2009 Presidential Address
American Society of Transplant Surgeons
American Transplant Congress

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I would like to thank Goran for that nice introduction. One of the signs of aging is when you run into someone that you have not seen for 20 years and they do not recognize you. Another sign is when you look at old pictures, and do not recognize yourself.

The most important part of my Presidential address is to thank those who have helped the Society and those who have helped me along the way.

I would like to start with thanking those Corporate Sponsors who have helped the Society with our mission.

This is the greatest Transplant Congress in the world. The educational opportunities for all of us are seemingly endless and next year when I do not have to fulfill all these Presidential obligations, I will be able to say in good faith that I actually attended the meeting.

The Society provides awards that have benefited many members of the audience in the past and allow our younger members to test new ideas that the more established funding sources might not be willing to take a gamble upon. Further, these awards recognize achievement in transplantation such as this year's recipient of the Pioneer award, Sir Roy Calne.

When all is said and done, our main mission has always been to educate the next generation. We have been developing a curriculum for the education of the fellows, residents, and our allied health professional partners. When finished, the curriculum will offer online education to our future.

Each year, we have a Winter Symposium that focuses on topics that are of interest to our members. The Symposium has been a fantastic success with rapid attendee growth, development of the combined meeting with our NATCO partners and with our newest members, the Nurse practitioners, and Physician Assistants.

A part of our educational mission, ASTS provides consensus conferences in conjunction with other societies and UNOS. These consensus conferences provide guidance for important issues

Recent conferences include liver transplantation for hepatocellular carcinoma, Donor Derived Infections - NAT Testing, and Combined Kidney Liver transplantation.

Finally, the Society is working on an initiative to allow surgeons to maintain their competencies. With increasing scrutiny of surgeons in regards to maintenance of quality care, these initiatives are important to providing the resources for the best in patient care.

I would like to thank all of our corporate sponsors for helping the Society meet its goals.

I would like to thank those on the ASTS Council during my term. The President has many opportunities to make mistakes but having a bunch of very smart, dedicated people to bounce ideas off prevents this. We have reached our goals by a combination of cooperation, consensus building, and hard work.

While the President gets to take the credit, the work is actually done by the Committees and their Chairs. I would like to thank the Chairs for their able leadership and enthusiasm for the ASTS mission. Over the last number of years, ASTS has become a more active and interesting society with your help.

Being the President is a little like being the wizard of Oz. Your countenance appears in public, but there is a group of people that are turning the cranks and pulling the levers that are not well seen. The staff of the ASTS has been a fantastic help to me during my presidency and to the whole society. I love you guys.

I have been at UCSF for 22 years now.. I would like to be there for another 20 years, but burning the candle at both ends will probably prevent that. It is a wonderful place where I have great colleagues. There is a synergy in the care of the transplant patient that arises when mutual respect between physicians, surgeons, and nurses is viewed as paramount. With support of the academic and clinical powers organ transplantation has blossomed.

To all my friends who have made my life so much fun, thanks for putting up with me.

Finally, I would like to thank my family for their love and support. Here is a picture from a Christmas card many years ago. My parents are the sane people on the right; my father who will be 91 in a few days is trying to get his NSF grant renewed at Caltech so that he can publish rather than perish. My mother still is the patron saint of fund raising in Pasadena, in addition to being a footnote as a funding source on my father's recent papers. I would like to give thanks to my sister Anne and my brothers Don and Allen with whom I shared many adventures while growing up. I thank all of you for coming to Boston.

Growing up as the children of two transplant surgeons is an adventure. My wife says that God does not give you more than you can handle and that is certainly

true in my family. Becky who is here today is a freshman at the University of Washington.

Johnny could not be here because he is taking his finals in high school today. I would like to thank Becky and Johnny for putting up with us, as they did not get to choose their parents.

Finally, I would like to thank Nancy for the many years of love, mentorship and most of all living with me, which is difficult at best. It has been a great run and I could not have done it without you. I would like to thank Nancy for helping me with my talk.

Here is my Presidential address. What follows are my personal thoughts and should not be taken as reflective of the American Society of Transplant surgeon's positions.
Now that I have your attention, I would like to say that this address is a difficult task. Over the last year as I thought about the talk, I went through the five stages of grief outlined by Kubler-Ross.

Denial: The talk is not until June
Anger: why did I want to be President anyway?
Bargaining: maybe if I am nice enough to the ASTS staff they could write the talk
Depression: I will never get this done, Acceptance where I got to last night.

My selection of topic was in response to friends and family who begged me not to give a data talk and I realized that Bob Merion will do a better job of torturing you next year. I did consider sprinkling it with French as I learned from Mike Abecassis that a few words of French from your mother will rescue even the worst argument.

What I would like to talk about is the effect that Media has on transplantation. In the recent past, the idea of a telephone call from a reporter requesting information about some issue would be enough to draw a feeling of doom, like this penguin's view of his next moments. This is a result of a spate of negative publicity about transplantation primarily focused on problems at transplant centers.

Nevertheless, we need to take a broader view of the media and understand its value to transplantation. Media coverage of sentinel events can change the attitudes of the public. Pictured here is the killing at Kent State, which effected the public's perception of the Vietnam War. There have been many killings before and after this iconic photograph but this particular event triggered something more significant. There is a lesson for us here regarding iconic events.

To the media, transplantation is an attractive topic. It is compelling with heroes, heroines, and fallen heroes. There are desperate patients and ethical challenges coupled with life and death endings that sell newspapers. The media is important in the public's perception of transplantation and our existence is dependent on this public perception.

Foremost, transplantation is the story of saving people from death from end stage organ disease but we never will have enough organs and we struggle with decisions about rationing. This article by Shauna Alexander chronicled the use of committees to decide which patients would have access to the scarce dialysis machines. The committee was formed by a group of lay people who made decisions about who would not be placed on dialysis and therefore die. This article and other outcries were pivotal in the eventual widespread provision of dialysis by Medicare.

A similar effect of the media on access to dialysis also occurred in Britain so that today the age distribution of patients undergoing dialysis and transplantation in Britain in indistinguishable from the United States.

The long ranging effect of this media campaign is evident today as we debate the provision of kidney transplantation to the rapidly growing older dialysis patient population. It is interesting that we no longer use committees that make decisions about individual patients but instead have committees that create national policies resulting in a computer that supplies the day-us ex-mach-in-ah

In the hero category, transplant surgeons have always been of interest to the media. Alex Carrel, pictured here with Charles Lindbergh was one of the early pioneers in transplantation. The apparatus in the picture was a perfusion pump created by Lindbergh, a predecessor of pump oxygenator and organ perfusion. Carrel's work on creating vascular anastomoses was awarded the Nobel Prize.

Carrel was deified in the media and his receipt of the prize greatly increased the media's interest in organ transplantation. As we look to the past, we should not focus completely on the medical literature for our information. As an example, Carrel is not generally credited with solid organ transplantation in humans, but there were several media reports of papers given to the Clinical Congress of Surgeons in 1911.

Here, Carrell discussed a xenotransplant from dog to human. Carrel apparently considered having a bank of these kidneys in cold storage ready to be used. It is also remarkable that at the same Congress, Dr LJ Hammond reported on what is probably the first deceased donor human kidney transplant. The kidney was recovered from a man killed in a motor vehicle accident. This report presaged by 25 years the first report in the medical literature of cadaver transplant by Voronoy. The donor was also the first multi-organ donor as Hammond transplanted a

testicle from the same donor into another patient. I found this report in a book by Susan Lederer, Flesh and Blood, about transplantation and blood transfusion.

Despite these earlier attempts at transplantation and the later more successful attempts in the 50s and 60s, solid organ transplantation plodded along with only the occasional media coverage.
A bright light exploded on transplantation in 1967 with Christian Barnard's performance of heart transplantation. This huge media event sparked worldwide interest in heart transplantation attracting surgeons and hospitals to the allure of the spotlight. .

Unfortunately, the field was not advanced far enough as the vast majority of the recipients died.

By 1971, 146 of the first 170 heart transplant patients were dead, and what had looked like a surgical miracle had turned into a disaster.
Cardiac surgeons admitted defeat and called for a complete moratorium on heart transplants. Barnard's credibility waned in his later years as he became associated with questionable causes

Norman Shumway is credited for persevering though this maelstrom of bad publicity. Although Shumway expressed to me many years ago his dislike of Barnard's efforts, at a later stage of his life, he recognized the ill effects that the media attention can have on a surgeon's life.

It is interesting that the recent media interest in face transplantation has not led to the same issues. While this may in part be due the lack of comparable need, the ethical infrastructure, for better or worse, creates an environment where racing to the spotlight is impossible. Our modern environment may inhibit the creation of new media idols at least in American Medicine. In some aspects, this is a good thing although it can decrease the attention paid to transplantation.

Organ donation is an area where the media's attention has fostered transplantation and we are dependent on the public perception. While general stories about the organ shortage are of interest, there are personal stories that have helped to change the public's view of donation.

Jaime Fiske, a child with biliary atresia, and her father Charlie were a major news story in 1982. Jaime needed a liver transplant that was not available to her in Boston. Charlie brought his daughter to Minneapolis for transplantation.

Told of the difficultly with finding a donor liver, Charlie, sent hundreds of telegrams to pediatricians. After lobbying Dan Rather, Tip O'Neill and Edward Kennedy, the American Academy of Pediatrics allowed for Charlie to give a presentation to the General Session where he pleaded “"I ask you to keep your eyes and ears open for the possibility of a donor,". "Jamie wants to survive."

When Charlie sat down, there was total silence in the ballroom for about a minute. Then the whole room burst into applause.

Covered by all three television networks and hundreds of news stories, Jaime received a liver transplant from a donor in Utah whose family had heard the plea. Here Jaime is pictured with my mentor John Najarian a few years after the transplant.

Jaime's story is interesting in that it chronicles a father's Herculean effort to get his daughter a transplant. A father's plea to an august group of physicians who held the method of getting his daughter an organ touched the heart strings and was recognized by the media as a great story.

While this occurred before institution of NOTA, the National Organ Transplant Act, there was still concern that this effort disadvantaged those who did not have these resources. The story did help changing the status of liver transplantation from an experimental to an accepted procedure by the NIH in 1983. It was this story and other stories, some more mercenary, that led to the passage of the NOTA. NOTA resulted in a regulated system of organ allocation and distribution and allowed for better access to organs for those in need.

Todd was another recipient who needed a transplant and went public with his need. Despite having a need like Jaime, this story did not have the same play in the news. Was it that Todd was asking for himself or was it the use of a billboard that trivialized his need and made it less newsworthy? Todd's family has continued to be active in helping with organ donation since his death.

More recently, Natalie Cole appeared on the Larry King show to discuss her need for a kidney transplant. While on the show, she received a number of emails from strangers offering her a kidney. While it is unlikely that one of these offers of donations will come to pass, these offers are similar to the ones for patients on Matching Donors.com where nearly 400 people compete with the most compelling story to try and draw the most kidney offers.

Another celebrity who brought attention to organ donation was Mickey Mantle. Mickey Mantle was a storied baseball hero who played hard and partied hard. Mickey's story was potentially a great story about rescuing a true American Idol. Unfortunately, this impact of his story was dimmed by the unfounded concerns that Mickey received his liver transplant unfairly because of his celebrity status, though he did not. Further shadows were cast by the concern of the role of alcohol in his liver disease. Overall, this story did not capture the imagination of the American people as it might have.

Despite this, there was a surge in organ donation as the plight of an American Hero sparked overall interest in transplantation.

One of the most amazing stories effecting organ donation was the story of Nicholas Green. Nicholas was a young American boy who was shot in Italy during a highway robbery attempt.

His parents, despite the horror of their son's death, donated his organs to 7 Italians. This gracious act created a huge media event in Italy. In a few years, the number of organ donations in Italy had increased several fold.. The bell of this act reverberates to this day.

Nicholas' story demonstrates the power of the media to increase organ donation. In the United States, many organs are lost because of the families' refusal to consider organ donation. We need another Nicholas Green story to help us. The key components of the story were a widely publicized death and the selfless act of the parents that offered salvation rather than revenge. We all know of widely publicized deaths where the family donated the person's organs, but these final chapters of the victim's organ donation are infrequently told to the public. How many news stories do you remember where that act of organ donation was acknowledged. Why cannot we replicate the news coverage of Nicholas' organ donation? While I am not advocating taking away the families right to confidentiality, some families would celebrate the act of donation. Our hesitancy to celebrate maybe because of our fear of the loss of confidentiality, but is more likely that we have not wanted to lift a ponderous veil of secrecy about death and organ donation. We should be prepared to ask families to celebrate their selfless acts before the media attention has moved elsewhere.

While surgeons have labored to improve organ transplantation, media attention has also improved transplantation. Recently, this has been by pointing out flaws in how we take care of patients and in how our systems operate. For the most part, the media attention has been negative. The result of this attention has been reaction and frequently over reaction.

In 2002, there was a widely publicized death of a living donor. This death has led to changes in the process of care. This was not the first death from a donor hepatectomy, but it was more widely publicized than the other deaths, and brought about changes that the other deaths did not. What led to the strong press reaction was a perfect storm; the donor was a reporter, and the death occurred in New York City, a major media market. In addition, the donor's wife became a vocal advocate for new standards for living donation. These circumstances catalyzed a number of changes, including standards created by ACOT, the New York Health commission and UNOS. The NIH and ASTS sponsored Adult to Adult Living Donor Liver Transplant study also arose from concerns about the safety of living donation. Today we have independent donor advocates, a multi-step consent process, and a greater awareness that may allow us to mitigate donor risk. Overall, we are in a better place than we were in 2002.

Another recent event brought further scrutiny to transplantation. In 2007, there was transmission of HCV and HIV from a high-risk donor. What transpired after this event was the government demanding a policy from the OPTN requiring communication of the risk of disease transmission by organ donors. While this was a necessary step, the policy uses outdated guidelines from the Center for Disease control. Without clear guidelines, anxiety and confusion have been the result with organ procurement organizations and transplant centers being in conflict regarding the definition of a high-risk donor. Here the media attention brought a response that uses a very blunt tool. While the response was timely and arguably needed, the result has been less than perfect. We must be careful that the media into do not push us by doing something, anything, even if it is wrong.

Over the last 4-5 years, there was a series of stories in the Los Angeles Times by Charles Ornstein and his colleagues about transplantation. Most of the stories were about California centers. The result was closure of centers, and a heightened awareness of structural difficulties in transplant center oversight. Later, after publication of substandard center specific results, Senator Grassley got involved.

These events led to the creation by CMS of a new set of regulations for transplant centers. In general, these regulations have moved transplantation in the right direction. ASTS has spent a lot of energy working with CMS about modification of these rules and there is more work to do regarding the risk adjustment of center results. While we have to have quality standards for transplant centers, we need to make sure that they are generated from well-defined reliable data that allows for appropriate risk adjustment.

Finally, I would like to prognosticate regarding future media events. On the positive side, we will have our own Nicholas Green story that will boost organ donation. Heroes and other celebrities who have their own crises will dramatize the need of every person on the waiting list.

The transplant community will have its own crisis as the media focuses its attention our failures to distribute of organs fairly. In the future, our policies must pass basic tests. We should act in a way that we would expect others to act toward us. We should do the greatest good for the greatest number. We should take the same actions as would a disinterested party and finally we should only create policies that we would feel comfortable explaining on a national news program.