Council & Committee Chair Meeting

Agenda

April 29, 2017
Hyatt McCormick Place Hotel
2nd Floor, Regency Ballroom

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Items</th>
<th>Presenter</th>
<th>Tab</th>
<th>Action Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 AM</td>
<td>Call to Order</td>
<td>T. Pruett</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• COI review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Meeting structure/strategic plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• In memoriam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:45 AM</td>
<td>Financial Update</td>
<td>L. Ratner – C</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>K. Gifford – S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:55 AM</td>
<td>Foundation Report</td>
<td>C. Miller – C</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M. K-Bullock – S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:10 AM</td>
<td>Nominating Report</td>
<td>T. Pruett – C</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Election results</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Committee appointments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Recognition of outgoing cmte chairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:20 AM</td>
<td>Membership &amp; Workforce Report</td>
<td>J. Rocca – C</td>
<td>D-1</td>
<td>1. Request feedback on WF survey manuscript</td>
</tr>
<tr>
<td></td>
<td>• Workforce survey manuscript</td>
<td>K. Chavin – L</td>
<td>D-2</td>
<td>2. Request approval of update to the new member approval policy</td>
</tr>
<tr>
<td></td>
<td>• New member approval policy update</td>
<td>N. Duan – S</td>
<td>D-3</td>
<td>3. Request feedback on selected WF metrics for systematic collection by ASTS</td>
</tr>
<tr>
<td></td>
<td>• Collection of workforce metrics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:40 AM</td>
<td>Bylaws Report</td>
<td>R. Pelletier – C</td>
<td>E-1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bylaws amendment for vote at business meeting</td>
<td>K. Chavin – L</td>
<td>E-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Non-clinical member participation policy</td>
<td>L. Kulikosky – S</td>
<td>E-3</td>
<td></td>
</tr>
<tr>
<td>8:50 AM</td>
<td>Historian Report</td>
<td>T. Peters – C</td>
<td>F</td>
<td>4. Request approval for funding of future Chimera Chronicles</td>
</tr>
<tr>
<td></td>
<td>• Future Chimera Chronicles</td>
<td>D. Mossholder – S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Written Reports Only</td>
<td></td>
<td>C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communications – J. Heimbach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00 AM</td>
<td>ATC Report</td>
<td>D. Mercer – C</td>
<td>H-1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ATC 2017 update</td>
<td>N. Legge – S</td>
<td>H-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Abstract categories</td>
<td>S. Fagan – G</td>
<td>H-3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Abstract country comparison</td>
<td></td>
<td>H-4</td>
<td></td>
</tr>
</tbody>
</table>

C = Committee Chair   I = Incoming Chair   R = Representative   L = Councilor Liaison   S = Staff Liaison   G = Guest
**Mission:** To advance the art and science of transplant surgery through leadership, advocacy, education, and training.

**Vision:** Saving and improving lives with transplantation.

**Strategic Plan Goals:** Advocacy, Research, Training & Prof Development, Optimal Patient Care, & Organizational Excellence.

**Core Values:** Integrity, Respect, Excellence, Diversity, Compassion, and Forward Focus.

---

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Presenter(s)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:15 AM</td>
<td>Vanguard Report</td>
<td>D. Ladner – C&lt;br&gt;C. Esquivel – L&lt;br&gt;N. Legge – S</td>
<td><img src="image1.png" alt="Image" /></td>
</tr>
<tr>
<td>9:30 AM</td>
<td>TAC, LLC Update</td>
<td>M. Abouljoud – C&lt;br&gt;C. Gordon – S</td>
<td></td>
</tr>
<tr>
<td>10:00 AM</td>
<td>LDN Workshop Update</td>
<td>L. Ratner – L&lt;br&gt;C. Gordon – S</td>
<td></td>
</tr>
<tr>
<td>10:10 AM</td>
<td>CME Report</td>
<td>M. Levine – C&lt;br&gt;R. Sung – L&lt;br&gt;N. Legge – S</td>
<td></td>
</tr>
<tr>
<td>10:20 AM</td>
<td>Business Practice Services Report</td>
<td>K. Andreoni – C&lt;br&gt;O. Gaber – L&lt;br&gt;L. Kulikosky – S</td>
<td></td>
</tr>
<tr>
<td>10:35 AM</td>
<td>ATP Report</td>
<td>G. Smith – C&lt;br&gt;W. Grant – L&lt;br&gt;E. Proffitt – S</td>
<td></td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Curriculum Report</td>
<td>M. Melcher – C&lt;br&gt;W. Grant – L&lt;br&gt;C. Gordon – S</td>
<td></td>
</tr>
<tr>
<td>11:20 AM</td>
<td>RAPID Update</td>
<td>D. Ladner – G&lt;br&gt;K. Gifford – S&lt;br&gt;L. Kulikosky – S</td>
<td></td>
</tr>
</tbody>
</table>

---

C = Committee Chair  I = Incoming Chair  R = Representative  L = Councilor Liaison  S = Staff Liaison  G=Guest
Mission: To advance the art and science of transplant surgery through leadership, advocacy, education, and training.  
Vision: Saving and improving lives with transplantation.  
Strategic Plan Goals: Advocacy, Research, Training & Prof Development, Optimal Patient Care, & Organizational Excellence.  
Core Values: Integrity, Respect, Excellence, Diversity, Compassion, and Forward Focus.

11:30 AM TransQIP Task Force Update  
R. Hirose – R  
L. Kulikosky – S

11:40 AM VCA Report  
- UNOS VCA cmte participation  
- AU module development  
- Inter-society VCA collaboration  
S. Ildstad – C  
P. Abt – L  
N. Legge – S

N/A Written Reports Only  
- Cell Transplant – M. Wijkstrom  
- Sci Studies – C. Marsh

11:50 AM Lunch

**Optimal Patient Care**

12:30 PM Standards & Quality Report  
- DCD reporting stds  
- Stds for graft assessment & reporting for ex-vivo perfusion  
D. Axelrod – C  
K. Chavin – L  
L. Kulikosky – S  

7. Request approval of joint survey (ASTS and AOPO) re: DCD reporting standards

12:45 PM Living Donation  
- White House commitments  
- GIVE/LIVE initiative: Non-directed LD database  
T. Baker – C  
D. Segev – L  
M. K-Bullock – S

8. Request feedback on development of anonymous non-directed LD database

1:05 PM PROACTOR Task Force Report  
- AJT white paper submission  
- Next phase initiatives  
M. Hobeika – C  
D. Segev – L  
E. Proffitt – S

1:10 PM National Living Donor Assistance Center (NLDAC) Report  
- Federal update  
- Donor lost wages study  
K. Gifford

**Advocacy**

1:20 PM Legislative Report  
- March fly-in recap  
- Current legislation  
- ESRD demo project  
- Monitoring ACA changes  
P. Tighe – Powers  
G. Bumgardner – L  
D. Mossholder – S

1:35 PM Reimbursement and Regulatory Compliance Report  
- Regulatory relief proposal  
- Joint efforts with Legislative  
K. Abu-Elmagd – C  
O. Gaber – L  
D. Mossholder – S  
D. Millman – Powers

1:50 PM MACRA Task Force Report  
- Recent member education  
- ACS/Brandeis project  
D. Reich – C  
D. Mossholder – S  
D. Millman – Powers

9. Requesting feedback on ASTS involvement with Brandeis project

C = Committee Chair  I = Incoming Chair  R = Representative  L = Councilor Liaison  S = Staff Liaison  G=Guest
Mission: To advance the art and science of transplant surgery through leadership, advocacy, education, and training.

Vision: Saving and improving lives with transplantation.

Strategic Plan Goals: Advocacy, Research, Training & Prof Development, Optimal Patient Care, & Organizational Excellence.

Core Values: Integrity, Respect, Excellence, Diversity, Compassion, and Forward Focus.

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Chair</th>
<th>Liaison</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 PM</td>
<td>OPTN/UNOS Update</td>
<td>M. Henry – R</td>
<td>K. Gifford – S</td>
</tr>
<tr>
<td>2:10 PM</td>
<td>ABS Update</td>
<td>M. Abouljoud – R</td>
<td>K. Gifford – S</td>
</tr>
<tr>
<td>2:20 PM</td>
<td>ACS Update</td>
<td>L. Teperman – R</td>
<td>K. Gifford – S</td>
</tr>
<tr>
<td>2:30 PM</td>
<td>Alliance Update</td>
<td>J. Magee - R</td>
<td>K. Gifford – S</td>
</tr>
<tr>
<td>N/A</td>
<td>Written Reports Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• AMA – T. Peters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:40 PM</td>
<td>Other Business</td>
<td>T. Pruett</td>
<td></td>
</tr>
<tr>
<td>3:00 PM</td>
<td>Adjourn Committee Chair Meeting</td>
<td>T. Pruett</td>
<td></td>
</tr>
</tbody>
</table>

**Next Meeting:** January 11, 7:30-2:30, Loews Miami Beach Hotel

C = Committee Chair  I = Incoming Chair  R = Representative  L = Councilor Liaison  S = Staff Liaison  G=Guest
Mission
To advance the art and science of transplant surgery through leadership, advocacy, education, and training.

Vision
Saving and improving lives with transplantation.

Strategic Goals
Advocacy
Research
Training & Professional Development
Optimal Patient Care
Organizational Excellence

Core Values:
Integrity
We hold ourselves to a standard of professionalism that includes an awareness of our own imperfections as we seek fairness, justice, and inclusivity. Our behavior is guided by the awareness that we must continuously earn the public trust that makes transplantation possible.

Excellence
We commit to setting and achieving ambitious goals as we serve our members, our patients, and society at large.

Respect
We treat our patients, our colleagues, and our collaborators with respect, engaging in constructive debate and supporting each other in our work to save and improve lives.

Compassion
We strive to emulate the generosity and courage of the donors and their families who make transplantation possible and to offer hope to our patients.

Diversity
We cultivate the diversity of personal characteristics and individual qualities both in transplantation and among our members. Diversity is integral to the moral code by which we connect lives.

Forward Focus
We look toward the horizon and support those who are crafting innovative solutions to the problems our members and their patients face.
Thank you to our Contributors!
*levels are based on contributions as of 4/12/2017*

**Starzl Club**
*Lifetime giving of $25,000 or more*

Tom & Ruby Peters

**President’s Club**
*Lifetime giving of $10,000 - $24,999.99*

Ronald W. Busuttil, MD, PhD
Jean C. Emond, MD
Carlos O. Esquivel, MD, PhD
Goran B. Klintmalm, MD, PhD
Charlie & Erica Miller
Kim M. Olthoff, MD
Peter G. Stock, MD, PhD

**2017**

**Distinguished**
* $2500 and up
  Chris & Patricia Marsh
  Tom & Ruby Peters

**Contributor**
* $500-$999.99
  Marwan Abouljoud
  John Brems
  Mark Hardy
  Timothy Pruett

**Associate**
* $100-$499.99
  Ali Cheaito
  Talia Baker
  Kambiz Kosari
  Jay Markowitz
  Diego Reino

**Sponsor**
* $1000-$2499.99
  John Duffy
  Steven Rudich
  Lewis Teperman
2016

**Distinguished $2500 and up**
- Ginny Bumgardner
- Ronald Busuttil
- John Colonna
- Jean Emond
- Carlos Esquivel
- Fady Kaldas
- Dixon Kaufman
- Andrew Klein
- Kelvin Lau
- Dana & Jim Markmann
- Charlie & Erica Miller
- Kim Olthoff
- Richard Perez
- Henry Randall
- John Roberts
- Richard Simmons

**Sponsor $1000-$2499.99**
- Peter Abt
- Vatche Agopian
- David Axelrod
- Andrew M. Cameron
- William & Margaret Chapman
- Kenneth Chavin
- Bijan Eghtesad
- Osama Gaber
- R. Mark Ghobrial
- John & Kim Gifford
- John Goss
- Douglas Hanto
- Patrick Healey
- Garrett Hisatake
- Christopher Jones
- Goran Klintmalm
- Alan Langnas
- Keri Lunsford
- John Magee
- Chris and Patricia Marsh
- David Mulligan
- Dorry Segev
- Peter Stock
- Kenneth Woodside
- Ali Zarrinpar

**Contributor $500-$999.99**
- James Allan
- James Eason
- David Foley
- Wendy Grant
- Milan Kinkhabwala
- Richard Knight
- Marc Lorber
- Elizabeth Pomfret
- James Pomposelli
- Abbas Rana
- Lloyd Ratner
- Alan Reed
- Juan Rocca

**Associate $100-$499.99**
- Kenneth Andreoni
- Prabhakar Baliga
- Josh & Maggie Bullock
- Christoph Broelsch
- Ali Cheaito
- Matthew Cooper
- Kiran Dhanireddy
- Joseph DiNorcia
- Ty Dunn
- Bruce Gelb
- Stuart Greenstein

**Friend/Partner $1-$99.99**
- Julie Heimbach
- Peter Horton
- Matt Ingenthal
- Igal Kam
- Sandip Kapur
- Tomasz Kozlowski
- Susan Lerner
- Matthew & Leslie Levine
- Marc Melcher & Tami Daugherty
- Michael Millis
- Ronald Parsons
- David Reich
- Richard Ruiz
- Georgeine Smith
- Randall Sung
- Martin Wijkstrom
- Gazi Zibari

- Mark Hobeika
- Suzanne Ildstad
- Diane Mossholder
- Babak Orandi
- Kazunari Sasaki
- Krzysztof Zieniewicz
## ASTS Committee Appointments 2017 – 2018

*(Term expires at end of annual meeting in year indicated)*

### ADVANCED TRANSPLANT PROVIDERS COMMITTEE
- **Chair** – Haley Hoy, PhD, NP (2020)
- **Co-Chair** – Eliana Z. Agudelo, PA-C (2018) *
  - Karen M. Kerespi, MPAS, PA-C (2018)
  - Jennifer M. Sharp, MS (2018)
  - Marsha D. Bendle, MSBS, PA-C (2019)
  - Kristi J. Reinschmidt, PA-C (2019)
  - Heather Chambers, APRN-C, MSN (2020)
  - Elizabeth A. Hall, PA (2020)
  - Ana Maria Torres, ANP, MSN, RN (2020)

*Councilor Liaison – TBD*
*Staff Liaison – Ellie Proffitt, CHES*

### CELLULAR TRANSPLANTATION COMMITTEE
- **Chair** – Jason A. Wertheim, MD, PhD (2020)
- **Co-Chair** – Jeffrey H. Fair, MD (2018) *
  - Marlon F. Levy, MD (2018)
  - Kalpaj R. Parekh, MD (2019)
  - Angeles Baquerizo, MD, PhD (2020)
  - Todd V. Brennan, MD, MS (2020)
  - Varvara A. Kirchner, MD (2020)
  - Sayeed K. Malek, MD (2020)
  - Ronald F. Parsons, MD (2020)

*Councilor Liaison – TBD*
*Staff Liaison – TBD, Interim – Laurie Kulikosky, CAE*

### BUSINESS PRACTICE SERVICES COMMITTEE
- **Chair** – Kenneth A. Andreoni, MD (2018)
- **Co-Chair** – David C. Mulligan, MD (2018) *
  - James V. Guerrera, MD (2018)
  - Jason R. Wellen, MD, MBA (2018)
  - Kiran K. Dhanireddy, MD (2019)
  - David A. Gerber, MD (2019)
  - Gabriel T. Schnickel, MD, MPH (2019)
  - Alvin C. Wee, MD (2019)
  - Eddie Island, MD (2020)

*Ass. Mem. Liaison – Stacey L. Doll, MPA (2019)*
*Councilor Liaison – TBD*
*Staff Liaison – Laurie Kulikosky, CAE*

### CME COMMITTEE
- **Chair** – Matthew H. Levine, MD, PhD (2019)
- **Co-Chair** – Dean Y. Kim, MD (2018) *
  - Damanpreet S. Bedi, MD (2018)
  - Niraj M. Desai, MD (2018)
  - William F. Kendall, Jr., MD (2018)
  - Kristian Enestvedt, MD (2019)
  - Gregory J. McKenna, MD (2019)
  - Flavio Paterno, MD (2019)
  - Peter S. Yoo, MD (2019)
  - Edie Y. Chan, MD (2020)
  - Peter T. Kennealey, MD (2020)
  - Adena J. Osband, MD (2020)

*Councilor Liaison – TBD*
*Staff Liaison – Nerissa Legge*

### BYLAWS COMMITTEE
- **Chair** – Ronald P. Pelletier, MD (2018)
- **Co-Chair** – Liise K. Kayler, MD (2018) *
  - Vincent P. Casingal, MD (2018)
  - Cosme Y. Manzarbeitia, MD (2018)
  - Susanna M. Nazarian, MD, PhD (2018)
  - Rakesh Sindhi, MD (2018)
  - Adel Bozorgzadeh, MD (2020)
  - Rainer W.G. Gruessner, MD, PhD (2020)
  - Martin Hertl, MD (2020)

*Councilor Liaison – TBD*
*Staff Liaison – Laurie Kulikosky, CAE*

---

*Nominating Committee Chair rotates annually to current President*

* † Co-chairs are appointed annually with the option to renew for up to three years*
COMMUNICATIONS COMMITTEE
Chair – Julie K. Heimbach, MD (2019)
Co-Chair – Satish N. Nadig, MD, PhD (2018) †
  Amy L. Friedman, MD (2018)
  Amy E. Gallo, MD (2018)
  Christine A. O’Mahony, MD (2018)
  John B. Seal, MD (2018)
  Thomas J. Chirichella, MD (2019)
  Antonios Arvelakis, MD (2019)
  Ryan A. Helmick, MD (2020)
Lori M. Kautzman, MD (2020)
Duncan P. Yoder, MD (2020)

Co-Chairs are appointed annually with the option to renew for up to three years

COUNCILOR LIAISON – TBD

Staff Liaison – Diane Mossholder, MA

CURRICULUM COMMITTEE
Chair – Marc L. Melcher, MD, PhD (2019)
Co-Chair – Jason M. Vanatta, MD (2018) †
  Felicitas L.F. Koller, MD (2018)
  John F. Renz, MD, PhD (2018)
  Kelly M. Collins, MD (2019)
  Amy R. Evenson, MD (2019)
  Sameh A. Fayek, MD PhD (2019)
  Peter T.W. Kim, MD, MSc, FRCSC (2019)
  Sean C. Kumer, MD, PhD (2019)
  Harvey Solomon, MD (2019)
  Thomas A. Pham, MD (2020)
  Elizabeth M. Thomas, DO (2020)

COUNCILOR LIAISON – TBD

Staff Liaison – Chelsey Gordon, CHES

DIVERSITY ISSUES COMMITTEE
Chair – Jorge A. Ortiz, MD (2019)
Co-Chair – Jayme E. Locke, MD, MPH (2018) †
  Mohamed Akoad, MD (2018)
  Juan Carlos Caceido, MD (2018)
  Gabriel J. Echeverri, MD (2018)
  Stephen H. Gray, MD (2018)
  Reynold I. Lopez-Soler, MD, PhD (2018)
  Ganesh Gunasekaran, MD (2019)
  Beau Kelly, MD, MBA (2019)
  Paulo N. Martins, MD, PhD (2019)
  Constance M. Mobley, MD, PhD (2019)
  Sylvester M. Black, MD, PhD (2020)

COUNCILOR LIAISON – TBD

Staff Liaison – Ellie Proffitt, CHES

* Nominating Committee Chair rotates annually to current President
† Co-chairs are appointed annually with the option to renew for up to three years
**LEGISLATIVE & REGULATORY COMMITTEE**
Chair – James J. Pomposelli, MD, PhD  (2020)  
Co-Chair – Anil S. Paramesh, MD  (2018)  
  Michael Angelis, MD  (2018)  
  Bruce E. Gelb, MD  (2018)  
  Gary S.G. Xiao, MD  (2018)  
  Vanessa R. Humphreville, MD  (2019)  
  Raja Kandaswamy, MD  (2019)  
  Bonnie E. Lonze, MD, PhD  (2019)  
  Tsuyoshi Todo, MD  (2019)  
  Avinash Agarwal, MD  (2020)  
  Antonio diCarlo, MD, CM  (2020)  
  Michael R. Marvin, MD  (2020)  

**LIVING DONATION COMMITTEE**
Chair – Michael A. Zimmerman, MD  (2020)  
Co-Chair – Amit K. Mathur, MD, MS  (2018)  
  Sophoclis P. Alexopoulo, MD  (2018)  
  George E. Loss Jr., MD, PhD  (2018)  
  Martin I. Montenovo, MD  (2018)  
  Debra K. Doherty, MD  (2020)  
  James R. Rodrigue, PhD  (2020)  
  Vaughn E. Whittaker, BS, MB  (2020)  

**MEMBERSHIP AND WORKFORCE COMMITTEE**
Chair – Sunil K. Geevarghese, MD, MSCI  (2020)  
Co-Chair – Fady M. Kaldas, MD  (2018)  
  Robert R. Redfield, MD  (2018)  
  Henkie P. Tan, MD, PhD  (2018)  
  Chandra S. Bhati, MS, MRCS, FEBSE  (2019)  
  Jean I. Tchervenkov, MD  (2019)  
  Atushi Yoshida, MD  (2019)  
  Diego M. Di Sabato, MD  (2020)  
  Marwan M. Kazimi, MD  (2020)  

**STANDARDS AND QUALITY COMMITTEE**
Chair – David A. Axelrod, MD, MBA  (2019)  
Co-Chair – Jacqueline A. Lappin, MD  (2018)  
  Jeffrey B. Halldorson, MD  (2018)  
  Justin R. Parekh, MD  (2018)  
  Robert J. Stratta, MD  (2018)  
  Mary T. Killackey, MD  (2019)  
  Shimul A. Shah, MD, MHCM  (2019)  
  Debra L. Sudan, MD  (2019)  
  Pedro R. Sandoval, MD  (2020)  

**SCIENTIFIC STUDIES COMMITTEE**
Chair – Ty B. Dunn, MD, MS  (2020)  
Co-Chair – Cristiano Quintini, MD  (2018)  
  Erik B. Finger, MD, PhD  (2018)  
  Benjamin Philosophe, MD, PhD  (2018)  
  Joseph R. Leventhal, MD, PhD  (2019)  
  Shunji Nagai, MD, PhD  (2019)  
  David D. Lee, MD  (2020)  
  Burcin Taner, MD  (2020)  
  Kenneth J. Woodside, MD  (2020)  

**NOMINATING COMMITTEE**
Chair – Jean Emond, MD  (2018)  
  Timothy L. Pruett, MD  (2019)  
  Charles M. Miller, MD  (2018)  
  Dixon B. Kaufman, MD, PhD  (2020)  
  William C. Chapman, MD  (2018)  
  Carlos O. Esquivel, MD, PhD  (2018)  
  Dorry L. Segev, MD, PhD  (2018)  
  Peter L. Abt, MD  (2019)  
  Wendy J. Grant, MD  (2019)  
  Randall S. Sung, MD  (2019)  

**STAFF Liaison – Ellie Proffitt, CHES**

*Nominating Committee Chair rotates annually to current President  
† Co-chairs are appointed annually with the option to renew for up to three years*
THORACIC ORGAN TRANSPLANTATION COMMITTEE
Chair – David P. Mason, MD (2020)
Co-Chair – Bryan A. Whitson, MD, PhD (2018) †
    Phillip Camp, MD (2018)
    Nilto C. De Oliveira, MD (2019)
    Christian A. Bermudez, MD (2020)
    Matthew G. Hartwig, MD (2020)
Councilor Liaison – TBD
Staff Liaison – Ellie Proffitt, CHES

VANGUARD COMMITTEE
*Term ends after the Winter Symposium in the year indicated
Chair – Daniela P. Ladner, MD, MPH (2019)
Co-Chair – M.B. Majella Doyle, MD, MBA (2018) †
    Truman M. Earl, MD, MSCI (2018)
    Karim J. Halazun, MD (2018)
    Garrett R. Roll, MD (2018)
    Arika L. Hoffman, MD (2019)
    Nitin N. Katariya, MD (2019)
    Jennifer E. Verbesey, MD (2019)
    Kristopher P. Croome, MD (2020)
Councilor Liaison – TBD
Staff Liaison – Nerissa Legge

VASCULARIZED COMPOSITE ALLOGRAFT COMMITTEE
Chair – Suzanne T. Ildstad, MD (2018)
Co-Chair – Suzanne V. McDiarmid, MD, MBA (2018) †
    Darla K. Granger, MD (2018)
    Gerry S. Lipshutz, MD (2018)
    Thiago Beduschi, MD (2019)
    Kenneth L. Brayman, MD, PhD (2019)
    Andreas G. Tzakis, MD (2019)
    Dicken S. Ko, MD (2020)
    Kadiyala V. Ravindra, MD (2020)
Councilor Liaison – TBD
Staff Liaison – Nerissa Legge

2017 ATC PLANNING COMMITTEE
ASTS Representatives
Chair – Matthew Cooper, MD (2018)
Co-Chair – Devin E. Eckhoff, MD (2019)
Co-Chair-elect – Lisa S. Florence, MD (2020)
    Linda C. Cendales, MD (2018)
    Susan L. Orloff, MD (2018)
    Renee E. Bennett, RN, BSN, CCTC (2019)
    Michael B. Ishitani, MD (2019)
    Srinath Chinnakotla, MD (2020)
    Michael J. Englesbe, MD (2020)
    Richard J. Knight, MD (2020)
    Linda Sher, MD (2020)
    Dean Y. Kim, MD (2018)
Staff Liaison – Nerissa Legge

GOVERNMENT AND SCIENTIFIC LIAISONS
OPTN/UNOS Board
    Mitchell L. Henry, MD (2018)
American Board of Surgery
    Marwan S. Abouljoud, MD (2021)
American College of Surgeons
    Lewis W. Teperman, MD (2019)
American Medical Association
    Thomas G. Peters, MD
The Alliance
    John C. Magee, MD

* Nominating Committee Chair rotates annually to current President
† Co-chairs are appointed annually with the option to renew for up to three years
ASTS Bi-Annual Committee Report

Committee Name: Membership & Workforce
Staff Liaison: Ning Duan
Chair/Co-Chair: Juan Rocca, MD / Sunil Geervarghese, MD
Council Liaison: Kenneth Chavin

☑ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- New Member Approval Policy (reviewed and approved by Bylaws Committee)
- Approval of Workforce report manuscript publication, with or without revisions.
- Approval of Selected WF metrics for systematic collection by ASTS.

Review of Recent Committee Accomplishments (if applicable):
- Workforce Survey Report

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Survey Report Manuscript</td>
<td>May 2017</td>
<td>Yes (3k)</td>
<td>Yes</td>
</tr>
<tr>
<td>Selection of Workforce metrics for systematic ongoing collection by ASTS</td>
<td>May 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

Future Ideas for Consideration (if applicable):

- Institutional Membership. Changes required in individual member approval process prior to considering institutional members.
**Abdominal Transplant Surgery Workforce Status Report**

**Introduction**

The number of surgeons currently practicing in abdominal organ transplantation in United States is estimated in 1200. UNOS registrations as primary transplant surgeon totals xxx, xxx kidney, xxx liver, xxx pancreas and xxx intestine distributed in 235 abdominal transplant centers. The American Society of Transplant Surgeons (ASTS) conducted two different surveys addressing the transplant surgeons' workforce in the past decade, the last one in 2010, examined in detail the demographics, medical education, professional training, certifications and appointments, clinical practice and family and lifestyle characteristics of abdominal transplant surgeons in the United States. After incorporating an entire generation of transplant surgeons that received formal and structured training in abdominal organ transplantation it is believed that the practice of transplant surgeons has changed into a more focused and self-sustaining one. There is limited information describing the current practice of transplant surgeons in United States and how its advances has demanded variations on the surgeons' profile being incorporated to the workforce. The present survey was designed to describe the current practice of transplant centers and examine their transplant surgeons' characteristics to estimate changes in the workforce and how this can impact the incorporation of future surgeons currently in training.

**Methods**

Members of the ASTS Workforce and Membership Committee designed a survey addressed to surgical program directors of all transplant centers in United States and (some) in Canada. The survey questionnaire requested information about the transplant programs, the transplant surgeons involved in the program and the estimated changes in the staffing of the program over the next 3 years. Specific questions regarding the program characteristics, current surgeons' characteristics, estimated staffing changes and future surgeons' characteristics are summarized in table 1 and fully displayed in appendix 1. A number a questions were asked to identify transplant programs and program directors in order to avoid duplicate responses about the surgeons involved in each program, since different transplant programs can coexist in the same transplant center sharing all, part or none of the transplant surgeons. These were de-identified for statistical analysis. Questions about the specific transplant surgeons were unidentified at all times, only labeled alphabetically for analytic purposes. The survey was approved by the ASTS Council for distribution to transplant program directors of 235 transplant centers by several e-mail notifications throughout 2016 (February-October). Eighty-four program directors responded to the survey representing 71 transplant centers (30.2%) and 313 transplant surgeons. Since survey respondents did not answer all survey questions, tables and figures which depict survey data refer to the number ‘N’ of respondents as the number of survey participants who responded to the particular survey question. Results were compiled and analyzed by the committee and
presented to the ASTS Council. The committee received ASTS Council endorsement in 2017 to proceed with submission of the results for publication. (... this is pending review of this manuscript and IRB approval vs societal approval...need to discuss).

Results

The survey responses represented 71 abdominal transplant centers from a total of 235 identified (30.2% response rate), with a median distribution of responding centers per region of 7 (IQR 4.5-8.5). The responses accounted for a total of 313 abdominal transplant surgeons with a median distribution per region of 28 (IQR 22.5-36) and a median distribution per center of 4 (IQR 3-6) (figure 1).

Figure 1.
Distribution of responding Transplant Centers (C) and number of Transplant Surgeons (S) per UNOS region.
1. Transplant centers

Each transplant center counted with a median of 1 program surgical director (IQR 1-2, range 1-6) and a median of 4 transplant surgeons (IQR 3-6, range 1-11). The presence of non-transplant surgeons (performing surgeries for the transplant programs, i.e. organ procurements, live donor nephrectomies, or assisting transplant procedures) was on an average of 0.88±1.6 (range 1-6). The surgical activities of the 71 transplant centers and the annual volumes are summarized in table 1a.

When centers were examined by major transplant practices, 64.8% (n=46) performed both adult liver and adult kidney transplantation, with a median annual kidney volume of 119.5 (IQR 80-180), a median annual liver volume of 64 (IQR 35-90) and a median number of transplant surgeons of 5 (IQR 4-7). Centers performing only kidney transplantation represented 19.7% (n=14), with a median annual kidney volume of 51 (IQR 30-75) and a median number of transplant surgeons of 2 (IQR 2-3), while Centers performing only adult liver transplantation represented 5.6%, with a median annual liver volume of 90(IQR 45-115) and a median number of transplant surgeons of 4.5 (IQR 3.5-5.5), table 1b.

Table 1a. Types of practice by center and annual volumes

<table>
<thead>
<tr>
<th>Practice</th>
<th>N (%)</th>
<th>Annual Volume, Median (IQR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Liver</td>
<td>50 (70.4%)</td>
<td>65 (35 – 100)</td>
</tr>
<tr>
<td>LD Liver</td>
<td>30 (42.2%)</td>
<td>6 (2-14.5)</td>
</tr>
<tr>
<td>Peds Liver</td>
<td>31 (43.6%)</td>
<td>9 (4-15)</td>
</tr>
<tr>
<td>Adult Kidney</td>
<td>60 (84.5%)</td>
<td>100 (65-167.5)</td>
</tr>
<tr>
<td>LD Kidney</td>
<td>60 (84.5%)</td>
<td>25 (16-60)</td>
</tr>
<tr>
<td>Peds Kidney</td>
<td>37 (52.1%)</td>
<td>8 (4-15)</td>
</tr>
<tr>
<td>Pancreas</td>
<td>50 (70.4%)</td>
<td>8 (3.5-12)</td>
</tr>
<tr>
<td>Intestine</td>
<td>14 (19.7%)</td>
<td>5 (1-12)</td>
</tr>
<tr>
<td>HPB surg</td>
<td>49 (69.0%)</td>
<td>75 (50-100)</td>
</tr>
<tr>
<td>Access Surg</td>
<td>40 (56.3%)</td>
<td>90 (25-200)</td>
</tr>
<tr>
<td>Gen Surg</td>
<td>45 (63.3%)</td>
<td>100 (40-125)</td>
</tr>
<tr>
<td>Peds Surg</td>
<td>18 (25.3%)</td>
<td>20 (10-63)</td>
</tr>
</tbody>
</table>
Table 1b. Liver and kidney transplant practices, annual volumes and transplant surgeons.

<table>
<thead>
<tr>
<th>Practice</th>
<th>N (%)</th>
<th>Kidney Volume Median (IQ)</th>
<th>Liver Volume Median (IQ)</th>
<th>Median Txp Surgeons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult L+K</td>
<td>46 (64.8%)</td>
<td>119.5 (80-180)</td>
<td>64 (35-90)</td>
<td>5 (4-7)</td>
</tr>
<tr>
<td>Adult K only</td>
<td>14 (19.7%)</td>
<td>51 (30-75)</td>
<td></td>
<td>2 (2-3)</td>
</tr>
<tr>
<td>Adult L only</td>
<td>4 (5.6%)</td>
<td>90 (45-115)</td>
<td></td>
<td>4.5 (3.5-5.5)</td>
</tr>
</tbody>
</table>

2.1. Current Transplant Surgeons, demographics

Of the 313 transplant surgeons reported at the 71 transplant centers there was complete data submission for further analysis in 242. The average age of the transplant surgeons was 49±9 years (range 30-70). Female surgeons represented 13.1% (n=31), the incorporation of female surgeons to the workforce steadily increased since 1980 from 3.7% to 18.37% after 2010 (See table 2, figure 2).

Regarding the longevity of their practice, the amount of years in transplant practice showed a median of 14 years (IQR 8-21), while the median estimated remaining years in practice were 15 (IQR 10-25). (working on graph that can show workforce inflow and outflow of this cohort…)

Table 2. Incorporation of transplant surgeons to the workforce
Missing values n= 5
* last period made of 6 years

<table>
<thead>
<tr>
<th>Period</th>
<th>All Surgeons N</th>
<th>Transplant Surgeons N</th>
<th>Women Surgeons N</th>
<th>Transplant Surgeons N</th>
</tr>
</thead>
<tbody>
<tr>
<td>70-79</td>
<td>2 (0.84)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td></td>
</tr>
<tr>
<td>80-89</td>
<td>27 (11.4)</td>
<td>1 (3.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90-99</td>
<td>69 (29.1)</td>
<td>7 (10.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>00-04</td>
<td>40 (16.9)</td>
<td>5 (12.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05-09</td>
<td>50 (21.1)</td>
<td>9 (18.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-15*</td>
<td>49 (20.7)</td>
<td>9 (18.4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 2. Incorporation of transplant surgeons to the workforce (n=237)
### 2.2 Current Transplant Surgeons, type of practice

See table 3 for details of types of practice by surgeon and their median years in practice.

#### Table 3. Types of practice by surgeon and median years in practice

<table>
<thead>
<tr>
<th>Practice</th>
<th>N</th>
<th>(%)</th>
<th>Years in Practice, Median (IQR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD procurement</td>
<td>197</td>
<td>(81.0%)</td>
<td>12 (7-19)</td>
</tr>
<tr>
<td>Adult Liver</td>
<td>174</td>
<td>(71.6%)</td>
<td>13 (8-21)</td>
</tr>
<tr>
<td>LD Liver</td>
<td>66</td>
<td>(27.1%)</td>
<td>16.5 (10-21)*</td>
</tr>
<tr>
<td>Peds Liver</td>
<td>92</td>
<td>(37.8%)</td>
<td>18 (12-23)*</td>
</tr>
<tr>
<td>Adult Kidney</td>
<td>203</td>
<td>(83.5%)</td>
<td>13 (7-20)</td>
</tr>
<tr>
<td>LD Kidney</td>
<td>129</td>
<td>(53.0%)</td>
<td>10 (6-17)</td>
</tr>
<tr>
<td>Peds Kidney</td>
<td>113</td>
<td>(46.5%)</td>
<td>15 (8-22)*</td>
</tr>
<tr>
<td>Pancreas</td>
<td>149</td>
<td>(69.3%)</td>
<td>11 (7-18)</td>
</tr>
<tr>
<td>Intestine</td>
<td>26</td>
<td>(10.7%)</td>
<td>16.5 (8-22)*</td>
</tr>
<tr>
<td>HPB surg</td>
<td>146</td>
<td>(60.0%)</td>
<td>13 (7-21)</td>
</tr>
<tr>
<td>Access Surg</td>
<td>94</td>
<td>(38.6%)</td>
<td>13 (7-21)</td>
</tr>
<tr>
<td>Gen Surg</td>
<td>163</td>
<td>(67.0%)</td>
<td>13 (8-20)</td>
</tr>
<tr>
<td>Peds Surg</td>
<td>41</td>
<td>(16.8%)</td>
<td>19 (13-25)*</td>
</tr>
<tr>
<td>Admin role</td>
<td>150</td>
<td>(61.7%)</td>
<td>17 (11-23)*</td>
</tr>
<tr>
<td>Transplant Leadership</td>
<td>134</td>
<td>(55.1%)</td>
<td>17 (11-23)*</td>
</tr>
<tr>
<td>Non-txp leadership</td>
<td>77</td>
<td>(31.6%)</td>
<td>18 (11-24)*</td>
</tr>
<tr>
<td>Extra-Inst Leadership</td>
<td>89</td>
<td>(36.63)</td>
<td>18 (14-25)*</td>
</tr>
</tbody>
</table>

* Surgeons’ years in practice above the median of 14

Most of the transplant surgeons performed both adult liver and adult kidney transplantation 59.3% (n=144), while 24.3% (n=59) performed only adult kidney transplantation, 12.4% (n=30) only adult liver transplantation and 4.1% (n=10) performed other transplants excluding adult liver or adult kidney.

The practice of non-transplant-related surgeries by transplant surgeons represented 60% for
Hepatobiliary Surgery, 38.6% Access Surgery (either angioaccess or for peritoneal dialysis) and 67% General Surgery cases was (excluding HPB, Access and living donors).

The practices associated with a more senior workforce (years in practice above median of 14 years) were Living Liver Donor surgery, Pediatric Liver transplantation, Pediatric Kidney transplantation, Intestinal transplantation, pediatric surgery (non-transplant) and dedication to administrative roles and leadership roles.

Regarding transplant-specific time on call, the average number of days on transplant-call in a month was 11.6 ±5.8 (0-31), Median 10 (IQR 7-15). (can probably expand more on this analysis…)

The surgeons’ dedication to research activities was reported in 75.7% (n=184), the majority was in Clinical research 62% ((n=151), followed by Translational research 25.1% (n=61) and 17.2% (n=42) for basic research (reporting overlap was allowed since these activities can co-exist). The role of principal investigator of funded research was reported for 25% (n=63) of the surgeons.

2.3. Current Transplant Surgeons, training background.

Eighty-six percent (n=208) of the practicing transplant surgeons (n=242) were reported to have their surgical residency training in United States or Canada (board eligible), of whom only 7 did a residency in Urology and the remainder 201 completed a residency in General Surgery. Forty surgeons completed residency training in another country, once immigrated 6 of them completed a second residency in US-Canada (leaving n=34, 14% surgeons with residency training not in US-Canada).

Regarding Transplant surgery-specific training, 92.1% (n=223) of surgeons were reported to complete an ASTS-accredited Transplant Fellowship. Of the remainder 19 practicing surgeons without ASTS-accredited fellowship training, 13 were US-Canada trained residents (10 GenSurg, 3 Uro) who received non-ASTS transplant fellowship in US-Canada, 10 of which started practicing transplant prior to 1999, while other 6 non-US trained residents continued into a non-ASTS fellowship in US-Canada (4) or another country (2), 5 of them started their transplant practice prior to 1999. Figures 3a and 3b.
Figure 3a. Residency training of current transplant surgeons.

Residency

- US-Canada, 208, 86%
- Other country, 34, 14%

Figure 3b. Fellowship training of current transplant surgeons

Fellowship Training

- ASTS-accredited, 92%
- Non-accredited, 8%
- after US-CAN Residency, 5%
- after Other country residency, 3%

3. Surgeon staffing of Transplant Centers and recruitment of Future Surgeons

Transplant Centers were asked to report on their staffing conditions, to estimate the number of surgeons leaving the center over the next 3 years (outflow), and the recruitment planning for surgeons in the same period of time (inflow).
The mean for surgeons leaving the center over the next 3 years was $0.50 \pm 0.64$ (n=64 centers) and the mean for future surgeons being recruited in the same period was $1.08 \pm 0.69$ (n=60 centers). The overall inflow/outflow of surgeons for all transplant centers was positive with a mean differential of +0.58.

The surgical staffing status was reported by centers (n=64, 7 missing) as Understaffed by 25% (n=18), Just Right by 62% (n=44) and Overstaffed by 3% (n=2). For the Understaffed group the outflow mean was $0.50 \pm 0.71$ while the inflow mean was to $1.55 \pm 0.61$, increasing the mean differential to +1.04. All 18 centers in this group were planning to recruit at least 1 surgeon over the next 3 years. For the Just-Right group, the outflow mean was 0.50±0.63 while the inflow mean was 0.90±0.63, decreasing slightly the mean differential to +0.40 however it remained positive for inflow. In this group, 30/44 centers were planning to hire at least one surgeon over the next 3 years. For the overstaffed group, the inflow and outflow of surgeons broke even with a differential =0 (group of only 2 centers with 1 surgeon leaving and 1 being recruited). Figure 4.

**Figure 4. Transplant Center staffing and inflow/outflow of surgeons within next 3 years.**

- **All Transplant Centers (n=64)**
  - Surgeons leaving center: Outflow mean 0.5±0.6
  - Surgeons to be recruited: Inflow mean 1.08±0.7
  - Mean differential + 0.58 (inflow)

- **Understaffed Transplant Centers (n=18)**
  - Surgeons leaving center: Outflow mean 0.5±0.71
  - Surgeons to be recruited: Inflow mean 1.55±0.61
  - Mean differential + 1.04 (inflow)
  - 18 centers (100%) planning to recruit at least 1 surgeon.

- **Just-Right Transplant Centers (n=44)**
  - Surgeons leaving center: Outflow mean 0.5±0.63
  - Surgeons to be recruited: Inflow mean 0.90±0.63
  - Mean differential + 0.40 (inflow)
  - 30 centers (68%) planning to recruit at least 1 surgeon

- **Overstaffed Transplant Centers (n=2)**
  - Surgeons leaving center: 1
  - Surgeons to be recruited: 1
  - Mean differential = 0
Forty-eight Transplant Centers reported plans to recruit a total of 61 surgeons over the next 3 years. When the recruiting centers were categorized by type of transplant practice (n=61): 69% (n=42) performed both Adult Liver and Adult Kidney transplantation, 16% (n=10) only Kidney transplantation, 8% (n=5) only Liver transplantation and the remainder 6% (n=4) performed other types of transplants (pediatrics, intestine). When categorized by annual transplant volumes (n=58, combining either liver, kidney or pancreas), centers performing more than 150 transplants/year (n=29) were planning to recruit 56% of the surgeons (n=34), centers performing between 75-150 transplants/year (n=14) were planning to recruit 27% of the surgeons (n=17) and Centers performing less than 75 transplants/year (n=15) were recruiting 16% of the surgeons (n=10).

Sixty of the planned recruitments reported were categorized by surgeon experience level (n=60). The demand for Junior-level surgeons was 61.6% (n=37), Mid-Level 28.3% (n=17) and Senior level 10% (n=6). Figure 5a.

The total planned recruitments over the next 3 years (n=61) represent a 19.5% of the total reported workforce (n=313), while the planned recruitment of Junior level surgeons (n=37) represent 11.8% of the total reported workforce.
Eighteen Understaffed centers were recruiting a total of 25 surgeons (41.7%), 12 Junior, 12 Mid-level and 1 Senior, while 30 Just-right centers were recruiting 34 surgeons (56.7%), 25 Juniors, 4 Mid-level and 5 Senior. Figure 5b.

Figure 5a. Categorization of planned recruitments by experience (n=60)
Figure 5b. Distribution of planned recruitments (n=60) by Center staffing (Understaffed vs. Just-right) and Surgeon experience level (Junior, Mid-level, Senior).
Background
In August 2016, we upgraded to a new AMS (Association Management System) that allowed ASTS to immediately process dues payment and provide member benefits at the time of new membership application, rather than following completion of the formal review process. To better serve our potential future members, the policy outlined below will allow for faster applicant access to ASTS benefits while also maintaining the society’s formal application and approval process.

Policy
A probationary approval period will exist for all membership applicants (Regular, International, Associate, Candidate, and Trainee) that will temporarily grant the applicant member benefits (with the exception of voting and receiving a membership certificate) until completion of a formal application approval process as outlined below. Approved members will then be submitted to the membership via the ASTS website for invited comments.

Procedures
1. A probationary approval period is granted to all membership applicants who have submitted a complete application and have paid the annual dues.
2. The probationary approval period is communicated to the applicant, including that their membership can be denied after the completion of the formal review process.
3. All completed applications will be screened by ASTS staff prior to entering the formal review process.
4. The formal membership application approval process will occur monthly for Regular, International, and Associate members.
5. Regular, International, and Associate member applicants will be submitted to the membership and workforce committee, or a subcommittee of the membership and workforce committee charged with the process of formal application review and approval.
6. Regular, International, and Associate member applicants approved by the membership and workforce committee will then be forwarded to the council for formal approval.
7. Regular, International, and Associate member applicants approved by the membership and workforce committee and ASTS council will be submitted to the general membership for a comment period.
8. The aforementioned steps will be completed over a month, with the process being completed and new members being welcomed before the next month’s applicants are reviewed for approval.
9. Candidate and Trainee member applicants will be reviewed and approved by ASTS staff on a monthly basis.
10. Trainee members transitioning to Regular membership will be added to the next month’s formal approval process for Regular membership as outlined above.
11. Applicants who are denied membership in the society will receive a full refund of the annual dues paid.
ASTS Bi-Annual Committee Report

Committee Name: Bylaws  
Chair/Co-Chair: Ron Pelletier/Liise Kayler
Staff Liaison: Laurie Kulikosky  
Council Liaison: Ken Chavin

☑ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- None

Review of Recent Committee Accomplishments (if applicable):

- Completion of the Non-clinical member participation policy – Approved by the EC in March 2017
- Review of the proposed bylaws change for elections for president elect position
- Worked with membership & Workforce cmte on updates to the new member approval policy

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued monitoring of proposed bylaws changes and policies</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

I am satisfied

Future Ideas for Consideration (if applicable): None at this time
SECTION 5. There shall be a Nominating Committee consisting of the President, President-Elect, two most recent Past Presidents, and the six most senior Councilors-at-Large. Each committee member must adhere to an expanded conflict of interest policy that precludes a voting member of the committee from casting a vote for him/her self and/or casting a vote for/against a candidate from the same institution. The committee will review the nominations from the general membership and put forward a ballot to eligible voting members that contains six candidates for the three councilor positions, three names for the secretary or treasurer position and one name for the president-elect position.

Proposed Bylaws Changes:

SECTION 5. There shall be a Nominating Committee consisting of the President, President-Elect, two most recent Past Presidents, and the six most senior Councilors-at-Large. Each committee member must adhere to an expanded conflict of interest policy that precludes a voting member of the committee from casting a vote for him/her self and/or casting a vote for/against a candidate from the same institution. The committee will review the nominations from the general membership and put forward a ballot to eligible voting members that contains six candidates for the three councilor positions, three names for the secretary or treasurer position and one name for the president-elect position. Upon successfully completing his/her term, the secretary or treasurer will be considered the primary candidate for the president-elect position and the single candidate on the ballot. On the year when no secretary or treasurer is to be elected, a competitive ballot with three names for the president-elect position will be put forward to the membership.
ASTS Non-Clinical Member Participation on Committees
Policy & Procedures

Background
ASTS Members (Associate and Regular) can sometimes leave their positions as clinicians within transplant to work for corporate/industry companies connected to transplant. The issue of whether these members should be permitted to participate as committee members came up during the 2016 committee nominations process. An Associate Member who works for a device company inquired about ASTS’ policy on this. The bylaws do not currently address this in either the membership or committee sections, nor does ASTS have a separate policy and procedures document to address the issue.

Proposed Policy
ASTS is committed to governance free of conflict. ASTS views non-clinical (such as a pharmaceutical or a device company employee) member participation as a potential conflict of interest to the mission of the Society. However, such employment should not, in and of itself, be considered a conflict of interest. Rather in situations where non-clinical members seek Society participation, candidacy should be weighed on a case-by-case basis. Thus, any non-clinical member seeking to serve ASTS in a volunteer capacity (including Committees, Council, and Executive Committee) will be vetted for potential conflicts of interest by the Nominating Committee. The Nominating Committee shall report their findings and recommendations to the Executive Committee for final determination regarding participation. Existing ASTS members serving on committees or in a leadership capacity who change from clinical to non-clinical employment shall undergo the same vetting and participation acceptability determination.

This recommendation can be outlined in the ASTS policy document and need not be included in the Society’s bylaws.
ASTS Bi-Annual Committee Report

Committee Name: ASTS Historian
Staff Liaison: Diane Mossholder

Chair/Co-Chair: Tom Peters
Council Liaison: Entire Council

☑ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- Example one: Request 5 min to discuss Chimera Chronicles re: future efforts and funding.
- Example one

Review of Recent Committee Accomplishments (if applicable):

- Example Accomplishment one: Chimera Chronicles continued first person sourced history of the ASTS and organ transplantation
- Example Accomplishment two:

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Chimera Chronicles Honorees</td>
<td>2019</td>
<td>Possible</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

Yes

Future Ideas for Consideration (if applicable):
ASTS Bi-Annual Committee Report

Committee Name: [Insert Committee Name]  
Chair/Co-Chair: [Insert Chair/Co-Chair Name]  
Staff Liaison: [Insert Staff Liaison Name]  
Council Liaison: [Insert Council Liaison Name]

☐ Yes, I would like to request time for a verbal report during the council and committee chair meeting.

☒ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:  
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- none

Review of Recent Committee Accomplishments (if applicable):

- Survey page added to the website: this page lists the future, current, and past surveys approved by the ASTS council for distribution to targeted or all of the membership. It was created to increase awareness and participation on ASTS surveys.
- “Update your membership” e-mail sent out which resulted in many members providing updated information regarding current contact information. We will repeat this effort annually and also request members review their contact information during dues renewal in order to improve our ability to communicate with membership

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social media primers- at ASTS booth</td>
<td>ATC 2017</td>
<td>no</td>
<td>No</td>
</tr>
<tr>
<td>Chimera</td>
<td>ongoing</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Website optimization</td>
<td>2017</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members? Yes

Future Ideas for Consideration (if applicable): We are investigating the idea of a ASTS members-only group chat on Facebook where members could communicate and post content. We are also
considering having Communications Committee members identify content that members may be interested in to post on the ASTS website in order to drive traffic to the website.
Agenda Form

Agenda Item: ATC 2017 Report
Submitted by: Ms. Shannon Fagan

Below is a brief recap of ATC 2017 Registration, Abstract Submission and Exhibits/Sponsorship as of April 6, 2017. The Congress is 6 weeks earlier in the year than 2016.

Key Milestones:
- December 2, 2016 – Abstract Deadline
  - This deadline is always the first Friday in December. Although the meeting is 6 weeks earlier than 2016, the deadline was kept the same as attendees are accustomed to this deadline and it would not conflict with other affiliated meeting submission deadlines.
- December 20, 2016 – Registration Opened
  - Registration has traditionally opened in late January. This year it was opened in December to encourage attendees were making arrangements early.
- February 6, 2017 – Abstract Notifications Sent
  - Notifications have been sent by February 20th. They were sent early this year to encourage attendance and travel.

Detailed reports are enclosed as attachments.

REGISTRATION

Registration and Revenue 3 Weeks Out
Comparison 2017 - 2015

<table>
<thead>
<tr>
<th>Attendee Type</th>
<th>Chicago April 6, 2017</th>
<th>Boston May 19, 2016</th>
<th>Philadelphia April 9, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientific Pre-meeting Attendees</td>
<td># 809 Income $113,955</td>
<td># 863 Income $111,061</td>
<td># 681 Income $82,502</td>
</tr>
<tr>
<td>Scientific Congress Attendees</td>
<td>3,253 Income $1,631,945</td>
<td>3,626 Income $1,837,430</td>
<td>3,086 Income $1,526,575</td>
</tr>
</tbody>
</table>

Totals above do not include exhibit/sponsorship attendees, guests or media.

Reports Enclosed
1. 2017 Registration Category Totals
2. 2017 – 2007 Registration Total Comparison
3. 2017 – 2012 Registration Comparison Domestic vs. International
### Abstract Totals 8 Year Comparison

<table>
<thead>
<tr>
<th>Location</th>
<th>Year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago</td>
<td>2017</td>
<td>2164</td>
</tr>
<tr>
<td>Boston</td>
<td>2016</td>
<td>2361</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>2015</td>
<td>2039</td>
</tr>
<tr>
<td><em>San Francisco</em></td>
<td>2014</td>
<td>3528</td>
</tr>
<tr>
<td>Seattle</td>
<td>2013</td>
<td>2209</td>
</tr>
<tr>
<td>Boston</td>
<td>2012</td>
<td>2141</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>2011</td>
<td>2229</td>
</tr>
<tr>
<td>San Diego</td>
<td>2010</td>
<td>2224</td>
</tr>
</tbody>
</table>

*WTC*

### Abstract Presentation Totals

<table>
<thead>
<tr>
<th>Category</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chicago</td>
<td>Boston</td>
<td>Philadelphia</td>
</tr>
<tr>
<td>Abstracts Submitted</td>
<td>2,215</td>
<td>2,361</td>
<td>2,039</td>
</tr>
<tr>
<td>Video Abstracts Submitted</td>
<td>12</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Plenary Abstracts Accepted</td>
<td>19</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Mini-Oral Abstracts Accepted</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Oral Abstracts Accepted</td>
<td>564</td>
<td>558</td>
<td>504</td>
</tr>
<tr>
<td>Poster Abstracts Accepted</td>
<td>1,234</td>
<td>1,222</td>
<td>1,179</td>
</tr>
<tr>
<td>Number of Plenary Sessions</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Number of Video Abstract Presentations</td>
<td>7</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Number of Mini-Oral Sessions</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of Concurrent Oral Sessions</td>
<td>79</td>
<td>81</td>
<td>72</td>
</tr>
<tr>
<td>Percentage of acceptance</td>
<td>81%</td>
<td>76%</td>
<td>83%</td>
</tr>
<tr>
<td>Number of Attendees*</td>
<td>3,253</td>
<td>3,723</td>
<td>3,853</td>
</tr>
<tr>
<td>Number of Invited Presentations</td>
<td>579</td>
<td>599</td>
<td>465</td>
</tr>
</tbody>
</table>

Reports include Late Breaking Submission

*Total as of April 6, 2017

Reports Enclosed
- 2017 Category Totals
- 2017 - 2015 Country Comparison
- 20017 – 2010 Presentation Comparison
## Exhibit and Sponsorship Total Comparison 2017 – 2013

<table>
<thead>
<tr>
<th></th>
<th>ATC 2017*</th>
<th>ATC 2016</th>
<th>ATC 2015</th>
<th>ATC 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chicago</td>
<td>Boston</td>
<td>Philadelphia</td>
<td>Seattle</td>
</tr>
<tr>
<td>Exhibit Total</td>
<td>$477,900</td>
<td>$566,910</td>
<td>$613,980</td>
<td>$595,068</td>
</tr>
<tr>
<td>Sponsorship Total</td>
<td>$541,000</td>
<td>$624,000</td>
<td>$624,000</td>
<td>$417,150</td>
</tr>
<tr>
<td>Satellite Symposium Total</td>
<td>$375,000</td>
<td>$600,000</td>
<td>$290,000</td>
<td>$150,000</td>
</tr>
<tr>
<td>Grand Total</td>
<td>$1,393,900</td>
<td>$1,790,910</td>
<td>$1,527,980</td>
<td>$1,162,218</td>
</tr>
<tr>
<td>Budget</td>
<td>$1,460,500</td>
<td>$1,152,500</td>
<td>$1,083,000</td>
<td>$979,000</td>
</tr>
<tr>
<td>Variance</td>
<td>$(66,600)</td>
<td>$638,410</td>
<td>$418,903</td>
<td>$183,218</td>
</tr>
</tbody>
</table>

* As of April 6, 2017

Additional Comments:
- Exhibit companies have downsized in 2017
- More 10 x 10 booths than in past years, which reduces overall exhibit revenue

Reports Enclosed
1. 2016 vs. 2015 Exhibit and Sponsorship Totals
2. 2016 – 2007 Exhibit Sales Comparison

Motion or action required: N/A
## Abstract Category Totals

<table>
<thead>
<tr>
<th>Category #</th>
<th>Category Name</th>
<th>Original Submission</th>
<th>Late Breaking</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regulatory Issues</td>
<td>13</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>Acute Rejection</td>
<td>38</td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>3</td>
<td>Antigen Presentation / Allorecognition / Dendritic Cells</td>
<td>17</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>4</td>
<td>B-cell / Antibody</td>
<td>20</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>Endothelial Cell Biology</td>
<td>16</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>6</td>
<td>Immunosuppression Preclinical Studies</td>
<td>49</td>
<td></td>
<td>49</td>
</tr>
<tr>
<td>7</td>
<td>Innate Immunity; Chemokines, Cytokines, Complement</td>
<td>16</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>8</td>
<td>Islet Cell and Cell Transplantation</td>
<td>43</td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>9</td>
<td>Lymphocyte Biology: Signaling, Co-Stimulation, Regulation</td>
<td>69</td>
<td></td>
<td>69</td>
</tr>
<tr>
<td>10</td>
<td>Tolerance / Immune Deviation</td>
<td>21</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>11</td>
<td>Xenotransplantation</td>
<td>7</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>12</td>
<td>Autoimmunity</td>
<td>56</td>
<td></td>
<td>56</td>
</tr>
<tr>
<td>13</td>
<td>Biomarkers, Immune Monitoring and Outcomes</td>
<td>10</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>14</td>
<td>Histocompatibility and Immunogenetics</td>
<td>40</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>15</td>
<td>Proteomics / Genomics Pharmacogenetics</td>
<td>112</td>
<td>2</td>
<td>114</td>
</tr>
<tr>
<td>16</td>
<td>Stem Cell, Cellular Therapies and Regenerative Medicine</td>
<td>20</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>17</td>
<td>All Infections (Excluding Viral Hepatitis in Liver Transplantation)</td>
<td>52</td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>18</td>
<td>Donor Management: All Organs</td>
<td>115</td>
<td>1</td>
<td>116</td>
</tr>
<tr>
<td>19</td>
<td>Heart and VADs: All Topics</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>20</td>
<td>Kidney Antibody Mediated Rejection</td>
<td>32</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>21</td>
<td>Kidney Complications: Late Graft Failure</td>
<td>55</td>
<td></td>
<td>55</td>
</tr>
<tr>
<td>22</td>
<td>Kidney Complications: Other</td>
<td>109</td>
<td></td>
<td>109</td>
</tr>
<tr>
<td>23</td>
<td>Kidney Immunosuppression: Desensitization</td>
<td>110</td>
<td></td>
<td>110</td>
</tr>
<tr>
<td>24</td>
<td>Kidney Immunosuppression: Induction Therapy</td>
<td>110</td>
<td></td>
<td>110</td>
</tr>
<tr>
<td>25</td>
<td>Kidney Immunosuppression: Novel Regimens and Drug Minimization</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>26</td>
<td>Kidney: Acute Cellular Rejection</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>27</td>
<td>Kidney: Cardiovascular and Metabolic</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>28</td>
<td>Kidney: Deceased Donor Issues (DCD)</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>29</td>
<td>Kidney: Living Donor Issues</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>30</td>
<td>Kidney: Pediatrics</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>31</td>
<td>Kidney: Polyoma</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Liver - Hepatocellular Carcinoma and Cholangiocarcinoma Malignancies</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>33</td>
<td>Liver - Kidney Issues in Liver Transplantation</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>34</td>
<td>Liver Retransplantation and Other Complications</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>35</td>
<td>Liver: Immunosuppression and Rejection</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>36</td>
<td>Liver: Living Donors and Partial Grafts</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>37</td>
<td>Liver: MELD, Allocation and Donor Issues (DCD/ECD)</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>38</td>
<td>Liver: Pediatrics</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>39</td>
<td>Liver: Viral Hepatitis</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>40</td>
<td>Lung: All Topics</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>41</td>
<td>Non-Organ Specific: Disparities to Outcome and Access to Healthcare</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>42</td>
<td>Non-Organ Specific: Economics, Public Policy, Allocation, Ethics</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>43</td>
<td>Non-Organ Specific: Organ Preservation/Ischemia Reperfusion Injury</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>44</td>
<td>Pancreas and Islet: All Topics</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>45</td>
<td>PTLD/Malignancies: All Topics</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>46</td>
<td>Small Bowel: All Topics</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>47</td>
<td>Tolerance: Clinical Studies</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>48</td>
<td>VCA</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>49</td>
<td>Surgical Issues (Open, Minimally Invasive): All Organs</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>50</td>
<td>Psychosocial and Treatment Adherence</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>51</td>
<td>Basic for Late Breaking</td>
<td>31</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>2156</td>
<td>59</td>
<td>2215</td>
</tr>
<tr>
<td>COUNTRY</td>
<td>2017</td>
<td>2016</td>
<td>2015</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>12</td>
<td>9</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>20</td>
<td>25</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Austria</td>
<td>10</td>
<td>17</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Bahrain</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belgium</td>
<td>9</td>
<td>6</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td>37</td>
<td>49</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Chile</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>92</td>
<td>48</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td></td>
<td>7</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Cote D Ivoire</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Croatia</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Czech Republic</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denmark</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egypt</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Finland</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>65</td>
<td>54</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>78</td>
<td>80</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>Hungary</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>11</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Ireland</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Israel</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td>9</td>
<td>29</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>65</td>
<td>87</td>
<td>87</td>
<td></td>
</tr>
<tr>
<td>Korea</td>
<td>91</td>
<td>95</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>Kuwait</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lebanon</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>19</td>
<td>10</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Mongolia</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Netherlands</td>
<td>35</td>
<td>43</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>New Zealand</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td>5</td>
<td>9</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Pakistan</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peru</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td>9</td>
<td>14</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Portugal</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Romania</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russian Federation</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>3</td>
<td>11</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Singapore</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spain</td>
<td>49</td>
<td>40</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Srilanka</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweden</td>
<td>3</td>
<td>6</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Switzerland</td>
<td>8</td>
<td>10</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Taiwan</td>
<td>14</td>
<td>23</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Turkey</td>
<td>19</td>
<td>19</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>85</td>
<td>94</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Uruguay</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total International</strong></td>
<td><strong>783</strong></td>
<td><strong>823</strong></td>
<td><strong>770</strong></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>1265</td>
<td>1432</td>
<td>1177</td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>108</td>
<td>106</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td><strong>Total International</strong></td>
<td><strong>1373</strong></td>
<td><strong>1538</strong></td>
<td><strong>1269</strong></td>
<td></td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>2156</strong></td>
<td><strong>2361</strong></td>
<td><strong>2039</strong></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>Abstracts Submitted</td>
<td>2,215</td>
<td>2,361</td>
<td>2,039</td>
<td>2,209</td>
</tr>
<tr>
<td>Video Abstracts Submitted</td>
<td>12</td>
<td>16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Plenary Abstracts Accepted</td>
<td>19</td>
<td>18</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Mini-Oral Abstracts Accepted</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Oral Abstracts Accepted</td>
<td>564</td>
<td>558</td>
<td>504</td>
<td>495</td>
</tr>
<tr>
<td>Poster Abstracts Accepted</td>
<td>1,234</td>
<td>1,222</td>
<td>1,179</td>
<td>1,213</td>
</tr>
<tr>
<td>Number of Plenary Sessions</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Number of Video Abstract Presentations</td>
<td>7</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of Mini-Oral Sessions</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of Concurrent Oral Sessions</td>
<td>79</td>
<td>81</td>
<td>72</td>
<td>78</td>
</tr>
<tr>
<td>Percentage of acceptance</td>
<td>81%</td>
<td>76%</td>
<td>83%</td>
<td>78%</td>
</tr>
<tr>
<td>Number of Attendees</td>
<td>3,253</td>
<td>3,723</td>
<td>3,853</td>
<td>4,171</td>
</tr>
<tr>
<td>Number of Invited Presentations</td>
<td>579</td>
<td>382</td>
<td>329</td>
<td>369</td>
</tr>
</tbody>
</table>

Includes Late Breaking
## ATC Registration Comparison
### By Category
#### 2017 - 2015

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Registration Congress</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Member - Pre</td>
<td>915</td>
<td>915</td>
<td>900</td>
<td>1005</td>
<td>$495.00</td>
<td>$445,500.00</td>
<td>$497,475.00</td>
<td>Increase of $45</td>
<td></td>
</tr>
<tr>
<td>1.2 Member - Onsite</td>
<td>158</td>
<td>238</td>
<td>50</td>
<td>100</td>
<td>$620.00</td>
<td>$31,000.00</td>
<td>$62,000.00</td>
<td>Increase of $45</td>
<td></td>
</tr>
<tr>
<td>1.3 Nonmember - Pre</td>
<td>1031</td>
<td>1139</td>
<td>1050</td>
<td>892</td>
<td>$950.00</td>
<td>$997,500.00</td>
<td>$847,400.00</td>
<td>Increase of $55</td>
<td></td>
</tr>
<tr>
<td>1.4 Nonmember - Onsite</td>
<td>363</td>
<td>413</td>
<td>300</td>
<td>350</td>
<td>$1,050.00</td>
<td>$315,000.00</td>
<td>$367,500.00</td>
<td>Increase of $55</td>
<td></td>
</tr>
<tr>
<td>1.5 Trainee member - Pre</td>
<td>149</td>
<td>168</td>
<td>150</td>
<td>205</td>
<td>$125.00</td>
<td>$18,750.00</td>
<td>$25,625.00</td>
<td>Increase of $25</td>
<td></td>
</tr>
<tr>
<td>1.6 Trainee member - Onsite</td>
<td>12</td>
<td>39</td>
<td>5</td>
<td>10</td>
<td>$150.00</td>
<td>$750.00</td>
<td>$1,500.00</td>
<td>Increase of $25</td>
<td></td>
</tr>
<tr>
<td>1.7 Trainee nonmember - Pre</td>
<td>267</td>
<td>290</td>
<td>250</td>
<td>272</td>
<td>$225.00</td>
<td>$56,250.00</td>
<td>$61,200.00</td>
<td>Increase of $35</td>
<td></td>
</tr>
<tr>
<td>1.8 Trainee nonmember - Onsite</td>
<td>57</td>
<td>111</td>
<td>30</td>
<td>30</td>
<td>$330.00</td>
<td>$9,900.00</td>
<td>$9,900.00</td>
<td>Increase of $35</td>
<td></td>
</tr>
<tr>
<td>1.9 ASTS Non doctoral Member -Pre</td>
<td>11</td>
<td>31</td>
<td>15</td>
<td>12</td>
<td>$285.00</td>
<td>$4,275.00</td>
<td>$3,420.00</td>
<td>Increase of $45</td>
<td></td>
</tr>
<tr>
<td>1.10 AST Non-doctoral member - Pre</td>
<td>38</td>
<td>12</td>
<td>35</td>
<td>56</td>
<td>$285.00</td>
<td>$9,975.00</td>
<td>$15,960.00</td>
<td>Increase of $45</td>
<td></td>
</tr>
<tr>
<td>1.11 ASTS Non doctoral Member Onsite</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>$370.00</td>
<td>$740.00</td>
<td>$740.00</td>
<td>Increase of $45</td>
<td></td>
</tr>
<tr>
<td>1.12 AST Non-doctoral member - Onsite</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>$370.00</td>
<td>$740.00</td>
<td>$740.00</td>
<td>Increase of $45</td>
<td></td>
</tr>
<tr>
<td>1.13 Non-doctoral nonmember - Pre</td>
<td>254</td>
<td>285</td>
<td>250</td>
<td>245</td>
<td>$425.00</td>
<td>$106,250.00</td>
<td>$104,125.00</td>
<td>Increase of $55</td>
<td></td>
</tr>
<tr>
<td>1.14 Non-doctoral nonmember - Onsite</td>
<td>73</td>
<td>99</td>
<td>50</td>
<td>50</td>
<td>$505.00</td>
<td>$25,250.00</td>
<td>$25,250.00</td>
<td>Increase of $55</td>
<td></td>
</tr>
<tr>
<td>1.15 Senior/Emeritus Member - Pre</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>16</td>
<td>$175.00</td>
<td>$875.00</td>
<td>$2,800.00</td>
<td>No Increase</td>
<td></td>
</tr>
<tr>
<td>1.16 Senior/Emeritus Member - Onsite</td>
<td>0</td>
<td>3</td>
<td></td>
<td></td>
<td>$225.00</td>
<td>-</td>
<td>-</td>
<td>No Increase</td>
<td></td>
</tr>
<tr>
<td>1.17 Student Registrants</td>
<td>40</td>
<td>31</td>
<td>10</td>
<td>20</td>
<td>$50.00</td>
<td>$500.00</td>
<td>$1,000.00</td>
<td>No Increase</td>
<td></td>
</tr>
<tr>
<td>1.18 Comps</td>
<td>407</td>
<td>457</td>
<td>450</td>
<td>419</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Congress</strong></td>
<td>3785</td>
<td>4243</td>
<td>3554</td>
<td>3686</td>
<td></td>
<td>$2,023,255.00</td>
<td>$2,026,635.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2.0 Registration Pre-meeting Symposia

| 2.1 PG course member - Pre | 222 | 240 | 225 | 268 | $150.00 | $33,750.00 | $40,200.00 | Increase of $15 |
| 2.2 PG course member - Onsite | 45 | 64 | 65 | 65 | $200.00 | $13,000.00 | $13,000.00 | Increase of $15 |
| 2.3 PG Nonmember - Pre | 134 | 224 | 225 | 193 | $255.00 | $57,375.00 | $49,215.00 | Increase of $25 |
| 2.4 PG Nonmember - Onsite | 94 | 96 | 120 | 120 | $305.00 | $36,600.00 | $36,600.00 | Increase of $25 |
| 2.5 Trainee member - Pre | 48 | 59 | 50 | 65 | $50.00 | $2,500.00 | $3,250.00 | Increase of $10 |
| 2.6 PG trainee member - Onsite | 4 | 9 | 5 | 5 | $80.00 | $400.00 | $400.00 | Increase of $10 |
| 2.7 PG Trainee nonmember - Pre | 55 | 59 | 55 | 46 | $95.00 | $5,225.00 | $4,370.00 | Increase of $20 |
| 2.8 PG Trainee nonmember - Onsite | 17 | 29 | 10 | 10 | $120.00 | $1,200.00 | $1,200.00 | Increase of $21 |
| 2.9 ASTS Non doctoral Member - Pre | 1 | 4 | 2 | 5 | $95.00 | $190.00 | $475.00 | Increase of $15 |
| 2.10 AST Non-doctoral member - Pre | 10 | 7 | 10 | 12 | $95.00 | $950.00 | $1,140.00 | Increase of $15 |
| 2.11 ASTS Non doctoral Member - Onsite | 0 | 1 | 1 | 1 | $115.00 | $115.00 | $115.00 | Increase of $14 |
| 2.12 AST Non-doctoral member - Onsite | 1 | 3 | 1 | 1 | $115.00 | $115.00 | $115.00 | Increase of $14 |
| 2.13 Non-doctoral nonmember - Pre | 43 | 52 | 50 | 56 | $130.00 | $6,500.00 | $7,280.00 | Increase of $20 |
| 2.14 Non-doctoral nonmember - Onsite | 9 | 20 | 10 | 10 | $160.00 | $1,600.00 | $1,600.00 | Increase of $20 |
| 2.15 Emeritus | 3 | 0 | 0 | 3 | $50.00 | - | $150.00 | |
| 2.16 Emeritus - Onsite | 0 | 1 | 2 | | $50.00 | $100.00 | - | |
| 2.17 Speakers | 132 | 148 | 150 | 125 | - | - | - | |
| **Total Postgraduate Course** | 818 | 1016 | 981 | 985 | | $159,620.00 | $159,110.00 | |
|--------------------------------|--------------|-------------|-------------------|--------------|-------------|-------------------|----------------|-------------|--------------|-------------------|
| Pre-Meeting Courses (only)    | 53           | 74          | 68                | 54           | 106         | 123               | 62             | 77          |              |                   |
| Pre-Meeting Courses & Annual Mtg | 731         | 930         | 758               | 712          | 967         | 1113              | 1142           | 1140        |              |                   |
| Annual Meeting (only)         | 2,340        | 3,292       | 3027              | 3405         | 3381        | 3284              | 3230           | 3374        |              |                   |
| **Total Attendee**            | **3,124**    | **4,296**   | **3853**          | **4171**     | **4454**    | **4520**          | **4434**       | **4591**    | **4100**     | **4478**          |
| Exhibitor                     | 177          | 516         | 514               | 598          | 686         | 931               | 838            | 906         |              |                   |
| Guest                         | 20           | 100         | 46                | 57           | 59          | 104               | 46             | 93          |              |                   |
| Media                         | 9            | 19          | 12                | 14           | 31          | 35                | 40             | 31          |              |                   |
| **Grand Total**               | **3,330**    | **4,931**   | **4425**          | **4840**     | **5230**    | **5590**          | **5358**       | **5621**    | **4100**     | **4478**          |

*As of April 6, 2017
** Reports Not Broken Out, Only Total
### ATC Registration Comparison
**2017 - 2012**

#### 3 Weeks Out Comparison

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chicago</td>
<td>Boston</td>
<td>Philadelphia</td>
<td>Seattle</td>
<td>Boston</td>
</tr>
<tr>
<td>Pre-Meeting Courses</td>
<td>Domestic</td>
<td>45</td>
<td>35</td>
<td>47</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>International</td>
<td>8</td>
<td>7</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>53</td>
<td>42</td>
<td>57</td>
<td>40</td>
</tr>
<tr>
<td>Pre-Meeting Courses &amp; Congress</td>
<td>Domestic</td>
<td>453</td>
<td>500</td>
<td>407</td>
<td>398</td>
</tr>
<tr>
<td></td>
<td>International</td>
<td>278</td>
<td>339</td>
<td>243</td>
<td>246</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>731</td>
<td>839</td>
<td>650</td>
<td>644</td>
</tr>
<tr>
<td>Annual Congress</td>
<td>Domestic</td>
<td>1,549</td>
<td>1,605</td>
<td>1,451</td>
<td>1,383</td>
</tr>
<tr>
<td></td>
<td>International</td>
<td>791</td>
<td>1,099</td>
<td>913</td>
<td>1,285</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2,340</td>
<td>2,704</td>
<td>2,364</td>
<td>2,668</td>
</tr>
<tr>
<td>Attendee Total</td>
<td>3124*</td>
<td>3,585</td>
<td>3,071</td>
<td>3,352</td>
<td>3,543</td>
</tr>
<tr>
<td>Exhibitor</td>
<td>Domestic</td>
<td>166</td>
<td>214</td>
<td>208</td>
<td>196</td>
</tr>
<tr>
<td></td>
<td>International</td>
<td>11</td>
<td>10</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>177</td>
<td>224</td>
<td>219</td>
<td>212</td>
</tr>
<tr>
<td>Guest</td>
<td>Domestic</td>
<td>13</td>
<td>23</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>International</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>20</td>
<td>29</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Media</td>
<td>Domestic</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>International</td>
<td>6</td>
<td>8</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>9</td>
<td>14</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Other Total</td>
<td>206</td>
<td>267</td>
<td>236</td>
<td>215</td>
<td>370</td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td>3,330</td>
<td>3,852</td>
<td>3,307</td>
<td>3,567</td>
<td>3,913</td>
</tr>
</tbody>
</table>

*Does not include 129 pending non-member trainees to provide institution letter on trainee status*
<table>
<thead>
<tr>
<th>Revenue</th>
<th>2016 Budget</th>
<th>2016 Final</th>
<th>2017 Budget</th>
<th>2017 April 6 Projection</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibits</td>
<td>$ 600,000.00</td>
<td>$ 566,910.00</td>
<td>$ 585,000.00</td>
<td>$ 477,900.00</td>
<td>Large companies downsized booths in 2016 from 2015, and in 2017</td>
</tr>
<tr>
<td>Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key Cards</td>
<td>$ 45,000.00</td>
<td>$ 45,000.00</td>
<td>$ 50,000.00</td>
<td>$ 45,000.00</td>
<td>2017 support item</td>
</tr>
<tr>
<td>Banner, Escalator, Column Wraps,</td>
<td>$ 150,000.00</td>
<td>$ 152,000.00</td>
<td>$ 150,000.00</td>
<td>$ 120,000.00</td>
<td>2017 includes banners, wall clings, escalator mats and escalator banners</td>
</tr>
<tr>
<td>Mobile App</td>
<td>$ 50,000.00</td>
<td>$ 60,000.00</td>
<td>$ 60,000.00</td>
<td>$ 65,000.00</td>
<td>$55,000 for mobile app, 1 @ $5,500 and 1 @ $5,000 for app upgrade</td>
</tr>
<tr>
<td>Cyber Café</td>
<td>$ -</td>
<td>$ 10,000.00</td>
<td>$ -</td>
<td>$ 25,000.00</td>
<td>Until 2016, wasn’t supported in 3 years</td>
</tr>
<tr>
<td>Digital Signs</td>
<td>$ 50,000.00</td>
<td>$ 50,000.00</td>
<td>$ 55,000.00</td>
<td>$ 50,000.00</td>
<td>2017 support item</td>
</tr>
<tr>
<td>Lanyards</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>ACCME does not allow support</td>
</tr>
<tr>
<td>Schedule at a Glance</td>
<td>$ 30,000.00</td>
<td>$ 30,000.00</td>
<td>$ 32,500.00</td>
<td>$ -</td>
<td></td>
</tr>
<tr>
<td>List Rentals</td>
<td>$ 20,000.00</td>
<td>$ 27,500.00</td>
<td>$ 25,000.00</td>
<td>$ 33,000.00</td>
<td>2017 supported item 6 @ 5,500 each</td>
</tr>
<tr>
<td>Charging Stations</td>
<td>$ 40,000.00</td>
<td>$ 35,000.00</td>
<td>$ 40,000.00</td>
<td>$ 40,000.00</td>
<td>2017 support item</td>
</tr>
<tr>
<td>Attendee Meeting Bag</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td></td>
</tr>
<tr>
<td>Attendee Meeting Bag Insert</td>
<td>$ 7,500.00</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>2016 Not providing a meeting bag; alternative options for inserts are doctor’s bag and virtual bag</td>
</tr>
<tr>
<td>Doctors Bag &amp; Single Insert</td>
<td>$ -</td>
<td>$ 10,000.00</td>
<td>$ 12,000.00</td>
<td>$ -</td>
<td>Not supported in 2017</td>
</tr>
<tr>
<td>Doctors Bag Insert</td>
<td>$ -</td>
<td>$ 44,000.00</td>
<td>$ 40,000.00</td>
<td>$ 27,500.00</td>
<td>2017 support item</td>
</tr>
<tr>
<td>Benches</td>
<td>$ -</td>
<td>$ 15,000.00</td>
<td>$ 18,500.00</td>
<td>$ 15,000.00</td>
<td>2017 support item</td>
</tr>
<tr>
<td>Footprints</td>
<td>$ 10,000.00</td>
<td>$ 10,000.00</td>
<td>$ 12,500.00</td>
<td>$ 10,000.00</td>
<td>2017 support item</td>
</tr>
<tr>
<td>Gobo Logo</td>
<td>$ -</td>
<td>$ 60,000.00</td>
<td>$ -</td>
<td>Only in 2016</td>
<td></td>
</tr>
<tr>
<td>Virtual Bag Insert</td>
<td>$ -</td>
<td>$ 3,000.00</td>
<td>$ 5,000.00</td>
<td>$ -</td>
<td>New in 2016 in place of attendee meeting bag</td>
</tr>
<tr>
<td>Transplant Games</td>
<td>$ -</td>
<td>$ 20,000.00</td>
<td>$ -</td>
<td>$ -</td>
<td>Only in 2016</td>
</tr>
<tr>
<td>Notebook</td>
<td>$ -</td>
<td>$ 40,000.00</td>
<td>$ -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wifi</td>
<td>$ 30,000.00</td>
<td></td>
<td></td>
<td></td>
<td>2017 support item</td>
</tr>
<tr>
<td>Bus Transportation</td>
<td>$ 35,000.00</td>
<td></td>
<td></td>
<td></td>
<td>Only needed in 2017</td>
</tr>
<tr>
<td>Photo/Selfie Lounge</td>
<td>$ 25,000.00</td>
<td></td>
<td></td>
<td></td>
<td>New in 2017</td>
</tr>
<tr>
<td>Best in Congress Posters</td>
<td>$ 20,000.00</td>
<td></td>
<td></td>
<td></td>
<td>New in 2017</td>
</tr>
<tr>
<td>Satellite Symposia</td>
<td>$ 150,000.00</td>
<td>$ 600,000.00</td>
<td>$ 375,000.00</td>
<td>$ 375,000.00</td>
<td>2016 - 8 Luncheon symposia @ $75,000 each; 2017 - 5 Luncheon symposia @ $75,000 each</td>
</tr>
<tr>
<td><strong>Total Industry</strong></td>
<td><strong>$ 1,152,500.00</strong></td>
<td><strong>$ 1,778,410.00</strong></td>
<td><strong>$ 1,460,500.00</strong></td>
<td><strong>$ 1,393,400.00</strong></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td>Chicago*</td>
<td>Boston</td>
<td>Philadelphia</td>
<td>Seattle</td>
<td>Boston</td>
</tr>
<tr>
<td>Number of Exhibit Booths</td>
<td>72</td>
<td>73</td>
<td>78</td>
<td>77</td>
<td>89</td>
</tr>
<tr>
<td>Sales Committee</td>
<td>$477,900</td>
<td>$566,910</td>
<td>$613,980</td>
<td>$595,068</td>
<td>$567,300</td>
</tr>
<tr>
<td>Square Feet Committed</td>
<td>15,400</td>
<td>17,400</td>
<td>19,000</td>
<td>18,300</td>
<td>19,900</td>
</tr>
</tbody>
</table>

*As of April 6, 2017
Agenda Form

Agenda Item: ATC 2018 Report
Submitted by: Ms. Shannon Fagan

The ATC 2018 Program Committee will hold an in-person program meeting in June 2017. The program committee will review the following:

1. Important deadlines.
3. Submitted program proposals from the Program Submission for all invited symposia sessions.
5. ATC Night Out

Below is a brief recap of the items reviewed and detailed reports are enclosed.

IMPORTANT DEADLINES

- April 12, 2017
  - Open program submission.
- May 24, 2017
  - Program submission deadline.
- June 13 – 14, 2017
  - Tentative dates for in-person program planning committee meeting.
- October 5, 2017
  - Abstract site opens.
- December 1, 2017
  - Abstract deadline.
  - This will allow appropriate time for review and completion prior to Christmas and New Year holiday.
- December 13, 2017
  - Registration and Housing Open.
- January 23 - 25, 2018
  - Tentative dates for full program committee abstract selection meeting.
- May 2, 2018
  - Pre-registration Deadline (4 weeks prior to Congress).
- June 2 – 6, 2018
  - Congress

Motion or action required: N/A
Committee Name: Vanguard Committee
Staff Liaison: Nerissa Legge
Chair/Co-Chair: Daniela Ladner/ Majella Doyle
Council Liaison: Carlos O. Esquivel, MD, PhD

☒ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
N/A

Review of Recent Committee Accomplishments (if applicable):
- 2017 Winter Symposium update (attached)

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 Winter Symposium Planning Meeting</td>
<td>May 2017</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members? Yes

Future Ideas for Consideration (if applicable): N/A
17th Annual State of the Art Winter Symposium Registration Overview

The 2017 ASTS State of the Art Winter Symposium saw slightly decreased registration numbers compared to the 2016 Winter Symposium. 2016 was a special year with the inclusion of the Surgeons General Panel, and 2017 registration numbers were more comparable to 2015 numbers, as illustrated below. This year, complimentary trainee registration was only offered to trainees that had an accepted abstract. Trainees without an accepted abstract received reduced registration rates, over 50% off the member rate. The following table compares registration numbers for each category between the 2017, 2016, and 2015 Winter Symposium.

<table>
<thead>
<tr>
<th></th>
<th>Pre-Registration Deadline</th>
<th>Onsite Final Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker</td>
<td>77</td>
<td>98</td>
</tr>
<tr>
<td>ASTS member</td>
<td>100</td>
<td>93</td>
</tr>
<tr>
<td>Non-ASTS member</td>
<td>41</td>
<td>52</td>
</tr>
<tr>
<td>Comp Trainee</td>
<td>80</td>
<td>N/A</td>
</tr>
<tr>
<td>Trainee</td>
<td>21</td>
<td>121</td>
</tr>
<tr>
<td>ATP</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Staff</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Exhibitor</td>
<td>35</td>
<td>81</td>
</tr>
<tr>
<td><strong>Total w/o Guests</strong></td>
<td><strong>367</strong></td>
<td><strong>365</strong></td>
</tr>
<tr>
<td>Guest</td>
<td>5</td>
<td>22</td>
</tr>
<tr>
<td><strong>Total Registration</strong></td>
<td><strong>372</strong></td>
<td><strong>495</strong></td>
</tr>
</tbody>
</table>

Even though overall registration numbers were down compared to last year, revenue was only $820 less compared to 2016. The following table shows an overall comparison of registration revenue between 2017, 2016 and 2015.

<table>
<thead>
<tr>
<th></th>
<th>2017 Revenue</th>
<th>2016 Revenue</th>
<th>2015 Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASTS member</td>
<td>$96,488</td>
<td>$88,265</td>
<td>$69,015</td>
</tr>
<tr>
<td>Non-ASTS member</td>
<td>$49,838</td>
<td>$65,142</td>
<td>$38,615</td>
</tr>
<tr>
<td>Trainee</td>
<td>$7,925</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>ATP</td>
<td>$4,350</td>
<td>$5,738</td>
<td>N/A</td>
</tr>
<tr>
<td>Exhibitor</td>
<td>$30,225</td>
<td>$28,750</td>
<td>$30,995</td>
</tr>
<tr>
<td>Guest</td>
<td>$1,000</td>
<td>$2,750</td>
<td>$4,575</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td><strong>$189,825</strong></td>
<td><strong>$190,645</strong></td>
<td><strong>$143,200</strong></td>
</tr>
</tbody>
</table>

2017 Trainee Category Registration Breakdown

<table>
<thead>
<tr>
<th>Trainee Category</th>
<th>Number of Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASTS Fellow Candidate Member</td>
<td>42</td>
</tr>
<tr>
<td>Graduate/Doctoral Student Member</td>
<td>13</td>
</tr>
<tr>
<td>Medical Student Trainee Member</td>
<td>8</td>
</tr>
<tr>
<td>Non-ASTS Fellow Candidate Member</td>
<td>2</td>
</tr>
<tr>
<td>Post-Doctoral Fellow Member</td>
<td>4</td>
</tr>
<tr>
<td>Resident Trainee Member</td>
<td>8</td>
</tr>
<tr>
<td>Non-Member Trainee</td>
<td>39</td>
</tr>
</tbody>
</table>
Committee Name: Fellowship Training Committee  
Chair/Co-Chair: Ryutaro Hirose/Jonathan Fryer  
Staff Liaison:  
Council Liaison: Will Chapman

☑ Yes, I would like to request time for a verbal report during the council and committee chair meeting.

☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please indicate any Committee Initiatives Needing Formal Council Vote or Feedback:  
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- Administrative Requirements for Transplant Surgery Fellowship (request 7 – 10 minute update)

Review of Recent Committee Accomplishments (if applicable):

- Managed Time Policy – Work Hour Monitoring Plan implemented for all fellows starting in 2017

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Program Directors Meeting</td>
<td>End of 2017</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Transition to new Match provider</td>
<td>October 2017</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Pancreas Volume Adjustment</td>
<td>October 2017</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Standardized Fellowship Application for Match</td>
<td>October 2017</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Non-Technical Milestones</td>
<td>June 2018</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>11th Annual Surgical Fellows Symposium</td>
<td>October 2017</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

Yes

Future Ideas for Consideration (if applicable):

1. Joint meetup and educationally focused committees
ASTS Bi-Annual Committee Report

Committee Name: CME Committee
Staff Liaison: Nerissa Legge

Chair/Co-Chair: Matthew Levine, MD, PhD & Dean Kim, MD
Council Liaison: Randall Sung, MD

☑ Yes, I would like to request time for a verbal report during the council and committee chair meeting.

5-10 min is sufficient.

☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

Review of Recent Committee Accomplishments (if applicable):

- Revised process for approval of requests for interactions with other organizations (Endorsements and Joint Providerships)
- Implemented committee review process for ongoing AJT MOC initiative
- Implemented committee review process for ongoing Trans-SAP program
- Completed annual PARS reporting to the ACCME

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJT MOC- Providing MOC for select AJT articles</td>
<td>Ongoing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Trans- SAP MOC-Adding to the current list of available modules on the Academic Universe</td>
<td>Ongoing</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

Yes, the committee meets every month for an hour via a conference call, and there is also frequent communication via email/phone in between the scheduled monthly calls.
Future Ideas for Consideration (if applicable): A possible idea for consideration is a need for ongoing discussion/engagement with council to study CME/MOC utilization and develop pricing structure to maximize utilization and revenue.
ASTS Bi-Annual Committee Report

Committee Name: Business Practice Services  
Chair/Co-Chair: Ken Andreoni/David Mulligan  
Staff Liaison: Laurie Kulikosky  
Council Liaison: Osama Gaber

☐ Yes, I would like to request time for a verbal report during the council and committee chair meeting.  
☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:  
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- none

Review of Recent Committee Accomplishments (if applicable):

- Transplant Surgeon Compensation Survey fielded February-April 2017. Results to be released in May
- ALDP planning cmte working on agenda. Registration to open at the end of April

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Advanced LDP at Kellogg</td>
<td>September 2017</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Compensation / RVU survey</td>
<td>May 2017</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>New short business courses, organ specific ‘how to bill for...”</td>
<td>Explore for 2018</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?  
Yes

Future Ideas for Consideration (if applicable): Organ specific business short courses
ASTS Bi-Annual Committee Report

Committee Name: Advanced Transplant Providers  
Chair/Co-Chair: Georgeine Smith/Haley Hoy  
Staff Liaison: Ellie Proffitt  
Council Liaison: Wendy Grant

Yes, I would like to request time for a verbal report during the council and committee chair meeting.

☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:  
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- ATP reception at 2018 Winter Symposium

Review of Recent Committee Accomplishments (if applicable):

- ATP Award, ATP poster category, and ATP Session at 2017 Winter Symposium
- Successful ATP Reception at 2017 Winter Symposium
- Committee progress on the ATP Certificate of Educational Achievement
- ATP Salary Survey approved by Council and currently in editing stages

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketing of ATP Certificate of Educational Achievement</td>
<td>Ongoing</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>Distribution of ATP Salary Survey to ATP members of ASTS</td>
<td>In progress</td>
<td>N/A</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

Future Ideas for Consideration (if applicable):
ASTS Bi-Annual Committee Report

Committee Name: Curriculum Committee
Chair/Co-Chair: Marc Melcher/Jason Vanatta
Staff Liaison: Chelsey Gordon
Council Liaison: Wendy Grant

☒ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- No initiative needing council vote, request 5-minute verbal update on committee’s progress.

Review of Recent Committee Accomplishments (if applicable):

- Developed process to identify modules with content that needs to be updated.
- Developed process to update and create new modules.
- Committee reviewed 51 out of 119 modules (42.85%).

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review 65% of modules to consider updating</td>
<td>October 2017</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Identify new content for Academic Universe</td>
<td>Ongoing</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>Identify new content creators</td>
<td>Ongoing</td>
<td>N/A</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

Committee members have done an excellent job of reviewing modules, submitting suggestions, and updating “Goals and Objectives”.

Future Ideas for Consideration (if applicable):
ASTS Bi-Annual Committee Report

Committee Name: Grants Review
Staff Liaison: Maggie Kebler

Chair/Co-Chair: David Foley/Phil Wai
Council Liaison: Ginny Bumgardner

☑ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

Review of Recent Committee Accomplishments (if applicable):

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Development Grant Feedback to Applicants</td>
<td>May 1, 2017</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Grant Award Winner Survey Results Analysis</td>
<td>May 1, 2017</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Recommend a Modification of Grants Portfolio</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outline of the Committee’s Top Priorities:

Goal: Establish the impact of the past awards on the research careers of the awardees to assess the return on investment in order to justify the continued funding of the awards.

1. Analyze the survey that was given to past winners of ASTS Grants. This survey was sent out in March, 2017. We will review all results and present them to council.
2. Provide feedback to the submitters of the faculty development award proposals. Reviews to be completed by members of the grants review committee and made available to the submitters.
3. Revise the Grants Portfolio to expand the number of awards with the current ASTS Foundation support and that received from industry.
4. Change the existing ASTS award database into a more comprehensive database that can be populated prospectively and queried retrospectively. We aim to make minor changes to the application process so that data can be collected at the time of submission and automatically populated into the database.
5. Review the application titles from the past 10 years to determine the research focus of the submissions divided into clinical, basic, outcomes, translational, and health services research.
Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

Yes. The committee is engaged with the review of grants

Future Ideas for Consideration (if applicable):

See above.
Committee Name: Vascularized Composite Allograft Committee

Staff Liaison: Nerissa Legge

Chair/Co-Chair: Suzanne Ildstad, MD & Susan McDiarmid, MD

Council Liaison: Peter Abt, MD

Yes, I would like to request time for a verbal report during the council and committee chair meeting.

☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Review of Recent Committee Accomplishments (if applicable):

• Presentation and Participation in UNOS VCA Committee and draft report
• Progress in academic module section on VCA
• Moving to improve inter-society communication for VCA committees

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration of VCA Committee Chairs (UNOS Chair, AST, ASTS, ASRT)</td>
<td>Ongoing</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members? Yes

Future Ideas for Consideration (if applicable):
ASTS Bi-Annual Committee Report

Committee Name: Cell Transplant
Staff Liaison: Laurie Kulikosky
Chair/Co-Chair: Wijkstrom/Wertheim
Council Liaison: Peter Abt

☐ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☒ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- Not sure whether the Grant needs vote/another vote.

Review of Recent Committee Accomplishments (if applicable):

- Approval of Grant for Cellular Therapeutics/Transplantation.

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Islet Cell Transplant Status Paper</td>
<td>June 2017</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Complete Report on ASTS-TERMIS meeting</td>
<td>June 2017</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Suggest new Modules and updated previous Modules for the Academic Universe</td>
<td>July/August 2017</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

It has been difficult to get the Committee members engaged and excited. We’re about to have a major turnover in the Committee.

Future Ideas for Consideration (if applicable):
ASTS Bi-Annual Committee Report

Committee Name: Scientific Studies

Staff Liaison: Maggie Kebler/Ellie Proffitt

Chair/Co-Chair: Chris Marsh/Ty Dunn
Council Liaison: Dorry Segev

☐ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☒ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- Council’s input regarding the Marijuana paper and whether this receives a stamp of approval from ASTS or coming out of the scientific studies committee of ASTS.

Review of Recent Committee Accomplishments (if applicable):

- KPD paper to be submitted AJT.
- DCD Liver paper submitted to Liver Transplantation.
- Marijuana paper circulated to council for review.
- Microsteatosis survey completed and now soliciting transplant program and OPO participation in a multicenter study to look at variability of pathology reading of intra-op frozen section analyses of liver biopsies.

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration with PhD students in Spain on DCD practices in the US</td>
<td>May 2017</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>Microsteatosis multicenter pilot study</td>
<td>June 2018</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Enhancing Organ Donation &amp; Transplantation RFI</td>
<td>open</td>
<td>Grant proposal</td>
<td>no</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members? Yes, satisfied

Future Ideas for Consideration (if applicable):

- Analysis of the use of virtual crossmatching in kidney allocation for high PRA patients.
• Analysis of the impact of the new UNOS simultaneous liver kidney policy across region and programs.
ASTS Bi-Annual Committee Report

Committee Name: Standards and Quality
Chair/Co-Chair: David Axelrod/Winston Hewitt
Staff Liaison: Laurie Kulikosky
Council Liaison: Ken Chavin

☒ Yes, I would like to request time for a verbal report during the council and committee chair meeting.

☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- Request support for joint survey to transplant centers and OPOs

Review of Recent Committee Accomplishments (if applicable):

- TransQIP Alpha Phase completion

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing standards on DCD reporting – Discussions with AOPO are ongoing. They support sending a survey out to their members.</td>
<td>June 2017- Survey</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Development of Standards for the Graft Assessment and Reporting for Ex-Vivo Perfusion</td>
<td>Ongoing</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Support TransQIP Task Force</td>
<td>2017-2018</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Surgical Quality Alliance (SQA) and MACRA Taskforce participation</td>
<td>Indefinite</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Establishing standards for renal pathology specimens and professionals involved. Complete work on the development of standardized renal pathology time zero biopsy form. Discuss the options for QAPI assessment of time zero biopsy reports.</td>
<td>Not determined</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?
Future Ideas for Consideration (if applicable):

Development of Standards for the Graft Assessment and Reporting for Ex-Vivo Perfusion

Develop standards for documentation and training for non-renal perfusion. As the use of ex-vivo mechanical support of organs increases, the role of the transplant surgeon to monitor and assess these organs will increase. The standards committee is interested in developing a systematic approach to reporting of organ function.

The growth in the use of ex-vivo perfusion for non-renal allografts has increased dramatically with support of liver, hearts, and lungs. These machines are now in clinical trials. Unlikely renal transplant, ex-vivo support is generally being performed and directed by individual transplant centers and directed by transplant surgeons. However, there are no uniform assessments of graft function or perfusion adequacy (e.g. flow and resistance in renal transplant). Lack of common reporting may limit acceptance of these grafts should the center’s primary recipient be unsuitable for transplant. While currently limited, a proactive attempt to define appropriate standards for liver perfusion would be beneficial for future technological developments.
The ASTS and AOPO recognize that current utilization of DCD liver allografts is suboptimal. Wide variations in current DCD recovery practice contribute to poor liver utilization.

We aim to improve DCD liver utilization by identifying and implementing best practice standards in DCD liver recovery.

This survey represents the first step in this process. We are soliciting input from OPOs and transplant surgeons regarding both current practice and BEST practice in DCD liver recovery, recognizing that variations in hospital policy/procedure may impact practice.

This survey will help inform a policy document which identifies factors associated with the greatest likelihood of DCD liver acceptance and successful transplantation. Our ultimate goal is to help standardize DCD liver recovery according to best practices to more effectively save lives with these under-utilized organs.

Please answer honestly and frankly. Responses will remain confidential and no public attribution of individual practices or opinions will be published.
General Information

1. My role in my transplant center is:
   a. Liver program director
   b. Attending (staff) transplant surgeon
   c. Transplant fellow
   d. Other (free text)

2. Over the past 3 years my center has performed approximately:
   a. 5 or less DCD liver transplants
   b. 5-10 DCD liver transplants
   c. 11-20 DCD liver transplants
   d. 21-50 DCD liver transplants
   e. >50 DCD liver transplants

3. Over the past 3 years I have personally performed:
   a. 5 or less DCD liver recoveries
   b. 5-10 DCD liver recoveries
   c. 11-20 DCD liver recoveries
   d. 21-50 DCD liver recoveries
   e. >50 DCD liver recoveries

Donor and Recipient Selection Criteria

1. What is your upper limit of age for DCD liver donors?
   a. 40 or less
   b. 50
   c. 55
   d. 60
   e. We do not have an upper limit of donor age.

2. What is your upper limit of BMI for DCD liver donors?
   a. 30
   b. 35
   c. 40
   d. 45
   e. We do not have an upper limit of donor BMI.

3. Which of the following conditions represent exclusion criteria for DCD liver donors? (may select more than one)
   a. Diabetes Mellitus
   b. Hepatitis B Infection
c. Hepatitis C Infection
d. Prior laparotomy
e. Prior sternotomy
f. None of these conditions represent exclusion criteria
g. Other (free text)

4. Do you consider death-prediction tools when deciding whether or not to accept a DCD liver offer?
   a. No
   b. Yes, we use established tools (e.g. University of Wisconsin tool)
   c. Yes, we use our own criteria

5. How often do you have access to non-invasive diagnostics (i.e. ultrasound, cross-sectional imaging) at the time of DCD liver offer?
   a. Never
   b. Rarely
   c. Sometimes
   d. Often

6. How often do you have access to pre-withdrawal liver biopsy when considering a DCD liver offer?
   a. Never
   b. Rarely
   c. Sometimes
   d. Often

7. How far are you willing to travel to potentially recover a DCD liver?
   a. Within DSA/Driving Distance
   b. Within DSA/Flight
   c. Regionally/Nationally <1000 miles
   d. Regionally/Nationally >1000 miles

8. Are you willing to accept DCD livers recovered by surgeons not affiliated with your transplant center staff?
   a. No
   b. Yes, but only our OPO’s designated recovery surgeon(s)
   c. Yes, but only surgeons we know
   d. Any recovery surgeon
9. Do you require that an attending transplant surgeon performs the DCD liver recovery?
   a. Yes
   b. No

10. Does your center routinely send two surgeons to perform the DCD liver recovery?
    a. Yes
    b. No

11. Which of the following represent your exclusion criteria for RECIPIENTS with respect to DCD liver offers? (may select more than one)
    a. MELD>30
    b. MELD>35
    c. Patient in ICU
    d. Patient on renal replacement therapy
    e. Hepatocellular carcinoma with exception points
    f. Liver/Kidney recipients
    g. Status 1A recipients
    h. Pediatric recipients
    i. Other (free-text)
    j. None of these criteria

12. Do you require that the potential liver recipient is physically in the hospital at the time of DCD liver recovery to help minimize cold-ischemia time?
    a. Yes
    b. No

Pre-Recovery Practices
1. Do you routinely perform a debrief/huddle with all individuals involved with the DCD recovery process prior to withdrawal of life support?
   a. Yes
   b. No

2. What is your PREFERRED location for withdrawal of care in the potential DCD liver donor?
   a. Operating room
   b. Location near operating room (e.g. PACU)
   c. ICU
d. No preference

3. Which of the following locations for withdrawal of care are NOT acceptable to you when considering a DCD liver recovery? (may select more than one)
   a. Operating room
   b. Location near operating room (e.g. PACU)
   c. ICU same floor as operating room
   d. ICU requiring elevator transport
   e. None of these locations are unacceptable

4. What pre-withdrawal medications are required when considering a DCD liver offer?
   a. Heparin
   b. Mannitol
   c. Other (free text)
   d. No medications

**Calculation of Warm Ischemia Time**

1. What is your definition of the beginning of warm ischemia time?
   a. Withdrawal of support
   b. Hemodynamic parameter (i.e. SBP<80) (free text)
   c. Oxygenation parameter (i.e. O2 sat <80) (free text)

2. What is your definition of the end of warm ischemia time?
   a. Aortic flush
   b. Aortic cross-clamp
   c. Other (free-text)

3. What is the maximal allowable liver warm ischemia time (as calculated by your criteria)?
   a. 20 minutes
   b. 30 minutes
   c. 40 minutes
   d. It depends on review of the hemodynamic/oxygenation trends during the warm ischemia period.
   e. Other (free text)

**Recovery Procedure**

1. What is your goal time from incision to cannulation?
2. Assuming that total warm ischemia time is within your criteria – if the incision to cannulation time is longer than expected, will you still accept the liver for transplantation?
   a. Yes
   b. No

3. What flush solution do you prefer for DCD liver recovery?
   a. UW/SPS
   b. HTK
   c. Other

4. Do you routinely use medications added to the flush solution during DCD liver recoveries?
   a. Heparin
   b. TPA
   c. Other (free text)
   d. No additives

5. What volume of flush solution do you infuse into the aorta during a normal DCD liver recovery?
   a. < 5 liters
   b. 5-8 liters
   c. > 8 liters

6. Do you utilize pressurized aortic flush when recovering DCD livers?
   a. Yes
   b. No

7. Do you perform in-situ flushing of the portal system during DCD liver recovery?
   a. Yes
   b. No

8. Do you perform back-table flushing of the portal system during DCD liver recovery?
   a. Yes
   b. No
9. Do you perform retrograde (hepatic-vein) flush on the back-table during DCD liver recovery?
   a. Yes
   b. No

10. Do you measure the time from end of flush to liver removal?
    a. Yes, and we use this data when making acceptance decisions.
    b. Yes, but we do NOT use this data when making acceptance decisions
    c. No

11. Do you utilize post-recovery liver biopsy to make acceptance decisions?
    a. Never
    b. Rarely
    c. Sometimes
    d. Often

12. If you use biopsy data to determine liver acceptance, what is the maximum amount of macrosteatosis acceptable?
    a. <10%
    b. <20%
    c. <30%
    d. <40%
    e. Other (free text)

**DCD Liver Transplant Procedure**

1. What is the goal cold-ischemia time for DCD liver transplantation?
   a. <3 hours
   b. <4 hours
   c. <6 hours
   d. <8 hours
   e. Other (free-text)

2. Does a second team start the hepatectomy prior to organ arrival at the center to minimize cold-ischemia time?
   a. Yes
b. No

3. Do you perform the recipient operation differently when using a DCD liver?
   a. No, I perform the operation the same way.
   b. Yes, I use arterial infusions (e.g. TPA, verapamil)
   c. Yes, I use veno-veno bypass
   d. Yes, I place t-tubes in DCD liver transplants
   e. Yes, I perform simultaneous arterial/portal reperfusion
   f. Other (free text)

4. If you perform arterial infusions, what infusions do you use and when? (Select all that apply)
   a. TPA in the hepatic artery prior to reperfusion
   b. TPA in the hepatic artery after portal reperfusion, but before arterial reperfusion
   c. Verapamil in the hepatic artery prior to reperfusion
   d. Verapamil in the hepatic artery after portal reperfusion, but before arterial reperfusion
   e. Other (free text)

Discussion Questions:

1. What do you believe is the most important organ-recovery factor influencing DCD liver transplant outcomes?
2. What is the most important recovery factor to standardize to improve DCD liver outcomes and utilization?
ASTS/AOPO DCD Liver Project

OPO Survey

The ASTS and AOPO recognize that current utilization of DCD liver allografts is suboptimal. Wide variations in current DCD recovery practice contribute to poor liver utilization.

We aim to improve DCD liver utilization by identifying and implementing best practice standards in DCD liver recovery.

This survey represents the first step in this process. We are soliciting input from OPOs and transplant surgeons regarding both current practice and BEST practice in DCD liver recovery, recognizing that variations in hospital policy/procedure may impact practice.

This survey will help inform a policy document which identifies factors associated with the greatest likelihood of DCD liver acceptance and successful transplantation. Our ultimate goal is to help standardize DCD liver recovery according to best practices to more effectively save lives with these under-utilized organs.

Please answer honestly and frankly. Responses will remain confidential and no public attribution of individual practices or opinions will be published.
General Information

1. My role in my OPO is
   a. Medical Director (Chief Medical Officer)
   b. Managing Director of Clinical Operations (or similar title)
   c. Chief Executive Officer
   d. Other (Free Text)

2. Approximately how many DCD livers has your OPO recovered for transplantation each year over the past 3 years?
   a. <10 livers
   b. 11-20 livers
   c. 21-30 livers
   d. > 30 livers

3. Most of the DCD livers recovered in our DSA are placed:
   a. Locally (i.e. centers within our DSA)
   b. Regionally
   c. Nationally

4. Does your OPO utilize expedited placement to transplant centers known for utilizing DCD livers? (may select more than one)
   a. Yes, we use expedited placement to local centers
   b. Yes, we use expedited placement to regional centers
   c. Yes, we use expedited placement to national centers
   d. No

5. Does your OPO have a process in place to certify recovery surgeons specifically to perform DCD liver recoveries?
   a. No, any donor surgeon certified by our OPO can perform DCD liver recoveries.
   b. Yes, we require that donor surgeons are certified to perform DCD liver recoveries.

6. Does your OPO employ a recovery surgeon who recovers DCD livers for other centers?
   a. No
   b. Yes
   c. We do employ a recovery surgeon, but centers routinely send their own surgeons to recover DCD livers
7. Does your OPO allow two separate teams to be present at the time of DCD organ recovery to separately recover the liver and the kidneys?
   a. Yes, we allow two separate recovery teams
   b. No, we only allow one abdominal recovery team to be present

8. Does your OPO counsel families that delaying withdrawal of care may be necessary to facilitate successful liver placement?
   a. Yes
   b. No

**Donor Selection Criteria**

1. What is your OPO’s upper limit of age when considering offering a liver from a DCD donor?
   a. 40 or less
   b. 50
   c. 55
   d. 60
   e. We do not have an upper limit of donor age.

2. What is your OPO’s upper limit of BMI when considering offering a liver from a DCD donor?
   a. 30
   b. 35
   c. 40
   d. 45
   e. We do not have an upper limit of donor BMI.

3. Which of the following conditions represent exclusion criteria for DCD liver donors? (may select more than one)
   a. Diabetes Mellitus
   b. Hepatitis B Infection
   c. Hepatitis C Infection
   d. Prior laparotomy
   e. Prior sternotomy
   f. None of these conditions represent exclusion criteria
   g. Other (free text)

4. Does your OPO consider death-prediction tools when deciding whether or not to offer a liver from a DCD donor?
   a. No
b. Yes, we use established tools (e.g. University of Wisconsin tool)
c. Yes, we use our own criteria

5. How often do perform non-invasive diagnostics (i.e. ultrasound, cross-sectional imaging) when offering a liver from a DCD donor?
   a. Never
   b. Rarely
   c. Sometimes
   d. Often

6. How often do you perform a pre-withdrawal liver biopsy when offering a liver from a DCD donor?
   a. Never
   b. Rarely
   c. Sometimes
   d. Often

Pre-Recovery Communication and Withdrawal of Support

1. Does your OPO require that a communication “huddle” is performed prior to initiating withdrawal of life support?
   a. No
   b. Yes, but recovery surgeons are not required to participate
   c. Yes, recovery surgeons must participate in this huddle

2. Does your OPO require that an attending physician performs the withdrawal of life support and declaration of death when performing DCD recoveries?
   a. Yes
   b. No, any physician (including residents) can serve in this role
   c. No, any provider (including NP/PA) can serve in this role
   d. Different hospitals in our DSA have different policies about who can perform the withdrawal of support and declaration of death

3. Does your OPO require that separate physicians perform withdrawal of support and declaration of circulatory death?
   a. No, the same physician can perform both
   b. No, our OPO does not require this but some hospitals in our DSA have this requirement
   c. Yes, our OPO requires that two different physicians perform these roles
4. Does your OPO provide education or guidance to the declaring physician regarding determination of death (i.e. differentiating between pulselessness and cessation of electrical activity)?
   a. Yes
   b. No

5. Unless dictated by hospital policy or logistical challenges, our OPO preference is to perform the withdrawal of care
   a. In the operating room
   b. Outside the operating room in a nearby area (e.g. PACU)
   c. In the ICU
   d. Other (free-text)

6. Does offering a liver from a DCD donor change the preferred location for withdrawal of support?
   a. No, we proceed in the same manner regardless of organs offered
   b. Yes, we move to a location near the operating room when the liver is offered
   c. We prefer that withdrawal of care is performed in the operating room when a liver is offered
   d. We ONLY will recover a liver from a DCD donor when withdrawal of support is performed in the operating room.

7. In our DSA, what percentage of the time is withdrawal of care performed in (free-text, answers must total 100%)
   a. Operating Room
   b. Location near operating room (e.g. PACU)
   c. ICU
   d. Other

8. What proportion of hospitals in your OPO allow family members in the OR to facilitate withdrawal of life support in this location?
   a. None
   b. A few
   c. Many
   d. Most
   e. We do not offer this to families when withdrawal of support is performed in the operating room
9. What medications does your OPO administer to DCD liver donors prior to withdrawal (may select more than one)
   a. Heparin
   b. Lasix
   c. Mannitol
   d. No medications

10. Do some hospitals in your DSA prohibit the administration of medications to a DCD donor pre-withdrawal of support?
   a. No, all hospitals allow administration of medications
   b. A few hospitals prohibit administration of medications
   c. Many hospitals prohibit administration of medications
   d. Most hospitals prohibit administration of medications
   e. Our OPO does not administer pre-withdrawal of support medications

Post-Withdrawal of Support and Determination of Death

1. What is your OPO's standard maximum wait-time after withdrawal of life support before determining that the donor did not progress?
   a. 60 minutes
   b. 90 minutes
   c. 120 minutes
   d. Other

2. How often are vital signs recorded after withdrawal of support?
   a. Every minute
   b. Every five minutes
   c. Other

3. What is the length of the observation (hands-off) period?
   a. 3 minutes
   b. 5 minutes
   c. It depends on specific hospital policy

4. Does the OPO require the declaring physician to confirm death at the end of the observation (hands-off) period?
   a. Yes
   b. No
   c. It depends on specific hospital policy
5. If withdrawal of life support takes place outside the OR, which of the following are allowed during the observation (hands-off) period? (select all that apply)
   a. Transfer to OR
   b. Prep/drape by OR staff
   c. Prep/drape by recovery surgeons
   d. None – the patient must remain in the withdrawal location until after the observation period

6. Recovery surgeons are allowed in the OR
   a. During observation (hands-off) period?
   b. Only at the end of the observation (hands-off) period?

Calculation of Warm Ischemia Time

1. What is your OPO’s definition of the beginning of warm ischemia time?
   a. Withdrawal of support
   b. Hemodynamic parameter (i.e. SBP<80) (free text)
   c. Oxygenation parameter (i.e. O2 sat <80) (free text)

2. What is your OPO’s definition of the end of warm ischemia time?
   a. Aortic flush
   b. Aortic cross-clamp
   c. Other (free-text)

Recovery Procedure

1. Which flush solution does your OPO routinely use for DCD liver donors?
   a. UW/SPS
   b. HTK
   c. Other

2. Do your OPO routinely add additional agents to the flush when recovering DCD livers?
   a. Heparin
   b. TPA
   c. Other (free text)
   d. No additives

3. What volume of flush solution does your OPO routinely infuse into the aorta during a normal DCD liver recovery?
   a. <5 liters
   b. 5-8 liters
c. > 8 liters

4. Does your OPO utilize pressurized aortic flush when recovering DCD livers?
   a. Yes
   b. No

5. If DCD lung recovery is taking place, does the liver or lung come out first?
   a. Liver
   b. Lung
   c. We do not offer DCD lungs in our OPO

6. How often are you able to place a DCD liver which is declined intraoperatively?
   a. Never
   b. Rarely
   c. Sometimes
   d. Often

Discussion Questions:

1. In your opinion, what is the most important factor influencing your ability to place a DCD liver?
2. In your opinion, what is the most important factor leading to a positive experience for the donor family?
3. What is the most important factor to standardize to improve DCD liver recovery?
ASTS Bi-Annual Committee Report

Committee Name: Living Donor Committee  
Chair/Co-Chair: Baker/Zimmerman  
Staff Liaison: Maggie Kebler  
Council Liaison: Dorry Segev

☐ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

Background: (15 minutes)

- White House Commitment with ORGANIZE, UCM, CC, Baylor and Mount Sinai (June 2016)
- ORGANIZE and UCM build out of GIVE/LIVE with Farenheit 212  
  (https://projects.invisionapp.com/share/8H8IJ1I3K#/screens)
- Development of Anonymous Non-directed living donor database (UCM)

The interest of the ASTS to stay actively involved in the development of GIVE/LIVE and the anonymous living donor database/registry needs to be discussed. The extent of such a commitment should also be determined.

Review of Recent Committee Accomplishments (if applicable):

- GIVE LIVE build out with ORGANIZE  
  (https://projects.invisionapp.com/share/8H8IJ1I3K#/screens)
- Initiation of Anonymous non-directed living donor database (UCM)
- “Social Media and Organ Donation – The Next Frontier” sunrise symposium at ATC 2017

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

Need more frequent conference calls/engagement
ASTS Bi-Annual Committee Report

Committee Name: PROACTOR Task Force   Chair/Co-Chair: Mark Hobeika
Staff Liaison: Ellie Proffitt   Council Liaison: Dorry Segev

☒ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- None

Review of Recent Committee Accomplishments (if applicable):

- White paper submitted to AJT and returned with reviewer comments
- Task-force leadership planning for Phase II initiative recommendations

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise white paper and re-submit to AJT</td>
<td>May 2017</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>Develop Phase II initiatives for the task force</td>
<td>Ongoing</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>Compile Phase III Organization of Proposed Initiatives to Present to ASTS Council</td>
<td>Future</td>
<td>N/A</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members? Moderately satisfied. We are scheduling conference calls to engage task force regarding completion of Phase I and beginning of Phase II.

Future Ideas for Consideration (if applicable):
ASTS Bi-Annual Committee Report

Committee Name: Diversity Issues  
Chair/Co-Chair: Jorge Ortiz/Jayme Locke

Staff Liaison: Ellie Proffitt  
Council Liaison: Carlos Esquivel

☐ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☒ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- None

Review of Recent Committee Accomplishments (if applicable):

- Submission of website analysis for cultural sensitivity.
- Coordination with Novartis & UNOS for future collaborations.
- Coordination with paired donor network for future collaboration.

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant application to determine effect of paired donor exchange on minorities</td>
<td>October 2017</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>Grant application to provide translation services for transplant websites.</td>
<td>October 2017</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>Evaluation of blood groupA2 organs for B recipients.</td>
<td>October 2017</td>
<td>N/A</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

Yes

Future Ideas for Consideration (if applicable):

Discussion of travel bans and how they will affect delivery and receipt of care.
ASTS Bi-Annual Committee Report

Committee Name: Ethics
Staff Liaison: Diane Mossholder

Chair/Co-Chair: Michael Millis/Sander Florman
Council Liaison: Peter Abt

☐ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☒ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

• None

Review of Recent Committee Accomplishments (if applicable):

Reviewed ASTS statements (see attachment for recommendations)

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review current ASTS statements</td>
<td>June 2017</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Propose new Statements</td>
<td>Jan 2018</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Examine ethical conflict btw institutional benefit and pt benefit</td>
<td>June 2018</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members? yes

Future Ideas for Consideration (if applicable):
Review ASTS statements for appropriateness, accuracy, and timeliness

** Archived Statements **

- ASTS Statement of Professionalism May 2015
  
  - PDF, 101.80 KB

- ASTS Statement on Conscious DCD May 2015
  
  - PDF, 92.58 KB

- ASTS-AST Statement on Lung Allocation Policy June 6, 2013
  
  - PDF, 403.71 KB

- Recent Living Donor Death June 12, 2012
  
  - PDF, 61.61 KB

  
  - PDF, 98.23 KB

- Transplantation of Organs from HIV Infected Deceased Donors July 22, 2011
  
  - PDF, 133.54 KB

- ASTS Press Release - Arizona Transplant Cuts Based on Flawed Data December 9, 2010
  
  - PDF, 329.37 KB

- Living Liver Donor Deaths August 13, 2010
  
  - PDF, 47.72 KB

- Istanbul Declaration
  
  - PDF, 55.22 KB

- ASTS Confidentiality and Conflict of Interest Policy
  
  - PDF, 33.06 KB

- Non-ASTS Fellows in Parallel Tracks at ASTS Accredited Programs June 30, 2009
  
  - PDF, 13.06 KB

- Recommended Guidelines for Controlled DCD Organ Procurement and Transplantation May 11, 2009
  
  - PDF, 89.90 KB

- Proposal - Health Insurance as Incentive for Living Kidney Donation February 6, 2009
  
  - PDF, 29.23 KB

- Draft - Definition of a Transplant Surgeon December 11, 2008
  
  - PDF, 45.51 KB

- Procuring Surgeon Criteria July 25, 2008
  
  - PDF, 23.63 KB

- Volunteer Non Directed Live Donations June 1, 2008
  
  - PDF, 20.99 KB

- Fellowship Workload Practices January 24, 2008
  
  - PDF, 15.63 KB

- Paired Kidney Donation May 29, 2007
  
  - PDF, 20.57 KB

- Directed Donation and Solicitation of Donor Organs October 23, 2006
  
  - PDF, 30.32 KB

- Live Vascular Grafts January 15, 2005
  
  - PDF, 831.80 KB

Review excluded statements specifically attributable to a standing committee; however, those that are either general in nature or relating to an ethical issue have been considered.

All of the statements are accurate but many seem very dated and some of those that are out of date should put into a separate part of the website or eliminated altogether.
Those are:

Recent LD Death June 12 2012

Letter to Editors of WSJ March 18 2012

ASTS Press Release - AZ transplant cuts...

Living liver donor deaths AUG 13 2010

Live Vascular grafts

The Draft Definition of a transplant surgeon needs to be finalized or eliminated.

We recommend the following statements be reviewed for possible updating:

Volunteer non-directed live donors
Paired Kidney Donation
Direct donation and solicitation of donor organs
Committee Name: Pediatrics Task Force  
Staff Liaison: Ellie Proffitt  
Chair/Co-Chair: Carlos Esquivel  
Council Liaison: N/A

☐ Yes, I would like to request time for a verbal report during the council and committee chair meeting.  
☒ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:  
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- None

Review of Recent Committee Accomplishments (if applicable):

- Pediatric transplant survey distributed to ASTS membership  
- White paper on the effect of the KAS on pediatric patients in progress

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect membership data on pediatric transplant</td>
<td>July 2017</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>KAS effect on pediatric patients white paper</td>
<td>In progress</td>
<td>N/A</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

Future Ideas for Consideration (if applicable):
ASTS Bi-Annual Committee Report

Committee Name: Thoracic Organ Transplantation
Staff Liaison: Ellie Proffitt
Chair/Co-Chair: Abbas Ardehali/David Mason
Council Liaison: Will Chapman

☐ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☒ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- None

Review of Recent Committee Accomplishments (if applicable):

- None

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee call after ATC to discuss committee initiatives for the upcoming year</td>
<td>June 2017</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>Recruitment of thoracic members to ASTS</td>
<td>Ongoing</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>Application for a joint symposium at 2019 ISHLT annual meeting</td>
<td>February 2018</td>
<td>N/A</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

- Committee needs to develop new project ideas/initiatives to increase engagement in 2017

Future Ideas for Consideration (if applicable):

- Develop ideas to recruit more thoracic members to join ASTS
Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- n/a

Review of Recent Committee Accomplishments (if applicable):

- Fly-In March 22, 2017: visits to 23 Congressional offices
- Monitoring health care legislation in Congress

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint effort with Regulatory Committee on ASTS-initiated CMS ESRD Demonstration Project</td>
<td>Pending</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Comprehensive Cost Analysis of Kidney Transplant vs Dialysis Report</td>
<td>Pending</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>New immuno bill draft</td>
<td>Pending</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members? Yes

Future Ideas for Consideration (if applicable):

Monitoring ACA changes/replacement to ensure transplant patients’ needs are addressed
ASTS Bi-Annual Committee Report

Committee Name: Reimbursement & Regulatory Compliance
Staff Liaison: Diane Mossholder/Kim Gifford

Chair/Co-Chair: Kareem Abu-Elmagd/Anil Paramesh
Council Liaison: Osama Gaber

☒ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☐ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- n/a

Review of Recent Committee Accomplishments (if applicable):

- Fly-In March 22, 2017: visits to 23 Congressional offices
- Call with CMS regarding hazard ratio/CoP enforcement process changes
- Formation of Demo Task Force to help Ms. Millman draft legislative proposal
- Formation of Readmissions Task Force to inform regulatory component of the 21st Century Cures bill, paving the way for transplant admissions to be excluded from the hospital penalty formula.

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint effort with Legislative Committee on ASTS-initiated CMS ESRD Demonstration Project</td>
<td>Pending</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members? Yes

Future Ideas for Consideration (if applicable):
Yes, I would like to request time for a verbal report during the council and committee chair meeting.

☐ No, my written report is sufficient; I do not need time to present verbally.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback: (4 min)

- Requesting feedback regarding the ACS/Harvard/Brandeis APM project (Advanced Alternative Payment Model), in light of ASTS’ new legislative effort to create a shared savings demo. Will discuss pros/cons of pursuing both efforts or alternatively backing away from working with ACS/Brandeis to develop a transplant-specific APM. ACS/Brandeis preliminarily interested in our proposal to develop a payment model that adjusts for donor and recipient risks, offset by savings from earlier transplant.

Review of Recent Committee Accomplishments (if applicable): (3 min)

- Continued analysis of new MACRA regulations on the MIPS (Merit-based Incentive Payment System) and APM programs and implications for transplant. Task Force has attended ACS meetings and CMS webinars re the MACRA rule, to help inform our efforts.
- Presentation and updates to UNOS BOD re MACRA implications for transplant and potential opportunities for UNOS to support transplant providers (CPIA tools, advocacy for SRTR approval).
- MACRA questions included in compensation survey to help inform Task Force efforts (Individual vs GPRO reporting? PQRS reporting?).
- Member education
  - 2016 ASTS/Kellogg LDP: keynote dinner talk on MACRA
  - 2017 ASTS Winter Meeting: MACRA presentations during the Business Practice Seminar
  - March 2017 ASTS Webinar on MACRA

Outline of the Committee’s Top Priorities: (3 min)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MACRA primer for members (written materials on what to do for MIPS)</td>
<td>Late 2017</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>ACS/Harvard/Brandeis APM project (see top of page re Council input)</td>
<td>Ongoing (in-person meeting 2017)</td>
<td>NA (no cost now; incremental costs possible)</td>
<td>NA</td>
</tr>
<tr>
<td>Task</td>
<td>Status</td>
<td>Effort</td>
<td>Effort</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------------------------</td>
<td>----------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Continue to study and react to emerging MACRA regulations for the MIPS and APM programs (partner with ACS, AMA and others)</td>
<td>Ongoing</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Monitor the impact of the Comprehensive ESRD Care (CEC) ACO-like initiative on referrals for transplant evaluations by End Stage Renal Disease Comprehensive Care Organizations (ESCOs)</td>
<td>Ongoing</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?**

The Task Force members have given thoughtful consideration to the new MACRA regulations and have helped to craft our response. They have also provided insightful feedback regarding the ACS APM project. In order to best address the increasing plethora of regulations pertaining to quality and pay reform, eventually, ASTS might benefit from additional paid-for, in-house, transplant-focused expertise (to complement Powers efforts).

**Future Ideas for Consideration (if applicable):**

- SRTR approval for MACRA pay-for-value programs (follow up meeting with CMS)
- Develop Patient Reported Outcomes (PRO) tool to meet MACRA requirements
- Develop transplant-relevant PQRS measures (if required as MACRA evolves)
ASTS Bi-Annual Committee Report

Committee Name: AMA Liaison
Staff Liaison: Diane Mossholder
Chair/Co-Chair: Tom Peters / Stuart Greenstein
Council Liaison: Entire Council

☐ Yes, I would like to request time for a verbal report during the council and committee chair meeting.
☒ No, my written report is sufficient; I do not need time to present verbally, but I will attend the meeting.

Please Indicate any Committee Initiatives Needing Formal Council Vote or Feedback:
(Please indicate the desired amount of time on agenda for each item. Please note that time allotments cannot be guaranteed)

- Example one:
- Example one

Review of Recent Committee Accomplishments (if applicable):

- Example Accomplishment one: ASTS seat in the AMA House of Delegates begins 10 June, 2017
- Example Accomplishment two:

Outline of the Committee’s Top Priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Anticipated Completion Date</th>
<th>Budgeted Initiative?</th>
<th>Related Attachments?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you satisfied with the level of engagement from the committee? If not, what would help better engage the other committee members?

Yes

Future Ideas for Consideration (if applicable):

All pertinent policy issues to take to the AMA