

ISHLT Council Chairs Meeting Minutes

April 23, 2010

Chicago, IL

Attendees: David Baran, Emma Birks, Bernice Coleman, Beth Kaufman, David Markham, Martha Mooney, Myung Park, Rene Rodriguez, Lianne Singer

The Council Chairs agreed that there was a need to increase the communication between the Councils and favored the idea of a Council of Chairs with a face to face meeting at the ISHLT Annual Meeting and a conference call in the fall (prior to the Board of Directors meeting). They also felt that inter-council communication would be improved by an email list for all of the Council Chairs; inter-council communication could be improved by an email list for Council leadership as well as a list of Council members (the use of a list serve of Google group was mentioned). They suggested that overlap of Council meetings at the Annual Meeting be minimized or eliminated in future years. They also discussed the terms of the Chair, Co-chairs, and Workforce leaders for the Council and requested guidance as to how to proceed in this regard.

Individual Council Chairs updated the group regarding Council initiatives:

Heart Failure and Transplant Medicine: Dr. Baran proposed the development of chat rooms for communication within the Council and perhaps even for case discussions.

Pathology and Basic Science: Dr. Rodriguez reported that the Council had assisted the Heart Failure and Transplant Medicine Council in the pathology section of the Transplant Guidelines. The Council was also considering an online pathological analysis training venue. There is ongoing discussion as to whether to split the Council into Pathology and Basic Science. The involvement of members of the Council was key in the development of guidelines for the pathological diagnosis of Antibody Mediated Rejection that occurred during the consensus conference on Antibody Mediated Rejection held earlier in the week.

Nursing, Health Sciences and Allied Health: The Council had participated in the mentoring luncheon with the Junior Faculty Council and participated in the development of the Transplant Academy. Concerns remain about the granting of CMEs versus CEUs at the annual meeting. The diversity of membership in the Council (transplant coordinators and NPs) remains challenging.

Junior Faculty and Trainee: This Council has been extremely active. They have been having regular leadership conference calls, sponsored a mentor luncheon and established a mentor program, and are working on a teaching slide project and a series of clinical dilemmas, perhaps to be published in the Journal. The group is also proposing an ISHLT job board on the web site and an ISHLT orientation at the beginning of the Annual Meeting.

Pulmonary Hypertension: Dr. Park reported that Council interaction had been strong and that there were ongoing efforts to engage additional industry sponsors and to collaborate with other societies involved in pulmonary hypertension. A possible meeting topic that might be of interest to other councils would be one related to vascular biology. Papers that are being developed include pulmonary hypertension in left heart failure, RV failure, and transplantation in patients with pulmonary hypertension.

Pediatric: The group is working on a pediatric lung transplant monograph and is considering a pediatric transplant academy. An increased focus on pediatric pathology was also suggested.

Pulmonary: The Pulmonary Council is working on a white paper concerning the Diagnosis and Treatment of Antibody Mediated Rejection. Discussion concerning a lung academy and a Quality of Life Workforce are also in progress. Other potential projects are a DCD outcomes registry, a workforce planning task force and a white paper on transplantation in bronchoalveolar cell carcinoma.

Mechanical Circulatory Support: A European Registry is being established, based on the German groups. Guidelines for MCS are being developed, perhaps including infectious issues (which would best be done with the ID Council). A project looking at education related to VAD coordination, likely resulting in a white paper, is also being considered.

Infectious Disease: Dr. Mooney reported on the very successful effort of the Council related to the H1N1 outbreak last fall. The group is working on a document providing definitions of VAD and transplant related infections and is considering the development of an ID registry.

Newsletter: Dr. Feldman encouraged each council to submit at least a paragraph report for publication in the newsletter on a quarterly basis. This could either be done by the Communications Workforce leader or Council Chair. The possibility of including a job board, tough cases, and a pro/con series in the newsletter was also discussed.