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ASTS



American Society of Transplant Surgeons

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VOL. XVI No. 2 SPRING 2006

ASTS
American Society of Transplant Surgeons

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ASTS COUNCIL MAY 2005 - JULY 2006

PRESIDENT

A. Benedict Cosimi, MD (2006)
Massachusetts General Hospital
Department of Surgery
55 Fruit Street
Boston, MA 02114
Phone: 617-726-8256
Fax: 617-726-8137
Email: cpadyk@partners.org

PRESIDENT-ELECT

Arthur J. Matas, MD (2006)
University of Minnesota
Department of Surgery,
Box 328 UMHC
420 Delaware St., SE
Minneapolis, MN 55455
Phone: 612-625-6460
Fax: 612-624-7168
Email: matas001@tc.umn.edu

IMMEDIATE PAST PRESIDENT

Richard J. Howard, MD PhD (2006)
University of Florida
Department of Surgery,
Rm. 6142
1600-6142 SW Archer Rd.
PO Box 100286
Gainesville, FL 32610-0286
Phone: 352-265-0606
Fax: 352-265-0678
Email: howard@surgery.ufl.edu

PAST PRESIDENT

Abraham Shaked, MD PhD (2006)
University of Pennsylvania
Department of Surgery,
4 Silverstein
3400 Spruce St.
Philadelphia, PA 19104
Phone: 215-662-6723
Fax: 215-662-2244
Email: shaked@mail.med.upenn.edu

SECRETARY

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

TREASURER

Goran B. G. Klintmalm, MD PhD (2006)
Baylor University Medical Center
Transplantation Services
3500 Gaston Ave.
Dallas, TX 75246
Phone: 214-820-2050
Fax: 214-820-4527
Email: gb.klintmalm@baylorhealth.edu

COUNCILORS-AT-LARGE

John P. Roberts, MD (2006)
University of California,
San Francisco
Division of Transplantation
505 Parnassus Avenue
Box 0780 Rm. M896
San Francisco, CA 94143-0780
Phone: 415-353-1888
Fax: 415-353-8709
Email: robertsj@surgery.ucsf.edu

Mark L. Barr, MD (2006)
University of Southern California
Department of Cardiothoracic Surgery
1520 San Pablo St., Ste. 4300
Los Angeles, CA 90033-4612
Phone: 323-442-5849
Fax: 323-442-5956
Email: mbarr@surgery.usc.edu

Thomas G. Peters, MD (2007)
Jacksonville Transplantation Center
Department of Surgery
580 W. 8th Street, #8000
Jacksonville, FL 32209
Phone: 904-244-9800
Fax: 904-244-9842
Email: tgpetersmd@hotmail.com

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

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

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

NATIONAL OFFICE

Katrina Crist, MBA
Executive Director
1020 North Fairfax Street, #200
Alexandria, VA 22314
Phone: 703-684-5990
Fax: 703-684-6303
Email: katrinacrist@earthlink.net

LETTER FROM THE p r e s i d e n t



Letter from the President.....

It's hard to believe that we are already well into 2006 and that the date of our next annual Congress is rapidly approaching. As everyone knows by now, this year's uniquely planned meeting, which will convene in Boston in July, is a joint collaboration of the ASTS, the AST, and TTS. As Congress President and Chair of the Finance Committee, I have had the privilege (? burden) to be personally involved with most of the details - none of which could have come to fruition without the invaluable guidance and help of Cathy Padyk, my Administrative Coordinator; Mo Sayegh, Chair of the Program Committee; the members of the Finance and Program Committees; and, of course, the incredible organizational skills of Pam Ballinger's team. This first ever World Transplant Congress (WTC 2006) promises to provide an outstanding scientific program. We've received for consideration over 4,000 abstracts, which eclipses by far the numbers submitted to any previous transplant Congress. The commitment of our corporate supporters has similarly exceeded our expectations and will result in a series of highly interesting, informative, and fun, lunchtime and evening symposia. Finally, Boston, and particularly Quincy Market on the waterfront, is prepared to host us in a spectacular Thursday evening gala which will be the closing event of WTC 2006. It is my hope that the anticipated success of this historic Congress might bring our three Transplantation Societies together again in the future to convene a second, probably even better, World Transplant Congress.

Of course, the members of the ASTS Council and its working Committees have been actively involved in a number of other issues as well. Our Winter Symposium, concentrating on the topic of "Graft Loss: Predictive Factors and Preventive Strategies" with its two-day pre-meeting course on the Fundamentals of Basic Science Research, was held again this year in conjunction with our NATCO collaborators. This meeting, our 6th Annual Winter Symposium, was organized by the Vanguard Committee under Elizabeth Pomfret's direction and proved to be a huge success, with over 300 attendees. We look forward to meeting in Miami next year for the next edition of these increasingly successful winter symposia.

As noted in my previous letter, a major priority for this year is to reach a consensus with OPTN/UNOS on achieving a substantial reduction in the data submission burden that is currently borne by the transplant centers. The recommendations provided by the ASTS/AST Data Reduction Task Force, co-chaired by Mike Abecassis and Bill Harmon, were favorably received when presented in Boston at the UNOS Strategic Planning Meeting in October. A Subcommittee of the OPTN/UNOS Policy Oversight Committee is now reviewing these recommendations in conjunction with the internal recommendations provided by UNOS staff in order to issue a data reduction plan for public comment. The UNOS leadership has repeatedly confirmed their commitment to revise the data collection requirements, the goal being to produce by this summer or fall a final proposal that could eliminate as many as one-half of the data elements currently mandated on many of the forms.

As we progress into 2006 another ASTS milestone is approaching - the completion of the second Abdominal Transplant Surgery Fellowship Match. After much planning and organizing, initially as a joint venture of the Vanguard and Education Committees, then Chaired by Sandy Feng and Mitch Henry, and now under the auspices of the Fellowship Training Committee, Chaired by Peter Stock, the inaugural Match was completed on August 17, 2005. Thirty-nine (65%) of the 60 positions offered were filled with 75% of the applicants matching. Based on the feedback of many of the centers, an earlier Match date has been recommended and now will occur annually on the fourth Wednesday in June. Clearly, the Match process necessitates an overall increase in the number of interviews that each training center feels it must provide and consequently a more extensive travel schedule for each applicant. Nevertheless, the general consensus, at this early stage, seems to be that the Match will ultimately prove to be a more satisfactory approach than our previous "every-center-for-itself" system which not infrequently resulted in the last minute breaking of commitments that typically had been made many years earlier.

On other fronts, the continued success of the Membership Committee's proactive recruitment strategy, led by David Mulligan, has expanded our total membership to over 1,000. Whereas, in the past, our active members were almost entirely made up of abdominal transplant surgeons, the ASTS now represents most of the cardiothoracic transplant centers as well and also includes a significant number of physicians and non-physician scientists. With the definition of the new Surgical Associates category, we anticipate a continuing expansion of the input into our Society's activities of all of these essential providers of transplant services and new discoveries.

Finally, in view of the tremendous success of the previous joint ASTS/AST ventures, especially the ATC and the AJT, the Joint Council has recently directed each Society to appoint three individuals to a working group charged with defining a process whereby more activities might be jointly pursued. Obviously, there will be much more on this to come.

I look forward to greeting all of you at WTC 2006 in July.

A handwritten signature in cursive script that reads "A. Benedict Cosimi".

A. Benedict Cosimi, M.D.

Call For Nominations

Call For Nominations **Deadline: June 1, 2006**

The ASTS Nominating Committee requests nominations from the Membership for the 2006-2007 offices of President-Elect, Treasurer, and 2 Councillors at Large. Each candidate must be a Regular Member in good standing and willing to serve, if nominated.

ASTS is also accepting nominations for positions on its various committees. Members interested in serving on an ASTS Committee for a three year term to begin immediately following the July 2006 WTC should submit a letter indicating on which committee they would like to serve and outlining their proposed contribution to the committee. For a complete list of committees, see www.asts.org.

To nominate an ASTS member for the 2006-2007 Council or for a committee position, please send a letter of nomination by June 1, 2006 to the address below.

A. Benedict Cosimi, MD
President & Nominating Committee Chairman
American Society of Transplant Surgeons
1020 North Fairfax Street, Suite 200
Alexandria, VA 22314
Fax: 703-684-6303
Email: asts@asts.org

Deadline to submit letters of nomination: June 1, 2006

ASTS Engaged on Crucial Legislative Issues Impacting Transplantation

Congress adjourned its work for 2005 in a marathon end-of-year session that included passage of several major bills that impact transplantation—the physician fee schedule, appropriations for the Division of Transplantation, and Medicaid. 2006 is likely to be very active on similar issues as ASTS continues to engage Congress on appropriations for the Organ Donation Act, immunosuppressive drug coverage, and a potential Medicare bill that would be the vehicle for another correction to the physician fee schedule, which is set to be cut substantially in 2007 if Congress does not act.

Historic Budget Reconciliation Legislation Enacted—Impact on Transplantation

The House and Senate narrowly passed an historic budget reconciliation bill, the “Deficit Reduction Act,” at the end of the 2005 session. Signed into law on February 8, 2006, the new law made substantial changes to Medicaid and averted a projected 4.5 percent cut to the Medicare physician fee schedule for 2006. Budget reconciliation is a legislative process by which Congress enacts long-term spending changes to entitlement programs to impact federal spending. The last reconciliation bill was the 1997 Balanced Budget Act, which is considered to have greatly reduced Medicare spending in the late 1990’s and early 2000’s.

Citing a need to reduce spending in a climate of little fiscal restraint (e.g. tax cuts, hurricane relief,

Iraq/Homeland Security efforts, Medicare drug benefit), Republican leaders agreed to a package that would reduce mandatory spending over the next five years by \$39.7 billion. Net Medicare spending will be reduced by \$8.3 billion over five years and net Medicaid spending will be cut by \$4.7 billion.

Two provisions in the conference report are directly relevant to ASTS: Medicare’s physician fee schedule reimbursement changes and “pay for performance.”

Under the current sustainable growth rate (SGR) payment formula, physicians were scheduled to receive a 4.4% cut in Medicare payments in 2006. The Deficit Reduction Act froze physician payments at the 2005 payment level for one year. The cost for Medicare to keep the current reimbursement levels is more than \$7 billion, which was offset in the bill through other cuts in Medicare and Medicaid. The bill also called upon the Medicare Payment Advisory Commission (MedPAC) to generate a report on options for calculating payment rates to replace the sustainable growth rate (SGR) system.

Since the reconciliation bill was not signed into law until February 8, 2006, Medicare claims were paid at the lower payment levels until that day. But the law was retroactive to January 1, 2006, so CMS will begin providing lump sum adjustments to all providers reimbursed at the lower payment rate during that time. This is anticipated to be completed by July 1, 2006. More information on this can be found at the CMS website, <http://www.cms.hhs.gov/PhysicianFeeSched/>.

Politically and fiscally, the SGR system is becoming increasingly (ironically) unsustainable as each amelioration of payment updates over the past 5 years has compounded the scheduled negative updates in future years. The estimated cost of scrapping the SGR system altogether and replacing it with an indexed formula (like the Part B premium) is over \$100 billion over 10 years. As a result, Congressional leaders and CMS have been pushing for a reform scheme that would save money over the long term.

“Pay for performance” proposals were hotly debated during 2005 and continue into 2006 as a way of reforming the fee schedule while improving the quality of care provided. However, disagreements over the exact nature of a proposed pay for performance system and controversy over how much the system could actually save prompted negotiators to drop the provisions from the final conference report for the time being. However, pay for performance will continue to be debated and some form of the proposal will likely be included in a future Medicare bill.

Pay for Performance

ASTS is engaged in efforts by CMS to explore the feasibility of “Pay for Performance” as a viable option for improving quality care and, ultimately, providing a framework for linking payment to quality. Recently, ASTS leaders hosted a conference call on March 15, 2006, with Trent Haywood, MD, Deputy Chief Clinical Officer at CMS to discuss the status of programs within CMS that are beginning to start the process toward

pay for performance and their impact upon transplantation. ASTS is also engaged with an AMA-organized group of physician specialty organizations, the Physician Consortium for Performance Improvement, that are tasked with developing quality measures.

Dr. Haywood discussed the Physician Voluntary Reporting Program (PVRP), which was launched on January 1, 2006. The PVRP is a voluntary reporting program in which physicians who choose to participate will help capture data about the quality of care provided to Medicare beneficiaries. It consists of 36 evidence-based, clinically valid measures that were originally part of guidelines endorsed by medical specialty societies. However, in order to lessen the potential reporting burden for physicians and better align the PVRP with other quality measurement activities affecting physicians, CMS decided to adopt a smaller core starter set of 16 PVRP measures.

According to CMS, physician practices which agreed to participate in reporting activities by April 1, 2006, will begin receiving feedback and comparisons of their performance with others by late 2006. CMS intends to further pursue development and refinement of the remaining 20 measures within the 36 measure PVRP set. As other measures are developed by medical specialty societies, it is anticipated that the PVRP will be expanded to include these consensus measures after they are endorsed and implemented.

The 16 PVRP measures include three that are relevant to transplant surgery:

- Receipt of autogenous arteriovenous fistula in end-stage renal disease patient requiring hemodialysis
- Antibiotic prophylaxis in surgical patient
- Thromboembolism prophylaxis in surgical patient

ASTS is in the process of evaluating the CMS program and other provider-based efforts to develop appropriate standards. ASTS will also update its members in the coming months on further developments related to voluntary reporting and transplant quality measures. Legislatively, ASTS continues to monitor Congressional efforts to move quality reporting measures into a system that links such measures to payment.

Appropriations Update

On December 22, 2005 the House and Senate approved a final conference report on the Labor, HHS, and Education appropriations spending bill. The bill, which was, by far, the most austere in recent history, did not include an increase in appropriations for the Health Resources and Services Administration's Division of Transplantation. The final amount approved was \$23.2 million for FY 2006. That amount was also reduced by 1 percent because of a separate across-the-board spending cut enacted as part of the Defense authorization bill on the last day of the Congressional session in 2005. This was a tactic to reduce federal spending without causing specific programs to shoulder a disproportionate amount of the burden.

Though clearly this is a disappointment given the efforts of ASTS and other transplant organizations to secure funding for the programs under the new Organ Donation Act in FY 2006, the Division of Transplantation was comparatively "spared" from severe cuts or outright eliminations enacted by the appropriations bill throughout HRSA, the Centers for Disease Control, and other HHS programs. The NIH also was hit especially hard by this bill with level funding or cuts to almost all institutes, including NIDDK and NIAID—almost unprecedented given the double digit annual increases the NIH has received over the past 6 years.

Organ Donation Act Funding in 2006, a Renewed Effort

ASTS has galvanized the Transplant Roundtable again in 2006 to push for funding of the Organ Donation Act in the Fiscal Year 2007 funding cycle. The Transplant Roundtable is a working coalition of 11 transplant-related physician specialty, professional and research organizations. Despite the austere budget outlook, ASTS and others on the Transplant Roundtable are optimistic that funding for the Organ Donation Act will eventually come to fruition.

Given the limited opportunities for funding any new programs in FY 2007, the Transplant Roundtable adopted a more limited funding strategy that targets \$5 million in funding for the Organ Donation Act. The \$5 million in funding would fund the Division of Transplantation with an additional \$2 million for travel and subsistence expenses for living donors, \$1 million for studies and demonstrations, \$1 million for hospital based organ coordinators, and \$1 million to begin implementation of the new authorizations under the Agency for Healthcare Research and Quality. This modest request contrasts with last year's request of \$25 million to fund the Organ Donation Act programs.

So far this year, ASTS has led the Transplant Roundtable to implement this new strategy for achieving success in the appropriations bill this year. Already, ASTS has sent letters to House and Senate appropriations committee chairmen asking for funding of the Organ Donation Act, and has assisted other Transplant Roundtable groups with getting their memberships to engage Congress by sending "grassroots" style letters to Congress. Several coordinated "fly-in" events will occur throughout the spring and summer that bring ASTS members, other professional transplant society members, and patient represen-

tatives to Washington, DC to meet with key members and their staffs.

Also increasing the potential for success this year is the possibility of a significant increase in a budget line-item that funds the Health Resources and Services Administration. On March 14, 2006, Senator Specter (R-PA) and Harkin (D-IA) introduced an amendment to the Senate Budget Resolution that would restore \$7 billion in discretionary funding to the Departments of Health and Human Services, Labor, and Education, some of which could potentially be used to fund the Organ Donation Act. On March 16, 2006, the full Senate approved this amendment by a wide margin.

Overall, the Senate's budget bill makes significant cuts to health, education and labor programs. Specifically, the Senate Budget Committee plan would reduce expenditures for domestic programs by \$106 billion over five years, with \$92 billion in cuts to domestic discretionary programs and \$14 billion in cuts to entitlement programs.

The final budget resolution still must be approved by the House and differences worked out in a conference committee. Ultimately, 2007 will still be a difficult year for funding, but with the more limited scope of the Organ

Donation Act funding strategy and the possibility of some additional funding in the health care section of the budget, chances for success are improved.

Immunosuppressive Drugs

ASTS has been actively engaged on efforts within the transplant community to educate Congressional officials on the need to eliminate gaps in immunosuppressive drug coverage for Medicare beneficiaries. This effort is in anticipation of a larger push by the National Kidney Foundation and other transplant groups to make immunosuppressive drug coverage a major issue in 2006, potentially in anticipation of the next Medicare bill.

As part of this effort thus far, ASTS has sent letters of support to the Senate Finance Committee, the House Ways and Means Committee and House Energy and Commerce Committee endorsing the "Comprehensive Immunosuppressive Drug Coverage for Transplant Patients Act of 2005." ASTS co-sponsored and helped plan two Congressional briefings that highlighted the gaps in coverage in 2005, educated Congressional staff, and attempted to gain support for the bills. In addition, ASTS participated in the circulation of a Congressional

"Dear Colleague" letter by Congressman Dave Camp (R-MI) to the entire House and Senate that expressed support of the immunosuppressive drug coverage bills. Politically, there is new-found optimism that recent studies detailing the cost/benefit of extending immunosuppressive drug coverage will help break the policy logjam on this issue.

Conclusion

ASTS remains highly engaged with Congress and the Administration on issues that could impact transplantation, especially as issues evolve this year. Pay for performance is likely to continue to see action in Congress as well as within CMS. The next Medicare bill could play a role in both removing immunosuppressive drug coverage gaps and serve as a potential legislative vehicle for pay for performance proposals. On the appropriations front, 2006 is likely to be another very difficult year as tax cuts and a \$90 billion Iraq war and hurricane relief supplemental bill will place incredible fiscal pressure on the Congress to hold down spending in discretionary programs. Despite these challenges, ASTS continues to play a very active role in efforts to secure support for key programs impacting transplantation. ✎

For the latest Public Policy Updates, visit www.astso.org

The screenshot shows the ASTS website with a navigation menu on the left and a main content area. The main content area features a banner for the 2006 World Transplant Congress (WTC) with the following text: "2006 WTC World Transplant Congress", "World Transplant Congress", "TTS", "ASTS", "ASTG", "World Transplant Congress", "The Meeting/Transplant Care Forum & Symposium July 29-31, 2006", "Congress: July 29-27, 2006", "Hynes Convention Center, Boston, MA", "For more information go to www.wtc2006.org". Below the banner is a small image of a person and the text "Click here for Webcast from the 2006 Winter Symposium".

Regulatory and Reimbursement Update

Coverage for Pancreas Transplant Alone

Medicare has issued a proposed decision to cover pancreas transplant alone (PA). In a decision memo published January 26, 2006, the agency proposed that the evidence is adequate to conclude that pancreas transplantation alone is reasonable and necessary for Medicare beneficiaries provided certain conditions are met. ASTS has previously submitted comments to CMS supporting coverage for PA and the proposed decision memo largely reflects ASTS' position.

PA would be covered in the following limited circumstances:

- PA will be limited to those facilities that are Medicare-approved for kidney transplantation.
- Patients must have a diagnosis of type I diabetes:
 - The patient with diabetes must be beta cell autoantibody positive, or
 - The patient must demonstrate insulinopenia defined as a fasting C-peptide level that is less than or equal to 110% of the lower limit of normal of the laboratory's measurement method. Fasting C-peptide levels will only be considered valid with a concurrently obtained fasting glucose <225 mg/dL
- Patients must have a history of medically-uncontrollable labile (brittle) insulin-dependent diabetes mellitus with documented recurrent, severe, acutely life-threatening metabolic complications that require hospitalization. Aforementioned complications include frequent hypoglycemia unawareness or recurring severe ketoacidosis, or recurring severe hypoglycemic attacks.
- Patients must have been optimally and intensively managed by an endocrinologist for at least 12 months with the most medically-recognized advanced insulin formulations and delivery systems.
- Patients must have the emotional and mental capacity to understand the significant risks associated with surgery and to effectively manage the lifelong need for immunosuppression.
- Patients must otherwise be a suitable candidate for transplantation.

ASTS will be monitoring this issue and will inform you as soon as a final decision is issued.

2006 Physician Fee Schedule

Backbench Services: Standard backbench services will not be reimbursed under Part A of Medicare as organ acquisition costs, according to the 2006 Medicare physician fee schedule published on November 21, 2005. ASTS had urged that CMS reimburse standard backbench services as part of its payment to the transplant center for organ acquisition costs. CMS stated that because backbench services are usually provided at the recipient institution by the same transplant team that performs the recipient procedure, they should be treated the same as the recipient transplant service which is paid under the physician fee schedule. ASTS filed comments again taking exception to CMS' view; however, ASTS has begun the process of having these codes valued by the AMA's Relative Value Update Committee (RUC), with the intent to provide a mechanism for transplant surgeons to get reimbursed through Medicare Part B.

Zero % Update: Medicare payment amounts in 2006 are frozen at the 2005 level as a result of legislation enacted by Congress in February of this year. This prevents the scheduled 4.4% conversion factor reduction from going into effect. Although Congress did not act until February of this year, the legislation is retroactive to January 1.

Transplant DRGs

ASTS has been involved in efforts to obtain fairer DRG assignment for a number of transplant services. We requested that CMS move pancreas islet cell transplantation to the higher-paying DRG for pancreas transplants. Although this request was denied because CMS did not have sufficient Medicare claims data to justify reassignment, the agency agreed to monitor charges for this procedure and consider reassignment in the future based on additional data.

ASTS also sought an increase in the add-on payment for islet cell isolation as well as an add-on payment for isolation of cells that do not meet release criteria. Although an additional add-on payment was not approved, CMS did agree that a hospital could be paid up to two add-on payments per discharge, effectively doubling the potential add-on payment.

ASTS also urged the creation of separate DRGs for liver/kidney transplants and liver/intestinal transplants. Although CMS stated that it is not willing to create separate DRGs at this time, again citing the lack of data, the agency did state that it appeared that hospital charges for combined transplants were significantly higher than single organ transplants. CMS committed to reviewing this issue as soon as more Medicare claims data are available.✂

2006 ASTS Winter Basic Science Course

The 2006 ASTS Winter Basic Science Course: *The Fundamentals of Basic Science Research* was held January 19-20, 2006 at the Camelback Inn, Scottsdale, AZ. Elizabeth Pomfret, MD, PhD led the planning committee and was assisted by Douglas Hale, MD, Seth Karp, MD and Andrew Posselt, MD. Together they organized a beneficial course geared toward ASTS junior members that included 21 expert speakers. Over the course of the 2 days, topics covered included: Establishing Your Laboratory, Considerations for Animal and Human Studies, Obtaining Grant Support and Advancing your Career. The Basic Science Course concluded with Break Out Sessions focusing on Transplant Immunology and Developmental Biology, Stem Cells & Tissue Engineering. Designed as a smaller, less formal meeting, attendees had the unique opportunity to capture key insight toward establishing a basic science research effort.

Mark Your Calendars!!!

7th Annual ASTS State of the Art Winter Symposium: Solving the Organ Shortage Crisis

January 12 - 14, 2007

Marco Island, FL

With the growth in Extended Criteria Donors (ECD), Donation after Cardiac Death (DCD) and Live Donation (LD), an in depth examination of the methods used to decide suitability of the donor and recipient, and the outcomes associated with these strategies, will be addressed.

Marriott Marco Island

www.marcoislandmarriott.com

New for 2007—the Winter Symposium will coincide with the Martin Luther King Holiday weekend. Stay an extra day and have fun!

6th Annual State of the

The 6th Annual State of the Art Winter Symposium, *Graft Loss: Predictive Factors and Preventative Strategies*, was held January 20-22, 2006 at the Camelback Inn in Scottsdale, AZ. The symposium was held in conjunction with NATCO and the 2006 Transplant Institute. Over a year in the planning, this meeting brought together 33 expert speakers representing all areas within transplantation, both surgical and medical. The topics included the various factors that lead to graft loss including donor and recipient attributes, transplant related factors and post transplant events. Additionally, there were presentations on basic science and clinical approaches to preventing graft loss.

The symposium opened Friday afternoon with a presentation by Dr. Robert Merion entitled, "Graft Loss: Defining the Problem". Throughout Friday afternoon, presentations focused on Predictive Factors concerning both the donor and recipient. Dr. Nancy Ascher, Chair of the Department of Surgery at the University of California, San



Nancy Ascher, MD, PhD, delivered the keynote speech entitled "Public Policy on the Organ Shortage" at the Winter Symposium.



Jorge Reyes, MD, presented "Causes for Graft Loss after Intestinal Transplantation" during the Sunday session of the Winter Symposium.



Jennifer Verbese, MD, presented her selected abstract entitled "Biliary Complications as a Predictive Factor for Graft Loss after Living Donor Adult Liver Transplantation (LDALT)".



Thomas Egan, MD, MSc (pictured above), debated Kenneth McCurry on the topic "Lung Re-Transplantation: Utility or Futility".

Exhibitors:

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Abstract Reviewers

David Foley, MD
 Sunil Geevarghese, MD
 Mary Ann Simpson, PhD
 Randall Sung, MD



Winter Symposium Planning Committee

Elizabeth Pomfret, MD, PhD, Chair
 Niraj Desai, MD
 Kenneth McCurry, MD
 Robert Merion, MD
 Paul Morrissey, MD
 James Pomposelli, MD, PhD
 Andrew Posselt, MD

Art Winter Symposium

Francisco and former Chair of the Advisory Committee on Transplantation (ACOT) to the Secretary of the Department of Health and Human Services, delivered the keynote address entitled, "Public Policy on the Organ Shortage". Friday's session ended with a lively poster session and mini oral presentations. The Friday evening cocktail reception, sponsored by XDx, and the Dinner, sponsored by Astellas, proved to be very popular with symposium participants.

Saturday's session started with a "breakfast with exhibitors" that featured this year's 21 symposium exhibitors. It included long time ASTS supporters Astellas, Roche, Wyeth and Novartis as well as Genzyme and several newcomers this year such as Lifeblood Medical. The Saturday presentations continued to explore predictive factors for graft loss including transplant factors and post transplant events. New for 2006, Wyeth Pharmaceuticals sponsored Awards for the Top 10 Abstracts. These individuals presented their winning abstracts during the Saturday morning session.



Elizabeth Pomfret, MD, PhD, Vanguard Committee Chair, lead the planning committee for the 6th Annual State of the Art Winter Symposium, *Graft Loss: Predictive Factors and Preventative Strategies*.

The Vanguard Committee, under the direction of Dr. Elizabeth Pomfret, sponsored a Career Development Mini-Symposium Saturday evening that featured Tina Sherwood, JD, LL.M. Ms Sherwood provided valuable information concerning financial planning and the specific challenges unique to those who serve within the field of medicine.

The Sunday session focused on Preventative Strategies. Basic science and clinical state of the art strategies to prevent graft loss were presented. The 6th Annual State of the Art Winter Symposium concluded with the ever popular debates.

Planning is already underway for the 7th Annual State of the Art Winter Symposium: *Solving the Organ Shortage Crisis*. The 2007 Winter Symposium is scheduled for January 12-14, 2007, at the Marriott Marco Island, Florida. Abstracts will be accepted and next year's program promises to be thought-provoking and pertinent to all those involved in the field of transplantation.

ASTS thanks the following sponsors of the 6th Annual State of the Art Winter Symposium:

Astellas
Bristol-Myers Squibb Company
Genzyme Transplant
Lifeblood Medical, Inc.
Novartis Pharmaceuticals Corporation
Roche Laboratories, Inc.
United Resource Networks
Wyeth Pharmaceuticals
XDx

Wyeth Pharmaceuticals sponsored awards for the Top Ten Abstracts for the 6th Annual State of the Art Winter Symposium. Congratulations to the following:

Jennifer Verbesey, MD
Lahey Clinic

Philip Acott, MD, FRCPC
IWK Health Centre

Maria Gerbase-DeLima, MD, PhD
Federal University of Sao Paulo Medical School

Jayne Locke, MD
Johns Hopkins University School of Medicine

Scott Johnson, MD
Harvard Medical School

David Rosenbaum, MD
UT Southwestern Medical Center at Dallas

Justin Sacks, MD
University of Pittsburgh Medical Center

Dorry Segev, MD
Johns Hopkins Medical Institutions

Kyle Soltys, MD
Children's Hospital of Pittsburgh

Jane Tan, MD, PhD
Stanford University



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Make a Contribution at www.astsfoundation.org

The ASTS Foundation was established to advance the field of transplantation by supporting the mission and activities of the American Society of Transplant Surgeons. The mission of the ASTS Foundation is to serve as the endowment vehicle of the ASTS. Funds generated will be used to provide support for the ASTS sponsored initiatives such as education, fellowships and other training and research initiatives.

The FOUNDATION of the
ASTS
American Society of Transplant Surgeons

ASTS Foundation :: 1020 North Fairfax St #200 :: Alexandria, VA 22314
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The FOUNDATION of the



American Society of Transplant Surgeons

The Foundation of the American Society of Transplant Surgeons thanks the following individuals for their generous gifts in support of the Foundation and its mission:

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Thomas Peters
Abraham Shaked

Contributors

J. Wesley Alexander
James Allan
Massimo Asolati
Clyde Barker
James Bowman III
Spencer Day
Hans Albin Gritsch
Sandip Kapur


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National Conference on Organ Donation after Cardiac Death (DCD) Meeting Report

On April 7-8, 2005, a national conference on organ donation after cardiac death (DCD) was convened in Philadelphia. Under the leadership of Francis L. Delmonico, MD, this national conference was sponsored by ASTS, the UNOS Foundation, AST, NKF, the Division of Transplantation, HRSA, the Gift of Life Foundation and Barr Laboratories, Inc. The conference participants were divided into six workgroups and tasked to address specific DCD issues. Participants represented the ASTS, the American Medical Association (AMA), the Society of Critical Care Medicine (SCCM), the American Association of Critical Care Nurses (AACN), the American Society of Anesthesiologists (ASA), the Joint Commission on the Accreditation of Healthcare Organization (JCAHO), the American Society of Transplantation (AST), The Association of Organ Procurement Organizations (AOPO), the Scientific Registry of Transplant Recipients (SRTR), Eurotransplant, the North American Transplant Coordinators Organization (NATCO), the National Association of Medical Examiners (NAME), the United Network for Organ Sharing (UNOS) contractor of the Organ Procurement Transplant Network (OPTN), the Division of Transplantation of the Department of Health and Human Services (DOT), Center for Medicare and Medicaid Services (CMS), the National Kidney Foundation (NKF) and the World Health Organization (WHO).

This national conference affirmed the ethical propriety of DCD as not violating the dead donor rule. Further, by new developments not previously reported, the conference resolved controversy regarding the period of circulatory cessation that determines death and allows administration of pre-recovery pharmacologic agents, it established conditions of DCD eligibility, it presented current data regarding the successful transplantation of organs from DCD, it proposed a new framework of data reporting regarding ischemic events, it made specific recommendations to agencies and organizations to remove barriers to DCD, it brought guidance regarding organ allocation and the process of informed consent and it set an action plan to address media issues. When a consensual decision is made to withdraw life support by the attending physician and patient or by the attending physician and a family member or surrogate (particularly in the intensive care unit), a routine opportunity for DCD should be available to honor the deceased donor's wishes in every donor service area (DSA) of the United States.¹

The complete meeting report is available in the February 2006 issue of the *American Journal of Transplantation*, AJT, Volume 6, Issue 2, Page 281-291, February 2006. The meeting report addresses the specific issues considered by each of the 6 workgroups, their findings and recommendations along with specific actions proposed to different agencies and organizations. The *American Journal of Transplantation* (AJT) has granted permission for free, full-text access to the complete article at <http://www.blackwell-synergy.com/doi/pdf/10.1111/j.1600-6143.2005.01194.x>

¹ J.L. Bernat, et al, "Report of a National Conference on Donation after Cardiac Death", *American Journal of Transplantation* 2006; 6: 281

Policy on Speaking to the Media and Representing ASTS at Meetings:

The ASTS recognizes that ASTS leaders and members are called upon to speak on behalf of the Society or represent the Society's position on issues in media interviews as well as invited speakers to conferences and meetings outside of ASTS sponsored meetings and activities. In order to better coordinate and track events that the ASTS and/or its position on a particular issue is officially presented, the ASTS requires that members and leaders notify, in advance, the Executive Director when requested to represent the Society's position to the media or at a meeting. The Executive Director will advise the President, Executive Committee and/or Council as appropriate and obtain the necessary approval.

Approved by the ASTS Council 10.24.05

Announcing ASTS New Surgical Associate Member Category

Associate members shall be limited to allied health professionals directly involved in surgical care of transplant patients. Associate members must have a minimum of two years experience in transplant surgical patient care and must be sponsored by a full member of the ASTS and have two additional letters of recommendation. Associate members may participate as a liaison on ASTS committees and may have liaison representation on the ASTS Council. An Associate member will not have voting privileges. Associate Member dues will be \$125, this includes a subscription to the online version of the American Journal of Transplantation.

ASTS Regular and International Members are encouraged to invite allied health professionals in their institutions to apply and become part of the leading society advancing surgical care for transplant patients.

Benefits of Membership include:

- ◆ Regular Updates on ASTS Initiatives and Activities
- ◆ Participate in Consensus Conferences for Transplant Issues
- ◆ Participate in Regulatory Activities affecting Surgical Transplantation
- ◆ Participate in Legislative Activities affecting Surgical Transplantation
- ◆ Participate in Developing Guidelines for Ethics in Transplantation
- ◆ Participate in Developing Standards for Surgical Care in Transplantation
- ◆ Online Subscription to the *American Journal of Transplantation (AJT)*
- ◆ Reduced Registration Fees for the World Transplant Congress (WTC)
- ◆ Reduced Registration Fees for the ASTS Annual Winter Symposium
- ◆ Annual Membership Directory of ASTS Members
- ◆ ASTS Newsletter, *The Chimera*
- ◆ Access to the Members Section on the ASTS Website

Visit the ASTS website at www.astsonline.org for a membership application or call the ASTS National Office at 703.684.5990.

ASTS to launch new website this summer

Change is good....

Sandy Feng, Chair, Informatics Committee is pleased to announce that ASTS will launch a new and improved website this summer. The purpose of this re-design is to meet members' needs for a dynamic, relevant and user-friendly website. The hope is that the new website will be your preferred means to access web-based information related to transplantation. This is more than a simple facelift...it is a completely new and interactive website. It will serve to immediately educate ASTS members on new developments in both basic and clinical research as well as regulatory and governmental changes that affect transplantation.

Anything new takes some getting used to. Karol A. Keane of Karol A. Keane Design and Communications, Inc. equates it to the experience of buying a new car. Of course it is better than what you previously drove but you don't know how to turn on the high beams or set the clock or when empty really means empty. However, we are confident that with just a few clicks you will know you are experiencing a great new benefit of ASTS membership. Watch for updates in the coming weeks and remember...

change is good!

CMS Issues New ICD-9 Code for Antibody Induction Therapy

Based on a petition sponsored by Genzyme, and in working with the transplant community, effective October 1, 2005 the Centers for Medicare and Medicaid Services (CMS) issued a specific ICD-9-CM code to better capture the administration of antibody induction therapy related to solid organ transplantation.

- 00.18 Infusion of immunosuppressive antibody therapy during induction phase of solid organ transplantation
 - monoclonal antibody therapy
 - polyclonal antibody therapy

Your Transplant Expertise Is Needed!

A Joint Task Force consisting of members of the Fellowship Training Committee and the Vanguard Committee is in the process of developing a web-based Transplant Surgery Fellowship Curriculum. ASTS Member input is crucial. We are looking for members who are willing to contribute by defining 3-5 key learning objectives and identifying 3-5 literature references for the specific topics that will be included in the curriculum content. We estimate that this will require only 1-2 hours of your time (at most) and will require a minimal amount of writing to complete.

To become a contributor to this effort or to obtain additional information, please contact Kim Gifford at kimberlygifford@earthlink.net and indicate your specific area of interest/expertise so that you can be matched with an appropriate topic.

A few hours of your time will make a huge difference!

Wanted...

Your ASTS related photographs

Kenneth Brayman, MD, PhD, and the Newsletter Committee are looking for your photographs of ASTS members and events as they continue to document the history of the ASTS. If you have photographs from previous ASTS Meetings or Social Events, please allow the National Office to scan them for future use in a historical project. Whenever possible, include names of those in the photograph, event and date. Please submit all photos to:

**ASTS
1020 N. Fairfax St #200
Alexandria, VA 22314**

Include your name and preferred mailing address as all photos will be returned in a timely manner.

They are also looking for a few specific editions of *The Chimera* that are missing. If anyone has a copy of *The Chimera* Volume VII, No 1, 2, or 3 (1996/1997) or Volume IX, No 3 (1998) please consider donating it to the ASTS office for historical purposes.



Abdominal Transplant Surgery Fellowship Match

Schedule for Match Conducted in 2006, Appointment Year 2007

JAN 18, 2006 – Registration Opens
APR 19, 2006 – Rank Order List Opens
MAY 31, 2006 – *Quota Change Deadline*
JUN 14, 2006 – Rank Order List Closes
JUN 28, 2006 – Match Day*

Application Process

The application process is independent from the Match and unique to individual institutions. Transplant Fellowship Programs should continue using their individual application and interview process to evaluate potential transplant fellowship candidates for their program. However, applicants should be informed about the Match and advised that they need to register for the Match as an applicant on the NRMP site at www.nrmp.org.

Match Program

The American Society of Transplant Surgeons (ASTS) is the sponsoring organization for the Abdominal Transplant Surgery Fellowships and has requested that the National Resident Matching Program (NRMP) conduct a Match for this subspecialty. The NRMP site has detailed information at www.nrmp.org, click on Fellowship Matches at the top, click on Participating Fellowships on the left, and finally click on Abdominal Transplant Surgery Fellowship.

Transplant Fellowship Programs

It is a requirement of ASTS accreditation for each ASTS accredited Abdominal Fellowship Training Program to participate in the annual Match. Transplant Fellowship Programs should register and activate their program on the NRMP site as soon as possible after the Match opens. This will provide Transplant Fellowship Programs with visibility to potential applicants. Program Directors will be issued passwords that will allow them to post a link to their program's website throughout the Match period. There is an institutional fee of \$250, a \$25 program fee, plus \$25 per matched applicant. NRMP will invoice Programs after the Match is completed on June 28, 2006.

* For future planning purposes, the Match Day will occur annually on the 4th Wednesday in June



American Society of Transplant Surgeons

The American Society of Transplant Surgeons would like to thank the following companies for their generous support of the ASTS in 2006:

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Thomas E. Starzl: On February 13, 2006, Dr. Thomas E. Starzl was presented the National Medal of Science at a White House ceremony. President George W. Bush presided over the ceremony and presented Dr. Starzl with the nation's highest scientific honor. Dr. Starzl performed the world's first successful liver transplant in 1967 at the University of Colorado. He went on to train many of the world's earliest transplant surgeons. In 1974, Dr. Starzl served as the founding president of ASTS. In 1980, he advanced the field of transplantation when he introduced the new anti-rejection drug cyclosporine, in combination with steroids, which further improved the success rates in transplants. Dr Starzl is currently director emeritus the Thomas E. Starzl Transplantation Institute at University of Pittsburgh School of Medicine.

Congratulations Dr. Starzl

A S T S N E W m e m b e r s

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Indiana University

Yarkin K. Yakupoglu, MD
Istanbul Medipol Hospital

Jon S. Yamaguchi, MD
Emory University

MAY 2006

May 4-7, 2006

CELL THERAPY 2006: ISCT's 12th Annual Meeting

Berlin, Germany

Website: www.celltherapy.org

JUNE 2006

June 1-5, 2006

FEDERATION OF CLINICAL IMMUNOLOGY SOCIETIES (FOCIS) 6TH ANNUAL MEETING

San Francisco Marriott

San Francisco, CA

Website: www.focisnet.org

June 2-6, 2006

INTRODUCTORY COURSE FOR THE NEW TRANSPLANT & PROCUREMENT PROFESSIONAL

Tempe Mission Palms Hotel & Conference Center

Tempe, AZ

Website: www.natco1.org

June 3-4, 2006

NEPHROTIC SYNDROME AND FSGS CONFERENCE

Philadelphia, PA

Phone: 1-866 NEPHCURE

Email: ktierney@nephcure.org

Website: <http://www.nephcure.org>

June 3-4, 2006

BUSINESS OF TRANSPLANTATION - A COURSE FOR NEW TRANSPLANT ADMINISTRATORS

Tempe Mission Palms Hotel & Conference Center

Tempe, AZ

Website: www.natco1.org

June 3-8, 2006

2006 FASEB SUMMER RESEARCH CONFERENCE IN TRANSPLANT IMMUNOLOGY

Snowmass Village, CO

Website: <http://src.faseb.org>

June 20-23, 2006

SECOND MIDDLE EAST TRANSPLANT GAMES

Ankara, Turkey

Phone: 90-312 2126868/ extension 1118

Fax: 90-312 2150835

Email: txgames@baskent-ank.edu.tr

JULY 2006

July 21-28, 2006

WORLD TRANSPLANT CONGRESS

**The Joint Meeting of the American Society of
Transplant Surgeons, the American Society of
Transplantation and The Transplantation Society**

Hynes Convention Center

Boston, MA

Website: www.WTC2006.org

AUGUST 2006

August 17-20, 2006

16TH WORLD CONGRESS OF WORLD SOCIETY OF CARDIO-THORACIC SURGEONS

Ottawa Congress Centre

Ottawa, Ontario, Canada

Phone: +1 613-761-5116

Fax: +1 613-761-4478

Email: info@wscts2006.com

Website: www.wscts2006.com

August 27-30, 2006

NATCO 31ST ANNUAL MEETING

Marriott Chicago Downtown

Chicago, IL

Website: www.natco1.org

SEPTEMBER 2006

September 20-22, 2006

AMERICAN SOCIETY OF MULTICULTURAL HEALTH & TRANSPLANT PROFESSIONALS ANNUAL MEETING

Hyatt Regency

Dearborn, MI

Website: www.asmhtp.org

September 25-27, 2006

6TH ANNUAL SOMATIC CELL THERAPY SYMPOSIUM

Hyatt Regency Bethesda

Bethesda, MD

Website: www.somaticcelltherapy.org/

OCTOBER 2006

October 8-12, 2006

American College of Surgeons 92nd Annual Clinical Congress

McCormick Center

Chicago, IL

Website: www.facs.org/clincon2006/index.html

May 2007

May 5-9, 2007

AMERICAN TRANSPLANT CONGRESS

San Francisco, CA

June 2007

June 22-26, 2007

CELL THERAPY 2007: ISCT'S 13TH ANNUAL MEETING

Sydney, Australia

Website: www.celltherapy.org

May/June 2008

May 30 - June 4, 2008

AMERICAN TRANSPLANT CONGRESS

Toronto, Canada

August 2008

August 10-14, 2008

XXII INTERNATIONAL CONGRESS OF THE TRANSPLANTATION SOCIETY

Sydney, Australia

Telephone: 61-3-941-70888

Website: www.transplantation2008.org

ASTS calendar

JOB BOARD

RENAL AND PANCREAS TRANSPLANT SURGEON: The Department of Surgery at Rhode Island Hospital is seeking a Renal and Pancreas Transplant Surgeon to begin as soon as July 2006. The qualified candidate must be BC and Fellowship trained. The program involves a full scope of transplant activities and care for patients with ESRD. One part-time and two full-time nephrologists, a dedicated transplant ID physician, and 3 nurse coordinators staff the program. The candidate would join Anthony Monaco, MD who serves as Director of Transplant Services at Rhode Island Hospital and Paul Morrissey, MD, Surgical Director of the Division of Organ Transplantation in a program that performs approximately 70-80 transplants annually. The candidate would be a member of University Surgical Associates, Inc. whose President is William Cioffi, MD, Chairman of Surgery at Rhode Island Hospital and Brown Medical School. The position includes an academic appointment in the teaching/scholar track at Brown Medical School commensurate with experience. Activities include surgical care of patients with ESRD including living kidney donation (open and laparoscopic), renal transplantation (pediatric and adult), dialysis access and general surgery in patients with renal disease. Other surgical interests could be incorporated into the practice pending discussion with the Department Chair. For candidates interested in clinical work and laboratory research, Brown Medical School features a full complement of research services including primate facilities. Further facilities for small animal surgery and basic science research exist in the Department of Surgery on the hospital campus. Inquires should be made to Paul Morrissey, MD: Rhode Island Hospital, 593 Eddy Street, APC 921, Providence, RI 02903 or by e-mail: pmorrissey@lifespan.org or Fax: (401) 444-3283. ✉

MAYO CLINIC TRANSPLANT SURGERY: Mayo Clinic is known locally, nationally and internationally for outstanding achievements in patient care, research, and education. In Arizona, Mayo Clinic is a 330-physician integrated practice, focusing on high quality, compassionate medical care delivered in a multi-specialty academic environment. Education and research are an integral part of the Mayo Clinic Model of Care. The Division of Transplant Surgery is seeking an ASTS trained abdominal organ transplant surgeon who is comfortable performing liver, kidney and pancreas transplants. Candidates must be American Board of Surgery or foreign equivalent eligible or certified. A strong desire or experience in Hepatobiliary and Pancreatic surgery is preferable. This position includes an academic appointment with the Mayo Clinic College of Medicine. Mayo Clinic offers competitive compensation and comprehensive benefits, including a relocation package. Our desirable location in the beautiful Sonoran Desert of Phoenix offers every opportunity for a rewarding lifestyle. For consideration, please forward current curriculum vitae to: David C. Mulligan, M.D., Chair, Division of Transplant Surgery, Mayo Clinic Hospital 5E, 5777 East Mayo Boulevard, Phoenix, AZ 85054. ✉

KIDNEY/PANCREAS TRANSPLANTATION SURGEON: Avera McKennan Hospital and University Health Center, in Sioux Falls, SD is seeking a transplant surgeon to join its active transplant team. Candidates should be board certified and should have completed a UNOS-approved fellowship in kidney and pancreas transplant surgery. Experience in laparoscopic donor nephrectomy is preferred. Duties will include patient care in both inpatient and outpatient settings. Sioux Falls is a family oriented community of 200,000 with affordable homes, low crime, clean air, excellent public and private schools, and five nearby universities. The community was ranked by Money Magazine as the "best place to live in America" and South Dakota has no state income tax. Interested candidates should send CV to: Ann Burns, Director Physician Recruitment, Avera McKennan Hospital & University Health Center, PO Box 5045, Sioux Falls, SD 57117-5045. Phone: 605-371-5883 Fax: 605-371-5886 Email: ann.burns@mckennan.org. ✉

TRANSPLANT SURGERY FELLOWSHIP OPPORTUNITY: The Division of Organ Disease and Transplant Surgery at Albert Einstein Medical Center in Philadelphia, PA, offers a 2-year, ASTS-approved fellowship in transplant surgery for 2006. Applicants must be board eligible or certified in general surgery in the US, or hold a foreign equivalent. Responsibilities include comprehensive pre and postoperative management and surgical experience in transplant surgery, hepatobiliary surgery, vascular surgery and clinical research, as well as active living donor programs in kidney transplant. Both liver and kidney programs are ASTS accredited. Contact: Cosme Manzarbeitia, MD, FACS, Chairman, Division of Transplant Surgery, Albert Einstein Medical Center, 5401 Old York Road, Klein Building Suite 509, Philadelphia, PA 19141 manzarbc@einstein.edu or 215-456-4985. ✉

MULTI-ORGAN TRANSPLANT SURGEON; San Antonio, Texas: The Texas Transplant Institute at Methodist Specialty and Transplant Hospital is seeking a fourth abdominal transplant surgeon for the kidney, liver and pancreas programs. TTI has performed over 3000 organ transplants with 1000 patients on the kidney wait list and over 100 patients on the liver wait list. Over 80 living donor transplants are done yearly. TTI provides post-graduate training for residents and has an ASTS approved kidney transplant fellowship and also includes heart and bone marrow transplant programs. The position requires American Board of Surgery certification, eligibility for a Texas medical license, completion of a transplant fellowship with at least two years of experience. An excellent salary and benefits program is offered, along with relocation assistance. Please contact Tricia Fuentes, Physician Recruitment at 866-516-3319 (toll free). ✉

JOB BOARD

RESEARCH ASSOCIATE/ASSISTANT PROFESSOR: The University of Chicago, Section of Transplantation, is seeking to fill a Research Associate (Assistant Professor) position in the laboratory of Islet Transplantation. Candidates should possess a doctorate (M.D. and/or Ph.D.) with at least three years' postdoctoral experience in islet transplant and/or biology research and at least two years' postdoctoral experience in clinically oriented human islet isolation for transplantation. We are seeking an investigator who is on the path to becoming an independent investigator, able to conduct high quality basic science or translational research in the areas of islet transplantation, organ preservation, and islet biology. Responsibilities include conducting research, as well as participating, teaching, and assisting in the direction of a human islet transplant laboratory under cGMP conditions while working with a group composed of surgeons, immunologists, pathologists, and technicians. The University of Chicago, and its Medical Center are Affirmative Action/Equal Opportunity Employers. Respond to Marc R. Garfinkel, M.D., Assistant Professor of Surgery and Director, Islet Transplantation Program, University of Chicago, MC 5026, 5841 S. Maryland Avenue, Chicago, Illinois 60637, email: mgarfink@surgery.bsds.uchicago.edu.

TRANSPLANT SURGERY FELLOWSHIP FOR JULY 2006: The Department of Surgery, Section of Abdominal Transplantation at the University of California San Diego is seeking applicants for a 2 year Fellowship in Transplant Surgery beginning July 2006. Applicants must be board eligible or certified in general surgery in the US or hold a foreign equivalent. Fellows are trained in all aspects of pre and postoperative medical and surgical care of liver, kidney and pancreas transplant recipients. In addition, Fellows become proficient in laparoscopic donor nephrectomy, hepatobiliary surgery, multi-organ procurement and basic or clinical research. The kidney program is ASTS accredited and we expect to perform 50 liver transplants this year. Contact: Christopher Barry, MD, PhD, Fellowship Director, UCSD Section of Abdominal Transplantation, 200 West Arbor Drive, San Diego, California 92103-8401, cbarry@ucsd.edu or 619-543-3493.

BOSTON MEDICAL CENTER, BOSTON UNIVERSITY SCHOOL OF MEDICINE, TRANSPLANT SURGEON: Transplant surgery at Boston Medical Center and Boston University School of Medicine is recruiting a transplant surgeon who has training and experience in kidney and pancreas transplantation. The position is open at the assistant or associate professor level. Duties involve clinical responsibilities in all aspects of kidney and pancreas transplantation as well as multi-organ donor procurement. The candidate is also encouraged to participate in the general surgical, hepatobiliary, or peripheral vascular practices, depending on the candidate's qualifications and interests. Certification by the American Board of Surgery is required. Interested individuals should send their curriculum vitae and names of three references to: James M. Becker, M.D., James Utley Professor and Chairman of Surgery, Surgeon-in-Chief, Boston University School of Medicine, 88 East Newton, Street, C500, Boston, MA 02118, Tel: 617 638-8605, Fax: 617 638-8607, james.becker@bmc.org.

In memoriam

A STS Member Norman E. Shumway died February 10, 2006 at his home in Palo Alto, California. In January 1968, Dr. Shumway performed the first heart transplant in the United States. In 1981 he went on to perform the first successful heart-lung transplant. Since that time, nearly 60,000 patients in the United States have received new hearts through transplant programs at approximately 150 medical centers. Dr. Shumway received his medical degree from Vanderbilt University in 1949. In 1956 he received his doctorate in cardiovascular surgery from the University of Minnesota. He became an instructor in surgery at Stanford University in 1958. During his time at Stanford, he became Chief of the Division of Cardiothoracic Surgery in 1965 and went on to serve as the Chairman of the Department of Cardiothoracic Surgery in 1974. He remained in this position until his retirement in 1993. Dr. Shumway was one of the 127 ASTS Charter Members in 1974. At the time, he and Dr. Donald Kahn were the only 2 cardiothoracic surgeons amongst the membership. By 1993, ASTS represented 41 cardiothoracic surgeons (7% of its membership) and today 10% of ASTS members work within cardiothoracic surgery. ASTS is proud to acknowledge Dr. Shumway as a founding member and his major contributions to the attainment of successful heart and heart-lung transplantation.

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(Term expires at end of annual meeting in year indicated) · *Nominations Committee Chair rotates annually to current President

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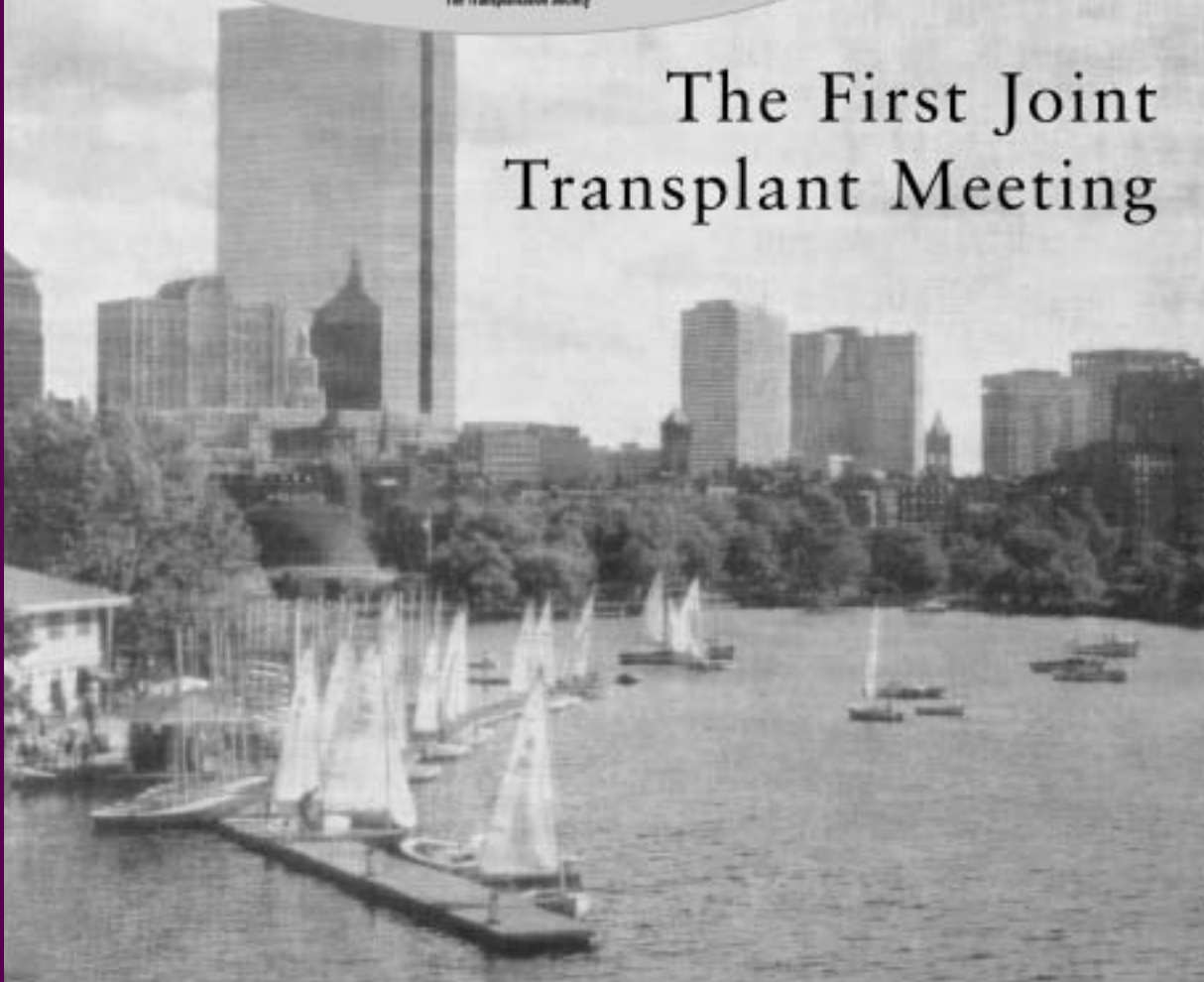
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