Welcome to Washington from 2016 Program Chair Andrew Fisher

The 36th Annual Meeting and Scientific Sessions of the International Society for Heart and Lung Transplantation is officially underway. The content of our plenary sessions, major symposia, sunrise symposia and abstract sessions is ready to educate, innovate and inspire you with some of the best work from around the world. The program committee worked hard to preserve the uniqueness of the ISHLT as a truly international and multi-disciplinary society with a unified aim to improve outcomes for patients with advanced heart and lung disease.

This year will see a record number of more than 800 posters presented across our daily poster sessions. I would strongly encourage all members to make attendance at one or more of the poster sessions a priority in your meeting schedule. The level of interaction and resultant buzz achieved in a well-attended poster session is hard to re-create in any other format at our meeting and many of those presenting are early career clinicians and researchers who will form the future of our disciplines and our society.

We have hand-picked 284 members to act as poster champions to help generate the level of interest and interaction that the work presented as posters deserves. Please join our champions and demonstrate that you support our early career investigators in their endeavors by discussing their work in the sessions.

The 2016 meeting is one in which we aim to enhance your digital experience. The mobile meeting app will have enhanced capabilities this year including a more specific way to build your personal schedule, view presentation slides, engage with news & social media including our Twitter feed on the app home page.

The Annual Meeting only comes together because of the huge number of volunteer and Staff hours dedicated to the process over many months. I would like to thank all the program committee members for their generous support and staff for their expertise and dedication to the success of the Annual Meeting.
Pre-Meeting Symposium 1: Anticoagulation and MCS: Can We Do Better?

It’s to Not to Clot

Anticoagulation is a hot button topic among those involved in the MCS arena. This pre-meeting symposium chaired by Michael Shullo, Pharm D and Sanem Nalbantgil, MD is intended for the attendee to become familiar with the available anticoagulation panels and intricacies associated with their interpretation in MCS patients. Additionally, coagulation disorders and their impact on patients after device implantation will be explained.

Ulrich Jorde, MD starts the session out with his talk, which questions “Too Thick or Too Thin?” in regards to thrombotic and bleeding complications in MCS. Douglas Jennings, PharmD follows by discussing pre-op screening for coagulation abnormalities and how this affects MCS patients post operatively. The next three talks examine monitoring of various agents: Anna L Myer, MD consider the who and how of who should monitor INR in patients on warfarin, Christopher S. Hayward, MD will review Factor Xa vs aPTT for monitoring Heparin efficacy and Robert L Page, PharmD, MSPH will ask if antiplatelet agents should be monitored in MCS. The session concludes with Nir Uriel, MD discussing the treatment of patients with recurrent bleeding episodes utilizing options such as octreotide and hormonal therapies. This session promises to be both informative and thought provoking for all interested clinicians.

Pre-Meeting Symposium 3: Current Innovations and Future of EVLP

EVLP: We’ve come a long way from 1999

Ex-Vivo Lung Perfusion is in the spotlight in this pre-meeting symposium that promises to explore the possibilities of using gene, cell, drug and molecular interventions during EVLP to improve outcomes for recipients of lung transplants. Including what guarantees to be a rousing debate on whether EVLP is essential to a modern day lung transplant program this is a cant-miss session.

Chaired by Christopher Wigfield, MD and Jasleen Kukreja, MD, MPH this symposium begins with presentations by Christine Lau, MD and Shaf Keshavjee, MD about the utilization of drug, and molecular along with cell and gene interventions for lung repair as an adjunct to EVLP. Next Gregor Warnecke, MD examines the future of lung preservation from a technical standpoint. Another interesting presentation comes form John Dark, MB who discusses EVLP and its use for reduction of infection. Goran Dellgren, MD will then discuss long term follow up after ex-vivo lung perfusion and whether there truly is reduced allo-responsiveness. The session ends with a debate featuring Frank d’Ovidio, MD, arguing for having an EVLP service for his transplant program, and David McGiffin, MBBS arguing against the same.
Pre-Meeting Symposium 6: Back to the Future: Cell Therapy for Thoracic Organ Failure and Transplant

Patch up or build a new – tissue engineering for beginners!

Bob Gale and Robert Zemeckis’s Holywood creation ‘Back to the Future’ may have predicted hoverboards, bad fashion and the invention of a ‘flux capacitor’ as the great innovations by 2015 but Doris Taylor, PhD. Texas Heart Institute will take us straight to inspiring innovations for 2016 with Tissue Engineering for dummies and how to build a heart in the Back to the future session: Cell therapy for thoracic organ failure and transplant. The thought of transplantation without rejection is a hope that every organ recipient and physician must dream of however this process is beset with tremendous challenges and pitfalls. Dr Taylor is sure to give us the latest in scientific work that needs to be carried out to get us to our destination! The session will look at treatment pre-transplant with Eduardo Marban from Cedars-Sinai telling us how resident cardiac stem cells may change the way in which cardiovascular disease will be approached in the future, Joren Madsen from Massachusetts will talk about cell manipulation for transplant tolerance and Angus Thomson from Pittsburgh look at the role of myeloid cells in rejection response following transplantation. The session winds up with two case presentations from Alice Gray, Duke and President Duane Davis giving real life examples of this inspirational example of science innovating healthcare practice in real life examples of cell therapy and tolerance in lung transplantation, you don’t want to miss it!

Pre-Meeting Symposium 7: The future is here: Emerging issues in infectious diseases

OUTBREAK!

Abcessus. Scedosporium. Cepacia. Difficult to treat, here to stay and often fatal. Germs sending a shiver down the spine of transplant and infectious disease physicians alike. Absolute contraindications or workable problems? How do centers accepting these higher risk recipients manage such patients and what are the likely outcomes? Fernanda Silveira (Pittsburgh) will discuss outcomes in patients with Mycobacterium abscessus and strategies employed to enable successful transplantation. Peter Hopkins (Brisbane) will tackle controversies in treatment of RSV and other paramyxoviruses- what novel antiviral agents are available? Orla Morrisey (Melbourne) looks to fungal infections-emerging pathogens and treatment strategies. Resistant gram negatives are commonly isolated from respiratory specimens both pre and post lung transplant and may also complicate mechanical circulatory support therapy. Shrish Huprikar (New York) will address theses important areas.
Pre-Meeting Symposium 8: Joint ISHLT-ICCAC MCS Symposium: Joined at the Heart – International Perspectives on MCS Issues

To open the session, Tonya Elliot will share her personal experience and knowledge to address the characteristics most associated with a successful MCS program. Desiree Robson and Annemarie Kaan will offer their respective Australian and Canadian perspectives on collaboration needed to make distance care work for patients and families. This will lead into Aly El Banayosy’s discussion around effective collaborative care in the ICU setting. Carole Ballew and Thomas Schloegelhofer will then conclude the session by presenting their respective US and European unique approaches to caring for MCS patients.

Pre-Meeting Symposium 10: Joint ISHLT/ESC: Left, Right and Together

Joining together the left and the right – the future of Pulmonary Hypertension

Since the World Health Organization Pulmonary Hypertension Group 2: Pulmonary hypertension due to left heart disease in the adult published its summary statement in 2012, the dilemma of PH in left heart disease is a challenge which we aim to focus on at our meeting this year! Mardi Gomberg-Maitland and Stavros Konstantinides will navigate us through the joint ISHLT/ESC symposium on joining up the left and right in PH, the future of pulmonary hypertension. They won’t have too hard a job with the ESC Vice Chair setting the stage for the entire session, giving us an overview on the epidemiology, definition, pathophysiology and diagnostics involved before we look at the role of heart failure depending on its vascular effects with Nazzareno Galie from Italy. The session ends with a great debate between Jean-Luc Vachiery of Belgium and Stephan Rosenkranz of Germany looking through the literature and marking out the importance of the diastolic pulmonary gradient as a marker of pulmonary vasculopathy in pulmonary hypertension in left heart disease. PH associated with LHD is the most common form of PH encountered in clinical practice today. The primary diagnostic strategy is to determine the contribution of the LHD to the severity of PH to guide therapy and with this session you will be sure to have left and right working together. No different than Bowie and Queen – Under Pressure!

Pre-Meeting Symposium 14: Genomics: What Do I Have to Know and How Will It Affect My Practice?

First up will be a crash course in genomics by Edward Cantu III. Bruce McManus will then talk about current research into proteomic and genomic biomarkers of allograft injury – coming soon to a lab near you. Patricia Uber will discuss the potential benefits of using genotyping to shed light on tacrolimus level variability and dosing in among and between ethnic groups. Sabina De Geest will look at the interplay of behavior and genetics in the prevention of rejection and share some cutting edge information from a Swiss heart transplant cohort. Neal Lakdawala will tackle the ethical implications of genomic applications in transplantation, followed by Kathleen Calzone who will highlight the need for genetic nursing competencies in transplantation. The session will conclude with a panel discussion featuring all of the session’s fantastic presenters.
Pre-meeting symposium 17: The Biology of aging and Lung Transplantation

Transplanting the septuagenarian? “Maybe I’m just like my father, to ‘old’ ” - Prince

Recipient age is increasing with 3% of transplants occurring in patients 70 years or older (2006-2012), up from 0.3% in the preceding 5 years. Advanced age (>65 years) is associated with decreased long term survival compared to younger recipients. We do not wish to disadvantage the individual patient but must balance this with optimal organ utility. Where and how do we draw this line?

In this symposium the biology of aging will initially be reviewed with Daniel Goldstein (Yale), specifically the impact aging has on lung inflammation. Mary Armanios (Baltimore) will focus on telomerase mutations - a common cause of IPF - and further explore implications telomere length may have on our lung transplant cohorts. Jonathan Singer (UCSF) will differentiate chronological and pathological aging using frailty as a marker; by doing this can we better stratify our older recipients? How should pharmokinetic, dynamic and biologic differences in older patients alter management? Steven Ivulich (Melbourne) will discuss how their unit individualizes drug protocols in older patients to reduce toxicities and optimize outcomes.

Get More Out of the Meeting with Tweeting! Use hashtag: #ISHLT2016

We encourage you to join our online conversations as we keep you up-to-date with the latest news, meeting information and events taking place at this years meeting.

We will be Tweeting before, during and after the Annual Meeting in using the hashtag #ISHLT2016.

If you have a Twitter account follow us now! (@ISHLT or https://twitter.com/ishlt). If you want a twitter account, you can easily go to www.twitter.com and create one for free! If you don’t have an account you can still search for #ISHLT2016 on Twitter and read what is posted.
7 Tips To Help You Tweet (*Not Chirp, Twerp and certainly not Twerk*) Like a Pro
1. If you reach the max 140 characters in your tweet, try abbreviating words to make more space for your message.
2. Found a tweet that you found interesting? Go ahead and retweet it (RT)! Doing so will allow you to re-share the tweet giving credit to that source or follower.
3. Keep it professional and respectful. Stay away from foul language and thoughts. Remember, Twitter is a public forum. Once you say it online it’s hard to take it back.
4. When creating a message don’t overuse hashtags. 2 or 3 are enough for your message.
5. Be sure to give credit where credit is due. Always make sure to give credit to the person you are paraphrasing from or source you are quoting.
6. There will be a ton of eyes on your content. Be sure to Tweet accurate information for them to follow.
7. Let the world know who you are by showing your personality through each tweet!

---

Ch Ch Changes *(in the words of a star legend we lost in 2016)*
Box Lunches will not be sold at the 2016 Annual Meeting in Washington, DC. However, there will be several options at the hotel for a grab and go lunch.

---

Newsletter Editor: Vincent Valentine, MD
Newsletter Coordinators: Lauren Daniels and Naomi Rios
Roving Reporters:

**Mechanical Circulatory Support:**
Zewditu Asfaw, MD
University of Chicago, Chicago, IL, USA

**Heart Failure and Transplantation:**
Karen Booth, MBChB, MSc
Freeman Hospital, Newcastle upon Tyne, UK

**Lung Failure and Transplantation:**
Michael A. Trotter, MBChB, FRACP
The Prince Charles Hospital, Brisbane, Australia

**Nursing, Allied Health, PH, Infectious Diseases, Misc:**
Erin Wells, BSN, RN, CCTC
Cincinnati Children’s Hospital, Cincinnati, OH, USA

---

Disclaimer: Any opinion, conclusion or recommendation published by the Links is the sole expression of the writer(s) and does not necessarily reflect the views of the ISHLT.