

AST Magazine

2013

AMERICAN SOCIETY OF TRANSPLANTATION

EXPLORE AST

*Your Community
of Practice Leaders:
Advancing Transplantation
One Specialty Area at a Time*
p. 8

Systematic Reviews

In Real Time p. 16

Cutting Edge of Transplantation

Wrap-up p. 19

Accolades

*2013 AST Lifetime
Achievement Award* p. 26



Improving Human Life by Advancing the Field of Transplantation

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CUTTING EDGE OF TRANSPLANTATION

Optimizing Long-Term Transplant Survival:

THERAPEUTICS • TARGETS • TECHNOLOGIES

therapeutics

targets

technologies

Are we on the right track with new drugs and biologics? Have the targets changed? Where can we really impact outcomes with "technology-omics"? The time has come to integrate our strategies, therapies and technology, and critically assess their merits as we face the enormous task of extending transplant survival. Plan to attend AST's 2014 Cutting Edge of Transplantation where expert clinicians, leading diagnosticians, and world-class scientists will address this enormous challenge together with an engaged audience.

FEBRUARY 13-16, 2014 • SHEARATON WILD HORSE PASS • CHANDLER, ARIZONA
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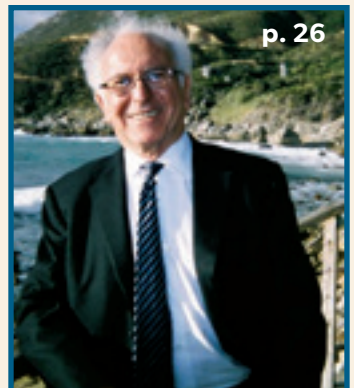
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STAFF

Executive Vice President – Susan J. Nelson, CAE
snelson@myAST.org

Executive Director – Libby McDannell, CAE
emcdannell@myAST.org

Director of Meetings – Tina C. Squillante, CMP
tsquillante@myAST.org

Director of Operations – Beth Maher
emaher@myAST.org

Director of Membership – Nicole Poponi
npoponi@myAST.org

Administrative Director – Terri Hague
thague@myAST.org

Senior Communities of Practice Manager – Jason Polinsky
jpolinsky@myAST.org

Meetings & Education Manager – Kristin Brammell, CMP
kbrammell@myAST.org

Associate Meeting Manager – Liz Piegzik
lpiegzik@myAST.org

Membership & Committee Coordinator – Caitlin Frontino
cfrontino@myAST.org

Program Manager – Sarah Black
sblack@myAST.org

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

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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.

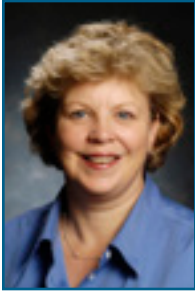
AST is home to more than 3,200 transplant professionals. From innovative networking opportunities, to interactive educational activities, to its strong presence on Capitol Hill, AST is committed to providing benefits that are relevant to its members.

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,

One year ago, as we celebrated the 30th anniversary of the Society, I had the immense privilege of becoming the president of AST. It's a position that I never took lightly. Just as I had witnessed my predecessors making an influential impact on both the Society and the greater field of transplantation, I vowed to do the same. In looking back at your contributions to AST this past year, I couldn't be more proud of the achievements we've accomplished together.

The growth in our membership over the past year has been astounding. The Society welcomed more than 300 new members – the AST member renewal rate was 92 percent and our membership draws from over 50 countries. Participation in COPs has also grown, with over 2,200 members contributing to 12 different communities, each meeting a different need in transplantation. I encourage all of our members to take advantage of this opportunity to discuss key topics in transplantation and contribute to a specific niche in our field in a meaningful way. The accomplishments of each of these groups is highlighted in this magazine and I urge you to acquaint yourself with our diverse members and their energy.

Public policy clearly took center stage this past year as our lobbyists and the Public Policy Committee strived to weigh in on nearly every issue related to transplantation. This included working toward the alignment of CMS and OPTN performance regulations, providing input for the PHS guidelines, and working with our Joint Societies Work Groups in UNOS policy development. Moreover, we've supported numerous Congresspersons in moving critical pieces of legislation forward and developing a living donor bill of rights. In the past year, four pieces of legislation related to transplantation have been either brought before Congress or placed in the hopper – an incredible accomplishment on behalf of our public policy team. From the "Immuno Bill" to the HIV transplant ban (HOPE Act), we've refused to quit when lives are at stake. Finally, we had dialogue this year with the FDA regarding endpoints and rapid approval of new pharmaceutical agents in the field of transplantation. The discussions were positive and we will endeavor to find ways to work with the FDA to move these areas forward.

Our commitment to educating the future generation of transplant professionals has never been stronger, as we've developed new educational programming to keep our members in tune with the latest research and developments in our field. We launched the brand-new webinar series, "The Business of Transplantation," to complement our programming concentrated in clinical care. We introduced the AST Journal Club, creating an open forum to discuss recently published articles impacting the field of transplantation. We held our first Cutting Edge of Transplantation meeting,

bringing together scientists and clinicians from around the world to provide insights into a critical topic in transplant medicine. In the coming year, members will have access to a new practice improvement module (PIM) for maintenance of certification in transplant nephrology. Finally, we are working on a unique model of guideline updates, using a system of real-time review. A pilot project should be available for your viewing later this fall.

AST has also made critical strides towards promoting organ donation. We've drafted new position statements on both living and deceased donation, as well as a new statement of ethics. We are working with the Alliance to identify leaders in the science of donor management, in the hopes of creating a national guideline that may allow for more effective research activities in this field. In the coming year, we'll also be launching a new organ donation awareness initiative, titled Power2Save. Our goal is to increase public awareness around the importance of donating organs, advocating for patient health and funding transplant research. Stay tuned for more details in the next year!

We have maintained critical collaborations and found these to be a huge strength. These include working closely with our AOPO, NATCO, and ASTS colleagues on critical public policy issues. With ASTS, we continue to work on our most successful ventures: the ATC, and of course, our journal. With ESOT, we now have a wonderful opportunity to share in educational programming both at their meetings as well as in jointly sponsored activities. With ASN, we continue to identify joint strategies to effect better education for the nephrology community. And we are exploring new collaborations with our colleagues in ISHLT, and the RPA. These relationships are critical to our growing and diverse membership.

Finally, I commend the entire Society for its continued commitment to research in transplantation. In evaluating current methods, we have looked for more effective ways to advance research by exploring opportunities to cultivate research networks and consortia. The future of transplantation relies on developments and discoveries in research, and we'll continue to advocate for funding in this critical medical field.

Though busy, and at times challenging, serving as your president has been nothing short of an honor. I've enjoyed hearing from many of you over the year, and appreciate the time you took to reach out to me. We've had a productive year as a Society and I thank you for your commitment to excellence. I look forward to the growth of the Society under the leadership of our new president, Dr. Dan Salomon.

Thank you again, and please do keep in touch.

Sincerely,

A handwritten signature in black ink that reads "Roslyn B. Mannon". The signature is written in a cursive, flowing style.

Roslyn B. Mannon, MD • AST President



Education ^{for you} in the Future

Network and Learn Face-to-Face

Fellows Symposium on Transplantation Medicine

Grapevine, TX

September 20-22, 2013

September 19-21, 2014

September 25-27, 2015

Cutting Edge of Transplantation

Chandler, AZ

February 13-16, 2014

February 6-9, 2015

World Transplant Congress

San Francisco, CA

July 26-31, 2014

Learn Online Year-round

Business of Transplantation Live Monthly Webinar Series

Through June 2013

Archives available on demand

Free to AST members

Timely Topics in Transplantation (T3) Webinars

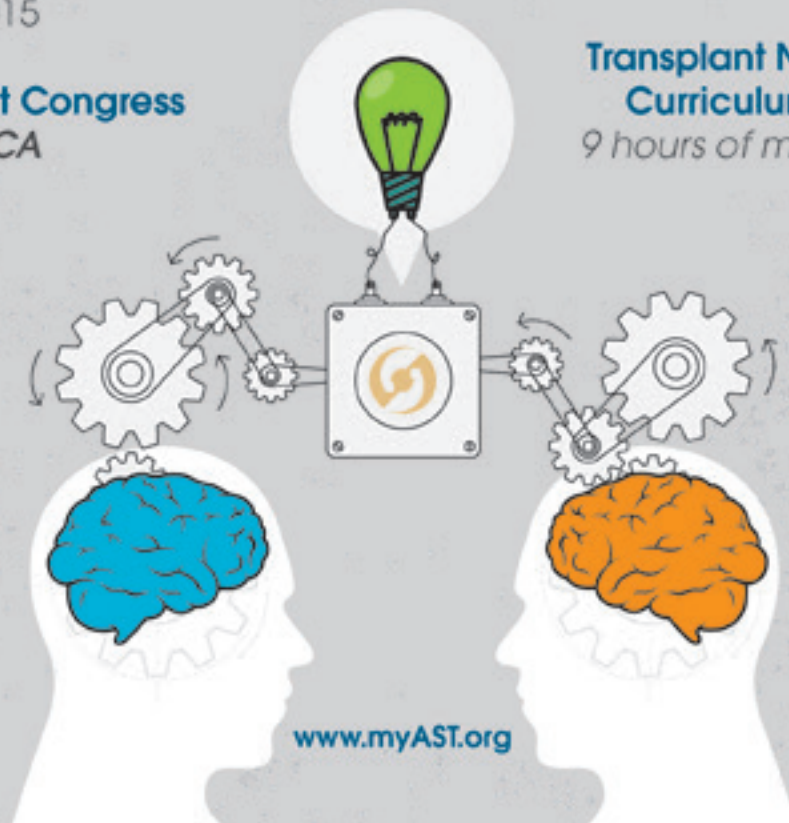
On demand and live webinars

Free to AST members

Transplant Nephrology Core Curriculum Online Course

9 hours of material available

for purchase



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AST Membership:

An Opportunity to Educate, Engage and Exchange Ideas

Since its establishment in 1982, the American Society of Transplantation (AST) has been a home for thousands of transplant professionals and a community where research, education, and advocacy for the field thrive. For more than 30 years, the Society has witnessed significant advancements and revolutionary discoveries in transplantation, including achievements in public policy. AST has seen direct evidence of the field’s continued growth through its membership – a committed and passionate group of professionals that has helped the Society make valuable strides in the advancement of transplantation.

Over the past three decades, AST has developed into a society embracing professionals from all disciplines in transplantation, including physicians, surgeons, scientists, nurses, pharmacists, coordinators, administrators, and researchers. In the past year alone, the Society welcomed more than 300 new members and had a dues renewal rate of 92 percent with representation from over 50 countries. In its history, AST has seen firsthand how participation in the Society can be vital to members’ careers, from education to networking to public policy change.

“AST is committed to serving its members by providing them with cutting-edge educational programming and meetings, critical funding for research grants, and countless opportunities for networking and collaboration.”

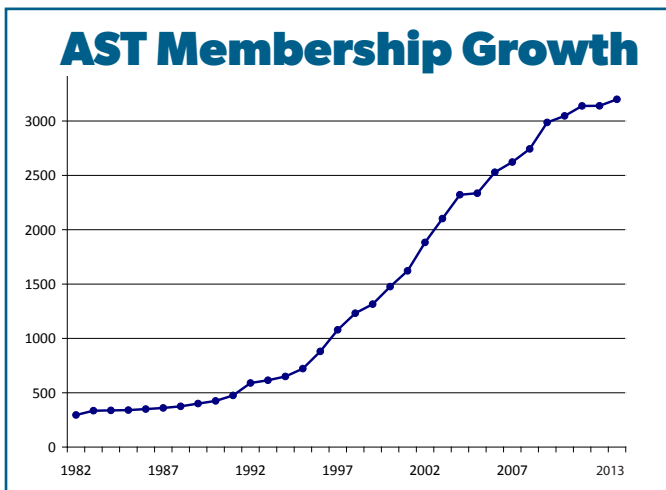
Dr. Deborah Adey

Chair of the AST Membership Committee

“AST is committed to serving its members by providing them with cutting-edge educational programming and meetings, critical funding for research grants, and countless opportunities for networking and collaboration,” said Dr. Deborah Adey, Chair of the AST Membership Committee. “With the support of loyal and passionate members, AST has become a go-to resource in the field of transplantation, giving a voice to *all* professionals who touch transplantation in some capacity. We’re grateful for our members’ continued commitment to the Society and look forward to contributing to the advancement of our field together.”

AST continues to develop new educational programming to keep members in tune with the latest research and developments in transplantation, including two webinar series that are free for AST members. The Timely Topics in Transplantation (T3) webinar series, a staple in AST’s educational offerings, discusses hot topics in the field, including highlights from ATC. T3 allows members to stay informed of new progress in the field. This past year, the Society also launched a brand-new webinar series, The Business of Transplantation. This monthly,

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eight-part series focuses on quality, operations, and finance in transplantation – complementing AST’s other educational programming concentrated on clinical care. Additional education programming will also be available to members in the future, including a new performance improvement module for maintenance of certification in nephrology.

In addition to its educational initiatives, AST prides itself on offering a variety of opportunities for networking and leadership, primarily in the Society’s Communities of Practice (COPs). These communities provide education, resource development, idea exchange, and outreach opportunities to foster advances in niche areas of transplantation, including infectious disease, thoracic/critical care, diagnostics, and women’s health, among others. With 12 COPs

meeting different needs in transplantation, members have an opportunity to become more deeply involved in AST and make a lasting difference in the field. More than two-thirds of AST’s current members participate in COPs, assisting AST in its role as an active and reliable resource for organ transplantation.

Looking toward the future, AST is dedicated to continuing its mission to be a valuable meeting place for research, education, and patient care for transplant professionals. In the upcoming year, members can look forward to the third edition of the Infectious Disease Guidelines through the *American Journal of Transplantation*, new COP websites, an AST tablet app, and an optimized AST website for mobile devices. ☺

AST Membership Can Save You Over \$2,300!*

| Benefits/Program | | AST Member Rate | Non-Member Rate | Savings |
|--|--|--|----------------------------------|----------------|
| Discounted Meeting Registration | American Transplant Congress (ATC) | \$425 | \$850 | \$425 |
| | Cutting Edge of Transplantation (CEOT) | \$250 | \$430 | \$180 |
| Online Education | Timely Topics in Transplantation (T3) Webinars | Free | \$25 each (\$200 for 8 webinars) | \$200 |
| | The Business of Transplantation Webinars | Free | \$50 each (\$400 for 8 webinars) | \$400 |
| | Online access to slide presentations from AST meetings | Free | \$248 (for 2 meetings) | \$248 |
| Publications | Subscription to the <i>American Journal of Transplantation</i> | Included with most membership categories | \$775 | \$775 |
| | 3rd Edition of the <i>AST Primer on Transplantation</i> | \$112.46 | \$149.95 | \$37.49 |
| | <i>AST Handbook of Transplant Infections</i> | \$37.46 | \$49.95 | \$12.49 |
| Other | Career Center (job posting) | \$25 | \$100 | \$75 |

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

If you are not already a member, please consider joining the AST. For more information about how to join, or to complete an online membership application, visit www.myAST.org/content/join-ast-now.

Any questions can be directed to the AST at info@myAST.org or (856) 439-9986.

Transplant Nephrology Core Curriculum



**Prepare
for the
Boards!**

This 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
- Group subscription option for multiple users

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

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Your Community of Practice Leaders:

Advancing Transplantation One Specialty Area at a Time



We asked our Community of Practice leaders how they came to be in a COP leadership position, what leading the COP has taught them, and what they view as the most exciting thing in AST's future. Here's what they had to say...



Lisa Coscia, RN, BSN, CCTC
Chair
Community of Allied Health Professionals
Member since 2004

I never really thought I would be chair of any committee, especially not of a national organization like AST. I had served on the executive committee of the Community of Allied Health Professionals (COAHP) since 2008, and then a colleague nominated me to co-chair the COP, and I was elected! After co-

chairing for two years I became chair in 2011. It has been a very stimulating and challenging time as chair of the COAHP. Our COP is diverse and has a variety of needs. The COP has taught me to be forward thinking and to attempt to inspire others to the mission of AST. As chair, I have tried to convey to our COP that AST is a great home for all allied health professionals. AST is committed to involving each member of the transplant team, including nurses, psychologists, nurse practitioners, transplant coordinators, social workers, and physician assistants. In the future, I believe that each of these diverse groups has the ability to create its own COP. With the growing number of allied health professionals joining AST, we can be the leaders of tomorrow for AST. We have already had the privilege of a nurse practitioner serving on the board of directors from 2009-2012! It is an exciting time to be a part of AST, and I encourage everyone to become involved!



Jonathan Maltzman, MD, PhD

Chair
Community of Basic Scientists
Member since 2001

Being the first chair of the Community of Basic Scientists (COBS) has been a fantastic and rewarding experience. I joined the AST in 2001 as I entered the post-doctoral training period of my nephrology fellowship. The Society was a natural fit, given my research interests in immune system function combined with clinical care of renal transplant patients. My initial involvement in AST was mainly through attendance at the American Transplant Congress and World Transplant Congress. Over time, I became more involved in the Society and a member of the AST Basic Science Advisory Council (BSAC). The COBS evolved from the previously existing BSAC just last year. Our community of practice has quickly grown to more than 100 members in less than a year, and we have active participation from trainees and senior scientists alike. We have been extremely fortunate to have a strong group of scientists and leaders on the COBS executive council. This is an exciting time for fundamental, investigational research in transplantation. Unfortunately, diminishing funding of research from public and private sources threatens these potential advances in science and in their translation to clinical care. The COBS will continue to promote basic transplantation science within the AST and outside the Society.

cutting edge of science. In 2008, I became a member of the IDCOP executive committee, at which time we decided to develop *The AST Handbook of Transplant Infections*. Through this endeavor, I had the opportunity to interact with a diverse group of very talented members. Their enthusiasm really impressed me, and I decided to run for the co-chair position in 2010. As the COP chair, I have seen how involved AST is in all aspects of transplantation, as well as the huge amount of input that members have into transplant education and public policy. At the COP level, I have also had the privilege to lead a broad range of activities. The AST has a bright future ahead. One of the most exciting things about the IDCOP is that all members, both junior and senior, have the opportunity to develop and lead new initiatives. Engaging the membership is really what will propel our society forward.



Deepali Kumar, MD

Chair
Infectious Disease Community of Practice
Member since 2004

It is a privilege to be the chair of the Infectious Disease Community of Practice (IDCOP). This is a very vibrant and active group that includes international leaders in transplant ID. I have been involved in both clinical and research aspects of transplantation since 2001 and an AST member since 2004. My first introduction to AST was at the annual meeting, (ATC) where I met many people with similar interests. It was easy to recognize that transplantation was an exciting field at the



Dianne LaPointe Rudow, ANP-BC, DNP, CCTC

Chair
Live Donor Community of Practice
Member since 2002

In 2002, the hepatologist I was working with at the time recommended that I join AST. Since then, I have been involved in committees, task forces, and COPs. I served on the board of directors from 2009-2012 and many issues arose regarding the care of the live donor, including interpreting new regulations, clarifying the role of the live donor advocate, and public policy issues surrounding donor care. Believing that living donation is a subspecialty within transplant, I felt that many issues could be addressed within a COP of transplant professionals whose expertise is the care of the live donor. In 2012, the board of directors approved a proposal to start such a Live Donor Community of Practice (LDCOP). I was excited when I was appointed to lead this COP. We have developed exciting initiatives, including writing a white paper on the role of the independent live donor advocate, identifying best practices in the process of living donation, and collaborating with the public policy group to introduce a bill to Congress regarding long-term donor follow-up. The biggest thing I have learned by working as chair of the LDCOP is that you can't do it alone. To make an impact on the care of our patients, you need a multidisciplinary group of professionals with expertise

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Education 24/7

AST's online learning activities put you in control of your education.

www.myAST.org

Business of Transplantation Webinars

- Archives available of the 8-webinar series
- Focus on three areas: quality, operations, finance
- Free to AST members

Timely Topics in Transplantation Webinars

- Offered on demand or as live broadcasts
- Topics span all areas of transplantation
- Free to AST members

Online Journal Club

- Pre-scheduled virtual discussion of topical articles
- Live interaction with authors
- Free to everyone

Podcasts

- 15-minute audio files for on-the-go information
- Topics range from organ-specific to ID to patient safety
- Free to everyone

Transplant Nephrology Core Curriculum

- Online course co-sponsored by ASN
- 9 hours of content, option to earn CME
- \$300 individual, \$1,000 5-user group subscription

REMS Resource Center

- Tools you need to understand REMS
- Podcasts and medication-specific REMS
- Free to everyone

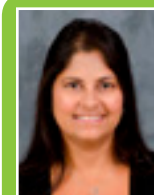


learn



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in the care of the live donor. Our executive committee members all come from different backgrounds but all are deeply driven to improve the care of live donors. Together we can achieve more than any individual alone. Hopefully, our commitment will transcend to all members of the COP, and such enthusiasm will convince others to join our COP and achieve our goals. I believe AST's future is bright. The Society values all members of the transplant team and their contribution to successful outcomes. This gives all transplant professionals an opportunity to take part in advancing the field of transplantation.



Anne Dipchand, MD

Chair
Pediatric Community of Practice
Member since 2006

I joined the Pediatric Community of Practice (PCOP) shortly after I joined AST. I became more involved in the PCOP in 2007 through my interest in educational initiatives, particularly the opportunities for collaboration with other societies with similar interests. I participated in the development of several symposia and podcasts which allowed me to become acquainted with the workings of the PCOP. As COP chair, I have had the privilege of working with a number of highly talented and driven colleagues, both within the PCOP and on the AST Board of Directors, to increase the offerings for pediatric professionals within AST. As a cardiologist, I have learned much more than I expected about the other solid organ transplant areas through exposure to policy review, educational material development, advocacy initiatives, and collaboration with other COPs on joint initiatives. I have had the opportunity to help move a diverse group of professionals toward common goals. Accountability and deliverables are important within AST and being a chair exposes you to challenges that can hinder progress for multiple reasons, but also to tremendous successes for the fruits of your labor. I am excited about the future of AST. The field of transplantation is changing rapidly both within and outside of the U.S. Policy, research funding, medical/patient complexity, training environment, public opinion, quality initiatives – just to name a few – all need to be addressed at a societal level on behalf of the practitioners and the patients. AST is dynamic, evolving, and well poised to navigate and participate in guiding change at all levels. It has been a privilege to be the chair of the PCOP, and I look forward to continuing my service to AST moving forward.



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Susan Orloff, MD
Chair
Liver and Intestinal
Community of Practice
Member for more than 20 years

My involvement in AST began when I was a multi-organ abdominal transplant fellow and a junior faculty transplant surgeon. Back when the societies held separate annual meetings, I submitted my research work for presentation to the AST vs. the ASTS – the reason being the science fit my basic science research pursuits at that time. I've stayed involved because AST membership provides a stimulating environment – both scientifically and professionally – and the American Transplant Congress provides an excellent venue for education, collaboration, and collegiality. In 2007 I was nominated to be a member of the AST Liver and Intestine Committee by my colleagues. I enjoyed serving on this committee, and our collegial group wrote a white paper published in *AJT* on management of the liver transplant recipient for the primary care doctor. The committee then morphed into the Liver and Intestinal Community of Practice (LICOP), and I became co-chair in 2010 under Kevin Korenblat's chairmanship. I am honored to be a part of this fantastic group of talented individuals! As a COP chair I've learned that with enthusiasm, motivation, purpose, dedication to do the right thing, and passion, we can “move mountains” and accomplish very important, innovative, relevant, and valuable advancements in liver transplantation. The most important ingredient is the people! The growth and expansion of the COPs will enable more collaboration, education, and discovery of innovations and tools in transplantation to better serve our patients and educate the current and future generations of individuals providing care for transplant recipients globally.

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Cynthia Gries, MD, MSc

Chair
Thoracic and Critical Care
Community of Practice
Member since 2008

I first became involved with AST as a fellow and at that point in my career, I already knew that there was a lot to be learned from the research experience in other types of solid organ transplantation. I was appointed to co-chair the Thoracic and Critical Care Community of Practice (TCC COP) when Steve Webber joined the AST Board and had to step down from the chair position. The ideal person for the chair position is someone who is a leader and a team player and follows through on their promises to get the work done. I aspire to embody these qualities and hope those are the reasons why I was chosen. Chairing the TCC COP has taught me how important societies like AST are in setting health policy. Whether it is a bill in Congress or a new bylaw for UNOS, AST plays a significant role in providing commentary and representing the voice of all transplant patients in the U.S. In order to improve survival and outcomes after transplantation, the transplant community must collaborate as a multidisciplinary team. AST is poised in a unique position to join the clinical and research experience across the different silos of solid organ transplantation from many different disciplines, including immunology, donor management, pathology, pharmacy, and allied health. Attending ATC and participating in AST on the Membership Committee, the Awards and Nominating Committee, and the Executive Committee of the TCC COP has greatly affected the way that I practice medicine and has helped generate many new research questions.



Melissa Yeung, MD

Past Chair
Trainee and Young Faculty
Community of Practice
Member since 2010

I first joined the AST as a renal fellow interested in pursuing a career in transplantation. A few years later, I became involved in establishing the Trainee and

Young Faculty Community of Practice (TYF COP) and was elected as its inaugural chair when it was officially launched at ATC in 2011. Our COP was created from the collective vision of the AST Board of Directors and a few enthusiastic trainee members. Our mission is to represent and serve AST members who are currently trainees or young faculty in a transplant-related field, by empowering and encouraging the careers of these future leaders in transplantation. I became chair of the TYF COP because I passionately believe that the future of AST depends critically on the development of its most junior members. Since our inception, we have quickly become one of the largest and most active COPs. Our members' infectious enthusiasm for the field and desire to become actively involved in our society have been the most rewarding aspects of my experience. I have also witnessed a unique commitment from the AST Board and senior members to foster the careers of trainees and young faculty. The development of these relationships and strong sense of community are what I believe to be the most exciting thing in AST's future.



Janie Oakley, MSPOD

Chair
Transplant Administrators
Community of Practice
Member since 2010

I can attribute my path to becoming chair of the Transplant Administrators Community of Practice (Tx Admin COP) to a number of career veterans in our field who organized an effort to start a transplant administrators community within AST (Cassandra Smith-Fields spearheaded this effort with Angie Korsun, Betty Crandall, Linda Ohler, Gigi Spicer, Gwen McNatt, and me). At the time, AST leadership asked the group to name the first executive committee, and I agreed to serve as Angie Korsun's co-chair. I am forever indebted to this team of individuals that provided me the opportunity to serve our community of transplant administrators in this role. I have had a wonderful experience both as co-chair and now as chair of this Community of Practice. The role of COP chair has taught me the value of transplant administrators' alignment with the larger transplant community and the variety of synergies that are achieved between the clinical and administrative aspects of our field. I have also learned that the transplant community is very

thirsty for education about the business of transplant to complement clinical practice. It is very exciting to work toward a future where kidney transplant recipients will be able to retain Medicare coverage for medications. I am very proud of the collaborative efforts of so many of our transplant colleagues across the country and across societies to support this goal. AST has made great strides toward inclusion of all of the ‘villagers’ that it takes to achieve successful transplantation, and our future will be determined by how well we leverage the variety of disciplines into the research of transplantation practice and care delivery. There are endless possibilities for seasoned AST members to mentor and support the scientific development of the other less-researched disciplines of transplantation, and I cannot wait to see the difference this is going to make to the patients we serve. While I was aware of AST as a society, I had not pursued a formal relationship until the transplant administrators began to look for a society home. The AST Board and members have welcomed our COP with open arms and immediately put us to work! We are very grateful to be working arm-in-arm with our clinical partners.

regarding the use and interpretation of diagnostics, and for us to learn what tools are needed now and in the future, so we can develop these in collaboration with clinician programs.



Rita Alloway, PharmD

Chair
Transplant Pharmacy
Community of Practice
Member since 1997

I have been blessed with several important career mentors. The first was Dr. Osama Gaber in Tennessee, who invited me to participate in transplant patient rounds after the hospital CEO solicited my help to “control” the cost of OKT3 in our hospital. As a pharmacist with no transplant experience, I was tasked to address this issue with a surgeon who had over 10 OKT3 publications. Dr. Gaber invited me to round with the transplant team and involved me in his ongoing clinical research with OKT3. Many surgeons would have responded very differently. In 1992, I submitted my first authored abstract to the American Transplant Congress regarding the efficacy of low-dose OKT3. Accepted as a poster, I was filled with pride. Little did I realize that everyone had won. The hospital spent less on OKT3 with similar results, Dr. Gaber furthered his clinical research efforts and I was naively embarking on a wonderful career. This began my involvement with AST (ASTP at the time). As a non-member, I continued to submit abstracts until I was able to officially join the Society in 1997. With a variety of collaborators at my institution and beyond, we have since submitted over 200 abstracts to ATC. These



Patricia Campbell, MBChB

Chair
Transplant Diagnostics
Community of Practice
Member for more than 20 years

I have been active in various COPs throughout my membership in AST. I became involved in the Transplant Diagnostics COP (Tx Dx COP) when I was approached by Dr. Michael Mengel and asked if I thought there would be a role for a COP in laboratory-based diagnostics that support transplantation. Together with some of our colleagues in histocompatibility and pathology we formed the founding committee, with Dr. Mengel serving as the initial chair and me as the co-chair. Now, being the chair of the Tx Dx COP has given me a better understanding of AST and how we can advocate for issues that are important to the transplant diagnostics community. Through open communication with the AST Board of Directors, these issues can be taken forward. The most exciting thing in our COP’s future is the opportunity to provide educational opportunities



continued on pg 14

continued from pg 13

collaborators attracted me to AST. They understood that as a pharmacist, I had a unique knowledge base to improve immunosuppressant utilization, and they embraced my collaboration. I began a transplant pharmacy specialty training program in 1994 and to date, we have trained over 30 residents and fellows (the primary source of all those abstracts!). In 2009 my former resident, Dr. Christin Rogers, initiated the Transplant Pharmacy Community of Practice (Tx Pharm COP) and has since led our COP to many successes. The most significant has been finding a home for over 270 transplant pharmacist COP members. These pharmacists are my source of inspiration and excitement about the future of AST. Their energy and excitement about transplantation far exceeds what I ever imagined. Their collaboration with the physician and surgeon core leadership and membership of AST will continue to propel AST to excellence.

My active participation in AST's committees and activities paved the path to my leadership roles in the Society. I was an active member of the Women's Health Committee, and participated in teleconferences, networking, and meetings during the American Transplant Congress. With the creation of the Women's Health Community of Practice (WHCOP) in 2005, I was elected to the executive committee as member-at-large and served for two years, until elected as co-chair. While I was co-chair of WHCOP, I was also serving as co-chair of the Education Committee, and this link between the Education Committee and WHCOP led to several podcasts and other educational activities. I learned to work with women with different personalities and professional backgrounds who were at different career stages. More importantly, I learned to keep focused and ensure that the WHCOP remained productive and projects were finalized. Chairing the WHCOP also provided the opportunity to mentor the careers of many women in transplantation from the early stages of training through their junior and mid-level careers. This has been the most rewarding part of our COP work. The opportunity to improve the care of transplant recipients through active collaboration with government, foster the training of young physicians in the field of transplantation, and expand our interactions with other international societies to transcend from a national to a global arena. The years of training and research supported by the AST provided the tools and knowledge necessary for my expertise in the field of antibody injury in solid organ transplants. ☺



Milagros Samaniego, MD
Chair
Women's Health Community of Practice
Member since 1998

I joined AST during my research fellowship training in William (Wink) Baldwin's transplant immunology laboratory at Johns Hopkins. As a mentor, Wink encouraged me to participate actively in the Society, and we attended as many scientific meetings as possible, interacting and networking with many junior and senior transplant immunologists. The Society was paramount in fostering my professional development by supporting my research in autoantibodies and humoral rejection through the ASTP Sandoz Fellowship in Transplantation Award.



READ TODAY!

AST's updated ID Guidelines

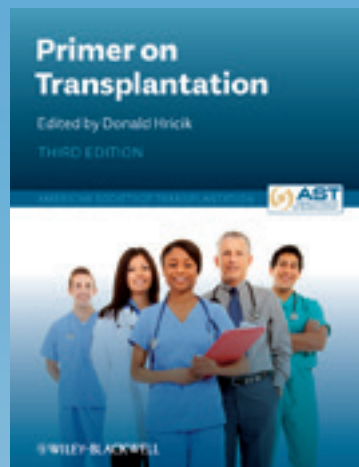
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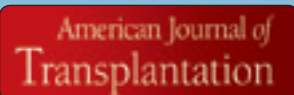


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Development of a Web-based Transplant Study Registry for Conducting Systematic Reviews in **REAL TIME**

Systematic reviews are critical to inform healthcare policy and clinical practice guidelines, but are very resource-intensive research endeavors. Major challenges include the time and effort needed for systematic tabulation of research studies, limited ability for sharing review data, and redundancy of work effort due to lack of coordination. These barriers impede the ability of a society such as AST to produce timely and up-to-date evidence reviews for informing guidelines and policy decisions.

This year AST will pilot a web-based registry of transplant studies focusing on a Hepatitis B consensus conference being organized by the Infectious Diseases Community of Practice (IDCOP). The registry, Systematic Review Data Repository (SRDR), is an open collaborative web-based platform used to catalogue research studies in a standardized manner. In this way, SRDR serves as both a central archive and data extraction tool for systematic reviews. It will facilitate evidence review, and its lasting electronic study records are freely accessible and can be shared with participants worldwide.

The primary data extraction will be conducted by IDCOP members with the support of research consultants experienced in the use of SRDR. The consultants are Dr. Katrin Uhlig, a nephrologist and guideline methodologist, and Amy Earley, who played a major role in the development of the current user interface in SRDR. Both are located at Tufts University in Boston, and the team will liaise with Nira Hadar from the SRDR development group at Brown University. Dr. John Gill from Vancouver will serve as an external advisor to the project and a liaison between AST and the Tufts consultants. Anyone who wishes to learn more about this important advance can contact the team at info@myAST.org. 



The AST thanks the following organizations for their participation in the

Institutional Support Program



Get Recognition and Increased Exposure for Your Transplant Center

Join these prestigious institutions in supporting AST's core missions of education, research, advocacy, and organ donation and gain the following benefits:

- Quarterly acknowledgment in the *American Journal of Transplantation* (AJT) on the support recognition page
- Recognition on the AST website with a link to your center's website
- One time use of the AST membership mailing list
- Opportunity to display literature at the AST Fellows Symposium
- One time job listing on the AST Career Center
- Certificate of Recognition

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EDUCATION
ADVOCACY
ORGAN DONATION



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The First Annual CEOT Meeting

CUTTING EDGE OF TRANSPLANTATION

Elevating the Conversation in Transplantation

With educational programming at the forefront of our resources for members, AST raised the bar this year by developing a brand-new scientific and clinical meeting: the first annual Cutting Edge of Transplantation (CEOT). The meeting – which took place in Chandler, Arizona from February 14-16 – combined basic and clinical sessions with key experts in the field through an interactive format, similar to “TED Talks.” With continuing education credits also available, CEOT 2013 presented AST members with a new and innovative venue for professional development.



The 2013 topic, “B Cells from Bedside to Bench to Bedside: A Comprehensive Look at B Cells and Antibodies in Transplantation,” attracted more than 320 transplant professionals to the three-day meeting. Day one’s agenda set the stage for the meeting, defining the clinical problems with antibodies in transplantation. On day two, attendees focused on understanding and avoiding the problem by reviewing the biology of B cells and plasma cells, as well as discussing features in antibody-mediated injury. The final day of the meeting concentrated on best practices and alternatives to treating the problem. Over the course

“Kudos for conceptualizing and developing such an outstanding meeting. I look forward to an equally outstanding CEOT meeting in 2014.”
- Kenneth A. Newell, MD, PhD, AST Board Member

of the meeting, new insights in B cell activation, antibody function related to glycosylation, plasma cell control, HLA and non HLA antibodies, approaches to sensitized patients, and the latest approaches to alloantibody reduction were discussed in presentations and roundtable conversations.

A lack of understanding and failure to control antibodies is still a major barrier to transplantation and remains front and center in mechanisms of acute and chronic graft loss. Throughout the various sessions, diagnostic experts presented the latest in cross-matching and detection of antibodies before, during and after transplantation. In addition, leading basic scientists discussed what regulates antibodies and antibody injury, while clinical investigators reviewed their experience with early and late alloantibodies. By bringing together experts to

“I’ve been in the transplantation field over 20 years and have been going to meetings for just as long. This is the best meeting I have ever been to.”
- 2013 CEOT Attendee

tackle these challenges to transplantation, CEOT 2013 advanced attendees’ understanding of what produces and maintains sensitization to evolve current approaches to eliminate anti-donor antibodies and manage resistance to therapy.

*“GREAT meeting!!!
Probably the best of its kind - EVER!
Very glad and proud to be a part of it.”*
- Howard M. Gebel, PhD, CEOT Faculty Member

The first CEOT meeting was a huge success and AST received strong positive feedback from attendees. In a survey of attendees, 96% of respondents believe that the meeting will increase their competence, while 91% believe it will improve their performance as a transplant professional. In addition, more than half stated that they will create or revise protocols, policies and procedures as a result of knowledge gained during the meeting.

Thank you to all who attended the first-ever CEOT meeting and made it an incredible success! Planning for 2014 is already in progress and promises to be equally exciting. So mark your calendars for next February! Visit myAST.org/CEOT for more information. ☺



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 (TCC COP) 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 (TYF COP) 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.



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.myAST.org/communities-of-practice and select one of the COPs to join.

AST on Capitol Hill:

AST Government Relations Maintains a Seat at All Public Policy Decision-Making Tables

Although the U.S. Congress has struggled through national mid-term elections, federal sequestration spending cuts, and a fierce partisan environment, the advocacy work of AST at the federal and state levels continues to move forward and advance the field of transplantation. The Society maintains its strong reputation on Capitol Hill and within federal healthcare agencies, serving as a go-to resource for commentary and expertise in transplantation. From the Assistant Secretary for Health of HHS to the Chairman of the U.S. House of Representatives Doctors Caucus and the Deputy Majority Leader of the U.S. Senate, AST has worked very closely and effectively with key decision-makers over the past year to further preserve and strengthen the Society's input on all federal policies impacting the field of organ transplantation.

During the 112th and 113th Sessions of Congress (2012-2013), some of AST's public policy activities included:

- Meeting with the Obama Administration to discuss the Affordable Care Act (ACA) health care reform law and the many new federal rules and regulations being promulgated through 2014, including the Essential Health Benefit (EHB), State Benchmark Plans, Exchanges, and the overall impact on the provision of transplantation services and coverage;
- Developing Transplant Patient and Donor Bill of Rights legislation in the U.S. House of Representatives;
- Expanding AST's relationship and work with the FDA on issues ranging from generics to new drug approval pathways for patients' unmet needs;
- Representing the transplant professional's perspective, concerns and priorities in the development of the PHS Guidelines for Reducing the Transmission of HIV and Hepatitis C Virus through Solid Organ Transplantation;
- Developing new transplant medical research educational tools for members of Congress and

their staffs on the powerful Appropriations (federal funding) Committees to tell the "Transplantation Research Story" and advocate for increased NIH resources;

- Continuing to fight for transplant donors and recipients by advancing the "Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act;"

“*Today's re-introduction of the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act provides a common-sense approach and major step forward for the more than 100,000 individuals currently awaiting a lifesaving donor organ. ... Once again, AST applauds the commitment and leadership by Senators Durbin and Cochran to strengthen and enhance our nation's organ transplant system.*

- AST President Roslyn Mannon, MD



-
- Supporting, endorsing and securing key Congressional sponsors for the HIV Organ Procurement Equity Act (HOPE);
 - Working with HHS, HRSA and CMS to address recent privacy policy regulations that have complicated the transplant community's access to vital information contained in the Social Security Death Master File (SSDMF);
 - Hosting meetings and coordinating joint legislative and regulatory initiatives of the Washington, D.C.,

“Transplant Roundtable” comprised of more than a dozen national transplant stakeholder organizations, bringing together multiple transplant policy voices to coordinate messages and collectively advance the field;

- Working with Congress as they attempt to tackle the issue of Medicare physician reimbursement, moving away from the inherently flawed Sustainable Growth Rate (SGR) formula;
- Continuing collaborative and supportive efforts with HRSA Division on Transplantation (DoT), as well as the HHS Secretary’s Advisory Committee on Organ Transplantation (ACOT), to support and strengthen the OPTN; and
- Supporting health care and medical research funding within broader national coalitions of stakeholders, as well as independently on Capitol Hill and at NIH.

These are just a few of the issues that AST focused its public policy efforts on during the past year. In addition to these federal issues, the Society also closely monitors and, when necessary, takes action in state capitals across the country. As governors and state legislatures continue to be faced with shrinking resources, AST is working to ensure that available transplant resources and coverage are not inadvertently cut or removed from new budget proposals.

While much of our energy is concentrated on our independent government relations advocacy activities, the Society also works regularly and collaboratively with ASTS and other important stakeholder organizations to coordinate and leverage our collective voice to advance the field. Although our organizations may support and take the lead on different issues at various times, we work hard to maximize our political influence by collaborating wherever possible.

The Society continues to be well positioned at the intersection of transplantation and public policy. More information and details regarding the specific work of AST Government Relations can be found at www.myAST.org.



Congratulations to Our 2013 Award and Grant Recipients

2013 AST Achievement Award Recipients

Lifetime Achievement Award
M. Roy First, MD

Senior Achievement Award in
Clinical Transplantation
Russell Wiesner, MD

Mentoring Award
Rita Alloway, PharmD, FCCP

Clinician of Distinction Award
Dianne LaPointe Rudow, ANP-BC, DNP, CCTC

Transplant Advocacy Award
Patricia Kehn, MS

Basic Science
Established Investigator Award
Jonathan Bromberg, MD, PhD

Clinical Science
Established Investigator Award
Upton Allen, MD, FRCP, FIDSA

Basic Science Investigator Award
Sheri Krams, PhD

Clinical Science Investigator Award
Stefan Tullius, MD, PhD, FACS

Basic Science Career Development Award
Geetha Chalasani, MD

Clinical Science Career Development Award
Kathryn Tinckam, MD, MMSC

2013 AST Faculty & Fellowship Grant Recipients

AST/Astellas Basic Science
Fellowship Grant
Kanishka Mohib, PhD

AST/Astellas Clinical Science
Faculty Development Grant
Thangamani Muthukumar, MD

AST/BMS Basic Science
Fellowship Grant
Ryan Newton, MD

AST/Genentech Clinical Science
Fellowship Grant
Roberto Bassi, MD

AST/Novartis Basic Science
Faculty Development Grant
Jamil Azzi, MD

AST/Novartis Clinical Science
Fellowship Grant
Elizabeth King, MD

AST/Pfizer Basic Science
Fellowship Grant
Natasha Rogers, MD, PhD



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on Transplantation Medicine

September 20-22, 2013

Hilton DFW Lakes Conference Center • Grapevine, Texas

The AST Fellows Symposium offers an in-depth and interactive study of clinical transplantation, basic transplant immunobiology, and translational science while offering important insights into career development and unparalleled access to expert faculty.

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Clinical and research fellows, residents and trainees with an interest in solid organ transplantation - apply for one of the limited number of travel grants to attend the AST Fellows Symposium.

www.myAST.org/fellows

2013 AST Lifetime Achievement Award

M. Roy First, MD



AST is pleased to present the 2013 AST Lifetime Achievement Award to Dr. M. Roy First. This year the Lifetime Achievement Award is named in honor of transplant pioneer and Nobel Prize winner Dr. Joseph Murray, who passed away in November 2012.

The AST Lifetime Achievement Award is AST's most prestigious award and honors a senior investigator whose lifelong work has advanced the field of transplantation. Dr. First's career has stamped an indelible imprint on the history of transplantation and it is our honor to recognize him for all of his accomplishments.

Dr. First earned his medical degree from the University of Witwatersrand in Johannesburg, South Africa, in 1972. He then moved to Chicago to begin a renal research fellowship at the Michael Reese Hospital. The following year he moved to the University of Cincinnati to be a renal fellow, where his career evolved as the heart and soul of transplantation over the next 30 years. In 1974 he was appointed as Assistant Professor of Medicine in the Division of Nephrology at the University of Cincinnati. Dr. First later became a full professor and director of the section of transplantation at the University of Cincinnati.

In 2002, Dr. First joined Fujisawa Healthcare (now Astellas Pharma) and today serves as the Vice President and Therapeutic Area Head, Transplantation at Astellas. Dr. First recognized the dominance of tacrolimus in clinical immunosuppression and utilized his position to organize multicenter trials designed to answer critical, non-proprietary issues. Dr. First's creativity as an investigator, and the crispness of his thinking, permeate the publications in his CV, which include over 400 articles and textbook chapters.

Dr. First has held many professional and university committee appointments. In 1990-1991, Dr. First was President of AST (formally ASTP), and after his presidency, continued to serve on important AST committees (Organ Donation, Patient Care and Education, Program and Publications). He was also a founding Associate Editor of the *AJT* and was instrumental, along with Dr. Flavio Vincenti, in establishing the ahead-of-its-time AST Clinical Trials Committee, attempting to engage industry, government, and investigators in designing and funding important studies to advance the field of transplantation. Dr. First also served on many UNOS committees and as a reviewer for the National Institutes of Health (NIH) on the NIH Data Safety and Monitoring Board for Clinical Trials in Transplantation. He has also served as councilor of The Transplantation Society and on the editorial board of several journals, including the *AJT*, *Transplantation*, *Transplantation Proceedings*, and the *Journal of ASN*. [↻](#)

FIVE FACTS ABOUT DR. FIRST:

1. Came to the US in 1972 with his wife, two children and four suitcases
2. Was the 10th President of the AST (previously known as ASTP) in 1990-1991
3. Joined AST because there "...was no other professional organization available that accepted transplant nephrologists and basic scientists who were not surgeons"
4. Has stated, "Being president of the AST was undoubtedly one of the highlights of my professional career"
5. Founding Associate Editor of the *AJT*

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2014

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January 15, 2014

**Early Bird Registration
Deadline:**
April 4, 2014

**Pre-registration
Deadline:**
June 25, 2014

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therapeutics

targets

technologies

Are we on the right track with new drugs and biologics?

Have the targets changed?

Where can we really impact outcomes with “technology-omics”?

SAVE THE DATE FOR CEOT 2014

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www.myAST.org/CEOT

DIVERSIONS

Answers on page 31

CROSSWORD PUZZLE

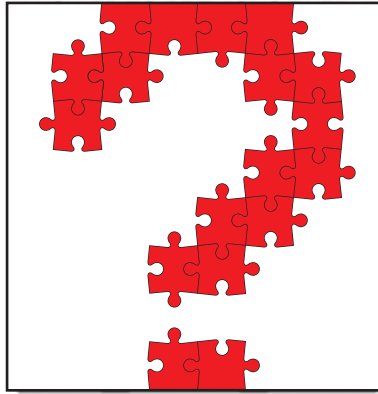
ACROSS

- 1 "Lorna Doone" character
- 5 Sinbad's bird
- 8 Demolish: Brit.
- 12 Idea (Fr.)
- 13 Alas
- 14 Cheese
- 15 Leg ends
- 16 Burmese knife
- 17 Taro
- 18 Small S.A. rabbit
- 20 Pilgrim
- 22 Skin vesicle
- 23 Veneration
- 24 Beginning
- 28 Blaubok
- 32 Public vehicle
- 33 54 (Rom. numeral)
- 35 Israelite tribe
- 36 Ringed boa
- 39 Reading desk
- 42 Abdominal (abbr.)
- 44 Have (Scot.)
- 45 Female falcon

- 48 Butterfly
- 52 State (Fr.)
- 53 Television channel
- 55 Endearment
- 56 Mine (Fr. 2 words)
- 57 Rom. first day of the month
- 58 Per. poet
- 59 Maid
- 60 Compass direction
- 61 Foreign (pref.)

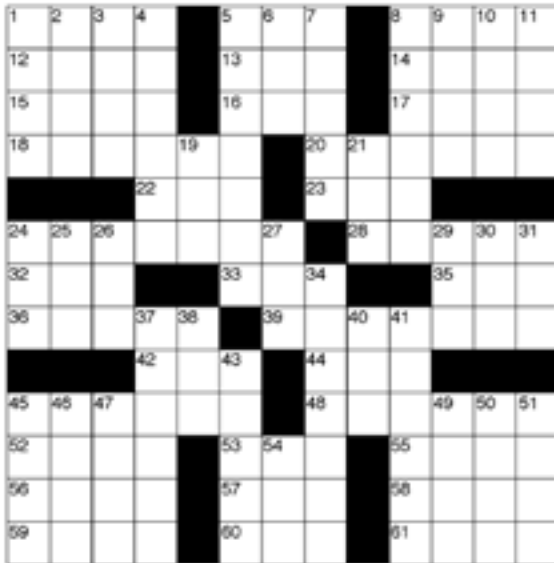
DOWN

- 1 Breach
- 2 Design
- 3 Profound
- 4 Hate
- 5 Fanatical
- 6 Wood sorrel
- 7 Rudderfish
- 8 Flat molding
- 9 "Cantique de Noel" composer
- 10 Kerno



- 11 Turk. title
- 19 Jap. fish
- 21 Intimidate
- 24 Amazon tributary
- 25 Grab
- 26 Kwa language
- 27 "Abner"
- 29 "Fables in

- Slang" author
- 30 Rhine tributary
- 31 Television channel
- 34 Car
- 37 Insect
- 38 Presidential nickname
- 40 Helper
- 41 Caddy (2 words)
- 43 Male duck
- 45 Loyal
- 46 Hindu soul
- 47 Cella
- 49 Crippled
- 50 Dayak people
- 51 Aeronautical (abbr.)
- 54 Low (Fr.)



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A2

ENIGMA

Enigma cryptograms are created from quotations and proverbs from around the world. Each letter stands for another letter.
Hint: "H" = "T"

"HEL WZAL YQDS WDCGGW IZDSOLW FLH XQDSOLW GQJLW; WV, YELJL ZTWLDIL XQOOW Z OQHHOL OVKL, QH GZDW Z PJLZH VDL."

Sudoku Puzzle 1

Fill in the grid so that every row, column and 3x3 box contains the numbers 1 through 9.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 6 | | | | 3 | 1 | 4 | | |
| | 3 | | | | | | | 8 |
| 7 | 2 | | 4 | | | | | |
| 2 | | 7 | | | | | | |
| | 1 | 5 | | | | | | 7 |
| | | | | | 2 | | | 1 |
| | | 2 | 8 | | 3 | | 7 | |
| | | | | | | | 4 | 5 |
| 1 | 6 | 3 | | | | | | 2 |

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DIFFICULTY: ★★☆☆☆

Sudoku Puzzle 2

Fill in the grid so that every row, column and 3x3 box contains the numbers 1 through 9.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4 | | | 2 | | | | | |
| | | 2 | 7 | | | | | |
| | | 5 | 4 | | | | | 1 |
| 1 | | | | 9 | 5 | 4 | | 7 |
| | 7 | | 6 | | | 2 | | |
| | | | | | | | 3 | 5 |
| 6 | | | | 5 | | | | 3 |
| | | 3 | | | 2 | 1 | | 4 |
| | | 7 | | | 1 | | | |

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DIFFICULTY: ★★★★★

AST's Renal Transplant Fellowship Training Accreditation Program

A Measure of Success

The AST Renal Transplant Fellowship Training Accreditation Program is charged with accrediting institutions that have developed programs to provide specialty training to board-eligible or board-certified nephrologists. As a result of the program's approval by the United Network for Organ Sharing (UNOS), graduates of accredited programs are qualified to head UNOS-approved renal transplant programs. The goal of the program is to provide a basis for the standardization of transplant training and a method of uniform documentation of education for those who wish to lead renal transplant programs.

“*The training that is experienced through this program is intense, and fellows who complete an accredited fellowship have found it extremely beneficial.*”

Dr. Nicolae Leca

Chair of the Renal Transplant Fellowship Training Accreditation Program Committee

The renal accreditation program started in 1998.

More than 300 fellows have graduated from accredited programs.

To date, there are 61 accredited centers in the United States and Canada.

79% of accredited centers are training fellows for the 2012-2013 academic year.

Centers are charged with teaching a curriculum with a broad base of knowledge in transplant medicine, including:

- training and experience in end-stage renal disease management
- training in the selection of appropriate transplant recipients and donors
- experience in the immediate and long-term care of both living and deceased donor transplant recipients
- experience in the appropriate management of the living donor
- training in the performance of renal transplant biopsies

As a result of the accreditation program, centers are able to attract future leaders to their centers. Being selected as a fellow of an accredited center is a privilege, and premier renal transplant fellowships allow transplant professionals to experience a variety of situations that build their clinical research skills.

“The training experienced through this program is intense, and fellows who complete an accredited fellowship have found it extremely beneficial,” said Dr. Nicolae Leca, chair of the Renal Transplant Fellowship Training Accreditation Program Committee and the Transplant Fellowship Program Director at the University of Washington.

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. New applications are accepted at any time. If your center is interested in becoming accredited or you would like further information please visit www.myAST.org/accreditation.

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www.amjtrans.com
www.myAST.org/journal



*The app is only available for the iPad & can be found in the App Store.

DIVERSIONS *from page 29*

| | | |
|---------|---------|------|
| RIDD | ROC | RASE |
| IDEE | ACH | EDAM |
| FEET | DAO | GABI |
| TAPETI | PALMER | |
| | SAC | AWE |
| INITIAL | ETAAC | |
| CAB | LIV | DAN |
| ABOMA | LECTERN | |
| | ABD | HAE |
| LANNER | IDALIA | |
| ETAT | ABC | BABE |
| AMOI | KAL | OMAR |
| LASS | ESE | XENO |

Puzzle 1
Answer to Sudoku

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 6 | 5 | 8 | 7 | 3 | 1 | 4 | 2 | 9 |
| 9 | 3 | 4 | 6 | 2 | 5 | 7 | 1 | 8 |
| 7 | 2 | 1 | 4 | 8 | 9 | 5 | 6 | 3 |
| 2 | 9 | 7 | 1 | 5 | 8 | 6 | 3 | 4 |
| 3 | 1 | 5 | 9 | 6 | 4 | 2 | 8 | 7 |
| 4 | 8 | 6 | 3 | 7 | 2 | 9 | 5 | 1 |
| 5 | 4 | 2 | 8 | 9 | 3 | 1 | 7 | 6 |
| 8 | 7 | 9 | 2 | 1 | 6 | 3 | 4 | 5 |
| 1 | 6 | 3 | 5 | 4 | 7 | 8 | 9 | 2 |

Puzzle 2
Answer to Sudoku

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4 | 1 | 6 | 5 | 2 | 8 | 3 | 7 | 9 |
| 3 | 8 | 2 | 1 | 7 | 9 | 5 | 4 | 6 |
| 7 | 9 | 5 | 4 | 3 | 6 | 8 | 2 | 1 |
| 1 | 3 | 8 | 2 | 9 | 5 | 4 | 6 | 7 |
| 5 | 7 | 9 | 6 | 4 | 3 | 2 | 1 | 8 |
| 2 | 6 | 4 | 8 | 1 | 7 | 9 | 3 | 5 |
| 6 | 2 | 1 | 9 | 5 | 4 | 7 | 8 | 3 |
| 8 | 5 | 3 | 7 | 6 | 2 | 1 | 9 | 4 |
| 9 | 4 | 7 | 3 | 8 | 1 | 6 | 5 | 2 |

ENIGMA SOLUTION "The same wind snuffs candles yet kindles fires;
so, where absence kills a little love, it fans a great one."
by François de La Rochefoucauld



Dear Colleagues,

I am both honored and humbled to begin my term as president, especially following the tremendous leadership shown by Roz Mannon this past year. More than 25 years ago, I joined the Society and have since been overwhelmed by the passion and dedication of my peers. I've had the opportunity to serve on numerous committees, including the Ethics, UNOS, Cell Transplantation, Xenotransplantation, and Awards and Grants Committees, as well as the Program Committee for several years as chair – allowing me to connect with many of you on a personal level. It is an exciting time in transplantation, and I look forward to all we will accomplish together.

I have been fortunate to serve on the Board twice in the past two decades: 15 years ago as a Councilor-at-Large and this past year as President-Elect. I'm amazed at the growth our society has experienced in membership, resources, and the prominence of our voice on Capitol Hill. As I hope to continue the efforts of my predecessors toward expanding our membership and remaining an active voice in public policy, I also challenge the Society to prioritize and examine our strategic goals to advance our field.

The future of transplantation rests on advancements and discoveries in research (basic, translational, and clinical) and it is thus critical that we advocate for increased funding. By exploring more effective ways to cultivate research networks and work with government agencies to increase grants and subsidies, the Society must strive to find additional opportunities for funding in biomedical research. AST has always been committed to research, and I plan to strengthen that commitment in the coming year by developing some novel ways for individuals at all levels of experience to develop new skills, new models, and new collaborations.

Like any society, AST is only as strong as its members. We must continue to provide valuable resources to our membership and measure our success by delivering what they view as most important and relevant. Educational programming has been a key driver in membership, so we'll maintain our commitment to developing new programs, such as the very successful launch of CEOT this year, to keep members in tune with the latest developments in transplantation. Since their establishment, Communities of Practice have also provided a forum to discuss and

contribute to niche areas of the field, and more than two-thirds of our membership participated in at least one of the 12 communities in the past year. Overall, we've grown significantly, both in numbers and in diversity, and we'll continue our mission of serving as a home for all professionals in transplantation.

In addition to supporting our growing membership, we must continue to attract the best and brightest in transplantation. This may take the form of the annual Fellows Symposium, providing opportunities for young professionals to learn about the field of transplantation from experts in both basic science and clinical care, or through the Trainee and Young Faculty COP, a network to exchange thoughts and participate in educational programs specifically targeted to young physicians and scientists. Through our various programs and meetings, the Society will continue to mentor and cultivate the future leaders of transplantation.

From ATC to CEOT, we've developed cutting-edge programs that have enhanced the interactions between basic scientists and clinicians, both within and outside of AST. As these programs expand, we'll create opportunities for research and clinical professionals to exchange ideas, and discover new ways to address major challenges in transplantation. Roz has developed strong collaborations with our fellow transplantation societies, including ASTS, ESOT and the Canadian Society of Transplantation – a task I've challenged myself to continue. By sponsoring joint scientific meetings and aligning our positions on key transplant issues, we can support our continued focus on identifying the clinical challenges in transplantation and strategically use resources from AST and our fellow societies to move forward.

From our new practice improvement module (PIM) for maintenance of certification in transplant nephrology and the next CEOT meeting, to our Power2Save initiative raising awareness for organ donation, I'm excited about what's on the horizon. With so many new developments in the year ahead, I look to you all for inspiration and promise to do my best to earn the honor you've bestowed upon me as president.

Sincerely,

A handwritten signature in black ink that reads "Daniel R. Salomon M.D." The signature is written in a cursive, professional style.

Daniel R. Salomon, M.D.
AST President-Elect

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