The ASTS is a perfect fit for surgeons, physicians, scientists and surgical associates interested in advancing surgical care in transplantation.

Fostering and advancing the practice and science of transplantation for the benefit of patients and society.

Apply for membership online at www.asts.org
The ASTS originally developed the Chimera newsletter in 1989. Chimera derives from Greek mythology and describes an entity with the body of a lion, the head of a goat and the tail of a serpent, which ends in a viper's head. While there are many interpretations concerning the symbolism of the Chimera, it is often used metaphorically to describe things that have combined attributes from different sources...as in transplant recipients that have organs from other people. As the logo of the American Society of Transplant Surgeons, the Chimera not only embodies the substance but also the spirit of transplantation and this newsletter seeks to emulate those attributes of the Society.

Throughout 2006, the Newsletter Committee published three editions of the Chimera and completed a redesign of the product. The newsletter has consistently provided a message from the President, important Legislative Reports, Regulatory and Reimbursement Updates, and advertising for upcoming meetings and events. The Chimera, as well as the website, provides members with access to the Job Board, summaries of scientific meetings, continuing medical education and other important Society information. Over the past year, the Chimera offered readers reports on committee activities, summaries of the Retransplantation and DCD consensus conferences, information on fellowship training, highlights of the State of the Art Winter Symposium and the first ever World Transplant Congress.

Looking forward, the Chimera will continue to complement the newly designed website and offer members a print-based source of new information and reference. Nearly every topic that is addressed in the Chimera has detailed information available at www.asts.org. Please take advantage of the new website to gain additional insight and timely updates on the topics addressed within this and all future editions. Ultimately, our goal is that every page, in some manner, supports the Society and its mission. We will continue to offer items that readers have come to expect in each issue and look forward to adding new features to better serve the membership.

Finally, we thank Abhinav Humar, MD, University of Minnesota, for the cover images you see in the present edition. Based on member feedback, we will offer a realistic cover image and trust you will agree that Dr. Humar's generous contribution meets (and exceeds) that goal. If you have interesting transplant images that could be featured on future covers of the Chimera, please send the image(s), a brief description (limited to 100 words), and your contact information to asts@asts.org or to:

ASTS Newsletter Committee
2561 S. Clark Street
Suite 640
Arlington, VA 22202

Thanks to everyone who provided feedback on the first edition of the redesigned Chimera. We encourage you to provide comments to asts@asts.org and let us know what you would like to see in future editions.

With best wishes for a successful 2007,

Kenneth L. Brayman, MD, PhD
Chair, Newsletter Committee

Kim Gifford
Managing Editor
President’s Letter

The practice of clinical transplantation is tightly interwoven with both bioethics and public policy. The successes of transplantation are, in part, due to the ethical considerations, and the subsequent medical and legal definitions of brain death, as well as the legislative enactment of the National Organ Transplant Act (1984). On a daily basis, the need to make and implement ethical decisions pervades clinical practice in numerous ways; including acceptance of candidates on the waitlist, allocation of organs, and counseling and acceptance of living donors (who take on surgical risk for no physical benefit to themselves).

At the same time, transplantation is one of the most highly regulated and closely watched surgical specialties. Center-specific results are available on the internet. The OPTN oversees allocation of deceased donor organs and frequent reports in the lay press detail the inefficiencies and inequities of the system.

The ASTS has just completed its highly successful 7th Annual Winter Symposium; the theme was “Solving the Organ Shortage Crisis: Implications of Expanding the Donor Pool.” Tremendous credit goes to the organizing committee (Chair: Elizabeth Pomfret) for developing such an outstanding program which not only addressed the many practical challenges, but also illuminated the many ethical and public policy issues that we all must face.

Meanwhile, The Bush Administration’s President’s Council on Bioethics, www.bioethics.gov, is writing a report with policy recommendations — explicating the ethical dimensions of organ procurement, allocation and transplantation. The mission of the Council on Bioethics is to “advise the President on bioethical issues that may emerge as a consequence of advances in biomedical science and technology.” The Council on Bioethics has asked for input from the ASTS as this group considers recommendations for whether or not we should consider implementing presumed consent, mandated choice, conscription, and/or financial incentives for donation. (Currently, the ASTS does not have formal policy statements on most of these issues).

In addition to the Council on Bioethics, a second group, the Advisory Committee on Organ Transplantation (ACOT), www.organdonor.gov/acot.html, is meeting to advise the Secretary of the U.S. Department of Health and Human Services “on all aspects of organ donation, procurement, allocation, and transplantation…” At its meetings the committee is expected to address “enhancing organ donation, ensuring that the system of organ transplantation is grounded in the best available medical science, assuring the public that the system is as effective and equitable as possible, and thereby increasing public confidence in the integrity and effectiveness of the transplant system.”

And finally, the UNOS Board charged the Kidney Allocation Review Subcommittee (KARS) to review the kidney allocation algorithm while focusing on integrating measures of survival and other measures of patient benefit. As a consequence, a subcommittee is working on a new allocation system designed to increase long-term kidney allograft survival. The proposed system, to some extent based on the net-benefit of undergoing a transplant vs. continuing on maintenance dialysis, will be presented for public discussion in 2007.

Within the ASTS, our own Ethics Committee (Chair: Charles Miller) is in the process of developing policy statements on a number of issues. Some statements (e.g., on removing financial disincentives for donation) will be relatively easy; others, more difficult. Even prioritizing which issue to address first is worthy of debate.

I am drawing your attention to these groups: the President’s Council on Bioethics, ACOT, the OPTN subcommittee, and the ASTS Ethics Committee - because your voice needs to be heard. On a day-to-day basis, all of us as transplant surgeons, along with our colleagues, must deal with the consequences of ethics and public policy decisions. Transplant personnel have a unique perspective: that of caring for the individual patient. If we do not speak up for the “causes” we believe in, others will make the decisions for us.

In the long run, the deliberations and discussions of these 4 groups will affect how we can take care of our patients. We are not all going to agree on each of these issues. But both internal and external discussions that delve into where we disagree and why we disagree are important. I urge each of you to learn the arguments, take an active stand, and speak out (whether in person at meetings; by phone; via email; or in formal written letters, editorials, or opinion pieces). Each of the groups I discussed above - the ASTS Ethics Committee, the President’s Council on Bioethics, ACOT, and the OPTN - needs to hear your opinions.

Arthur J. Matas, MD
ASTS President
The Republican-controlled 109th Congress recently wrapped up its business just two weeks before the holidays with mixed success. Although this “lame duck” Congress succeeded in passing a Medicare bill, which has some significant impacts on transplantation, they did not complete 11 of 13 major spending bills that fund the federal agencies. Instead, lawmakers chose to pass a “continuing resolution” that funds the government at 2006 levels until February 10, 2007. Other major priorities for ASTS and the transplant community will go unresolved into 2007—and into the hands of the incoming Democratic majority. This includes critical funding for the Organ Donation Act and legislation that would clarify the legality of living paired kidney donation.

Physician Fee Schedule Payment Increase Approved

Early Saturday morning on December 9, 2006, the 109th Congress approved its last piece of legislation, a Medicare and tax package that served two major legislative purposes. First, it secured the extension of many expiring tax provisions first enacted in the Bush tax cuts of 2001. Second, and more importantly for transplant surgeons and patients, was the elimination of a proposed 5.0 percent cut in physician payments for calendar year 2007.

The final passage of the physician fee schedule update represents a qualified success for physician groups. ASTS, in concert with other medical specialty societies, had urged Congress to eschew the 5.0 percent cut in favor of a positive update without any reporting requirement. However, the cost of such a package was deemed, in the end, too expensive for some lawmakers who already had serious misgivings about moving any end-of-year legislation that included any additional funding. The physician fee schedule provision ultimately cost $3.1 billion over 5 years. By contrast, a long-term legislative solution that would ameliorate additional negative updates for the foreseeable future is estimated to cost in excess of $200 billion.

With a flawed statutory payment update system currently in place, the so-called “Sustainable Growth Rate,” or SGR, will continue to provide a negative payment update for future years unless Congress acts. Congress has acted in fact, in almost every year from 2000-2006, to provide some form of payment relief, but it has yet to provide a long-term solution. The linkage of a payment increase to reporting of quality data is a new twist to Congressional efforts on physician payments. It signals an embrace of linking payments to physician performance and, ultimately, more detailed “pay for performance” proposals. Pay for performance, which would link incentive payments to physician compliance with certain quality of care targets, is likely to be at the heart of a solution to reform physician payment policy. ASTS continues to be actively engaged with CMS and Congress on matters pertaining to the linkage of payment to quality standards.

110th Congress Preview—Impact and Update on ASTS Priorities

Now that the lame duck session of the 109th Republican-led Congress has adjourned, Democrats take the reigns of Congress for the first time since 1994. With several key transplantation issues left unfinished in 2006, new Chairmen/women are set to take over key committees and new leadership teams will be directing Congressional priorities.

The major shift in party control will undoubtedly have a big impact on issues critical to transplant surgeons and patients. The shift in party control changes the future landscape for myriad health care issues, including funding for the Organ Donation Act and living donor legislation. Entitlement reform—including Medicare—is on tap for 2007, which could also present an opportunity for changes to Medicare’s immunosuppressive drug coverage. Additionally,
Democrats will likely be active on other health issues that, to date, have been stymied by Republican leaders and key committee Chairmen. However, the Democrats will be just as hamstrung by limitations in federal funding and President Bush will always be present with his veto pen if bipartisan proposals are not forthcoming.

Appropriations for Organ Donation Act

The task of finalizing appropriations for FY 2007 will fall to the new Democratic Congress when the current continuing resolution expires on February 10, 2007. The spending bill that funds the Department of Health and Human Services and, thus, the Division of Transplantation (DoT), is among those bills that were not finalized. The DoT will continue to be funded at its current FY 2006 level, $23.2 million, until Congress acts.

ASTS led a combined transplant community-wide effort over the spring and summer of 2006 to get Senate and House support for a $5 million increase in funding for the Organ Donation Act. But extreme fiscal pressure forced lawmakers in the House to propose level funding for FY 2007. The Senate, on the other hand, proposed a modest $2 million increase to support the Organ Donation Act’s implementation, such as travel and subsistence reimbursement for living donors. With a tight budget in place, the $2 million increase was considered a victory. However, with new leadership and a new Congress left to sort out the final appropriations numbers, the increase in funding could be in jeopardy.

ASTS and the transplant community recently met to develop a new strategy for FY 2007 and press forward with efforts on securing funding in the FY 2008 cycle. The immediate strategic goals include meeting with key lawmakers who will be involved with crafting the final appropriations package and with Senate sponsors of the increase in funding. As a result, ASTS and the transplant community are hopeful that the $2 million increase secured in the Senate-passed version of the bill will be included in a final appropriations package.

Living Paired Donation Clarification Legislation

Despite efforts in 2006 to seek Congressional action on legislation to clarify the legality of living paired donation, no action was taken by the House or the Senate. ASTS, along with leaders in the transplant community, are now gearing up for passage of this critical legislation in the 110th Congress. The legislation, known in the 109th Congress as S. 2306, the “Living Kidney Organ Donation Clarification Act,” clarifies that the National Organ Transplant Act (NOTA) was not intended to prohibit living kidney paired donation as an exchange of “valuable consideration.”

ASTS continues to make the argument that virtually the entire transplant community does not believe that paired donation raises the kinds of ethical concerns that this provision of NOTA was designed to address, namely, the creation of a market for donor organs. But the effort to seek clarification in the NOTA law that paired donation is not a violation of NOTA became a high priority of ASTS due to vague concerns raised by Executive Branch officials that the situation is not clear. Thus, eliminating any lingering legal concerns would encourage transplant centers to adopt paired donation programs as a standard practice and could lead to the development of a national paired donation program.

ASTS, along with key members of the transplant community, are working to educate key committee staff and Members of the committees of jurisdiction about the merits of this legislation in preparation for a major campaign in 2007. In order to speed passage of this legislation, the scope of the bill will likely be held to living paired donation, not, as has been suggested, list-paired donation. The widespread lack of ethical concerns with paired donation, coupled with the promise it holds for increasing donation rates and lessening dialysis costs for the Medicare program, make this issue a compelling one for Congressional attention.

It is widely believed the 110th Congress will attempt to engage issues relating to entitlement spending (i.e., Medicare, Medicaid and Social Security). 2007 offers a window of opportunity in which to potentially accomplish an entitlement reform bill prior to the Presidential election year, when such a bill would be unlikely to pass. Democratic priorities for entitlement reform are anticipated to be significantly different from Republican approaches. Increasing reliance on private sector administration of benefits and so-called “privatization” will likely be off the table with Democrats in control. However, how Democrats propose to deal with blossom-
ing entitlement spending as baby boomers retire is, as yet, undetermined.

Irrespective of party control, the possibility of major entitlement reform presents an opportunity for ASTS to engage Congress on immunosuppressive drug coverage issues. Currently, Medicare coverage for immunosuppressive drugs is limited to three years post-transplant, a time when kidney transplant patients also lose their overall Medicare coverage. Other access and financial hurdles to immunosuppressive drug compliance also continue to arise with regard to Medicare coverage restrictions and loopholes in current law.

ASTS continues to monitor this critical issue and will be working with members of the transplant community, as well as the Immunosuppressive Drug Coalition (a consortium of patient, manufacturer and provider groups), to develop policy options and strategic plans for engaging Congress as entitlement reform gets moving in 2007.

Conclusion
Although too early to tell, the election results may trigger a new sense of bipartisanship in Washington, as the White House and the Democrats in Congress will have to work more cooperatively in order to accomplish any major legislation. Although Democrats have a fairly comfortable lead in the House and a razor thin margin in the Senate, they will need moderate Republican votes to move most legislation and President Bush still holds the veto pen, which will not be easily overridden in Congress as the House and Senate margins currently stand. ASTS will continue to analyze the political situation as it unfolds. With new members and staff flooding Capitol Hill over the next few months, clearly education efforts will have to be made to engage them on issues critical to transplant surgeons and their patients.

Clinical Research Initiative
ASTS Launches Clinical Research Initiative

The ASTS is pleased to announce a new initiative, intended to provide its members with a process to facilitate program participation in multi-center, clinical trials sponsored by the pharmaceutical industry. The ASTS plans to operate as an intermediary between the transplant centers and the pharmaceutical industry with the purpose to facilitate these interactions.

An active database will be maintained, which will include details provided by transplant centers expressing an interest in participating. The ASTS will facilitate the transfer of information to pharmaceutical firms interested in enrolling patients in a particular clinical trial.

The ASTS will provide available data on all participating centers to the sponsor, who will in turn select the centers of interest. The ASTS will then contact the selected centers with an abbreviated statement outlining the proposed study. If the center is interested in participating in the proposed study, the ASTS will then facilitate communication between the sponsor and the centers.

More information is available on the ASTS website at www.asts.org, go to the Research & Education Tab and view the information under “Resources”.

Coming in the Next Issue

A comprehensive meeting report on the 7th Annual State of the Art Winter Symposium, “Solving the Organ Shortage Crisis: Implications of Expanding the Donor Pool.”
In November, CMS finalized a number of Medicare payment rules of interest to ASTS members. In addition, OIG audits of transplant centers have continued, and JCAHO has forged ahead with plans to accredit transplant programs, even in advance of CMS’s finalizing the regulations that will govern transplant center certification.

DRG Reform
In April of this year CMS published its annual proposed rule related to inpatient prospective payment for hospitals. The proposal contained a number of significant and controversial changes to the DRG system, including re-weighting of the current DRGs and adopting a new severity of illness system. Comments on behalf of the ASTS were filed in June. Of particular concern were the proposed 2007 DRG weights for transplant procedures, which were all incorrect because CMS had not properly excluded organ acquisition costs, which are reimbursed separately. Moreover, the proposed severity of illness system did not accurately account for transplant patient severity of illness.

CMS decided to go ahead with the implementation of cost-based DRGs in 2007, but to phase the new system in over three years. Beginning October 1, 2006, DRGs will be 1/3 cost-based and 2/3 charge-based; in FY 2008 they will be 2/3 cost-based and 1/3 charge-based; and in 2009 they will be entirely cost-based. In response to the concerns of ASTS and others about the severity of illness adjustment system, CMS decided to study the issue further, and, for fiscal year 2007, created 20 new DRGs and modified 32 others to better recognize severity.

ASTS had recommended that CMS create separate DRGs for liver-kidney transplants and for liver-intestinal transplants, noting that the average charges for these combined procedures is significantly higher than for liver transplants alone; however, CMS did not adopt these changes. Nor did CMS accept ASTS’s recommendation that islet cell transplants be assigned to the pancreas transplant DRG.

Physician Fee Schedule Rulemaking
Medicare allowances for services provided by transplant surgeons and other physicians are determined under the Physician Fee Schedule by multiplying each CPT code’s relative value units (RVUs) by the national “conversion factor.” Over the past several months, there has been significant activity with respect to both the “conversion factor” and the RVU components of the Physician Fee Schedule.

As addressed in the Legislative Update, in its waning days, Congress enacted legislation that will preclude the projected 5% reduction in the conversion factor from going into effect. Therefore, the national conversion factor will remain unchanged in CY 2007.

However, the CY 2007 RVUs for some transplant and many non-transplant services under the Physician Fee Schedule will be significantly different from those in effect in CY 2006 for a number of reasons, including the results of the five year review of allowances intended to compensate physicians for their work (work relative value units or “W-RVUs”). As the result of the five year review, Medicare allows for evaluation and management (E&M) services (including post-surgical visits for surgical codes with 10- and 90-day global periods) will increase substantially. In addition, CMS will be implementing significant changes in the methodology used to determine allowances for physicians’ practice expenses (practice expense relative value units or “PE-RVUs”). CMS is proposing to incorporate all five-year review changes into the PFS in CY 2007, but to phase in the PE-RVU changes over four years (CY 2007-2010).

RVUs for transplant services generally will increase in CY 2007, with RVUs declining somewhat from 2007-2010 (but generally remaining within 5% of current RVUs). The primary exceptions are for kidney transplant procedures (CPT 50360-50380) whose RVUs will increase by 14-37% by 2010; pan-
creas transplant (allograft) (CPT 48554) whose payment will increase by almost 9% by 2010; and heart transplant (CPT 33943) whose payment will increase by approximately 8% by 2010.

The increases for heart and kidney transplants appear to be attributable to significant increases in the RVUs for the physician work that is involved in providing these services, including the post-transplant follow-up. The increase in RVUs for pancreas (allograft) transplants is also attributable in part to an increase in the estimated practice expenses for this procedure.

Also, ASTS has continued its dialogue with CMS regarding the classification of standard backbench services as physicians’ services that are reimbursable under the Physician Fee Schedule. ASTS has continued to urge CMS to classify these procedures as organ acquisition costs, payable under Medicare Part A, and CMS currently has this issue under consideration.

Hospital Outpatient Rates
CMS also finalized rates for services provided to hospital outpatients under the Hospital Outpatient Prospective Payment System (HOPPS) rates for 2007. Under HOPPS, payment for procedures performed in hospital outpatient departments are reimbursed based on the Ambulatory Payment Classification (APC) of the procedure involved. Physicians’ fees are reimbursed separately.

In CY 2007, CMS will significantly revise its allowances for drug administration performed in hospital outpatient departments, and implement some relatively minor changes in the allowances for certain drugs administered to transplant recipients post-transplant. While CMS had proposed to eliminate the current “add-on” payment for IVIG, in the final rule, CMS decided to retain this add-on payment for another year.

**Regulatory Highlights**

**Data Collection Update**

**OPTN/UNOS Board of Directors**
**December 12, 2006**

**DATA COLLECTION PRINCIPLES RESOLUTION**

**RESOLVED, that the OPTN/UNOS Board approves the following principles for data collection:**

Institutional members must provide sufficient data to OPTN to allow it to:

a) Develop transplant, donation and allocation policies.

b) Determine if Institutional Members are complying with policy

c) Determine Member-specific performance

d) Ensure patient safety when no alternative sources of data exist

e) Fulfill the requirements of the OPTN Final Rule.

**FURTHER RESOLVED, that the OPTN/UNOS Board approves the following operational statements for data collection:**

1. The OPTN will only collect data that is contracted by HRSA.

2. Data collected and submitted by Institutional Members to the OPTN may differ in nature and character for specific populations, forming exceptions to Guiding Principles above (e.g. Pediatrics, Living Donors). For these exceptions to the foregoing principles, alternative sources of information must be explored and supported, duplication of existing efforts (e.g. registries) avoided, and sample data collection considered. The need and purpose of any such exceptions must be clearly articulated and subject to Policy Oversight Committee and Board approval, and public comment.

3. All future data requests by OPTN committees must be justified in the context of the above guiding principles and new data collection will require approval by the Policy Oversight Committee and the Board of Directors of the OPTN, and be subject to public comment.

**Data Reduction Project**

ASTS has continued to urge vigilance in ensuring that transplant centers are required to submit data to the OPTN only when the submission of that data is consistent with agreed Principles. ASTS will continue to press all of those involved to provide clearly articulated reasons for any additional data submission requirements and hopes that this process will continue to alleviate the data reporting burden placed on ASTS members and transplant center staff.

**Transplant Certification Regulations**

While CMS has not taken any action to finalize the transplant certification regulations, the JCAHO has pressed ahead with a certification program for transplant centers based in large part on the CMS proposed regulations. At this stage, it is unclear when CMS will issue the final rules, although a February publication date has been predicted by some. ASTS is in communication with JCAHO regarding the roll-out of its program, and will keep you apprised of further developments.
The Fall ASTS Council and Committee Chair Meeting was held in Santa Monica, CA on October 23, 2006. Following are key committee news and reports from the meeting.

CME COMMITTEE
Dr. Scott Gruber reported the Committee has received several responses from members for videos of transplant surgical procedures. He advised the Committee is extending their search to include videos on dialysis access procedures and presented a draft letter to the membership. Dr. Gruber presented a proposal to post the DVD content from the Atlas on Transplantation on the ASTS website for a permission fee to Springer Publishing.

CELL TRANSPLANT COMMITTEE
Dr. James Markmann presented a consensus paper developed by the OPTN Committee and requested ASTS endorsement. He advised the OPTN Committee is requesting all relevant organizations endorse the paper. It was noted the costs are too high for islet clinical trials and a solution is needed to lower procurement costs or research in this area will be halted. There was discussion regarding the tissue strategy and labeling islet cell transplantation “experimental.” The Council recommended caution to avoid disincentives for procurement and devaluing reimbursement for removing the organ.

BYLAWS COMMITTEE
Dr. Stuart Flechner presented proposed bylaw changes to bring the bylaws up to date. These include: The name of the Program and Publications Committee will be changed to the Continuing Medical Education (CME) Committee; A Legislative Committee was added by the Council; The Reimbursement Committee was further refined; Industry Committee is obsolete and will be deleted; The Government and Scientific Liaison Committee needs to be codified; There is ongoing discussion regarding combining the Newsletter and Informatics to a unified Communications Committee; the ATC Meeting Committee needs to be updated; and the ASTS/ASTP Liaison Committee has been changed. The Council agreed with the proposed changes and the changes will be presented to the membership for a vote.

AWARDS COMMITTEE
Dr. Kim Olthoff reported the online awards system was completed and is open for application submission. The deadline is standardized to the second Tuesday in December. Dr. Olthoff presented the eligibility requirements and criteria for the new David Hume Bridge Award. The Committee has not yet decided to identify a specific score range or percentile for eligibility criteria as the award is still too new. Dr. Olthoff presented a proposal for changes to the current awards and award amounts to include, eliminating the Presidential Travel Award and replacing it with a Medical Student Award, increasing award amounts for many of the awards to remain competitive, standardizing the award amounts within each category; and funding more than one David Hume Bridge Award per year. There was also discussion on possible development of an award for surgical associates.

ETHICS COMMITTEE
Dr. Charles Miller presented a revised ASTS Ethics Committee position statement on directed donation and solicitation. There was discussion on the definition of “pre-established” relationships. Dr. Miller also reported on the Psychosocial Consensus Conference held in May 2006 and presented a draft manuscript. The Council discussed the manuscript and felt it may not be practical to require separate independent teams for the donor and recipient. Dr. Miller reported that the President’s Council on Bioethics has requested a meeting with the ASTS.

LEGISLATIVE REPORT
Dr. Richard Freeman and Mr. Peter Thomas reported that the paired kidney and list donation legislation has been deferred to the next Congress. Drs. Freeman and Frank Delmonico met with Senator Kennedy's office to advocate for the NOTA Clarification Act. There is a reservation on behalf of Congress to open up NOTA for risk that amendments on organ sales, allocation, stem cell research and/or other controversial issues may get tucked on. Mr. Thomas reported the House passed a bill on J-1 visas, but advised Senate action is unlikely this year. Meantime, the Transplant Roundtable continues its coalition effort on appropriations for the organ donation act, paired kidney and list donation, and immunosuppressive drug coverage. Finally, the Council requested that Mr. Thomas coordinate with the ACS on surgical issues and leverage their resources on common priorities.

REGULATORY AND REIMBURSEMENT REPORT
Dr. Michael Abecassis reported he continues to push for Standard Backbench Codes to be Medicare Part A. CMS staff overseeing Part A says they are willing to rethink the issue. The next step will be to have a follow-up call with the decision-makers for Part B and for them to reconsider the issue. Dr. Abecassis reported the OPTN Data Requirements efforts are off track. The key will be to refocus the OPTN Board on the guiding principles and advocate for adoption of the ASTS/AST guidelines.
GOVERNMENT AND SCIENTIFIC LIASON

Dr. Richard Thistlethwaite reported that he, Dr. Abecassis and Ms. Crist met with Cindy Brown, Director of Public Policy, ACS, during the Clinical Congress in Chicago. Ms. Brown advised ACS is interested in supporting ASTS initiatives as a member surgical society. Dr. Thistlethwaite reported that ACS is not able to commit resources to pursuing a transplant certification program but says JCAHO is moving forward with plans for a transplant certification program. Also, ACS plans to build a new office building near Capitol Hill and has extended the opportunity for ASTS to lease space. The Council agreed to sign a non-binding letter of intent to lease space in the new building.

Dr. Thistlethwaite reported on the HRSA Collaboratives and that nearly 2,000 attendees participated in the recent meeting. He says the Campaign is based on dissemination of best practices. HRSA maintains stated goals of 75% conversion rate (potential to actual donors) and retrieval of 3.75 organs per donor. HRSA intends to initiate a new collaborative on transplant program growth in June 2007 to include a study of effective transplant program design; site visiting “best” centers from October 2006 – February 2007 to develop best practices model; “Best” centers based on transplant recent outcomes and volumes increase; and request for ASTS help in identifying surgeons to participate in review of “best” centers.

STANDARDS ON ORGAN TRANSPLANTATION COMMITTEE

Dr. David Mulligan requested the Council’s level of interest on developing surgical standards for various transplant surgery issues. The Council agreed this would be useful and requested a list of potential topics for development of guidelines. The Council advised that guidelines for informed consent are a moving target and locally driven and agreed that developing guidelines on this topic at this time would not be productive. The Council also discouraged development of standards for organ procurement surgeons.

FELLOWSHIP TRAINING COMMITTEE

Dr. Peter Stock presented the committee report which included recommendations for training program accreditation and re-accreditation as well as the list of certificates of completion issued to fellows. Dr. Stock reported the Committee was continuing its work on the Manpower Survey and is contacting each Program Director that did not respond to the initial survey. Once the Program Director portion of the survey is complete and the fellow database organized, the Committee will begin polling previous fellows. The Committee is also working closely with the Vanguard and CME Committees on the Curriculum Development Project. Lastly, the timeline for the 2007 Match for appointment year 2008 was presented.

VANGUARD COMMITTEE

Dr. Randall Sung reported that it was a record-breaking number of abstract submissions for the 2007 State of the Art Winter Symposium, “Solving the Organ Shortage Crisis: Implications of Expanding the Donor Pool”. There were 135 abstracts submitted and an additional session was added to accommodate more oral abstracts. On other fronts, the Vanguard Committee is working on a new initiative to foster mentorship. Also, the Committee continues to work with the CME and Fellowship Training Committees on the Curriculum Development project. Finally, he reported that the Committee is already preparing for the 2008 Winter Symposium; entitled “The High Risk Recipient”. There will also be a new pre-symposium course entitled “Preparation for a Career in Transplant Surgery” that will be designed by Drs. Sung, Seth Karp, and Sunil Geveraghese to cover issues essential for preparing junior surgeons for a career in transplant surgery.

AD HOC COMMITTEE ON NEW REVENUE

Dr. Michael Abecassis presented guiding principles for the Committee and six concepts for new revenue streams. He requested the Council rank them in order of interest for further development and priority order for launching the initiatives. The Council responded as follows:

1. Fellowship Accreditation Fees
2. Commercialization & Branding
3. Clinical Research Clearing House
4. Educational Materials & CME
5. Quality Initiatives & Maintenance of Certification (MOC)
6. Consulting Services for Transplant Business Management

The Council liked the concepts and requested that the Committee move forward with further development.

INFORMATICS COMMITTEE

Dr. Sandy Feng reported that Phase I of the website redesign is 98% complete. Dr. Feng presented data on website traffic and noted that North America and China have the largest number of people visiting the site. Adding that the majority of the traffic is logging directly onto the site for information and not through a search engine. Dr. Feng advised she would like to tailor future reports to better understand the user preferences. Dr. Feng reported the online awards application section was completed and would be utilized for the 2007 ASTS Awards and the Fellowship application process would be online by November 2006. Moving forward, the Committee is interested in expanding the member search functionality, enhancing and organizing educational materials, and supporting strategies to increase Society revenue.

ATC 2007

Dr. Dixon Kaufman presented a draft program for the San Francisco meeting in May. He requested approval for the ATC to offer an honorarium for the keynote address and the state of the art address speakers. Dr. Kaufman reported the online abstract submission was open and a processing fee was required to submit an abstract this year. This was approved by the Joint Council on a trial basis with the intent of covering the costs of processing abstracts.
**Thoracic Committee**

Dr. Mark Barr reported that the Committee will review funding mechanisms targeting experimental cardiothoracic transplantation. He reported on controversies related to the new heart allocation system and proposed that ASTS consider to develop a position statement on the new allocation schema. He requested Council interest in having the Committee develop a consensus position on an effective treatment for the sensitized patient considering the impact of sensitization/humoral rejection on heart/lung transplantation. Lastly, he reported that the Thoracic Committee will work with the Fellowship Training Committee to evaluate whether ASTS should or should not develop criteria for accrediting heart and lung training programs.

**Scientific Studies Committee**

Dr. James Eason presented an outline and a budget for the proposed combined kidney/liver consensus conference. The Council requested that Dr. Eason and the Committee develop a structured program proposal with specific stated objectives, topics and detailed sessions.

**Membership Committee**

Ms. Katrina Crist reported for Dr. Timothy Pruett that the ASTS is 1074 members strong and the Committee is cross-referencing the ASTS member database with the OPTN database of surgeons. A preliminary analysis indicates it may be worthwhile to develop two targeted campaigns; one for abdominal surgeons who are listed in the OPTN database, but who are not ASTS members, and a separate campaign for cardiothoracic members performing transplants.

**Ad Hoc Committee on Living Donation**

Dr. Andrew Klein advised the Committee will work with the Ethics Committee to address issues on living donation.

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**New Members**

**ASTS Welcomes It’s New Members…….*

Christopher D. Anderson, MD  
Washington University School of Medicine  
St. Louis, MO

Christopher M. Bearden, MD  
Emory University School of Medicine  
Atlanta, GA

Andre I. David, MD  
University of Miami  
Miami, FL

Sameh A. Fayek, MD  
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Atlanta, GA

Jeremy Goodman, MD  
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Madison, WI

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Anatolie A. Usatii, MD  
Sioux Valley Transplant Center  
Sioux Falls, SD

Heidi Yeh, MD  
University of Pennsylvania  
Philadelphia, PA

Tomoharu Yoshizumi, MD PhD  
The University of Tokushima  
Japan

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*To learn more about the benefits of ASTS membership and to apply online, visit www.asts.org*
The ASTS Nominating Committee is inviting nominations from the Membership for the 2007-2008 office of President-Elect and 2 Councillors-at-Large. If nominated, the candidate must be a regular member, in good standing, and committed to the mission of ASTS.

ASTS is also accepting nominations for positions on its various committees. For a complete list of committees, their mission statements, and recent activities, please visit www.astso.org.

Members interested in serving on a committee should submit a letter indicating on which committee they would like to serve. The letter should contain an outline of his/her proposed contributions to the Committee and the Society. The service term is for three years and will commence immediately following the May 2007 ATC.

To nominate an ASTS member for the 2007-2008 Council or for a committee position, please send a letter of nomination by 10 am EST, April 2, 2007 to:

Arthur J. Matas, MD
President & Nominating Committee Chair
American Society of Transplant Surgeons
2461 South Clark Street
Arlington, Virginia 22202
Fax: 703 414-7874
E-mail: asts@asts.org

Deadline to submit letters of nomination:
April 2, 2007
Hints for Navigating the ASTS Website

In July, the ASTS launched a new website, www.asts.org, to serve as an online resource for its members and the public. In addition to the public side, there are valuable resources available only to members through the Members Portal. To access this information, login with your username and password from the home page and then click GO.

From the Members’ Portal you have access to tools such as a comprehensive Member Search, Job Board, and My Account.

Need assistance with your password?  
Use the “Forgot password” function from the home page.  
**Hint:** Press this button only once! A computer-generated temporary password will be sent to the email address that you have on file with the ASTS. You will immediately be prompted to establish a permanent password. Choose something easy to remember!

**Hint:** The full Job Board is available only if you login as a member.

**Member Search**
Looking for a colleague in Georgia or organ specific experts?
One of the great features on the Members’ Home Page is the Member Search function. There are 13 fields to choose from that allow you to tailor your search.

You can also renew your membership online, update your address or your complete profile and access resources such as the AJT and CenterSpan. In the future, new features including transplant surgical videos and CME lectures will be added to the Members’ Portal. Take the time to login and access these additional benefits!

**Hint:** Once you login to the Members Portal you can navigate the entire site, just click the Members Home Page link that will appear in black at top of the screen to return to the restricted area.

**Hint:** Ensure that your email client’s spam filter isn’t blocking incoming email from ASTS. You may need to add asts.org to your list of trusted domains. Contact the information systems personnel at your institution for more assistance.

**Hint:** If you cannot easily locate what you are looking for, use the Search Function available in the upper left corner of every page.

Need assistance with your username?  Email asts@asts.org or call 703 414-7870
Dissecting Content on the ASTS website

The site is categorized with six main tabs: The Society, Meetings, Advocacy, Awards, Fellowship Training, and Research & Education. Within each tab there is an enormous amount of content to dissect. It may take a few extra clicks, but it is certainly worth the effort to take an exploratory look.

Meetings
Here you will find a list of consensus conferences that ASTS has supported along with available publications. You will also find details concerning the American Transplant Congress (ATC) and State of the Art Winter Symposium.

The Society:
Here you will find position statements, the ASTS mission and bylaws, the online membership application and previous presidential addresses (located under History). You can view committee mission statements and learn about recent activities. You can also find contact information for members of the Council and Committee Chairs and email them directly with questions and comments.

Advocacy
Check this area frequently for updates on legislative, regulatory and reimbursement issues that affect transplantation and to learn what ASTS is doing for you in Washington. Under “Other” there are reports and updates from the Advisory Committee on Organ Transplantation (ACOT) to the Secretary of Health and Human Services and the Institute of Medicine (IOM).

Fellowship Training:
If you delve into the layers of the Fellowship Training Tab, you will find a complete list of ASTS accredited programs, standards for accreditation and the online application. Fellows and program directors will find helpful information concerning the Match, fellowships and requirements to receive a certificate of completion. The required forms and surgical case logs that fellows must complete in order to apply for a certificate are available for download under this tab.

Awards
If you explore the Awards Tab you will find information about ASTS awards and the online application. You can also view a list award recipients spanning the last 20 years.

Research & Education
Under this tab, you will find a link to the AJT homepage and access to the Journal online. You will also find a comprehensive list of agencies, both private and public, that are known to have funding sources relevant to transplantation. Closer examination will reveal beneficial information about CME and physician education. Access webcasts from previous winter symposia and download PowerPoint lectures.

There is much more to the ASTS website than meets the eye. Beyond the home page lies your source for transplant surgical related information. Login today and explore www.asts.org.
Use the “Contact Us” function to report your likes, dislikes and suggestions for future development.
ASTS Welcomes Chantay L. Parks

The ASTS is pleased to welcome Chantay L. Parks as the new Communications Director. Chantay holds a degree from East Carolina University and brings over seven years of expertise in Communications to the Society. She began her career in Telecommunications and moved into Media/Television Management, Marketing and Editing. During her tenure at an NBC affiliate, she served as the Newscast Producer and Primetime Producer prior to her promotion to Assignment Editor/Newroom Immediate Supervisor. Chantay has also worked as an Independent Consultant, strategizing marketing/advertising plans for various small businesses throughout eastern North Carolina. She is a dedicated advocate for at-risk children and currently serves as a CASA-Court Appointed Special Advocate for young children. Chantay was born and reared in Washington, D.C.

As Communications Director, Chantay will develop a comprehensive communications strategy for the Society and will manage the ASTS publications including the Chimera, the websites, advertising, marketing and will oversee internal and external communications.

Chantay joins the following team currently serving the ASTS:

Katrina Crist, MBA
Executive Director
Katrina provides executive management to the Society and has over 10 years management experience in the field of transplantation. She oversees the day-to-day operations and financial management for all projects, initiatives and committee work. She manages the Legislative, Regulatory, Reimbursement, Ethics and Fundraising initiatives and provides counsel to the leadership of the Society and other transplant related organizations.

Kim Gifford
Assistant Director
Kim joined the ASTS in 2005. She manages the Fellowship Training Accreditation and Match Programs, the Awards application and review, Informatics initiatives, CME projects, and the State-of-the-Art Winter Symposium. She provides support to the Fellowship Curriculum project, Manpower Initiative and other special projects. She coordinates and oversees all ASTS meetings and events.

Joyce Williams, Membership Coordinator and Financial Manager
Joyce has been with the ASTS since 1999. She manages the membership application process and works with the Membership Committee to recruit new members. She also manages the membership database and serves as the Financial Manager for the Society.

The entire team at the ASTS National Office works to support the ASTS mission to “Foster and advance the practice and science of transplantation for the benefit of patients and society.” If you are in the Washington, D.C. area, we are conveniently located one Metro stop from Washington National Airport. We encourage members to visit and see what the ASTS is doing for you and what you can do for the ASTS!
Abdominal Transplant Surgery Fellowship Match

Schedule for Match Conducted in 2007, Appointment Year 2008
JAN 17, 2007 – Registration Opens
APR 18, 2007 – Rank Order List Opens
MAY 30, 2007 – Quota Change Deadline
JUN 13, 2007 – Rank Order List Closes/Final Deadline
JUN 27, 2007 – Match Results Day

Match Program
The American Society of Transplant Surgeons (ASTS) is the sponsoring organization for the Abdominal Transplant Surgery Fellowship Match conducted via the National Resident Matching Program (NRMP). Visit www.asts.org and www.nrmp.org for detailed information concerning the Match.

Application Process
The application process is independent from the Match and unique to individual institutions. Transplant Fellowship Programs use their individual application and interview process to evaluate potential transplant fellowship candidates for their program. For a list of ASTS accredited Abdominal Fellowship Training Programs, visit www.asts.org/fellowshiptraining.

Registering for the Match
Transplant Fellowship Programs and Applicants must register for the Match. The Match opened on January 17, 2007

Visit www.asts.org to learn more about the Abdominal Transplant Surgery Fellowship Match & other programs focused on advancing surgical care in transplantation.
Dear ASTS Member,

I write this personal note about an important issue regarding The Foundation of the American Society of Transplant Surgeons. As you know, the ASTS is active in many arenas including the training of transplant surgeons, the dissemination of clinically relevant scientific information, the important issues of reimbursement and transplant economics, as well as many other matters which touch our patients each day. The ASTS is the most important Society for surgeons serving patients who need or who have had an organ transplant.

The Foundation of the ASTS was established in 2001 to provide for additional programs that support our mission and to assure the future of the ASTS. As you may or may not know, revenue from our membership dues only cover about ten percent of the ASTS annual program and operating budget.

Since its formation, the assets of the Foundation have grown substantially, principally from the generous contributions of the Board members of the Foundation, the Council members of the Society and many individual members who have personally donated $1,000 or more. I would urge you to consider a fully tax deductible contribution as well.

The Board is requesting that each member of the ASTS consider a pledge of a minimum of $1,000 over the span of your career. This can be contributed in payments of $50, $100, $250 or any amount. Such a contribution will be an investment which will ensure the continued success of our many programs.

Best personal wishes for a healthy and prosperous new year,

A. Benedict Cosimi, MD
Foundation President

Three ways to contribute:
- www.astsfoundation.org
- www.asts.org (through “renew my membership” function)
- Check made payable to the ASTS Foundation
Foundation Contributors

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

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<th>Distinguished Contributors</th>
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The American Society of Transplant Surgeons would like to thank the following companies for their generous support of the ASTS in 2007:

### Benefactor’s Circle
- Astellas

### Founder’s Circle
- Roche
- Wyeth

### President’s Circle
- Novartis

### Sponsor’s Circle
- Bristol-Myers Squibb Company
- Genzyme Transplant
**Job Board**

This is an abbreviated listing of the job posting currently available on the ASTS website. To view the complete listing, visit www.asts.org and login to the Members Portal using your username and password.

**ALBERT EINSTEIN MEDICAL CENTER: ATTENDING SURGEON AND DIRECTOR, PANCREAS TRANSPLANT PROGRAM**
The Department of Surgery at Albert Einstein Medical Center in Philadelphia, PA is seeking a full time attending surgeon to join our Solid Organ Abdominal Transplantation Program as the Director of the Pancreas Transplant Program. Candidates must be board certified/eligible and a graduate of an ASTS approved transplant surgery fellowship program. Applicant should send a letter of interest, curriculum vitae and names of references to: Rudi Zaki, MD
Section Chief, Renal Transplantation
Albert Einstein Medical Center
5501 Old York Road, Klein Suite 505
Philadelphia, PA 19141
Phone: 215 456.6933
Fax: 215 456.3529
Email: zakir@einstein.edu

**BAYSTATE MEDICAL CENTER: RENAL TRANSPLANT SURGEON**
A unique, private practice group of three renal transplant surgeons and fifteen nephrologists is seeking a fourth surgeon to join a busy practice serving the Western Massachusetts area. Candidates should be BE/BC in general surgery and completion of an ASTS approved fellowship is preferred but not mandatory. An academic appointment to Tufts is available, and participation in surgical/medical student teaching and involvement in clinical research is required. Interested candidates should send a curriculum vitae to: George Lipkowitz, MD, FACS, Director of Renal Transplantation
208 Ashley Avenue
West Springfield, MA 01089
Phone: 413 747-4170
Fax: 413 747-4177
Email: george.lipkowitz@bhs.org

**BETH ISRAEL DEACONESS: APPLICATION MANAGER/DATA ANALYST**
This position will be responsible for maintaining, updating, and troubleshooting the current Organ Transplant database (OTTR) as well as designing and developing program applications for the Transplant Center (e.g. clinical research studies, statistical analyses, performance improvement) and is the point person for data retrieval, input, and analysis within the Transplant Center. Please contact:
Linda R. Lentz
Administrative Manager, Transplant Center
Beth Israel Deaconess Medical Center
Phone: 617-632-9816
Fax: 617-632-9820
Email: llentz@bidmc.harvard.edu
www.bidmc.harvard.edu/transplantcare

**BOSTON UNIVERSITY SCHOOL OF MEDICINE: ASSISTANT PROFESSOR**
Boston University School of Medicine, Section of Transplantation seeks a kidney, pancreas and liver transplant surgeon at the Assistant Professor level for a full-time faculty position. Candidates should be BC/BE in General Surgery and have appropriate training in an ASTS approved fellowship training program. Interested applicants should send letters of interest and curriculum vitae to: Matthew Nuhn, MD
Director, Section of Transplant Surgery
Boston University Medical Center
88 East Newton Street, D511
Boston, MA 02118
Office: 617.638.8430
Fax: 617.638.8427
Email: matthew.nuhn@bmc.org

**CORNELL UNIVERSITY: KIDNEY/PANCREAS TRANSPLANT SURGEON**
The Joan and Sanford I. Weill Medical College of Cornell University and the New York Presbyterian Hospital-Weill Cornell Medical Center seeks a full time kidney/pancreas transplant surgeon at the Assistant Professor level to join our expanding transplant program. Candidates must be board certified or board eligible in general surgery and have completed an ASTS-approved fellowship in transplant surgery as well as dialysis access and general surgery in renal failure patients. Curriculum vitae should be sent to:
Sandip Kapur, MD
Associate Professor and Chief, Division of Transplant Surgery
Director of Kidney/Pancreas Transplant Program. c/o Jennifer Zahn
Office of Faculty Appointments & Promotions
Weill Medical College of Cornell Univ.
525 East 68th Street, Mailbox 129
New York, NY 10021
Phone: 212 746-5684
Fax: 212 746-8728
Email: JAZ2004@med.cornell.edu

**GENZYME: VICE PRESIDENT, MEDICAL PROGRAMS**
The Vice President, Medical Programs will direct all medical marketing activities for the Genzyme Transplant Business Unit and its products. The successful candidate will be a Medical Director with experience in transplantation, hematology/oncology or immunology. The appropriate candidate will have a M.D. with minimum 5 years experience in transplantation, hematology/oncology or immunology,
experience in working with the FDA Advisory Committee meetings, 5+ years experience in meeting the needs of regulatory authorities, including involvement in registration dossier preparation/submission review and post marketing Phase IV and Investigator initiated Studies and 5+ years experience presenting clinical and pre-clinical data to external audiences. Interested candidates should send a resume to Jacqueline Whalen at jake.whalen@genzyme.com.

GEORGETOWN UNIVERSITY HOSPITAL: SMALL BOWEL TRANSPLANT COORDINATOR
Georgetown University Hospital is seeking a Small Bowel Transplant Coordinator. Clinical experience in a transplant environment as well as pediatric and nutritional background preferred. Relocation assistance to the Washington D.C. area may be available. AA/EOE. For the promptest consideration, apply online at www.thenurshospital.com. Or send your resume to: Georgetown University Hospital Attention: Barbara Klett, RN, BSN Nurse Recruitment and Retention 3800 Reservoir Rd, NW Washington, D.C 20007 Phone: 877 486-9676 Fax: 202 444-4873 Email: bak100@gunet.georgetown.edu

HACKENSACK UNIVERSITY MEDICAL CENTER: TRANSPLANT SURGEON
The Section of Organ Transplantation at Hackensack University Medical Center is seeking a second, full-time kidney and pancreas transplant surgeon at the assistant professor level to join an active, growing transplant program. Candidate must be board certified in general surgery and have completed an ASTS approved transplant fellowship. Interested candidates should forward a letter of interest and curriculum vitae to: Michael E. Shapiro, MD, FACS Chief, Organ Transplantation Hackensack University Medical Center 30 Prospect Avenue Hackensack, New Jersey 07601 Phone: 201 996.2608 Fax: 201 498.0148 Email: mshapiro@humed.com

LOYOLA UNIVERSITY MEDICAL CENTER: ABDOMINAL TRANSPLANT SURGEON
The Department of Surgery of the Loyola University Medical Center is seeking an abdominal transplant surgeon. Candidates must be BE/BC in general surgery and have completed an ASTS approved multi-organ transplantation fellowship. The Loyola University Health System is an affirmative action/equal opportunity educator and employer. Interested candidates should forward a curriculum vitae and the names of 3 references to: Richard L. Gamelli, MD, FACS The Robert J. Freeark Professor and Chairman Department of Surgery Loyola University Medical Center, EMS Building 110, 2160 South First Avenue Maywood, Illinois 60153

MEDICAL UNIVERSITY OF SOUTH CAROLINA: TRANSPLANT SURGEON
The Medical University of South Carolina in Charleston seeks to recruit a full time academic Transplant Surgeon who has completed a kidney and pancreas ASTS certified fellowship. The candidate should be board certified in General Surgery and also provide care for vascular access surgery and general surgery for End Stage Renal Disease patients. The ideal candidate would have a strong background in research and will be provided protected time to pursue extramural funding. Interested individuals should contact: Dr. Prabhakar Baliga, Chief, Division of Transplant Surgery Medical University of South Carolina 96 Jonathan Lucas Street CSB 404, Charleston, SC 29425 Email: baligap@musc.edu Apply on line: www.musc.edu/hrm/careers/faculty.htm

SOUTHERN ILLINOIS UNIVERSITY: KIDNEY AND PANCREAS TRANSPLANT SURGEON
The Southern Illinois University is seeking a Fellowship trained transplant surgeon at the Assistant/Associate Professor level. Experience in laparoscopic donor nephrectomy is desirable. The individual must be board certified or eligible. Interested candidates should send a cover letter and curriculum vitae (electronic submission is acceptable) to: Edward J. Alfrey, M.D. Professor of Surgery Chair, Division of General Surgery Program Director, General Surgery Residency Training Program Southern Illinois University School of Medicine 701 N. First Street, P.O. Box 19638 Springfield, IL 62794-9638 Phone: 217-545-7240 Fax: 217-545-0040 Email: ealfrey@sitmed.edu

UNIVERSITY OF CINCINNATI: TRANSPLANT SURGEON
The University of Cincinnati Transplant Division is seeking a faculty transplant surgeon at the Assistant Professor level. Candidates must have completed a multiorgan transplant fellowship and Board certified or Board eligible. Substantial opportunities exist for academic efforts in clinical research programs in immunosuppressive drug development, the Israel Penn International Transplant Tumor Registry, and in paired donation program development and research. Interested candidates should forward curriculum vitae to holmessh@uc.edu.
Job Board

University of Southern California: Transplantation Surgeon
The University of Southern California is recruiting a full-time faculty member at the Assistant Professor level with expertise in abdominal transplantation surgery. The candidate should be board eligible in surgery and have completed a surgical fellowship in liver and kidney transplantation as preparation to join a six member surgical group. Minorities and women are encouraged to apply. Interested candidates should send their curriculum vitae to: Rick Selby, MD
Director of Abdominal Organ Transplantation
Keck-USC School of Medicine
1510 San Pablo Street, Suite 2000
Los Angeles, Ca. 90033

University of Tennessee Health Science Center: Assistant/Associate Professor
The Department of Surgery at The University of Tennessee Health Science Center in Memphis, TN is seeking tenure-track faculty for the area of Transplant Surgery to join our Solid Organ Abdominal Transplantation Program. Candidates must be board certified/eligible and a graduate of an ASTS approved transplant surgery fellowship program. The University of Tennessee is an EEO/AA>Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services. Please submit CV and letter of interest to: James Eason, M.D., Professor and Medical Director
Methodist University Hospital Transplant Institute
1265 Union Avenue, Room S1005
Memphis, TN 38104

Washington Hospital Center: Associate Director, Transplantation
Washington Hospital Center is seeking a surgeon who is board certified to serve as the Associate Director for Transplantation, with a primary interest in Kidney and Pancreas transplantation. The ideal candidate will have at least five years of post-fellowship experience, including residency education and clinical research. Interested candidates should forward correspondence and curriculum vitae to: Jimmy A. Light, MD, FACS
Director, Transplantation
Washington Hospital Center
110 Irving Street NW, 3D
Washington, D.C. 20010
Phone: 202 877-6029
Email: Jimmy.A.Light@medstar.net

The University of Rochester Medical Center
Solid Organ Transplantation and Hepatobiliary Surgery Division is recruiting a faculty member at the Assistant or Associate Professor level. The candidate should be board certified or eligible in general surgery and have completed a two year ASTS approved transplantation fellowship. Responsibilities will include deceased donor liver, kidney, pancreas transplantation, organ procurement, dialysis access, and hepatobiliary surgery. Clinical and basic research activities are strongly encouraged. Please submit curriculum vitae, letter of interest and three letters of reference to:
Adel Bozorgzadeh, MD, FACS, Director
Solid Organ Transplantation and Hepatobiliary Surgery
University of Rochester Medical Center
601 Elmwood Avenue, Box SURG-Txp
Rochester, NY 14642.
E-mail: Adel_Bozorgzadeh@urmcrochester.edu
Phone: 585-275-7986
Fax: 585-276-1054

National Living Donor Assistance Center: Coordinator
The NLDAC will employ one full time coordinator to work directly with transplant center personnel submitting the reimbursement applications on behalf of potential donors. Additionally, the NLDAC Coordinator will prepare completed applications for presentation to the Eligibility Verification and Approval Committee. The NLDAC Coordinator will promote the program and educate targeted audiences. This is a unique opportunity to be a part of the first government sponsored scientific study on removing disincentives to living donation.

The ideal candidate will have an RN and a Bachelors Degree or equivalent in social work or administration and 3-5 years of experience in coordinating the evaluation of living donation at a well-established transplant program. A background in teaching patients and staff about transplant patient care is preferred. The ideal candidate will have excellent organization, problem solving, interpersonal, communication and computer skills. He/she will have knowledge of ESRD Networks and Dialysis Units as well as that of clinical organ transplantation.

The NLDAC Coordinator will have substantial experience in working with patients, families, medical staff, outside physicians, insurance companies, and review organizations. He/she will have experience in educating patients and families regarding all aspects of live organ donation. He/she will have experience in coordinating transplant donors and recipients and acting as a liaison between multiple agencies.

Interested applicants should send a resume and cover letter to: Katrina Crist, MBA
ASTS National Office
2461 S. Clark Street, Suite 640
Arlington, VA 22202

www.astsw.org
Winter 2007 Chimera 23
The ASTS is pleased to coordinate with other professional organizations in order to provide information concerning events that may be of interest to our members.

March 2007
March 7-10, 2007
Hepatobiliary Disease in Clinical Practice: Update XVII
The Alexander All-Suites Ocean Front Resort, Miami Beach, FL
Phone: 800 863-6263
Email: crobinson@med.miami.edu

March 15-18, 2007
Canadian Society of Transplantation Annual Scientific Meeting
Fairmont Banff Springs
Banff, Alberta
www.transplant.medical.org

March 17-21, 2007
The International Pediatric Transplant Association (IPTA)
4th Congress on Pediatric Transplantation Medicine
Cancun, Mexico
http://www.iptaonline.org/

April 2007
April 1-4, 2007
Initiating a European Platform Organ Transplantation:
Ethical, Legal and Psychological Aspects Towards a Common European Policy
World Trade Center Rotterdam
Rotterdam, The Netherlands
http://wwwelps.org/

April 10-14, 2007
National Kidney Foundation 2007 Spring Clinical Meetings
Walt Disney World Swan & Dolphin Hotel, Orlando, FL
Phone: 212 889-2210
Email: clinicalmeetings@kidney.org
http://www.nkfcme.org/

April 21-25, 2007
World Congress of Nephrology 2007
Rio de Janeiro, Brazil
www.wcn2007.org

Upcoming ASTS Events

American Transplant Congress
May 5-9, 2007
San Francisco, CA
Website: www.atcmeeting.org

April 25-28, 2007
ISHLT 27th Annual Meeting & Scientific Sessions
San Francisco Hilton
San Francisco, CA
www.isHLT.org

May 2007
May 18-23, 2007
American Thoracic Society (ATS) 103rd Conference
San Francisco, CA
www.thoracic.org

June 2007
June 12-15, 2007
AOPO 24th Annual Meeting
Fairmont Hotel
Dallas, TX
Phone: 703 556-4242
http://www.aopo.org/

June 22-26, 2007
Cell Therapy 2007: ISCT’s 13th Annual Meeting
Sydney, Australia
http://www.celltherapy.org/

August 2007
August 6-9, 2007
NATCO’s 32nd Annual Meeting
Marriott New York Marquis
New York, NY
Phone: 913 492-3600
http://www.natco1.org/

September 2007
September 5-8, 2007
Xth International Small Bowel Transplant Symposium (ISBTS)
Fairmont-Miramar Hotel
Santa Monica, CA
Phone: 310 825-5068
transplant.mednet.ucla.edu/isbts2007
Email: isbts@mednet.ucla.edu

October 2007
October 17-20, 2007
Transplant Immunosuppression 2007: The Ongoing Search for Improvements
Radisson University Hospital
Minneapolis, MN
Email: cmereg@umn.edu
http://www.umn.edu/

October 31, 2007-November 5, 2007
American Society of Nephrology, Renal Week 2007
Moscone Convention Center
San Francisco, CA
http://www.asn-online.org/

February 2008
February 14-17, 2008
8th International Conference on New Trends in Immunosuppression & Immunotherapy
Berlin, Germany
www.kenes.com/immuno

February 28, 2008-March 2, 2008
Canadian Society of Transplantation Annual Scientific Meeting
Fairmont Tremblant
Mont-Tremblant, Quebec
www.transplant.medical.org
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