



American Society of Transplant Surgeons

October 2, 2008

Peggy Simpson, EdD  
Executive Director  
Residency Review Committee for Surgery  
Accreditation Council for Graduate Medical Education  
515 North State Street  
Suite 2000  
Chicago, Illinois 60610

Dear Dr. Simpson,

On behalf of the American Society of Transplant Surgeons (ASTS) I am writing to request that the Accreditation Council for Graduate Medical Education (ACGME) consider including solid organ transplants (i.e. kidney, liver, pancreas and intestine) in the defined category of vascular (VASC) for surgical resident case log purposes.

These procedures provide excellent educational opportunities for residents to learn about the principles of open vascular surgical procedure and to gain experience in exposing major vascular structures, achieving proper control of these vessels, and performing vascular anastomoses. While liver, pancreas and intestine transplants can currently be logged under other defined categories (LV, PANC and AB, respectively); kidney transplants do not belong to any defined category. While all of these transplant procedures can provide excellent resident learning opportunities, kidney transplantation is the most frequently performed and the most amenable to resident participation and education.

With increasing use of endovascular techniques and the potential for major changes in the vascular surgery training paradigm, the opportunities for general surgery residents to participate in surgical cases that qualify in the defined category of VASC are likely to

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continue to decrease. Given this ongoing contraction of open vascular surgical opportunities on vascular surgery rotations, general surgery residents are at increasing risk of receiving inadequate training in basic vascular surgical principles and techniques and may have increasing difficulty in meeting the minimal vascular surgical requirements for pursuing American Board of Surgery (ABS) certification.

In addition to providing the general surgical residents with increased open vascular surgery opportunities, ASTS believes that inclusion of these procedures in the defined category of vascular (VASC) will also enhance the resident's experience on transplant surgery by emphasizing the priority of their participation in transplant procedures in order to obtain this valuable experience. While we recognize that the vast majority of surgical residents will never perform a transplant after they complete their residency training, ASTS believes that the experience they get in exposing and working with major vascular structures and in performing open vascular anastomoses may be very relevant in most if not all general surgical career pathways that they may pursue.

ASTS appreciates the opportunity to comment on this important issue. As described above, ASTS believes the proposed change to include solid organ transplants (i.e. kidney, liver, pancreas, and intestine) in the defined category of vascular (VASC) for surgical resident case log purposes would enhance the resident experience on transplant rotations. If you have any questions or would like to discuss this in further detail with the ASTS leadership, please contact Kim Gifford, ASTS Associate Director, at 703-414-1603 or [kimberlygifford@earthlink.net](mailto:kimberlygifford@earthlink.net)

Sincerely,

A handwritten signature in black ink, appearing to read "JPR", written in a cursive style.

John P. Roberts, MD  
ASTS President