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LETTER FROM THE
president

Dear Friends,

It has been some time since we had the opportunity to meet with our friends and colleagues at the ATC meeting. With your contributions and participation, our annual meeting became the most comprehensive basic and clinical scientific review of current work in transplantation, providing the best educational opportunities for our members, fellows, residents, and students.

You may be thinking that the ASTS is taking a vacation until the next meeting; however, your Society keeps on working for you. There are many projects that are in progress, and others are being considered, all of which have direct impact on your surgical practice and academic opportunities. The following will describe some of these projects, while asking for your input, comments, and participation in your Society activities.

First, financial reimbursement: A few years ago the ASTS leadership had recognized that transplant surgeons must have more involvement in issues related to financial reimbursements for services rendered. Our strategic decision was to study means to increase reimbursement for surgical procedures, and determine the financial interrelations between physicians, hospital administration, and third party payers. We elected to focus on topics in which reimbursement appeared to be completely unjustified, hoping to “test run” our capacity to understand the “system”, and determine whether our input would impact on redistribution of payment. It was realized that it would be best to address CPTs for living donor liver transplantation, in which donor surgery was grossly underpaid when compared to the complexity and risk of the procedures. Interestingly, there were no specific descriptions and or definitions that described the surgeons’ involvement in the work up of the donor, the surgery itself, and the post-surgical care. We expect that CMS’ decision on RVUs for the new codes will appear in the 2004 Medicare Fee schedule notice published this year. There are many more issues related to reimbursement to be addressed, and we invite you to participate by contributing your ideas and concerns.

Next, we are looking forward to meeting ALL of you in the upcoming ASTS Winter Symposium. There is no more relevant of a topic for surgeons than “Surgical Challenges in Transplantation”, to be taking place in Scottsdale, Arizona, on January 23-25, 2004. Our past winter meetings have proven to be extremely successful, and the presentations had been designed to discuss issues that involve our daily practice. The educational program will also include a special 30th happy birthday party and a gala dinner for the ASTS. I am honored to personally invite you to attend the gala dinner party, and we are all looking forward to an entertaining evening.

Lastly, we would like to inform you of our commitment to participate in a World Transplant Congress (WTC) that will take place in Boston in 2006. This is a one time event that will combine the ATC with the International Transplant Society meeting that is taking place in the USA for that year. The advantages for our members are obvious, and we are sure that this will be a great educational experience.

Best Regards,

Abraham Shaked, MD, PhD
President
ASTS President, Abraham Shaked presents gavel and plaque to outgoing President, James Schulak.
The following reports were made by ASTS Committee Chairmen and women at the June 2, 2003 ASTS Membership Business meeting at the Marriott Wardman Park Hotel in Washington, DC:

Awards Committee Report:

Committee Chairman, Thomas Peters, reported that there are 11 award recipients in 2003. He thanked all of the reviewers for their work in reviewing the award applications and also Shelli Adams of the ASTS staff for all of her work.

Bylaws Committee Report:

John Roberts presented four items for the Society to vote upon. They are as follows:

1. The ASTS Council recommends the Society institute a Development Committee for fundraising for the Society and for the Foundation. A motion was made, seconded and approved to develop this committee.

2. A motion was made, seconded and approved to change the Standards on Organ Procurement Committee to the Standards on Organ Transplantation Committee.

3. A motion was made, seconded and approved to disband the Local Arrangements Committee. The reason for disbanding this committee was due to the fact that we now have the annual meeting at the American Transplant Congress and there are no duties for the Local Arrangements Committee to perform.

4. A motion was made, seconded and approved to establish an ASTS American Transplant Congress Planning Committee to focus on the work of the American Transplant Congress on behalf of the ASTS.

Education Committee Report:

Mitch Henry reported that the Committee is reviewing institutions and requested that all centers that are up for renewal, please submit their renewal applications in a timely manner.

Ethics Committee Report:

Chairman, Douglas Hanto stated that the Committee is focusing on financial incentives primarily and that the Committee met during the American Transplant Congress to review other issues as well. It was noted that the ASTS position on financial incentives is that the ASTS does not oppose studies on financial incentives but we are opposed to financial incentives to secure organs.
Informatics and Data Management Committee Report:

Gail Durant reported on behalf of Mark Adams that currently ASTS Members can receive CME credits on the ASTS website. The ASTS 2003 Winter Symposium is presented on the website and thus far 15 people have applied for and received CMEs via the website.

Program, Publications and Post Graduate Committee Report:

Jonathan Bromberg stated that currently there are 3,675 registrants at this year’s American Transplant Congress. This is slightly down from last year but it was felt that it was primarily due to the SARS epidemic as well as some concern over the Middle Eastern war. 15% more abstracts were submitted in 2003 than in 2002. This year 2,315 abstracts had been received. An analysis of the registrants shows that 1,609 were nonmembers and that 934 were members of the two Societies.

Reimbursement Ad-Hoc Committee Report:

Michael Abecassis reported on the two codes that ASTS worked to have added for reimbursement as well as the change in reimbursement for an additional code. He noted that ASTS now has a Member on the American College of Surgeons Review Committees and that Members should contact him or the ASTS offices for new codes that should be introduced.

Thoracic Organ Transplantation Committee Report:

Gail Durant presented the report on behalf of Mark Barr. The ASTS and the Society of Thoracic Surgeons held its third annual joint seminar during the STS meeting this past year. Over 200 participated in this seminar, which is twice the anticipated number. Dr. Barr and Dr. Robert Kormos developed a position paper with the ASTS Council and legal counsel and presented it in March of 2003 at the Medicare Coverage Advisory Committee meeting on ventricular assist devices. The purpose of the meeting was for the Advisory Committee to consider whether VAD should be covered by Medicare as destination therapy. Several panelists stated their agreement with the ASTS position that Medicare should require prior evaluation by a heart transplant center before any destination LVAD procedure is performed in order to ensure the patient is not a transplant candidate. In addition, the Thoracic Organ Transplantation Committee assisted the ASTS Awards Committee in reviewing applications for the ASTS Thoracic Award. Finally it was reported that ten Members of the ASTS, including four thoracic Members are on the review panel for the 2003 HRSA Extramural Grant Program on clinical interventions to increase organ and tissue donations study section that is meeting later this week in Washington, DC.

Vanguard Committee Report:

Sandy Feng reported that the 2003 ASTS Winter Symposium on Tumors in Transplantation was very successful with 250 registrants attending. The 2004 meeting will be January 23-25 in Scottsdale, AZ and
the topic will be “Surgical Challenges in Transplantation”. In addition there will be a day long clinical trails workshop prior to the symposium and the ASTS will be celebrating it’s 30th anniversary at the Winter Symposium. A meeting report has been submitted from the 2003 Winter Symposium to the American Journal of Transplantation. In addition, the Vanguard Committee is working on a database project to expand data on ASTS Members and their interests and expertise in areas of transplantation.

Nominating Committee Report:

Dr. Schulak announced that the Nominating Committee met on May 31st and presented the slate for vote by the Members. Nominated for Councilors-at-Large are Mark Barr and John Roberts; Treasurer – Goran Klintmalm; and President Elect – Richard Howard. A motion was made, seconded and approved to accept the slate.

ASTS Foundation Report:

Marc Lorber reported that the ASTS Foundation Board met on May 31st and is developing goals for the Society. The Foundation is a vehicle to get support for the activities of transplant surgeons.

AJT Receives Top Impact Factor

The editors of the American Journal of Transplantation (AJT) are pleased to announce that AJT has received its first impact factor. The impact factor was 4.94, the highest of any journal in the field of transplantation.

AJT was launched in 2001 as an international journal encompassing all of transplantation and as the official journal of the American Society of Transplant Surgeons and the American Society of Transplantation. AJT has grown much more rapidly than anticipated, due to the tireless efforts of the editorial board, the editorial office, and the publisher, and the commitment of many authors to the journal. The rapid implementation of full electronic review and publication has reduced the strains caused by this rapid growth.

AJT will continue to innovate with many new features, including a new version of the online submission and review system (Manuscript Central) this summer.

The impact factor reflects the number and rapidity of citation of the publications in AJT. It is very important for young scientists in some countries because promotion is based on formulas incorporating the impact factor. The high impact factor for AJT will thus encourage more submissions to AJT.

The editors of AJT wish to thank everyone who has worked on this project, but especially those authors who took a chance on our young journal in the days before its impact was recognized.

Yours sincerely
Phil Halloran on behalf of the editorial board
The following article represents action as of Friday, June 20, 2003. The Medicare reform process is moving very quickly in both chambers with the Senate debating and likely passing a bill by June 27. Meanwhile in the House of Representatives, both the Ways and Means and Energy and Commerce Committees have marked up and passed their versions of a Medicare reform bill. Pending a consolidation of the two committees’ versions of the bill, action is expected on the House floor as early as the week of June 23.

On June 12, 2003, the Senate Finance Committee approved a bipartisan Medicare reform and prescription drug benefit bill, an accomplishment considered highly unlikely just several weeks ago. Members of both parties are gearing up for consideration of many amendments to the legislation, some of which could be contentious and complicate passage of the bill. Despite the fight expected on the floor over the details of the legislation, overall, the bill enjoys bipartisan support and is expected to attract more than 70 votes upon final passage. Bipartisan support of this legislation significantly improves the chances of enactment of a Medicare reform and drug benefit this year.

Under the Senate bill, Medicare beneficiaries wishing to remain in traditional, fee-for-service Medicare would pay a $275 deductible and a $35 monthly premium for a privately administered drug-only benefit.
Participating plans could set premiums higher or lower than the $35 per month benchmark as long as the drug coverage they offer has the same overall (actuarial) value. Beneficiaries would be required to pay half of annual drug costs from $276 to $3,700. At that point, beneficiaries would be responsible for 100 percent of costs up to an out-of-pocket cap of $4,500, which would require each beneficiary to consume $5,813 worth of drugs before reaching the catastrophic cap at which point each beneficiary would still be responsible for 10 percent of all drug costs over the cap.

The agreement also calls for a new type of Medicare coverage, called “Medicare Advantage.” Private plans would compete in 10 geographical regions (or on a national basis) to offer a package of Medicare benefits, coverage for catastrophic health expenses, and preventive care services, giving beneficiaries an incentive to move out of traditional Medicare and into a private plan. The drug benefit would be equal or greater than the actuarial value of the drug-only plans. Medicare beneficiaries opting for this new coverage would pay a $400 deductible for hospital and doctor visits, compared with $840 for hospital stays and $100 for doctor visits for beneficiaries remaining in traditional Medicare.

House Committees Approve Medicare Bills and Prepare for Floor Action

In the House of Representatives, the Ways and Means and Energy and Commerce Committees have approved respective versions of a Medicare reform and drug benefit bill. The differences between the two bills appear to be negligible and it is expected that House leaders will work quickly to reconcile the legislation in preparation for consideration on the House floor the week of June 23, although that date could slip as problems appear. The bill does differ substantially from the Senate Medicare legislation, though, not only in the structure of the drug benefit, but also in how the bills would reform the Medicare program over the long-term.

The reconciled House plan is expected to center around a new, privately-administered stand-alone drug benefit similar in construction to the Senate bill. It will have a variable $35 monthly premium and a $250 annual deductible. The plan would cover 80% of beneficiaries’ drug costs from $251 to $2,000 per year, after which there would be a gap in coverage before catastrophic coverage would take effect. The amount that a beneficiary would pay before qualifying for catastrophic coverage would be determined on a sliding scale based on income. Individual beneficiaries with annual incomes of $60,000 or more would have to pay more before catastrophic coverage would begin. Most beneficiaries, though, would qualify for catastrophic coverage after spending $3,500 out-of-pocket per year.

Much like the Senate bill, the House plan would also offer “enhanced fee-for-service” options administered by private plans that would also offer drug benefits and lower deductibles and copayments for regular Medicare benefits. However, under the House bill, new Medicare plans relying on managed care or PPO models are expected to have more flexibility in modifying benefit structures (i.e., copayments and deductibles) for non-drug benefits.

With respect to general Medicare reform, the House bill differs greatly from the Senate plan by establishing direct price competition between traditional Medicare and private health plans beginning in 2010. These

ASTS will continue to work with the Senate to press for funding increases for these important programs.
reforms, while very complex, are similar to the “premium support” model first recommended by the Bipartisan Commission on the Future of Medicare in 1998. Under the model, which, according to its sponsors, is designed to mirror the existing Federal Employee Health Benefits Program (FEHBP), private plans would compete for Medicare beneficiaries on the basis of benefit structures and premiums (i.e., a “defined contribution”). Beneficiaries would be subsidized by the federal government for a set amount that would apply toward the Medicare plan premium. It is anticipated that some basic plans would accept the subsidy as full payment for the premium while other plans would charge beneficiaries the difference between the subsidy and the premium equal to or greater than the current Part B premium, which is $58.70, in exchange for greater benefits. This plan is very controversial and House Democrats are expected to vigorously oppose these provisions.

Physician Fee Schedule in House Bill, Not in Senate Bill

Complicating the Medicare debate is the inclusion of “provider giveback” provisions relating to Medicare reimbursement. Notably absent from the Senate bill is a provision to reform the physician fee schedule, which is scheduled to be cut by 4.2 percent in 2004. However, the Medicare reform legislation in the House would eliminate the impending cut in physician reimbursement. It includes an update of at least 1.5 percent in 2004 and 2005.

The House bill would also alter the sustainable growth rate (SGR) used to help calculate physician payments by implementing a 10-year rolling average to calculate annual changes in the gross domestic product instead of the current one-year comparison. It is anticipated that this change will ameliorate the large fluctuations in the current SGR formula, which would otherwise continue to produce negative updates in physician payments through 2007. The bill also calls for a study on Medicare beneficiary access to physician services. It has not yet been determined how much this provision would cost, but previous versions of a full 10-year fix have been estimated in the past to be between $30-50 billion. A high score from the Congressional Budget Office (CBO), however, could complicate passage of such a comprehensive provision.

Senate and House Medicare Bills Lack Immunosuppressive Drug Provision

The Senate and House Medicare bills do not include a provision relating to coverage of immunosuppressive drugs in Part B of Medicare. Under both bills, immunosuppressive coverage would continue under Part B unchanged. Beneficiaries not qualifying for immunosuppressive coverage under Part B could receive coverage through the proposed privately-
administered drug benefit, enhanced fee-for-service option, through a Medicare Advantage plan, or, beginning in 2010 under the House bill, a Medicare FEHBP-style plan. Under all of the proposed drug coverage options, issues relating to therapeutic classification, formularies, and tiered copayments could complicate patients seeking a specific immunosuppressive drug therapy.

ASTS has been actively involved in lobbying members of the House and Senate on inclusion of the immunosuppressive drug provision in the Medicare bill. However, the chances for inclusion are slim at this point. No other provisions have been added to either bill that mandate additional coverage under Part B for additional coverage of condition-specific drug therapy. The general feeling among members of both committees is that coverage should be obtained under the proposed drug benefit, not by increasing coverage under Medicare Part B.

**ASTS Testifies Before House Energy and Commerce Subcommittee on Organ Donation Rates**

On his first day in office as President of ASTS, Abraham Shaked, M.D., Ph.D., testified on June 3, 2003, before the House Energy and Commerce Subcommittee on Oversight and Investigations in a hearing entitled “Assessing Initiatives to Increase Organ Donations.” Dr. Shaked focused on four main topics including the following:

The ASTS’s assessment of the “Spanish Model” of using organ coordinators, Studying financial incentives as a method of improving organ donation rates, Honoring the donor’s wishes notwithstanding familial objections; and The ASTS/NIH research collaboration on live donor liver transplantation.

**Organ Donation Legislation Introduced; Action Expected this Year**

Major organ donation legislation, for which ASTS and other transplant groups have been advocating, has passed the House, been introduced in the Senate, and is expected to see action this year. A version of the legislation passed the House of Representatives on March 12, 2003, by a vote of 425-3. The Senate bill, S. 573, which was introduced by Senate Majority Leader Bill Frist (R-TN) on March 6, 2003, is beginning to gain support in the Senate for action this year. ASTS has sent letters of support to both House and Senate sponsors and has met with Senator Frist’s staff to share our support and concerns on the pending legislation.

The following is a summary of the major provisions in the Senate bill, S.573, the “Organ Donation and Recovery Improvement Act”:

- Directs the Secretary of Health and Human Services to establish an interagency task force on organ donation.
- Directs the Secretary to award grants to 1) carry out studies and demonstration projects to increase organ donation and recovery rates; 2) establish a public education program; and 3) support model curricula to train health care and other professionals in issues surrounding organ donation.
- Authorizes the Secretary to award grants: (1) to qualified organ procurement organizations to establish programs to coordinate their efforts with hospitals (i.e. in the “Spanish Model”); and (2) for reimbursement of travel and subsistence expenses incurred by individuals in the course of making living organ donations.
- Directs the Secretary to fund grants for demonstration projects to study financial incentives to improve organ donation rates (with certain ethical protections).
- Directs the Secretary, acting through the Administrator of the Health Resources and Services Administration and the Director of the Agency for Healthcare Research and Quality, to: (1) develop scientific evidence supporting increased donation and improved recovery, preservation, and transportation of donated organs and tissues; and (2) support efforts to develop a uniform clinical vocabulary and technology and to enhance the skills of the organ procurement workforce.
- Requires the Secretary to establish: (1) an advisory committee to study and report to Congress on existing organ donor registries; and (2) a registry of living organ donors.

ASTS has met with key staff from Senator Frist’s office and will continue to meet with staff and Senators from the Health, Education, Labor, and
Pensions Committee (HELP). They have indicated their hope for markup in the HELP Committee this year. The Frist bill, S. 573, represents the “consensus” of many members with interests in organ donation. Additional amendments are expected during the Committee markup, particularly to permit hospitals (in addition to OPOs as in the current legislation) to receive organ coordination grants. In the meantime, ASTS continue the process of meeting with Chairman Gregg and members of the HELP Committee from both sides of the aisle to press for support and markup of the legislation.

Medicaid Reform Possible This Year; Administration and Congress Press Forward

In the 108th Congress, major efforts are underway to reform the Medicaid program. The inclusion of $20 billion over two years in state fiscal relief in the recently-enacted tax legislation helped states somewhat and has taken some pressure off the Congress to pass more structural reforms. However, the House Energy and Commerce Committee, which has already held a hearing on Medicaid reform, has become increasingly vocal about the need for comprehensive reform of the program. The Bush Administration also has been vocal about Medicaid reform and unveiled in February an outline for reform in its FY 2004 budget. Unfortunately, the “reform” appears to be in the form of “block grants,” which would transfer much of the federal responsibility to states in exchange for short-term payment increases.

During final negotiations on H.R. 2, the “Jobs and Growth Tax Relief Reconciliation Act of 2003,” a last-minute deal was stuck between Senate leaders and Energy and Commerce Committee Chairman Billy Tauzin (R-LA) on the issue of state fiscal relief. The final provision, which was similar to an amendment offered by Senator Susan Collins (R-ME) during the floor debate, provides $10 billion for a temporary increase in the Medicaid Federal Medical Assistance Percentage (FMAP) and an additional $10 billion in general fiscal relief ($6 billion to the states for other programs and services and $4 billion to local governments for the same purposes).

Several moderate Senators had vowed to fight for the inclusion of these provisions and ultimately compromised with Chairman Tauzin, who had threatened to vote against any tax legislation that approved Medicare or Medicaid reforms because the provisions would not have passed through his House committee, which has jurisdiction over Medicaid and Medicare Part B. The compromise included a promise to Chairman Tauzin that his Committee would still address structural Medicaid reforms later this year.

The outlook for Medicaid reform passage during this Congress is mixed. While momentum for passage in the House continues unabated, the Senate appears to be lukewarm to the prospect of reform.

Overall, the Senate’s slow pace on Medicaid reform has been magnified by the enactment of state fiscal relief, which has taken the pressure off many Senators to pursue Medicaid reform. Furthermore, the National Governors Association, which was close to releasing a highly anticipated bipartisan framework for Medicaid reform largely following the block grant approach, retreated from announcing the proposal due to pressure from Democratic governors and Senators. The failure of the NGA to announce a bipartisan proposal similar to the President’s plan takes significant momentum away from reform efforts by the Administration. The Administration, however, continues to press for reform as do House Republicans. Most recently, Secretary of HHS Thompson issued a statement expressing the need to continue efforts toward structural Medicaid reform even though the Congress had already approved $20 billion in state fiscal relief in the tax legislation over Memorial Day. Major action on Medicaid reform will likely intensify this fall.

ASTS Submits Testimony to Appropriations Subcommittee on FY 2004 Priorities; House Subcommittee Approves Bill for FY 2004 Funding

ASTS submitted written testimony to the House and Senate Appropriations Committees on Labor, HHS, and Education on this spring for fiscal year 2004 federal spending levels. ASTS focused on funding increases for the Division of Transplantation within the Health Resources and Services Administration and increased funding for NIH research, including research on transplant surgery. Final funding levels for the previous fiscal year, FY 2003, were in concert with ASTS’ FY 2003 recommendations, namely, $25 million for the DOT and a 13% increase for NIH. ASTS’s recommendations for FY 2004 are $30 million for DOT and a 10% increase for NIH.

On June 19, the House Appropriations Subcommittee on Labor, HHS, and Education marked
up the FY 2004 federal spending levels, meeting the President's request of $25 million for the Health Resources and Services Administration's Division of Transplantation. This represents level funding from FY 2003. In addition, the Subcommittee increased the National Institutes of Health appropriation by 2.8 percent, which is slightly higher than the President's request. ASTS will continue to work with the Senate to press for funding increases for these important programs.

**Advisory Committee on Transplantation**

The HHS Advisory Committee on Transplantation (ACOT) met in Washington on May 22-23 to discuss progress that HHS has made on 18 recommendations made by ACOT last year, which include efforts to increase organ donation, implement ethical recommendations, and study health outcomes. ACOT adopted a proposal offered by the AOPO to reaffirm first person donor rights. The concept of this approach is to affirm that the wishes of the decedent donor may not be overruled by family and, thereby, bring this donor rights approach to national attention. At its May 2003 meeting, the ASTS Council adopted and reaffirmed ASTS's commitment to this policy as well. ASTS is actively involved with the ACOT and will continue efforts to work with HHS on organ donation policy.

**Conclusion**

It is likely that major action on Medicare will conclude before the August Congressional recess. If legislation passes, it will represent the most significant reform of the Medicare program since its inception in 1965 and will radically shift Medicare toward private insurance as a model for the provision of Medicare-mandated benefits. It is too early to tell how this model will affect transplantation. ASTS will be actively involved in the Medicare debate and will continue to press for physician fee schedule reform and coverage of immunosuppressive drugs. ASTS will also be engaged in the debate over organ donation legislation and will continue to work with key staff and Senators on passage of legislation this year.

Prepared by Peter W. Thomas, Esq., ASTS Legislative Counsel; and Dustin W.C. May, Legislative Director, Powers, Pyles, Sutter, and Verville, PC.
Regulatory and Reimbursement Update

Over the past several months, ASTS has been involved in a number of initiatives related to Medicare coverage of and payment for transplant services. ASTS has been active with respect to Medicare payment both for transplant surgeons' professional fees and hospital payment that may impact transplant patients' access to medically necessary hospital services.

Medicare Coverage:

On March 12, 2003, ASTS, represented by Robert Kormos, MD, presented testimony before the CMS Medicare Coverage Advisory Committee supporting the extension of Medicare coverage for ventricular assist devices (VADs) as destination therapy for patients with end-stage heart failure who are not eligible for a transplant. ASTS testimony emphasized the need to ensure that patients who might be considered for a VAD first be evaluated by a cardiac transplant center to ensure that they are not candidates for transplantation. ASTS also recommended that VAD procedures be performed at a facility that meets appropriate quality of care standards and can provide adequate post-operative care. ASTS' concerns were echoed by several other presenters.

The Advisory Committee voted in favor of extending coverage for VADs as destination therapy for patients who meet the criteria of the REMATCH study. The Committee also recommended that patients first be evaluated by a heart transplant center. The Committee was also in agreement that hospitals performing the procedure should meet certain facility requirements; however the Committee did not make specific recommendations on what those requirements should be.

CMS has indicated that it will issue a final decision sometime this summer, and it is anticipated that agency will adopt the Advisory Committee recommendations and add Medicare coverage for VADs as destination therapy.

Medicare Payment:

Physician Payment: Living Donor Liver Hepatectomy Codes Valued by the RUC

ASTS, represented by Michael Abecassis, made a presentation to the AMA's Relative Value Update Committee (RUC) regarding the work values that should be assigned to the new living donor liver hepatectomy codes. (See February 2003 issue of Chimera.) Relative value units are multiplied by the Medicare dollar conversion factor to determine the amount Medicare will pay for a service. Based on ASTS recommendations, the RUC will recommend work relative value units (W-RVUs) for the living donor hepatectomy code that are significantly higher than the W-RVUs that are assigned to the single living donor hepatectomy code that is currently available. In addition, the RUC will recommend new practice expense and malpractice RVUs to CMS for the new codes.

Medicare generally follows the RUC recommendations with respect to new codes. The RUC forwarded its recommendations for work values and practice expense inputs to CMS in April. We expect that CMS' decision on RVUs for the new codes will appear in the 2004 Medicare fee schedule notice which will likely be published in November of this year, with implementation beginning January 1, 2004. ASTS will keep members apprised of further developments.

Hospital Payment: ASTS Urges CMS to Consider Separate DRG for Organ Rejection

ASTS plans to submit comments to CMS later this month on hospital inpatient payment for organ rejection. ASTS' comments will focus on the need for a separate DRG for organ rejection cases. Currently, organ rejection cases are assigned to
several miscellaneous DRGs and hospitals report that payment under those DRGs is not adequate to cover the high costs associated with caring for patients experiencing rejection of a transplanted organ and, in particular, the high costs of immunosuppressive drugs. ASTS is asking CMS to review the DRG assignment of patients admitted to the hospital for organ rejection and to consider developing a separate DRG with appropriate payment for patients hospitalized with a diagnosis of organ rejection.

Other Issues:

* OIG Publishes Report on Organ Donation Rates at Transplant Centers

The Office of Inspector General (OIG) recently published a Report of its investigation into organ donation rates at transplant centers. The OIG found that organ donation rates at transplant centers are slightly higher than at hospitals that do not have transplant programs. Transplant centers have an average donation rate of about 51% (based on number of consents for donation obtained out of total eligible donors) compared with 47% at hospitals that do not have transplant programs.

However, the OIG was troubled that 18 of the centers it reviewed had donation rates of under 30%. The OIG concluded that there is substantial room for improvement in organ donation rates at transplant centers. Although the OIG did not make any specific recommendations, it suggested that CMS may want to consider implementing Medicare certification requirements related to organ donation.

Another OIG report on transplant center compliance with Medicare conditions of participation is expected to be issued later this summer.

New Transplant Center Regulations Expected by the End of the Year

CMS is in the process of developing regulations on Medicare certification requirements for transplant centers. Although regulations exist for kidney transplant programs, CMS has never issued regulations setting forth requirements for other organ transplant programs. Instead, the agency has relied on more informal guidance documents. CMS intends to publish a proposed rule for public comment in December of this year or in January of 2004. The proposal will likely include specific requirements related to numbers of transplants per year and survival rates for each kind of organ transplant. It will also likely set forth a formal process for obtaining and maintaining certification, including procedures to be followed for termination of a program’s Medicare certification. ASTS plans to provide input to CMS regarding the content of the new proposed rules before they are published for public comment.

Prepared by Diane Millman, Esq. and Rebecca Burke, Esq., ASTS reimbursement counsel, Powers, Pyles, Sutter and Verville PC, Washington, DC
The following are the recipients of the awards presented at the American Society of Transplant Surgeons Awards Ceremony on June 3, 2003 at the American Transplant Congress in Washington, D.C. James A. Schulak, ASTS President, presented the awards with corporate sponsor representatives. The awards presented were:

Nicholas Tilney, M.D. (center) receives the **ASTS Roche Pioneer Award** presented by ASTS President James Schulak (right) and Timothy Waugh, (left) Roche Transplant Marketing Director.

Ngoc L. Thai, M.D. of the University of Pittsburgh who will be examining the effect of redundant acute rejection effector mechanisms on the ability to induce tolerance by either co-stimulation manipulation or immunosuppressive agents received the **ASTS Novartis Fellowship in Transplantation Award**. James Harold, Vice President, (left) Novartis Transplant and Immunology Specialty Business Unit and ASTS President James Schulak (right) presented the award.
Awards

The ASTS-Fujisawa USA Faculty Development Award was presented to Sang-Mo Kang, M.D. (center) of the University of California, San Francisco by ASTS President James Schulak (right) and Charlotte Berlin (left) of Fujisawa. Dr. Kang will continue his research in tolerance induction.

The ASTS Roche Surgical Scientist Award was presented to Kenzo Hirose, M.D. of the University of California, San Francisco whose research will focus on the propagating of islets, either from adult ductal pancreatic cells or by immortalizing them. The award was presented by Timothy Waugh of Roche (left) and James Schulak, (right) ASTS President.

David Tong, M.D. of Emory University who is studying the immune response to BK virus in kidney transplantation was recipient of the ASTS Roche Surgical Scientist Award presented by Timothy Waugh (left) of Roche and ASTS President James Schulak.
Ravi S. Chari, M D (center) of Vanderbilt University Medical Center received the ASTS Roche Presidential Travel Award. James Schulak, (right) ASTS President and Roche Transplant Market Director, Timothy Waugh (left) presented the award.

Kim M. Olthoff, M D of the University of Pennsylvania Medical Center received the ASTS Roche Presidential Travel Award. James Schulak, (right) ASTS President and Roche Transplant Market Director, Timothy Waugh (left) presented the award.

The FOLKERT BELZER RESEARCH FELLOWSHIP OF THE ASTS AND NKF was awarded to Catherine Kyong A. Chang (center) of the University of California, San Francisco who will be conducting research on the targeted delivery of tolerogenic dendritic cells for tolerance induction. Tami McNeela of NKF (left) and James Schulak (right) ASTS President present the award.
The **ASTS VANGUARD PRIZE** was presented to Jeffrey Rogers, M.D. (left) of the Medical University of South Carolina by ASTS President James Schulak for best clinical research paper published within the preceding academic year. Dr. Rogers’ paper entitled “Results of Simultaneous and Sequential Pediatric Liver and Kidney Transplantation” was published in Transplantation journal in November, 2001.

Ryutaro Hirose, M.D. (right) who is collaborating with Claus Niemann, M.D. (left) both of the University of California, San Francisco were presented the **ASTS Collaborative Scientist Award** by James Shulak (center). They will be conducting research on the effects of ischemic preconditioning on steatotic livers.

**The ASTS THORACIC SURGERY FELLOWSHIP** was presented to Ashok Muniappan, M.D. of Massachusetts General Hospital who will conduct research regarding thymus cotransplantation to induce tolerance to cardiac allografts in miniswine. Dr. Muniappan was unable to attend the awards ceremony.
The American Transplant Congress (ATC), the Joint Annual Meeting of the American Society of Transplant Surgeons and American Society of Transplantation held May 31-June 4, 2003 drew approximately 3800 members of the transplant community. The Congress was held in Washington, DC at the Marriott Wardman Park Hotel. Next year the ATC will be held May 15-19 in Boston.

ASTS President, James A. Schulak, gives his Presidential Address before the general assembly on June 3, 2003 at the American Transplant Congress.

Registrants of the American Transplant Congress get information at the ASTS booth on awards, membership, the ASTS winter symposium and publications.

National Institute of Allergy and Infectious Diseases’ Director, Anthony Fauci, gives an address at the American Transplant Congress.

The program will be on “Surgical Challenges in Transplantation.” The members of the planning committee are Sandy Feng, Osama Gaber, Elizabeth Pomfret, Thomas Fishbein and Abhinav Humar.

The Marriott Mountain Shadow Resort and Golf Club is set on seventy acres of desert paradise, with picturesque gardens, lush fairways, and endless variety. Tucked away in the pastel-tinted shadows of Arizona’s Camelback Mountain, you’ll discover a relaxed elegance and unparalleled convenience. Luxurious guest rooms with spectacular views, and unlimited recreation. Extraordinary options for indoor and outdoor dining, and so much more - all just minutes from Phoenix, and less than 12 miles from Sky Harbor International Airport. You can view the Marriott Mountain Shadow Resort and Golf Club at www.mountainshadow.com

More detailed information and registration materials will appear on the ASTS website at www.astso.org
4th ANNUAL STATE OF THE ART WINTER SYMPOSIUM

January 23-25, 2004

SURGICAL CHALLENGES IN TRANSPLANTATION

Mountain Shadows Marriott Resort & Golf Club, Scottsdale, Arizona

To register

Call 800-314-1921 or www.asts.org

Abstracts will be accepted. Deadline: September 29, 2003
Go to www.asts.org for details

Come Celebrate ASTS 30th Anniversary!
This one-day Mini-Symposium aims to teach fundamental methodology of designing and conducting clinical trials in transplantation. Instruction and interaction will focus on how to

- develop concepts and skills to design and implement clinical research / clinical trials in transplantation;
- assemble the appropriate research components to complete clinical research / clinical trials in transplantation
- identify possible and appropriate funding mechanisms;
- disseminate research results through publication.

Specific objectives include:

1. To provide investigators in the field of transplantation with the concepts necessary to develop a protocol for a clinical trial that is fundable by a peer-reviewed agency;
2. To understand the design and implementation issues unique to performing trials in transplantation; and
3. To foster collaborative efforts necessary to conduct a clinical trial.

Registration information will be available on the ASTS website in the near future at www.asts.org

Come Celebrate

ASTS’s

30th Anniversary
to take place at the
American Society of Transplant Surgeons’
4th Annual Winter Symposium
“Surgical Challenges in Transplantation”

January 23-25, 2004
Marriott Mountain Shadow Resort and Golf Club
Scottsdale, AZ
ASTS NEW members

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Wendy J. Grant, M.D
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Hoonbae Jeon, M.D
Albert Einstein Medical Center

Nancy R. Krieger, M.D
Mount Sinai Medical Center

Elijah Mobley, M.D
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Steven Paraskevas, M.D FRCSC
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University of Pittsburgh Medical Center – Montefiore

John F. Renz, M.D Ph.D
Dumont-UCLA Transplant Center

Reza F. Saidi, M.D
Providence Hospital

Cynthia A. Smetanka
University of Pittsburgh Medical Center

Diego R. Solis, M.D
University of Florida

Sidney J. Swanson, III M.D FACS
Walter Reed Army Medical Center

Carlton J. Young, M.D FACS
University of Alabama at Birmingham

JULY 2003
July 31 - August 3, 2003
ANNUAL UPDATE IN Nephrology AND Kidney/Pancreas Transplantation
Sugar Lake Lodge
Grand Rapids, M.N
Contact Phone: 507-266-6953
Contact Website: http://www.mayo.edu/cme/neph/hm

SEPTEMBER 2003
September 5-6, 2003
INTERNATIONAL ASSOCIATION OF THERAPEUTIC DRUG MONITORING AND CLINICAL TOXICOLOGY
Transplantation Immunotherapy: Where Do We Go From Here?
Basel, Switzerland
Contact Website: www.icdtmct2003.ch

SEPTEMBER 2003
September 12, 2003
THE KIDNEY AND UROLOGY FOUNDATION OF AMERICA
Ethical Issues and Clinical Development in Transplantation
New York, N.Y
Contact Phone: 212-629-9770
Contact Email: eiuw@kidneyurology.org
Contact Website: www.kidneyurology.org

SEPTEMBER 2003
September 10-12, 2003
SEPSPF BI-ANNUAL MEETING
Focus: Annual Peer-Review Abstract Session
The Ritz-Carlton, Buckhead
Atlanta, GA
Contact: Arlene Skinner
Contact Phone: (804) 323-9939
Contact Email: skinner@seopf.org
Website: www.seopf.org

SEPTEMBER 2003
September 10-13, 2003
VIII INTERNATIONAL SMALL BOWEL TRANSPLANT SYMPOSIUM
Sheraton Bel Harbor
Miami Beach, FL
Contact Phone: 305-243-6716 or 1-800-U-OF-M-CME
Contact Email: mailto:umcme@med.miami.eduumcme@med.miami.edu
Contact Website: http://cme.med.miami.edu

SEPTEMBER 2003
September 30 - October 4, 2003
SEVENTH INTERNATIONAL XENOTRANSPLANTATION CONGRESS
Glasgow, Scotland
Contact Email: info@ixa2003.co.uk
Contact Website: www.ixa2003.co.uk

OCTOBER 2003
October 1 - 4, 2003
TRANSPLANT IMMUNOSUPPRESSION 2003:
The Continuing Challenges
Minneapolis, M.N
Contact Phone: 612-626-7600
Contact Fax: 612-626-7766
Contact Email: cmereg@umn.edu
Contact Website: www.med.umn.edu/cme

OCTOBER 2003
October 1-4, 2003
ASTS 4TH ANNUAL WINTER SYMPOSIUM
Surgical Challenges in Transplantation
Marriott Mountain Shadow Resort and Golf Club
Scottsdale, AZ
Contact Website: www.asts.org
Contact Phone: 1-800-736-6261
The American Society of Transplant Surgery is establishing a Clinical Trials Bulletin Board for periodic distribution to the membership via Blast e-mail, the Chimera and the ASTS website. The purpose of this bulletin board is to allow investigators to solicit participation from other centers for their clinical trial. It is hoped that this bulletin board will attract enrollment of a sufficient number of patients to statistically power clinical trials.

Interested investigators should submit the following information to the head of the ASTS Scientific Studies Committee, Giacomo Basadonna at email address giacomo.basadonna@umassmed.edu

1. Title of study.
2. Hypothesis. Limited to 250 words.
3. Endpoints to be studied and length of followup,
4. Contact information for the principal investigator, including name, phone number, fax number, and e-mail address.
5. Period of enrollment.
6. Sponsorship, if any.

The ASTS Scientific Studies Committee will serve as the contact point for interested investigators. This information will then be posted on the ASTS website, and distributed via the Chimera and Blast e-mail. Other centers who are interested in participating in these clinical trials are encouraged to contact the principal investigator to obtain additional information.

It should be noted that posting of studies on the trials bulletin board does not in any way denote support or sponsorship of the principal investigator or clinical trial by the American Society of Transplant Surgeons. In addition, the American Society of Transplant Surgeons does not vouch for the scientific validity, clinical efficacy, and/or any safety issues related to conduct of these clinical trials.
The ASTS Job Board is enhanced further by the addition to the ASTS website, www.asts.org of CV’s of ASTS Candidate Members. This is in an effort to facilitate the interactions between graduating fellows and transplant programs with junior position openings. To access the CVs go to www.asts.org, log into the Members Only section and click on Upload/download files.

THE CENTER FOR SCIENTIFIC REVIEW (CSR) at the NIH is expanding and reorganizing its scientific review structure into four Divisions, including a Division of Clinical and Population-based Studies. CSR is seeking a Director for this division with experience and knowledge in clinical research and/or behavioral and social science, who can serve as an effective liaison with these research communities. This is a senior executive level position. For more information, please see ad at http://www.csr.nih.gov/employment, or contact Ms. Pam Sullivan, SullivanP@csr.nih.gov

TRANSPLANT HEPATOLOGIST The Texas Transplant Institute in San Antonio is seeking a second hepatologist to work with a growing liver transplant program. Board eligibility or certification in gastroenterology is required as is the ability to obtain Texas medical licensure. UNOS qualification in liver transplantation is desirable, but not essential. The Texas Transplant Institute is a not-for-profit medical corporation dedicated to bone marrow and organ transplantation with adult and pediatric programs in the Methodist Healthcare System hospitals with resident and transplant surgery fellowship training. TTI physician specialties include hematology-oncology, surgery, transplant cardiology and transplant hepatology. Research staff and facilities are available. Excellent salary, benefits and relocation assistance will be offered. Please submit a current CV to the attention of Roberta Cloud, Vice President, Texas Transplant Institute, 8201 Ewing Halsell, San Antonio, Texas, 78229 or to rcloud@texas-transplant.org. Francis H. Wright, MD, Director, Organ Transplant fwright@texastransplant.org; Preston F. Foster, MD Director, Liver Transplant pfoster@texastransplant.org; Robert McFadden, MD, Medical Director, Director Liver Transplant rmcfadden@texastransplant.org

DIRECTOR OF LIVER TRANSPLANTATION RESEARCH UNIVERSITY OF CINCINNATI The Division of Transplantation, Department of Surgery, at the University of Cincinnati College of Medicine is seeking to recruit a full-time basic scientist with either a MD and/or PhD degree(s) at the Assistant, Associate, or Professor level to develop, lead, and conduct transplant-related basic science research programs. Areas of research focus for this position include hepatic ischemia/reperfusion injury and/or organ preservation, in either rodent or large animal models. Successful candidates must be able to integrate their interests with those of clinical faculty in the division as well as have a record of scientific independence as measured by extramural grant support and publication history. Considerable opportunities exist for collaborative efforts with strong basic science research programs in the Department of Surgery in the areas of inflammation, tissue injury, epithelial cell biology, and vascular biology. Joint appointments in other areas, including basic science departments, are possible. Faculty appointment to academic department at a rank appropriate to the candidate’s education, experience, and credentials Compensation packages are competitive and will be commensurate with experience and qualifications. The University of Cincinnati is an Affirmative Action/Equal Opportunity Employer. Women and minorities are particularly encouraged to apply. Interested individuals should please contact: E. Steve Woodle, MD, Director, Division of Transplantation, Department of Surgery, University of Cincinnati College of Medicine, 231 Albert Sabin Way, PO Box 670558, Cincinnati, Ohio 45267-0558, woodlees@uc.edu, 513-558-6001.

TRANSPLANT SURGEON The University of Kentucky Transplant Section wishes to recruit a transplant surgeon at the Assistant Professor level with expertise in performing liver, kidney and pancreas transplantation. Candidates with laparoscopic donor nephrectomy experience will be given special consideration. Please contact: Dinesh Ranjan, M.D., Chief – Transplant Section, 859-323-4661 or dranj1@pop.uky.edu. The University of Kentucky is an Equal Opportunity Employer. Minorities and women are encouraged to apply.
Contract Policy: Only the current President and Treasurer of the American Society of Transplant Surgeons is authorized to sign any contract or enter into any obligation of the Society including those with obligation of Society funds. All such contracts and other forms of obligation are to be submitted to the Society headquarters offices with recommendation from submitting person/committee for approval.