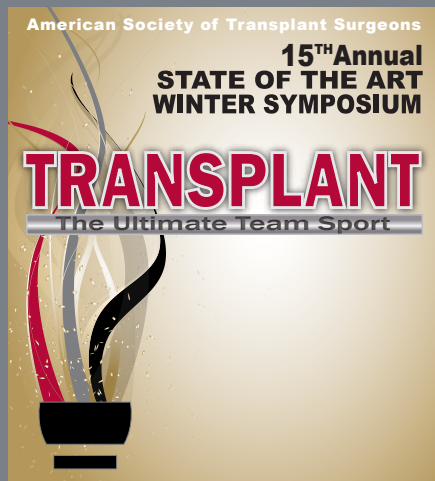
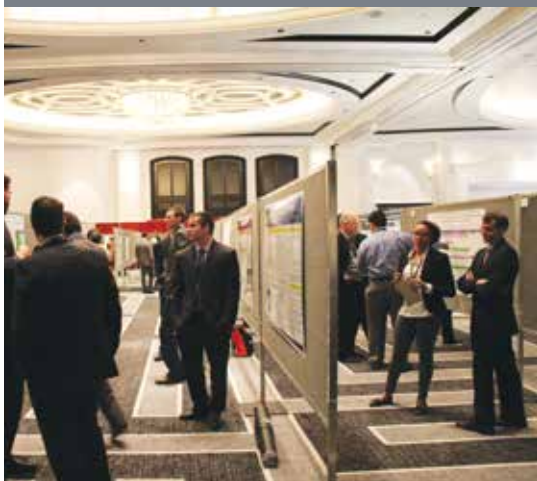


CHIMERA

Spring 2015

Published for Members of the American Society of Transplant Surgeons




Our Mission:
*To advance the art
and science of transplant
surgery through
leadership, advocacy,
education, and training.*





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Editor's Letter

Welcome to the 2015 American Transplant Congress! If you aren't a regular reader of the *Chimera*, I hope you'll find plenty to enjoy in this issue. The "What's Your Perspective?" column on page 10 is a topic of great importance to our field: "How to Attract the Best and Brightest U.S. Trainees into Transplant Fellowship." I hope you'll chime in by emailing your thoughts to diane.mossholder@asts.org or by tweeting them (don't forget to mention @ASTSChimera). Or you may be inspired to write a column yourself! Either way, we are happy to publish as many different perspectives on the topic as possible.

We're hoping to revive the Photo Finish feature, as well as finding great photos for the cover, so please keep us in mind next time you run across an interesting image. Or if you have ideas for features you'd like to see in the *Chimera*, please let us know at diane.mossholder@asts.org.

Highlights from the 15th Annual State of the Art Winter Symposium begin on page 15. You'll also find the exciting work of our committees beginning on page 5, as well as news from OPTN /UNOS (page 20) and the Organ Donation and Transplantation Alliance (page 22). The Education Corner on page 12 spotlights some of the transplant-specific CME activities ASTS offers, including self-assessment credits toward Part 2 of the American Board of Surgery (ABS) Maintenance of Certification (MOC) Program.

I hope you enjoy your time at ATC!

Stay connected!

Sander S. Florman, MD



About the Cover

The 15th Annual ASTS State of the Art Winter Symposium in January 2015 featured cutting-edge scientific knowledge in the poster, oral abstracts, and surgical videos sessions, as well as the chance to discuss the team aspects of transplantation. It also gave attendees a chance to network and enjoy the Miami weather.

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

CHIMERA

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Moving the Bar

For my last President's Letter, I'd like to leave you with some thoughts on evolving issues that are important to me. They happen to have a theme in common: the need to keep moving along the continuum from good to great.

Removing Disincentives

In February, representatives from ASTS, AST, and others met to discuss how to operationalize the proposal to eliminate disincentives for organ donation outlined in a white paper written by members of ASTS and AST (*American Journal of Transplantation*, in press). The focus is on removing disincentives to living organ donation as quickly as possible and determining what can be done within the construct of the National Organ Transplant Act. It is imperative that we continue to do everything possible to facilitate the process for the amazing, altruistic living donors we meet every day.

One step ASTS is taking the lead on is augmenting the National Living Donor Assistance Center (NLDAC). This successful program, supported by the Health Resources and Services Administration through a cooperative agreement with the University of Michigan and subcontracts with ASTS and Arbor Research Collaborative for Health, provides travel and subsistence expenses for those who cannot otherwise afford to donate. NLDAC's federal funds are subject to means testing and restricted to travel and subsistence, but the program's structure lends itself well to expansion with non-federal funds. We are exploring options for private, non-federal funds to reimburse lost wages for donors already using the NLDAC, as well as supporting others without the need for means testing. Working with insurers, we are exploring the possibility of using NLDAC as a foundation for broader reimbursement.

The NLDAC is respected throughout the transplant community, so building on it to remove disincentives for more people is a sound strategy. Its track record of success in helping donors, and recipients, should give confidence to everyone we approach for funding that their contributions will be used effectively as we all work toward a shared goal of doing more transplants.

Paying It Forward

I think most of us agree that transplant surgery is a fantastic career we wouldn't exchange for any other. But it's a specialty that comes with unique challenges, and I believe our Society must continue to raise the bar in its fellowship training program. We're making great progress in refining our program accreditation and developing a fellow certification program to ensure that the programs turning out transplant surgery fellows are the best possible and our fellows the most qualified and highly sought after. I encourage you to read about this on page 8 and keep

abreast of developments. We are training our own replacements, and we need to provide them with opportunities and an environment that has made transplant surgery a great field. We want to make sure they not only follow in our footsteps, but have the opportunity to carry the field even further in this exciting era of technological advances.

Finding Solutions

Transplantation has always had tough questions to answer. The growing demand for and insufficient supply of transplantable organs is an issue that can seem intractable, though I believe that increasing living donation by removing disincentives is one way to lessen the severity. One sequela of this problem is how to equitably allocate scarce organs, and right now we are wrestling specifically with liver allocation.

I urge you to participate in the processes our community has established and engage in the debate without seeking legislative and media attention. I believe we should approach this problem as a whole, not fracture into local factions. I know we all want to do what is best for our own patients, but we should not turn a blind eye to what that might mean for the critically ill patient down the road. The goal we all share is to minimize deaths on the wait list without compromising survival; it is a national goal that must have a national solution.

The Society as a whole is taking the position that the process in place to debate and refine allocation policies is how we should proceed. I hope to see many of you at the next public forum, which UNOS will hold June 22. You can also send comments or questions to liver@unos.org.

Moving Forward

And, as all good things come to an end, so must my term as President of ASTS. It has been a great honor to serve in this capacity, and I hope you will all join me for my Presidential Address on Monday, May 4, at 9:45 a.m. in the general session room. I will officially pass the gavel to Charles M. Miller, MD, at the conclusion of the ASTS Business Meeting on Tuesday, May 5, at 5:45 p.m.

Thank you for giving me this tremendous opportunity and for your support throughout my time as your President.

Peter G. Stock, MD, PhD
ASTS President



ASTS News

The following are select committee news and reports from the ASTS Winter Council Meeting, held January 15, 2015, in Miami, arranged according to the focus areas in the Strategic Plan.

If you have questions or comments about any committee activities, please contact the committee chair.

Advocacy

Legislative Committee



Dr. David Reich reported on the deliverables since the last meeting, including the mini-fly-in and the legislative session at the Winter Symposium, and upcoming issues the committee is focusing on, including SGR reform, the Physician Fee Schedule, SRTR as a qualified clinical data registry, Division of Transplantation FY2016 funding, immuno drug coverage bill, the 21st Century Cures Initiative for transplant drug development, HOPE Act research criteria and implementation, and Essential Health Benefits monitoring at the state level. A spring 2015 legislative mini-fly-in is planned that will target new officials, influential leaders, and committees of jurisdiction.

Research

Cellular Transplantation Committee

Dr. Martin Wijkstrom gave an overview of the committee's activities, including a questionnaire on islet transplantation, on which a manuscript is in preparation. He reported on the ASTS-TERMIS keynote address at the recent TERMIS meeting and on the Cellular Therapy Research Grant proposal the committee is developing.

Scientific Studies Committee

Dr. Chris Marsh reported the committee has updated research information on ASTS.org and conducted surveys on obesity, KPD, and DCD liver topics. For more information, see page 6.

Grants Review Committee

Dr. Jonathan Bromberg reported on the 2015 grants process and submissions and announced that the Council has approved one new staff person for grants and fundraising. Revision of the ASTS Research Grant categories is underway.

VCA Committee

Dr. Linda Cendales noted that the committee gives input to the OPTN/UNOS VCA Committee and responds to public comment requests on VCA policies. The committee is concerned that regulations should not get ahead of clinical knowledge and supports uniform data reporting requirements. They are also developing VCA modules for the ASTS Academic Universe.

Organizational Structure

Membership and Workforce Committee



Dr. Juan Rocca thanked Drs. Sunil Geevarghese and Amy Evenson for their work on the workforce survey and presented the estimate of the cost to field it. He also gave an update on member statistics. Since January 2015, 73 individuals have joined ASTS, for a total of 1,696 members.

Bylaws Committee



Dr. Shawn Pelletier reported that the committee has reviewed numerous policies and presented them to the Executive Committee on their monthly calls. He presented the policies approved by the Executive Committee for Council approval: COI and confidentiality, crisis communications, record retention, whistleblower, website privacy, and website terms of use. The committee has also reviewed 18 position statements and will work with the Standards, Living Donor, and Ethics committees to review and update select position statements. Policy manual development will continue.

Communications Committee



Dr. Sander Florman reported on the committee's activities, including the "What's Your Perspective?" column. He encouraged everyone to submit a column on topics they are interested in.

Historian

Dr. Thomas Peters reported that the 40th anniversary book is being distributed. The 11 Chimera Chronicles videos are being edited and should be on the website this year. Funding is needed to do another set of interviews at an ASTS meeting.

Optimal Patient Care

ATP Committee

Ms. Georgeine Smith noted Ms. Chelsey Gordon is the committee's new staff liaison. The committee held an ATP session at the Winter Symposium and gave the ATP Award. Ms. Smith encouraged everyone to nominate their ATPs for this award. The committee is developing test questions for the Academic Universe modules to offer continuing education credits; the goal is to offer a certificate program for PAs.

Diversity Issues Committee



Dr. Juan Carlos Caicedo reported the committee has fielded surveys of transplant centers and OPOs as well as analyzing kidney transplant program websites for culturally competent information. The website analysis was presented in a poster at the Winter Symposium. He reported the committee is planning to apply for an R25 grant for the Society for an educational program for fellows to foster culturally and linguistically competent outreach initiatives.

Standards and Quality Committee

Dr. Stuart Greenstein reported on the committee's work on TransQIP. The committee is working with ACS on variable definitions, outcome variables, and a coding manual. The alpha

phase of TransQIP is expected to involve 10 invited programs in 1-2 years. Once it is open to all transplant programs, there will be a fee to participate.

Training and Professional Development

CME Committee



Dr. Richard Knight thanked Dr. Matt Levine for his work on CME for the Winter Symposium. He reported that a new Director of Education with extensive experience in CME has been hired. Dr. Knight reported that new Trans-SAP modules are being finished, with more in development. The goal is to have 60 modules at any one time. The committee is also offering self-assessment credits at the Winter Symposium and plans a pilot for ATC as well. He noted that ASTS must reaccredit with ACCME in 2015; Ms. Gifford explained the process and noted that the new Director of Education has experience with it.

Curriculum Committee



Dr. Kenneth Washburn welcomed the new staff liaison, Ms. Gordon. He reported that the committee has finished reviewing all the curriculum modules and designated which should go to the new Academic Universe platform and which need to be updated. The committee is working on identifying and filling gaps in modules and has plans to build new modules and rewrite questions in ABS format, working with the CME and ATP committees.

Fellowship Training Committee

Dr. Wendy Grant presented the reaccreditation applications and approvals, as well as programs that applied for adjustments to their training programs. She gave some background on the Living Donor Nephrectomy Proposal (LDN) and its addition to the accreditation portfolio. Dr. Grant gave an overview of the 2014 Fellows Symposium, reviewed certificate

Scientific Studies Committee Updates

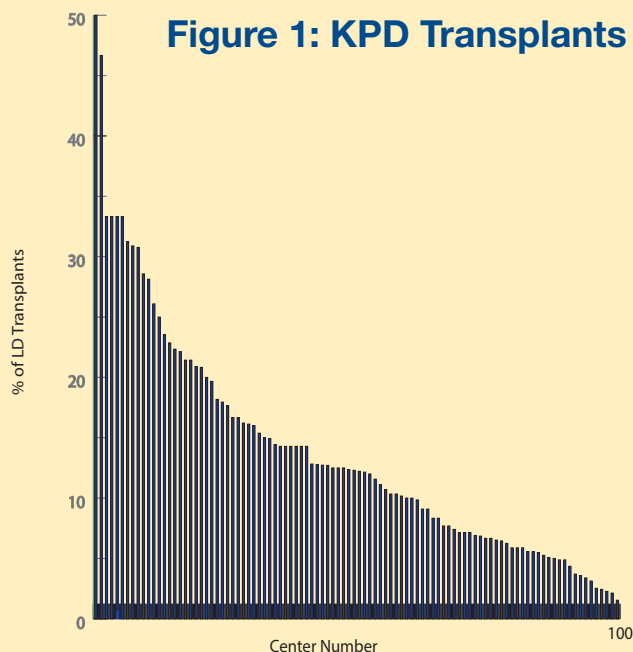
The Scientific Studies Committee has been working on several projects of interest, and committee chair Dr. Christopher Marsh and co-chair Dr. Ty Dunn wanted to highlight some of the initiatives from members who are working hard on these projects. Additionally, the committee is always looking for new ideas to consider exploring. If you have any suggestions for committee projects, please email asts@asts.org with "Scientific Studies Committee" in the subject line with your suggestions.

Kidney Paired Donation Survey

Ty Dunn, MD

Some of you may have received and completed the ASTS survey on Kidney Paired Exchange practices at your center in the spring of 2014. This was in follow-up to results of a consensus conference reported in 2013 by Melcher et al (AJT 2013 13(4):851-60) where challenges and best practices were outlined by experts in the field. As challenges and barriers likely differ for centers of different sizes,

locale, and living donor experience, we aimed to study the transplant community's perception of the issues. The survey was sent in the spring of 2014 to all transplant center kidney program directors as well as blast email links to NATCO and ASHI membership. The survey was open for 6 weeks and garnered 199 responses, representing 57 percent of centers. Center-specific kidney transplant activity (total volume, living donor transplant, KPD transplant) for 2013 was obtained through UNOS. The survey responses included good representation from low, medium, and high volume centers and provided an opportunity to analyze perceptions based on center volume as well as provider role. Preliminary results were presented at the ASTS 2015 Winter Symposium, and additional analysis is in progress. In summary, only 100 of 225 (44 percent) kidney transplant centers participated in KPD in 2013. Twenty-two centers performed 20-50 percent of their living donor kidney transplant via KPD (Figure 1).



Overall, 55 percent of respondents felt that their center "probably" or "definitely" underutilized KPD. Of those respondents whose centers participated in KPD in 2013, 88/161 (55 percent) indicated their program participated in more than 1 KPD program. Surgeons were most commonly cited as leading their center's KPD programs (34 percent), with just 16 percent led by committee. Only 33 percent said their program dedicated ≥ 1 FTE to KPD. Lack of patient interest was most often selected as the "#1 barrier." The "#1 solution" selected was the need to optimize one KPD program (27.4 percent), followed closely by decreasing financial risk (23.7 percent) and increasing patient education (21.5 percent).

of completion statistics, and gave an update on Program Directors educational efforts. Moving forward, the committee will develop procedural competencies for fellows and program probationary criteria, collect more data via surveys, and develop a fellowship program director job description. She also reported on the HPB Consensus Conference in October 2014. The Exam Development Group has written 154 questions, and the pilot exam delivery method is being finalized. The committee will consult with interested people with expertise in pancreas transplantation to develop a proposal to redefine the pancreas' role in accreditation requirements. For more information, see page 8.

Business Practice Services Committee



Dr. William Chapman announced the 6th Annual Leadership Development Program will be held September 27-30, 2015, and noted that the committee is refreshing the basic curriculum for 2015. He also presented the new policies for the Transplant Center Policy Library and gave an update on RAPID.

Vanguard Committee

Dr. Michael Englesbe noted that for this year's Winter Symposium there were a record-breaking number of abstract submissions, the exhibit hall sold out, and registrations increased. He also reviewed the Recognition Award recipients.

It's a great time to be a member!

Utilization of KPD is still limited, with non-involvement of >50 percent of centers. However, some centers routinely utilized KPD. By increasing patient education, unifying KPD programs, and controlling financial risk, there is the potential to significantly increase LD KTX activity.

DCD Donor Study

Linda Sher, MD

Due to the shortage of organs for solid organ transplantation, it is necessary to use organs from alternative donors such as deceased after cardiac death (DCD) donors. Ischemic cholangiopathy (IC) following transplantation with a DCD liver is a significant problem that can result in increased morbidity and mortality. In the presence of IC, retransplant is often necessary; however, in the absence of hepatic dysfunction it is difficult to achieve a high enough MELD score for a timely retransplant. There is no uniform MELD adjustment, and the granting of exemption points is not uniform. To assess the difficulties encountered and to identify the barriers toward the use of these organs, a survey was sent to each liver transplant center and data pertaining to center-specific donor and recipient characteristics and outcomes was obtained from UNOS.

Preliminary review of the survey responses received from 77 centers revealed that 78 percent of these centers are currently using DCD livers. The majority of centers continue to accept DCD livers. There is variation in donor and recipient characteristics and in reported rates of non-function and IC. There is variation in the donor upper age limits, BMI limits, and limits of warm ischemia time as well as definition of warm ischemia time. Reported IC rates varied from 0 to greater than 30 percent. Most centers request and receive MELD exceptions for patients with IC, but centers continue to report denials and deaths on the waiting list.

We are currently reviewing UNOS data to correlate with center attitudes and practices and investigate how regional variations affect attitudes and use of DCD livers.

Ultimately development of standard donor and recipient criteria, standardization of practices, and a uniform MELD exception is necessary to increase the use of these organs. We will use the data from this study to determine how to proceed with future studies.

Liver Obesity Study

Jason Wertheim, MD, PhD

With the prevalence of obesity (body mass index (BMI) ≥ 30) increasing across the United States, we sought to assess how transplant centers factor this parameter into assessing candidates for liver transplantation. To evaluate whether transplant centers have protocols for evaluating and listing obese patients for liver transplantation, we surveyed 113 centers with a response from 59 (52.2 percent). Of these centers, 40 (67.8 percent) report establishing BMI-based standards for evaluation, listing, and activating candidates for liver transplantation. The most common upper limits for BMI were ≤ 40 or ≤ 45 Kg/m² for evaluation. However, BMI thresholds were typically lower for listing patients for transplant. We found that 45 centers (76 percent) offered opportunities for weight loss. Bariatric surgery was a part of a specific program at 12 centers (20.7 percent).

In summary, we found variations in center-specific practices in considering BMI, including the presence of specific guidelines and definitive upper limits. Nonetheless the vast majority of centers offer weight loss reduction strategies, while some offer bariatric surgery options as a part of the liver transplant evaluation.



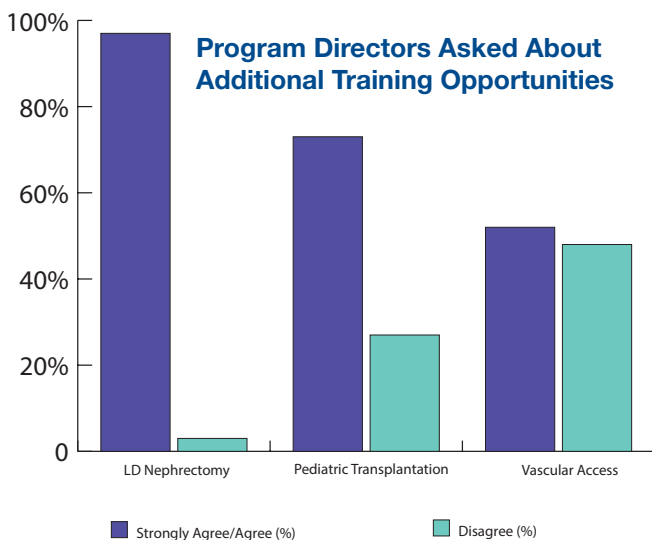
Fellowship Training Updates

In January, Dr. Wendy Grant, chair of the ASTS Fellowship Training Committee, presented an update to Council regarding recent committee activities and fellowship updates, including a proposal to add Living Donor Nephrectomy to the ASTS fellowship training accreditation portfolio. The Council approved this addition, and ASTS will begin accrediting programs in Living Donor Nephrectomy (LDN) in 2016.

Over the past few years, ASTS has held two program directors meetings and two fellowship strategic planning meetings. During each meeting, the discussion of adding LDN to our training programs has been strongly supported by both programs and leadership. During the June 2014 meeting, there was a 97 percent support rate from program directors.

Prior to the June meeting, a survey was sent to all program directors, and 93 percent of the respondents agreed that LDN is an essential part of kidney transplant training. After receiving these data, the FTC was charged with examining the national center volumes of LDN, as well as reviewing case logs submitted by ASTS fellows to help determine a realistic and reasonable volume requirement for both programs and fellows. In addition, they were asked to draft initial educational objectives and criteria that would act as standards of practice for accredited programs.

As transplantation surgery evolves, so does the need for revised training paradigms. Living kidney donation currently accounts for nearly 35 percent of all kidney transplants in the United States. While not all institutions have living donor programs, as this procedure is highly specialized and complex, most transplant surgeons are expected to know how to perform living donor



Moving forward, ASTS will provide opportunities for program director training sessions at future Winter Symposium and ATC events.

nephrectomies, and they should receive this training during their fellowship experience. The objective of this additional training is to allow programs to add living donor nephrectomy (LDN) as a modified addition to the Basic Transplant Fellowship (BTF) in Kidney or Kidney and Liver, in which the program will identify whether the fellow(s) was either trained in or exposed to LDN. A trained fellow will have to meet a minimum case volume in order to meet this requirement.

The Council was in favor of this proposal and has asked that the FTC refine the educational requirements and provide more detail regarding the modification and the difference between a fellow who is trained in LDN versus exposed to LDN. The FTC is working to refine this proposal into a standard of practice document that will be presented to programs in the fall of 2015 and implemented in 2016. Programs up for reaccreditation in 2016 will be able to add this to their training portfolio, and fellows will be eligible beginning July 2016.

If you have questions regarding the proposal, please contact Maggie Kebler at the ASTS National Office.

Program Director Education

During the 15th Annual ASTS State of the Art Winter Symposium, the FTC offered a brief training seminar for ASTS Program Directors. This informal meeting provided an opportunity for several of our educational leaders to provide verbal updates and training and focused on surgical assessment of fellows and how to provide critical and practical feedback to trainees in the operating room.

Moving forward, ASTS will provide opportunities for program director training sessions at future Winter Symposium and ATC events. If you are attending the American Transplant Congress in Philadelphia in May 2015, we invite you and your fellowship coordinators to join us on *Sunday, May 3, 2015 from 1:30 – 2:30 p.m. ET* in rooms 414-415 at the Philadelphia Marriott Hotel. All slides and resource materials will be made available at ASTS.org.

If you are an ASTS Fellowship Training Program Director, or if you would like to learn more about fellowship training requirements, please visit our new Program Director Resources page on the ASTS website. Here you will find webinars, requirements for training, and new updates about fellowship training. Simply visit ASTS.org,



ASTS Across the Field

People and Places

The Abdominal Organ Transplant Program at Wake Forest Baptist Medical Center performed its 3,000th kidney transplant on January 5, 2015. The total includes more than 2,800 kidney and nearly 200 kidney-pancreas transplants.

“Reaching this milestone represents a major achievement,” said **Robert J. Stratta, MD**, professor of surgery and director of the program. “This landmark would not have been attainable without support from a number of dedicated individuals as well as institutional vision and commitment dating back to 1970.”

University of Alabama at Birmingham transplant surgeon **Jayme E. Locke, MD**, has been named to the annual *Birmingham Business Journal* Top 40 Under 40 list. Dr. Locke is the surgical director of the Incompatible Kidney Transplant Program at

UAB Hospital and coordinator of the UAB Kidney Chain, which is now the longest kidney-transplant chain in the United States, with 36 living donors and recipients.

“The award is certainly a gratifying personal accomplishment; but perhaps more important, it represents a platform to promote the importance of living kidney donation and transplantation,” Dr. Locke said. “It is symbolic of how an environment fertile with leadership, shared vision, and tremendous mentorship can build knowledge and skills that really can change our world.”

Ron Shapiro, MD, is now Professor of Surgery and Surgical Director, Kidney/Pancreas Transplant Program at the Recanati/Miller Transplantation Institute at Mount Sinai Hospital in New York. He was formerly at the Thomas E. Starzl Transplant Institute at the University of Pittsburgh Medical Center.

ASTS Welcomes

Pam Beaton as Director of Education



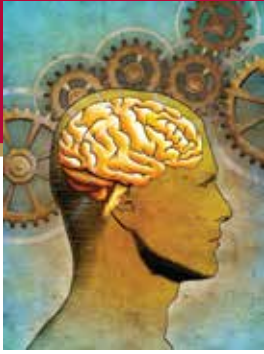
Pam Beaton, CHCP, FACEHP, is the new ASTS Director of Education. She was previously the Manager, Educational Accreditation and Certification Services for the American College of Chest

Physicians. Prior to that, Pam spent seven years in continuing education in the health professions, first as the CME program Associate Administrator at the Institute for Medical Quality/California Medical Association and proceeded on to various positions for the provider side of medical specialty societies and as an independent consultant. Pam volunteers for a number of Alliance for Continuing Education in the Health Professions projects, including an Assistant Editor of the Almanac, Special Interest Groups Chair, and Basics Institute faculty. Pam received her Bachelor’s Degree in Health Sciences from the University of Nevada, Reno and since that time has lived in Boston, the SF Bay area, Washington, DC, and Chicago. In her spare time she enjoys trying new ways to exercise/hurt herself, including the aerial silks, flying trapeze, TRX, and stand-up paddling. Feel free to contact her at education@ASTS.org.

hover over Fellowship Resources in the Education tab and select “Program Director Resources.” This information is available for all ASTS.org visitors, and we encourage you to share it with your fellowship coordinators and administrators to stay up to date on the current requirements.

We want to hear from you! ASTS is seeking your input and wants to know what your program’s approach is to structuring your fellowship environment, providing feedback, and managing the training of your fellows. Transplant surgery training varies

across all centers and we think this is an opportunity for you to learn from each other. Beginning in 2015, the Fellowship Training Committee will send out a Program Director Newsletter every 2 to 3 months, which will include updates to our strategic plan and a section on learning from your colleagues. We want to highlight the training variety across transplantation surgery, and we hope that you will learn something new to try at your center. If you are interested in participating, please contact Maggie Kebler directly at the ASTS National Office.



What's Your Perspective?

How Can We Continue to Attract the Best U.S. Surgical Residents to Transplant Surgery?



Zoe A. Stewart, MD, PhD, FACS
Surgical Director Kidney, Pancreas,
& Living Donor Transplant
Assistant Professor of Hepatobiliary
and Transplant Surgery
University of Iowa Organ
Transplant Center

There has been extensive debate in the past few years about the number of transplant surgery fellowship positions. While we may never reach a consensus about the “correct” number of fellowship slots, these discussions have highlighted the challenge to recruit the best U.S. trainees into transplant surgery.

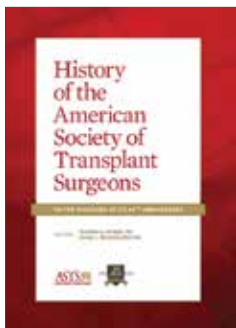
General surgery training has seen dramatic changes in the past two decades. Implementation of the 80-hour workweek has impacted trainee expectations of work/life balance and potentially reduced resident exposure to transplant surgery. There has also been an

explosion in subspecialty training options (breast, endocrine, minimally invasive, bariatric, surgical oncology, colorectal, hepatobiliary, trauma/critical care, burn...to name a few). Further, several specialties (Cardiothoracic, Vascular, Plastics) now enroll some of the most talented medical students directly into “Integrated” residency/fellowship programs, depriving abdominal transplant surgery of the opportunity to recruit these students. Finally, the number of women in surgery continues to rise, from 25 percent in 2003 to almost 40 percent in 2013.

Numerous factors contribute to the selection of a surgery subspecialty fellowship: intellectual appeal, clinical exposure during residency, an influential mentor, fellowship competitiveness, job opportunities, and lifestyle. While the relative importance of these factors varies between individual trainees, all are vital to the decision-making process. The intellectual appeal of transplant surgery is undeniable. For decades transplant surgery has been perceived as a leader in innovation for all aspects of surgical patient care. However, even liver transplantation is now often considered “old hat” by medical students and residents. Additionally, many subspecialties now outcompete transplant surgery for surgical trainees who desire to be at the forefront of new surgical techniques in robotic, minimally invasive, and endovascular approaches.

In the past decade, surgical resident exposure to transplant surgery rotations has been in jeopardy of being eliminated. In 2006, the Residency Review Committee (RRC) in Surgery proposed removing the transplant surgery rotation from the core education requirements, citing consistently poor resident evaluations of their transplant educational experience. ASTS developed a corrective action plan to address the RRC concerns and implemented a new resident curriculum. While ASTS won a stay of execution for the resident rotation in transplant surgery at the last hour, the RRC is continuing to closely monitor resident and Residency Program Directors’ feedback. In a 2010 follow-up study, approximately 60 percent of 648 surgery residents reported favorable self-assessment scores on knowledge of immunosuppression management and transplantation ethics, in addition to the surgical skill set they acquired during their transplant rotation¹. A majority of residents also agreed that transplant surgical skills would assist them in their careers and were applicable to other surgical subspecialties.

Unfortunately, transplant surgery is the least competitive surgical subspecialty for U.S. graduates. The 2014 NRMP Match Data reported 20 U.S. applicants for the 73 Transplant Surgery



Hold ASTS History In Your Hands

ASTS is pleased to make a copy of *History of the American Society of Transplant Surgeons On the Occasion*

of Its 40th Anniversary available to each ASTS member at no charge. If you have not requested your copy, please stop by the ASTS booth at ATC or visit ASTS.org/book. We will mail your copy within 3-4 weeks.

If you would like additional copies or are not an ASTS member, you may purchase copies through the ASTS Store online. The \$40 purchase price will be designated for the ASTS Foundation to fund ASTS Research Grants.

Visit the ASTS booth or ASTS.org/book to receive your complimentary copy!

We have a **tremendous responsibility** to impart our passion for what we do on a daily basis to medical students and residents.

positions (0.27 applicants/position). In contrast, Pediatric Surgery had 59 U.S. applicants for 38 fellowship positions (1.55 applicants/position)². While we can debate what the denominator should be for transplant surgery fellowship positions, clearly we need to make transplant fellowship a desirable commodity to attract the very best U.S. trainees.

Debate on the number of transplant fellowship positions has often focused on the perceived lack of job opportunities for fellowship graduates. However, recent data from several sources has failed to validate this concern. ASTS fellowship exit survey data from 2010-2014 found that annually 80-90 percent of U.S. graduates (24-35 graduates annually) obtained transplant jobs and >80 percent of these graduates got positions transplanting their desired organ(s). Nearly identical results were obtained in a study of an older cohort (2003-2005), with >90 percent of U.S. trainees getting transplant jobs and again over 80 percent getting positions transplanting their preferred organ(s)³.

There is little question that transplant surgery is globally viewed as having one of the poorest lifestyles of any surgical subspecialty.

Resident perceptions about lifestyle are strongly influenced by their mentors. Trainees are unlikely to consider transplant surgery if their mentors are constantly complaining about their call schedule or having to operate at night. We have a tremendous responsibility to impart our passion for what we do on a daily basis to medical students and residents. Finally, I have personally found it very exciting to observe the steady rise in the number of female transplant surgeons. Hopefully this trend will continue and help to foster to the ongoing recruitment of female surgical residents into transplant surgery...*from my perspective.*

References

1. Schwartz J.J., Thieset H.F., Bohn J.A., et al. (2012) Perceived benefits of a transplant surgery experience to general surgery residency. *J Surg Educ* 69(3): 371-384.
2. National Residency Match Program. (2014) Results and Data Specialties Matching Service. www.nrmp.org
3. Reich D.J., Magee J.C., Gifford K., et al. (2011) Transplant surgery fellow perceptions about training and the ensuing job market—are the right number of surgeons being trained? *Am J Transplant* 11(2): 253-260.



Have a different perspective?

The ASTS Communications Committee would love to hear it and share it with your fellow members in an upcoming issue of the *Chimera*.

Send your thoughts to Diane Mossholder, Senior Manager, Communications, at diane.mossholder@ast.org. There's no word length or other requirements—simply your perspective!



Education Corner

A roundup of educational and CME activities offered by ASTS

ASTS 6th Annual Leadership Development Program: Save the Dates!

The 2015 Leadership Development Program will be held September 27-30 at the Kellogg School of Management at Northwestern University in Evanston, Illinois. Registration will open later this month! Learn more at ASTS.org/LDP.

New Trans-SAP Modules Available



New Trans-SAP modules are coming to the new Academic Universe platform! Trans-SAP is an online

program to help transplant surgeons and physicians meet the American Board of Surgery (ABS) MOC Part 2: Lifelong Learning and Self-Assessment requirements. These CME activities consist of selected peer-reviewed journal-

based articles with self-assessment multiple-choice pre- and post-test questions and answers. Each activity provides *AMA PRA Category 1 Credit™* and self-assessment credits toward Part 2 of the American Board of Surgery (ABS) Maintenance of Certification (MOC) Program.

To learn more about Trans-SAP, visit ASTS.org/education/trans-sap-moc.

Images in Transplantation

Did you know that the *American Journal of Transplantation (AJT)* feature titled “Images in Transplantation” provides *AMA PRA Category 1 Credit™* and self-assessment credits toward Part 2 of the American Board of Surgery (ABS) Maintenance of Certification (MOC) Program? Images in Transplantation is a monthly CME activity featured in the AJT that explores images illustrating a

Images in Transplantation

case-based clinical problem providing learners up-to-date developments in the science of images in transplantation. Now you can look, learn, and earn credits to help meet your ABS MOC Part 2 requirements.

For more information, go to www.amjtrans.com/view/0/cme.html.

Claim Your ATC Credits

All attendees at the 2015 American Transplant Congress will receive an email at the conclusion of the meeting with instructions for obtaining CME credits. Your feedback is vital to future educational planning. If you have questions, please stop by the CME booth near registration!

Now Available on a Tablet Near You!



ASTS members can now access the National Transplant Surgery Curriculum and Trans-SAP modules on a tablet-friendly platform. In addition, users can easily access credit certificates for the modules and track usage. And for the first time ever, Trans-SAP modules will be available for non-members! Gain transplant-specific *AMA PRA Category 1 Credit™* and self-assessment credits toward Part 2 of the American Board of Surgery (ABS) Maintenance of Certification (MOC) Program.

Enhance your surgical education whenever and wherever you prefer!

ORGANIZE.org

ORGANIZE is building new technology for the organ donor registration process and designing new demographic specific advocacy campaigns to shift the narrative around the topic. We built the first Central Registry tool, which allows Americans to register in 40 states through a single portal.

We've also integrated the registration process directly into social media, which has the power to fundamentally transform the way donor registration campaigns are run. We'll be able to reach donors on the platforms where they are most comfortable, and launch national-scale brand partnerships and registration campaigns.

ORGANIZE was just awarded an Innovator in Residence (IIR) position at the Secretary of Health and Human Services Office. According to Bryan Sivak, Chief Technology Officer at HHS, "The IIR program places entrepreneurial thinkers inside HHS to tackle important problems. The ORGANIZE IIR will help bring a new way of thinking to the organ transplantation ecosystem through data science, behavioral economics, and

design-thinking, with the goal of increasing the number of organ transplants every year."

Our objective is to support the industry in any way we can and to help increase the number of organs available for transplant each year. To do this well, we need your help; we want to set up easy communication and data channels from the transplant community to the IIR so we can help bring your ideas to life. ORGANIZE will be supporting these ideas via our academic advisory team of Al Roth (Stanford), Judd Kessler (Wharton), Simon Sinek, and Stan Freck (Microsoft), as well as a key partnership with Bayes Impact, a top Silicon Valley data science team.

We couldn't be more honored to announce a partnership with ASTS on this initiative. We are looking forward to working with you!

Team ORGANIZE

ORGANIZE



ASTS Career Center

Looking for your next career move or a new hire?
Look no further than the ASTS Career Center

The ASTS Career Center at careercenter.ASTS.org enables employers to post, manage, and update their job listings and company profile anytime day or night, with online payment for faster service. It also allows job seekers to apply for posted jobs or upload their resumes for employers to view.

Employers have the opportunity to post job openings on not only the ASTS Career Center, but also selected sites through the National Healthcare Career Network (NHCN), an integrated network of nearly 300 associations formed to connect healthcare employers with highly qualified candidates in numerous specialties.



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September 27–30, 2015
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James L. Allen Center, Evanston, IL



NORTHWESTERN UNIVERSITY



REGISTRATION OPENS IN MAY!

For more information, or to be placed on the Early Interest list, please contact Jamison Visone
jamison.visone@asts.org



15th Annual ASTS State of the Art Winter Symposium

Transplant:

The Ultimate Team Sport

Transplant teams from across the country gathered in Miami Beach January 15-18 to exchange knowledge, network, and enjoy the sunshine at the 15th Annual ASTS State of the Art Winter Symposium. The record-setting 545 registrants included 111 trainees (medical students and residents), advancing the goal of showcasing transplantation to the best and brightest potential surgeons.

The meeting kicked off on Thursday with the pre-meeting, “Transplant Spring Training,” divided into sessions on liver, kidney, and pediatric transplant. On Friday morning, there were concurrent seminars: “Today’s Advanced Transplant Provider: Key Players on the Transplant Team” and “Staying on Course: Regulatory Compliance, Quality, and Advocacy: Updates from the ASTS Business Practice Services and Legislative Committees.”

The Winter Symposium officially began at noon Friday with several talks about the team aspects of transplantation from both clinical and scientific points of view. One of the highlights of the afternoon was the David Hume Lecture, given by Jimmy A. Light, MD, followed immediately by the Recognition Awards presentations.

continued on page 18



Attendees gathered for a fun networking event to learn about ASTS committee projects and opportunities over snacks and games.





The 2015 Advanced Transplant Provider Award recipient is Connie White-Williams, PhD, RN, FAAN, University of Alabama at Birmingham Hospital.



Carlos O. Esquivel, MD, PhD, Stanford University School of Medicine, is this year's recipient of the Francis Moore Excellence in Mentorship in the Field of Transplantation Surgery Award.



The 2015 Vanguard Prize Recipients are Karim Jarir Halazun, MD, Emory Transplant Center, and Paulo N. Martins, MD, PhD, Massachusetts General Hospital/Harvard Medical School.



David A. Axelrod, MD, MBA, moderated the Innovation Versus Quality Benchmarking debate between Robert M. Merion, MD, and Lloyd E. Ratner, MD, MPH.



David C. Mulligan, MD, moderated the Share 35 debate between Igal Kam, MD, and Steve I. Hanish, MD.



Jimmy A. Light, MD, gave the sixth annual David Hume Lecture.



Junior Investigator Awards: Junior Faculty Recipients with ASTS President Peter Stock and Vanguard Committee Chair Michael Englesbe.



Junior Investigator Awards: Fellowship Category Recipients with ASTS President Peter Stock and Vanguard Committee Chair Michael Englesbe.



Junior Investigator Awards: Resident and Medical Student Recipients with ASTS President Peter Stock and Vanguard Committee Chair Michael Englesbe.

A standing room only audience gathered for a series of short presentations on a variety of topics at the Lunch and Learn session.





The poster session showcased transplantation research, and presenters vied for a Poster of Distinction Award.



Peter G. Stock, MD, PhD, gave a talk titled “Transplantation: A Team Sport,” for his Presidential Address.



from page 15

On Saturday, the Presidential Address rounded out the “Training the Team” session. Peter G. Stock, MD, PhD, focused his talk, “Transplantation: A Team Sport,” on the multi-disciplinary teamwork necessary for an effective transplant program. He presented advice from various distinguished ASTS members on what makes a transplant team successful and how to build an environment that fosters teamwork.

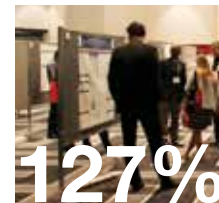
The Winter Symposium closed with a series of spirited debates on whether there are too many kidney transplants, Share 35, money in organ donation, and innovation versus quality benchmarking, with the audience voting on the issues before and after the debates to choose the winner.

The Winter Symposium webcasts are available at ASTS.org/2015WSwebcasts. Next year’s Winter Symposium will be January 14–17, 2016, at the Loews Miami Beach Hotel in Miami, Florida. We hope to see you there!

2015 Winter Symposium by the Numbers

117%

increase in attendance from 2001 to 2015



127%

increase in submitted abstracts from 2002 to 2015



75°

average temperature in Miami in January

7.25

self-assessment credits toward Part 2 of the ABS MOC Program offered (no additional registration fee)

20

Junior Investigator travel grants given in 2015

120

pages in the AJT Winter Symposium supplement



GALLONS of coffee consumed



Junior Investigator Awards

Fellowship Category

Deceased Donors on Renal Replacement, An Untapped Source for Kidney Donation, or Is It?

Ramesh K. Batra, MBBS, MRCS
Mayo Clinic

Predictors of Time to Recurrence and Mortality in Patients Developing Recurrent Hepatocellular Carcinoma after Liver Transplantation

Adam S. Bodzin, MD
University of California, Los Angeles

Subnormothermic Ex Vivo Liver Perfusion (SNEVLP) Reduces Endothelial Cell Damage and Bile Duct Injury after Pig Liver Transplantation with HBD Grafts

Nicolas Goldaracena, MD
Toronto General Hospital

Risk Associated with DCD Kidney Transplantation Varies across Donor Subgroup

Xun Luo, MD, MPH
Johns Hopkins University

Outcomes in Live Kidney Donors with End Stage Renal Disease

Abimereki D. Muzaale, MD, MPH
Johns Hopkins University

Share-35: Results from the First Year

Allan Massie, PhD
Johns Hopkins University

Older Donor Age Is Associated with Worse Outcomes after Liver Transplantation

Martin I. Montenovo, MD
University of Washington

Targeted Nanotherapy Dampens Antigen Presentation and Inflammation by Human Endothelial Cells

Satish N. Nadig, MD, PhD
Medical University of South Carolina

The Impact of State Policies on Organ Donation and Transplantation in the United States

Jason R. Wellen, MD
Washington University School of Medicine

Outcomes of Pediatric En-Bloc Kidneys after Circulatory Death

Min C. Yoo, MD
University of Tennessee/
Methodist Transplant Institute

Junior Faculty

Frailty and Mortality in Kidney Transplant Recipients

Mara McAdams-DeMarco, PhD
Johns Hopkins University

Hypothermic Machine Preservation Reduces Inflammatory, Hypoxic, and Apoptotic Injuries in Human Liver Transplantation

James V. Guarrera, MD
Columbia University Medical Center

One Size Does Not Fit All: Regional Variation in the Impact of Share-35

Karim J. Halazun, MD
Emory University Hospital

Low Hepatic Artery Flow in the Absence of Hepatic Artery Complications Is Associated with Increased Biliary Strictures and Decreased Survival after Deceased Donor Liver Transplantation

Peter Kim MD, MSc, FRCSC
Baylor University Medical Center

Normothermic Machine Perfusion (NMP) on Discarded Human Livers: the First Model in the U.S.

Qiang Liu, MD
Cleveland Clinic

Resident & Medical Student Category

Coronary Artery Disease and Kidney Transplant Outcomes

Steven Kapeles, MD
University of Michigan Health System

Landscape of Deceased Donors Labeled "Increased Infectious Risk" under New CDC/PHS Guidelines

Lauren M. Kucirka, ScM
Johns Hopkins University

The Use of Nonstandardized MELD Exception Points for Recipients of DCD Liver Allografts Requiring Re-transplantation

Richard Maduka
Perelman School of Medicine

Variation in Resource Utilization and Readmission Rate in Liver Transplantation at Freestanding Children's Hospitals

Jennifer Minneman
Boston Children's Hospital

Quantifying the Survival Benefit of HLA-Incompatible Live Donor Kidney Transplantation:

A Multi-Center Study
Babak J. Orandi, MD, PhD, MSc
Johns Hopkins University



Join The Conversation

CenterSpan is where your colleagues go to discuss transplantation and immunology topics.

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OPTN/UNOS Board Election

New members of the OPTN/UNOS Board of Directors were elected in early March for terms beginning in July 2015. Betsy Walsh, JD, will be the organization's incoming president. She is vice president and deputy general counsel for Novant Health Inc. and is a living kidney donor.

Stuart Sweet, MD, PhD, will be the incoming vice president/president-elect. He is medical director of the pediatric lung transplant program at St. Louis Children's Hospital and the W. McKim Marriott professor of pediatrics at Washington University in St. Louis.

Full election results are available in the Newsroom section of the OPTN website: <http://optn.transplant.hrsa.gov/news/>.

Monitoring Kidney Allocation System Data

UNOS continues to assess early data on the performance of the kidney allocation system (KAS) implemented in December 2014. Early results suggest that the system is performing according to a number of key expectations, such as providing more transplant opportunities for highly sensitized candidates and reducing the number of transplants with large mismatches between donor and recipient age. Longer-term data will need to be collected to address other anticipated system goals, such as a decrease in kidney discards and longer graft survival. Updated data reports will be posted to the KAS resources page on Transplant Pro: <http://transplantpro.org/kidney-allocation-system/>.

Liver Distribution Study, Discussion and Educational Forum

To address feedback from the 2014 liver distribution concept document and public forum, the OPTN/UNOS Liver and Intestinal Organ Transplantation Committee established three ad hoc subcommittees to develop consensus-based recommendations for ensuring fair access to liver transplantation. The committee has also revived the work of an earlier-established subcommittee studying living donation and utilization.

The committee will host an educational forum June 22, 2015, to present the findings and recommendations of the ad hoc subcommittees. The forum will be held at the Loews Chicago O'Hare Hotel near Chicago-O'Hare International Airport. It will also be available for live teleconference participation. Registration for the forum and additional information is on the Transplant Pro and OPTN websites. Any questions or comments can be e-mailed to liver@unos.org.

Annual UNOS Member Survey

In April, UNOS distributed an annual survey of members to gather feedback on key UNOS services and initiatives and recommendations for improvement. Feedback from previous surveys has been used to refine or launch a number of services such as the UNOS Primer, Transplant Pro, and consolidated policy and system notices.

The survey will be open through mid-May for additional responses. To access it, please visit Transplant Pro (<http://transplantpro.org/>). A summary of survey results will be published at a later date.

UNOS Branding/Redesign; Improved Online Store

UNOS introduced a new logo in April as part of an update on its corporate branding and redesign of the UNOS family of websites, including UNOS.org, UNOS' member website Transplant Pro, and the patient-focused website Transplant Living. The redesign of UNOS.org and Transplant Pro is expected to be completed by June, and the Transplant Living redesign is expected to be completed in September.

UNOS has also launched improvements to its online store for patient and professional resources (<http://store.unos.org/>). It allows you to view PDFs of all print resources; order large, customized quantities of our patient and professional resources; or shop from an updated selection of UNOS merchandise and promotional items. The store is also able to accept expanded methods of payment.



American Society of Transplant Surgeons

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The library currently includes the policies below. Your subscription includes semi-annual updates based on changes to OPTN and CMS regulations and policies.

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- Post Transplant Processes for Increased Risk Donor Organs
- Communication of Donor Cultures
- Policy on Policies
- Vessel Storage
- Responsibility for Transport of Living Donor Organs
- Waitlist Management
- Multidisciplinary Teams
- Informed Consent
- Psychosocial Evaluation
- Adverse Events for Transplant
- QAPI Plan Template
- Patient Safety Contact Plan
- Living Donor: Psychosocial Evaluation for Living Donors
- Living Donor: Living Donor Selection Criteria
- Living Donor: Living Donor Consent for Evaluation
- Living Donor: Independent Living Donor Advocate

Proud of who we are. Proud of what we do.





The Alliance

LEADERSHIP IN ORGAN DONATION AND TRANSPLANTATION

The Organ Donation and Transplantation Alliance

There is considerable “new” in 2015 for The Organ Donation and Transplantation Alliance. Our focus is to foster connections and processes that save and heal lives by serving our key stakeholders through improved resources on our new website and by providing many more opportunities to engage in the digital space, as on our new ODTAlliance social media pages. *The Alliance helps you help others.*

The Alliance is the recognized leader within the organ donation and transplantation community dedicated to providing engaged learning, innovation, and collaborative leadership for future advancements in organ donation and transplantation. Thomas Mone, the CEO of OneLegacy, the largest Organ Procurement Organization in the United States, has been named the new chairman of the Board of Directors for the Alliance. “As proud as I am of what we have accomplished in California, I am even more

excited with the opportunity that The Alliance gives us to collaborate with our national colleagues and stakeholders to identify, refine, and share best practices in organ donation and transplantation.”

Donation and Transplantation Resources Website

The Alliance maintains details about the Alliance mission, community, councils, resources, webinar series, social media links, and blog on the new website: www.organdonationalalliance.org.

Social Media

Connect with The Alliance and other like-minded colleagues across the donation and transplantation continuum and stay current with educational opportunities and resources through social media:

- Facebook Page: www.facebook.com/odtalliance
- Twitter Page: twitter.com/odtalliance
- LinkedIn Company Page: www.linkedin.com/company/odtalliance

Webinar Series

The monthly Get Connected and Transplant Webinar series provide engaged learning opportunities for sharing cutting edge and timely topics of best practices, strategies, and change concepts in donation and transplantation. The webinar schedule outlines all topics identified for 2015: organdonationalalliance.org/education/webinar-series.

National Listserv

A national Listserv hosted by the Alliance with its more than 1,600 participants provides a forum for subscribers to pose questions and share best practices amongst the donation and transplantation community of practice. Sign-up at organdonationalalliance.org/contact-us/listserv-sign-up.

Educational Resources

Toolbox and resource guides, training videos, and more provide repositories for hosting best practices, strategies, and change concepts in donation and transplantation for

performance improvement: organdonationalalliance.org/resources.

- The Organ Donation Toolbox offers a collection of resources.
- The Transplant Quality Resource Guide provides strategies and concepts.
- Saving and Healing Lives Training Video
- State UAGA Legislation & UNOS data reports
- Donation and Transplantation Terminology Reference List

Leadership Councils

Three leadership councils, the Donor Management Leadership Council, the Transplant Leadership Council, and the Leadership and Innovation Council are composed of expert leaders from across the nation and are dedicated to improving and advancing outcomes in donation and transplantation: organdonationalalliance.org/education/leadership-council.






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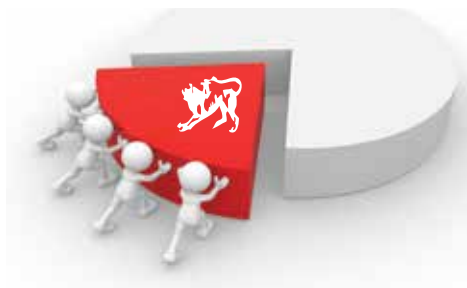
The Foundation of the American Society of Transplant Surgeons supports scientific research by young investigators that leads to innovative discoveries in our field and launches careers in transplantation science.

Please consider a monthly donation—even \$10 a month will help! Just click the “monthly” button for your donation at <https://donatenow.networkforgood.org/asts> and you’re all set. A monthly gift will add up, increasing your recognition level over time with no additional effort on your part. It also provides a steady, predictable stream of income, allowing ASTS to maintain and grow its Research Grants program.

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or contact Ning Duan, Membership Coordinator, at ning.duan@ASTS.org or 703-414-7870.

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ASTS welcomes surgeons, physicians, non-physician scientists, and surgical associates who are actively engaged in transplantation. Among the many benefits are:

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- Participation in developing standards for surgical care and immunosuppression in transplantation
- Participation in developing guidelines for ethics in transplantation
- Member rates on CME activities, including the ASTS Winter Symposium and Leadership Development Program

To learn more, visit ASTS.org/about-asts/join.

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