

# AST Magazine 2012

AMERICAN SOCIETY OF TRANSPLANTATION

*Excellence in  
Transplantation*  
*since 1982*

Reflections on  
Thirty Years p. 5

COPs Behind  
the Wheel:  
*Driving AST Forward* p. 20

Perspectives  
*Past Presidents of AST* p. 10

Accolades  
*2012 AST Lifetime  
Achievement Award & Senior  
Achievement Award* p. 17



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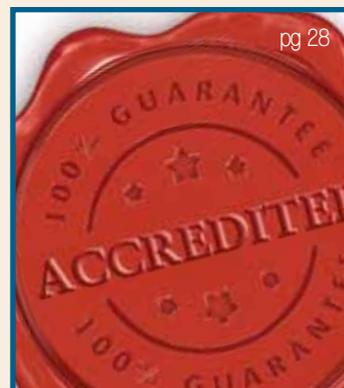
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## Staff

**Executive Vice President** – Susan J. Nelson, CAE  
snelson@ahint.com

**Executive Director** – Libby McDannell  
emcdannell@ahint.com

**Director of Meetings** – Tina C. Squillante, CMP  
tsquillante@ahint.com

**Accreditation & Grants Program Director** - Beth Maher  
emaher@ahint.com

**Administrative Director** – Terri Hague  
thague@ahint.com

**Director of Membership Services** – Melissa Covici  
mcovici@ahint.com

**Meetings & Education Manager** – Kristin Brammell, CMP  
kbrammell@ahint.com

**Meeting & Registration Coordinator** – Liz Piegzik  
lpiegzik@ahint.com

**Committee Liaison** – Brian Martin  
bmartin@ahint.com

**Membership & Committee Coordinator** – Jason Polinsky  
jpolinsky@ahint.com

**Media & Public Relations** – Sean Carney  
scarney@brownsteingroup.com

**Government Relations Directors** –  
William Applegate and Christopher Rorick  
bill.applegate@bryancave.com

## Design and Production

**Production Manager** - Laure McClellan

**Art Director** - Mark Denato



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# American Society of Transplantation

[www.a-s-t.org](http://www.a-s-t.org)

*The American Society of Transplantation, founded in 1982, is an international organization of professionals dedicated to advancing the field of transplantation and improving patient care by promoting research, education, advocacy, and organ donation.*

From innovative networking opportunities, to providing exceptional transplant education in a variety of forums, to its strong presence on Capitol Hill, AST is committed to providing benefits that are relevant to its members.

AST is also strongly supportive of basic and clinical transplantation research and provides a number of grants annually to young investigators and junior faculty.

**AST members are united in their commitment to excellence, ethics, compassion, innovation and inclusiveness.**



# Letter from the President



Dear Colleagues,

Hard to believe this year as your AST President is coming to an end. What a whirlwind! What an honor! What a pleasure! When I review last year's President-elect letter, how ancient and naïve it seems.

The unenvisioned challenge I mentioned? Turned out to be in the realm of infectious diseases, where our hardworking and skilled ID COP, in conjunction with our public policy group, provided frequent and timely guidance and support. Draft guidelines from CDC and the Public Health Service regarding testing donors for HCV, HBV, and HIV proved very contentious, with the potential impact of reducing organ availability. Working in tandem with ASTS leadership, we were able to demonstrate our concerns with Assistant Secretary for Health Howard Koh, both face-to-face and on several conference calls. The result: a pending revision of the document and reinvigorated collaboration between the transplant community and relevant government agencies. The depth and breadth of our society made up for the ID fellowship I never did and the political savvy I never cultivated. Obviously, this is still a work in evolution; please remain vigilant in tracking its progress.

As for the challenges I thought might be looming, there has been significant progress on each one. Once again, public policy was a major focus. Our Washington representatives, Bill Applegate and Chris Rorick, and Public Policy Chair David Cohen have utilized ties in the legislative and executive branches to advance transplant-related interests. Introduction of the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011 (HR 2969 and S 1454) in the 112<sup>th</sup> Congress has been accompanied by unprecedented bipartisan backing. The recent Gill and Tonelli paper (NEJM 366: 586, 2012) enlisted even more support. With CBO rescoring in the works, there is a real chance for this legislation to finally become law in this Congress. Beyond legislation, there are new initiatives with the Department of Education promoting organ donation and with the FDA regarding clinical trial endpoints, and there is ongoing work with HHS, CMS, and HRSA to define how transplantation will be addressed as the ACA of 2010 (Obamacare) is implemented. Our goal is to remain active and keep you informed.

There has been enormous progress on the living donor front, with the creation of a new Live Donor COP; a March 2012 consensus conference on Kidney Paired Donation (championed tirelessly by Sandy Feng, Stefan Tullius, and the Kidney/Pancreas Committee); and AST's timely response (led by the Transplant Administrators' COP) to potentially harmful CMS policy regarding the living donor process (successfully addressed very early in its evolution). While there remain significant challenges in terms of funding the society's activities, our "net worth" continues to grow, even as we embark on new initiatives (including a major fundraising event in 2013) to ensure a sound financial future.

The themes for the AST Board this year, informed by a members' survey and established last July, have been collaboration and technology. Our most widely appreciated offerings, the AJT and the ATC, are a collaborative effort with ASTS; working this year with Mitch Henry to strengthen these assets and define new ways for the societies to work together has been a particular pleasure. There are several ongoing major collaborative efforts, including work with the American Society of Nephrology, European Society for Organ Transplantation, and Canadian Society of Transplantation, among others. Our future as a global transplant community is working together to address the issues we jointly face. Technology? Do you like the new website? The President's Blog? The direct connection to AJT? Much, much more is in the works (probably even before this "letter" makes it to press!).

In short, it has been a busy year...a challenging year...but a very productive year. My successor (and next-door colleague), Roz Mannon, is already heavily involved in preparing AST to face next year's challenges, both foreseen and unforeseen. At its 30<sup>th</sup> birthday (don't forget to attend the party at ATC!), the AST is stronger than ever. However, its strength merely reflects the talents and efforts of you, its members. Thanks for the privilege of serving as your president.

A handwritten signature in black ink that reads "Robert S. Gaston, MD".

Robert S. Gaston, MD  
President

Advance the Future of

# Transplantation

Contribute to the  
AST Endowment Fund

THE AMERICAN SOCIETY OF TRANSPLANTATION'S ENDOWMENT FUND WAS  
ESTABLISHED TO SUPPORT CORE AST PROGRAMS.

## Make a Contribution

Visit the AST website, [www.a-s-t.org/endowment](http://www.a-s-t.org/endowment), to make a donation and do your part to provide resources for transplantation research.

## The Impact of Giving

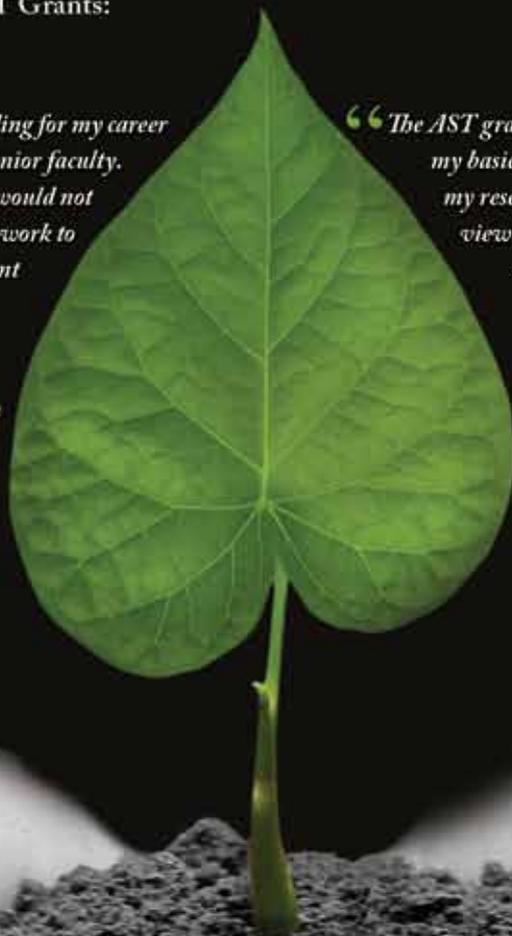
Every gift makes a difference. 100% of your contribution goes directly to the AST Endowment Fund. Your gift will help increase the Endowment, which provides support to the AST Grants Program. Past grant recipients confirm the critical role of the AST Grants:

“The AST grant provided critical funding for my career transition from post-fellowship to junior faculty. Without the support of this grant, I would not have been able to do the preliminary work to be successful at getting an independent faculty position.”

- Rebecca Shilling, MD  
Assistant Professor,  
Indiana University School of Medicine

“The AST grant was an integral stepping stone during my basic science training, allowing me to focus on my research and publish. The grant enhanced my view of transplantation research and expanded my knowledge base to create experiments necessary to answer transplant related questions.”

- Peter Jindra, PhD  
Clinical Fellow,  
Albany Medical Center



# AST MEMBERSHIP:

## *The Transplant Professional's Edge Since 1982*

*Contributor: Cynthia Galbraith, MSN, NP*

2012 marks the 30<sup>th</sup> anniversary of the American Society of Transplantation (AST). In 1982, the society – known then as the American Society of Transplant Physicians – was founded by physicians, pediatricians and histocompatibility scientists with a primary interest in renal transplantation. From the start, ASTP was an inclusive society, one of many virtues still valued by the Society today. AST welcomed all disciplines from the field of transplantation and today represents physicians, scientists, nurses, pharmacists, coordinators, administrators, surgeons, researchers, and more.

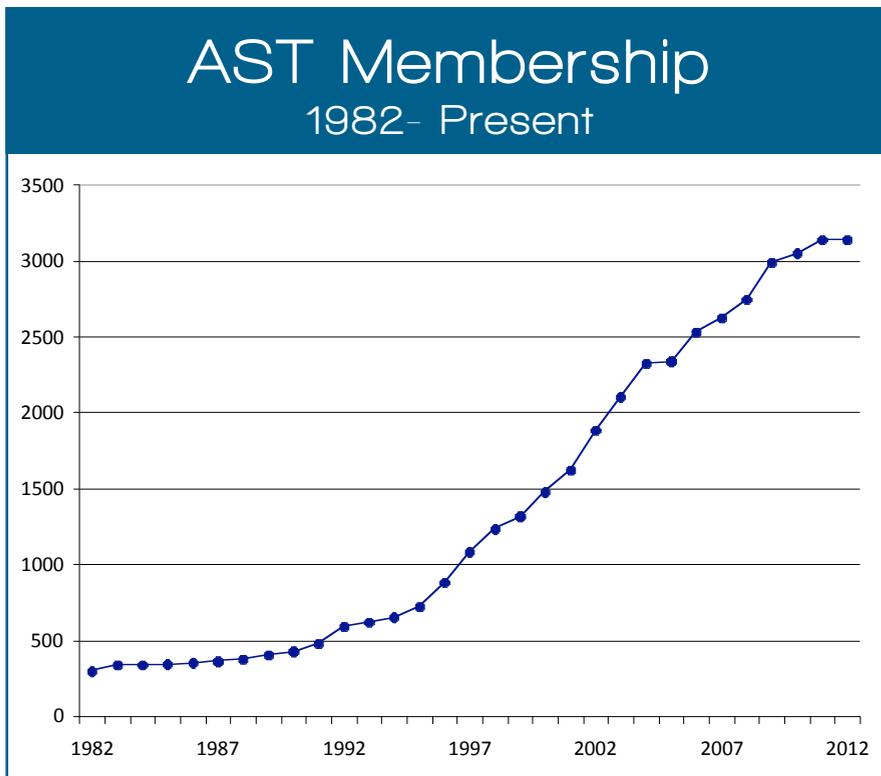
In 30 years, the ASTP has grown from a society of fewer than 200 members with representation from only US and Canada, to the AST, with more than 3,000 members from over 50 countries. AST prides itself as being the premier society for all transplant professionals, providing its members with access to state-of-the-art research, education, and developments within the field. In addition, AST offers

important benefits to the various specializations that are represented on the multidisciplinary transplant team, promoting interaction among these diverse specializations that contribute to the health and well-being of transplant patients.

Of all membership disciplines, nephrology membership, which makes up 35% of all AST members, has grown the most over the past 30 years. With the development of the AST Communities of Practices, segments in surgery, immunology, gastroenterology/hepatology, pharmacy, infectious disease and transplant administration have also seen an increase in membership.

In our 30-year history, we've seen firsthand how membership in the Society can be vital to our members' careers. The Society is known for offering exceptional educational opportunities to its members, spearheading public policy initiatives affecting transplantation, and promoting research in

*continued on pg 6*



**In 1982...**  
AST was founded as the **American Society of Transplant Physicians (ASTP)**.  
"Physical" (Olivia Newton John), "Ebony and Ivory" (Paul McCartney and Stevie Wonder), "Eye of the Tiger" (Survivor), and "Jack & Diane" (John Cougar) topped the charts.

the field. Transplant professionals know the value of an AST membership, which includes access to the following benefits:

- **Reduced meeting registration costs:** Members receive significantly discounted registration rates to all AST meetings, including the American Transplant Congress (ATC).
- **Networking:** Various opportunities are available to connect with AST members who share specific interests through the AST's robust Communities of Practice network, as well as through the AST online member directory.
- **Online Education:** The AST website serves as an education portal with free access to the AST T3 webcasts, AST Conversations in Transplantation Podcasts, slide lectures from past AST meetings, and more.
- **Enhanced Learning:** The *AJT*, *Primer on Transplantation* and the *AST Handbook of Transplant Infections* are available to AST members at a reduced price.
- **Research Funding:** Members have increased opportunities for grant funding.
- **Career Center:** Members can use the AST online Career Center to search for a new job, post their resumes, or reach the most qualified candidates by posting an open job position.

- **A Voice in Governance:** Full and international members are eligible to vote on all matters brought before the general membership and to serve on the Board of Directors (international members may only serve as a Councilor-at-Large); all members are eligible to participate on committees, communities of practice and advisory councils.

In the last 30 years, AST has become the leading voice in the field of transplantation, particularly through advocacy in Washington, DC. We are dedicated to serving our members by providing them with cutting-edge education, funding for research grants, and numerous networking opportunities. We continue to require the support of our membership in order to continue moving forward. We are dedicated to serving our members and are grateful for your continued commitment. ☺

*Cynthia Galbraith, MSN, NP is the 2011-2012 AST Membership Committee Chair.*

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If you are not already a member, please consider joining the AST. Further information about how to join and the link to the online membership application can be found here: [www.a-s-t.org/content/join-ast-now](http://www.a-s-t.org/content/join-ast-now). Any questions can be directed to the AST Membership Coordinator at [info@a-s-t.org](mailto:info@a-s-t.org) or (856) 439-9986.

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## AST MEMBERSHIP CAN SAVE YOU OVER \$1,900!\*

Program	AST Member Rate	Non-Member Rate	Savings
American Transplant Congress (ATC)	\$400	\$805	\$405
Timely Topics in Transplantation Webcasts	Free	\$450 (for 6 webcasts)	\$450
AST Annual Scientific Exchange (ASE)	\$255	\$430	\$175
Online access to slide presentations from AST meetings	Free	\$238 (for 3 meetings)	\$238
Subscription to <i>American Journal of Transplantation (AJT)</i>	\$120	\$738	\$618
Career Center (job posting)	\$25	\$100	\$75

\* Savings are based on the Full, Doctoral member rate. Savings for other member types may be different.

# T3: TIMELY TOPICS IN TRANSPLANTATION



The American Society of Transplantation presents Timely Topics in Transplantation, a series of webcasts available for viewing 24/7.

Each webcast is 60 minutes or less, and you can view when it's convenient for you! Registration is free for AST members; a small fee per webcast applies for non-members.

Topics cover what's important to you and your ongoing education. New programs are being added in 2012; go to [www.a-s-t.org/T3](http://www.a-s-t.org/T3) to watch webcasts now!

## Kidney Transplantation

- Living Donor Transplantation:  
What Do We Know about Donor Outcomes?  
*Arthur Matas, MD • University of Minnesota*
- Why Are We Discarding So Many  
Deceased Kidneys in the United States?  
*Kevin O'Connor, MD • Life Center Northwest*

## Infectious Disease

- Donor Derived Infections and Selection of  
OPTN-defined Increased Risk Donors  
*Michael Ison, MD • Northwestern University*
- Infectious Complications in Transplant Tourists  
*Camille Kotton, MD • Massachusetts General Hospital*

## Basic and Translational Science

- Proteomics, Genomics and Immune  
Monitoring in Clinical Transplantation:  
How Can They Improve Outcomes  
*Bernd Schroppel, MD • Mount Sinai School of  
Medicine*
- Pancreatic Islet Cell Transplant...Where Are We Now?  
*A.M. James Shapiro, MD • University of Alberta*

## ADDITIONAL TOPICS

- ATC Highlights 2011 and 2012
- Kidney Paired Donation Consensus  
Conference Review

CONVENIENT  
ONLINE  
LEARNING



Continuing education credit is available for the 2011 webcasts for physicians, nurses, and coordinators, for a minimal fee per webcast.

# Reflections on Thirty Years of the American Society of Transplantation

Contributors: Patricia Adams, MD and Robert Gaston, MD

This year marks the 30<sup>th</sup> anniversary of the founding of the AST (originally known as the ASTP, American Society of Transplant Physicians) in 1982. In order to understand where the society came from, it is important to understand the world of transplantation in the early 1980s.

## Transplantation and Societies, 1982

Kidney transplantation was king. The establishment of End-Stage Renal Disease (ESRD) Medicare by the US Congress in 1972 had provided a funding source for dialysis and kidney transplantation, causing both to experience rapid growth. A population of stable patients with ESRD living on dialysis began to accumulate, creating good candidates for safe surgery. Hepatic and cardiac transplantation, though still awaiting availability of effective immunosuppression, were rare but becoming more common.

Transplant immunology was advancing at a rapid pace, but the structure of the T cell receptor was not described by Kappler and Marrack until 1983, and rejection was still not fully understood.

There was no national organ recovery system. New England (New England Organ Bank) and the southeastern US (South-Eastern Organ Procurement Foundation, or SEOPF) had utilized regional computer-based organ sharing since 1969, but most of the country's transplant centers served as their own OPOs.

The American Society of Transplant Surgeons (ASTS) was in existence (founded in 1974) and met regularly in the ballroom of the Drake Hotel in Chicago each May. Non-surgeons were invited to attend the ballroom sessions, but were not able to become members of the society. At the time, the American Society of Nephrology was dominated by renal physiologists and the ASN had little focus or interest in transplantation.

## A New Society

The impetus to form a transplant society for physicians emerged from the renal community.

At the ASN meeting in Washington, DC in the fall of 1981, an invitation was circulated asking anyone interested in renal transplantation to meet at the Shoreham Hotel. The following basic tenets emerged from that initial meeting:



1. The organization would be open to anyone in the US or Canada interested in transplantation with at least a doctoral-level degree.
2. The new society would be separate from the ASN because it would include immunologists, those working with other organ transplants, statisticians, pediatricians, and so on.
3. The organization would host a yearly meeting in association with ASTS since many of the members would also wish to attend the ASTS meeting.
4. Surgeons would be welcome as members. (This was initially controversial, but early members such as Randy Bollinger and Jimmy Light quickly defused the issue!)
5. The organization would be named the American Society of Transplant Physicians (ASTP).
6. The society's goals would be to promote and encourage education and research in immunology and transplantation, create a forum for the exchange of scientific information related to transplantation, and provide a voice for physicians and allied scientists in dealing with the government and other organizations.

The first slate of officers included Terry Strom as first past president, Ron Guttman as president, Charles “Bernie” Carpenter as vice president, and Larry Hunsicker as secretary-treasurer. ASTP was incorporated in Iowa, with fees paid via a personal check from Dr. Hunsicker! In addition to the board, Robert Ettenger, Peter Cailunas, and Nancy Goeken served as the first councilors. One member, Patricia Adams, served as membership chairman, with initial targets for new members being nephrologists, histocompatibility scientists and transplant pediatricians. In its first year, ASTP’s membership grew rapidly, and soon the pancreatic, thoracic and hepatic communities became engaged.



*ASTP 2<sup>nd</sup> Annual Meeting Program, ASTP Newsletters from 1983 and 1987-88*

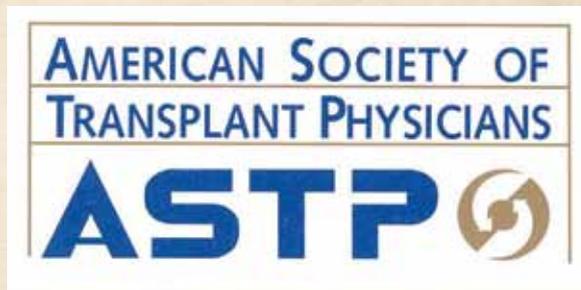
## Progress in Transplantation, Progress in the AST(P)

Transplantation in the late 1980s and early 1990s was dominated by two themes: improvements in clinical outcomes beginning with the introduction of cyclosporine, and the birth and development of the national organ and transplant network. The ASTP continued to experience remarkable growth; the more successful organ transplant recipients there were, the more transplant physicians were needed to care for them. It was an exciting time for the field and for ASTP, as one wonderful new immunosuppressant after another was developed. Outcomes for kidney recipients improved, and the newfound success of heart, liver and lung transplantation drew even more to the field.

In 1984, the National Organ Transplantation Act (NOTA) was passed by the US Congress and the Organ Procurement and Transplantation Network (OPTN) was established. The United Network for Organ Sharing (UNOS) secured the contract to formulate and operate the OPTN, based largely on the fact that it owned the computer software developed by SEOPF in the 1970s and 1980s that ultimately became the basis for organ allocation in this country.

Modern transplantation emerged in the 1990s, with success increasingly reflective of contributions well beyond just physicians, surgeons and scientists. Acknowledging these advances, AST “shed the (P)” in 1998 and welcomed into its ranks all professionals committed to organ transplantation. Today, diversity is AST’s strength, with the

development of Communities of Practice serving as a uniquely effective way to capture the expertise and enthusiasm of every member, and an effective public policy effort that is the envy of the transplant community.



During the late 1980s and the 1990s, ASTP and ASTS had intermittently discussed becoming a single society. Out of these discussions, two major joint projects emerged that would forever change the landscape of transplantation. The American Transplant Congress was born in 2000, replacing the individual conferences held back-to-back and rapidly becoming the preeminent global transplant meeting. The *American Journal of Transplantation*, first published in 2001, is likewise the most influential transplant journal in the world.

On the occasion of our 30<sup>th</sup> anniversary, here’s to our predecessors and the achievements their efforts wrought! Here’s to the next 30 years and rising to meet the challenges it will bring!



**Ronald Guttman, MD, FRCPC, FCAHS - 1982-1983**

Clinical transplantation began in the turbulent sixties. The credo of the time was “don’t trust anyone over thirty.” Now AST has turned thirty and must face an awesome societal challenge and win the trust of the public. In the face of some tremendous successes, there are numerous failures represented by the potential patients and former patients left behind largely because of organ shortage. Decision-making focusing on age, urgency, and/or waiting time, for example, is one-dimensional. In the allocation equation, the vision should relate to knowledge of social outcomes and their impact, not mainly the survival curve; an objectification that doesn’t tell the full story of the population nor deal with those who wait endlessly for a transplant. Measurements of social outcomes have many facets and are far broader than we are accustomed to contemplate. Having overcome the technology hurdles, we should rethink and reformulate our vision for the next decade. Happy Anniversary!



**Lawrence Hunsicker, MD - 1987-1988**

I was AST(P) President early in the history of the AST, but was also one of the founders of the AST. These were years during which the basic structure not only of the AST, but also of American transplantation on a national level, was established. On a national level, the AST was successful in establishing that physicians, pediatricians, and PhD researchers had a role in the organization of transplant programs and in formation of national policy on parity with the transplant surgeons. A direct consequence of this is the policy that a transplant program must have not only a qualified transplant surgeon, but also a qualified transplant physician or pediatrician on staff and in a leadership role. Within the AST itself, we opened membership to all doctoral level transplant professionals – not only physicians and PhDs, but to surgeons as well. Where has this all led? We have become the predominant international organization of transplant professionals. We have opened full membership to members from all over the world, and we have welcomed in non-doctoral level members as well. I am immensely proud that a recent AST president was a thoracic transplant surgeon! Our tradition of openness has prevailed and succeeded. And now, where should we be going? I will permit myself one heart-felt recommendation. Given that we are now the predominant international transplantation organization, it is time for us to welcome non-Americans into our leadership, and ultimately into our Presidency. Phil, Kathryn, where are you? Have we Americans the self-confidence to recognize that transplantation leadership is not limited to those of us based in the US?



**Ronald Kerman, PhD - 1991-1992**

I remember the beginning of the AST when it was known as ASTP. I remember being at a Transfusion and Transplantation Conference held in Los Angeles in January-February 1982 and Dr. Bernie Carpenter and others (Bobby Ettenger, Marvin Garovoy, Doug Norman, M. Suthanthiran and Terry Strom, to name just a few) discussed their frustration with the ASN for not allowing more time for transplantation topics to be discussed at the ASN meeting. The decision was made to go ahead and organize a new Society to meet these needs. Later that year, during the ASN meeting in Chicago, 30 people met and discussed the newest topics of concern in transplantation. This was the first ASTP meeting. We are now celebrating our 30<sup>th</sup> Anniversary! In 1986 Special Agent Larry Hunsicker turned the ASTP Secretary-Treasurers position over to me. Most relevant was the shoe box that he gave me containing his personal check stubs used to cover Society expenses. We had \$146.00 in the bank. When I turned over the books to the next Secretary-Treasurer we had \$146,000.00 in the bank. Roy First, then ASTP President, explained the differences in amounts to the membership by saying, “Ron Kerman is from Chicago and there will be no questions asked.” I remember having a television in the room when the executive council met. When asked why the television was there the explanation was simple, “The NBA playoffs were being televised and the Boston Celtics were always playing in them (at that time) and almost all of the executive council members were Celtic fans. We ran the meeting with the games playing in the background.” I am most proud of the AST because it is an inclusive and not an exclusive transplantation society.



**J. Harold Helderman, MD - 1997-1998**

My career has been characterized by the provision of the best patient care to transplant recipients and mentoring young people who have chosen transplantation as a career. I therefore am extraordinarily proud of being the active voice for a formal AST approved transplant fellowship which, with the partnership of the ASN and Dr. Wadi Suki, became a reality during my presidency. This program remains vibrant, providing credentials for trainees acceptable to all for those completing an AST approved program. I was also able to work with the ASTS getting close to an organizational merger which, although not brought to fruition during that presidential year, provided the framework for more cooperation and our joint annual meeting. Lastly under my watch the AST received the first of many \$1million grants for our educational programs. The AST has been the home for those of

us interested in advancing organ transplantation, providing an environment for scientific and clinical interchange enhancing the field starting at a time 25 years ago when there just was no alternative organization. My dream and even blessing for the AST is that it continues as the repository of cutting edge information, that it supports new research and young investigators towards new knowledge and better outcomes for the transplant recipient.



**Laurence Turka, MD - 2001-2002**

I attended my first (then) ASTP meeting at the Drake Hotel in Chicago in 1987. I was hooked, and haven't missed a meeting since. I, like I suspect many others, miss Chicago, and the intimacy of that small venue, but my we have come a long way and have a lot to be proud of. In preparing these comments I was asked to address the specific questions: "What were the major accomplishments and/or initiatives during your tenure?" I don't think any single President's term should be viewed or evaluated in isolation. What is most important is the continuity provided from year to year by shared values and goals for the society. AST today means excellence in transplantation at all levels, and I am certain that will continue. To be honest, what I remember most about my year as president was September 11, 2001. The world changed that day.



**Barbara Murphy, MB, BAO, BCh, FRCPI - 2008-2009**

When I took over as President, the AST was flourishing but there were new challenges emerging. With the introduction of generics and new rulings governing the support of societies by corporate entities, we explored new avenues to help support our three main missions of research, education and patient advocacy. This was the motivation to explore something completely new and establish a collaboration with Jamie Redford to produce "Share the Beat", an incredible evening at Boston Symphony Hall with the Boston Pops and John Williams. Not only was this an evening of entertainment, but its aim was also to raise awareness about organ donation and celebrate what is truly the greatest act of selflessness. The impact that evening had on many was tremendous. Money raised from that evening helped to support the AST research program as well as fund two

programs, in Queens and the Bronx, that educated middle school children about organ donation. The field of transplantation is a relatively small one, represented by many societies that differ in their constituents and/or their focus, but we all have common ground. While there is the tendency to compete, it is only through collaboration that we further benefit our members and patients. As President I was pleased to be able to work with my counterparts in TTS and ASTS to ensure that the second World Transplant Congress would become a reality San Francisco in 2014. In addition, we established a collaboration with ESOT to develop a joint meeting, the first of which was a great success with a second scheduled for October of this year. What I remember most about being President was the energy, enthusiasm and commitment of the Board at that time and how much fun it was to work with people like this. What I hope for the future of AST is that it continues to flourish, that it remains open to new ideas and approaches, and after over a decade of advocating for life long coverage of immunosuppression for our patients that we get to see it becomes a reality.

**In 1982...**

**ASTP Council established the following standing committees: Membership, Nominating, Program and Publication, Scientific Studies and Patient Care Standards.**

The first operational flight of the space shuttle Columbia launched in November.

## Hehua Dai, MD

*University of Texas Health Science Center at Tyler*

### What has your AST membership meant to you and your career so far?

As a professional in the field of transplantation biology, I am proud to be one of over 3,000 AST members. The society keeps me informed about the current research and advances in organ transplantation, and offers many opportunities for interacting with outstanding professionals in the field. AST is also an excellent platform for publicizing my research and communicating with research peers and physicians. Through AST, I have had my studies published in the *American Journal of Transplantation* and presented my research results at the ATC meetings. As a winner of an ATC Young Investigator Award and AST ASE Young Innovator Award, I have greatly benefited from the support that the association has given to both my research and my career.

### Where do you see yourself going in transplantation?

I was originally trained as a transplant surgeon in China, but I have since mastered sophisticated skills for rodent surgery, particularly in pancreatic islet transplantation. With this capability, I have become a research faculty member focusing on exploring efficient approaches to suppressing the rejection of organ transplants, which is the major issue in current transplantation biology. By performing microsurgery on animal models, I have obtained many thrilling results that have been published in various top transplantation and immunology journals. My goal is to become an independent investigator with a focus on modulating the immune response for the induction of long-term transplant survival or tolerance.

### How do you see AST changing in the future, and how will it continue to play a part in your career?

I see AST building a communication platform between clinical physicians and researchers so that both parties can share knowledge easily and promote translation from bench to bedside. I think AST currently well serves immunologists, biologists, chemists and physicians through research support and networking, and that it will expand in the future to include more cross-field professionals. I know that AST will continue to play an important role in the career development and research efforts of myself and others through grant and publication opportunities, as well as educational conferences.

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*Hehua Dai and Leonardo Riella were two of the recipients of the Young Innovator Award at the 2011 AST Annual Scientific Exchange. Both Dr. Dai and Dr. Riella are members of the AST.*

## Leonardo Riella, MD, PhD

*Harvard Medical School*

### What has your AST membership meant to you and your career so far?

My AST membership has been crucial to my career in transplantation. While many of us are interested in pursuing an academic track, without adequate funding that would be impossible. The fellowship grants offered by AST provide essential support for fellows, to have a protective time to obtain further training and perform the research of their interest.

My research has concentrated on investigating novel potential pathways important in lymphocyte biology for the generation of transplant tolerance, with a focus on the inhibitory PDL1 pathway and the Notch signaling pathway. With my two-year fellowship grant, I was able to extend my protective time on research, allowing me to pursue a PhD degree, publish more than five original articles as a first author, apply for subsequent grant funding mechanisms, and obtain a junior staff position. Furthermore, AST travel awards partially covered the financial burden of attending both the ATC and the ASE meetings. The latter is one of the best conferences in transplantation that I have ever attended with outstanding presentations, great discussions involving many well-established investigators, and a fun environment to network.

The AST membership also allows fellows to get involved with early leadership roles in the society. As an AST member, I was invited to join the Basic Science Advisory council, becoming involved with the ATC planning and novel initiatives focused on basic science in transplantation. Lastly, in conjunction with other fellows of the AST, we launched the "Trainee & Young Faculty Community of Practice" (TYF COP) in 2011. The TYF COP provides a forum for trainees and young faculty in any transplant-related field to network amongst peers and senior investigators, exchange thoughts, and participate in educational programs specifically targeted to young physicians/scientists. I believe that members of the TYF COP will help shape the future of our society.

### Where do you see yourself going in transplantation?

My ultimate goal is to use my research and clinical experience to improve long-term kidney graft survival. Therefore, I plan to stay in academia, dividing my time between research, patient care and teaching.

### How do you see AST changing in the future, and how will it continue to play a part in your career?

I see the AST becoming a much more interactive society, involving its members in the decision-making process and driving direction of our field. The wide variety and popularity of the Communities of Practice are already a great example of this, since it decentralizes the initiatives and brings fresh ideas generated by the needs of our members.



# FELLOWS SYMPOSIUM

on Transplantation Medicine

**September 7-9, 2012**

**Hilton DFW Lakes Conference Center • Grapevine, Texas**

The AST Fellows Symposium offers an in-depth and interactive study of both clinical transplantation and basic transplant immunobiology while offering unparalleled access to expert faculty.

## **TRAVEL GRANTS AVAILABLE!**

Clinical and research fellows, residents and trainees - apply for one of the limited number of travel grants to attend the AST Fellows Symposium. View the full eligibility requirements for a travel grant at [www.a-s-t.org/fellows/travelgrants](http://www.a-s-t.org/fellows/travelgrants).

[www.a-s-t.org/fellows](http://www.a-s-t.org/fellows)

# THE VOICE:

## AST Government Relations & Lobbying Efforts

During the last year, AST has once again been extremely aggressive within the halls of the U.S. Congress, HHS, NIH and many State Capitols to ensure that the transplant community maintains a strong voice and a seat at all public policy tables that impact the field of organ transplantation.

In addition to many of the traditional public policy issues impacting the field of transplantation, AST has also been carefully monitoring and engaged in many State Capitol issues involving proposed cuts to transplantation coverages. As many governors and state legislatures around the country are pursuing difficult cuts to their annual budgets, AST has served as a key resource to educate these lawmakers on the importance and cost-effectiveness of preserving and maintaining transplant medical coverages and resources. Although AST and the transplant community were successful last year in the restoration of transplant coverages by the State of Arizona, there continue to be additional conversations of concern in other State Capitols as lawmakers look to make deep cuts to balance their budgets.

In the legal arena, the AST has been closely monitoring the U.S. Supreme Court's deliberations and review of the health care reform's Accountable Care Act (ACA) passed in 2010. The court's ruling, expected this summer, could have far-reaching implications for all healthcare delivery, including transplantation.



AST President Robert Gaston, MD, (left) with U.S. Senate Deputy Majority Leader Dick Durbin (D-Ill.)

### Transplant Regulatory Activity

Some of the key regulatory issues facing AST and the transplant community during the last year include:

- Proposed PHS Guidelines for Reducing the Transmission of HIV and Hepatitis C Virus through Solid Organ Transplantation
- Proposed CMS Guidance for Living Donor Services



AST President Robert Gaston, MD, (right) with Congressman Michael Burgess, MD (R-Texas), Vice-Chair of the House Energy and Commerce Subcommittee on Health

Both of these policy proposals could have resulted in unintended negative consequences for the field of organ transplantation. In each case however, AST partnered with ASTS and other key stakeholder transplant organizations to work directly with the Departments (HHS, PHS, CDC, CMS and FDA) to ensure that proposed guidance and rule-making would not impede or compromise patient safety and access to transplantation. Although AST remains involved in a variety of ongoing regulatory initiatives, these are two strong examples of how the Society's work has led to positive changes in federal policies overseeing the practice of organ transplantation.

Following health care reform in 2010, one of the primary areas of interest and concern for AST has been the development of the Essential Health Benefit (EHB). The Society has been meeting with both Capitol Hill and HHS to educate decision-makers and gain greater insight into the implementation process for this important aspect of the new health care reform law.



AST leaders (from left) Meryl R. Johnson, MD, Barbara Murphy, MD, AST President Robert Gaston, MD, and David J. Cohen, MD, (right) confer with U.S. Health and Human Services Secretary Kathleen Sebelius (second from right)

### Transplant Patient Immunosuppressive Coverage Legislative Progress

The new 112th Session of Congress included the re-introduction of the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplants legislation in the form of H.R. 2969 and S. 1454. The legislation is steadily picking up co-sponsors and currently includes a bipartisan list of senior Members of Congress serving as primary champions for the legislation.

AST has joined in the efforts of many national transplant stakeholder organizations to ensure this important piece of transplant patient public policy remains a top priority for Congressional action. The Society's efforts to maximize our voice on this important patient legislation have included: regular Congressional briefings on Capitol Hill, targeted grassroots actions, direct lobbying, and collaboration with all of the national transplant organizations.

### Federal Resources and Funding for Transplantation

In addition to clinical affairs, AST is constantly working on the front lines of Congress to advocate for increased resources within NIH, HRSA, FDA and other important agencies in support of a strong organ transplantation portfolio. The Society's Washington, DC office meets regularly with the House and Senate Appropriations Committees, as well as the Budget Committees and federal agencies, to educate decision-makers on the importance of a strong research infrastructure and the cutting-edge work taking place in the field of organ transplantation.

Efforts on Capitol Hill also include meeting personally with the chairmen and ranking members of the House and Senate Appropriations Committees and Subcommittees for NIH and HHS. In addition to direct lobbying, the Society works within many medical research and federal healthcare agencies

and supports initiatives to conduct collaborative fly-ins and joint meetings on Capitol Hill.

Specific to transplantation, AST has been advocating heavily for the Health Resources and Services Administration (HRSA) Division on Transplantation (DoT). Most recently, these efforts have included support for increased funding to assist the OPTN as federal transplant oversight evolves and expands to include VCA and other areas of transplantation.

### Weighing in on Federal Oversight and Activities Impacting Transplantation

In an attempt to remain ahead of any activities that may potentially impact transplantation, AST monitors the daily activities of all federal agencies. Some agency actions have warranted official comment from AST, including those from:

- HRSA – regarding the future of the OPTN contract and areas to strengthen the network
- CMS – addressing proposed guidance on living donor services
- HHS – concerning the PHS proposed Guidelines for Reducing the Transmission of Human Immunodeficiency Virus, and Hepatitis C Virus through Solid Organ Transplantation

More information and details regarding the specific work of AST Government Relations can be found on our web site at [www.a-s-t.org](http://www.a-s-t.org).

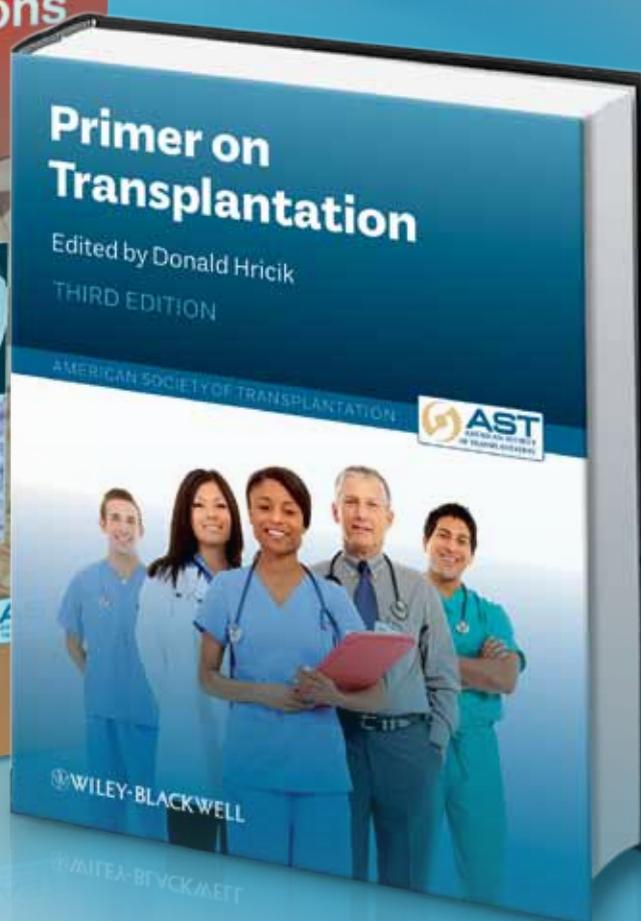
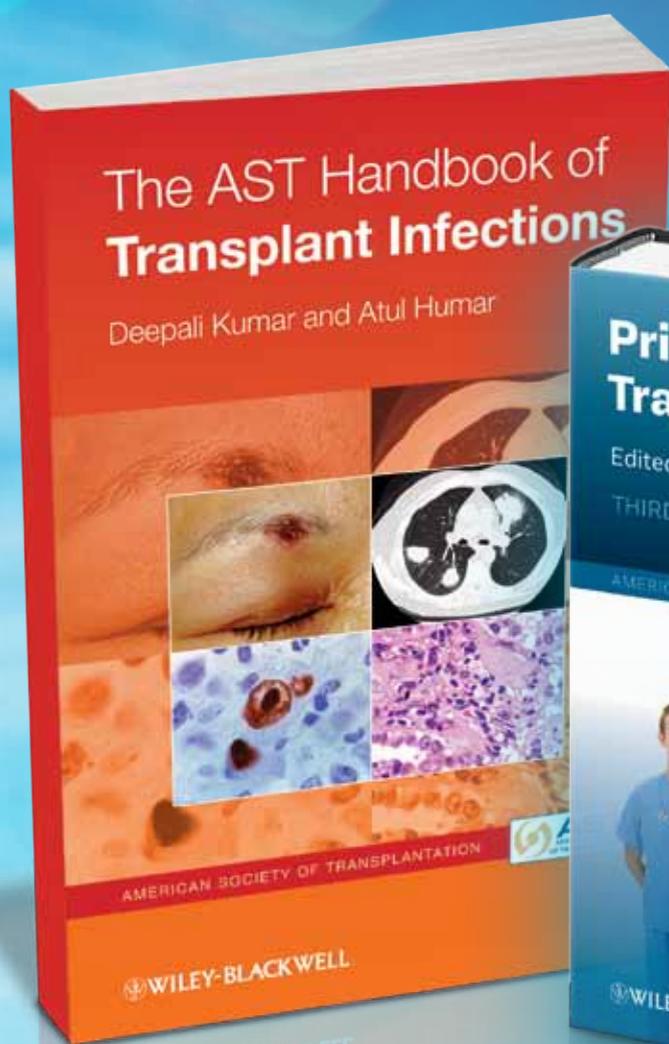
**In 1982...**

**Approximately 200 individuals joined ASTP in its inaugural year.**

*Popular films included Gandhi, E.T.: The Extra-terrestrial, Poltergeist, Tootsie, and An Officer and a Gentleman.*

# Providing guidance for the next generation of transplant professionals

Official publications of the American Society of Transplantation



[www.a-s-t.org/publications](http://www.a-s-t.org/publications)

## 2012 AST Lifetime Achievement Award

### Flavio Vincenti, MD

*World-renowned kidney nephrologist specializing in internal medicine, with more than 40 years of practice*



The 2012 AST Lifetime Achievement Award (previously known as the AST Ernest Hodge Distinguished Achievement Award) is our society's highest honor and pays tribute to a senior investigator whose lifelong work has advanced the field of transplantation. The AST is pleased to present Dr. Vincenti with this award recognizing his distinguished service to the field of transplantation and to the AST.

Dr. Vincenti received his medical degree from the American University of Beirut in 1971 and furthered his training in internal medicine at the same institution. In 1975, Dr. Vincenti completed a nephrology fellowship at Emory University School of Medicine and was then recruited to the University of California, San Francisco, where his career blossomed over three decades, and he is now Professor of Clinical Medicine and Surgery.

Dr. Vincenti has demonstrated a unique ability to foster advances in transplantation therapeutics, in turn derived from his implicit understanding of basic immunologic mechanisms. His knowledge of the importance of lymphocyte signaling in rejection responses meshed with his awareness of monoclonal antibody technology to play a major role in development of daclizumab and belatacept, among other agents. Dr. Vincenti's colleagues describe him as the "consummate clinical investigator" for repeatedly observing advances in the laboratory, recognizing implications for problems in clinical transplantation, and designing appropriate clinical trials. His resume essentially defines the nature of current immunosuppression from a developmental perspective. Beyond his contributions to drug development, Dr. Vincenti is also responsible for innovative approaches to recurrent glomerular disease and focal glomerulosclerosis.

Dr. Vincenti has played a key role in AST since 1982. He has served on numerous committees, including the Programs & Publications Committee, the Kidney

Pancreas Committee, the Clinical Trials Committee, and the Development Committee. Dr. Vincenti also served on the AST Board of Directors from 2003 to 2006 as AST President-Elect, and then from 2007 to 2008 as AST President. During Dr. Vincenti's presidency, he spearheaded passage of the Charlie W. Norwood Living Organ Donation Act in the House of Representatives and the U.S. Senate. His "Open Letter to the FDA" (*AJT* 2008, with Goran Klintmalm and Phil Halloran) was instrumental in modernizing regulatory approaches to new immunosuppressants. Aware of the importance of AST on a global stage, Dr. Vincenti began several new international collaborative efforts that are still evolving.

Dr. Vincenti's colleagues see him as the epitome of excellence in clinical investigation, care of transplant recipients, and service to AST. He continues to attract young physicians and investigators to transplantation; few in the field have remained as relevant and significant for as long as Dr. Vincenti. Thousands of transplant recipients worldwide owe a debt of gratitude to his vision.

#### 5 FACTS ABOUT DR. VINCENTI:

1. Authored more than 200 publications
2. Invited to speak at over 100 meetings worldwide
3. Principle investigator on more than 50 research projects
4. Mentor to 19 renal and transplant fellows; spends more than 200 hours a year teaching
5. Named inaugural holder of the Deborah Faiman Endowed Chair in Kidney Transplantation in 2010

## 2012 AST Senior Achievement Award in Clinical Transplantation

### Patricia Lee Adams, MD

*World-renowned clinical transplant expert*



The AST is pleased to present the 2012 Senior Achievement Award in Clinical Transplantation to Dr. Patricia Adams, Professor Emerita of Internal Medicine/Nephrology in the Department of Internal Medicine/Section on Nephrology at Wake Forest University School of Medicine.

This award recognizes outstanding contributions to clinical transplantation over the course of a clinical career. Dr. Adams is an extremely worthy recipient of this award, as she has tirelessly served the transplant community and has distinguished herself as an expert on solid organ donor issues.

After receiving her medical degree in 1974 from the Bowman Gray School of Medicine, Dr. Adams went on to complete her internal medicine residency and her nephrology fellowship at the University of Alabama School of Medicine. Dr. Adams recently retired as the Medical Director of the Renal Transplant Program at North Carolina Baptist Hospital and as the Chief of Professional Services at Wake Forest University Baptist Medical Center. Throughout her career she was noted as an expert in clinical transplantation and made numerous significant contributions to the field of transplantation through patient care, education and mentoring, and to the transplant community through her service within national transplant organizations.

Dr. Adams has been an AST member for 30 years. She was the first chair of the Membership Committee and acted as a Newsletter Editor from 1985 to 1987. Dr. Adams also served twice on the AST Board of Directors as a Councilor-at-Large, first from 1985 to 1988 and again from 1991 to 1993. Additionally, Dr. Adams has participated on numerous AST committees, such as: the Awards Committee; Training and Manpower Committee; Public Policy Committee; and the Organ Donation Committee, on which she served as chair from 2005 to 2006. Since 2001, Dr. Adams has been a member of the Women's Health Committee, now known as the Women's Health Community of Practice. Her colleagues state she "was instrumental in the initial design of the committee and has been a steadfast participant in the design of various projects."

Dr. Adams' strong commitment to the transplant community is also reflected in her service to multiple national organizations, including the National Kidney Foundation (NKF), the United Network for Organ Sharing (UNOS), and several regional transplant organizations, such as the South-Eastern Organ Procurement Foundation. Beginning in 1998, she served as a member of the UNOS Executive Committee Board of Directors and in 2000 became UNOS President. Her extensive experience and knowledge about the inner workings of UNOS, as well as her numerous publications in the field of organ donation and organ sharing, make it clear why she is a recognized expert.

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*"It has been especially gratifying to see AST speak out on political issues and advocate more for organ donation, and - with apologies to all the men who have helped me so much in my career - to see all the talented women now in the field. Transplantation has been a great ride for me; so many of the pioneers and giants of the field have been my mentors and friends. In my time in medicine, I have seen organ transplantation grow from experiment to routine therapy. Please envy me because I was able to experience the joy of our success every day in clinic."*

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Dr. Adams is a nationally recognized first-rate physician and has demonstrated an intense devotion to patient care and to the education of medical students, house staff and fellows. She has been a steadfast and devoted advocate for organ donation, a passion for which she has international recognition. She has been an exemplary role model for female academic physicians and is intensely committed to improving the care of the transplant patient. Her career has been marked by advancing knowledge in the field of organ donation and transplantation and also by inspiring the next generation of transplant specialists.

# Transplant Nephrology Core Curriculum



**Prepare  
for the  
Boards!**

This outstanding online program is based on the American Board of Internal Medicine's nephrology certification exam blueprint and is designed to help you prepare for **board certification** or **maintenance of certification** in nephrology, or simply to **learn more about kidney transplantation**.

- Nine hours of presentations from outstanding speakers in the field
- A self-administered exam to help you assess your knowledge in the discipline
- An option to earn up to 9 *AMA PRA Category 1 Credits™* for an additional fee

**Immunology & Clinical Patterns of Allograft Rejection**  
Milagros D. Samaniego, MD • *University of Michigan*

**Recipient and Donor Outcomes**  
John Gill, MD • *St. Paul's Hospital*

**Donor Evaluation**  
Didier A. Mandelbrot, MD • *Beth Israel Deaconess Medical Center*

**Recipient Evaluation**  
Donald E. Hricik, MD • *University Hospitals Case Medical Center*

**Perioperative Management**  
Yolanda T. Becker, MD • *University of Chicago*

**Pharmacology of Immunosuppressive Drugs**  
Bruce Kaplan, MD • *University of Arizona College of Medicine*

**Long-term Complications: Infectious Diseases**  
Atul Humar, MD • *University of Alberta*

**Long-term Complications: Non-infectious Diseases**  
Roy D. Bloom, MD • *University of Pennsylvania*

**Regulation of Transplantation in the United States**  
Douglas J. Norman, MD • *Oregon Health & Science University*

**Pediatric Kidney Transplantation**  
Vikas Dharnidharka, MD, MPH • *University of Florida*



*This program is co-sponsored by the American Society of Nephrology and the American Society of Transplantation*

[www.a-s-t.org/TNCC](http://www.a-s-t.org/TNCC)



## Communities of Practice Behind the Wheel: *Driving AST Forward*

Over its 30 year history, the AST has never been satisfied with complacency. We believe that in order to truly effect change in the field of transplantation we have to constantly evolve and broaden our level of professional and technical expertise. To formalize that pursuit, the AST took the bold step ten years ago of pursuing a new model of participation within an academic society when it launched the first of what eventually became 12 “AST Communities of Practice” (COPs). The COPs function as autonomous groups within the AST and are dedicated to exchanging knowledge and advocating for issues relevant to each of their constituencies. The COP model not only provides an opportunity for active participation by individual members, it requires this participation in order for the Society to achieve its optimal outcomes. Each COP is organized around a specialized proficiency, and each provides the input, networking opportunities, problem solving and knowledge sharing capabilities that are vital for the growth of the Society. The unique strength of the COP model is that new ideas and goals of the Society originate with the members within their respective COPs, and then become integrated with the overall goals and activities of the entire Society.

The implementation of the COP model has allowed the AST to more fully embrace all areas of the solid organ transplantation field, and has ensured active participation and representation from our entire membership. Society leadership strongly believes that this opportunity to participate truly enhances the value of membership to our members. Among the more notable contributions is the development of cutting-edge training programs and education materials, including:

- The immediate action taken by the **Infectious Disease COP** during the H1N1 pandemic to develop a guidance document on diagnosis, prevention, and treatment of the virus as it pertains to transplant patients
- A job fair launched by the **Trainee & Young Faculty COP**



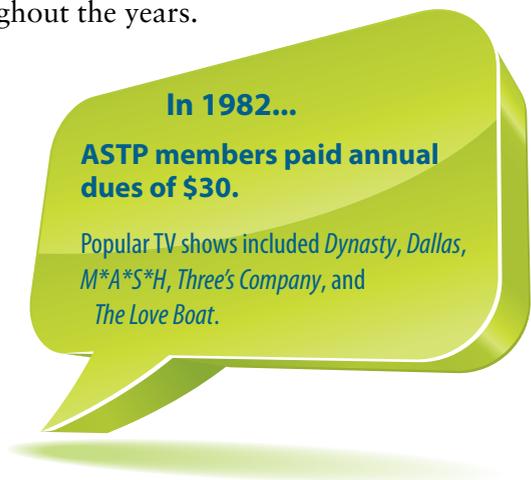
- The **Transplant Diagnostics COP's** development of a joint session with the CST on the topic of diagnostics in transplantation
- A web resource created by the **Pediatric COP** that addresses issues in transition from pediatric to adult transplant care
- The **Women's Health COP** raising awareness of gender differences by promoting collaborative research that uncovers underlying gender-related healthcare differences
- A publication addressing the role of allied health professionals on the transplant team by the **Community of Allied Health Professionals**
- A new webinar series planned by the **Transplant Administrators COP** that will focus on the business of transplantation

- A white paper written by the **Transplant Pharmacy COP** describing the training and role of a transplant pharmacist on the patient care team
- The development of a podcast by the **Liver & Intestinal COP** addressing issues in liver transplantation for alcohol-related liver disease
- The **Thoracic & Critical Care COP's** submission of several successful proposals to ATC addressing needs within the community

In addition to the efforts of these established communities of practice, the AST also launched two new COPs earlier this year – the **Community of Basic Scientists (COBS)** and the **Live Donor Community of Practice (LD COP)**. The COBS focus includes the creation of programs that will train and retain the future generation of basic scientists in transplantation. The LD COP is identifying initiatives which clarify the role of the live donor advocate and in determining best practices in the process of the living donation.

AST communities of practice are open to everyone and serve as an opportunity to collaborate, network, obtain and share resources. They are also a way of getting involved in important initiatives that are advancing the COP's special interests and the field of transplantation itself.

Every community is a valuable resource that has contributed both to the AST and their constituency throughout the years.



## AST'S NEWEST COMMUNITIES OF PRACTICE

*AST is proud to announce the latest additions to our ever-expanding world of COPs.  
 Read on to learn more about these COPs and find out what they hope to accomplish in the future.*

### LIVE DONOR COMMUNITY OF PRACTICE

**Who we are:** The AST Live Donor Community of Practice (LDCOP) represents a multidisciplinary group of transplant professionals involved in the care of the live organ donor throughout the donation continuum.

**What we do:** The purpose of the LDCOP is to define roles and standards and promote best practices for the evaluation and care of potential and actual live organ donors through advocacy, support and development of activities that will enhance the quality, effectiveness and integrity of live donation.

**Where we're going:** In the years ahead, the LDCOP will strive to serve as the leading voice in advocating, supporting and advancing knowledge to improve the care of the live organ donor.

### COMMUNITY OF BASIC SCIENTISTS

**Who we are:** The AST Community of Basic Scientists (COBS) represents and serves scientists interested in basic transplant research through advocacy, support, and development of activities that will enhance basic research in the field of transplantation.

**What we do:** The purpose of the COBS is to empower the AST membership by actively involving scientists and clinicians who are working in basic transplant research by providing a home within the AST to advocate for their interests and create opportunities for scientific advancement.

**Where we're going:** In the years ahead, the COBS will strive to provide advocacy, advancement, quality education, peer support and opportunities for transplant professionals involved in basic transplant research to improve outcomes in transplant patients.

### HOW DO I JOIN?

Membership in any of AST's twelve communities of practice is open to both AST members and non-members. Qualifying non-members may join a COP for a one-year trial period, after which they must become an AST member if they wish to continue their COP participation.

To join, complete an online form at [www.a-s-t.org/communities-of-practice](http://www.a-s-t.org/communities-of-practice).



# AST's Communities of Practice

*Be a Part of a Team – Join a Community of Practice*

## **Community of Allied Health Professionals**

The Community of Allied Health Professionals (COAHP) is dedicated to advancing excellence in transplantation by promoting research and professional development through knowledge sharing, networking and learning among all allied transplant health professionals.

## **Community of Basic Scientists**

The Community of Basic Scientists (COBS) represents and serves scientists interested in basic transplant research through advocacy, support, and development of activities that will enhance basic research in the field of transplantation. The purpose of the COBS is to provide networking opportunities to share knowledge, exchange scientific expertise, and provide resources for basic research in transplantation with the ultimate goal of advancing the field of transplantation to benefit the care of transplant patients.

## **Infectious Disease Community of Practice**

The Infectious Disease Community of Practice (IDCOP) offers transplant infectious disease professionals a vehicle for networking, accessing resources and references, as well as finding new ways to share best practice ideas and solutions.

## **Live Donor Community of Practice**

The Live Donor Community of Practice (LDCOP) represents a multidisciplinary group who are involved in the care of the live organ donor throughout the donation continuum. The COP will work to define roles and standards and promote best practices for the evaluation and care of potential and actual live organ donors through advocacy, support and development of activities that will enhance the quality, effectiveness and integrity of live donation.

## **Liver and Intestinal Community of Practice**

The Liver and Intestinal Community of Practice (LICOP) was established to support professionals with an interest in liver and intestinal transplantation. The LICOP is dedicated to being the preeminent voice in policy issues regarding liver and intestinal transplantation and providing a framework in which surgeons, physicians and medical professionals can network and engage in research collaborations.

## **Pediatric Community of Practice**

The Pediatric Community of Practice (PCOP) provides professionals in the pediatric transplant field opportunities to unite in addressing pediatric issues and provides networking opportunities for community members.

## **Thoracic and Critical Care Community of Practice**

The Thoracic and Critical Care Community of Practice (TCCCOP) offers the opportunity for all those interested in thoracic transplantation, including transplant physicians and surgeons, intensivists, and allied health professionals, to work together to advance the field of thoracic transplantation.



## **Trainee and Young Faculty Community of Practice**

The Trainee and Young Faculty Community of Practice (TYFCOP) was established to provide a forum for trainees and young faculty in any transplant-related field to network with peers and senior investigators, exchange thoughts, and participate in educational programs specifically targeted to physicians/scientists who are early in their careers.

## **Transplant Administrators Community of Practice**

The Transplant Administrators Community of Practice (Tx Admin COP) is dedicated to providing quality education, advocacy and peer support for transplant administrators and other personnel involved in the management of resources that support functionality of transplant programs.

## **Transplant Diagnostics Community of Practice**

The Transplant Diagnostics Community of Practice (Tx Dx COP) is dedicated to all professionals involved in diagnostics, including transplant pathologists, immunogeneticists, and other laboratory medicine specialists. The community works together to create and promote best practices through the communication, implementation and thus maintenance of the highest diagnostic and quality assurance standards in organ transplantation.

## **Transplant Pharmacy Community of Practice**

The Transplant Pharmacy Community of Practice (Tx Pharm COP) is dedicated to working together to develop and/or enhance existing training programs, develop new patient education brochures, and advance the transplant pharmacy profession in collaboration with the entire transplant profession.

## **Women's Health Community of Practice**

The Women's Health Community of Practice (WHCOP) focuses on women's health issues within the field of transplantation. The Community is also interested in supporting the careers of individuals interested in women's health.



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*Communities of Practice (COP) are open to anyone with an interest in the areas noted above. Complimentary COP membership is offered to nonmembers of the AST for one year. To join a Community of Practice, please visit [www.a-s-t.org/communities-of-practice](http://www.a-s-t.org/communities-of-practice) and select one of the COPs to join.*

# Congratulations to Our 2012 Award and Grant Recipients!

## 2012 AST Achievement Award Recipients

Lifetime Achievement Award  
**Flavio Vincenti, MD**

Senior Achievement Award in  
Clinical Transplantation  
**Patricia Adams, MD**

Distinguished Service Award  
**Yvonne Morrison, MS**

Mentoring Award  
**Terry Strom, MD**

Clinician of Distinction Award  
**Linda Ohler, RN, MSN, CCTC, FAAN**

Transplant Advocacy Award  
**David Foster**

Basic Science Established Investigator Award  
**Ronald Gill, PhD**

Clinical Science Established  
Investigator Award  
**Steven Webber, MBChB**

Basic Science Investigator Award  
**Andrew Wells, PhD**

Clinical Science Investigator Award  
**Vikas Dharnidharka, MD, MPH**

Basic Science Career Development Award  
**Jonathan Maltzman, MD, PhD**

Clinical Science Career Development Award  
**Lara Danziger-Isakov, MD, MPH**

## 2012 AST Faculty & Fellowship Grant Recipients

AST Allied Health Professionals Grant  
**Patricia Scott, PhD**

AST Clinical Science  
Faculty Development Grant  
**Cynthia Gries, MD, MS**

AST/Astellas Basic Science Fellowship Grant  
**Pallavi Banerjee, PhD**

AST/Astellas Clinical Science Fellowship Grant  
**Lisa Boyette, MD**

AST/Astellas Basic Science Fellowship Grant  
**Partha Dutta, PhD**

AST/BMS Basic Science Fellowship Grant  
**Tiago Machuca, MD, PhD**

AST/Genentech Basic Science  
Fellowship Grant  
**David Leonard, PhD**

AST/Genentech Basic Science  
Fellowship Grant  
**Jin Yuan, MD, PhD**

AST/Pfizer Clinical Science Fellowship Grant  
**Ibrahim Batal, MD**

AST/Pfizer Basic Science  
Faculty Development Grant  
**Heth Turnquist, PhD**

AST/Pfizer Basic Science Fellowship Grant  
**Hong Zhang, MD, PhD**

# AMERICAN TRANSPLANT CONGRESS

♣ Seattle, WA • May 18-22, 2013 ♣

WASHINGTON STATE CONVENTION & TRADE CENTER



## Save the Date

# Online Resources For Your Patients



### Patient Education Brochures

AST provides online access to patient education brochures that have been recognized by the National Library of Medicine as an authoritative source of patient information on transplantation. Brochures are available in both Spanish and English and address what patients may expect before, during, and after transplants, including their medications.

Visit the AST Web site to learn more about our patient education resources.

[www.HealthyTransplant.com](http://www.HealthyTransplant.com)

Helping patients learn about organ transplant and make informed decisions about their care

# Letter from the President-Elect



Dear Colleagues,

I am excited and delighted to be your incoming president. It has been nearly 20 years since I first became acquainted with the AST. At that time, I attended my first American Society of Transplant Physicians Annual Meeting held in two small ballrooms at the Fairmont Hotel in Chicago. After winning a Young Investigator Award and having such positive interactions with some of our incredible leaders, I was hooked! Back then we were a much smaller society, and meeting with other members seemed relatively easy. Moreover, our annual meeting was conducive to networking and facilitating collaborations, be they scientific or clinical. Soon after, in 1995, I became a member of the American Society of Transplantation and have served in a variety of positions; including chair of the Education Committee, member of the ATC Planning Committee and program co-chair for 2012, Associate Editor of the *American Journal of Transplantation*, and Board Councilor. During this time, I have seen incredible growth of our society, not only in numbers but also in diversity. I have also had opportunities to meet or work with many of you, and it is these interactions that make our society strong and, in my mind, a critical component to our careers as transplant professionals.

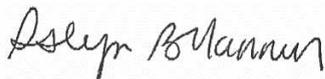
Today we meet many challenges, but I believe that these challenges also represent opportunities. First and foremost have been public policy and health care reform. While my professional focus has been on education and research, I recognize that the foundation from which we operate is patient care. Through the distinguished efforts of Bill Applegate and Chris Rorick, our lobbyists, and the Public Policy Committee, AST is now recognized as a “go-to” professional organization for weighing in on nearly every issue related to transplantation. We have been extremely active this year in working on the Immunosuppressive Drug Act and maintaining contacts so that transplant is part of the essential health benefit. We have also been dealing with policy decisions from donor-derived screening recommendations by the CDC and FDA regulations on internally derived lab testing, as well as supporting the ongoing link of NIH funding for transplant research. We will continue to put considerable effort into these activities through my presidency, and I hope we will see some projects through to a final positive outcome!

While our Industry support has fallen, our financial mandates have led to our being much more strategic in our planning of activities for our members. Through your support, we have grown our Endowment to allow us to fully support our annual Fellows Symposium and also provide support of our grants program. These initiatives are both near and dear to my heart, and I plan to continue to support them actively. We will continue to work with Industry to find appropriate ways to support programs that will improve our patients’ outcomes and expectations. Moreover, we have established strong collaborations with our fellow transplant societies. Both Maryl and Bob have developed strong relationships with ASTS; I plan to continue working closely with Kim Olthoff, incoming ASTS president, so that we may combine our best efforts and work together to achieve our goals in as efficient a way as possible. We have had particularly successful programs with the Canadian Society of Transplantation and are planning future projects leveraging the scientific strengths of both societies. Similarly, in working with the European Society for Organ Transplantation, we will continue to jointly sponsor a grant for trainees to participate in research from the best and the brightest mentors, as well as sponsor joint scientific meetings that provide critical collaborative contacts across the continents.

With AST’s diverse membership, we have worked to find “homes” for all the many volunteers. I want to thank all of you who offered your service and want to let you know that the number of opportunities for committee work was quite limited. So please, consider joining a Community of Practice that may be relevant to your work. Working closely with leadership and with my support, the Transplant Diagnostics COP launched last year and had an extremely successful year, growing its membership and creating a dynamic and exciting pre-meeting symposium and CPCs for the upcoming ATC meeting. The newest COPs approved by the Board include the Basic Science and Live Donor COPs. Anyone, including non-members, can join any COP, and your participation is fully voluntary. It is an excellent networking opportunity and also allows you the chance to contribute to COP-specific projects that are critical to the AST mission.

As always, I will remain dedicated to continuing our strong educational programming and exploring new opportunities. With our diverse membership, we now have substantial opportunities to provide programming in other areas besides medical care, including program standards, transplant finance, and management. A key mission for us this year will be to continue to attract the best and brightest into transplantation. This may take the form of the annual Fellows Symposium featuring both basic and clinical sessions, as well as a new approach this year of combined sessions on key topics in transplant such as innate immunity and antibody-mediated rejection. We hope that these “translational” sessions will enhance trainee understanding that both clinicians and scientist contributions are key if we are to move forward in our understanding of transplant biology. Having a smaller meeting for scientific presentations at the Annual Scientific Exchange is another opportunity for trainees and junior faculty to obtain feedback in a less than threatening atmosphere. The planning committee is working intensively to find new ways to integrate clinical and basic science and to come up with innovative programming to support these needs. Novel teaching strategies, further networking opportunities, and a global approach to research strategies will become part of this new scientific meeting, so stay tuned.

I eagerly look forward to this coming year with anticipation (OK and maybe some anxiety too!!). I have been guided by my predecessor presidents and hope to continue their legacy guiding our Society forward. Consider all that AST has to offer; I challenge each of you to find your opportunity to support and contribute.



**Roslyn B. Mannon, M.D.**  
*President-Elect AST 2012*

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# The Importance of Accreditation: *Setting the Standards*



The number of practicing transplant physicians is insufficient, and in order to continue to supply the best patient care to donors and recipients, expert knowledge and up-to-date accreditation is not only necessary but critical. In a highly complex and evolving industry, skill sets that may have been acceptable 10 years ago are now insufficient, and it is crucial that transplant professionals familiarize themselves with current treatment protocols.

In an effort to ensure that this adequate training is provided, the AST and ASN formed the AST/ASN Renal Transplant Fellowship Training Accreditation Program. This UNOS-approved joint program provides the basis for the standardization of transplant training to the future leaders in nephrology. It also serves as a method of uniform documentation of education and helps prepare those who wish to lead renal transplant programs.

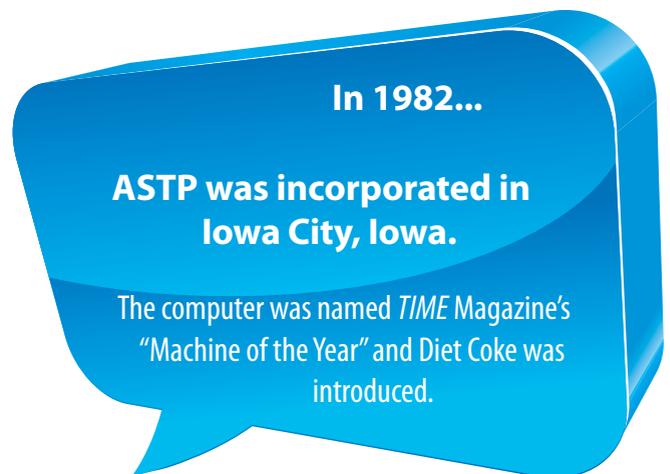
The number of patients on the waiting list to receive a renal transplant has doubled during the last decade, and issues concerning immunosuppressive drug coverage continue to endanger the lives of the transplant recipients. It is only through increased research and training that transplant professionals will be able to meet these challenges head-on, and accreditation allows centers to:

- Guarantee patient exposure to a comprehensive transplant education curriculum
- Provide continuing education opportunities to their nephrology program
- Gain exposure to quality research that combines high-level clinical care with advances in immunology, genetics, pharmacology, pathology, clinical epidemiology, and public health
- Enhance opportunities for employment in academic settings or private practice

Over the past decade, more than 50 renal fellowship programs in the United States and Canada have been accredited by this program, and as a result they have been able to attract future leaders to their centers. Being selected as a fellow of an accredited center is a privilege for anyone pursuing excellence in their career, and premier renal transplant fellowships are able to expose transplant professionals to experience a variety of situations that build their clinical research skills.

The training that is experienced through this accreditation program is intense, and fellows who complete the course have found it extremely beneficial, often citing that they were able to interact with “approachable faculty” who “offered excellent mentorship opportunities.”

Accreditation is an important decision that allows a program to interact with a cohesive group of well-networked professionals and serve among the top centers in the country. All interested centers are encouraged to visit [www.a-s-t.org/accreditation](http://www.a-s-t.org/accreditation), where they can view the application process, eligibility criteria, and application instructions.





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