

The Transplant Team:
An Expression of Gratitude

Presidential Address

James A. Schulak, MD

American Society of Transplant Surgeons

Respectfully Submitted:

June 3, 2003

Fellow members of the ASTS, friends in the AST and transplant colleagues from around the world, it is a great honor and privilege to address you today as the president of the American Society of Transplant Surgeons. The ASTS means very much to me and has been an integral part of my professional life right from its beginning 29 years ago. As a resident and transplant fellow at the University of Chicago I enjoyed many benefits, not the least of which was a proximity to the annual meeting of the ASTS and the good fortune of being invited to attend it each year by Dr. Frank Stuart, our 20th president.

In those early years the ASTS meeting was a very intimate affair, held yearly at the Drake Hotel in Chicago. It was usually comprised of about 30 papers, all of which were presented in plenary sessions. As an aspiring transplant surgeon it was an exciting experience to listen to the scientific papers; have the occasional opportunity to be introduced to the giants of our profession like Tom Starzl, John Najarian, or Folkert Belzer, to name a few; and to meet and mingle with other budding transplant surgeons who are now my colleagues and friends. I'm sure that many of you remember those early days as fondly as do I. With this perspective, it is easy for me to say, that without question, having served this past year as the 29th President of the American Society of Transplant Surgeons has been the pinnacle of my professional career and I am grateful beyond words for having had the opportunity to do so.

One cannot achieve a career milestone, such as this, without the help, support, and guidance of mentors. I have been very fortunate to have had several such individuals encourage me to pursue a career in transplantation, help me to get started, and show me how to succeed. As a medical student at the University of Chicago I'll never forget the first operation I scrubbed on as a third year clerk in general surgery way back in 1972 – a

kidney transplant with Frank Stuart. Frank, I was hooked from that time on. Dr. Stuart, a gifted surgeon and respected researcher, was my role model during both medical school and post-graduate training. He also gave me the opportunity to begin my research career in his laboratory working with Dr. Craig Reckard on islet cell and pancreas transplantation. Craig was also very supportive of my research and always made the effort to introduce me to everyone he knew in the field, a gesture for which I am also most appreciative. Frank and Craig, I thank you both very much for getting me started in this wonderful profession.

Upon completion of my transplant fellowship, I followed the advice given to many young men and moved west, to Iowa City, that is, where our 13th president, Dr. Robb Corry gave me my first job. Robb was both my boss and “big brother”. He showed me how to succeed by setting lofty goals; he gave me plenty of leeway on the clinical service so that I would develop the confidence to become successful, and taught me to have the courage to do things a bit on the edge. Even after I left Iowa City for Cleveland, Robb continued to support my career with help and advice. Robb, like many in this room, I miss you and thank you for being my friend and teammate.

Now it's time for me to “switch gears” and try to say something that you might find informative, useful, or at least entertaining; or perhaps more importantly, as our past president Marc Lorber advised me, to say something that won't embarrass me. Many of my predecessors used this occasion to review and comment on the current political or scientific “state of transplantation”. Others have chosen to discuss topics that were only variably related to the field of transplantation such as Dave Sutherland's treatise on plant transplantation or, more recently, Nancy Ascher's enlightening story of the Christian

martyrs. After some contemplation, I have chosen to talk to you about a phenomenon that has impressed me right from the beginning, that is the evolution, composition, and maturation of the TRANSPLANT TEAM.

Webster's dictionary defines a team as "a group of persons associated together in work or other activity." We all are familiar with the team concept as it pertains to sports, but it is also becoming a widely utilized construct in business and in the professions as well. In their book, "The Wisdom of Teams", Katzenbach and Smith define teams as

“. . . people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable”.

It is this latter definition that pertains to the transplant team. In order to be successful organ transplantation requires the cooperation, collegiality, and mutual respect of many professionals from all walks of medicine. Surgeons work with internists and pediatricians. Clinicians collaborate with scientists. And in doing so, all of us interact with nurse coordinators, research assistants, organ procurement specialists, social workers and hospital administrators; each providing unique skills and knowledge while working together with the common goal of bettering the lives of patients with end-stage organ disease.

Transplant surgeons work together in coordinated teams to procure organs, to preserve and allocate them, often for centers thousands of miles away, and to perform the actual transplant operations. I suspect that transplant surgeons were among the first surgeons to learn to depend on each other and to operate with each other while performing transplant surgery. With the current strict rules governing resident work

hours in this country, I believe many other surgical specialists will soon be exploring the feasibility of developing surgical “teams” comprised solely of fully trained transplant surgeons to accomplish their clinical tasks as well. In my 22 year career I have had the great pleasure of having many talented and dedicated surgeon partners, who are listed on this slide. I have learned much from each of you and have greatly enjoyed our shared practices. I wish to take this opportunity to thank each one of you for your friendship and support, and for being a valued teammate.

Transplant surgeons also work together to administrate our profession. There is no better example of this than our own professional society, the ASTS. We have accomplished much over the years but it is the past year that I would like to review with you now. During this time the ASTS has embarked upon several new and important endeavors. We have been granted a seat on the American Board of Surgery, an accomplishment that gives credibility to our surgical specialty and will give us the opportunity to have an important voice in designing the direction that surgical training will take in the future. In addition, being part of the ABS will allow the ASTS to initiate the process of developing an examination that will lead to the award of a certificate of added qualification for transplant surgeons, much like what already exists for our colleagues in vascular and critical care surgery.

The ASTS has also been invited by the American College of Surgeons to appoint one of our members to each of the Advisory Councils for General Surgery, Urology, and Thoracic Surgery. This will give the ASTS the opportunity to help shape ACS policies as well. Moreover, we have also been granted a seat on the all important ACS Committee

on Professional Reimbursement thereby giving us a direct voice in determining appropriate procedure codes and reimbursement rates for the work we do.

The ASTS has also embarked upon a unique partnership with the National Institutes of Health by co-sponsoring the important “adult to adult living liver donor cohort study”. In turn for our financial contribution, the ASTS has been given an important role in carrying out this study and has opened the door at the NIH for development of additional similar partnerships in the future. I’m sure we will be hearing more about this in the coming year from our next president, Avi Shaked, who, I believe, will be making an expanded relationship with the NIH one of the priorities of his term.

Overall, over the past several years, the ASTS has made big strides in its quest to bring meaningful value to its membership. All of these accomplishments were due to the hard work, dedication, and diligence of the "ASTS team", the recent past presidents, Councilors, committee chairs, and officers in our society, and particularly to the Executive Director of the ASTS, Ms. Gail Durant. On behalf of the entire ASTS membership I wish to thank you for serving our society and I wish to express my deep appreciation to all of you for helping me in this past year and for being good and loyal teammates.

As transplant surgeons we also work daily with our colleagues in medicine and pediatrics to provide the comprehensive care required by our patients. It has been said that “no man is an island” and that certainly holds true for our relationships with our medical colleagues. I have had the good fortune of learning this lesson very early in my career at the University of Iowa where a multidisciplinary team approach to transplant management was fostered by Dr. Corry. There I had the pleasure of working with Larry

Hunsicker, Tom Gonwa, and Nancy Goeken, all before their days as presidents of the ASTP. This collegial and productive experience clearly molded my attitude toward professional collaboration in a very positive way.

My years at the University Hospitals of Cleveland have also been blessed by having a partner and friend manage the medical side of our program. Don Hricik, who is well known to many of you in this audience, deserves as much or more credit than I for anything we may have achieved in our program over the years. Don, I am very pleased to have this opportunity to thank you publicly for being a talented colleague, a warm friend and loyal teammate. Needless to say, there are many thriving partnerships between surgeons and physicians throughout our profession. Right now I'm sure that many of you can look to your right or left and see someone who you similarly value as a teammate. We must not take these relationships for granted, as they are unique and valuable, and would be sorely missed, not only by us, but also by our patients if they did not exist.

The ASTS has also benefited by teaming up with our colleagues in the AST. This partnership, which just a few years ago was passionately chronicled by our 25th president, Josh Miller, as one that was on the brink of collapse, has, in the past several years, prospered and is responsible for several very evident successes. The first has been unveiled before us over the past several days, the American Transplant Congress. This meeting, which is the outgrowth of the "back-to-back" meetings of the ASTP and ASTS, is now one of the largest and most successful scientific meetings of transplant professionals in the world. Likewise, our journal, the "American Journal of Transplantation", has become one of the most successful new scientific periodicals in the

history of medical literature. In addition, our two societies have partnered with each other, as well as with others, to support and conduct numerous consensus conferences that have and will make significant differences in the way we carry out our clinical missions. Without question, the consensus opinions developed at the Crystal City conference on extended donors, the endpoints conference, the waitlist conference, the recent conference on humeral rejection, and the upcoming conference on pediatric transplantation, will shape transplant policies in the future. I am certain that I express the sentiment of the ASTS leadership in saying that it has been a pleasure to work with our colleagues in the AST, with the Joint Council of our two societies, and in particular with Bill Harmon, the outgoing AST president. On behalf of the ASTS I wish to sincerely thank the AST for being our teammates.

The concept of transplant teamwork was previously emphasized several years ago by our 26th president, Ron Busuttil, who in his presidential address said:

“Perhaps transplantation’s most profound and far-reaching contribution is the emphasis on a multi-disciplinary team approach to both patient care and research”

I too believe that we as transplant surgeons and physicians would not have achieved the unparalleled success that we have without the help of our non physician teammates. I would like to spend the remainder of my time talking about these important members of the transplant team because I believe we often take them for granted, and certainly rarely offer them the kudos and thanks that they deserve. To whom am I referring? They are the members of three very important transplant societies that play an integral role in clinical transplantation: The American Society for Histocompatibility & Immunogenetics better known as ASHI; The Association of Organ Procurement

Organizations, or AOPO; and last but certainly not least, The North American Transplant Coordinators Organization, known to all of us as NATCO. Because I suspect most of the ASTS membership, and probably that of the AST as well, know very little about these organizations I believe it is fitting for us to take a brief look at them.

ASHI

The discovery of HLA antigens and the realization that they determine the ability of transplant recipients to either accept or reject their organ transplant is one of the stanchions of our field. Many of us remember the pre-cyclosporine days when perhaps a “good match” was the best predictor of graft acceptance as it was at least as important as the immunosuppressive agents of the time in influencing whether a graft was accepted or not. Today, while HLA matching has lost some of its importance, the presence of donor-specific antibody continues to be a significant impediment to successful organ transplantation, and its accurate measurement and characterization is often crucial to achieving organ engraftment. It is our colleagues in ASHI that we rely on to help us sort this out.

ASHI came into being in the mid 1970's as The American Association for Clinical Histocompatibility Testing. The AACHT was an outgrowth of the NIH Tray Users meetings and group that called themselves the Cooperative Regions Against Bureaucracy, or CRAB. The first meeting of the AACHT was held in Birmingham Alabama in 1975. Among the topics discussed were the Serology of HLA by Paul Terasaki and Effector Cell Mechanisms by Bernie Carpenter, clearly setting the tone for the mission of the organization, namely the study of histocompatibility and immunology

in transplantation. Within four years the organization grew to over 600 members, was holding annual scientific meetings, and was clearly establishing its role in providing education, in setting laboratory standards and in developing national policy in regard to histocompatibility testing. In 1983, in recognition of the importance that histocompatibility genes play in other aspects of immunology, the name of the organization was changed to the American Society for Histocompatibility and Immunogenetics, or ASHI as we now know it.

In the past 30 years, ASHI has grown to become an international organization with over 1000 members. It provides an essential quality assurance function by accrediting facilities and procedures in all histocompatibility laboratories in the United States. It is also responsible for credentialing personnel in these laboratories through its subsidiary organization, the American Board of Histocompatibility and Immunogenetics. ASHI holds a yearly scientific meeting and conducts regional meetings for the purpose of providing educational opportunities for its membership. ASHI publishes the highly respected scientific journal, "Human Immunology"; the "ASHI Laboratory Procedure Manual" which provides current protocols for test procedures and information about quality improvement practices, as well as numerous books and brochures for the education of both professionals in the field and the public at large. Overall, ASHI has evolved from an informal meeting of those interested in helping the early transplant efforts by sharing histocompatibility trays to an organization that, without question, has become one of the integral cogs in the machine of organ transplantation. On behalf of the American Society of Transplant Surgeons, I wish to thank ASHI and all of our colleagues in the field of histocompatibility and immunogenetics for being very valued teammates.

AOPO

The sine qua non for organ transplantation is to have organs to transplant. Although this statement is quite obvious, it does underscore the extreme importance we in transplantation must and do place on the endeavor of organ procurement. Many of us remember the early days when most organ procurement activity was accomplished through the auspices of hospital based programs. This often consisted of one or two dedicated nurses or laboratory technicians who accompanied the transplant surgeon to procure organs from donors in hospitals that had been recruited into that particular transplant center's stable. This frequently led to squabbles over organ ownership between centers in geographical proximity and clearly was an impediment to the fair and unbiased treatment of our patients. For example, just twenty years ago, there were almost twice as many hospital based OPOs as there were independent ones. It was the latter, however, that organized themselves by establishing the Association of Independent Organ Procurement Agencies in 1984.

Over the next four years the organization grew both in numbers and stature, culminating with having its standards adopted by the Health Care Financing Administration to serve as the requirements for federal certification of both independent and hospital based OPOs. In recognition of this, in 1988 the association dropped the word "Independent" from its name and became the Association of Organ Procurement Organizations, or AOPO as we know it today. AOPO prides itself as being a professional organization dedicated to the special concerns of all OPOs, and is best described by its mission. This is to: "represent and serve organ procurement organizations through advocacy, support, and development of activities that will maximize the availability of

organs and tissues and enhance the quality, effectiveness, and integrity of the donation process.”

In its short history AOPO has made several noteworthy contributions to the field of transplantation. These include: the development of a voluntary accreditation program for OPOs, a process in which, I may add, all of our OPOs feel obligated to participate; the development of the “Medicare Hospital Conditions of Participation” policy which gave to the OPOs the responsibility for organ, tissue, and eye donation in the United States; and most recently, aiding Congress with passage of the major OPO certification reform legislation enacted in 1999.

In addition, AOPO has developed a self-help program for OPOs with substandard performances. This voluntary process, called the Technical Assistance Program, promotes the evaluation of such programs by peers from successful OPOs who can in turn provide performance enhancing advice. Having witnessed this process first hand in my own regional OPO, I can attest to its usefulness. Of perhaps even more importance, AOPO is now embarking on a project in conjunction with the US Department of Health and Human Services, UNOS, and Roche Laboratories, to develop a better tool for accurately estimating the number of potential donors for each OPO service area so that meaningful determinations can be made regarding individual OPO efficacy. With this new program, AOPO hopes to identify best practices that will lead to the achievement of superior rates of donation throughout the country, a goal to be applauded by all of us here today. In parallel efforts, AOPO is also conducting a national retrospective death record review to help determine the real extent of the missed opportunity in organ donation and is leading in the effort to “consider missed medically suitable potential donors and lack of

timely referral as serious medical errors, to be treated by hospitals no differently than other adverse healthcare events.”

AOPO, its member OPOs, and their many hundreds of dedicated procurement and preservation specialists, are essential and valued members of the transplant team, and as such, deserve our deepest gratitude for a job well done. On behalf of the American Society of Transplant Surgeons, I wish to thank AOPO and all of our colleagues in the field of organ and tissue procurement for being our teammates.

NATCO

Where would we be if it weren't for the dedication, hard work, and untiring availability of our transplant coordinators. These nurses and physician's assistants work daily by our side to help identify, evaluate, counsel, educate, list, locate, call in, perform in-hospital liaison, and then follow our patients after transplantation. Needless to say, we would “be up the creek without a paddle”. These thousands of individuals have their own professional society, the North American Transplant Coordinators Organization, or NATCO, an organization that I also suspect is unfamiliar to most transplant surgeons and physicians.

NATCO also had its beginnings in the mid 1970s when a group of 25 transplant coordinators met to discuss the need for a professional organization that could meet the educational needs of those in the profession. NATCO was officially incorporated in 1979 and held its first meeting in Chicago in that same year. Since that time the NATCO membership has grown to nearly 2000 individuals and the organization has made many very important contributions to the field of transplantation, one in particular, I suspect most of you are not aware of. In 1982, recognizing the need for transplant coordinators

to process donor information quickly in order to match recently procured organs with patients in need, it began to develop its “24- Alert Organ Acquisition System, as a voluntary and informal means to expeditiously allocate organs. Over the next several years, NATCO perfected this system and in 1984 established the “24-ALERT” national telephone hotline to be used by its members and also began to ecru statistics from its use. So impressive was this system that it was adopted by UNOS in 1986, and eventually evolved into the national computerized organ allocation system we all use today.

NATCO’S primary goal is to provide education for its membership as is reflected in its mission statement which is “. . . to provide educational programs and assistance to the transplant coordinator in the performance of his or her role.” To this end, in 1982 NATCO began conducting biannual educational forums particularly geared for those new to the field. In addition, NATCO, along with the American Association of Critical Care Nurses, developed a certification examination to be taken voluntarily by all transplant coordinators that would lead to earning the title “Certified Clinical Transplant Coordinator” or “Certified Procurement Transplant Coordinator”. This evaluation process, which first began in 1988, is currently performed under the auspices of the NATCO subsidiary organization, the American Board for Transplant Certification.

NATCO also publishes a scientific journal, originally called the “Journal of Transplant Coordination” which first appeared in 1991. The journal has recently changed its name to “Progress in Transplantation.” Finally, NATCO fosters research, is expanding its mission to include the families of organ donors in addition to transplant patients, and is an important contributor to the development of public policy as it pertains to the field of transplantation. Words cannot adequately express the gratitude that all

transplant surgeons and physicians feel toward NATCO and its thousands of members, for without a doubt, we would not be where we are today if it weren't for you. On behalf of the American Society of Transplant Surgeons I wish to thank all of our transplant coordinators for being loyal and dedicated teammates.

Needless to say, each of these three organizations, ASHI, AOPO, and NATCO, have accomplished much more than I could describe in the time allotted for this address and I trust all of you in the audience are aware of their indisputable importance to us as colleagues. As a demonstration of our collective gratitude, I ask all of you to give these three organizations an ovation of appreciation for being our trusted and invaluable teammates in transplantation.

FAMILY

Before I conclude my remarks, I would be more than remiss if I didn't acknowledge my most revered teammates in life, my family. Barbara, my wife of 31 years, has stood by me from my early days in medical school; through the years of residency and fellowship when there was no 80 hour limitation on the work week; to the many years that followed when it seemed like I was always "on call"; to the present, with its never ending list of out of town trips. Andrew and Laura, I know I missed some important events in your life as well. Please be assured that my heart was always with you and that I am very proud of the adults you both have become. I thank all three of you from the bottom of my heart for being my most valued teammates in life.

In closing, I wish to leave you with the charge that we all must strive to be better teammates for each other. We must learn to respect each other for the dedicated efforts and unique knowledge that we all bring to the field, and to foster the growth of each of us

in our own disciplines, all for the betterment of the transplant team. For as the old sports cliché states: “There is no I in team!” We must all recognize this and work together for the wellbeing of our patients, not in opposition to each other because of traditional rivalries, turfs, and prejudices. The days ahead are not going to be easy particularly as our programs continue to be stressed by the shrinking health care dollar. We must continue to work together as true transplant teams because to do otherwise will most certainly lead to the undeserved detriment of our patients.

Finally, I’d like to quote from perhaps one of the quintessential teammates of all time, Yogi Bera of the New York Yankees, Bill Harmon’s favorite baseball team, who said, among other things, “It ain’t over til its over!” For me, however, it is over. Last night the ASTS leadership passed to Dr. Avi Shaked of the University of Pennsylvania. Avi, I am very pleased to hand over to you a society that is alive and well, and getting stronger each day. I wish you the best of luck for leading us through another successful and prosperous year. I greatly appreciate the help and guidance you have given me this past year and I thank you for being my teammate.

Thank you all very much for being my teammates.

