

CHIMERA

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We aim to be the authoritative resource in the fields of organ and cell transplantation by representing our members and their patients as we advocate for comprehensive and innovative solutions to their needs.

-ASTS Vision



ASTS Council

May 2010–May 2011

PRESIDENT

Michael M. Abecassis, MD, MBA (2011)
Northwestern University
Division of Transplantation
676 North St. Clair, Suite 1900
Chicago, IL 60611
Phone: 312.695.0359
Fax: 312.695.1817
Email: mabecass@nmh.org

PRESIDENT-ELECT

Mitchell L. Henry, MD (2011)
The Ohio State University Medical Center
Department of Surgery
Division of Transplantation
395 W. 12th Avenue, Room 130
Columbus, OH 43210
Phone: 614.293.4627
Fax: 614.293.4541
Email: henry.6@osu.edu

IMMEDIATE PAST PRESIDENT

Robert M. Merion, MD (2011)
University of Michigan
2922 Taubman Center
1500 E. Medical Center Drive
Ann Arbor, MI 48109
Phone: 734.936.7336
Fax: 734.763.3187
Email: merionb@umich.edu

PAST PRESIDENT

John P. Roberts, MD (2011)
University of California San Francisco
Division of Transplantation
505 Parnassus Avenue
Box 0780, Room M896
San Francisco, CA 94143
Phone: 415.353.1888
Fax: 415.353.8709
Email: robertsj@surgery.ucsf.edu

SECRETARY

Kim M. Olthoff, MD (2011)
University of Pennsylvania Hospital
Department of Surgery
3400 Spruce Street, 2 Dulles
Philadelphia, PA 19104
Phone: 215.662.6136
Fax: 215.662.2244
Email: kim.olthoff@uphs.upenn.edu

TREASURER

Alan N. Langnas, DO (2012)
University of Nebraska Medical Center
PO Box 983280
600 South 42nd Street
Omaha, NE 68198
Phone: 402.559.8390
Fax: 402.559.3434
Email: alangnas@unmc.edu

COUNCILORS-AT-LARGE

James D. Eason, MD (2011)
Methodist University Hospital
University of Tennessee
Department of Surgery
Transplant Institute
1265 Union Avenue, 10 Service, S1011
Memphis, TN 38104
Phone: 901.516.7070
Fax: 901.516.2036
Email: jeason1@utmcm.edu

Charles M. Miller, MD (2011)
Cleveland Clinic Foundation
9500 Euclid Avenue, Mail Code A-110
Cleveland, OH 44195
Phone: 216.445.2381
Fax: 216.444.9375
Email: millercc8@ccf.org

Peter G. Stock, MD, PhD (2011)
University of California San Francisco
Department of Surgery, Rm M-884
505 Parnassus Avenue
San Francisco, CA 94143
Phone: 415.353.1551
Fax: 415.353.8974
Email: stockp@surgery.ucsf.edu

R. Mark Ghobrial, MD, PhD (2012)
The Methodist Hospital
Department of Surgery
6550 Fannin Street, SM 1661
Houston, TX 77030
Phone: 713.441.6936
Fax: 713.793.7151
Email: rmghobrial@tmhs.org

Robert S. Higgins, MD, MSHA (2012)
The Ohio State University Medical Center
OSU Cardiac Surgery
N-825 Doan Hall
410 W. 10th Avenue
Columbus, OH 43210
Phone: 614.293.4558
Fax: 614.293.7221
Email: robert.higgins@osumc.edu

Elizabeth Pomfret, MD, PhD, FACS (2012)
Lahey Clinic Medical Center
Department of Transplantation
41 Mall Road, 4 West
Burlington, MA 01805
Phone: 781.744.2500
Fax: 781.744.5743
Email: elizabeth.a.pomfret@lahey.org

Stuart M. Flechner, MD (2013)
Cleveland Clinic Foundation
Glickman Urologic & Kidney Institution
9500 Euclid Ave Q10-317
Cleveland, OH 44195
Phone: 216.445.5772
Fax: 216.444.9375
Email: flechns@ccf.org

David C. Mulligan, MD (2013)
Mayo Clinic Hospital
Chair Transplantation Surgery
5777 East Mayo Blvd
Phoenix, AZ 85054
Phone: 480.342.1093
Fax: 480.342.2324
Email: mulligan.david@mayo.edu

Lewis W. Teperman, MD (2013)
New York University Medical Center
403 E at 34th St 3rd Fl
New York, NY 10016
Phone: 212.263.8134
Fax: 212.263.8157
Email: lewis.teperman@med.nyu.edu

NATIONAL OFFICE

Katrina Crist, MBA
Executive Director
2461 South Clark Street, Suite 640
Arlington, VA 22202
Phone: 703.414.7870
Fax: 703.414.7874
Email: katrinacrist@earthlink.net



Editor's Letter



ASTS Meetings Receive Rave Reviews!

The symposium has been one of the best educational experiences of my fellowship.

- David Aranovich, MD

In this issue of the *Chimera* we report on the success of the recently concluded 4th Annual Surgical Fellows Symposium held in Scottsdale, Arizona. Skip over to page 20, fellows share their experiences about a meeting they say has been the highlight of their fellowship. The meeting is designed for second year fellows in an ASTS accredited fellowship program. Through a series of lectures and interactive sessions, fellows gained focused knowledge, especially in areas that have been identified as underemphasized in many training programs.

It is worth every penny and the time you spend there.

- Betsy Tuttle Newhall, MD

The participants have spoken. The inaugural ASTS **Leadership Development Program** was triumphant! The program is built to be a premiere executive management course tailored toward individuals seeking the essential skills necessary to successfully lead transplant centers within a complex financial and regulatory environment. Attendees left the meeting invigorated with new enthusiasm and insight into the business side of transplant. Scroll to page 22 for a full review.

On the heels of these meetings is the ASTS 11th Annual State of the Art Winter Symposium.



Have Your Say!

This newsletter is for you.

The *Chimera* serves as a resource to highlight transplantation issues, society news and events, and transplantation accomplishments.

If you have an idea or want to place an item in the *Chimera*, please contact *Chantay Parks Moye* for more information.

Early Registration is Open!

The meeting takes place in Hollywood, Florida, January 13-16, 2011, entitled *Transplantation at the Crossroads*. The Pre Symposium session is *Pay for Performance: An Update on National Quality Improvement Initiatives*. Representatives from key stakeholders such as the American Medical Association and the American College of Surgeons will be presenting. Other events taking place this year are *Lunch and Learn* sessions designed to facilitate in-depth round table

About the Cover



The cover photograph was taken at the Medical University of South Carolina (MUSC), as the anesthesiologist team, (L-R, Anna Greta Taylor, Maurice Chapman and Joseph Whiteley) prepare for a laparoscopic donor nephrectomy / liver resection. ASTS is grateful to Kenneth D. Chavin, MD, PhD for allowing ASTS cameras into the operating room. ASTS strives to provide members with real surgical photographs that depict what you do. If you have a photograph that you would like displayed on the cover of the *Chimera*, please e-mail it, accompanied by a brief description, to chantay.parks@asts.org.

discussions on vascularized composite allotransplantation, changes in educating fellows and residents, how surgeons can obtain CMS bonuses and more. When sketching out your symposium agenda, make plans to attend other events such as the Business Practice Seminar, the surgical video presentations, My Soap Box Session, Career Development Seminar, debates and more. A complete program overview can be found on pages 15-19.

Follow us on Facebook!

You can now follow ASTS on Facebook. The ASTS URL is www.facebook.com/americansocietyoftransplantsurgeons, where you can click the **like** button to become a fan. In addition to Facebook, keep up with ASTS via RSS Feeds, <http://www.astsof.org/TheSociety/rssFeeds.aspx>.

If you have an idea or article that you would like to see in your newsletter, send it to me. I'm looking for new ideas every day. I hope you enjoy the issue!

Stay connected,

Kenneth D. Chavin, MD, PhD
Chair, Communications Committee
chavinkd@musc.edu

Chantay Parks Moye
Managing Editor
chantay.parks@asts.org

Elise A. C. Porcelli
Education Assistant
elise.porcelli@asts.org

Karol A. Keane
Design & Communications, Inc.
www.keanedesign.com



President's Letter

In recent months, I've used the words momentum, strength, and success to articulate the swift progression of ASTS within the last decade. We're a society standing firm on our stated mission to help foster, advance and guide transplantation efforts, increase organ donation, define and promote training, and advance the professional development and careers of our members.

We have made tremendous strides in our efforts to make a difference in the lives of members, their patients, and the many others impacted by transplantation. As we continue on this exciting journey, it is often helpful to revisit our purpose. To this end, the Council of your society recently formulated a vision. As you might well imagine there was a lot of constructive deliberation and debate that led to the following statement:

We aim to be the authoritative resource in the fields of organ and cell transplantation by representing our members and their patients, as we advocate for comprehensive and innovative solutions to their needs.

– ASTS Vision

Make no mistake, this vision is not new. But we have not previously drafted a statement that captures the direction of many of the initiatives that the ASTS has been, and is actively engaged in, and that succinctly and precisely defines the essence of our purpose. Every word is measured and is meant to convey a number of direct and implied objectives. Taken together, these words project the sense of common purpose, the sense of shared destiny and the pride of membership that we hope is felt by every one of our members.

ASTS has had far more successes in recent months than I can recount in this one letter, but a few are worth special mention, for instance, the recent development and implementation of a highly successful inaugural Leadership Development Program. I would like to



Michael M. Abecassis, MD, MBA
ASTS President

thank David Axelrod, MD, MBA, Chair, Business Practice Services Committee for his leadership efforts, and Laurie Kulikosky, CAE, Director, Strategic Development, for helping to manage the program which was launched at the Kellogg School of Management at Northwestern University in November, and most importantly those 60 colleagues who attended and participated in this successful event. The two-day meeting offered a unique combination of core business skills and transplant specific applications. We have received overwhelmingly positive feedback from participants and are currently fielding interest for next year's meeting via a waiting list. This meeting has a limited enrollment of 60 participants to allow for a more interactive and intimate learning environment. If you would like to be added to the waiting list for the 2011 course, contact Laurie at the ASTS national office, laurie.kulikovsky@asts.org. Once again, attendance will be on a first-come, first-served basis.

On other fronts, ASTS, in collaboration with AST, continues to push the Arizona legislature to overturn its decision to deny organ transplants to Medicaid beneficiaries. We have reviewed the evidence base used by Governor Jan Brewer (R-AZ) and the Arizona Legislature to deny care and have concluded that the data are flawed and outdated.

The new law which denies Medicaid beneficiaries coverage for specified transplants (liver transplants for hepatitis C recipients, lung transplants for all recipients, cardiac transplants for non-ischemic cardiomyopathy and finally pancreas-after-kidney transplants) gravely disadvantages Arizona citizens by denying those dependent on the Arizona Health Care Cost Containment System (AHCCCS) access to medical practice considered the standard of care. As the nation's major societies representing transplant professionals, it is our obligation to provide expertise and guidance to make sure that economic or political coverage decisions are not disguised by lawmakers as being founded in medical justification. Please refer to ASTS press release http://www.asts.org/Tools/News.aspx?content_id=908. It should again be noted that the AST has been a strong partner in this initiative, as has UNOS. While we cannot dictate the decision of Arizona lawmakers, we hope that we have provided them with the requisite medical information that they will reverse a decision that should be condemned on both humanitarian and egalitarian grounds. If the decision is not reversed, we feel that we would have at least provided compelling evidence that the medical data used to inform their decision was flawed at various levels.

As you may have noticed, central to the ASTS vision, is the concept of advocacy for our members and their patients. There can be little doubt that through initiatives such as this and others, we are living our vision and purpose.

As we look forward to 2011, ASTS is preparing for its 11th Annual State of the Art Winter Symposium, January 13-16, 2011 in Hollywood, Florida. This meeting, held in collaboration with the NATCO Symposium for Advanced Transplant Providers has taken shape to become a premier resourceful event. This year's theme, *Transplantation at the Cross Roads*, will feature expert presentations,



seminars, debates, and other sessions centered around investigative and scientific exchange associated with the growth of transplantation and the impact on patient outcomes. I'm headed down early to lead the ASTS Council and Committee Chair meeting, and there are three reasons why I believe you should meet me at the symposium, 1) **powerful agenda** - become more informed about critical issues in the field; 2) **influential participants** - get face-to-face time with key leaders and come together with other members to forge new associations and share valuable information; and 3) **forward thinking activities** - this year ASTS is doing things a little differently, offering new sessions such as My Soap Box Session, Posters of Distinction, Lunch and Learn sessions and more. Flip to pages 15 - 19 for a full review of symposium events or visit the ASTS website at <http://www.ast.org/Meetings/StateArtWinterSymposium.aspx>. Registration is discounted through January 5.

Finally, I want to specifically comment on the level of cooperation between ASTS, AST and UNOS in the past few months. I am especially grateful to Dr. Maryl R. Johnson, AST President, and Mr. Charlie Alexander, UNOS President, for the level of collaboration and collegiality that they and their executive boards have

demonstrated in dealing jointly with several issues related to health policy, regulatory and legislative issues and other initiatives that affect transplant professionals, their patients and the transplant community at-large.

In August, ASTS and AST, alongside HRSA, met with the Agency for Healthcare Research and Quality (AHRQ) to discuss areas of shared interest and possible collaboration. This dialogue will continue early next year with another meeting to discuss the recommendations from the recent Living Kidney Donor Follow-Up conference. In October, ASTS, AST and UNOS urged the Arizona Governor and Legislature to reconsider its decision to eliminate specified transplants for residents dependent on its state Medicaid benefits. Our joint efforts have resulted in the first Arizona Bill of 2011 being filed to restore coverage to those impacted by the new law. In November, ASTS and AST petitioned HRSA to ensure that program specific reports (PSRs) and access to data would not be negatively impacted as HRSA transitions to a new SRTR contractor. This month ASTS, AST and UNOS will meet with CMS leadership to discuss pancreas acquisition costs and its impact on islet cell transplantation as well as the contrast between OPO and

transplant center outcome measurements. Additionally, ASTS and AST will submit comments to Howard Koh, HHS Undersecretary, regarding the oversight of organ evaluation and quality and improved inter-agency communication. I encourage you to watch the ASTS website "Advocacy" section for updates on these and other initiatives.

It is clear that this unprecedented level of collaboration between our organizations has led to our joint ability to "move the needle" on several issues, much more effectively than we would have "going it alone."

In closing, I encourage you to contact me personally, or the ASTS national office, to voice your opinions or concerns - especially if you feel that ASTS, as a Society can help. I also encourage you to engage more in the Society. This is your society, so please take the initiative and contact us with your thoughts. You can contact me directly at mabecass@nmh.org or through Your Opinion Matters on the ASTS home page.

Warmest Regards,

Michael M. Abecassis, MD, MBA
ASTS President

In Memoriam - Mark D. Pescovitz, MD



The American Society of Transplant Surgeons (ASTS) is deeply saddened at the loss member Mark D. Pescovitz, MD. Dr. Pescovitz died December 12 in Michigan from injuries he sustained during a car accident. Dr. Pescovitz was Professor and Vice Chair for Research in the Department of Surgery, Professor of Microbiology/Immunology and Director of the Transplant Immunology Laboratory at Indiana University School of Medicine in Indianapolis. He received his undergraduate and medical degrees from Northwestern University in Chicago and completed general and abdominal transplant surgery training at the University of Minnesota.

Dr. Pescovitz' research included porcine T-cell immunology, B-cell immunology, diabetes, clinical transplant immunosuppression, and cytomegalovirus disease. He completed a 4-year research fellowship in the Immunology Branch of the National Cancer Institute focusing on porcine immunology.

Dr. Pescovitz was a member of the ASTS since 1990, receiving the ASTS Sandoz Fellowship Award in 1987-1989. He served on the Bylaws and the American Transplant Congress (ATC) Program Planning Committees. He contributed to the development of ATC in its early years and co-chaired the 2005 Congress held in Seattle. Dr. Pescovitz was an associate Editor of the *American Journal of Transplantation* and served on various UNOS committees and on the editorial boards of the *Transplantation*, *Clinical Transplantation*, and *Reviews on Clinical Transplantation*.

He leaves behind his wife, Ora Pescovitz, MD, CEO of the U-M Health System and Executive Vice President for Medical Affairs at the University of Michigan, and their three children, Aliza, Naomi, and Ari.



ASTS News

The ASTS Fall Council Meeting was held September 20, 2010 in Chicago, IL.

Following are select committee news and reports from the meeting.

AWARDS COMMITTEE

The majority of the committee's recent work has focused on the development of a three year strategic plan focused on supporting research, showcasing research and reviewing applications. The committee will review the website, online application and online review system and make recommendations for improvements. To showcase awards, the committee will develop an outcomes database to track applicants and awardees and will use the data to promote new funding and enhance the publicity of awards. The committee will also collaborate with the Communications, Fellowship Training and Curriculum Committees to highlight award recipient research.

ADVANCED TRANSPLANT PROVIDER COMMITTEE

The Advanced Transplant Provider (ATP) Committee will host at least one Lunch & Learn at the winter symposium designed to address topics relevant to advanced transplant providers and encourage interactions with NATCO attendees. The committee is also looking forward to reviewing the nominations for the inaugural ATP award to be presented at the winter symposium. Finally, the committee would like to launch a program titled "Expert of the Week" in 2011. The idea is for the committee, and ASTS members at large, to watch certain modules in the curriculum and then the author would be available on the ASTS discussion board to answer questions from those who had viewed the module.

VANGUARD COMMITTEE

The Vanguard Committee continues its work on the 11th Annual State of the Art Winter Symposium: *Transplantation at the Crossroads*. Notable presentations this year include the keynote address, *Health Care Reform and Transplantation*

presented by Dr. Abecassis, a debate, *Health Care Reform is Good for Transplantation*, which will feature Drs. Lynt Johnson and Amy Friedman, and the David Hume Lecture, *Crossroads of the Past* honoring Dr. J. Wesley Alexander and supported by AFDT. This year's symposium will feature several new items including "Poster of Distinction" awards, "My Soap Box Session" where presenters get five minutes to share their views on expanding the donor pool and "Lunch & Learn Sessions" that provide topic-focus discussions on a variety of society activities. The committee announced that the 12th Annual State of the Art Winter Symposium is titled *Surgical Challenges – Creative Solutions* and will be held, January 12 -14, 2012 at the Lowes Miami Beach Hotel. The symposium will focus on issues specific to surgeons and highlight particular challenges encountered in the OR.

CME COMMITTEE

The CME Committee has started the process to provide CME for select curriculum modules. The committee will write the ACCME documentation in collaboration with the National Office. Web modifications and/or new technology will be necessary to provide CME credits on a pay-per-use basis. The committee is also examining the feasibility of converting the current curriculum modules into more portable formats. Finally, the committee is seeking video archives from pioneers to add to a video library on the ASTS website and will collaborate with the ASTS Historian on this project.

GOVERNMENT & SCIENTIFIC LIAISON COMMITTEE

Dr. Hanto provided an update from the recent TAC meeting and put forward several items for council consideration. The TAC continues to support the creation of a monthly reading program

to satisfy Part 2 MOC. ASTS would like to operationalize this in 2011 provided the proper technology is in place. While the ABS has determined that the SRTR data are sufficient to satisfy Part 4 MOC, the TAC will continue to monitor what other societies are doing with simulation and content and make recommendations to ASTS. The APDS program director and resident survey will be repeated this year and ASTS is hopeful to demonstrate improvements in the resident experience on transplant rotations. Finally, SCORE has started the development of goals, objectives and questions for the transplant section and is interested in possibly linking to ASTS curriculum content.

CURRICULUM COMMITTEE

The curriculum is currently 51% complete with 92 modules available online. Over 180 ASTS members have accessed the curriculum over 820 times. The resident curriculum has over 30 modules available. Residents must sign in with their OPTN center code and thus far 57 centers have viewed over 600 modules. Finally, the committee is developing a strategy for long-term maintenance of the curriculum and is seeking ways to make this a society-wide endeavor. The council is interested in increasing curriculum usage and encouraged the committee to develop a plan to incentivize curriculum usage amongst training programs and fellows.

FELLOWSHIP TRAINING COMMITTEE

Match statistics from the 2010 Match for appointment year 2011 are available on the ASTS website. The only notable change this year was a nine percent increase in the number of FMGs that matched into fellowship slots. The committee has launched a monthly e-newsletter for program directors which has been well received. Future editions will also be posted on the ASTS website. Additionally, the committee hosted



three program director call-in sessions throughout September to discuss the new Annual Volume Review program and address questions. At the council's direction, the committee has engaged AHPBA in discussions about HPB training and volume metrics.

FMG TASK FORCE

The task force is developing an employment statement to post on the website as a tool for program directors. It will address areas of consideration for programs that hire FMGs into fellowship slots. The committee has recently completed a survey of OPOs, kidney and liver program directors, and credentialing offices to better understand the issues with FMGs. Key findings were presented to the council and a detailed analysis will be provided at the January 2011 council meeting.

REIMBURSEMENT COMMITTEE

The Reimbursement Committee continues to monitor issues regarding reimbursement of Kidney Paired Donation (KPD). The committee is also organizing a coding guide to help ASTS members collect every RVU due to them. The guide will be divided by organ and include donor, recipient and backtable codes. The first version will include template forms to assist surgeons and later versions will codify standards for when it is appropriate to use a modifier.

STANDARDS COMMITTEE

The Standards Committee is hosting the winter symposium pre-symposium titled "Pay for Performance: An Update on National Quality Improvement Measures." Additionally, the committee will host a Lunch & Learn Session to discuss the Physician Quality Reporting Initiative (PQRI) and the ASTS primer available on the website. The committee is also on track with the deadline for ASTS to submit topics for measure development with the Physician Consortium on Process Improvement (PCPI). If selected by PCPI, the measures will be developed in 2011 and submitted to CMS.

SCIENTIFIC STUDIES COMMITTEE

The Scientific Studies Committee is working on a variety of initiatives to include optimizing data collection for DCD donors, establishment of a broad algorithm for the conduct of donor intervention or organ preservation studies, impact of center performance reporting on innovation in the field and a study on outcomes relative to length and quality of ischemia time.

MEMBERSHIP COMMITTEE

The membership committee was pleased to report the current membership total is 1722 members, including 1373 surgeons, 251 surgical associates, 47 non-physician scientists, 38 physicians and 13 honorary. The membership has grown from 174 members in 1974 and from 985 members in 2004. The

concept of a resident membership category was discussed.

ETHICS COMMITTEE

The Ethics Committee is working with the Scientific Studies Committee on an initiative to examine issues on both the donor and recipient side for the use of organs that are the result of experiments done on the donor. The goal is to encourage meaningful donor experiments while at the same time ethically involve the physicians and recipients in the decision to use such organs. The committee has also completed the requested revisions to the Declaration of Istanbul and is awaiting a response from TTS.

LIVING DONATION COMMITTEE

Ms. Crist reported that the new process is in place whereby the joint societies living kidney donor workgroup is drafting recommendations to be put forward to the OPTN/UNOS Living Donor Committee as it drafts policy proposals. This new mechanism is designed to get medical input from ASTS, AST and NATCO on applicable policy proposals prior to release for public comment. Dr. Stuart Flechner serves as the Chair of the joint societies living kidney donor work group and the other ASTS representatives are Drs. Joseph Leventhal and Lloyd Ratner. ASTS anticipates this work group will submit its recommendations to the OPTN/UNOS Committee within six months.

**ASTS
Announces
WTC 2014**





Legislative Report

Resurgent Republican Party Set to Revisit Health Reform



A resurgent Republican Party won control of the House of Representatives on election day but fell short in the Senate, where Majority Leader Harry Reid survived a tea party-fueled challenge to win a

fifth term. Fueled by voter anger about a sputtering economy and concerns about President Obama's first two years in office, Republicans made deep inroads in Democratic-held districts from coast to coast, knocking off House and Senate stalwarts. Republicans more than recovered their huge losses from the 2006 and 2008 cycles by claiming the seats of several highly endangered Democrats and winning at least 239 House seats, a 60 seat pick-up with eight races hanging in the balance several days after the election. In fact, one of the races still unresolved is held by Congressman Jim Costa (D-CA), who heads the Congressional Organ and Tissue Donation Caucus. In the Senate, the final split is 53-47 yielding six Democratic losses.

House Minority Leader John Boehner (R-OH), expected to become the next Speaker of the House, indicated that the GOP's focus will be smaller, more accountable, less costly government, creating jobs, cutting spending, and reforming Congress. How the dynamics of the working relationship between Majority Leader Reid, Speaker Boehner, and President Obama evolve will determine whether the next two years create gridlock in Congress or whether bipartisan legislation can be forged.

The GOP's first order of business in the lame-duck session will be trying to extend all the Bush tax cuts, which expire at the end of December. But Democrats still have a majority for now, and they

will still have enough votes in the Senate next year to block an extension of the tax cuts for wealthy households if they decide to maintain this position. However, Congress can easily punt on the Bush tax cuts until next year without causing disruption. Assuming Congress acts before people have to file their 2011 returns, the delay might never be noticed.

Action on all of the outstanding FY 2011 appropriations bills and an extension of unemployment benefits are also big items that may be addressed by the lame-duck Congress, both of which may be temporarily addressed through a Continuing Resolution (CR). CRs temporarily fund programs of the federal government at the previous year's funding levels until some point in the next fiscal year. The result of funding the federal agencies through CRs is that funding *increases* or *decreases* (and "earmarks") passed by the House or Senate—but not yet enacted into law—are not appropriated for the upcoming fiscal year.

MEDICARE PHYSICIAN PAYMENT POLICY:

In early summer, Congress passed an extension (including a 2.2% update) of the Medicare physician fee fix through November 30, 2010, but without further Congressional action, physician payments will be cut by 24.9 percent beginning on December 1 and reduced by an additional six percent beginning January 1, 2011. The American Medical Association (AMA) has called for Congress to extend the existing fix for an additional 13 months through 2011 and the Obama Administration has endorsed this proposal. However, there has been no indication whether the lame-duck Congress will pass a longer term extension as requested by the AMA or a short-term extension until early the next Congress.

REPEALING HEALTH REFORM: Hours after winning the House, GOP leader John Boehner told reporters that he would like to repeal President Obama's signature

achievement, the health care reform law. The day after the Democrats' huge losses at the voting booth, both Obama and Senate Majority Leader Reid signalled that they are open to "tweaking" the health care law but not to substantially dismantling it.

However, due to the cost of repealing many of these policies (which the Congressional Budget Office calculated to save \$134 billion over ten years and over \$1 trillion over 20 years) and facing the likely veto of any attempt at complete repeal, Republicans likely will have little choice but to whittle away at pieces of the reform law. Options for pursuing this course of action include either making changes to substantive provisions in the law or refusing to fund certain programs under the new law. Still, Republicans are expected to quickly introduce and try to pass bills to make good on their pledge to kill health reform, even if this means these repeal bills go nowhere in a Democratic-controlled Senate or when vetoed by President Obama.

Among the piecemeal targets will be a bevy of unpopular health reform law mandates that include the Independent Payment Advisory Board (IPAB), the CLASS Act (which creates a new voluntary program to help pay for long term services in one's home), Comparative Effectiveness Research, the \$2 billion prevention and public health fund, as well as reductions in reimbursement to Medicare Advantage (managed care) plans. The individual mandate, where people are required to either buy insurance or pay a penalty, may also be targeted by denying IRS funding for enforcement implementation even though the mandate is three years from implementation.



PUSH FOR IMMUNOSUPPRESSIVE COVERAGE CONTINUES IN LAME-DUCK: Congressional leaders interested in passing a bill to address the Medicare coverage cliff for immunosuppressive drugs continue to press the case and intend to do so either in the lame duck session of the 111th Congress or the incoming 112th Congress. Reps. Camp (R-MI) and Kind (D-WI) see the Medicare physician payment fix as a possible means for passing recalibrated and updated versions of H.R. 1458/S.565, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2009. A new version of the bill has been drafted to accommodate concerns lodged to date by other Congressmen and the Centers for Medicare and Medicaid Services (CMS). Congressman Camp, original cosponsor of the bill, is expected to ascend to the Chairmanship of the House Ways and Means Committee and this should be helpful in gaining passage of the bill, whatever the timing may be.

The ASTS, along with a number of other major transplant organizations, supports the changes to the immunosuppressive drug legislation. To maintain maximum procedural flexibility, ASTS and these groups decided it was better to have our congressional allies proceed with the new language “in-hand” rather than introducing a new bill in this Congress. This approach allows congressional sponsors to seek opportunities to pass the revised proposal as part of a larger bill if and when the opportunity presents itself.

The changes under consideration include: 1) making the bill’s eligibility provisions retroactive so that anyone who received a Medicare transplant would be deemed covered regardless of whether they had dropped off the Medicare rolls or not, 2) reducing the premium level provided to patients, and 3) delaying the effective date from 2012 until 2013 to allow enough time to implement the new law and associated regulations. A revised bill will be introduced in the new Congress if the current Congress does not address the issue.

FY 2011 SPENDING LEVELS REMAIN IN LIMBO: Little progress has been made since the congressional budget process ground to a halt at the beginning of the summer. As the national election season neared this fall, congressional focus turned completely to the electoral process playing out in the states. In fact, Congress left town much earlier than usual as the Democratic leadership tried to dampen voter anger.

This meant little focus was placed on resolving the outstanding appropriations bills left un-done at the beginning of October, the start of fiscal year 2011. Moreover, prospects for passing these appropriations bills remain low as the wholesale changes in the Congressional makeup have decimated Democratic ranks and hamstrung their ability to negotiate with an emboldened Republican party. Democrats may be forced to pass a short- or long-term Continuing Resolution (CR), temporarily funding the programs of the federal government at the previous year’s funding levels until some point next Congress.

Still, earlier this year, Senate transplant champion Byron Dorgan (D-ND) was able to secure an additional \$2 million increase in the FY 2011 funding levels for the Division of Transplantation’s (DoT) organ donation and transplantation programs which would take the overall DoT budget to \$28.049 million in FY 2011. However, with the national wave of calls for reduced spending, this increase in funding is anything but secure. The real remaining threat is if the FY 2011 budget is cut back or if the new Congress is content to continue CR funding through the end of the next year (i.e. without the DoT increase).

But it is important to note that this year’s \$2 million proposed increase, if enacted into law, would follow increases sponsored by Senator Dorgan (and supported by ASTS and the other transplant groups) of \$1.403 million for

FY 2009 and an additional \$2 million for this year, FY 2010. Among other programs, such funding allows the federal government to support programs such as the National Living Donor Assistance Center (NLDAC) pilot project, a program jointly administered by ASTS and the University of Michigan since 2007.

ARIZONA MEDICAID REDUCES TRANSPLANT COVERAGE: On October 1, 2010, Arizona’s Medicaid program took the unprecedented step of discontinuing coverage for many transplants under the Arizona Care Cost Containment System (AHCCCS). The exclusion includes Medicaid transplant coverage for lung, pancreas only, pancreas after kidney, heart for non-ischemic cardiomyopathy, and liver for diagnosis of hepatitis C. The state took these actions due to its budgetary problems and asserted that limiting some transplant coverage could save the state \$4 million per year. Arizona is the first State to do so but other states could follow suit.

The American Society of Transplant Surgeons (ASTS), the American Society of Transplantation (AST) and the United Network for Organ Sharing (UNOS) have sent a joint letter to Governor Jan Brewer (R-AZ) strongly opposing these coverage restrictions and requesting a meeting to discuss alternatives to the current policy, in coordination with state-based transplant surgeons and other stakeholders. Four Arizona transplant centers have already engaged in a new effort to assist the AHCCCS with cost containment. ASTS will continue to pursue every means available to have the State of Arizona immediately reconsider these critical cuts in benefits and to reinstate coverage for these transplant procedures.

*By Peter W. Thomas, Esq.
ASTS Legislative Counsel, and
Adam R. Chrisney,
Senior Legislative Director
Powers Pyles Sutter and Verville, PC*



Regulatory and Reimbursement Update

Medicare Physician Payment

The Final 2011 Medicare Physician Fee Schedule, which sets forth the final Relative Value Units (RVUs) for all physician services, including transplant procedures, was released on November 2, 2010. The table on page 11 sets forth the final Relative Value Units for transplant procedures for 2011 compared to 2010 under the Physician Fee Schedule and the percent change in RVUs. **The Relative Value units for most transplant procedures will increase by 8-12% in 2011.** To the extent that private payers calculate allowable charges based on Medicare RVUs, private payer allowances for transplant procedures should increase substantially next year.

However, actual payment by Medicare under the PFS is not determined based on the RVUs alone, but on the basis of the relative value units of a service multiplied by the conversion factor, and, this year more than ever, actual Medicare payment will depend on what Congress does with respect to the conversion factor. This year, CMS made methodological changes in the Medicare Economic Index (MEI) that make it necessary to reduce the conversion factor by about 8.2% in order to maintain budget neutrality (which CMS is required to do.). This is in addition to about 1-2% in additional budget neutrality adjustments that are necessary for other reasons. These budget neutrality conversion factor reductions are in addition to a conversion factor reduction of about 25% that would apply beginning on December 1, 2011 as the result of the Sustainable Growth Rate (SGR). **If Congress does not act to prohibit the SGR conversion factor reduction and the MEI and other budget neutrality adjustments, the 2011 conversion factor will be \$25.5217, which is over 30% lower than the current conversion factor.**

While it appears likely that Congress will intervene to preclude the 25% SGR

reduction, it is less likely that Congress will prevent the 8.2% MEI conversion factor reduction from going into effect, or that Congress will intervene to stop about 1% in conversion factor reductions made by CMS to maintain budget neutrality.

For this reason, the chart on page 12 estimates the impact of the final 2011 rule using a conversion factor (\$33.1513) that assumes that the SGR reduction will be precluded by legislation but that all budget neutrality adjustments go into effect. Under this assumption, MEDICARE payment for transplant procedures generally will stay about the same or decline slightly in 2011, despite the increase in RVUs. However, these figures are projections only, since the actual conversion factor determination for next year will be made by Congress.

In any event, for planning purposes, it would be prudent to assume that any service whose RVUs are not increased by at least 8% will be paid at a lower rate next year than this year.

CMS is also proposing to implement a provision included in the health care reform legislation, which mandates that, beginning in 2011, Medicare is to pay bonuses of 10% to general surgeons who practice in health professional shortage areas (HPSAs). Surgery bonuses are only available for surgical procedures with a

10-day or 90-day global period that are provided in a HPSA, and only if the physician has designated the specialty code of "General Surgery" as his or her primary specialty. A 10% bonus is also payable to primary care physicians who meet certain conditions.

FINAL DRG PAYMENTS FOR 2011 INCLUDE MODEST CHANGES FOR TRANSPLANT SURGERY

The final Inpatient Prospective Payment System (IPPS) Rule for 2011 was released in early August 2010. Overall payments to hospitals under the rule are expected to decrease by 0.4 percent from FY 2010 due to various IPPS changes, including a 0.25% reduction to the market basket update imposed by the Patient Protection and Affordable Care Act (PPACA) for discharges on or after April 1, 2010.

• Changes to Transplant DRG Weights

CMS recalibrates the DRG weights each year based on previous year charges and costs. The 2011 DRG weights include increases for heart, kidney, and liver DRGs and slight dips for lung and kidney/pancreas, with a somewhat larger reduction for pancreas transplants.

• CardioWest Temporary Total Artificial Heart System

Medicare will continue the new technology add-on of \$53,000 for the TAH-t used as a bridge to heart transplant for heart transplant eligible patients with end-stage biventricular failure. It declined to provide an increase in the add-on for the manufacturers' modified device since that device is not yet approved by the FDA.

• Hospital Acquired Conditions

ABO blood incompatibility (ICD-9 code 999.6) is considered an HAC. CMS finalized its proposal to use new ICD-9 codes approved for 2011, associated with



2011 RELATIVE VALUE UNITS

MS-DRG Title	2011 DRG Weight	2010 DRG Weight	Percentage Change
Heart Tx or Implant of Heart Assist System w/MCC	26.3441	24.8548	6%
Heart Tx or Implant of Heart Assist System w/o MCC	13.6127	11.7540	16%
Liver Tx w/MCC or intestinal Tx	10.1771	10.1358	0.4%
Liver Transplant w/o MCC	4.8353	4.7569	2%
Lung Tx	9.3550	9.4543	-1%
Simultaneous Kidney/Pancreas Tx	4.9632	5.0615	-2%
Pancreas Tx	3.7831	4.2752	-12%
Kidney Tx	3.0442	2.9736	2%

ABO incompatibility reactions. These new ICD-9 codes replace 999.6 with five new diagnosis codes:

- ABO incompatibility reaction, unspecified (999.60)
- ABO incompatibility with hemolytic transfusion reaction not specified as acute or delayed (999.61)
- ABO incompatibility with acute hemolytic transfusion reaction (999.62)
- ABO incompatibility with delayed hemolytic transfusion reaction (999.63)
- Other ABO incompatibility reaction (999.69)

If these complicating conditions are present, they would not be a basis for a higher DRG payment based on presence of complicating conditions or major complicating conditions. This could impact DRG assignment for heart and liver transplants. None of the other transplant DRGs are based on major complication/comorbidity (MCC) or complication/comorbidity (CC)

• Payments to Hospitals in Counties with Low Medicare Spending

For FY 2011 and 2012, PPACA provides

an additional IPPS payment to hospitals that are located in counties in the bottom quartile of counties with the lowest risk-adjusted spending per Medicare enrollee. The total amount of payment available over the two-year period is \$400 million. CMS is proposing to distribute \$150 million in FY 2011 and \$250 million in FY 2012. The final rule addresses CMS' methodology for determining the bottom quartile of counties with the lowest Medicare spending, including development of a risk adjustment model and calculation of county level spending.

CMS FINALIZES NEW HOSPITAL OUTPATIENT PAYMENT RATES FOR 2011

On November 1, CMS released a final rule updating the policies and payment rates for hospital outpatient department services furnished in 2011 under the Hospital Outpatient Prospective Payment System (HOPPS).

The HOPPS Rule implements graduate medical education (GME) provisions of the Affordable Care Act. The Act requires CMS to identify unused residency slots and redistribute them to certain hospitals with qualified residency programs, with a special emphasis on increasing the number of primary care physicians. CMS is also

required to redistribute residency slots from hospitals that close down to other teaching hospitals, giving preference to hospitals in the same or a contiguous area as the closed hospital. In addition, the law specifies how to count hours spent by a resident in certain training and research activities, as well as how to count hours spent by a resident in patient care activities in a non-hospital setting, such as a physician's office.

In addition, the HOPPS Rule provides that drugs and biologicals that are not paid on a pass-through basis, would be paid based on 105 percent of the manufacturers' average sales prices. This may affect payment for some immunosuppressive drugs administered to patients in hospital outpatient departments.

CMS indicated that it will continue to consider the establishment of a composite APC for stem cell transplantation and finalized a provision that would expand the current composite payment rate for certain clinic visits to include drug administration services.

*By Rebecca Burke, Esq. and Diane Millman, Esq.
Power Pyles Sutter and Verville, PC
ASTS Regulatory Counsel*

2011 Physician Fee Schedule Allowances

HCPCS	Description	2010 RVUs	2011 RVUs	% Change in RVUs 2010-2011	2010 Payment CF= \$36.8729)	Facility Pay 2011 (CF = \$33.1513)	Change in Payment 2010-2011	% Change in Payment 2010-2011
32851	Lung transplant single	72.14	78.73	9.1%	\$2,660.01	\$2,610.00	-\$50.01	-1.9%
32852	Lung transplant with bypass	79.84	87.10	9.1%	\$2,943.93	\$2,887.48	-\$56.45	-1.9%
32853	Lung transplant double	85.98	93.62	8.9%	\$3,170.33	\$3,103.62	-\$66.71	-2.1%
32854	Lung transplant with bypass	94.00	102.44	9.0%	\$3,466.05	\$3,396.02	-\$70.03	-2.0%
Transplantation heart/lung								
33935	Transplantation heart/lung	98.74	106.85	8.2%	\$3,640.83	\$3,542.22	-\$98.61	-2.7%
33940	Removal of donor heart	0.00	0.00		\$0.00	\$0.00	\$0.00	
33944	Prepare donor heart	0.00	0.00		\$0.00	\$0.00	\$0.00	
33945	Transplantation of heart	136.32	147.96	8.5%	\$5,026.51	\$4,905.07	-\$121.45	-2.4%
Transplantation of liver								
47120	Partial removal of liver	61.17	67.48	10.3%	\$2,255.52	\$2,237.05	-\$18.47	-0.8%
47122	Extensive removal of liver	90.79	99.75	9.9%	\$3,347.69	\$3,306.84	-\$40.85	-1.2%
47125	Partial removal of liver	81.26	89.31	9.9%	\$2,996.29	\$2,960.74	-\$35.55	-1.2%
47130	Partial removal of liver	87.29	95.88	9.8%	\$3,218.64	\$3,178.55	-\$40.09	-1.2%
47133	Removal of donor liver	0.00	0.00		\$0.00	\$0.00	\$0.00	
47135	Transplantation of liver	128.96	142.10	10.2%	\$4,755.13	\$4,710.80	-\$44.33	-0.9%
47136	Transplantation of liver	110.18	120.67	9.5%	\$4,062.66	\$4,000.37	-\$62.29	-1.5%
47140	Partial removal donor liver	93.27	103.16	10.6%	\$3,439.14	\$3,419.89	-\$19.25	-0.6%
47141	Partial removal donor liver	103.64	112.23	8.3%	\$3,821.51	\$3,720.57	-\$100.94	-2.6%
47142	Partial removal donor liver	123.38	136.20	10.4%	\$4,549.38	\$4,515.21	-\$34.17	-0.8%
47143	Prep donor liver whole	0.00	0.00		\$0.00	\$0.00	\$0.00	
47144	Prep donor liver 3-segment	0.00	0.00		\$0.00	\$0.00	\$0.00	
47145	Prep donor liver lobe split	0.00	0.00		\$0.00	\$0.00	\$0.00	
47146	Prep donor liver/venous	8.83	9.66	9.4%	\$325.59	\$320.24	-\$5.35	-1.6%
47147	Prep donor liver/arterial	10.29	11.26	9.4%	\$379.42	\$373.28	-\$6.14	-1.6%
Prep donor pancreas/venous								
48552	Prep donor pancreas/venous	6.35	6.93	9.1%	\$234.14	\$229.74	-\$4.40	-1.9%
48554	Transpl allograft pancreas	65.65	73.33	11.7%	\$2,420.71	\$2,430.98	\$10.28	0.4%
48556	Removal allograft pancreas	32.73	36.45	11.4%	\$1,206.85	\$1,208.36	\$1.51	0.1%
Remove kidney living donor								
50320	Remove kidney living donor	38.16	41.70	9.3%	\$1,407.07	\$1,382.41	-\$24.66	-1.8%
50323	Prep cadaver renal allograft	0.00	0.00		\$0.00	\$0.00	\$0.00	
50325	Prep donor renal graft	0.00	0.00		\$0.00	\$0.00	\$0.00	
50327	Prep renal graft/venous	5.87	6.38	8.7%	\$216.44	\$211.51	-\$4.94	-2.3%
50328	Prep renal graft/arterial	5.14	5.58	8.6%	\$189.53	\$184.98	-\$4.54	-2.4%
50329	Prep renal graft/ureteral	4.90	5.24	6.9%	\$180.68	\$173.71	-\$6.96	-3.9%
50340	Removal of kidney	24.29	27.14	11.7%	\$895.64	\$899.73	\$4.08	0.5%
50360	Transplantation of kidney	66.83	74.10	10.9%	\$2,464.22	\$2,456.51	-\$7.70	-0.3%
50365	Transplantation of kidney	75.22	83.47	11.0%	\$2,773.58	\$2,767.14	-\$6.44	-0.2%
50370	Remove transplanted kidney	31.18	34.61	11.0%	\$1,149.70	\$1,147.37	-\$2.33	-0.2%
50380	Reimplantation of kidney	52.86	58.53	10.7%	\$1,949.10	\$1,940.35	-\$8.76	-0.4%

OPTN/UNOS Board of Directors Meeting Highlights

The OPTN/UNOS Board of Directors met November 8-9 in St. Louis. It took action on a number of items, of which key topics are outlined below:

- The Board approved a proposal to allow matching for non-directed donors and donor chains in the recently established national pilot program for kidney paired donation (KPD) transplantation.
- The Board adopted significant revisions to pancreas allocation policy to promote equitable and efficient placement of pancreas offers from deceased donors. Once implemented, the match run for all pancreas offers will combine pancreas-only and simultaneous pancreas-kidney (SPK) candidates onto a single list. In addition, the new policy establishes minimum medical criteria relating to pancreatic function for SPK candidates to accrue waiting time priority.
- The Board accepted a series of modifications to policies relating to screening of potential deceased donors for transmissible disease and the communication of test results between organ procurement organizations, transplant centers and potential recipients.
- The Board approved a slate of nominees for open positions for the 2011-2012 Board term. Voting materials, including an election ballot and brief biographical sketches of each nominee, will be sent to voting representatives of OPTN/UNOS member institutions in early 2011.

An executive summary of all Board actions is available on the OPTN website: <http://optn.transplant.hrsa.gov/members/executiveSummary.asp>.

Public Comment Proposals

Six proposals for new or amended OPTN policies and bylaws are currently out for public comment; the deadline to receive responses is February 5, 2011. Following the public comment period, the committees sponsoring each proposal will convene to consider input and determine whether the proposals should be forwarded to the OPTN/UNOS Board as is, amended or withdrawn. To view the proposals and learn about commenting, visit the OPTN website: <http://optn.transplant.hrsa.gov/policiesAndBylaws/publicComment>.

Kidney Paired Donation Pilot Project

The first match run of the OPTN/UNOS kidney paired donation national pilot program was performed in late October. Among 43 candidates and 45 donors in the initial run, seven pairs were matched. The pairs came from six different transplant centers, three different coordinating centers and four different OPTN/UNOS regions. Additional developments will be announced as they become available.

For additional information about the kidney paired donation pilot program, visit the OPTN website: <http://optn.transplant.hrsa.gov/resources/KPDPP.asp>.

Center for Transplant System Excellence to Examine Potential for Future Deceased Donation

The Center for Transplant System Excellence, a new initiative of UNOS, will conduct a multidisciplinary study to estimate future deceased donor potential in the United States. The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services will add nearly \$1.7 million in federal funds to the OPTN contract over two years to support this study.

The Center will seek input from experts in organ procurement and transplantation as well as disciplines including system dynamics, public health, demography, epidemiology and geography. The goal of the study is to develop a dynamic model to estimate donor potential both nationally and regionally over the next five to ten years.

In addition to the overall number of potential donors, the study will seek to categorize them according to age and medical condition and how many may die of circulatory failure as opposed to brain death. The researchers will also examine current assumptions about in-hospital location of potential donors in light of possible future changes in where and when death is declared, as this may also affect the potential for donation.

This study represents the first major project for the Center for Transplant System Excellence. The center will utilize the expertise and capabilities of UNOS staff in collaboration with academic and clinical researchers, nationally and internationally, who share an interest in advancing the field of transplantation.

*By Joel Newman
Assistant Director of Communications
UNOS*



Academic Universe Update



National Transplant Surgery Curriculum: The curriculum houses over 100 learning modules that define the key areas of knowledge necessary for mastery of the field of transplantation surgery.



National Transplant Surgery RESIDENT Curriculum: This curriculum is designed specifically to address the educational needs of surgical residents while on transplant surgery rotations.



Surgical Logs: This online tool allows fellows to record surgical experience and track volume requirements throughout the fellowship. Beyond fellowship requirements, the surgical logs are available to all members if they would like to track the cases they perform.



Credential Storage: This is a secure, individual electronic filing cabinet in which ASTS members can store traditional learning activities, e-learning activities, curriculum vitae, operative logs and clinical case-based activities.



Usage Reports: This mechanism allows individual users to track their curriculum usage. There is an additional feature that allows Program Directors to view the curriculum usage and logs of any fellows within their institution's Fellowship Training Program.



National
Living
Donor
Assistance
Center

NLDAC Attends the 2010 Society of Transplant Social Workers Conference

In October, the National Living Donor Assistance Center (NLDAC) had the opportunity to thank those that help make the program a success. Iby Diaz, NLDAC Assistant Coordinator, attended the annual Society of Transplant Social Workers (STSW) conference held in Atlanta to exhibit, educate, and promote the program.

The STSW Conference provided NLDAC an opportunity to connect and engage with its constituents, bringing together transplant social workers from all over the country who help to advance the NLDAC mission. The social workers invest their time and resources interviewing, screening and submitting NLDAC applications on behalf of potential living donors. Their work is invaluable to the success of NLDAC.

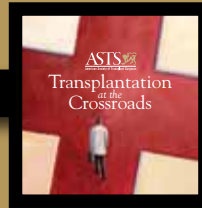


The NLDAC exhibit drew the attention of many participants seeking to learn more about what we do and why we do it, as well as thank program leaders for facilitating a program that supports the needs of their patients. A great deal of attention was also focused on informing social workers on how to enroll their transplant program and the training needed to take full advantage of NLDAC resources. The NLDAC is working to develop a strategy to reach these transplant centers who have not yet become participants.

Currently, the NLDAC receives approximately 50 applications per month. To learn more about how your center can participate, receive training and identify eligible donors visit www.livingdonorassistance.org.

ASTS 11th Annual State of the Art Winter Symposium

January 13 - 16, 2011 | Westin Diplomat | Hollywood, Florida



ASTS 11th Annual State of the Art Winter Symposium January 13 – 16, 2011 | Westin Diplomat | Hollywood, Florida

The ASTS 11th Annual State of the Art Winter Symposium promises to be more exciting and more interactive. ASTS opened the doors to a list of new learning experiences at every career level, while maintaining its focus – to be a topic-driven meeting that provides a medium for participants to hear expert opinions, assess emerging techniques and tackle the touch topics such as deciphering health care reform, rewarding excellence, and understanding regulations, standards and policies.

Register before January 5, 2011 to receive a pre-registration discount. Accompanying guests must be registered to attend evening events. See program for details. Discounted housing is available through December 16, 2010. Use the following link to register, to view programs or for additional symposium details <http://www.asts.org/Meetings/StateArtWinterSymposium.aspx>.

- Pre-Symposium
- Key Note Address
- Debates
- Lunch and Learn Sessions
- My Soap Box Session
- ASTS Recognition Awards Presentations
- Video Abstract Presentations
- Business Practice Seminar
- Career Development Seminar
- Chimera Chronicles Reception
- Mentorship Reception & Award Presentation



Great Stories in Transplantation to Take Place During Symposium

Your ASTS Historian has been busy with several projects. The most important, the Chimera Chronicles has fully entered its next phase with plans to undertake videotaping of distinguished transplant professionals during the 11th Annual State of the Art Winter Symposium in January. There may be a change in format with interviews incorporating a pair of surgeons when it would seem each may contribute best to our historical efforts if simultaneous recording with a close colleague is planned. Additionally, through efforts to integrate Dialysis Clinic, Inc. (DCI), the American Foundation for Donation and Transplantation (AFDT), and other supporters, the January sessions may include non-surgeon honorees from the early days of transplantation. We are working diligently to obtain additional funding so that important persons who were present as transplantation surgery and medicine developed give their voice to the history of our specialty. Please join our transplant luminaries at the Westin, Friday evening, January 14, 2010 as we honor the group during a networking reception.

Also during the ASTS Winter Symposium, we continue with the Annual David Hume Lecture sponsored by AFDT. I'm pleased to announce that Dr. J. Wesley Alexander, former President of the ASTS and founder of transplantation services at the University of Cincinnati will be giving the lecture. Dr. Alexander has enjoyed a busy and lengthy career in surgery

and in basic science, and continues with interests in the mechanisms of rejection.

Finally, interactions with the American Medical Association (AMA) are now off the ground. The ASTS is now a member organization of the Specialty and Service Society (SSS) of the AMA, and I have been privileged to represent the ASTS to the SSS. The important issues before all of us practicing medicine and surgery are being carefully analyzed and addressed at the highest level of government by the AMA. Our own legislative efforts, of course, continue to be most important as well. Expanding our influence through the AMA is a way to multiply the force with which we impact legislative and regulatory issues.

Please continue to visit the ASTS website and view the Chimera Chronicles. Also, see our photo library for candid shots of our recent meetings. Please feel free to contact me for any projects that might hold your interest in expanding our great history of organ transplantation.

Thomas G. Peters, MD, FACS
ASTS Historian



FRIDAY January 14, 2011

Plenary Session: Problems We Made



Moderators

Michael Abecassis, MD, MBA

Northwestern University

Dorry Segev, MD, PhD

Johns Hopkins University

12:00 - 12:05 PM

Welcome

Dorry Segev, MD, PhD

Johns Hopkins University

12:05 - 12:20 PM

The Crossroads Defined

Richard Freeman, MD

Dartmouth Medical School

12:20 - 12:35 PM

Goals at the Crossroads: UNOS, SRTR, CMS, OPO's, and Transplant Centers

Timothy Pruett, MD

University of Minnesota

12:35 - 1:05 PM

Crossroads of the Past The David Hume Lecture

J. Wesley Alexander, MD, ScD, FACS

*University of Cincinnati
College of Medicine*

1:05 - 1:20 PM

Break

Plenary Session: The Evolving Donor



Moderators

Robert Merion, MD

University of Michigan

Vincent Casingal, MD

Carolinas Medical Center

1:20 - 1:40 PM

Michigan & State: Living Donor:

Where Have All The Donors Gone?

Elizabeth Pomfret, MD, PhD

Lahey Clinic Medical Center

1:40 - 2:00 PM

Route 66: Deceased Donors:

Expanding The Pool or Lowering The Bar?

Jean Emond, MD

Columbia Medical Center

2:00 - 2:05 PM

Award Presentation

Michael Abecassis, MD, MBA

Northwestern University

Dorry Segev, MD, PhD

Johns Hopkins University

Keynote Presentation

2:05 - 2:50 PM



Dupont Circle: Reforming Transplant Care

Michael Abecassis, MD, MBA

Northwestern University

2:50 - 3:30 PM

Panel Discussion

David Axelrod, MD, MBA

Mitchell Henry, MD

Goran Klintmalm, MD, PhD

Alan Langnas, DO

John Roberts, MD

3:20 - 3:30 PM

Break

Poster Session with Presenters in Attendance

3:30 - 5:00 PM

The "Top Ten" posters will be awarded "Posters of Distinction"



Career Development Seminar

Conducting Research as a Busy Clinician

5:00 - 6:30 PM





ASTS 11th Annual State of the Art Winter Symposium Transplantation at the Crossroads

January 13 - 16, 2011 • Westin Diplomat • Hollywood, Florida



Pre-registration deadline: 01.05.2011

SATURDAY January 15, 2011

Surgical Techniques



8:00 - 8:05 AM

Welcome

8:05 - 9:20 AM

Liver Cases

Presenter

Michael Englesbe, MD

University of Michigan

Panel: John Roberts, MD
David Mulligan, MD
Charles Miller, MD

8:05 - 9:20 AM

Kidney/Pancreas Cases

Presenter

Marc Melcher, MD

Stanford University

Panel: Richard Freeman, MD
Stuart Flechner, MD
Robert Montgomery, MD, PhD

9:20 - 9:30 AM

Break

Times They Are A Changing:

The Evolving Candidate



Moderators

Michael Englesbe, MD

University of Michigan

Robert Higgins, MD

The Ohio State University

9:30 - 9:50 AM

Ocean & Palm: The Aging Candidate

Robert Merion, MD

University of Michigan

9:50 - 10:10 AM

The Khyber Pass: The Sensitized Candidate

Robert Montgomery, MD, PhD

Johns Hopkins University

10:10 - 10:30 AM

Beverly & Wilshire: The Expensive Candidate

Marwan Abouljoud, MD, PhD

Henry Ford Hospital

10:30 - 11:00 AM

Break

Oral Abstract Session

11:00 AM - 12:30 PM



Moderators

TBD

Vanguard Committee Presents

*Francis Moore Excellence in
Mentorship in Transplantation
Surgery Award*

*Recognition Ceremony and
Reception*

Saturday, January 15, 2011

5:30 - 7:00 PM

Following the ceremony please join us
for dinner in the Westin Diplomat
Ballroom 7:00 - 10:00 PM

Lunch & Learn

12:45 - 2:15 PM

Join us on Saturday afternoon as we premiere a new
informal event titled **Lunch & Learn**. Select ASTS
committees will host single topic focused roundtable
discussions over lunch on new or emerging issues in
the field of transplantation. Register today for this
inaugural event!

Schedule of Events



SUNDAY January 16, 2011

8:00 - 8:05 AM

Welcome

Surgical Video Presentations

8:05 - 9:40 AM



Moderators

R. Mark Ghobrial, MD

The Methodist Hospital

Beau Kelly, MD

Vanderbilt University Medical Center

9:40 - 10:00 AM

Break

Oral Abstract Session

10:00 - 11:30 AM



Moderators

TBD

11:30 - 11:45 AM

Break

Debate Session

11:45 - 12:15 PM



1600 Pennsylvania Ave:

The Health Care Reform Law is Good for Transplant

Moderators

Kim Olthoff, MD

University of Pennsylvania

Michael Englesbe, MD

University of Michigan

Pro: Lynt Johnson, MD

Georgetown University Medical Center

Con: Amy Friedman, MD

SUNY Upstate Medical University

Soap Box Session

12:15 - 1:00 PM



Times Square: Expanding the Donor Pool - My Soap Box

Moderators

Arthur Matas, MD

University of Minnesota

Dorry Segev, MD, PhD

Johns Hopkins University

There are many approaches to expanding the donor pool. Join us as diverse leaders from different backgrounds and stages in their career share their views on the most effective way to expand the donor pool. This fast-paced and interactive session will allow the audience to weigh in on its favorite option.

GUEST REGISTRATION

All accompanying guests must be registered in order to attend the evening events. Guest registration includes the Francis Moore Excellence in Mentorship recognition ceremony and reception and Saturday dinner.

Pre-registration

\$75

Onsite registration

\$100

Child registration (6-12 yrs old)

\$25

VIDEO ABSTRACT PRESENTATIONS YOU DON'T WANT TO MISS THIS!

4TH ANNUAL SURGICAL VIDEO ABSTRACT
PRESENTATIONS

THIS SESSION STARTS EARLY, SO GRAB YOUR
COFFEE AND HEAD OVER TO THE MAIN SESSION ROOM!

Sunday, January 16, 2011

8:00 - 9:40 AM





ASTS 11th Annual State of the Art Winter Symposium
Transplantation at the Crossroads
January 13 - 16, 2011 • Westin Diplomat • Hollywood, Florida

{ **EVENT OVERVIEW** }

Business Practice Seminar

Thursday, January 13, 2011

As part of its commitment to facilitate ASTS members' understanding of the business aspects of transplantation and provide education and guidance on transplant management and regulatory issues, the Business Practice Services Committee is pleased to sponsor the 4th Annual Business Practice Seminar held in conjunction with the ASTS State of the Art Winter Symposium. This year's seminar will feature two exciting sessions: *Achieving and Rewarding Excellence in the Transplant Team* and *Deciphering Health Care Reform*.

Pre-Symposium
Sponsored by the Standards on Organ Transplantation Committee

Friday, January 14, 2011

As part of its commitment to promote the development of high standards in patient care and to educate the membership about developing regulations, standards & policies, the ASTS Standards Committee is pleased to sponsor a Pre-Symposium event held in conjunction with the ASTS State of the Art Winter Symposium. This year's Pre-Symposium event will feature an update on National Quality Improvement Initiatives from key stakeholders including the American Medical Association's Physician Consortium on Performance Improvement (PCPI), the American College of Surgeons, private industry and Centers for Medicare & Medicaid Services. A brief overview of incentive payments available through the Physician Quality Reporting Initiative (PQRI) will also be provided.

Career Development Seminar

Friday, January 14, 2011

The Vanguard Committee developed the Career Development Seminar to assist junior members in developing as academic physicians and surgeons. This year's seminar will address how today's busy clinicians can conduct the research needed to move the field forward. Join us on Friday evening at 5:00 pm for this interactive session.

Lunch & Learn

Saturday, January 15, 2011

Join us on Saturday afternoon as we premiere a new informal event titled Lunch & Learn. Select ASTS committees will host single topic focused roundtable discussions over lunch on new or emerging issues in the field of transplantation. Register today for this inaugural event!

Vanguard Committee Presents

Francis Moore Excellence in Mentorship in Transplantation Surgery Award
Recognition Ceremony and Reception

Saturday, January 15, 2011
5:30 - 7:00 PM

Following the ceremony, please join us for dinner in the **Westin Diplomat Ballroom**
7:00 - 10:00 PM

SURGICAL VIDEO PRESENTATION

4th Annual Surgical Video Presentation

This session starts early, so grab your coffee and head over to the main session room.

Sunday, January 16, 2011 - 8:00 - 9:40 AM

State of the Art Winter Symposium

Purpose: To provide an opportunity for investigation and scientific exchange to examine emerging dilemmas and issues associated with the growth of transplantation and the impact on patient outcomes.



4th Annual Surgical Fellows Symposium

November 11 - 13, 2010 • Scottsdale, Arizona

The society believes that you are the future...if it comes down to it; we [ASTS] will defend this activity to the death. - Michael Abecassis, MD, MBA

Despite global economic hardships, ASTS recognizes the importance and value of providing educational initiatives for transplant fellows who, ultimately, are the future of the field. November 11-13, 2010 marked the 4th Annual Surgical Fellows Symposium, which was held in Scottsdale, AZ. Once again this academic conference promoted the ASTS mission to foster and advance the practice and science of transplantation.

The symposium has been one of the best educational experiences of my fellowship. - David Aranovich, MD

Over the course of three days, 61 fellows sat in on lectures presented by ASTS members discussing technical procurement pitfalls, transplant candidate evaluation, organ allocation, practical aspects of donor and recipient pairing, long-term patient management, lifelong transplant surgeon education and professionalism.

It's been an excellent opportunity to learn about innovation in transplantation from faculty as well as connecting with fellows in the field of transplant surgery. - Alexander Maskin, MD



An Audience Response System was used throughout the symposium to allow fellows to gauge their knowledge against their peers and to capture opinions about current fellowship training standards.

This conference has been an excellent opportunity to learn the challenges in current practice in transplant surgery from some prominent leaders in the field.

- Jacob Clendenon, MD



Fellows received a unique opportunity through case discussions to interact closely with faculty from various institutions from around the country. Participants said that this rare experience is unparalleled, and something they won't soon forget.



A Special Thank You:

PROGRAM PLANNING COMMITTEE:

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Program Chair

Johnny C. Hong, MD, FACS

Committee Member

Timothy M. Schmitt, MD

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Timothy M. Schmitt, MD

Dorry L. Segev, MD, PhD

Randall S. Sung, MD

Michael A. Zimmerman, MD

The symposium was made possible through the generous support of Astellas, Bristol-Myers Squibb Company, CSL Behring, Genentech, and Genzyme.



Inaugural ASTS Leadership Development Program

Northwestern University, Kellogg School of Management
Evanston, IL, November 7-9, 2010

The inaugural ASTS Leadership Development Program was a resounding success, bringing together surgeons and administrators for the only course of its kind in the field of transplantation. The venue was outstanding and the content was a perfect balance of business education and transplant specific leadership skills.

- Michael Abecassis, MD, MBA
Northwestern Memorial Hospital

The much anticipated inaugural ASTS Leadership Development Program (LDP) launched at the Kellogg School of Management at Northwestern University on November 7th. Designed by ASTS members in conjunction with Kellogg's custom executive program advisors, the LDP focused on key business leadership skills in the field of transplantation and encouraged joint attendance by surgeons and administrators. The response to the announcement of the

program yielded an almost immediate sell out of the course and a waiting list. Limited enrollment at 60 participants allowed for a highly interactive and intimate learning environment. Feedback from participants in the course has been overwhelmingly positive and ASTS anticipates offering the course again in the fall of 2011.

The ASTS LDP should be mandatory for all division chiefs and administrators that are involved in the business of transplantation. It is worth every penny and the time you spend there.

- Betsy Tuttle Newhall, MD,
St. Louis University Hospital



David Axelrod, MD, MBA welcomed Participants during the opening lunch



Mike Abecassis, MD, MBA presented on transplant finance

A MESSAGE FROM THE LEADERSHIP DEVELOPMENT PROGRAM PLANNING CHAIR:

I believe that the strength of this new course was its unique combination of core business skills (accounting, marketing, negotiation) with transplant specific application. I am grateful to both the ASTS and the Kellogg School of Management faculty for their efforts to create a dynamic, interactive course. I believe that the course we designed offered participants the opportunity to identify direct applications of the topics covered in the sessions.

I would like to credit the participants for engaging with the faculty and each other to really make this course successful. I was thrilled that the participants were able to share openly with their colleagues to attempt to find common solutions to difficult problems.

I think one of the highlights of the program was the presentation from Thomas Hamilton from CMS. Mr. Hamilton provided an outstanding summary of the current issues facing the payer and regulatory authorities. I would like to personally thank him for his time and comments.

Finally, I would like to thank the ASTS council for supporting this program. As the economic challenges for all of our centers increase, the value of the society has never been more evident. Through the support of this program, the ASTS council has provided a valuable resource for the membership as we continue to lead programs vital to our patients and institutions.

David Axelrod, MD, MBA, Dartmouth Hitchcock Medical Center
Chair, ASTS Business Practice Committee

Special Thanks



Program participants



Mock negotiations



LDP faculty



Participants and faculty enjoy networking reception

The ASTS LDP is truly an outstanding opportunity for transplant surgeons and other team members to gain a better understanding of financial issues and building a successful program in today's healthcare environment. I highly recommend this course for every transplant surgeon or physician in a leadership position and intend to send every key member of my team.

- James Eason, MD
University of Tennessee
Methodist University Hospital
Transplant Institute

The course allowed for intimate discussions between attendees and course faculty that are essential to the regulatory and operational best-practices that will propel our future in transplantation. It was one of the most informative meetings I have ever attended and it changed the way I think about my profession.

- Beau Kelly, MD
Vanderbilt University Medical Center

If you would like to be placed on the waiting list for the 2011 course, please contact Laurie Kulikosky at laurie.kulikovsky@asts.org.

AMERICAN SOCIETY OF TRANSPLANT SURGEONS

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Northwestern Memorial Hospital

Marwan Abouljoud, MD
Henry Ford Hospital

David Axelrod, MD, MBA
Dartmouth Hitchcock Medical Center

William Chapman, MD
Washington University School of Medicine

Goran Klintmalm, MD, PhD
Baylor Regional Transplant Institute

Gwen McNatt, MS, RN, CNN, FNP-BC
Northwestern University Hospital

Timothy Pruett, MD
University of Minnesota

Randall Sung, MD
University of Michigan Health System

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The ASTS Council

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Cindee Bath
Greg Carpenter, MBA, PhD
Al Isenman, PhD
Keith Murnighan, PhD
Leigh Thompson, PhD
Beverly Walther, MBA, PhD

GUEST SPEAKERS

Thomas Hamilton
Centers for Medicare & Medicaid Services

Frank Opelka, MD
Louisiana State University
Health Sciences Center



American Transplant Congress *Philadelphia*

April 30, 2011 - May 04, 2011

This meeting is designed for physicians, surgeons, scientists, nurses, organ procurement personnel, and pharmacists who are interested in the clinical and research aspects of solid organ and tissue transplantation.



Overview of the American Transplant Congress

- To provide a forum for exchange of new scientific and clinical information relevant to solid organ and tissue transplantation.
- To create an arena for the interchange of ideas regarding care and management of organ and tissue transplant recipients.
- To facilitate discussions of socioeconomic, ethical, and regulatory issues related to solid organ and tissue transplantation.

**Abstract Deadline:
December 2010**

ASTS
American Society of Transplant Surgeons



AST
American Society of Transplant Surgeons

www.atcmeeting.org

Call for Nominations



Now is the time to begin thinking about serving on an ASTS committee or in an ASTS leadership position. In January, ASTS will be accepting nominations for the following positions:


- Secretary
- President-Elect
- Three Councilors-at-Large

Committee appointments are for three years and begin immediately following the American Transplant Congress. Self nominations are encouraged. Nomination letters should include the committee(s) the nominee is willing to serve on as well as proposed contributions to the committee(s). Submission deadline is Tuesday, March 1, 2011. Visit the ASTS website to learn more about ASTS committees and the nomination and appointment process.

E-mail, Fax or Send Letters to:
ASTS President & Nominating Committee Chair
American Society of Transplant Surgeons, 2461 South Clark Street
Suite 640, Arlington, VA 22202
Phone: 703.414.7870 | Fax: 703.414.7874 | E-mail: asts@asts.org

ASTS Research Awards

Faculty Awards • Resident & Trainee Awards • Fellowship Awards



The Foundation of the ASTS and its awards partners offer over \$700,000 in annual funding to ASTS members and their trainees.

Visit the ASTS website www.asts.org/awards to learn more about ASTS awards, eligibility, and submission criteria for 2011.

Application submission deadline: January 13, 2011
Award notifications: April 2011

WHO
WHAT
PROUD

Proud of who we are
Proud of what we do

ASTS 
American Society of Transplant Surgeons



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The American Society of Transplant Surgeons would like to thank the following companies for their generous support of the ASTS and its activities in 2010

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*Visit the ASTS website at www.astst.org to learn about the
Foundation of the ASTS and its projects or to make a contribution.*

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Ascher, Nancy	Granger, Darla	Light, Jimmy	Nyberg, Scott
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Ferguson, Ronald	Knechtle, Stuart	Mulligan, David	Simmons, Richard
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CONTRIBUTORS

Abouna, George	Frazier, Oscar	Lee, Joseph	Saggi, Bob
Abt, Peter	Freeman, Richard	Lee, Hyung	Samstein, Benjamin
Alexander, J. Wesley	Friedman, Amy	Lopez-Solis, Roberto	Sanabria, Juan
Allan, James	Fung, John	Madden, Robert	Santiago, Eduardo
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Asolati, Massimo	Gritsch, Hans Albin	McCabe, Robert	Slaughter, Mark
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Calendar

The ASTS is pleased to coordinate with other professional organizations in order to maintain a relevant events calendar. If your organization would like to list an event on the ASTS calendar, please contact Chantay Parks Moye at 703.414.7870 ext. 101 or chantay.parks@asts.org.

January 2011

January 16, 2011

Symposium for the Advanced Transplant Professional

The Westin Diplomat

Hollywood, FL

Phone: 913 895.4612

Website: <http://www.natco1.org>

Email: natco-info@goAMP.com

January 27-29, 2011

30th Annual Advanced Nephrology:

Nephrology for the Consultant

Sponsored by University of California

San Diego CME

La Jolla, CA

Website: <http://cme.ucsd.edu/nephrology>

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Minimizing Immunosuppression

Release Date: June 18, 2010

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Website: www.sceptercme.com/kt

February 2011

February 3-4, 2011

Thermal Ablation Therapies for Hepatic

Tumors: Current and Emerging Technologies

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Interventionalists

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Houston, TX

Phone: 713 441.4971

Fax: 713 441.0589

Website: www.methodistcme.com

Upcoming ASTS Events



January 13-16, 2011
ASTS State of the Art
Winter Symposium
Transplantation at the Crossroads
Westin Diplomat Hotel, Hollywood, FL

April 30 - May 4, 2011
2011 American Transplant Congress
Pennsylvania Convention Center

March 2011

March 6-11, 2011

Duke University Medical Center Dept of

Anesthesiology

5th Annual Winter Anesthesia & Critical Care
Review Course

Katherine Siler, Activity Coordinator, Duke

University Medical Center

Canyons Resort, Park City, UT

Phone: 919 681.6437

Email: siler006@mc.duke.edu

Website: <http://anesthesiology.duke.edu>

March 18-19, 2011

Clinical Research Single Topic Conference - Pediatric Liver Transplantation

American Association for the Study of Liver

Diseases

Atlanta, GA

Website: <http://www.aasld.org/CONFERENCE/MEETINGS/Pages/default.aspx>

April 2011

April 26-30, 2011

2011 Spring Clinical Meeting (SCM11)

National Kidney Foundation

MGM Grand Hotel and Casino

Las Vegas, NV

Website: <http://www.kidney.org/news/meetings/clinical/index.cfm>

April 2011

10th Meeting of the International Society of Hand and Composite Tissue Allotransplantation
Atlanta, GA

CUSTOMIZING IMMUNOSUPPRESSION:

Optimizing CMV Management in Renal

Transplantation, A CME-certified Web course

Website: www.potomacme.org/transplantCMV

Release Date: June 25, 2010

Expiration Date: June 25, 2011

June 2011

June 10 - 12, 2011

ASAIO's 57th Annual Conference

American Society of Artificial Internal Organs

Abstract Deadline: January 19, 2011

Hilton Washington

For more information please contact

7700 Congress Avenue, Suite 3107

Boca Raton, FL

Phone: 561 999.8969

Fax: 561 999.8972

Website: www.asaio.com

Email: info@asaio.com

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Survival: Managing Comorbidities While

Minimizing Immunosuppression

Release Date: June 18, 2010

Expiration Date: June 18, 2011

Website: www.sceptercme.com/kt

July 2011

July 21-24, 2011

Texas Transplantation Society

Annual Scientific Meeting

AT&T Executive Education & Conference

Center, Austin, TX

Website: www.transplanttexas.org

Abstract submission Deadline: May 9, 2011

September 2011

September 25 - 28, 2011

12th Congress of the Asian Society of

Transplantation (CAST 2011)

Phone: +82 2 3452.7213 / +82 3471.8555

Fax: +82 2 521.8683

E-mail: cast2011@insession.co.kr

Website: www.cast2011.org



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For more information on becoming a member, visit www.asts.org or contact Joyce Williams, Membership Manager, at 703 414.7870 or asts@asts.org

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Columbia University

Translational Transplant Research Position
Please contact: <https://academicjobs.columbia.edu/applicants/Central?quickFind=53923>

Dartmouth-Hitchcock Medical Center

Practice Manager-Transplant/Nephrology
Please contact: www.dhmc.org

Dartmouth-Hitchcock

Multi-Organ Transplant Surgeon
Please contact: David Axelrod, MD, MBA
Chair of the Search Committee
c/o Linda Barie, Manager, Dept. of Surgery
Dartmouth-Hitchcock Medical Center
One Medical Ctr Dr., Lebanon, NH 03756
E-mail: Linda.M.Barie@hitchcock.org
Website: www.dhmc.org

Fletcher Allen Health Care:

Nurse Practitioner
Please contact:
For more information and to apply visit
www.FletcherAllen.org, posting # 8759

Henry Ford Hospital

Transplant and Hepatobiliary Surgeon
Please send letter of interest, curriculum vitae, and references to:
Marwan Abouljoud, MD, FACS
Chief, Transplant and Hepatobiliary Surgery
Henry Ford Hospital
2799 West Grand Blvd., CFP2
Detroit, MI 48202
Email c/o Sue Haloostock: shaloos1@hfhs.org
Tel: 313-916-2941
Fax: 313-916-4353

Loyola University Stritch School of Medicine

Academic Transplant Surgeon
Please contact: Apply online www.careers.luc.edu
Howard Sankary, MD
Professor and Chief of the Division of Intra-Abdominal Transplantation
2160 South First Avenue
Maywood, IL 60153
Email: hsankary@lumc.edu

National Organ Transplant Unit (NOTU) of Trinidad and Tobago

Transplant Surgeon
Please contact: David Constant
Director, International Cooperation Desk
Ministry of Health of Trinidad and Tobago
E-mail: david.constant@health.gov.tt

Piedmont Hospital

Multi-organ Transplant Surgeon
Please contact: Cindy Baeder
Manager of Physician Recruiting
Phone: 404 605.2973
Fax: 678 244.5154
Email: cindy.baeder@piedmont.org

University of Michigan Medical Center Academic Faculty Position

Please contact: Jeffrey D. Punch, MD
Jeremiah and Claire Turcotte Professor of Transplantation Surgery
Section Head, Transplantation Surgery
2924 Taubman Center
The University of Michigan Health System
1500 East Medical Center Drive
Ann Arbor, Michigan 48109
Email: jpunch@umich.edu



ASTS Video Library features— Real People, Real Stories, Real Solutions

Helping You Help Your Patients

The American Society of Transplant Surgeons (ASTS) has created 30 minute educational videos that feature living donors and recipients sharing their experiences for those considering donation or transplantation.

The video provides extensive coverage of what to expect before and after surgery. These specialized videos are meant to be utilized as a first step in educating potential patients before the initial clinic visit.

- ✓ **Living Kidney Donation:** What You Need to know
- ✓ **Kidney Transplantation:** A Guide for Patients and their Families
- ✓ **Living Liver Donation:** What are the Risks and Benefits

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