

PRESIDENTIAL ADDRESS FOR THE ASTS:

It has been one of the greatest honors of my career to have served the Society this past year as its 24th president. There are many to thank for their help over the past year: Hans Sollinger gave generously of his time and freely of his ideas; Josh Miller, your new president, gave the year a certain questioning stability; Katrina Crist, in her first year as our Executive Director, established a central office and a sophisticated communications hub for the Society; all of the committee chairs; and, especially Avi Shaked, whose energy and work seem limitless, in ever improving our program, and Henry Desmarais, who holds a unique and special place in the history of our Society. I would like to thank my kids, Melissa, Jason, and Meredith, for those many years of being there and for forgiving the missed soccer games, hockey games, and tennis matches. They tolerated, yet still accepted and loved their father for what he is.

This is the year that was
or
“The future is all ahead”

Earl Bruce
OSU football coach
1982-1989

During his tenure as football coach at OSU, Earl Bruce was the Yogi Berra of college football. Like Yogi, many of Earl's truisms also contained truth. I am going to speak today about the future. It is “all ahead”, the future of our Society. It has been a busy year. A year that has forced change, transition, and controversy. When the times seem unsettled within an organization, it serves all well to look to the organization's history and to clarify the core assumptions upon which the organization was built and see if those assumptions continue to fit

the reality of changing times. To do this with the ASTS, we must look to our roots as a Society. History is never an objective recollection of fact. Perception of the needs of the present moment tends to influence our view of the events of the past. So it is, as we enter the 25th year of history of our Society and, as we look back at the ASTS as viewed in the context of the events of 1998.

It all began in the winter of 1974. Transplantation was in its infancy and Congress had recently passed sweeping legislation that, for the first time, gave Medicare entitlement to a population with a specific disease and created, within Medicare, the End-Stage Renal Disease Program. The times generated great expectations of the therapeutic benefit of renal transplantation despite its newness. Implicit in the discussions proceeding the establishment of the ESRD Program, the Gottschlak report, for example, and within Medicare, there was a sense that transplantation could almost provide a “cure” for ESRD. In an effort to discuss the implementation of renal transplantation within the new End-Stage Renal Disease Program, the Social Security Administration called together a small group of surgeons involved in renal transplantation. Dr. Fred Merckle, then of Northwestern in Chicago, organized the meeting for the Social Security Administration. Also present were Aaron Bannett of Mt. Sinai Medical Center in Philadelphia and Russ Lawson, a urologist from the University of Oregon. The Baltimore gathering stimulated in these three, a real need to organize the transplant community in the United States. At the time, only surgeons were involved in transplantation. There were no transplant physicians and enthusiasm for a new surgical society was limited. Drs. Merckle, Bannett, and Lawson were not the most prominent of transplant surgeons, but they were dedicated and they did have a vision in seeing the need for the new organization if the patients were to be served with transplantation within the End-Stage Renal Disease Program. A small organizing committee met

at O'Hare Airport in the spring of 1974 to proceed with establishing a Society. Following this meeting, Aaron Bannett solicited members by mail and chaired a nominating committee to draw up the first slate of officers. Tom Starzl, the ASTS Pioneer Award winner of this year, was coaxed into accepting the first presidency. Apparently, Tom was not initially enthusiastic about a new Society. There were already many meetings and societies and neither time nor purpose seemed compelling at the moment. After several discussions with Bannett, however, Dr. Starzl accepted the offer from the nominating committee. Letters were sent by Bannett to those he knew were actively involved in renal transplant surgery. By August of 1974, 126 had responded affirmatively to join the new organization of transplant surgeons - the ASTS was conceived.

In October of 1974, the American College of Surgeons met in Miami, Florida. On October 21st at the Eden Rock Hotel, an organizing meeting of the new transplant Society was held.

Invitations had been sent to all surgeons who had responded to Dr. Bannett's solicitation. Fred Merckle chaired the meeting. Russ Lawson had incorporated the Society in Oregon and a mail ballot of the charter members had adopted the name, The American Society of Transplant Surgeons. At the same time, Dr. Bannett's nominating committee's first slate of officers had been nearly unanimously accepted. Dr. Starzl assumed the presidency and, at this meeting, Jerry Rosenberg was charged with writing

the by-laws, Jerry Turcotte was asked to chair the membership committee and develop membership criteria for the Society. Dr. Tom Marchioro was to put together the program for the first annual meeting which was to be held in Chicago in the spring of 1975. Nearly 25 years ago, the ASTS was conceived in Baltimore, had gestation in Chicago and Miami, and was "born", as Dr. Starzl metaphored in his first presidential address, in Chicago in 1975. It is most instructive

to review the debate and discussion of those early defining times of the American Society of Transplant Surgeons. From the Miami meeting, the

ASTS Purpose Miami, 1974

- to be the voice of transplant issues in the United States
- to develop national education programs to increase organ donation
- to have an annual scientific meeting

purpose of this Society was threefold: 1) to be the voice on transplant issues in the United States; 2) to develop national education programs to increase organ donation., and 3) to have an annual scientific meeting.

In the reading of old minutes and correspondence of the transaction of the Society, three issues have tended to surface and re-surface again over time and create debate, discussion,

Issues constant in the history of ASTS

- membership - exclusivity
- politics - distance, reticence
- organ donation - ambivalence, conflict of interest

and divergence of view within the Society concerning the role of each of these three issues in our mission. They are issues of membership, politics, and organ donation. Nearly every council has

dealt with one or another of these issues. Always with debate and controversy. Rarely with a resolve to change the status quo. Discussion of each issue over time can be described by key words: with membership, it was exclusivity; with politics, it was distance and reticence; with organ donation, it was ambivalence and perceived conflict of interest. In looking ahead, the future requires that we, as an organization of the transplant community clarify our mission with respect to each of these issues. I should like to give you my thoughts about these three.

The identity of any organization is given by the sum of its individual members. At the first annual meeting in 1975, Jerry Turcotte gave the report of the membership committee.

Original membership criteria 1974

- transplant surgeon
- eligible for American Boards
- training or equivalent experience in transplant for one year
- clinically active in transplant
- one publication as first author dealing with transplantation
- sponsored by a member ; endorsed by two others

There were six criteria proposed for membership in the ASTS. The Society was to be a society of surgeons and; therefore, the membership criteria were defining as a homogenous and limited body. The criteria were members must be transplant surgeons eligible for American Boards of a surgical specialty related to transplantation. They must have one year of transplant surgery training or equivalent clinical experience and must be active clinically as part of a transplant team. They also must have contributed to the field by publishing at least one first authored paper dealing with clinical transplantation or transplant science. They also must be sponsored by one member and endorsed by two others. Surgeons had pioneered and developed all of solid organ

transplantation. In 1974, surgeons were the only ones with the experience, expertise, and interest to carry forward transplantation, so it was reasonable, at that time, to endorse the surgically exclusive criteria.

In 1984, the membership by-laws were amended to require board certification instead of board eligibility by an appropriate surgical specialty board. It is interesting to note that, during the discussion at the first ASTS meeting concerning membership, Dr. Turcotte commented on the criteria by saying “The intent was not to write these [criteria] in

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Jerry Turcotte
Membership Chair
1975, Chicago

concrete forever. We are a new organization and we may want to change things in the future.” There was discussion and divergence of views concerning non-surgeon members. “Associate” membership was proposed for discussion by the members of the membership committee. No decision could be reached and the issue of non-surgeon members was

“defer this decision [on non-surgeon membership] until we see how the Society evolves and if we need an associate membership”

Jerry Turcotte
Membership Chair
Chicago, 1975

deferred by Dr. Turcotte, the consummate diplomat, saying “defer this decision [on non-surgeon members] until we see how the Society evolves and if we need an associate membership category.” Since 1984, the entire field of transplantation has evolved. It has expanded in scope and in the diversity of stake holders. One could reasonably ask whether our Society has evolved and adapted to the evolution and expansion of the field itself.

Subsequent councils of the Society were periodically faced with the same two issues of membership that could have changed the makeup and, therefore, the identity of our Society. The discussions since the 1984 amendment have centered around broadening the criteria and making the Society more inclusive of all those actively involved in the field of transplantation rather than becoming more restrictive and surgically homogenous as the history of the first ten years would suggest. In 1996, the last by-laws change on membership created the “surgical scientist” category to accommodate within our ranks non-surgeons whose scientific interests and careers have been in transplantation. To date, one individual has afforded himself the opportunity opened by this membership criteria change. One could argue that this was an adaptive response that was too little and too late. The ASTP; however, has experienced rather dramatic growth

over the last several years including in its ranks many transplant surgeons. A simple look at meeting registration numbers and the number of abstracts submitted and accepted for the annual meetings of both the ASTS and the ASTP over the past several years tells the story of a membership policy that is inclusive as with the ASTP or exclusive as with the ASTS.

Abstracts submitted to annual
meeting

	<u>ASTS</u>	<u>ASTP</u>
1995	388	672
1996	401	896
1997	451	994
1998	422	1122

Over the past three years, the ASTP has experienced a 67% increase in abstract submissions; the ASTS only 5%. In 1998, 700 more abstracts were submitted to the

Abstracts accepted to annual meeting

	<u>ASTS</u>	<u>ASTP</u>
1995	68	464
1996	71	653
1997	314	725
1998	244	752

ASTP than the ASTS meeting. Many of these abstracts were from surgeons. This year, there were 508 more abstracts accepted at the ASTP meeting than the ASTS. Meeting

Registration annual meeting

	<u>ASTS</u>	<u>ASTP</u>
1995	768	1,117
1996	797	1,570
1997	985	2,048
1998	*641(20%↓)	*1,597 (4%↑)

*pre-registration

attendance also speaks to our position. In 1997, the ASTP had 1063 more registrants than the ASTS. The ASTP has experienced an 83% increase in registration while the ASTS experienced a modest increase.

If we, as a Society, continue on our historical course, we will increasingly isolate ourselves from the rest of today's transplant community, including the transplant biologists, scientists, transplant physicians, and others. The inevitable consequence is that the ASTS will regress to a smaller scientific club with ever decreasing interest in our meeting due to the larger and more diverse meeting alternatives that are available. Such an end might well be a laudable goal in itself if, in fact, that is what the membership desires. Such a status quo driven course would not require a re-affirmation of purpose or mission. It would be an easy course for it would not necessitate change. There is another course, however. We, as a Society could choose to review and clarify the core values and assumptions upon which our Society was founded and apply them to a more complex and diverse time and a larger transplant community, and partner only with those who share our values.

To establish such partnership, we must solidly articulate our own core values and again partner only with those whose values are consistent with ours. I personally would

The new order in American transplantation

- inclusive
- disciplined governance
- multi-purposeful
- patient focused
- established on the original three tenants of the ASTS

recommend that the membership follow the latter path and that we form a new order in the field of American transplantation; one that is inclusive and encompasses all of those whose scientific and clinical lives and careers are immersed in transplantation. It would be disciplined in design and governance structure. It would be a multi-purpose organization with a patient focus and dedicated to the three original tenants of the ASTS - to be the authoritative and respected voice of transplantation in the United States; to conduct a broadly based annual meeting of quality information and report important notes of progress in the field of transplantation science and medicine; and to provide a platform to promote organ donation so as to maximize the benefits of transplantation to all of those who had entrusted us with their care.

Over the past three years, we have begun a process to initiate such a partnership with the ASTP. The annual meeting was the initial partnership focus. Mike Abecassis worked hard and diligently to begin the combined program sessions of the annual meeting of the ASTS and the ASTP. Avi Shaked has continued and expanded that initiative to have an increasing portion of

both societies' meetings shared, and to combined the post-graduate courses. The early steps of this partnership have worked extremely well to the benefit of the membership of both societies. We should recognize with thanks Drs. Abecassis' and Shaked's efforts.

Other initiatives over the last year have included the formation of a joint council of both societies to discuss more fully integrating the ASTS and the ASTP. A task force of members of the program committees is planning a single meeting for the year 2000. There are many details to work out, but the spirit of cooperation is gratifying and excellent progress is being made. Of concern to the leadership of both the ASTS and the ASTP is the maintenance of identity of each group within the larger organization. This is possible and several alternatives are actively under discussion to accomplish this goal and ease the fears that some may have. The benefits of forming a new organization along with our clinical and scientific colleagues are obvious. There seems to be no compelling reason of substance not to continue to move forward.

The second issue consistently in play and discussion from the beginning council of the ASTS is whether the Society had or has today a political mission. The answer is, of course, we are and, of course, we do. The ASTS was conceived in a political environment at the Society Security Administration. It was born during the implementation phase of the End-Stage Renal Disease Program. The ASTS guided and nurtured the National Organ Transplant Act of 1984 and significantly influenced the expansion of UNOS and the acceptance by HHS of UNOS as the OPTN contractor. To deny a public policy function of the Society is indeed to deny a fundamental reason for our being. This is clearly stated in Article II of our by-laws originally written by Jerry Rosenberg in 1974.

ASTS Purpose

The Society shall collaborate with existing public and private organizations to promote and encourage education and research in Transplantation Surgery and will participate and assist in the coordination of efforts or formulation of programs by all physicians, agencies, and health personnel which will provide maximal efficiency and optimal benefit to recipients of organ transplants.

-Article II of the Bylaws

“The Society shall collaborate with existing public and private organizations to promote and encourage education and research in transplantation surgery and will participate and assist in the coordination of efforts or formulation of programs by all physicians, agencies, and health personnel which will provide maximal efficiency and optimal benefit to recipients of organ transplants.”

Transplantation in the United States has grown from a scientific endeavor limited to a few academic departments of surgery into a socioeconomic and political phenomenon only one part of which is science and surgery. To be leaders in the field of transplantation, we must be more than scientists and clinicians if we are to serve the needs of our patients and continually see progress in our field. We need also to be aware of societal and political realities. We function in arguably the most scrutinized public and regulated area of all of

The ASTS and Transplant Politics

“to ignore is to abdicate, to abdicate is to accept others’ decisions and ideas that directly affect our patients and ourselves”

medicine. To ignore the politics of transplantation is to abdicate decision making and require us to accept the ideas and decisions of others about the future of our patients and of ourselves. I personally see this posture as incompatible with the surgical personality! We, as a Society have always been a political body, yet we have consistently told ourselves and the world around us that we were not political, but merely a scientific organization. For reasons known only to history, we have resisted or been unable to accept the challenge and responsibility of effectively functioning in a sustained and meaningful way in a political arena. If, in the future, we are to be the respected voice of transplantation in the United States, we need to allow the maturation and evolution of that dimension of our organization that can effectively lead and influence public policy and public perception. We need not abdicate that responsibility but, in fact, as a Society, should engage the challenge and develop the tools and process so that public policy decisions concerning the difficult issues in transplantation can be strongly influenced by us with the dignity, depth, respect, and responsibility for which such decisions deserve.

Since the contract was issued between the Government and UNOS as the OPTN, members of the transplant community have viewed UNOS as their political arm. UNOS provides a private statutorily mandated forum for the development of national policy in transplantation, but it should not be viewed as the transplant community’s liaison with government. We need to

participate in the deliberations and policy making functions of UNOS, but we also need to independently have a recognized and authoritative voice to Congress and HHS so that our views can be heard independent of any other agency or voice.

In 1998, the politics of transplantation reached a new height. As president, I was forced to decide whether the ASTS would take a stand or remain silent and ignore the political process. We polled the Society and became active in speaking out for what were issues of substance and in need of response. I believe our actions have been sound and, not only appropriate, but essential. In fact, they should represent only a beginning of how we, as an organization of transplant surgeons, can effectively speak as one mobilized force that can, indeed, influence policy.

The third issue that has woven its way throughout the fabric of our Society is an attitude and, I must say, ambivalence concerning organ donation. There is an aspect of the human experience that is unique to transplantation - the true human realization of the literal giving of a part of one's self for the life of another. For those who have experienced it, this becomes a powerful force of good. The altruistic gift of organ donation is the lifeblood of our field. The first Miami meeting of the ASTS realized this and pronounced as one of the

Original ASTS purpose Miami, 1974

“Develop a nationwide educational program to help increase the number of organs available for transplantation.”

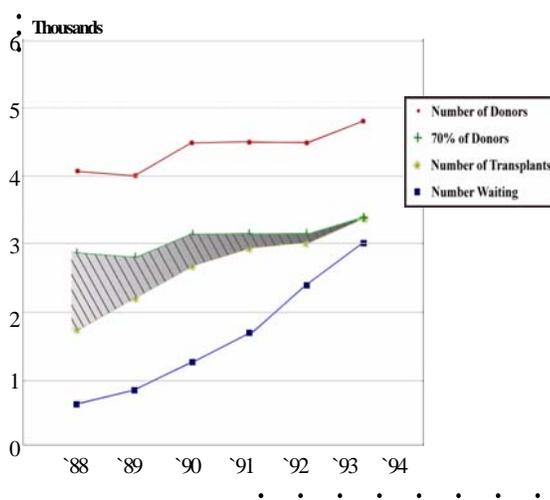
fundamental purposes of the organization to “develop a nationwide educational program to help increase the number of organs available for transplantation.” It was then and remains today the single biggest issue in transplantation. Curiously, as a Society, we have been unable to rally the resources or energy required to fulfill this early defined purpose of our organization. This has been a frustration of past presidents. Jim Cerrelli, President in 1981, commented he viewed his inability to mobilize the Society to make a meaningful effort toward increasing organ donation as a failure. Gil Diethelm in 1992 dedicated his entire presidential address to education in organ donation. Yet, as a Society, we have never translated a commitment to maximize organ donation in this country into programs in which to accomplish this, one of our primary core goals.

Transplant with no organ shortage

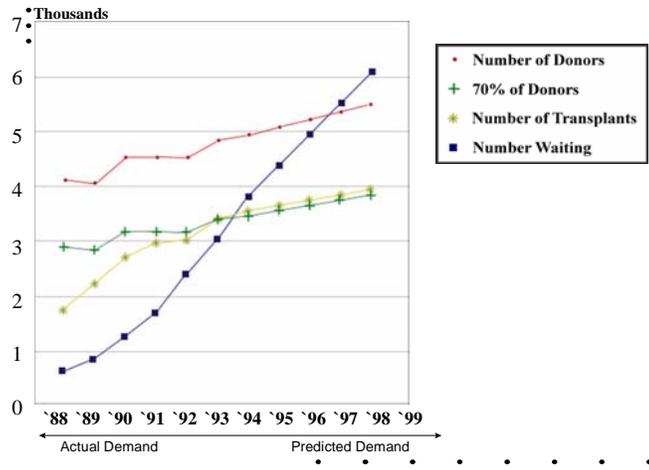
- serve all patients in need
- no need for government regulation
- no arguments about allocation (nationally)
- OPTN would be a scientific repository
- transplant would not be political
- we could be a pure scientific club

To stimulate thought, let us muse a bit at what transplantation would be like without an organ shortage: 1) we would be able to serve all of our patients in need in a timely fashion; 2) there would be no need for government regulation; 3) we would have no arguments about allocation or rationing of organs; 4) the OPTN could be a scientific repository of clinical transplantation and a communications tool; 5) transplantation would not need to be political; and 6) we could be a pure scientific organization.

We are currently in a crisis. The need for all organs is great, but the demand for donor livers has so outstripped the supply that it has created a firestorm of multiple agendas.



The problem really began in 1993. Up until then, the ratio of potential patients listed to liver donors was greater than one. There was a reserve in the national donor liver supply that became exhausted in 1993 at a time when the number of liver transplant programs



expanded. The lists grew, the number of patients exponentially increased and the problem was compounded. We cannot immediately solve this problem, but we can and should manage it. The only real solution is to increase the organ supply. Our goal, as a Society, should be to do what we can to realize the full organ donor potential in the United States. Until this benefit is realized, we must help manage the organ shortage to achieve the maximum benefit for the maximum number of our patients while, at the same time, ensuring equity in access for those in greatest need. The UNOS organ specific committees are comprised of many of our membership. This is as it should be. All of our members who serve on these committees should focus not on the parochial interest of themselves or their centers, but on the application of sound fundamental principles in the making of good public policy for all. In addition, our Society should work directly with Congress and Health and Human Services to share with them our thoughts, our experience, and our expertise in carrying out their oversight and legislative functions in managing the organ shortage.

Finally, I would like to share with you a most exciting development of my Presidency - an initiative just begun in the closing days of my term that I am proud to bequeath to my successor, Josh Miller, to be nurtured and carried forward to what I believe is its enormous, ennobling

potential in the weeks and months ahead. This initiative is a campaign designed to increase organ donation called the “ASTS First Family Pledge.” It’s really a simple idea, designed to add to and enhance the wonderful work being done by the Coalition on Donation, the Partnership, AOPO, the individual OPOs, the hospitals and the many other organizations and individuals who have been laboring long and hard on this challenge. The idea behind the First Family Pledge is to get America’s leadership families - from the President and Vice President, on through the Cabinet, Members of the Congress, Governors, Mayors - to sign a pledge, a contract if you will, with their families, to donate their organs in the event of death to provide life for the loved ones of others.

Our hope is that a year from now, every American aspiring to public leadership will have joined in helping forge a long-overdue national consensus that being an organ donor is the most ennobling of human acts, and the right thing to do.

In launching this effort, nothing could make me prouder than to announce that the ASTS First Family Pledge Campaign will be honored by having as its honorary co-chairs two Americans who in recent weeks have received a small measure of the acclaim that they rightfully have been accorded in Italy, Reg and Maggie Green.

I am sure you all know the story. And the Green’s, whose inspiring act of donation was the subject of the recent movie “Nicholas’ Gift,” are here with us this morning to symbolically become the First Family to sign the ASTS First Family Pledge.

As I mentioned, in the course of the weeks and months ahead we are going to be asking Senators, Members of Congress, Governors and all those aspiring to public leadership to sign the ASTS First Family Pledge. With us this morning are Secretary of State and Mrs. George Ryan. While this effort is totally non-partisan, and we hope to sign up every Democratic leader as well as every Republican, we are pleased to honor Secretary of State Ryan's longtime leadership in the organ donation area by asking the Secretary, who is running for Governor of Illinois, and his wife to become the first elected family to sign the ASTS First Family Pledge.

In the weeks and months ahead, we also are going to be trying to enlist America's leading companies as corporate supporters of the ASTS First Family Pledge Campaign. One of the things we are going to ask them to do - in addition to providing financial support - is to encourage members of their corporate family to sign the ASTS First Family Pledge. Because in our view every American family that has made the commitment to organ donation is one of America's First Families - and we would like to honor that by giving every family the opportunity to sign the ASTS First Family Pledge. So I am pleased to announce that United Resource Networks, which is part of the United Healthcare Corporation, has stepped forward as a charter Corporate Supporter, and in the next week United will be calling on the parent company's 30,000 employees all over the country and urging them to sign the ASTS First Family Pledge. We hope we will have a number of additional announcements to make in this area in the days ahead.

In closing, I hope you all share the great excitement I feel over how our society is returning to one of its fundamental purposes in seeking to help lead the way to realization of the true organ donor potential in the United States.

It has been a tremendous year, I thank you all for the great privilege of leading the Society into this new endeavors, and I wish Josh godspeed on his journey through his Presidency.

Thank you.