The Status of the American Society of Transplant Surgeons on its 10th Anniversary

OSCAR SALVATIERRA, JR., 1983–84

It is a privilege and a pleasure to stand before you today as the tenth president of the American Society of Transplant Surgeons. This meeting not only commemorates the 10 years of existence of our society, but—more than that—it provides me with the opportunity to review and chronicle some of the many achievements our society has made during the past decade. At the conclusion of my presentation, I know you will join with me in agreeing that our society has established itself as the central forum for discussion of organ transplantation—it has been strong, vigorous, and credible in directing the course of transplantation in the U.S. This achievement is primarily due to three factors: first, our society has always had a scientific orientation; second, our society's scientific orientation has always been balanced with equally important humanitarian goals; and third, our society's scientific and humanitarian achievements have only been made possible by the intense interest and cooperative efforts of our society's membership itself. Herein lies the strength of our society—our scientific orientation, our humanitarian goals, and our members. These are the specific subjects I would like to address today.

Our society's commitment to the advancement of the science of transplantation has provided a yearly forum for the exchange and critical evaluation of clinical and basic scientific research in the field. One has only to review how the quality of the scientific program has improved with each advancing year to recognize what we have been able to accomplish. The scientific program this year probably represents the best such program— and I expect that the program next year will be a further improvement.

This year's activities have also produced several new efforts for the advancement of transplantation science. One important innovation in our usual program is the introduction of a panel to discuss a timely issue in transplantation—and its practical

significance as we make this therapy available to our patients. In this inaugural year of the panel, we have chosen to address the impact of cyclosporine on renal transplantation as well as the relevance of pretransplant blood transfusions and tissue typing. This year's multidisciplinary panel earlier this afternoon was well-received. I would like to acknowledge that it was made possible through the cooperative efforts of our transplant nephrology colleagues. Also important in the advancement of transplantation science have been the many programs sponsored by our Scientific Studies Committee. This year's Biometrics Program, under the chairmanship of Everett Spees, was no exception—and, additionally, it enjoyed the cosponsorship of the American Society of Transplant Physicians.

Other innovations this year include an award for outstanding research by a transplant resident or fellow. This award has been made possible through the generous support of the Upjohn Company. Likewise, this year we are pleased to announce an ongoing funded transplantation fellowship that will encourage the training of transplant surgeons skilled, not only in the clinical aspects of transplantation, but also in the immunobiology of transplantation. Each training grant will be for $25,000 per year for a two-year period, and it will be awarded each year commencing in 1985. However, in 1985 two awards will be made, one of which will be a one-year award given on a onetime basis, to allow for subsequent yearly staggering of the two-year awards. Our extreme gratitude is extended to the Sandoz Corporation for its generosity in making these awards possible and for the commitment they share with us to advance the training of well-qualified transplant surgeons.

Another extremely important activity during the past year has been the well-coordinated, cooperative effort by members of our Standards Committee on Organ Preservation and Sharing, under the chairmanship of Nick Feduska, and the NIH, under the direction of Ken Sells, to advance the concept of, and develop standards for, multiple-organ procurement.

In addressing the scientific advancement of transplantation, special acknowledgment should also be made to two individuals. Anthony Monaco deserves mention for his efforts in developing a special yearly issue of *Transplantation* that provides for the publication and dissemination of scientific papers presented at our annual meeting. John Najarian, through his Education Committee, has provided standards for, and an ongoing means for certification of, graduate education programs in transplantation surgery. This training not only includes surgery itself, but also provides instruction in the basic sciences as they relate to the physiology, pathology, and immunobiology of transplantation.

I have briefly enumerated our society's commitment and progress in advancing the science of transplantation. Equally important, however, has been our society's commitment to making this therapy more accessible to patients who can benefit from transplantation. The recent advancements in the technology and performance of human organ transplantation have been rapid and dramatic in their results, and as a society, we are extremely gratified by the improved success of transplant procedures. But because we recognize that an increased number of patients can now be restored to productive and fulfilling lives, our society is striving for a major humanitarian goal: to

make the benefits of this therapy more accessible to patients requiring transplantation. During the past year we have identified certain problem areas that have made transplantation less than optimally accessible to patients. We have sought political assistance in resolving these difficulties, by sponsoring and supporting legislation that provides solutions to some of these problems—legislation that is truly patient-helping legislation.

We have particularly addressed six areas, which are now well familiar to you: (l) organ shortage and the need for assistance for local organ procurement; (2) the need for an improved nationwide transplantation network that would more effectively deal with national placement of organs that cannot be used in the region of procurement—and, in addition, provide for regional pooling of sera of hyperimmunized patients, so as to optimize the opportunity of those patients to be matched with compatible crossmatch-negative organs; (3) the need for a scientific registry for all organs; (4) the need to modify the current reimbursement system, which has proved to be a disincentive to transplantation; (5) the problem of purchase and sale of organs; and (6) a means for further assessment of the problems faced in transplantation. Our efforts to help our patients thus far have been quite effective: most of the areas mentioned have been embodied in the Gore bill before the House of Representatives, and some have also been included in the Hatch bill before the Senate. These bills as developed, therefore, are truly patient-oriented bills.

I would now like briefly to address one of the areas mentioned—that is, hospital and drug reimbursement. We have been particularly disturbed by the inequitable access of patients to transplantation of organs for which appropriate reimbursement mechanisms do not exist. In these cases, transplantation has often become dependent on public fundraising campaigns that favor the patient with media appeal. We have also been disturbed by the difficulty some patients have had in obtaining better drug therapy—more specifically, cyclosporine—because they are unable to afford it. As surgeons dedicated to helping and providing optimal therapy to all patients in need of transplantation, it has been difficult for us to be forced to apply an economic means test before a transplant, to ascertain whether a patient could receive the better drug therapy, cyclosporine.

We all recognize that cost-effectiveness of medical care is a central health care issue today. In the specific case of end-stage kidney disease, kidney transplants are a more economical therapy and afford a greater potential for rehabilitation than long-term dialysis. The number of kidney transplants performed each year could be realistically increased from 5,000 to 8,000—and perhaps even to 10,000. Just maintaining this greater transplant level yearly, with the current improved rate of success of cadaver grafts with cyclosporine, would ultimately produce enormous savings, and many more patients would be returned to normal productive lives. The case for heart and liver transplants may be even more impressive. Not only do they have the potential to provide a cost saving when compared with the alternative treatment and (the care these patients must receive until they die), but it is the only therapy that makes possible the survival and rehabilitation of these patients. Unfortunately, the present reimbursement system has, for the most part, made it easier for potential heart and liver

recipients to be maintained in a costly, critically ill state until death than to be restored to normal life by transplantation.

I am pleased to announce that a cyclosporine provision has been reinstituted into the Gore bill. However, the provision to provide reimbursement for nonrenal organ transplants has been deleted for the present. Nevertheless, through our society's articulation of the needs of these patients, and their inequitable access to transplantation, we have aroused the conscience of the nation, so that a number of commercial insurance carriers and Medicaid programs are now opting to provide some reimbursement for nonrenal organ transplants—therapies that are life-saving and cost-effective when compared with costly alternative medical care, which can only maintain patients until death, but which is already fully reimbursable. What we have attempted during the past year is well known to all of you, because we have interacted with Congress to provide solutions to many of these problems. I have tried to keep you informed through timely communications about the progress we were making in the legislative process. We, as transplant surgeons, have looked at these issues, not according to whether they were Republican or Democratic issues, but purely on their merits. We are particularly pleased at the time of this meeting to realize the nearly successful culmination of our efforts. As indicated earlier today, the National Organ Transplant Act now before Congress appears almost to be a reality. Presently the Senate and House are about to meet in conference committee to resolve some of the differences between the legislative measures before them.

Certainly the problems facing organ transplantation are not solely the responsibility of the federal government. The most important contribution of federal legislation in this area has been to provide leadership that can result in a more effective public and private partnership. We must make every effort to assure that the technology that has made this country the world leader in the field of organ transplantation is available to those citizens for whom it is appropriate therapy. This is the humanitarian goal that complements the scientific direction taken by our society.

As we review the scientific accomplishments and humanitarian achievements of our society, not only during this past year but in previous years, we must acknowledge that attainment of each has been possible only because we have developed an effective organization, based upon the cooperation and unselfish efforts of our membership. The response of members of our society to my requests for intercessions and letters to members of Congress in support of patient-helping legislation was perhaps the most instrumental activity resulting in the favorable progress of our legislative efforts. In addition, I must particularly acknowledge a number of our members who never hesitated to respond and participate in Congressional testimony when requested. I can only list the last names alphabetically, because they have all made important contributions. We are extremely grateful, therefore, to: Nancy Ascher, Ben Barnes, Fred Belzer, Tom Berne, Nick Feduska, Ronald Ferguson, Barry Kahan, Robert Mendez, Anthony Monaco, Norman Shumway, Tom Starzl, and Mel Williams. Also critical to the success of our efforts have been the members of our Board of Directors, who were extremely helpful in offering good judgment and counsel as we approached many important issues during the past year.

Our past presidents in particular must be individually acknowledged. They deserve an immense amount of credit and debt of gratitude for their continued efforts on behalf of the society. It is unique that, in addition to the work and effort expended by each when president of the society, they have continued to provide support and counsel in a way that foster the continued growth and strength of our society. Tom Starzl was our first president and was responsible for the initial organization of our society. Despite his other time-consuming activities, Tom has been particularly and unselfishly helpful to me during the past year with counsel—and, in addition, on the numerous occasions when he has accompanied me to provide Congressional testimony in Washington. Fred Belzer, Jim Cerilli, John Najarian, and Mel Williams, as well as Jerry Turcotte, Richard Simmons, Tom Marchioro, and Fred Merkel, have also made themselves available to provide important counsel and support during the past year. In addition, Jerry Turcotte has recently chaired an ad hoc committee that developed guidelines for the newly established competitive fellowship award.

As is clearly evident, our society has established itself as a pillar among professional organizations. Most important, it serves as the focus and center for scientific advancements in the field, and has maintained concurrent humanitarian sensitivity to the needs of all patients requiring organ transplantation. These achievements, as mentioned before, have only been made possible by the genuine interest, commitment, and cooperative efforts of the members themselves.

But now that we have examined where we have been, and where we are, it is time to look also at what we must do in the future. Certainly our principal objective must be to continue to support the scientific and humanitarian goals that I have addressed. This will provide the principal basis for the continued growth and effectiveness of our society. On a more specific level, though, there are four areas that will require our special attention during the coming year.

1. The cyclosporine amendment as drafted, if passed into law, places tremendous responsibility on transplant surgeons. The federal government will be responsible for purchasing cyclosporine directly from the manufacturer and then distributing it to transplant centers. Transplant centers, in turn, will be responsible for determining which patients shall receive the drug and in what amounts. The only requirement for transplant centers is that they do not charge for this drug. This is a somewhat unusual approach, but we are faced with an unusual problem that has required considerable compromise to make cyclosporine available to those who cannot afford it. In fact, the present legislative measure is better than the previously written provision. The previously written provision provided outpatient reimbursement only for Medicare recipients, whether they needed financial assistance or not. Instead, the present provision provides distribution of the drug only to those unable to pay for it, whether Medicare-eligible or not, and whether kidney, heart, heart-lung, liver, or pancreas recipients. There is limited regulation with the measure, so this immunosuppressive drug program, as stated by Albert Gore earlier today, will place a great deal of responsibility on transplant surgeons. We must ensure equitable distribution of cyclosporine to all patients needing the drug. There are centers in which a large percentage of the patients have co-insurance, and therefore have little need for the drug; whereas at

other centers, the great majority of patients have no means of payment. The drug must be redistributed so that it will reach all patients not able to afford it. Because we have strongly interceded for the reinclusion of a cyclosporine measure, after an initial defeat by the House Ways and Means Committee, the reputation and credibility of our society is at stake in assuring this equity, but I am confident that Gore will act responsibly in this effort. This, in turn, can only further enhance our stature and credibility with the federal government and the medical community in future interactions. To help our centers in recognizing where the drug is most needed, and to assure equitable distribution to needy patients, I am forming an Ad Hoc Committee on Cyclosporine Distribution to assist in this area, and to be activated on passage of this legislation. I am asking Nick Tilney to be chairman of this committee. Other members of the committee will include Tom Berne, Clive Callender, Ron Ferguson, Barry Kahan, and Joshua Miller.

2. As we have approached patient-helping legislation with vigor and zeal, I believe we must also approach research funding in a similar manner. Our society has achieved a stature whereby the new leadership should include this effort as a top priority. Our intercessions for a National Organ Transplant Act have only made people in government and the NIH more aware of the needs in our field. The background has been established—the time is fertile for active intercession by our society in this area.

3. The National Organ Transplant Act, if it becomes law, will name a task force that will further evaluate the needs and problems in transplantation, with recommendations to be issued at the completion of the task force's term. Several members of our society will be asked to participate on this task force. I am hopeful that those asked to participate on the task force will maintain communication with our Board of Directors, as well as our advisory committee composed of our past presidents, so as to best provide organized input into the important recommendations that might be made by this task force regarding transplantation. The issues to be covered by this task force are multiple, from organ shortage to reimbursement problems.

4. Lastly, it will be important for our advisory committee and for our new leadership to keep abreast of DRGs as they are implemented. As you are aware, the DRG for transplantation is all-inclusive for the procedure, regardless of whether the transplant is cadaver or living related, or whether the recipient is nondiabetic, diabetic, low-risk, or high-risk. Initially, organ procurement was included in this global DRG, but our society managed to intervene about 10 months ago to achieve rightful separation of patient care from organ procurement reimbursement, so that the latter will continue to be reimbursed at cost. This separation was important, because it became apparent that it would be difficult to separate necessary funding for organ procurement from that which would be used for patient care. However, the principal problem remains that the transplantation hospitalization DRG is essentially a single-reimbursement package, without regard to the type of transplant performed or the type of patient receiving the transplant. The real danger in this area is that transplantation may be rationed to patient and transplant categories in which the cost would be least, potentially depriving many patients, such as diabetics, of this most important therapy. Our

input is extremely important and urgent in achieving equitable change before full implementation of the DRG process.

These suggestions for our society's direction during the coming year are only a further extension of the goals and tradition already embodied in the American Society of Transplant Surgeons—that is, we are primarily a scientific organization with equally important humanitarian goals. We are committed to making this life-enhancing and lifesaving therapy accessible to all patients requiring organ transplantation—whether it be kidney, heart, heart-lung, liver, or pancreas—and we have the best means to accomplish the goals enumerated, a committed membership. These are the ingredients of the strength and vitality of our society.

As I conclude my presentation this afternoon, I acknowledge that there are many persons whom I did not have time to thank by name for their important contributions during this year and past years. Their efforts deserve equal and utmost recognition. Yet there are several other persons who, at this time, I must personally acknowledge, for during the course of the year they have facilitated my interactions on behalf of the society. I would be remiss if I did not mention my colleagues at my own institution, who believed in and supported what I have tried to accomplish on behalf of the society and our patients. Despite the volume of activity at my own institution, they provided extra coverage and support when needed. I am, therefore, especially grateful to surgeons Nick Feduska and Julie Melzer and nephrologists William Amend and Flavio Vincenti for their support and assistance during the past year. I must also, at this time, render a special expression of gratitude to Fred Belzer, who has been an inspiration to me and is most responsible for my being a transplant surgeon.

In conclusion, the American Society of Transplant Surgeons has proved to be an ever increasingly effective organization that can only continue to grow. It is a society that has acquired strength and stature because of its goals, both scientific and humanitarian, and because of its strongly committed membership. It is not a society representing a few, but it is a society representing all transplant surgeons and the transplantation of all organs. This society belongs to all of us, as is evident from my mention of the numerous persons involved in the many activities of our society. The future of this society is very bright, and we will approach it with confidence and purpose. I personally have the faith and conviction that our society will meet all new challenges in the future—vigorously, courageously, and with great sensitivity to the needs of our patients. I myself, therefore, am extremely proud to be a member of this society and, in addition, to have had the honor and privilege to serve you as your president, during our10th anniversary year.