someday become much more important for patients with end-stage diseases of a variety of organs, rather than kidney alone. A society would allow transplant surgeons to meet one another, exchange scientific information, promote education in transplantation, provide organized advocacy of their patients' welfare, and be heard as one voice on transplantation issues.

A total of 127 charter members (see list elsewhere in this monograph) agreed to form and participate in this new society. As would be expected, in 1974, many of the charter members performed only a limited number of transplants, and few knew each other. By the time the first national organizational meeting was held, the membership had grown to 180 members. To obtain official status for our society, Dr. Russell Lawson arranged for the incorporation in Oregon. He also commissioned Oregon artist Clarisse Francone-Ashworth to design the ASTS logo.

The national organizational meeting was held in association with the American College of Surgeons meeting in Miami Beach, Florida, in October 1974. Committee members contacted all the transplant surgeons they were aware of, urging them to attend this meeting. Sir Roy Calne of the United Kingdom was invited to address this inaugural meeting; his talk inspired members to proceed with the new society. Dr. Thomas Starzl was elected the first president by acclamation. He urged ASTS to strongly establish itself as a flagship organization devoted to exploring and communicating scientific and medical advances in our newly emerging field.

### **Minutes of the National Organizational Meeting**

Dr. Russell K. Lawson was elected the first secretary. The edited minutes of the first national organizational meeting (at the Eden Roc Hotel, Miami Beach, October 20, 1974) follow:

#### *History of ASTS*

Dr. Fred Merkel gave a brief history of the society, pointing out that Medicare funding for end-stage renal disease (ESRD) care was recently initiated and that last February



16 transplant surgeons met in Washington with the Social Security Administration (SSA) in an attempt to provide fairly broad input into the development of the ESRD program. A subsequent meeting was held at O'Hare in Chicago, which made it clear that we really need an organization that would speak for the transplant surgeons and could deal with the problems that are developing in terms of health care for our transplant recipients and their families.

Other needs for the society are to have an annual meeting to review clinical topics in transplantation and to develop a nationwide educational program to help increase the number of cadaver organs available for transplantation.

This past summer, the members voted to name the society the American Society of Transplant Surgeons (ASTS). There are presently 180 members. The society has been incorporated in Oregon as a nonprofit organization.

*Report of Nominating Committee*

Dr. Merkel called on Dr. Aaron Bannett, chairman of the Nominating Committee, to report the results of the nominations and elections.

In keeping with the charge of the Organizing Committee, the Nominating Committee, consisting of

Aaron D. Bannett	Paul C. Peters
Robert J. Corry	Oscar Salvatierra, Jr.
Bernard Lytton	Ben A. VanderWerf

met by conference telephone calls on several occasions. After taking into account the original poll of the general membership, the Nominating Committee arrived at a slate which was mailed out as a ballot for approval by the general membership. These ballots were sent out to 156 registered members of the society. As of September 15 (the deadline date) 140 ballots were returned. There was complete approval of the slate in 137 ballots. In the remaining 3 ballots there was a suggestion of one other individual for a definite office.

With this almost unanimous vote, the Nominating Committee presented the following officers for ASTS:

President:	Thomas E. Starzl
President-Elect:	Folkert O. Belzer
Vice President:	Frederick K. Merkel
Secretary:	Russell K. Lawson
Treasurer:	G. Melville Williams

*Presentations*

Dr. Merkel presented the society's president, Dr. Thomas Starzl. Dr. Starzl stated that he wishes the new society to be representative of active transplant surgeons who are unable to participate in the International Transplantation Society meeting due to

excessive costs, language barriers, distance to travel, and regional obligations. He feels the society should be oriented toward practical matters of clinical transplant surgery.

The president introduced the guest speaker, Dr. Roy Calne, who gave an outstanding talk on the history and development of clinical transplantation.

Following the guest speaker, the business meeting was called to order.

#### *Dues*

It was moved, seconded, and carried that annual dues be \$20 to defray costs of incorporation, legal counsel, and secretarial expenses.

#### *Time of Meetings*

There was a lengthy discussion regarding the time the annual meeting should be held. Several members emphasized the need for a scientific meeting without political overtones, as well as a business meeting.

A motion was carried that ASTS hold a freestanding meeting rather than one in connection with another organization's annual meeting. It was moved, seconded, and carried that a freestanding meeting be held in the spring in Chicago. A motion was passed that a committee be set up to reserve a hotel for the spring meeting, contact drug companies for assistance with the meeting, and solicit abstracts.

#### *Bylaws Committee*

It was moved and seconded that a Bylaws Committee be formed and J.C. Rosenberg, M.D. was nominated as chairman. The motion was carried. The following persons were named to the committee:

Aaron Bannett  
James Cerilli

Thomas Marchioro  
Russell Lawson, ex officio

It was moved, seconded, and carried that no limit be placed on legal fees for services required in setting up the bylaws.

#### *Membership Committee*

A great deal of discussion followed regarding qualifications for membership. At the present time, only transplant surgeons are members of this organization and the basis of certification for membership will be determined by the Membership Committee. It was moved, seconded, and carried that Dr. Jeremiah Turcotte be chairman of the Membership Committee.

#### *Associate Membership*

Following a discussion concerning associate memberships, a motion to table a decision on this topic for one year failed to pass. A motion that new memberships be



based on sponsorship by three surgeon members of the society and not be limited to surgeons was defeated. A motion that members be surgeons only was defeated. A motion was made that the society be limited to surgeons who are actively engaged in transplantation with sponsorship by three surgical members of the society and voted on by members of the society. Exemptions would be made any time for nonsurgical members who are proposed by three surgical members of the society and voted on by members of the society. This motion was withdrawn. It was then moved, seconded, and carried that two more members be appointed to the Membership Committee and that this committee's charge be to further study the issue of associate membership and make recommendations to the membership. It was suggested that Dr. Turcotte's committee circulate their recommendations to the members for a vote.

A motion was made, seconded, and carried that Dr. Turcotte select as many members as he sees fit for the Membership Committee. The following persons indicated an interest in serving on this committee:

Marvin Gliedman	Oscar Salvatierra, Jr.
Ben VanderWerf	John Libertino
Josh Miller	James Tremann
Thomas Moore	Al Birtch
Mark Hardy	

#### *Advisory Committee*

A motion passed that an Advisory Committee be established and chaired by Dr. James Cerilli. Dr. Cerilli is to select members for his committee. Interested persons are Drs. Merkel and Rudolf.

#### *Publications Committee*

Dr. Merkel reported that Dr. Felix Rapaport, editor-in-chief of *Transplantation Proceedings*, indicated that this publication could serve as a journal for the new society. Papers from the society's annual scientific meeting could be published on an annual or biannual basis. He proposed a separate volume called "Clinical Topics in Transplantation." Following discussion of this topic, a motion was made, seconded, and carried that a Publications Committee be formed to look into the possibilities of publishing in the *Proceedings* versus other publications and to report to the membership. Dr. Thomas Marchioro was appointed as chairman and Dr. Merkel asked that he organize a committee of four additional members. Dr. John Libertino expressed an interest in serving on the committee.

#### *Program Committee*

A motion passed that the Publications Committee also serve as the Program Committee for the first year.

*Educational Committee*

Following discussion of the need for a nationwide educational effort for transplantation, it was moved, seconded, and carried that an Educational Committee be established to coordinate the society's input into a national education effort. Dr. Frank Veith was named as chairman. The following persons indicated an interest to serve on this committee:

Richard Burlesen  
James Wolf  
Mark Hardy  
Allyn May  
Thomas Berne

J.W. Alexander  
Clive Callender  
B.A. VanderWerf  
Anthony Monaco

*Scientific Studies Committee*

A motion was made, seconded, and carried that a Scientific Studies Committee be established and chaired by Dr. Thomas Moore. The following persons indicated an interest in serving on this committee:

Simon Simonian  
Stan Dienst

Richard Burelson  
George Smith

*Liaison Committee*

Following discussion of the need for a Liaison Committee to explore relationships with other organizations, a motion was passed to table a decision on establishing this committee until next spring.

After the business meeting, president-elect Dr. Fred Belzer spoke briefly on his hopes that the new society will become a strong, viable organization that will benefit clinical transplant surgeons.

The meeting was adjourned.





## II

# Transcript of the First Annual Business Meeting—May 23, 1975 (edited)

The first Annual Business Meeting of the American Society of Transplant Surgeons was convened at the Hyatt Regency Hotel, Chicago, Illinois, at 4:30 p.m., Dr. Thomas E. Starzl presiding.

**DR. STARZL:** Ladies and gentlemen, if you will be seated, we will endeavor to get our first Annual Meeting underway.

Now, one point of clarification and I believe we have a slight problem here.

There are, for example, a number of members present here who actually don't know whether or not they are members. I wonder, however, if they could not be permitted to remain because they are charter members for this Business Meeting and I ask you, as a point of order, if that would be a reasonable proposition.

**DR. FRED MERKEL:** Yes, it certainly would.

I just don't know how to identify anyone who doesn't know whether or not he has paid as a member.

Shall we just keep the group of surgeons, perhaps?

**DR. STARZL:** I think that would be a reasonable thing to do.

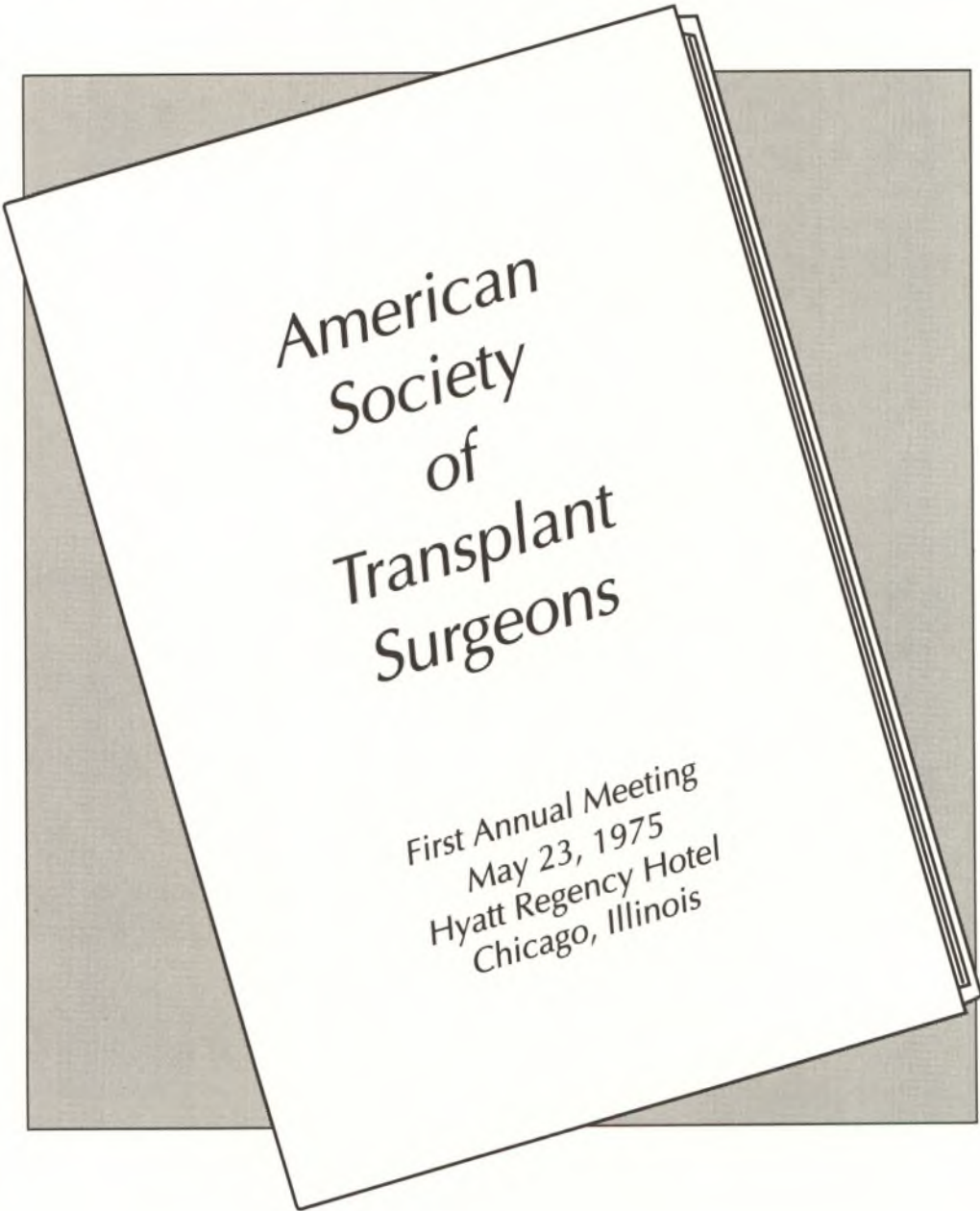
If there is no objection, I will ask the surgeons to remain and request that all the nurses and technicians leave. I hate to make this request but, in view of the circumstances, I think that is the thing to do.

[Whereupon, a slight pause ensued at this point as those not permitted in the Meeting Hall removed themselves.]

**DR. STARZL:** Now, ladies and gentlemen, we have an unusually busy agenda today and I wonder if we could get some kind of cross talk between here and the small table over there stopped as we come to committee reports, from Dr. Marchioro and others.

Now, I will try to endeavor to go to the agenda we have as quickly as I can, shorting, I am afraid, some of the reports, so that in turn, we can concentrate on some of the more important matters.

I would also like to identify these in advance so that we will know what to expect.



For example, I think the report from the Membership Committee is one that is going to be most important and we should not, therefore, try to shorten that.

There will also be some important matters in relation to the time and location of these meetings, which we are very anxious to get input about from the membership.

Likewise, briefly, we want to go over portions of the proposed bylaws because I



think it is important that we tentatively have some bylaws before we leave this meeting, because we do want to be in full-fledged business at all times from now on.

Therefore, these are matters of importance with which we will have to deal today.

Now, with that in mind, we will now go into some of the reports that we hope to cover in a very abbreviated way.

The first report is that of your Program Committee, Dr. Marchioro.

**DR. THOMAS L. MARCHIORO:** This is very simple.

We have received 65 abstracts and selected 24 papers which were presented today. These will be submitted, hopefully, to *Surgery* within the week for publication within four months. They will be editorially reviewed by members of the Publications Committee prior to submission to *Surgery*.

We have all but two papers, one from Dr. Thomas, who will be sending me his copy, and one from Wes Alexander.

The total cost was \$1,000.

That is the end of my report.

**DR. STARZL:** Thank you, Tom.

I should say that Dr. Marchioro and several of the other members of the Publications Committee will be staying tonight and editing the papers so that we will be in a position to get them to the *Surgery* Editorial Board within a very few days.

I would now like to call on Dr. Cerilli to report on the deliberations of the Advisory Committee.

**DR. G. JAMES CERILLI:** Well, the Advisory Committee was formed really for two purposes.

The first was to keep the membership informed of programs that relate to transplantation and transplant surgery and, second, to supply information, if requested of us, to other agencies about transplantation and the needs of the field.

Our only real activity in the past few months was to supply the Bureau of Health Insurance with information that they requested.

This committee is not a lobbying committee but primarily acts as a catalyst for the transfer of information.

Thank you.

**DR. STARZL:** Thank you.

We will next hear from Dr. Frank Reed of the Education Committee.

**DR. FRANK VEITH:** The Education Committee can serve the membership by providing, we think, important material for publication and for professional education.

This, of course, can relate to areas concerned with donor procurement, transplantation in general insofar as the public is concerned, and legal problems associated with brain deaths and the like.

The professional education material that we would like to be able to provide deals with mainly non-transplant-related physicians, nurses, and the like who are the key to helping us procure donors.

**"Our first regional meeting was held in Chicago, May 22-23, 1975..."**

THE AMERICAN SOCIETY OF TRANSPLANT SURGEONS

Thomas E. Starzl ..... President  
 Folkert O. Belzer ..... President-Elect  
 Frederick K. Merkel ..... Vice-President  
 Russell K. Lawson ..... Secretary  
 G. Melville Williams ..... Treasurer

EXECUTIVE COUNCIL

Thomas E. Starzl  
 Folkert O. Belzer  
 Frederick K. Merkel  
 Russell K. Lawson

G. Melville Williams  
 Thomas L. Marchioro  
 Jeremiah G. Turcotte

BYLAWS COMMITTEE

J. C. Rosenberg - Chairman  
 Aaron D. Sannett  
 G. James Cerilli  
 Thomas L. Marchioro  
 Russell K. Lawson - ex officio

MEMBERSHIP COMMITTEE

Jeremiah G. Turcotte - Chairman

PUBLICATIONS AND PROGRAM COMMITTEE

Thomas L. Marchioro - Chairman  
 G. James Cerilli  
 John A. Libertino  
 Anthony P. Monaco  
 James. C. Pierce

RESUME OF PROGRAM

THURSDAY EVENING, MAY 22, 1975

5:00 - 10:00 p.m. Registration (Foyer of Ballroom Level)  
 7:00 - 9:00 p.m. Executive Council Meeting (Ogden Room)

FRIDAY MORNING, MAY 23, 1975

7:00 a.m. Registration  
 8:00 - 9:30 a.m. Scientific Session (Ballroom D)  
 Presiding - Thomas E. Starzl  
 Papers 1-6  
 9:30 - 9:45 a.m. Coffee Break  
 9:45 - 12:00 p.m. Scientific Session  
 Presiding - Frederick K. Merkel  
 Papers 7-14

FRIDAY AFTERNOON, MAY 23, 1975

12:00 - 1:00 p.m. Luncheon (Hong King/Toronto Room)  
 1:00 - 1:30 p.m. Presidential Address (Ballroom D)  
 Presiding - Folkert O. Belzer  
 "Preface to a Society"  
 Thomas E. Starzl, President  
 1:30 - 2:30 p.m. Scientific Session  
 Presiding - Folkert O. Belzer  
 Papers 15-18  
 2:30 - 2:45 p.m. Coffee Break  
 2:45 - 4:15 p.m. Scientific Session  
 Presiding - G. James Cerilli  
 Papers 19-24  
 4:15 p.m. Business Meeting (Ballroom D)  
 Presiding - Thomas E. Starzl

FRIDAY EVENING, MAY 23, 1975

Cocktails and dinner on the North Shore (151 Sheridan Road, Kenilworth). Buses will be leaving the hotel at the conclusion of the business meeting.

**"... I feel a sense of pride and satisfaction that, without exception, we have accomplished our original objectives."**

**—President Starzl**



Now, the New York Regional Transplant Program, as well as others, have put together a variety of prepared material which will serve or could serve all of us. This material deals with all areas of the media, that is, television spots, radio spots, magazine advertising, newspaper advertising, etc., and what I would like to do is to ask the members of the society to interact with us in two ways:

First of all, send me any material that you may have prepared for these purposes in your area. I will then collate this material, put it together with the material that we have put together in the New York City area, and then send a flyer to all the members of organizations, listing the available material.

Any of you who are interested in procuring this material on a cost-plus basis can write me and we will send samples.

Just by way of example, we have a four-minute movie strip which covers really several available television spots that could be made available to you. I thought we might take time out to show you these, merely as an example of what we have done in this area.

This material, as well as a host of others which will pass through the organization, will be available on the basis I have mentioned.

Do you want to start the movie?

[The movie showing short television spots ensued.]

Now, Mr. President, unless there are any questions, that is the end of my report. We will most certainly be in touch with you.

**DR. STARZL:** I would like to take a moment to emphasize that the brevity of these reports we are listening to has no relation to the fantastic amount of work that these committees have carried out.

The Public Relations Report, it seems to me, is the most important one because those are very effective ads. Anyone who wants spots for use in relation to their own television stations, or any other material from the very effective New York program, should write Frank. At least within a limited context, they will try to provide you with a lot of material free of charge.

I think that the "free" part is proper, at least to a limit, isn't it?

**DR. VEITH:** The samples are free.

The actual spots will be on a cost-plus basis but, presumably, this will involve a tolerable cost.

**DR. STARZL:** Thank you very much.

Another effective committee is that of Dr. Tom Moore, the Scientific Studies Committee.

Now, we do not have any specific recommendations from that committee, although Dr. Moore has given me a written report. He is suggesting that, for a whole variety of reasons, this society might want to examine their needs in order that there be a uniform data collecting mechanism, including uniform flow sheets.

As to the specific questions that this committee considered, we thought it would



# First Annual Meeting

## May 22-23, 1975

### Papers - Authors - Institutions

#### 1. ELEVATED SERUM CREATININE ASSOCIATED WITH HYPERGLYCEMIA IN DIABETIC TRANSPLANT RECIPIENTS

A.J. Matas, R.L. Simons, F.C. Goetz, D.E.R. Sutherland, C.M. Kjellstrand, and J.S. Najarian (Departments of Surgery and Medicine, University of Minnesota, Minneapolis, Minnesota)

#### 2. RENAL TRANSPLANTATION IN PATIENTS WITH INSULIN-DEPENDENT DIABETES

C.M. Kjellstrand, R.L. Simons, F.C. Goetz, T.L. Buselmeier, J.R. Shideman, and J.S. Najarian (University of Minnesota Hospitals, Minneapolis, Minnesota)

#### 3. AUTOTRANSPLANTATION OF PORCINE ISLETS OF LANGERHANS

E.W. Lampe, II, D.E.R. Sutherland, and J.S. Najarian (Department of Surgery, University of Minnesota, Minneapolis, Minnesota)

#### 4. PANCREATIC ISLET ISOGRAFTS, ALLOGRAFTS AND XENOGRAFTS: MORPHOLOGIC AND FUNCTIONAL SURVIVAL

Collin Weber, Ali Zatrirci, Richard Weil, Rawle McIntosh, Mark Hardy, and Keith Reemtama (Department of Surgery, Columbia University College of Physicians and Surgeons, New York, New York)

#### 5. RADIONUCLIDE METHODS TO EVALUATE RENAL TRANSPLANT FUNCTION

D.G. Pavel, B.D. Kahan, J.J. Bergan, and B.R. Westerman (Departments of Surgery and Nuclear Medicine, Northwestern University, Chicago, Illinois)

#### 6. SERUM LACTIC DEHYDROGENASE AND IRREVERSIBLE RENAL ALLOGRAFT REJECTION

C.B. Anderson, M.A. Groce, J.R. Codd, R.A. Graff, J.G. Gregory, and W.T. Newton (Departments of Surgery, Washington and St. Louis University Schools of Medicine and the John Cochran Veterans Administration Hospital, St. Louis, Missouri)

#### 7. IMPROVED PATIENT SURVIVAL IN RENAL TRANSPLANTATION

Oscar Salvatierra, Jr., Donald E. Potter, Kent C. Cochrum, William J.C. Amend, Robert M. Duca, and Polkert O. Belzer (Department of Surgery, University of California, San Francisco, California)

#### 8. RENAL TRANSPLANTATION BETWEEN HL-A HAPLOIDENTICAL DONOR-RECIPIENT PAIRS: FUNCTIONAL AND MORPHOLOGICAL EVALUATION

H.F. Seigler, F.E. Ward, R.C. McCoy, J.C. Gunnells, C. Tisher, and D.L. Stickel (Duke University Medical Center and Durham Veterans Administration Hospital, Durham, North Carolina)

#### 9. RENAL TRANSPLANTATION IN PATIENTS WITH URINARY TRACT ABNORMALITIES

James Cerilli, J.P. Smith, and Gregg W. Anderson (Department of Surgery, Ohio State University College of Medicine, Columbus, Ohio)

#### 10. PEDIATRIC RENAL TRANSPLANTATION: THE ROLE OF ILEAL CONDUITS AND USE OF DEFUNCTIONALIZED BLADDERS

Casimir F. Firlit and Frederick K. Merkel (Children's Memorial Hospital and Rush-Presbyterian St. Luke's Medical Center, Chicago, Illinois)

#### 11. MICROVASCULAR TECHNIQUES FOR POLAR ARTERY RECONSTRUCTION IN KIDNEY TRANSPLANTS

Frederick K. Merkel, Albert M. Straus, Olaf Anderson, and Aaron D. Bennett (Rush-Presbyterian-St. Luke's Medical Center and University of Illinois Medical Center, Chicago, Illinois, and Albert Einstein Medical Center, Philadelphia, Pennsylvania)

#### 12. SEQUENTIAL RENAL TRANSPLANTS: IMMUNOLOGICAL AND SURGICAL IMPLICATIONS OF MANAGEMENT OF THE FIRST HOMOGRAFT

D.T. Freier, R. Haines, J. Rosenzweig, J. Niederhuber, J.W. Konnak, and J.G. Turcotte (Department of Surgery, University of Michigan Medical Center and Surgical Service, Veterans Administration Hospital, Ann Arbor, Michigan)

#### 13. CRYPTOCOCCOSIS AFTER RENAL TRANSPLANTATION: REPORT OF NINE CASES

Gerhard P.J. Schroter, Don Temple, Bo S. Husberg, Richard Weil, III, and Thomas E. Starzl (Departments of Surgery and Pediatrics, University of Colorado Medical Center, Denver, Colorado)

#### 14. CESSATION OF IMMUNOSUPPRESSION POST RENAL TRANSPLANTATION

D.T. Uehling, J.L. Hussey, A.B. Weinstein, and F.H. Bach (Departments of Surgery and Medicine, University of Wisconsin Medical School, Madison, Wisconsin)

#### 15. USE OF PLASMA PROTEIN FRACTIONS IN PRESERVATION OF CADAVER KIDNEYS

G. Mendez-Picon, C. Bell, J. Wolf, F. Thomas, J.C. Pierce, and H.M. Lee (The Medical College of Virginia, Richmond, Virginia)

#### 16. THE ADVERSE EFFECT OF HIGH DOSE STEROID ON RENAL AUTOGRAFTS AND HOMOGRAFTS

James A. Tremann, Lawrence C.W. Agadoa, Thomas P. Cooper, Gary E. Striker, and Thomas L. Marchioro (Departments of Urology, Pathology and Surgery, University of Washington and the Seattle Veterans Administration Hospital, Seattle, Washington)

#### 17. PLASMA RENIN ACTIVITY DURING PERFUSION OF CADAVERIC KIDNEYS

H.C. Miller, J.W. Alexander, and L.S. Srivastava (Departments of Surgery and Medicine, University of Cincinnati Medical Center, Cincinnati, Ohio)

#### 18. LONG-TERM FUNCTION OF PERFUSED CADAVER KIDNEY TRANSPLANTS

Luis H. Toledo-Pereyra, Richard L. Simmons, Allen W. Moberg, and John S. Najarian (Department of Surgery, University of Minnesota, Minneapolis, Minnesota)

#### 19. ACTIVE ENHANCEMENT OF A HUMAN CADAVER RENAL ALLOGRAFT WITH ALS AND DONOR BONE MARROW: CASE REPORT OF AN INITIAL ATTEMPT

Anthony P. Monaco, A.W. Clarke, A. Sahyoun, and Robert Brown (Departments of Surgery and Medicine, Harvard Medical School, New England Deaconess Hospital and Beth Israel Hospital, Boston, Massachusetts)

#### 20. SUPPRESSOR ACTIVITY OF THE HUMAN SPLEEN

D. Sampson, C. Grotelueschen, and H.M. Kaufman (Division of Surgery, The Medical College of Wisconsin, Milwaukee, Wisconsin)

#### 21. CIRCULATION PRIMACY IN XENOGRAFT REJECTION

Yvan J. Silva, P.G. Parameshwaran, P. James, E. Mammen, G. Johnston (Departments of Surgery and Pathology, Wayne State University School of Medicine, Detroit, Michigan)

#### 22. RELEASE, AGGREGATION AND LYSIS OF HUMAN PLATELETS BY ANTI-LYMPHOCYTE GLOBULIN AND ANTIPLATELET SERUM

J.C. Rosenberg and Nicholas Lekas (Department of Surgery, Wayne State University and Hutzel Hospital, Detroit, Michigan)

#### 23. TOTAL AND ACTIVE T-CELL DYNAMICS IN RENAL ALLOGRAFT RECIPIENTS.

Ronald H. Kerman, Stephano S. Stefani, and W. Peter Geis (Research, Therapeutic Radiology Service and Department of Surgery, Hines VA Hospital and Loyola University, Stritch School of Medicine, Maywood, Illinois)

#### 24. MONITORING AND MODULATION OF IMMUNE REACTIVITY IN TRANSPLANT PATIENTS

F. Thomas, L. Owens, G. Mendez, J. Thomas, J. Wolf, and H. Lee (Department of Surgery, Medical College of Virginia, Richmond, Virginia)



be better not to go into these because it would generate a fantastic amount of discussion, which we cannot afford to enter into today.

We did, however, say we were going to concentrate on certain areas.

The questions of membership is one of these and, at this point, I will ask Dr. Turcotte to take over and tell you what his committee and the Council are recommending.

**DR. J.G. TURCOTTE:** These are the combined recommendations of our committee and of the Council.

First let me indicate that this committee was composed of nine members and, I believe, represented most every area in the United States.

First of all, a number of you have inquired about joining the society during the year and the founding officers did act on most of these applications last night. Let me quickly read the names of these people since many are here at the meeting.

[Whereupon, the list of new members and their locations was read.]

Now, these new members, plus those who joined at the time of the last meeting, bring the total membership to 209 at this time. These, as I understand it, will constitute the charter members of the organization.

In addition, we have developed an application form that we will, I think, be sending to all of you merely for the purpose of collecting the necessary information, even though you have already been accepted as a member.

There are a few additional people who have applied and we do not have enough information about them and so, as I say, we will be sending this membership form to both them and you also.

Now, we spent most of our time talking about the categories of membership and qualifications for membership. I think the combined groups came down to a recommendation of those things in which there seems to be some consensus and on which we require a decision at this time.

Now, at this time then, the categories will be "regular member," "honorary member" and "corresponding member."

The "regular members" would be the voting members. Each of these would be a transplant surgeon; would be eligible for the American Boards in the usual specialties associated with transplantation; would have training or equivalent experience in some aspects of transplantation for one year; would currently be an active member of a clinical transplant team; and would have made a contribution to the field of transplantation or immunobiology.

Therefore, essential qualifications are, again, that a regular member is a surgeon, has had some training or equivalent experience as a member of a transplant team and, likewise, has made a contribution to transplantation or immunobiology.

In addition, a regular would have to be sponsored by one member and endorsed by two others.

The "honorary member" would involve a nonvoting membership, essentially reserved for someone with a distinguished or prestigious record in the field of transplantation or immunobiology.



An honorary member would not necessarily have to be a surgeon and probably relatively few would qualify because you need unanimous support by the Membership Committee and the Council.

Now, a “corresponding member” was thought of someone, say, who was in practice in some other part of the world. It would not necessarily have to be a surgeon but probably most of them would be and, again, this, of necessity would be a limited membership, again, nonvoting.

Those are the major categories.

Of course, there was also considerable discussion about an “associate” membership or a “scientific” membership. Essentially, however, no unanimity of opinion on these was gathered. Inasmuch as we presently have a membership of 209, it was felt best to defer this decision until we see how the society evolves and if we really need an associate membership.

Likewise, the questions of limiting the number of members was brought up. Again, we thought it was too early to make any final decision about that. But we did want to include in the bylaws a statement that the Council could limit the number of members in the future, so that this would not necessarily involve a bylaws change.

The final consideration had to do with the situation, for example, of where someone did not attend a meeting or was not an active member.

Here, for example, the consensus seemed to be that a member who does not attend three consecutive annual meetings without some just cause would be dropped from membership, upon recommendation of the Membership Committee and action of the Council.

Therefore, after a great deal of discussion in trying to take into account all points of view, this is where we came out.

Further, I believe all of the items contained in this report have the strong support of both the Membership Committee and the Council.

**DR. STARZL:** Before we proceed to any discussion on this, let me go back over the particular issues because I would like to solicit some discussion from you about a number of these things.

Now, I think there is quite a strong feeling, since there are interdisciplinary groups and since this is an American society of transplant surgeons, that the ordinary active membership in our organization should be surgeons—that we all should be surgeons so that, in turn, this would best be a surgical organization.

This, to me, is one of the key issues.

The second key issue up for debate is whether or not there should be a procedure by which you can designate people as “associate” members. Presumably, this might include people who are non-surgeons but they would then not have a vote in our organization.

The third question revolves around how strict should membership be. There were also two sub-questions that derived from this.

One of them, for example, was the extent that government agencies would construe our membership restrictions as being guidelines, let us say, for government



accreditation by the NIH. That runs parallel to the main question but I think might well enter the picture.

Then, of course, the strictness of the membership qualifications is likewise going to very directly affect the size of our organization.

Therefore, these are some of the matters I think we should have up for discussion.

**DR. BEN VANDERWERF:** I apologize that I could not make the meeting yesterday, but I might just as well bring up a point which I think is very important and actually one of the main reasons I wanted to be on the Membership Committee.

There are a relatively high number of non-U.S. trained surgeons involved in kidney transplantation. If you have had your surgical training, like myself, outside of the U.S., you are not Board-eligible and will never be because they do not make any exemptions.

Now, the American College of Surgeons does make exceptions. Therefore, I think, for certain reasons, it is extremely important that we not restrict membership to Board-eligible or Board-certified surgeons. The guidelines from Social Security, also require, at the present time, Board eligibility and Board certification. Maybe we will be able to change government feeling in such a way that being a member of the American Society of Transplant Surgeons means that you are acceptable and that this, in turn, will be sufficient as a requirement to run a transplant unit.

I would hope that this could be revised or a provision made that exemptions will be made and that this will not be 100 percent strictly adhered to.

**DR. STARZL:** Of course, that is a very good point. But talking about this society becoming involved with government regulations immediately makes me nervous. Perhaps, therefore, we could leave that to one side for a moment.

For example, how about saying that the member is either accredited by the American Boards or accredited by the appropriate accrediting agency in the country where they were trained?

They might even be accredited by a foreign equivalent to our American Boards—something like that.

**DR. TURCOTTE:** I think the intent was to be sure we had well-trained people—not necessarily to restrict people.

There, I think we can work on that.

**DR. VANDERWERF:** Or training acceptable to the membership or maybe the Board. The official Board, Governing Board, will have to give the exemption.

**DR. STARZL:** Now, we have heard your expression of opinion. However, perhaps we can get a wider expression of opinion. Would anybody else like to speak to this particular issue?

**DR. OLGA JONASSON:** At last week's meeting of the SSA the same issue was addressed. Perhaps Brad could correct me if I misquote them, but they announced their qualification would be the American Boards or its equivalent as determined by their Board of Trustees.

**MEMBER:** Also, in connection with this particular aspect, we also have our Canadian College Members and this would involve them, would it not?

**DR. STARZL:** Yes, and I think that is another important point.

**MEMBER:** As another side issue, I want to urge the society to consider at least having perhaps a subgroup that, in turn, would bring us into contact with other surgeons, not necessarily transplant surgeons—using this group as a forum for clinical discussions and having access to something which certainly may well be a major surgical problem.

For example, I am sure many of us are involved with vascular surgeons in relation to the diagnosis of chronic renal failure. There is not presently a forum or anywhere to meet in connection with this very vexing problem which, as a major part of our practice, should be discussed.

Therefore, I would like to urge consideration of this as perhaps a subunit of this society.

**DR. STARZL:** I think I have a general feeling for what you are saying but could you translate that into action with a specific example?

I refer, for example, to how we would have a separate group relating to vascular surgeons. I am not sure I know what you mean here.

**MEMBER:** Well, much of the access surgery is done by vascular surgeons, but much is done by members who are not especially trained as vascular surgeons and who are primarily transplant surgeons. There is no place at the moment where the problems of access can be discussed clinically.

Also, this involves a lot more than what I have mentioned, such as the problem of secondary access; the problem of morbidity and mortality associated with other major problems of access surgery; and any new devices available for access to the circulation. There is now a fair amount of experience but not a national forum for discussion in relation to many of these clinical problems.

**DR. FOLKERT BELZER:** I would like to make two points.

First, I disagree that there is no forum because the Vascular Surgical Society has accepted these papers relative to vascular access. Therefore, I will personally vote against this aspect of it.

Second, Dr. Turcotte, one small correction.

I thought, for example, that the Council last night suggested that corresponding members had the same qualifications as regular members except they were not of the U.S.

**DR. STARZL:** Yes, but can I get us back to where we started, namely, concerning active membership in this society which, I am sure, would also accommodate foreign trained surgeons now working in the U.S.

As I understand the suggestion here, they would either be Board-eligible or have a foreign equivalent to their Boards. Of course, we always have the Membership Committee to adjudicate what that equivalent is.



Now, would somebody make a motion to this effect?

[The motion was duly made and seconded.]

**DR. JONASSON:** I would amend that to be Board-certified.

**DR. JOHN NAJARIAN:** Board-certified or its equivalent, which I also believe must be determined by the Council.

**DR. STARZL:** Is that all right—is that too restrictive, that is the question.

**DR. NAJARIAN:** There are a lot of young people who are, hopefully, going to be starting out in the transplant program who will not have achieved their boards yet, which they cannot get, as a matter of fact, until they finish their complete training.

**DR. STARZL:** We considered some very attractive people last night who had not actually yet completed their full training and on that ground alone we did not admit them.

**MEMBER:** As an example, I believe that the nephrologists have to wait three years after they obtain their training before they can get Board certification, is that correct?

**DR. STARZL:** Does anybody want to answer that question?

**MEMBER:** I can answer it by saying that you can take the first part, at the end of the residency, and then the second part some 18 months later.

**DR. STARZL:** While we are discussing this, can you come to the microphone, Paul?

You know, we have a lot of nephrologists who want to belong to this organization and I would like to know how you look at it through the perspective of your Boards—whether we should be Board-eligible.

**MEMBER:** I would feel there might be various reasons as to why a man might not have this certification as yet.

I think the ultimate goal, however, is the sort of fellow who will be getting in and ultimately become certified. It might be a matter of getting training in some immunology or, for one reason or another like that, that he has not chosen to take the Boards.

However, on the other hand, this is the sort of fellow who will not have any trouble passing them.

I think, in the final analysis, a lot of these decisions will have to be made by the Membership Committee, such as the matter of Board eligibility or its equivalent.

**MEMBER:** I would think that Board certification, if applied in relation to a foreign equivalent, would prevent many of our foreign-trained transplanters from being in the society. Many of them immigrate prior to getting their certification, especially after completion of their qualifications in the foreign country.

**DR. JONASSON:** The only reason I spoke before is, as I reiterated, we just came, several of us, from the privilege of being guest examiners at the American Board Examinations a few weeks ago. Some 55 percent of the candidates failed; they are, however, practicing surgery as Board-eligible surgeons in the United States.

**DR. NAJARIAN:** We are on Board-certifying bodies. I think basically what we want to know is if the fellow had the training and if he is a good transplanter and whether or not he is eligible. I don't think it is for us to say, for example, that he either can or cannot pass a written or oral examination that will make him any better than anyone else.

You know, there are a lot of problems in relation to the Boards themselves. I don't think, however, we should get into that. This is a matter which is completely outside of any organization that I am aware of.

I don't even think that Board eligibility or certification is necessary.

**DR. STARZL:** I believe Tom previously made that point—that it is possible, not wise, to equate membership and certification by the Board. However, I think there is a slight difference involved in the motion before us here.

Further, we know that there is an alternative view here but unless there is a passionate desire—

**MEMBER:** I think that by introducing any kind of term such as contained in the motion, namely, Board-eligible, that we are getting into a tricky definition of terms.

First of all, the American Board of Surgery does not recognize that. Now, if we start nit-picking here in relation to these things we will get into problems.

Now, I think, when we reach this point, that the Membership Committee should have the privilege and duty of looking at the qualifications in relation to surgery and perhaps some others in a less specific way.

**DR. STARZL:** So, in essence, your discussion would be to erode to some extent even further the definition of what Dr. Najarian has suggested?

**MEMBER:** Well, I think you can make the Membership Committee all-powerful and let them do as they see fit.

If you equate Board eligibility with membership, you will still have many problems. I personally believe they should be kept separate.

I believe somebody said, for example, that there are other organizations that do not have this requirement for membership. This, in turn, could lead to legal action and, therefore, I don't think we should get into that.

For example, in my own case, I took my Boards and then spent one year in the transplant service and you kept me out of your membership.

**DR. STARZL:** I think what Ron is trying to do is to make it possible to have reasonably easy membership. I am very much in tune with what he is trying to do.

Maybe, however, the exact wording isn't there.

**DR. MERKEL:** I think our association should be an elite organization—should be an organization of transplant surgeons—and I would think that the definition should be—"well-trained surgeons, who are active in clinical transplantation." Further, I think it should be up to the Membership Committee to determine in the case of each candidate whether he is a well-trained surgeon and whether he is active in transplantation.



I don't think we have to specify anything about Board eligibility. I think we will be in less of a bind by doing that.

Perhaps we ought to have Dr. Turcotte read that recommendation pertaining to membership again and then I will interrupt you when the key phrase comes along.

**DR. TURCOTTE:** Eligible for American Boards or their foreign equivalent.

**DR. STARZL:** Now then, at this point, would it be reasonable to say, for example, that the candidate be a competent surgeon, together with these other qualifications that you have described, and just leave the question of competency to the Membership Committee?

What do you think of that?

**DR. NAJARIAN:** All you are doing is giving guidelines to the Membership Committee.

For example, Board eligibility means that you take four years of formal training in surgery and that even includes, number one, what used to be the internship year and now, if they don't have that as a minimum requirement, then I don't know where you are going to begin.

**DR. STARZL:** Okay, would anybody want to call the question?

[The question was severally called for.]

**DR. STARZL:** All in favor say aye; opposed no. Carried.

Do you have any additional comments?

Would you want to say anything about charter membership?

**MEMBER:** I wonder if I could ask one other question in relation to membership requirements?

As I understand it, it would now require one year's training in relation to transplantation?

**DR. TURCOTTE:** Well, let me read it to you because we did go around on the wording about this—"training or equivalent experience in some aspect of transplantation for one year."

In other words, we did not want to be so restrictive that you would have to have twelve months.

**MEMBER:** And I would assume that "equivalent" would mean like running a transplant program or working in one?

You know, there are several people who run transplant programs who are not members who are here.

I can think of a good friend of mine, for instance, who is not and he is certainly well-trained and qualified.

**DR. TURCOTTE:** I think the intent was to get the concept of training and experience and then leave it to the judgment of the Membership Committee and the Council without trying to become too specific. I don't know if I am answering your question, however.

**MEMBER:** I think so. However, I just did not want to make the requirement that of formal training.

**DR. TURCOTTE:** I think we can get around it.

**DR. STARZL:** Do you want to say anything with regard to charter membership?

**DR. TURCOTTE:** As I understand it, the charter members would then be those members, the 209 members that we mentioned today—in other words, those people who have signed up as members at the last meeting and those who were approved last night—am I correct about that?

At any rate, that was my understanding of what came out of the Council.

**DR. STARZL:** That was likewise my understanding.

**DR. TURCOTTE:** However, as I indicated, we also talked about a lot of things.

**MEMBER:** It was also my understanding those were paid-up dues members by July of this year.

**DR. TURCOTTE:** Yes, you also have to pay your dues.

**DR. STARZL:** I don't think that being a charter member, at least for the moment, ought to be dependent upon an economic base. However, I think we have that at any rate.

Now, are there any other comments?

**DR. TURCOTTE:** There were many valid points brought up and a wide spectrum of ideas presented.

Now, I think I am correct in saying that the intent of these was not to write them in concrete forever. For example, we are a new organization and we may want to change things in the future. However, this is where we are at the present time.

**DR. STARZL:** Why don't you stay up there just for a moment because I would like to move ahead then and say something about the proposed bylaws.

Now, we started working on the bylaws last night and it became obvious that we were going to be here until Sunday morning if we were to go over these line by line—if we really approach these as some lawyers would do. Therefore, we decided not to do that.

What is going to be done is that the charter members, these 209 people, will receive a copy of the proposed bylaws. These are the bylaws I think we are going to have to leave this meeting with. But, of course, you will receive these bylaws and I can only tell you that the people who worked these up were Jerry Rosenberg, Russ Lawson, and Ken—that the people who wrote these bylaws have likewise made provisions in them for reform should that be desired.

I think that next year's Council meeting might well be a time of considerable reform, especially if there is feedback into the organization from people who are dissatisfied with the way that it is presently set up.

However, insofar as we can tell, at least insofar as I personally can tell—it is a con-



stitution and bylaws fairly typical of other good learned societies. So I personally will be quite surprised to find that it was a badly organized document.

Now, this was set up with the aid of legal counsel and there were some specific objectives involved, including being tax-exempt. This means, in turn, that we cannot be a lobbying group—that we have to have mainly a scientific base.

Do you have any further comments to add to that, Jerry or Russ?

If not, again, as I said, these will then be distributed.

Now, I think, by way of further comment, that the areas upon which we focus as being controversial were two in number and these are sore spots in relation to almost any organization.

One of these, for example, had to do with the Council.

Now essentially, what one has to do, as I understand it, in setting up a society, is to have a Board of Directors which essentially, in turn, makes it into a corporation.

Therefore, the way that reads, for example, is that the business and property of the society shall be conducted by a Board of Directors designated as the Council.

Now, this is what I want to go into just a little bit in detail on.

For example, the Council shall consist of three councillors-at-large, the president, president-elect, immediate past president, and secretary-treasurer.

Now, the document which you will receive will stipulate that the Secretary and the Treasurer are separate and distinct offices and this will be, as a matter of fact, the situation for at least the next one or two years.

There is going to be so much beginning business that has to be transacted. It was thought that the load would be too heavy for one person to attempt to do all of this. However, ultimately, at least in relation to the sense of the Council meeting last night, the opinion is the secretary and the treasurer should probably be joined. However, that is not something we are asking you to make a decision about today. It is being left open.

However, the Council did make a decision last night that at least for one and probably two years the secretary and the treasurer would be separate and distinct.

Now, the other issue we looked at hard concerned the question of the Nominating Committee. The way that was left was that there shall be a Nominating Committee consisting of the president, past president, and three councillors-at-large. The chairman of this committee shall be the councillor-at-large who has served on the Council for the longest period of time. The Nominating Committee will recommend to the membership, to you, candidates for all of the offices to be elected by the membership at the Annual Meeting. Further, the Nominating Committee will solicit recommendations from the general membership.

Now, we discussed that at great length—about whether or not this solicitation would be in writing. It was our feeling and it is my feeling that there exists such a matter of good faith among the people in these essentially professional fraternities that it's kind of silly to be sending out two or three hundred or however many letters making solicitations. It has to be understood that the Council is soliciting input from the membership at large. Therefore, we have left that sort of vague.



We have said “after having solicited recommendations from the general membership” —and then there was another phrase that might have been added which would say “upon written request.” However, we have taken that out because I think it could be a paper snowstorm. It would be my recommendation that the written part of that be eliminated.

One of the reasons I am concerned about this is that I have sat for many afternoons in many cities around the world counting up silly ballots in relation to the International Transplant Society, which they have insisted upon sending around.

Now, these are the areas that, first of all, I want to bring to your attention, because we do want to be absolutely open about this and fair about it.

Those were the areas that were considered potentially controversial, although I do not honestly think there was any split of opinion within the eight or more people who sat in on the session last night.

Now, I might also add, that as of last night, this society really had no legal status—that those meeting last night were just considering the matters toward getting one going.

Now, I also want to give to you the names of the people who were at that meeting so that you will have some idea that this was not a smoke-filled room.

[Whereupon, those in attendance at the above-mentioned meeting were mentioned.]

Now, if this is an acceptable basis for proceeding, I would move that we distribute these documents and that we then proceed with the next item of business.

Well, I cannot make a motion but I will accept one to that effect.

**DR. JERRY ROSENBERG:** I would so move.

I would also ask a question. According to my count, there are only two additional people on the Executive Council and from what you have said, I think there should be three.

**DR. STARZL:** There are three.

This is a little point of order that has to be decided.

The first president, immediately, is probably out of the Council. But in relation to those involved, the immediate past president, current president, and president-elect—only two of those three are not involved. They are all on the Council but only two of them are on the Nominating Committee, which consists of five people—the two presidents, whomever they may be, and the three councillors-at-large.

Also, as we left it, those three councillors-at-large would have differing periods of service.

Is that not correct, Russ, that we would draw straws in relation to that?

We have nominated some councillors-at-large and once that item of business is taken care of, there will be a one-year tenure, a two-year tenure, and a three-year tenure. However, we don't know how it is going to be yet because that is a straw drawing proposition.

**DR. NAJARIAN:** I would move acceptance of the report.

[The motion was duly seconded.]

**DR. STARZL:** Is there any discussion?

If not, all in favor say aye; opposed no. The motion is carried.

Now, we were forced into a position last night of constituting a Nominating Committee, again without official status because we are not yet an organization. However, I do hope we leave this room with one.

The people who participated in the nominating last night and who are present were Dr. Belzer, Dr. Cerilli, Dr. Williams, Dr. Rosenberg, Dr. Turcotte, Dr. Lawson, Dr. Moore, and myself. These people came up with the following recommendations, and I am going to take these one at a time. You can act on them individually or you can have me give you the slate which was developed which, essentially, I would prefer to do because it will save time.

Now, the secretarial work of this organization has been carried out by Dr. Lawson but since there has not been an organization, he has not had any official status. We recommend, however, he be the secretary.

Dr. Williams has had the same situation—he has been handling large sums of money and we think we ought to allow him to protect his flanks and so he has been nominated as Treasurer.

For the Council at large this Committee has recommended Drs. Merkel, Rosenberg, and Dick Simmons, who is not at this meeting.

Dr. Tom Marchioro has been nominated for president—at least his name is being suggested by the committee.

This is the slate I now open for discussion from the floor.

**MEMBER:** Are these for one-year terms?

**DR. STARZL:** The Council members have the tenure that I have previously described.

**MEMBER:** I mean the officers?

**DR. STARZL:** Yes, the treasurer and the president have a one-year term.

The secretary and the treasurer, because of the instability or the poorly defined nature of their jobs—whether it is going to be brought together for the moment not as yet been defined—would be in office for two years. In other words, the question of combining these jobs will not come up for two years.

**MEMBER:** I would like to move we adopt the slate as presented.

[The motion was duly seconded.]

**DR. STARZL:** It has been moved and seconded that the slate as presented be adopted. Is there discussion?

**MEMBER:** What is the purpose of doing this as a slate?

I personally do not like that way of doing it. I would prefer to discuss the positions and the people individually and independently.

**DR. STARZL:** Is there further discussion?

**MEMBER:** I thought that Dr. Belzer was the president-elect and that he would become the next president.



**DR. STARZL:** Well, he is.

Now, does somebody wish to discuss this matter further or call for the question?

**MEMBER:** I would like to speak to the point just raised.

I think the slate is the appropriate way to present it to the organization. That is the way it is done in every organization to which I belong and I think, therefore, the Nominating Committee should have the opportunity of presenting a full slate.

**DR. STARZL:** Are there further comments?

[The question was severally called for.]

**DR. STARZL:** The question has been called for. All in favor of this slate as presented respond by saying aye; opposed no.

There is one negative vote and so I will declare the motion carried.

The slate has been accepted as presented.

That will conclude our Business Meeting. Thank you very much for your attendance.

[Applause]

[Whereupon, at 5:15 p.m., the Business Meeting was adjourned.]





### III

## Other Recollections

*Aaron Bannett and Jerry Rosenberg*

#### Aaron D. Bannett

These are some of my recollections of the formative days of ASTS, pretty much the same as the ones that Fred Merkel expressed in *The Chimera* (February 1993). The only personal things I can add relate to the significant discussions at the beginning, in Florida in 1974 at the American College of Surgeons meeting. At that time, we addressed the question of what type of society it should be: a renal transplant society that would include nonsurgeons? or a surgical transplant society that would include other organs? I think we were quite prescient in feeling that it should be a society for surgeons, that there would be other organs, and that there would be surgeons whose primary specialty was transplantation.

We also spent significant time discussing qualifications for membership. We had some difficulties with requirements of the American Board of Surgery, since some of our members were not American trained.

Another issue was the location and extent of the meetings. There was, as always, a significant concern that there already were too many societies and too many meetings. To placate people with such thoughts, we decided that it would be a short meeting, that it would be at the end of the week (Friday and Saturday), and that it would always be in Chicago (so the trip would not be too long for anyone in the country). It is interesting to see that the ASTS meeting has grown in size and importance, that it now occupies 3 to 4 days, and that it is starting to move around the country.

I served as chairman of the Nominating Committee. Other committee members included Oscar Salvatierra, Rob Corry, Ben VanderWerf, Bernard Lytton, and Paul Peters. We agreed that it would be very important to have one of the most prestigious transplant surgeons become the first president. With that idea in mind, we nominated Tom Starzl. My task was to convince Tom, who, of course, was quite busy and reluctant to undertake more administrative responsibilities. But I convinced him there would be great support from this dedicated, albeit fledgling, group. He accepted, as did the other officers nominated.

It was very exciting for me to have been there at the beginning, to have felt the need for ASTS, and to see it grow to such an important part of our profession.

### **Jerry C. Rosenberg**

The events stand out clearly in my mind. I recognized at the time that we were forming a society that signaled the coming of age of transplant surgery. The entire process was started by Fred Merkel and several others. They were not the leading lights in transplantation at that time. However, to their credit, they recognized that the time had come for a society. When they put the notion forth, the response from all quarters of the field of transplant surgery was very supportive. The enthusiasm of such people as Aaron Bannett and Russell Lawson figured prominently in the initial formative meetings. They deserve to be remembered and recognized.

The vivid memory I have of the first ASTS administrative meeting can be corroborated in part by the minutes. It took place at the Eden Rock Hotel in Miami Beach during the 1974 American College of Surgeons meeting. Fred Merkel chaired it and outlined how it came into being. As I mentioned above, the original organizers of ASTS were not then the most prominent surgeons in the field. They were, however, dedicated to transplantation and eager to do all they could to promote the field.

The genesis of ASTS was a meeting held in Baltimore initiated by the Social Security Administration, which had recently found itself saddled with the end-stage disease program.

There was some apprehension initially that ASTS would never get off the ground because we did not have people like Tom Starzl or Mel Williams or Fred Belzer supporting us. Much to the credit of the "big shooters," they recognized the value of the ideas put forth by Merkel and the others. They supported the entire concept without in any way trying to take over the society. But in an excellent display of collegiality and selflessness, the original organizers put the "big shooters" into positions of leadership, while they themselves continued to do all the legwork to get the society off the ground. Thus, at the first national meeting on October 20, 1974, Starzl was elected president, Belzer was president-elect, and Williams treasurer. I was asked to chair a Bylaws Committee and put together a corporate structure. Jerry Turcotte was asked to sort out the knotty problem of membership. There was no screening of applicants in this first go-round; among the 180 members who signed on initially, no selection criteria were applied.

We decided to hold annual scientific meetings and to use Chicago as the site. The first true scientific meeting was held in May 1975. In order to put a program together, Tom Marchioro was asked to chair the Publications and Program Committee. I remember vividly how this process was carried out. The best 24 papers of the 65 submitted did not get the scrutiny that ASTS currently gives to the selection of abstracts. Indeed, if anyone suggests that the first meeting was put together on an "old boy" basis, that was certainly the last time it happened. Nonetheless, the meeting in May 1975 was an outstanding success.



According to the minutes of the Council meetings, many important decisions were made in those early pivotal months. However, it is very important to convey the spirit of camaraderie, collegiality, warmth, good fellowship and, indeed, wise and careful thinking that went into laying the foundations of ASTS. The Council meeting was initially held in the Presidential Suite of the Hyatt Regency Hotel. The Presidential Suite was, of course, given to us gratis by the hotel, since we had based our meeting there. It was ostensibly the living quarters for Tom Starzl. The elegance of the suite matched the moment. I can clearly recall being impressed with the intensity of effort everyone made to do what was best for ASTS without any view to personal gain. There were no “turfs” to be protected and no political maneuvering for one or another kind of appointment. The fact that the bar was well-stocked, and not at all ignored, contributed to the mood of that meeting.

Not to say there weren’t disagreements. There were, indeed. One could not put people like Tom Starzl or Jim Cerilli, Frank Veith or Fred Belzer in a room together and get perfect harmony.

Remember that in 1974, kidney transplantation was still largely in the hands of universities and teaching hospitals. It was not something that was considered financially lucrative for people in private practice, something that the end-stage renal disease program completely changed. This is reflected in the composition and discussions of the Advisory Committee chaired by Jim Cerilli. He led ASTS in working with the Social Security Administration, much in the same way that Oscar Salvatierra led us in interacting with Congressman Gore. As the minutes reflect, we spent a great deal of time debating how we should approach this aspect of the society’s function and it created a great deal of heated discussion. However, we always could achieve a consensus—one that time has shown to have been a wise compromise of the different individuals’ views.

The first Thursday evening Council meeting went on late into the morning hours of Friday. We had dined together in a private dining room, during which time cocktails and wine had been served. Refreshments continued to be available during the entire course of the meeting. We all left for our respective hotel rooms after the meeting feeling very satisfied and slept very soundly I am sure. The following morning the inaugural scientific meeting was held.

When it came to discussing the bylaws at the Thursday evening Council meeting, the length of the document and the legal language evoked an ornery streak in many of the members present. As Starzl commented the following day at the open meeting of ASTS members, “It became obvious that we were going to be here until Sunday morning if we were to go over these [bylaws] line by line - if we really approached them as some lawyers do.”

What happened was that the Council turned into a group of Philadelphia lawyers. Starzl very wisely put the issue to bed by saying that Russ Lawson, Aaron Bannett, Jim Cerilli, Tom Marchioro, and I had done a good job and that the bylaws should be accepted as is.







## IV

# Growth of the Society

*Oscar Salvatierra, Jr.*

When one considers the origin of ASTS—an idea born slightly more than 20 years ago—its subsequent astonishing growth elicits a sense of genuine pride and accomplishment. This growth can be measured in many ways, including membership, meeting attendance, abstracts submitted and accepted, and committee and Council activity. The maturation and accomplishments are well described in the yearly Presidential Reminiscences and Presidential Addresses.

Once those 16 surgeons meeting in Rockville, Maryland, approved the idea of an organization for transplant surgeons, it took little time to have 127 surgeons sign up as the charter members in early 1974 (see list at the end of this chapter). By August 1974, 156 members received ballots to elect the first slate of officers. By the first organizational meeting in October 1974, the membership had already swelled to 180, essentially including all surgeons in the U.S. performing transplants at that time. At the first Annual Scientific Meeting in May 1975, there were 209 members. The growth has continued until the present time, with 586 members at the end of 1993. Of these, 536 are active U.S. surgeons, 11 are honorary members, and 39 are corresponding members. The actual growth in total membership through the years is depicted in Figure 1. Most of the growth represents new surgeons trained in transplant surgery at ASTS-approved training programs throughout the country.

Data on actual meeting attendance is accurate only from 1980. However, attendance at the first meeting was definitely 200 and was in the low or mid-200s for the rest of the 1970s. Attendance at the 1980 annual meeting year was 222. During the past five years, attendance has been greater than 600 at each annual meeting, once topping 700. Yearly attendance at the annual ASTS scientific meetings is shown in Figure 2.

Along with increased yearly membership and meeting attendance, the number of abstracts submitted for presentation each year has steadily increased. After an initial plateau, the number of papers accepted for the annual meeting has progressively increased since 1987. This increase in the number of papers accepted was accomplished without compromise in quality; the acceptance rate has gradually decreased

# MEMBERSHIP

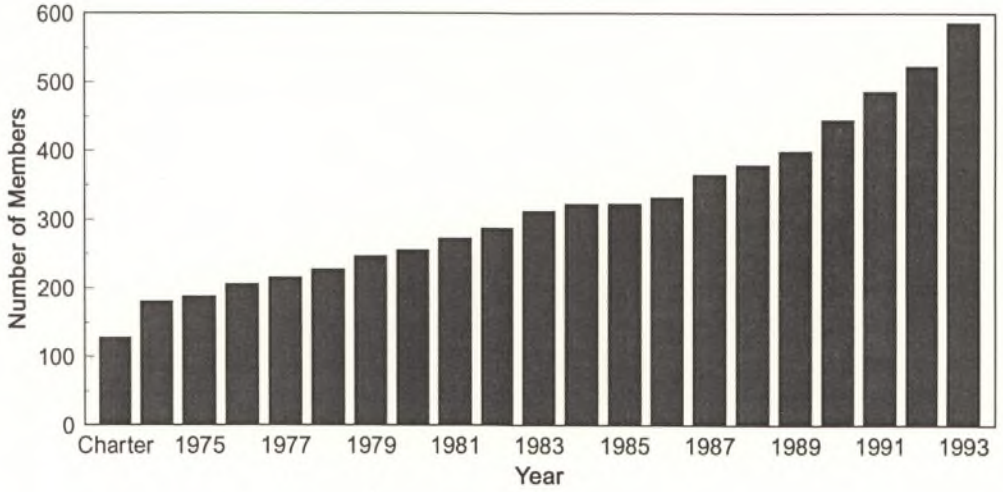


Figure 1

# MEETING ATTENDANCE

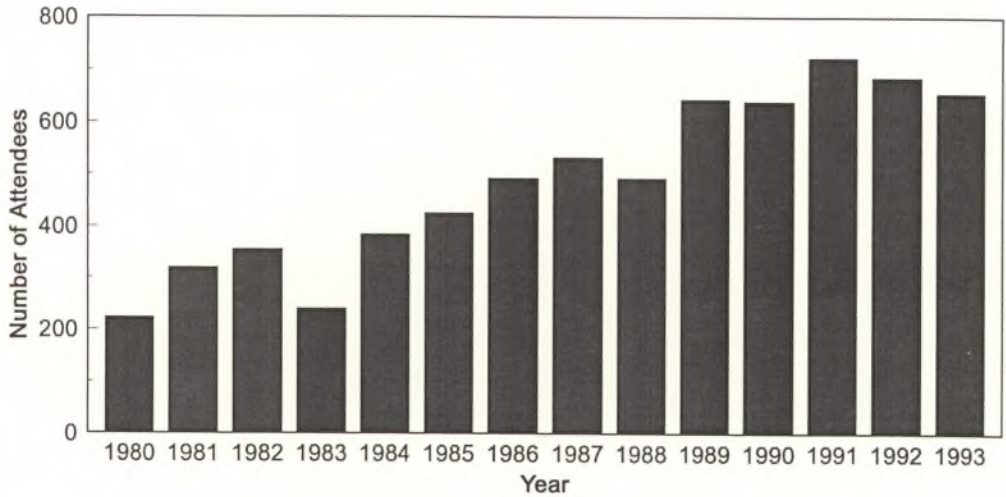


Figure 2



from 40% in the early years to about 25% recently. The evolution of the scientific program is separately presented in Chapter 8.

The increased activity of the Council and various committees has paralleled the growth in membership and meeting participation. The Council held biannual meetings from 1975 until 1987, then it began having three meetings a year: a new one at the time of the Society of University Surgeons annual meeting in the early part of the year, in addition to the previous meetings at the time of the annual ASTS scientific meeting and the annual American College of Surgeons meeting. The new schedule was necessary because of progressively increasing ASTS business that required ongoing attention. The Council membership was increased from 8 to the current 12, to better represent the growing membership. Bylaw changes added a second past president in 1989 and three additional councillors-at-large in 1991.

Initially, ASTS had only seven committees to accomplish the basic functions: Program and Publications, Membership, Bylaws, Advisory, Scientific Studies, Education, and Nominations. Because of the increasing diversity of ASTS activity and a commitment to comprehensively explore all relevant issues and controversies, the number of committees increased over the years to the current total of 16. Some of the newer committees include Ethics, Postgraduate Course, Scientific Liaison, Newsletter, Medical Data Review, and Government Relations.

All committees, committee chairs and Council members of ASTS over the past 20 years are listed at the end of this chapter.

Paralleling the growth of ASTS was the recurring need to change the meeting venue. The first annual meeting in 1975 was held at the Hyatt Regency Hotel in Chicago. Most, however, will remember the 1976 through 1987 meetings, which were held at the old, but well appointed Drake Hotel in Chicago. With increasing meeting attendance, larger hotels in Chicago and Texas were selected for subsequent meetings.

The impressive growth and maturation of ASTS to its current status well exceeded the expectations, dreams, and hopes of the original founders. This multifaceted growth has better allowed us to achieve the goal articulated in our bylaws: to promote transplantation science through research and education for the optimal benefit of recipients of organ transplants. A particularly unique stimulus has been the education and training of surgeons to perform transplantation of all organs and to be exposed to evolving transplant immunobiology. Not surprisingly, ASTS is now recognized by many as the principal forum and voice of organ transplantation in this hemisphere. In effect, the history of ASTS reflects the history and growth of U.S. transplant surgery for the past two decades.

**Initial Charter Members of ASTS**

*Listed below are the 127 charter members who joined ASTS in 1974,  
along with their primary institutional affiliation at that time*

John R. Ackermann, M.D. University of South Florida, Tampa	Clive O. Callender, M.D. Freedmen's Hospital, Washington, DC	D.T. Freier, M.D. University of Michigan, Kalamazoo
J. Wesley Alexander, M.D. University of Cincinnati	James Cerilli, M.D. Ohio State University, Columbus	W. Peter Geis, M.D. Loyola University, Maywood
Charles B. Anderson, M.D. Washington University, St. Louis	Joseph C. Cerny, M.D. Henry Ford Hospital, Detroit	Joseph R. Gerbasi, MD. State University of New York, Buffalo
Robert C. Andersen, M.D. Hennepin County Medical Center, Minneapolis	Abraham T.K. Cockett, M.D. University of Rochester	Marvin L. Gliedman, MD. Montefiore Hospital, New York
John M. Aronian, III, M.D. New York Hospital	John E. Codd, M.D. St. Louis University	John G. Gregory, M.D. St. Louis University
Salah Al-Askari, M.D. New York University Medical Center	Sidney M. Cohen, M.D. Mt. Sinai Hospital, Cleveland	Mcholas A. Halasz, M.D. University of California, San Diego
J.B. Aust, M.D., Ph.D. University of Texas, San Antonio	Roy Cohn, M.D. Stanford University	Mark A. Hardy, M.D. Albert Einstein, New York
Aaron D. Barnett, M.D. Albert Einstein Hospital, Philadelphia	James E. Colberg, M.D. University of California, Irvine	John M. Hessel, M.D. San Bernardino County Hospital
Clyde F. Barker, M.D. University of Pennsylvania, Philadelphia	Robert J. Corry, M.D. University of Iowa, Iowa City	J. Laurance Hill, M.D. University of Chicago
Benjamin A. Barnes, MD. Interhospital Organ Bank, Boston	A. Benedict Cosimi, M.D. Massachusetts General Hospital, Boston	Claude R. Hitchcock, M.D., Ph.D. Hennepin County Medical Center, Minneapolis
Folkert O. Belzer, M.D. University of California, San Francisco	Charles B. Currier, Jr., M.D. Washington Hospital Center, Washington, DC	Arthur L. Humphries, Jr., M.D. Medical College of Georgia, Augusta
John J. Bergan, M.D. Northwestern University	Fuad J. Dagher, M.D. University of Maryland Hospital, Baltimore	Kent H. Johnston, M.D. Case Western Reserve University, Cleveland
Thomas V. Berne, M.D. University of Southern California, Los Angeles	Edward A. Dainko, M.D. San Bernardino County Hospital	Olga Jonasson, M.D. University of Illinois, Chicago
Alan G. Birtch, M.D. Southern Illinois University, Springfield	Robert A. Danielson, M.D. University Hospital of Cleveland	Barry D. Kahan, PhD., M.D. Northwestern University, Chicago
Robert Bower, MD. Hahnemann Medical College, Philadelphia	Robert C. Davis, MD. Boston University Medical Center	H. Myron Kauffman, Jr., M.D. Medical College of Wisconsin, Milwaukee
Louis G. Britt, M.D. University of Tennessee, Memphis	Richard Ehrlich, M.D. University of California, Los Angeles	William A. Kiskin, MD. Gendersen Clinic, LaCrosse
Richard L. Burleson, M.D. State University of New York- Upstate Medical Center	Dennis R. Filippone, M.D. St. Barnabas Medical Center, Livingston	John W. Konnak, M.D. University of Michigan, Kalamazoo
Lewis Burrows, MD. Mt. Sinai Hospital, New York	Casimir F. Firlit, M.D. Children's Memorial-Chicago	Samuel Kountz, M.D. State University of New York Downstate Medical Center, Brooklyn
Khalid M.H. Butt, MD. Downstate Medical Center, Brooklyn	Jay C. Fish, M.D. University of Texas, Galveston	Kenneth A. Kropp, MD. Medical College of Ohio, Toledo
	Joseph G. Fortner, MD. Memorial Sloan-Kettering Cancer Center, New York	Conrad Lattes, M.D. Columbia University, New York
	Selwyn F. Freed, M.D. Montefiore Hospital, New York	Russell K. Lawson, M.D. University of Oregon, Portland



- Hyung Mo Lee, M.D.  
Medical College of Virginia,  
Richmond
- Neil Lempert, M.D.  
Albany Medical College
- Raphael H. Levey, M.D.  
Children's Hospital, Boston
- John Libertino, M.D.  
Lahey Clinic, Burlington
- Isadore Lidsky, M.D.  
Mt. Sinai Hospital, Cleveland
- Jimmy A. Light, M.D.  
Walter Reed General Hospital,  
Washington, DC
- Bernard Lytton, M.D.  
Yale University, New Haven
- Zahi N. Makhvli, M.D.  
Upstate Medical Center, New York
- John A. Mannick, M.D.  
Boston University Hospital
- John Gary Maxwell, M.D.  
University of Utah, Salt Lake City
- Allyn George May, MD.  
University of Rochester
- Robert McCabe, M.D.  
Columbia University, New York
- John C. McDonald, M.D.  
Tulane University, Louisiana
- Frederick K. Merkel, M.D.  
Presbyterian-St. Luke's, Chicago
- Joshua Miller, MD.  
VA Hospital, Minneapolis
- Allen W. Moberg, M.D.  
University of Minnesota,  
Minneapolis
- Anthony P. Monaco, M.D.  
New England Deaconess, Boston
- Thomas C. Moore, M.D.  
University of California,  
Los Angeles
- John S. Najarian, M.D.  
University of Minnesota,  
Minneapolis
- William T. Newton, M.D.  
Washington University, St. Louis
- John E. Niederhuber, M.D.  
University of Michigan, Kalamazoo
- Robert M. Olodart, M.D.  
University of Maryland, Baltimore
- John M. Palmer, M.D.  
University of California, Davis
- John E. Payne, M.D.  
Los Angeles County—University of  
Southern California Hospital
- Lester Persky, M.D.  
Case Western Reserve University,  
Cleveland
- Paul Peters, M.D.  
University of Texas, Dallas
- William W. Pfaff, M.D.  
University of Florida, Gainesville
- Howard M. Radwin, M.D.  
University of Texas, San Antonio
- Felix T. Rapaport, M.D.  
New York University
- Waid Rogers, MD., Ph.D.  
University of Texas, San Antonio
- J.C. Rosenberg, M.D.  
Wayne State University, Detroit
- Gilbert Ross, Jr., M.D.  
University of Missouri, Columbia
- Leslie E. Rudolf, MD.  
University of Virginia, Charlottesville
- Oscar Salvatierra, Jr., MD.  
University of California,  
San Francisco
- Martin Schiff, Jr., M.D.  
Yale University, New Haven
- Arthur L. Schneeberg, MD.  
Albert Einstein Hospital,  
Philadelphia
- Robert T. Schweizer, M.D.  
Hartford Hospital, Hartford
- Hilliard Foster Seigler, M.D.  
Duke University, Durham
- William V. Sharp, MD.  
Akron City Hospital
- Norman E. Shumway, M.D.  
Stanford University
- Richard L. Simmons, M.D.  
University of Minnesota,  
Minneapolis
- George V. Smith, M.D.  
University of Mississippi, Jackson
- Robert B. Smith, M.D.  
University of California,  
Los Angeles
- Laurence A. Somers, M.D.  
St. Christopher's, Philadelphia
- Robert G. Somers, M.D.  
Albert Einstein Hospital,  
Philadelphia
- Richard W. Steenburg, M.D.  
Bishop Clarkson, Omaha
- Lawrence E. Stevens, M.D.  
Columbia University, New York
- Frank P. Stuart, M.D.  
University of Chicago
- William T. Stubenbord, M.D.  
Cornell University, New York
- Michael J. Sullivan, M.D.  
University of California, Davis—  
Sacramento Medical Center
- Samuel S. Teitelbaum, M.D.  
Mt. Sinai Hospital, Cleveland
- Vivian A. Tellis, M.D.  
Montefiore Hospital, New York
- Paul A. Thomas, M.D.  
Lankenau Hospital, Philadelphia
- Jeremiah G. Turcotte, MD.  
University of Michigan, Ann Arbor
- David T. Uehling, M.D.  
University of Wisconsin, Madison
- B.A. VanderWerf, M.D.  
University of Miami
- Frank J. Veith, M.D.  
Montefiore Hospital, New York
- Richard Weil, III, M.D.  
Columbia University, New York
- Jock R. Wheeler, M.D.  
Eastern Virginia Medical School,  
Norfolk
- David M. White, M.D.  
Albert Einstein Hospital,  
Philadelphia
- John C. Whitsell, II, M.D.  
Cornell University, New York
- G. Melville Williams, MD.  
Johns Hopkins University,  
Baltimore
- James S. Wolf, M.D.  
Medical College of Virginia,  
Richmond
- Marvin W. Woodruff, M.D.  
Albany Medical Center
- John E. Woods, M.D.  
Mayo Clinic, Rochester
- Clarence E. Zimmerman, M.D.  
Beth Israel Hospital, Boston



## American Society of Transplant Surgeons—Committee Chairs, 1974–80

Description	1974–75	1975–76	1976–77	1977–78	1978–79	1979–80
Program and Publications	Thomas L. Marchioro	Anthony P. Monaco	Anthony P. Monaco	Anthony P. Monaco	Anthony P. Monaco	Anthony P. Monaco
Membership	Jeremiah G. Turcotte	Jeremiah G. Turcotte	Jeremiah G. Turcotte	Alan G. Birtch	Alan G. Birtch	Alan G. Birtch
By laws	Jerry C. Rosenberg					
Advisory	James Cerilli	James Cerilli	James Cerilli	James Cerilli	James Cerilli	James Cerilli
Scientific Studies	Thomas C. Moore	Thomas C. Moore	Thomas C. Moore	Richard L. Simmons	Richard L. Simmons	Richard L. Simmons
Education	Frank J. Veith	Frank J. Veith	Frank J. Veith	Israel Penn	Israel Penn	Israel Penn
Local Arrangements		Frederick K. Merkel	Frederick K. Merkel	Frederick K. Merkel	Frederick K. Merkel	Frederick K. Merkel
Nominations	Aaron Bannett				H.M. Lee	Oscar Salvatierra, Jr.
Standards						Oscar Salvatierra, Jr.

American Society of Transplant Surgeons—Committee Chairs, 1980–86						
Description	1980–81	1981–82	1982–83	1983–84	1984–85	1985–86
Program and Publications	Charles Zukowski	Hilliard Seigler	Hilliard Seigler	Neil Lempert	J. Wesley Alexander	Jerry C. Rosenberg
Membership	Thomas V. Berne	Clyde F. Barker	Charles Putnam	Jimmy Light	Clive O. Callender	James S. Wolf
Bylaws						
Advisory	James Cerilli	James Cerilli	James Cerilli	James Cerilli	Oscar Salvatierra, Jr.	Oscar Salvatierra, Jr.
Scientific Studies	Richard Simmons	Frank P. Stuart	David E.R. Sutherland	Everett Spees	Everett Spees	William Pfaff
Standards on Transplant Outcomes	Oscar Salvatierra, Jr.	Oscar Salvatierra, Jr.	Oscar Salvatierra, Jr.	Oscar Salvatierra, Jr.		
Standards on Organ Preservation and Sharing	Frederick K. Merkel	Frederick K. Merkel	Frederick K. Merkel	Nicholas J. Feduska		
Education	John S. Najarian	John S. Najarian	John S. Najarian	John S. Najarian	John S. Najarian	John S. Najarian
Local Arrangements	Frank P. Stuart	Frank P. Stuart	Frank P. Stuart	Olga Jonasson	Olga Jonasson	Olga Jonasson
Nominations	Anthony P. Monaco	Frank P. Stuart	Arnold G. Diethelm	Charles Zukowski	Oscar Salvatierra, Jr.	H.M. Lee
Medical Data Review	G. Melville Williams	G. Melville Williams	Sylvester Sterioff			
Heart Transplantation			Jeremiah G. Turcotte	Arnold G. Diethelm	Bruce Reitz	Bruce Reitz
Standards on Organ Procurement					Nicholas J. Feduska	Nicholas J. Feduska
Ethics					James Cerilli	James Cerilli
Cyclosporine Distribution					Nicholas Tilney	Nicholas Tilney

## American Society of Transplant Surgeons—Committee Chairs, 1986–92

Description	1986–87	1987–88	1988–89	1989–90	1990–91	1991–92
Program and Publications	Jerry C. Rosenberg	Nicholas L. Tilney	Nicholas L. Tilney	Marc I. Lorber	Marc I. Lorber	Marc I. Lorber
Membership	James S. Wolf	James S. Wolf	Ronald Busatil	Ronald Busatil	Ronald Busatil	Richard J. Howard
Advisory	Oscar Salvatierra, Jr.	Robert J. Corry	John C. McDonald	J. Wesley Alexander	Barry D. Kahan	David E.R. Sutherland
Bylaws		Mark A. Hardy	Mark A. Hardy	Mark A. Hardy	Neil Lempert	Neil Lempert
Scientific Studies	William Pfaff	Ronald M. Ferguson	Ronald M. Ferguson	David L. Dunn	David L. Dunn	David L. Dunn
Education	John S. Najarian	John S. Najarian Arnold G. Diethelm	G. Melville Williams	G. Melville Williams	G. Melville Williams	Nancy L. Ascher
Standards on Organ Procurement	Byers W. Shaw	Robert Mendez	Charles F. Shield	Charles F. Shield	Charles F. Shield	Clive O. Callender
Nominations	Anthony P. Monaco	Robert J. Corry	John C. McDonald	J. Wesley Alexander	Barry D. Kahan	David E.R. Sutherland
Local Arrangements	Olga Jonasson	Martin F. Mozes	James S. Wolf	James S. Wolf	James S. Wolf	James S. Wolf
Heart Transplantation	John C. Baldwin	John C. Baldwin	John C. Baldwin	O. Howard Frazier	O. Howard Frazier	
Thoracic Organ Transplantation						R. Morton Bolman
Ethics	James Cerilli	James Cerilli	Stanley Mandel	Stanley Mandel	Stanley Mandel	Jeremiah G. Turcotte
Scientific Liaison				David E.R. Sutherland	Arnold G. Diethelm	Arnold G. Diethelm
Newsletter			Caliann T. Lum	Caliann T. Lum	Caliann T. Lum	Caliann T. Lum
Federal Reimbursement				Nicholas J. Feduska		
Postgraduate Course						Hans W. Sollinger
Medical Data Review						Robert D. Gordon



American Society of Transplant Surgeons —Committee Chairs, 1992–94		
Description	1992–93	1993–94
Program and Publications	Hans W. Sollinger	Hans W. Sollinger
Membership	Richard J. Howard	Richard J. Howard
Advisory	Arnold G. Diethelm	Clyde F. Barker
Bylaws	E.A. Santiago-Delpin	Thomas V. Berne
Scientific Studies	David L. Dunn	John J. Fung
Education	Nancy L. Ascher	Nancy L. Ascher
Standards on Organ Procurement	Sylvester Sterioff	Robert L. Kirkman
Nominations	Arnold G. Diethelm	Clyde F. Barker
Local Arrangements	Charles Van Buren	Michael I. Abecassis
Thoracic Organ Transplantation	R. Morton Bolman	R. Morton Bolman
Scientific Liaison	Clyde F. Barker	Frank P. Stuart
Newsletter	Caliann T. Lum	Caliann T. Lum
Postgraduate Course	Ronald M. Ferguson	Ali Najj
Medical Data Review	Robert D. Gordon	Robert D. Gordon
Government Relations	Barry D. Kahan	Barry D. Kahan
Ethics	Jeremiah G. Turcotte	Jeremiah G. Turcotte

American Society of Transplant Surgeons—Board of Directors (Council), 1974–80						
Description	1974–75	1975–76	1976–77	1977–78	1978–79	1979–80
President	Thomas E. Starzl	Folkert O. Belzer	Thomas L. Marchioro	John S. Najarian	Frederick K. Merkel	Jeremiah G. Turcotte
President— Elect	Folkert O. Belzer	Thomas L. Marchioro	John S. Najarian	Frederick K. Merkel	Jeremiah G. Turcotte	James Cerilli
Immediate Past President		Thomas E. Starzl	Folkert O. Belzer	Thomas L. Marchioro	John S. Najarian	Frederick K. Merkel
Vice-President	Frederick K. Merkel					
Secretary	Russell K. Lawson	Russell K. Lawson	Russell K. Lawson	James Cerilli	James Cerilli	G. Melville Williams
Treasurer		G. Melville Williams	G. Melville Williams	Olga Jonasson	Olga Jonasson	Frank Veith
Councillor— At-Large	G. Melville Williams	Richard L. Simmons	Frederick K. Merkel	Jerry C. Rosenberg	H.M. Lee	Oscar Salvatierra, Jr.
Councillor— At-Large	Thomas L. Marchioro	Frederick K. Merkel	Jerry C. Rosenberg	H.M. Lee	Oscar Salvatierra, Jr.	Anthony P. Monaco
Councillor— At-Large	Jeremiah G. Turcotte	Jerry C. Rosenberg	H.M. Lee	Oscar Salvatierra, Jr.	Anthony P. Monaco	Frank P. Stuart



American Society of Transplant Surgeons—Board of Directors (Council), 1980–86						
Description	1980–81	1981–82	1982–83	1983–84	1984–85	1985–86
President	James Cerilli	Richard L. Simmons	G. Melville Williams	Oscar Salvatierra, Jr.	H.M. Lee	Anthony P. Monaco
President– Elect	Richard L. Simmons	G. Melville Williams	Oscar Salvatierra, Jr.	H.M. Lee	Anthony P. Monaco	Robert J. Corry
Immediate Past President	Jeremiah G. Turcotte	James Cerilli	Richard L. Simmons	G. Melville Williams	Oscar Salvatierra, Jr.	H.M. Lee
Secretary	G. Melville Williams	H.M. Lee	H.M. Lee	David E.R. Sutherland	David E.R. Sutherland	J. Wesley Alexander
Treasurer	Frank Veith	Oscar Salvatierra, Jr.	Anthony P. Monaco	Anthony P. Monaco	John C. McDonald	John C. McDonald
Councillor– At–Large	Anthony P. Monaco	Frank P. Stuart	Arnold G. Diethelm	Charles F. Zukowski	Robert J. Corry	Barry D. Kahan
Councillor– At–Large	Frank P. Stuart	Arnold G. Diethelm	Charles F. Zukowski	Robert J. Corry	Barry D. Kahan	Bruce Reitz
Councillor– At–Large	Arnold G. Diethelm	Charles F. Zukowski	Robert J. Corry	Barry D. Kahan	Bruce Reitz	Andrew Novick





<b>American Society of Transplant Surgeons— Board of Directors (Council), 1992–94</b>		
<b>Description</b>	<b>1992–93</b>	<b>1993–94</b>
President	Clyde F. Barker	Frank P. Stuart
President– Elect	Frank P. Stuart	Mark A. Hardy
Immediate Past President	Arnold G. Diethelm	Clyde F. Barker
Secretary	Mark A. Hardy	Ronald M. Ferguson
Treasurer	Nicholas L. Tilney	Nicholas L. Tilney
Councillor– At–Large	R. Randal Bollinger	William A. Baumgartner
Councillor– At–Large	Byers W. Shaw, Jr.	Joshua Miller
Councillor– At–Large	William A. Baumgartner	Darrell A. . Campbell, Jr
Councillor– At–Large	Joshua Miller	Mark I. Lorber
Councillor– At–Large	Darrell A. Campbell, Jr	James F. Burdick
Councillor– At–Large	Mark I. Lorber	David L. Dunn
Past President	David E.R. Sutherland	Arnold G. Diethelm
<b>EX OFFICIO</b>		
Historian	Oscar Salvatierra, Jr.	Oscar Salvatierra, Jr.
Governor (ASTS), American College of Surgeons	Barry D. Kahan	Barry D. Kahan







## V

### Those Early Years

*G. Melville Williams, M.D.*

Fred Merkel was our first local arrangements committee chairman. He was a true host to infidels unacquainted with the majesty of Chicago. Fred arranged elegant receptions at his home in Kenilworth, bordering Lake Michigan. These were splendid occasions during the time of our first meetings. Some included very high-level entertainment provided by a string orchestra.

Despite Fred's coaching toward cultural maturity, many of us — liberated from our beepers — took advantage of the situation to enjoy his potent liquid libations. On one particular evening, Jerry Mendez-Picon and I were basically content to stay all night at Fred's house under the mistaken belief that we were indispensable members of a choral society we had founded that evening. This choral society consisted of several other transplant surgeons (who had the good fortune to leave with the bus) and, most important, sopranos and altos from Fred's technical component of assistants (drawn from a pool of transplant coordinators, nurses, and pump technicians). Fortunately, Fred had the foresight to include these people and their cars to aid our return to the Drake. As I recall, Dr. Mendez and I were escorted, quite intact vocally, to a side street, where we entered an old Cadillac limousine that was the pride and joy of one of our female escorts.

All of us spoke admiringly of the car as we got in. We applauded as it started remarkably well and went into reverse to negotiate a driveway and complete the turn toward the city of Chicago. Regrettably, none of us saw the metal garbage cans at the entrance to the driveway for trash collection the following morning. Considerable noise ensued as these were encountered innocently, but rather abruptly. I started to get out, for it seemed to me that one of the cans might have been impacted beneath the car. However, at that moment, the proper citizen arrived at the front door yelling and screaming at us. There seemed nothing to do but take the easy way out and gun the engine to complete a getaway.

There was one hitch: the garbage can remained stuck beneath the sturdy carriage of our old limousine. This created a considerable racket and a spectacle of sparks, but we continued on. Just as we were about to turn onto the shoulder to disimpact the garbage can, our driver noticed in the rear view mirror that a car with a circling blue



light was rapidly approaching us. We stopped. Jerry and I were peering underneath the car as the officer approached with a flashlight. He said, "Your car was making so many sparks I thought you were on fire." Jerry said astutely, "Gosh, we must have backed over a garbage can as we were turning around to come back to the city. Look at this!" I said, "You know, I bet if we had a jack, we could lift the car up sufficiently to remove that garbage can." Regrettably, our driver did not really know where the jack was situated in this old car; her colleague came to the rescue, sweetly imploring the officer to loan us his jack. This was done in such a nice way that the officer came back with the jack and not only loaned it to us, but also worked it to lift the car off the garbage can. With a great sigh of relief and expressions of gratitude, we placed the garbage can upright on the very edge of the highway, explaining to the officer that it would ruin our clothes to put it in the car and we certainly wanted to put it where no one else could run over it. While in retrospect this does not seem to be an entirely reasonable solution, it seemed entirely sensible to us. For some reason the officer agreed, probably because he was as enamored of our female choral colleagues as we were. He wished us well and urged us to drive carefully on our way back to Chicago. We were happy to comply.

The next day as I thought about this, I wondered, albeit briefly, about confessing to the garbage can owner and offering economic restitution. However, I rationalized expertly that, since the fellow appeared so rapidly after the impact and chose to yell obscenities rather than offer assistance, I would put the matter aside. My colleagues agreed completely. As an aside, I hope Fred never got threatening letters from a neighbor.

One of the perks of the ASTS presidency was an enormous suite at the Drake. I must say that I have never lived in such splendor. It was also customary to be a host to past presidents and members of the Council. Consequently, after our much more formal dinner banquet, a group of us, including Oscar Salvatierra, Jim Cerilli, and Raimond Margreiter from Innsbruck, came to the suite. At this time, I am a but fuzzy about who else was in attendance, but it seemed at least 10 or 12 people were in the Presidential Suite. Jim Cerilli, remembering past occasions and desirous of creating a correct Merkeloid atmosphere, had approached the harpist playing in the lobby area of the Drake. He must have been very persuasive, for she arrived in evening dress at the door of my suite just as the group was settling in. Inquiring where she should set up, we indicated the middle of the living room and she was kind enough to oblige. She inquired what we would like to hear, and the initial response was anything and we went about our business of repartee. However, it was somewhat difficult to be as loud and ribald as usual with this beautiful woman and her wonderful chords creating some spiritual enlightenment. After a while, the harp dominated the room. The harpist, being a sensitive woman, realized this was not Dr. Cerilli's intention and again requested her audience to contribute to titles of well-known songs. The party got going again when she was able to play "Wait 'Til the Sun Shines Nellie" on the harp. When she left an hour later, we all agreed that Cerilli had scored a major entertainment coup.

As I write this, I know a number of readers will say, "What jerks!" I must acknowl-

edge we really were, but wonder at the same time whether anybody has as much fun these days. As ASTS has enlarged and matured, we have become increasingly more formal. The risk in so doing is that transcontinental deep friendships are harder to establish. I can really trust the guy who sat next to me on the couch sipping bourbon to harp music. He has no compunctions to be polite to me or respectful. He can be truthful and trust me as I trust him. I would never send him a bad kidney or liver unless he asked for it. In that case, I would tell him he was crazy but wish him well.