



# ISHLT *Links*

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A Focus on the 2012 ISHLT Annual Meeting

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## BRINGING DOWN THE WALLS - A HISTORICAL PERSPECTIVE

Josef Stehlik, MD, MPH  
University of Utah



The ISHLT meeting in Prague this year was not only a very successful annual meeting, but it was also the first time that our Society's meeting site ventured beyond the old Iron Curtain. To highlight this fact, Dr. Stuart Sweet and Dr. Lori West introduced a non-traditional plenary session, where Drs Pirk and Klepetko discussed the new collaborations in the region that were facilitated by the critical changes in Eastern Europe 20 years ago, and Dr. Krauss explored the influences of politics on scientific advancement.

My presentation focused on the Czech history. Some of you asked for a summary of my talk, and Dr. Valentine suggested the Links would be the way to get it to you. I would like to disclose that I was born and grew up in Prague, and I live and work in the United States – which makes me pleasantly biased and non-objective; however, this did not dissuade me from preparing this presentation. Of course, the history review had to be super-condensed, and I had to omit a number of important events; nevertheless, I have tried to select important milestones relevant to the topic assigned.

The region where Czech Republic is located today has been inhabited for a few thousand years. The Slavic people arrived here in the 9<sup>th</sup> century and founded a state first called Great Moravia. One of the prominent first kings was Wenceslas (later sanctified), who is considered to be the main patron of the Czechs. While you might think you first encountered him on horseback on the statue at the top of Wenceslas square, you have probably already heard about him through a popular Christmas Carol 'Good King Wenceslas'. Great Moravia later became the Czech Kingdom ruled by the Premyslid Dynasty in the 12<sup>th</sup> and 13<sup>th</sup> centuries. A number of battles in which the kings used to personally partake (in clear distinction to today's conflicts) resulted in demise of all the male Premyslid heirs. A new royal dynasty has then arrived at the Czech throne through the marriage of Elisabeth of Bohemia (a Premyslid) and John of Luxemburg (a Luxemburg). John still spent a fair amount of time in battles, but death on a battlefield did not reach him until relatively late (he had a chance to save his life, but his last words, 'Czech King will never be seen running from a fight,' sealed his fate).

By the time John died, his son and heir – Charles IV (1316-1378) - was 30 years



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old. He received education in France and spoke Czech, Latin, German, French and Italian fluently. The steps he took after becoming king lead to an unprecedented advancement in the Czech Kingdom. He started the construction of St. Vitus Cathedral, achieved papal appointment of an archbishop to Prague, founded New Town (Nove Mesto) and connected the banks of the Vltava river with a modern stone bridge – yes, it was the still-so-admired Charles Bridge. Maybe the most important event, however, was the founding of *Universitas Carolina Pragensis* – the Charles University, in 1348. This was the first university in central and eastern Europe. In the 1350's there were over 30,000 students at Charles University, many of them coming from far away (<20% of the students were ethnic Czechs).

Medicine was one of the 3 advanced degrees offered at the University, the others being Law and Theology. One of the prominent theologians (also a dean at the University) was Jan Hus, who is considered the first Catholic Church reformist (lived 100 years before Luther and Calvin). Jan Hus was burnt at the stake for heresy in Konstanz in 1415. His teachings, however, started a large reformist Husite movement that swept through the Czech lands and surrounding areas, influencing many political events in the region for almost 200 years. Counter-reformation prevailed in the 17<sup>th</sup> century, and many of the lands in the region became part of the Austrian and later Austro-Hungarian empires. Religious and national freedoms were suppressed during these times. Czech

cities flourished, however, with many baroque, renaissance, neo-gothic and art-nouveau buildings in Prague and other Czech cities bearing witness to those times to date.

Music was also omnipresent. Mozart chose Prague to premiere his *Le Figaro*; Bedrich Smetana (*My Country*) and Antonin Dvorak (*From the New World*) became well known Czech composers. Charles University continued to attract prominent scientists. Johannes Purkinje was a physician and physiologist who advanced our understanding of the heart conduction system (*Purkinje fibers*). Albert Einstein was recruited from University of Zurich to Prague and awarded his first tenure as professor of Physics. His early works on *Theory of Relativity* were conceived and published while he was in Prague.

World War I (1914-1918) brought big changes to eastern Europe, and a number of national states, including Czechoslovakia, were formed as the Austro-Hungarian Empire disintegrated in 1918. In the twenty years that followed, Czechoslovakia was a democratic and prospering republic, but this was interrupted by the events leading to World War II, with the country being invaded by Nazi Forces. A large anti-Nazi demonstration in Prague organized by medical students in November of 1938 was brutally suppressed – Jan Opletal was fatally shot during the demonstration, an additional 9 students and faculty were executed

## VINCENT'S TWO CENTS

*It makes cents to pause and reflect on the 2012 Annual Meeting in Prague, the outstanding science presented, achievements recognized, friendships reunited, and links made with colleagues from across the globe. It is also worth much more than two Korunas to thank those who were involved not only in the planning of this memorable program, but who participated in its success. To Lori West and Stuart Sweet, we give you a debt of gratitude on a job well done.*



*Let's pay a special tribute to all who contributed to the Links Newsletter over the last year and to those who helped prepare us for the meeting - the Editorial Staff, contributing authors and collaborators, as well as the Daily News staff onsite in Prague (Lisa DeLeon and Stephen Chavez). But a warm and special thanks must go out to our young fellow writers, Shiwan Shah and Alex Bernhardt, who provided the daily content to keep everyone informed of the latest news from the session rooms. Most of all, I want to thank Tereza Martinu for her monthly adventures of Mr/s XYZ in Prague. We were well prepared for the culture of Prague.*

*Lastly, I hope no one is left hanging out in Prague, but I leave you with David Cevny's sculptor of Sigmund Freud of Freiberg, Moravia, now part of the Czech Republic, here expressing the human condition on the need to either live life or let go. Farewell Prague, I will be back.*

Vincent Valentine, MD  
Links Editor



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in the following days, and 1,200 were deported to concentration camps. All Czech colleges and universities were shut and did not reopen till 1945 when WWII ended.

Czechoslovakia was liberated by Soviet and American forces in the spring of 1945; however, pre-war democracy did not return. Instead, the Cold War and the Iron Curtain, exemplified by the rising Berlin Wall, were the new reality. Totalitarian regimes were gradually installed in all eastern European countries. Hungarians were the first nation to mount a coordinated resistance to the new order. An uprising in 1956 toppled the government; however, Hungary was subsequently invaded by Soviet troops and a pro-Soviet government reinstated. In Czechoslovakia, calls for reform became louder during the 1960's in the so-called *Prague Spring*. A reformist wing, led by Alexander Dubcek, formed within the ruling Communist Party, and the hope was that substantial reforms could be implemented within the existing governing structures. However, these changes were felt to be destabilizing by the political leadership in the Soviet Union, and were halted through a massive air and land invasion of the country by Warsaw Pact military forces in August of 1968. A pro-Soviet government formed in exile was put in power and the Soviet military forces were to remain in Czechoslovakia for more than 20 years.

Through these events, two realities became painfully apparent: 1. The totalitarian regimes of Eastern Europe could not be reformed: only a qualitative change of governance would bring

freedom to the region, and 2. The massive disillusionment in Czechoslovakia indicated that it would take a different generation to again attempt a large-scale change.

In the 1980's, unrest started in Poland, led by a *Solidarity* trade union leader Lech Walesa (later to become a president of free Poland). This movement was also suppressed, but the fact that the government had to use martial law to stop the demonstrations indicated matters were serious. By the late 1980's, unrest was starting even in East Germany. As stringent control in this country prevented a coordinated dissent, the East Germans started to defect to the West in large numbers using other Eastern European countries. In November 1989, thousands of East Germans who entered Czechoslovakia as tourists climbed over the fence of the West German Embassy where they sought asylum and repatriation to West Germany. East German vehicles, abandoned by those who did not plan to use them again, suffocated Prague streets surrounding the Embassy. The situation became so destabilizing for the Czechoslovak establishment that its government petitioned East Germany to deal with the situation internally and, if needed, allow departure of its citizens to Western Germany directly. Ultimately, East Germany announced that arrangements would be made for opening of border crossings to West Berlin. At that point the Germans, East and West, were not going to wait for the details. They stormed the Wall, forcing the border crossings open, and soon took down large parts of the physical structure.

## QUOTABLE QUOTES

"Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did do. So throw off the bowlines, sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover." – Mark Twain

"He who does not travel does not know the value of men." – Moorish proverb

"All travel has its advantages. If the passenger visits better countries, he may learn to improve his own. And if fortune carries him to worse, he may learn to enjoy it." – Samuel Johnson

"No one realizes how beautiful it is to travel until he comes home and rests his head on his old, familiar pillow." – Lin Yutang

"To travel is to discover that everyone is wrong about other countries." – Aldous Huxley

"All journeys have secret destinations of which the traveler is unaware." – Martin Buber

"If you reject the food, ignore the customs, fear the religion and avoid the people, you might better stay at home." – James Michener

"I have found out that there ain't no surer way to find out whether you like people or hate them than to travel with them." – Mark Twain



Back in Prague, the government was determined to stop overt signs of dissent. So when a student demonstration on November 17, 1989, organized to commemorate the 1938 anti-Nazi events, turned into an anti-government protest, the demonstrators were brutally beaten by anti-riot police. And that was the straw that broke the camel's back – the nation came out into the streets and swept away the autocratic government in what became to be known as the **Velvet Revolution**, named such for its non-violent character. Vaclav Havel, a playwright and a political prisoner, became the leader of this movement, and later the first president of the free country.

In 1993, the two republics in the Czechoslovak federation agreed to part ways. In 1994, both the Czech Republic and

Slovakia became full members of the European Union. Today, Czech Republic is part of, and surrounded by, the Schengen area countries – EU countries that only maintain the EU perimeter borders. As such, Czech Republic has literally no border crossings with its neighbors, a stark contrast with times past, and has become a favorite destination of many.

The ISHLT annual meeting was a success. The science was excellent and cultural experiences abounded. I propose we come to Prague again. Do I have a second?

DISCLOSURE STATEMENT: The author has no financial relationships to disclose.

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## I2C2 – BRINGING ISHLT TO THE WORLD

Stephen Clark and Andreas Zuckermann

I2C2 Committee Chairs

It is a regrettable but perhaps an inevitable fact that ISHLT has traditionally had its membership concentrated in North America, Western Europe and Australasia. With emerging programs in other areas of the world, the need to engage more widely has never been greater enabling ISHLT members to interact with units developing to promote the standards and ideals of our Society. In parallel, the relationships with other learned professional Societies across the globe have never been subject to an official pathway for mutual action on issues of importance, especially where members may well be shared.

To this end, and after much thought and hard work on the development of the concept, the International and Inter-Society Co-ordination Committee (or I2C2 – not to be confused with R2D2!) was born. This was one of the principle topics in Lori West's wonderfully crafted Presidential Address at the 32<sup>nd</sup> Annual Meeting in Prague.

The I2C2 has two major areas of interest:

### 1. Emerging International Issues

The Committee will take a leadership role in reacting to important international developments of interest to the membership of ISHLT. The group will work closely with the Board and Councils to develop timely and appropriate responses and policies for the benefit of ISHLT and the patients we serve. The I2C2 in its formative state has already assisted with developing ISHLT responses to organ donation from executed prisoners in China, initiating the policy of requiring an assurance that such organs have not been used in developing data for abstracts or publications submitted to ISHLT, and in organizing a rebuttal to recent misleading articles on brain death testing and organ donation in the *Wall Street Journal*. These activities ensure a considered approach and unified response to matters of international concern to the ISHLT. It is important that the ISHLT has a mechanism by which matters can be rapidly assessed and responses given through a single channel when the need arises.

### 2. Inter-Societal & International Outreach

It is a pivotal role of I2C2 to develop formal relationships with other Societies where mutual benefits may be attained, membership shared, and common goals exist. There are many





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areas of benefit to ISHLT members where collaborative working can take place on a formal basis and meaningful liaisons developed. We have already begun work with TTS towards developing an annual international basic sciences meeting, and contact has been established with a number of influential organisations to put working on joint initiatives on a more constructive path. This role will also include establishing external representation for ISHLT on the international stage and ensuring that we exert influence in the interests of ISHLT's wider aims. With the permission of the Board, the I2C2 will be a policy-making group where relevant.

The group also aims to coordinate ISHLT-sponsored troubleshooting of new or established transplant units that request assistance, especially in countries where programs are developing. This is an area of considerable personal interest to the authors.

The structure of I2C2 comprises a Core Membership Group supplemented by nominated members from each of the Councils, the Education Committee, the Standards and Guidelines Committee and the Communications Committee. These were selected at the Annual Meeting in Prague.

To augment the activities of I2C2 and ensure truly global representation, we will be appointing Ambassadors from each geographic region to act as the 'eyes and ears' of the Committee and ensure that matters of interest are brought to our attention rapidly and to act as local liaison when needed. This is the opportunity for members—especially from outside North America, Western Europe and Australasia—to become involved, help develop policies that promote the interests

of ISHLT and the patients we serve, and use ISHLT to further local aims and goals.

After the introduction of the concept in Prague, there has already been much interest with potential projects on organ sharing and allocation in Turkey and Cyprus, and potential links with South Africa, India, Iran and Brazil being explored. We thank you for the enthusiastic reception that I2C2 has already received from members of the Society.

We hope that you will support this new initiative and welcome your interest in becoming an Ambassador. If you are interested in representing your Country and the ideals of ISHLT, then please contact any of us for further details to bring this exciting new initiative to its full potential and put ISHLT truly on the world stage.

#### 2012 I2C2 Report to the Board:

[http://www.ishlt.org/ContentDocuments/2012\\_I2C2\\_Report.pdf](http://www.ishlt.org/ContentDocuments/2012_I2C2_Report.pdf)

#### AMBASSADORS WANTED:

[http://www.ishlt.org/ContentDocuments/Ambassadors\\_Wanted.pdf](http://www.ishlt.org/ContentDocuments/Ambassadors_Wanted.pdf)

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## SHARON HUNT: ISHLT 2012 LIFETIME ACHIEVEMENT AWARD RECIPIENT

Heather J. Ross, MD, MHSc, FRCP(c)

Toronto General Hospital



It is a huge honor and an incredibly humbling experience to introduce you to this year's lifetime achievement award winner, Sharon Hunt.

I was a fellow at Stanford, I hesitate to say, from 1994-1996. I had the amazing experience of being trained by Sharon, who has been my mentor and colleague

for these many years and, for the moment, a friend – though that may change after I show some of these photos.....As they say Sharon be careful what you wish for ....

Sharon was born and grew up in Ohio, nobody really knows when – an issue that is often talked about as she clearly hasn't aged a day in over 20 years. Getting back to it, she was born in Northfield, a small suburb of Cleveland. In talking to her brother Ed he describes their youth as a very normal Midwestern US life. Her Dad was an engineer and mom a homemaker.



L to R: Joan Miller, Sharon, Norman Shumway, and Helen Luikart in Venice, Italy, April 1994

Sharon excelled in academics, especially science. She graduated from an all girls' high school and gained her undergraduate Biology and Chemistry degrees at The University of Dayton, in Dayton, Ohio.

Ed describes their youth as fairly normal ranging (depending on the day) from loving siblings to not

acknowledging one another's existence. Yet, as Ed says, he always knew she was special, especially as they grew older and he learned to better appreciate her accomplishments.

from Dayton, she headed out west alone and, as her brother says, no one—including her—quite knew the plan. Next thing they heard, she had been accepted at Stanford ... and of course the rest as you know is history!

Ed's favourite "Sharon story" happened when the family went out to visit Sharon and met Norm Shumway – Ed and Norm were on the first tee at the Stanford golf links. While chatting and waiting for their tee time, Shumway said to Ed that Sharon was one of the best doctors he had known. Although Ed was appropriately impressed with those words from such a distinguished and respected man, he remembers his brotherly response was, "are we talking about the same person?"

And of course they were. Her lifetime clinical and academic partnership with Norm Shumway is truly the stuff of legends. Their collaboration and its results have impacted every single individual in this room – all of us the better for it especially as it relates to how we practice transplantation. In fact, Sharon jokingly calls herself "the longest-living transplant cardiologist."

Sharon has too many awards and honors to mention. I wanted to hit on some of the highlights of an incredible career – focusing on her teaching, mentorship and clinical ability.

- She received the David A. Ryland Clinical Teaching Award, Stanford University Department of Medicine (2002)
- Was designated an "Elite Reviewer" by *Journal of American College of Cardiology* in 2004
- 2006 Laennec Master Clinician Award, American Heart Association
- 2007 American Society of Transplantation Senior Achievement Award in Clinical Transplantation

Sharon was always looking to do more and, upon graduating If there's a national or international committee dedicated



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to HF and transplant, she has sat on it. She has been on the editorial board of every high-impact cardiac and heart transplant journal including our own *ISHLT Journal for Heart and Lung Transplantation* (JACC, J Card Failure, JHLT) and is an associate editor for Hurst's *The Heart* – a bible in cardiology.

She has been involved with almost every guideline written on the management of heart failure and heart transplant, including becoming the Chair of the ACC/AHA Committee to Rewrite Heart Failure Guidelines from 1999 to 2005.

Sharon has also been heavily involved in the American Board of Internal Medicine, most recently the chair of the ABIM certification board in advanced HF and transplant cardiology, legitimizing the heart failure field in the United States. In fact, for all the Americans reading this: the ABIMs in advanced heart failure and transplant that you've been studying for and sweating over ... well, you can blame Sharon as she was one of the people who wrote the questions.

She has been a stalwart supporter and dedicated member of the ISHLT for more than 20 years. In 1991 she became a Councilor for the ISHLT, Program Committee Member in 1994 and of course the ISHLT president in 1995.

Her academic output is stellar – in the interest of time, just looking at the last 4 years her publications have been cited > 1900 times and her H index is consistent with membership in the [United States National Academy of Sciences](#) (as per Wikipedia).

Her reach, her impact, and her influence is worldwide, having supported educated and mentored individuals from all over the world – with a specific love affair with Canada where 8 of 9 programs are Sharon Stanford Alumni, hence our desire to change the name of our Canadian Cardiac Transplant Network to Stanford North.

Although her entire academic career has been spent at Stanford, for those who know her, we know that it wasn't

only Stanford that kept her in California but La Honda, and her longtime friends in the woods. However these stories are best told over a good chardonnay perhaps later tonight!

She is a proud and loving mother to Meghan who is now a successful policewoman. And she has a few other loves who share her life.

I think though what gives me heart and hope and what has always amazed me the most about Sharon is that she is the complete package and has been throughout her stellar career. She is a devoted mother, hobby horse rider, extensive adventurer and traveller, she's confident and a confidant, bighearted, compassionate, trustworthy, brilliant, distinguished, prolific, and a good friend. She has been and remains a role model for every female heart failure transplant cardiologist and for a good number of men as well.



*Sharon with Bruce Reitz, Tokyo, Japan  
April 2000*

If you would like to view Sharon's slide presentation in PDF format, please follow the below link:

[http://www.ishlt.org/ContentDocuments/LIFETIME\\_ACHIEVEMENT.pdf](http://www.ishlt.org/ContentDocuments/LIFETIME_ACHIEVEMENT.pdf) (5.5 MB)

DISCLOSURE STATEMENT: The author has no conflicts of interest to disclose.



## BASIC SCIENCE HIGHLIGHTS IN PRAGUE

Kimberly Gandy, MD

Basic Science and Translational Research Council Chair



The BSTR Council had its first meeting in its newly defined structure at the ISHLT Annual Meeting in Prague. The BSTR now has liaisons and workforce leaders in all of the major committees and workforces of the ISHLT. This structure should allow the BSTR to become better integrated and to serve the needs of the Society. The majority of efforts focused in four areas:

1. In collaboration with the Junior Faculty and Trainee Council and the Grants and Awards Committee, the process by which grants are submitted to the ISHLT is being refined. Measures proposed will allow grants to be more effectively compared when submitted from an international contingent. Consensus was obtained to streamline grant submissions over the Internet in a standardized electronic format.
2. A core group of individuals was formed to initiate a Career Development Resource within the BSTR. The central component of this resource will be listing active research laboratories within the ISHLT. The hope is that this resource can facilitate the efforts of graduate and medical students, residents, fellows, and postdocs in identifying research experiences within the organization. Those that would like to have their laboratories listed on this site should contact Kimberly

Gandy at [klgandy2@gmail.com](mailto:klgandy2@gmail.com). Over the coming year, we also hope to develop a mentorship program in which research applicants are paired with mentors to help them identify laboratories better suited for their needs while embarking on their investigations. Our goal is to have a website with many new features active by June of next year.

3. The BSTR discussed our participation in the new efforts of the ISHLT to integrate with other international organizations. As a first step in this effort, the BSTR wishes to partner with ESOT and the TTR in their biannual research symposium. Such a partnership will strengthen the basic science efforts within our Society and allow us to better communicate the scientific needs of the ISHLT to this organization of scientists.
4. Finally, the BSTR began creating teams to participate in the core curriculum project of the ISHLT. The BSTR is working on creating tools that will allow the principals of basic and translational science that we feel are crucial to an understanding of transplantation, pulmonary hypertension, and heart failure to be more accessible to its membership.

DISCLOSURE STATEMENT: The author has no financial relationships to disclose.





## HEART FAILURE AND TRANSPLANT MEDICINE HIGHLIGHTS FROM PRAGUE

D. Brad Dyke, MD

Heart Failure and Transplant Medicine Council Chair



Greetings!

Allow me to introduce myself. I have the honor and privilege of serving as your Council Chair for the next year. You are no doubt used to the concept of “Full Disclosure,” so let me start with mine.... I shamelessly admit that following the conclusion of the wonderful meeting

in Prague, I used some of my “use it or lose it” vacation time and wandered around in Europe for a bit. I promised myself several days of minimizing emails, computers, and technology in general (with due apologies to my colleagues in the MCS Council for that little jab). It was wonderful. Now I’ll try to update you on things related to our council.

For starters, many thanks to David Baran, who served as our past Chair, and Lee Goldberg, who served as our Chair this year! You both have done great jobs, and I hope to continue in this tradition. In addition, thanks to Stewart Sweet and his incredible team for putting together such a fantastic meeting in Prague. We are already looking forward to Montreal (see below).

Many thanks to Vincent Valentine, our LINKs editor. The bolstering of this communication tool over the past year has definitely been a welcome addition. With that said, our Communications Liaison, David Nelson, has graciously agreed to continue in his role for this year. Of special note, the December edition of LINKS will be focused on Heart Failure and Transplant Medicine. So, if you have any ideas for contributions to this, please contact either David or myself. Even though December is our big month, I anticipate monthly contributions from our Council. Hold us to it.

Looking into the future a bit, it is time for us to start thinking about my replacement already. Traditionally, we’ve chosen a Vice Chair, someone who will become Chair the following year, at the annual meeting. Having said that, there were many competing meetings, and due to the travel distance, the representation at our council meeting was not adequate

for “paper ballots.” In order to be fair to those who could not be in attendance, we will do this electronically this year. If you or someone you know, would like to put forth your name, please do so. What I’d ask for is for you to put together a 2-3 paragraph summary of who you are, where you are from, why you’d like to serve in this role, and what you would bring to this position. Please forward this information to me within the next 2 weeks. Once we have collected this info from those who are interested, we will send this to our council members for a formal vote. I anticipate having this done within the next 3 weeks.

As you may know, a new Committee of the ISHLT was recently formed – the International and Inter-Society Coordinating Committee (I2C2). Due to the need to fill this position without haste, Deborah Meyers, MD, from the University of Texas Health Sciences Center, was elected to this position during our Council meeting. I will ask Deborah to formally introduce herself in the next edition of LINKS.

Montreal – yes already looking forward to next year’s meeting. Having said that, preparations are already underway. **Now** is the time for us to put forth ideas to the program committee. Please consider contributing to this effort. What we need is ideas, but more than just that: if you have a topic of interest (even if it crosses boundaries with other Council’s potential ideas), please think about submitting a well flushed-out proposal. This would include a session title, objectives, a list of potential moderators (best if not all from one institution; consider individuals from various geographic regions, and junior members), a list of topics to be covered and finally, a list of potential speakers and alternates. This is largely for the non-abstract portions of the meeting (Symposia, etc...). We will need to have this process wrapped up by mid-JUNE, so don’t delay. The more ideas we get, the better will be our representation in Montreal. Please forward your ideas to me ASAP. I will forward them on to our Program Committee Representatives.

Speaking of that, our representatives will remain the same this year. Lynne W. Stevenson, Luciano Potenta, Eulalia Roig,



and Joren C. Madsen will continue on as our representatives – they have a difficult job, so help them out! Also, please consider serving as an abstract reviewer. It's a thankless job, but very important. If you wish to do this, please contact me.

Several of our other workforce leaders were unable to be in attendance, and we will be defining who will continue and who will step down in the near future. Certainly, so as to maximize institutional memory, commitments of a few years are best, but we will keep in mind that as many people as possible should be given the opportunity to serve our Council and Society.

More to follow... much more! You can anticipate a barrage of emails from us in the near future – just what you wanted, I'm sure. Disable your email filters...

If you have any questions, or concerns, please contact me. I can be reached at [ddyke@med.umich.edu](mailto:ddyke@med.umich.edu). Additionally, please see the ISHLT web page for contact information for those serving as representatives on our Council.

DISCLOSURE STATEMENT: The author has no relevant financial relationships to disclose.

## INFECTIOUS DISEASE HIGHLIGHTS FROM PRAGUE

Michele Estabrook, MD and Mace Schuurmans, MD

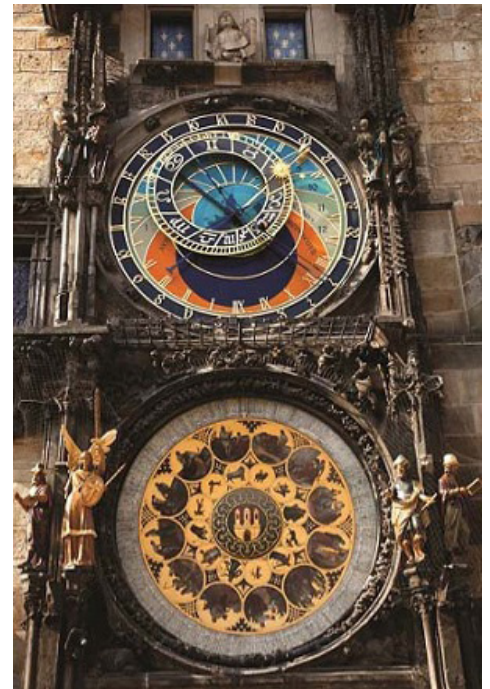
Infectious Diseases Council Communications Liaisons

The increasing use of mechanical circulatory support for the failing heart was a major topic at the ISHLT meeting in Prague. The ventricular assist devices are being used increasingly for extended time periods and the risk of infection is particularly high in the early postoperative phase. Dr. JM Stulak reported that prophylactic antibiotics did not have a significant impact on the rate of driveline infections and suggested that other factors might contribute to this phenomenon. The ventricular device technology itself is related to the risk of infection and, with improved technology, there has been a trend toward reduced device-related infections, as reported by Dr. C. Guerrero-Miranda.

Dr. M. Estabrook presented the test performance of the different diagnostic assays for *Clostridium difficile* infection. A two step approach with an initial screen for glutamate dehydrogenase followed by a second test to detect toxin has a high negative predictive value. The treatment of *C. difficile* infection with fidaxomicin has been shown to be superior to vancomycin when considering the resolution of diarrhea without recurrence.

Dr. C. Kotton drew attention to a number of exotic infections in donors and recipients. Eosinophilia, "a well-travelled patient", migrant background or a febrile patient with rash should prompt us to consider less common organisms (for example Chagas disease, Dengue fever or schistosomiasis).

Dr. M.H. Nguyen reported an increased rate of CMV infection after induction with alemtuzumab (versus basiliximab) in lung transplant recipients. In patients receiving alemtuzumab and valganciclovir prophylaxis, foscarnet treatment for CMV disease was ineffective and toxic as reported by Dr L. Mincses and colleagues. Furthermore, the reconstitution of CMV-specific immunity after heart transplantation is modulated by mTOR inhibition using everolimus and not by the antiviral strategy according to Dr. E.





Petrisil of Bologna, Italy.

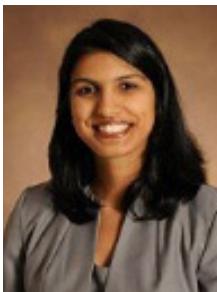
Last but not least, the group of Dr. S. Keshavjee from Toronto reported ex vivo antibiotic treatment of donor lungs that were rejected because of concerns of infection. The lungs showed a significant reduction of bacterial concentration and some evidence of improved function. The new era of lung pre-treatment for organs that otherwise would be dismissed raises hopes that some of these organs will qualify for transplantation in the near future.

DISCLOSURE STATEMENT: The authors have no conflicts of interest to disclose.

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## JUNIOR FACULTY & TRAINEE COUNCIL HIGHLIGHTS FROM PRAGUE

**Pali Dedhiya Shah, MD**  
JFTC Chair



The Junior Faculty and Trainee Council was as active as ever at the 2012 ISHLT international conference. In addition to the high quality scientific submissions, the JFTC received an overwhelming number of abstracts of challenging cases from all disciplines for the annual Clinical Case Symposium. The six cases with highest scores were selected for oral presentation and over sixty posters were on display throughout the conference.

We have had a tremendous response from senior ISHLT faculty to make time in their busy schedules to volunteer as mentors. With this we have been able to sponsor two mentorship opportunities this year:

1. On Thursday, Ramesh Emani facilitated a round table discussion of broad career topics at the trainee and faculty mentor luncheon, which kept attendees engrossed in conversation through the entire two hour session.
2. The JFTC also sponsored a paired mentorship program, facilitating introductions between trainees and junior faculty with senior faculty, which were individually matched based on their stated career interests.

At our annual council meeting we received some fabulous ideas for the upcoming year including opportunities with the JHLT, a job posting website, and even a “jeopardy/quiz show.” We look forward to a productive and dynamic year!

DISCLOSURE STATEMENT: The author has no conflicts of interest to disclose.



## MECHANICAL CIRCULATORY SUPPORT HIGHLIGHTS FROM PRAGUE

Jeff Teuteberg, MD  
MCS Council Chair



I have to admit to slight trepidation when I was approached with the task of writing a brief summary of mechanical circulatory support (MCS) from the 2012 meeting. With the prodigious growth of clinical experience, clinical and basic science investigations, and novel devices or novel uses of existing devices, it seemed there was enough material to fill several installments of the *ISHLT Links*. While the Mechanical Circulatory Support Council will provide a more comprehensive Year in Review for the June issue of the Links, as well as a summary of the successful ISHLT Academy: *Core Competencies in MCS*, consider the following one person's musings on the oral abstracts.

Once again, INTERMACS (IM) has provided many useful insights into the clinical application of MCS technology. Post-approval destination therapy (DT) outcomes in IM were shown to be quite similar to clinical trial results. There is also a growing focus not only on outcomes with DT, but on quality of life (QOL) and the factors that impact QOL. Interestingly, pre-implant QOL or the degree of improvement in QOL at three months and one year did not differ based on pre-implant IM profiles. Despite improvement in numerous measures of QOL, there is still little improvement in MVO<sub>2</sub> after MCS. The impact of older age, degree of pre-implant illness, and comorbidities continue to impact not only outcomes, but post-implant length of stay. There is also growing literature characterizing of the importance of social support and the degree of caregiver burden after MCS.

With the growth of DT, the long-term management of patients on MCS increasingly has become the focus of investigations. Several abstracts assessed the incidence of aortic insufficiency (AI) as a long-term complication of MCS. While rates varied in the series presented, less AI seems to be associated with better blood pressure control

and greater degrees of aortic valve opening. Gastrointestinal (GI) bleeding is another long-term management conundrum associated with the use of continuous flow devices. While both axial and centrifugal pumps were shown to result in the loss of large multimers of von Willebrand factor, the impact of the degree of pulsatility on the rates of GI bleeding remains controversial.

Device technology was featured in abstracts presenting the experience with the CircuLite Synergy system, the Impella RP (Abiomed), and the use of the HVAD (HeartWare) in a biventricular assist configuration. Right ventricular function also remains a topic of great interest to the MCS community. The varying modalities of temporary mechanical support for the right ventricle were presented and the utility of tricuspid valve intervention at the time of MCS continues to be debated. IM data demonstrated low rates of RVAD use, but sicker patients and less pulmonary arterial pulsatility were associated with the need for right ventricular support.

Lastly, the MEDAMACS screening pilot provided insight into outcomes of patients with advanced heart failure who are IM profiles 4-7 and have several high risk features, such as recurrent admissions. At 6 months the mortality in this group was 16% and the freedom from death, transplant, MCS, or inotropes was only 64%. Both the Seattle Heart Failure Model and IM profiles were able to stratify risk in this population. For these patients QOL was seen to decrease as IM profiles increased and reduced QOL was also found to have a significant association with diabetes and employment status.

DISCLOSURE STATEMENT: The author has no relevant financial relationships to disclose.





# ISHLT Links

## NURSING, HEALTH SCIENCES & ALLIED HEALTH HIGHLIGHTS FROM PRAGUE

**Bronwyn Levvey, RN, Grad Dip Clin Ep**

Outgoing Communication Workforce Chair



For those of us from NHSAH council fortunate enough to be able to attend ISHLT 2012, we were definitely not disappointed! Prague is one of Europe's most beautiful and grandest of old cities, and it was delightful (though those with high heels may have described it 'challenging') to walk around the

cobblestone streets, soaking up the atmosphere (and the rain!).

Although Prague is a city that reminds us of centuries past, this year's program definitely was focused on the future, with outstanding NHSAH sessions describing how Technology & Tele-health can improve self-management and increase patient access to quality healthcare. The combined NHSAH & Pediatric Councils' pre-meeting symposium, and a symposium focusing on caregivers as true investment in maximizing patient outcomes, were rated highly.

Despite a decrease in the overall number of nursing members attending, pleasingly the number of allied health attendees, who were contributors to symposia or abstracts presenters,

increased this year. The quality of presentations in the oral abstract sessions overall was outstanding, as was those selected for mini-orals and poster presentations. For NHSAH council members unable to attend the meeting in Prague, the ISHLT Board kindly agreed to facilitate taping of our council sessions. These will be available (either on DVD or via webinar) for a purchase fee in the coming months.

We must congratulate the winner of the Nursing and Social Sciences Excellence in Research Award- Kate Hayes, a physiotherapist from (Melbourne, Australia), and to the winners of the Nursing and Social Sciences Research Grants - Lut Berben (Basel, Switzerland) and Connie White-Williams (AL, USA). We also sincerely thank our out-going council chair, Nancy Blumenthal, for her enthusiasm and leadership over the past 2 years, welcome our incoming chair, Annemarie Kaan, and we gratefully acknowledge the wonderful contributions Susan Chernenko has made over the past 3 years as our council representative on the ISHLT Board of Directors.

DISCLOSURE STATEMENT: The author has no conflicts of interest to disclose.

## PATHOLOGY HIGHLIGHTS FROM PRAGUE

**Gerald Berry, MD**

Pathology Council Past Chair



ISHLT 2012 Prague was extremely productive and exhilarating for the members of the Path Council. Many members attended and actively participated in a host of pre-meeting symposia, concurrent sessions and concurrent symposia.

In addition we held pre-meeting sessions for pathologists on Tuesday, April 17<sup>th</sup> on the subjects of cardiac and pulmonary AMR. The morning session on cardiac AMR brought together many of the members of the cardiac group from ISHLT 2010 Chicago and ISHLT 2011 San Diego. The topics included refinement of histopathological and immunophenotypic diagnostic criteria and affirmation of the proposed grading scheme for AMR.

On Tuesday afternoon a group of pulmonary pathologists convened to discuss the results of Path Council sponsored



survey of current practices for the diagnosis and reporting of pulmonary AMR. This provided a platform to evaluate a host of technical, interpretative and reporting issues. Proposals for antibody selection, interpretative thresholds for C4d staining distribution and intensity and uniform terminology for the

reporting of biopsy results were reached by consensus from the discussion. A more detailed summary will follow.

DISCLOSURE STATEMENT: The author has no conflicts of interest to disclose.

## PEDIATRIC TRANSPLANTATION HIGHLIGHTS FROM PRAGUE

Melanie Everitt, Beth Kaufman, and Chris Benden

Pediatric Transplantation Council



Prague, the “city of bridges,” was the quintessential setting for symposia sessions that bridged interests of specialists in pediatric transplant, nursing, infectious disease, pulmonary hypertension, and cardiothoracic surgery.

Friday morning’s symposium focusing on Fontan physiology

highlighted the complicated decisions surrounding Fontan conversion, listing for heart transplant, and assessing need for concomitant liver transplant. It is clear that transplant specialists across the globe are charged with the care of these complex patients who are reaching adulthood in ever-growing numbers. We are only starting to see the tip of an iceberg with respect to cardiac cirrhosis and protein-losing enteropathy. Presently, there are more questions than answers related to the aging Fontan population. Even so, the symposium and related abstract sessions demonstrated that the transplant community is intent on seeking these answers and providing improved care through heart failure management and transplantation.

The Mechanical Circulatory Support in Pediatrics and Congenital Heart Disease Symposium provided key insights pertaining not only to the current state of devices but also

to the prevention of device complications. Dr. Patricia Massicotte’s (University of Alberta, Edmonton, Canada) discussion regarding thrombosis and anti-coagulation strategies was of particular importance as studies to date have reported significant stroke rates for children supported by ventricular assist devices. In short, anti-coagulation protocols are being constantly refined and will need to be further modified when new devices, new coagulation monitoring, and new medications come on the horizon. William Wrightson (Freeman Hospital, Newcastle, UK) spurred discussion regarding discharge to home for children with extracorporeal assist devices by providing insight into how this is done successfully in the U.K.

While the sun prevailed in Prague amid the forecasts of rain, “The Perfect Storm” of adolescents and adherence after organ transplantation was addressed in the symposium on Neurocognitive, Psychosocial and Behavioral Issues. The challenges of adolescent transplant care spilled over into the abstract sessions including Abstract 389 by Dr. Christina VanderPluym which demonstrated a steady increase in the rate of rejection through adolescence. This increased rejection rate appears to continue into young adulthood and is independent of age at listing.

For the pediatric lung transplant community, one of the focal points of the meeting was definitely the Friday Lunchtime Symposium on “*Challenges in Pediatric Lung Transplant.*” Stuart Sweet (St Louis, MO), the 2012 Scientific Program Chair, reminded the audience that infants undergoing lung transplantation are “small but not forgotten”. Based on the large experience of infant lung transplantation in St Louis,



# ISHLT *Links*



Dr Sweet reported on specific aspects of younger transplant recipients and their transplant outcomes. Even though infants often have a more difficult early post-op period, they are generally less affected by acute and chronic graft rejection and achieve similar survival rates to older children. However, somatic growth and development are more commonly impaired. Christian Benden (Sydney, Australia) reviewed issues and outcomes of re-transplantation in pediatric lung transplant recipients. Candidates ideally should not be mechanically ventilated prior to the re-transplant procedure and 1-2 yr after the primary transplant. Nevertheless, co-morbidities need to be evaluated vigilantly. If selected carefully, re-transplantation is a therapeutic option that can accomplish results similar to the primary transplant outcome. Charles Huddleston (St Louis, MO) spoke on the subject of “Bridging to Lung Transplantation in Children” and particularly on the use of pre- and post-op ECMO support. ECMO use in children is associated with a significant morbidity and mortality. The use of other interventional lung assist devices in pediatric

lung transplant candidates is still limited. Finally, Joseph Pilewski, an Adult Chest Physician from Pittsburgh, PA, gave a fascinating talk on transition from pediatric to adult care. It is clear that transition should be of interest for both pediatric and adult transplant teams. We should promote patient-centered and age-adjusted healthcare to overcome potential hurdles to successful transition.

Other highlights of the meeting for both Pediatric and Adult Pulmonologists included a symposium on the “Evolving concepts of chronic lung allograft dysfunction” where definitions, different phenotypes, emerging pathways and future therapies were discussed by an expert panel of speakers from both sides of the Atlantic and across the Pacific to down under. A symposium on viruses in thoracic transplantation attracted a large crowd of delegates. Topics such as EBV infection and PTLT, and respiratory viruses were of particular interest for Pediatric Pulmonologists. Further hot topics of the meeting were reviews of lung transplantation for pulmonary hypertension and special considerations for CF patients undergoing lung transplantation that culminated in energetic discussions.

The ISHLT 2012 Annual Meeting and Scientific Sessions will be remembered for great science, stimulating discussions, and the vibrant city skyline, but especially for ISHLT’s collegial atmosphere that is the key to the advancement of pediatric thoracic transplantation.

**DISCLOSURE STATEMENTS:** The authors have no conflicts of interest to disclose.

## **BEST DRESSED SEQUINS & PENGUINS IN PRAGUE**







## PULMONARY HYPERTENSION PROGRAM HIGHLIGHTS FROM PRAGUE

Robert Frantz, MD

Pulmonary Hypertension Council Chair



Pulmonary hypertension and the right ventricle represented a major theme of the 2012 ISHLT Scientific Sessions in Prague, continuing an evolving trend over recent years. Offerings included:

### 3 Pre-meeting symposia:

*Potpourri of Special Topics in PH*

*The RV and Pulmonary Vascular Load in Health and Disease  
Congenital Heart Disease: PH Dilemmas in Pediatrics and Adult Patients*

### 3 Scientific Sessions Concurrent Sessions:

*Lung Transplantation for PAH – World-wide Panel Discussion*

*Following the RV through Thick and Thin*

*PH in Chronic Parenchymal Lung Disease – Does it Matter?*

### Thursday lunch session:

*Optimised PAH Management: Doing the Right Thing for the Right Heart* (sponsored by United Therapeutics)

The illuminating presentation by Dr. Ryan Tedford regarding the relationship between pulmonary artery resistance ( $R_{PA}$ ) and capacitance ( $C_{PA}$ ) was especially valuable. Expanding on prior work describing the hyperbolic and in many situations constant relationship between these parameters, Dr. Tedford reviewed his recently published work (*Circulation* 2012;125:289-287) that includes several important messages: 1) Clinical trials of PAH therapy have generally enrolled patients who have quite high pulmonary vascular resistance. Such patients are on the flat part of the resistance – compliance relationship, meaning that a modest change in resistance produced by a PAH therapy is not going

to alter compliance in any substantial way. This may help to explain why PAH remains a serious condition despite availability of several therapies. Interestingly, the steep part of the resistance-compliance curve, where modest changes in resistance can have substantial effects on compliance, is in the neighborhood of 3 Wood units, reinforcing the potential value of early identification and treatment of PAH. 2) RV failure in the context of pulmonary hypertension accompanying left heart failure often occurs in patients with pulmonary vascular resistances in the modestly elevated range of 2-5 Wood units, where a reduction in PVR achieved by addition of appropriate medication can have a big impact on pulmonary artery compliance, suggesting much opportunity in this arena. 3) A very important lesson of this work is the finding that elevation in pulmonary capillary wedge pressure results in a shift of the resistance-compliance relationship. For any given pulmonary artery resistance, a fall in wedge from high to normal will result in improvement in pulmonary artery compliance. This in part explains why correction of elevated wedge pressure can have such a dramatic effect on severity of right heart failure, whether by better LV afterload reduction and volume regulation, or by implantation of a left ventricular assist device. Elevated wedge pressure contributes in a substantial way to RV afterload, via the impact of the reflected wave on the RV during ejection. This presentation is just one example of how valuable attendance at ISHLT has become for all those interested in the right ventricle and the pulmonary vasculature.

DISCLOSURE STATEMENT: Dr. Frantz has received research grants from United Therapeutics, and has provided consulting for Pfizer, Inc.





## PHARMACY AND PHARMACOLOGY HIGHLIGHTS FROM PRAGUE

Michael Shullo, PharmD

Pharmacy and Pharmacology Council Vice Chair



This year at the ISHLT 2012 annual meeting in Prague, the Pharmacy and Pharmacology Council sponsored a unique and innovative symposium entitled, *“A Lifecycle Journey in Advanced Heart Failure and Transplantation”*.

This concurrent symposium presented a longitudinal case interspersed with practice based discussion of “journey intervals” and a panel discussion at the end. Areas of focus included mechanical circulatory support and anticoagulation, early graft dysfunction, and an approach to innovative immunosuppression in the face of malignancy. The symposium was very well attended and well received.

Significant progress was made at the council meeting with members agreeing to adopt a succession leadership structure and confirmation of our first slate of officers, workforce leaders, and liaisons. Additionally, we have finalized the international authorship for our Core Competency statement. Author breakdown will include 13 authors, 8 US, 2 Australia, 1 Ireland, 1 UK, 1 France.

Lastly, we share the excitement amongst the other ISHLT councils regarding collaborative work over the coming year with strong support from the ISHLT executive leadership.

DISCLOSURE STATEMENT: The author has no conflicts of interest to disclose.

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## PULMONARY TRANSPLANTATION HIGHLIGHTS FROM PRAGUE

David Weill, MD

Pulmonary Transplantation Council Chair



The Prague meeting provided sessions that were highly interesting for the lung transplant community. All the lung sessions were well attended, with outstanding participation during the question and answer periods.

Of particular interest were the discussions about antibody-mediated rejection (AMR), which focused on the diagnosis, natural history, and treatment for this rapidly evolving clinical challenge. Although there is currently no consensus about many of the important issues with regard to AMR, a robust discussion is clearly occurring within the lung transplant community that will undoubtedly lead to more clarity on these vexing challenges. In the coming year, a closer collaboration between the Pulmonary Transplantation Council and the Pathology Council should lead to further understanding of AMR and hopefully a more systematic approach in terms of diagnosis and treatment. There was also an excellent panel discussion regarding

lung transplantation in pulmonary hypertension patients. Postoperative management was thoroughly reviewed, as was using ECMO therapy as a bridge to transplant in these patients and as a modality to stabilize patients during the transplant surgery and in the early postoperative period.

Other important highlights included a session reviewing what is known about the impact of the community acquired respiratory viruses on the development of acute and chronic rejection as well as an outstanding update on post-transplant lymphoproliferative disease.

Overall, the Annual Meeting continues to be an important way for junior and senior physicians and surgeons to find out what’s new in our field, and I would like to commend the Scientific Program Chair, Stuart Sweet, and the 2012 Program Committee for once again delivering an excellent Program.

DISCLOSURE STATEMENT: The author has no conflicts of interest to disclose.



## GRANTS & AWARDS FROM PRAGUE 2012 Grant Award Winners

The following grants awards were presented at the ISHLT 32<sup>nd</sup> Annual Meeting and Scientific Sessions during the Plenary Session on Saturday, April 21, 2012, at the Prague Congress Center in Prague, Czech Republic.

### 2012 ISHLT Norman E. Shumway Career Development Award

ISHLT issued one Norman E. Shumway Career Development Grant this year. The award is in the amount of \$80,000. The funding period is for two years (\$40,000 per year).



Recipient: Tereza Martinu, MD  
Duke University, Durham, NC, USA

Project: *Importance of IL-17 In Post-Transplant Airway Fibrosis*

Chief of Staff: Paul Nobel, MD  
Director of Research: Scott Palmer, MD, MHS

### 2012 ISHLT Research Fellowship Grant Awards

ISHLT issued four Research Fellowship Grants this year. Each award is in the amount of \$40,000. The funding period is for one year.



Recipient: Stephen C. Juvet, MD, FRCPC  
Univ Health Network, Toronto, ON, Canada

Project: *Enhancing Regulatory T Cell Stability In The Presence Of Allograft Inflammation And Ischemia-reperfusion Injury*

Chief of Staff: Prof. Freddie Hamdy  
Director of Research: Prof. Kathryn Wood



Recipient: Maria Lucia L. Madariga, MD  
Massachusetts General Hospital, Boston, MA, USA

Project: *Amelioration Of The Deleterious Effects Of Donor Brain Death By Cytokine Blockade And Ex Vivo Allograft Perfusion In Fully Mismatched Miniature Swine*

Chief of Staff: Joren C. Madsen, MD, DPhil (accepting award)  
Director of Research: James S. Allan, MD



# ISHLT *Links*



**Recipient:** Jessica H. Spahn, PhD  
Washington University, St. Louis, Missouri, USA

**Project:** *Neutrophil Trafficking To The Lung During Pulmonary Ischemia-reperfusion Injury*

**Chief of Staff:** G. Alexander Patterson, MD  
**Director of Research:** Dan Kreisel, MD

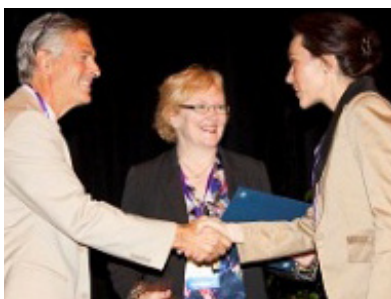


**Recipient:** Konstantinos Malliaras, PhD  
Cedars-Sinai Medical Center, Los Angeles, CA, USA

**Project:** *Percutaneous Catheter-guided Endomyocardial Delivery Of Allogeneic Cardiospheres For Heart Regeneration In A Porcine Model Of Chronic Ischemic Cardiomyopathy And Heart Failure*

**Chief of Staff:** Scott R. Karlan, MD  
**Director of Research:** Eduardo Marban, MD, PhD

## 2012 ISHLT Branislav Radovancevic Memorial Fellowship Grant Award (funded by a grant from Thoratec)



ISHLT issued one **Branislav Radovancevic Memorial Fellowship Grant** this year in the amount of \$75,000, funded by a grant from Thoratec. The funding period is for one year.

**Recipient:** Antigone Koliopoulou, MD  
Evangelismos Hospital, Athens, Greece

**Project:** *Platelet Phenotyping with Mechanical Circulatory Support*

**Chief of Staff:** Christos Charitos, MD  
**Director of Research:** Craig Selzman, MD

## 2012 ISHLT Transplant Registry Early Career Award



ISHLT issued two **Transplant Registry Early Career Grants** this year. Each award is in the amount of up to \$5,000. The funding period is for one year.

**Recipient:** Erin M. Lowery, MD  
Loyola Univ Medical Center, Maywood, IL, USA



# ISHLT *Links*



**Project:** *Identifying Risk Factors For The Development Of PTLD In Patients With Cystic Fibrosis Following Lung Transplantation*

Chief of Staff: Dr. Charles Alex  
Director of Research: Dr. Robert Love

**Recipient:** Omar E. Wever-Pinzon, MD  
University of Utah, Salt Lake City, UT, USA

**Project:** *Impact Of Recipient Age On Differential Causes Of Heart Transplant Mortality. Is It Time To Personalize Post-Transplant Management?*

Chief of Staff: Dean Li, MD, PhD  
Director of Research: Josef Stehlik, MD, MPH

## 2012 ISHLT Nursing and Social Sciences Research Grant Award



**Recipient:** Lut Berben, PhD, RN  
Univ of Basel, Inst of Nursing Sci, Basel, Switzerland

**Project:** *Chronic Illness Management Implementation In Heart Transplant Centers Study*

Co-Investigators: Sabina De Geest, PhD, RN, Basel, Switzerland  
Fabienne Dobbels, PhD, Leuven, Belgium

## Supported by Funding from CSL Behring:



**Recipient:** Connie White-Williams, PhD, RN, FAAN  
University of Alabama-Birmingham, USA

**Project:** *Returning To School: The Lived Experiences Of School Age Heart Transplant Recipients*

Co-Investigators: Blair Couvillion, BS  
Meloneysa Hubbard, RN, BSN

**Congratulations to all of the 2012 Grant Award recipients!**





## GRANTS & AWARDS FROM PRAGUE

### 2012 ISHLT Abstract Awards

The following abstract awards were presented at the ISHLT 32nd Annual Meeting and Scientific Sessions during the Plenary Session on Saturday, April 21, 2012, at the Prague Congress Center in Prague, Czech Republic.

#### 2012 ISHLT Philip K. Caves Award

This award is named for Philip K. Caves, who developed and pioneered the technique of transvenous endomyocardial biopsy for use in the monitoring of cardiac graft tolerance. Established in 1982 to encourage and reward original research in transplantation performed by residents, fellows, and graduate students, this \$1,000 award is bestowed annually on the resident/fellow/student whose oral presentation is judged to be the best at the Annual Scientific Meeting.



**Recipient:** Simo Syrjala, MD

Transplantation Lab, Haartman Institute  
Helsinki, Finland

*Abstract Title: COMP-Ang1 Reduces Ischemia-Reperfusion Injury-Induced Microvascular Dysfunction and Chronic Rejection in Rat Cardiac Allografts*

**Mentor:** Karl Lemstrom, MD, PhD

#### 2012 ISHLT Branislav Radovancevic Memorial Best Paper Award

Established in 2009 and funded through a grant from Thoratec, this award is a \$2500 travel award to the ISHLT Annual Meeting designed to encourage submission of high quality abstracts in the mechanical circulatory support category, particularly from individuals in emerging countries. The goal of the award is to encourage scholarly clinical work in MCS in emerging countries and to facilitate scientific exchange regarding MCS. Dr. Radovancevic, a long-time member of ISHLT, was devoted to the encouragement of scientific collaboration with Eastern European physicians and scientists. This award is designed to encourage others to continue his efforts to develop MCS and provide mentorship to others. Therefore, priority is given to researchers and clinicians who are residents or fellows, and/or who are from emerging countries.



**Recipient:** Arun Raghav Mahankali Sridhar, MD, MPH

Washington Hospital Center, Silver Spring, MD, USA

*Abstract Title: Trends in Utilization and Costs of Left Ventricular Assist Device Therapy for Advanced Heart Failure in US - Results from the Nationwide Inpatient Sample 2005-2008*

**Mentors:** Gurusher Panjrath, MD, Johns Hopkins University; Sravanthi Parasa, MD, Washington Hospital Center; and William Hillegass, University of Alabama at Birmingham, Center for Outcomes Research

#### 2012 ISHLT Nursing and Social Sciences Excellence in Research Award



# ISHLT *Links*

This award was established in 2005 to recognize excellence in Nursing and Social Science research, with the purpose of encouraging original investigation and professional excellence in the preparation of scientific papers. This award recognizes an outstanding contribution by a nurse or social scientist whose work makes an important contribution to the field of heart and lung transplantation. This \$1,000 award is bestowed annually on the nurse or social scientist whose oral presentation is judged to be the best at the Annual Scientific Meeting.



**Recipient: Kate Hayes**  
The Alfred Hospital

*Abstract: Effects of Exercise Training on Exercise Capacity and Quality of Life in Patients with a Left Ventricular Assist Device (LVAD): A Preliminary Randomised Controlled Trial*

**2012 ISHLT Junior Faculty and Trainee Council  
Clinical Case Dilemmas in Thoracic Transplantation—Best Presentation Award**



**Recipient: Erin Albers**  
Vanderbilt University

*Case: Ventricular Dysfunction after Pediatric Heart Transplant: It's Not Always Rejection!*

**Congratulations to all of the 2012 Abstract Award recipients!**

**The 2012 Grants & Awards Committee members are:**

- |                           |                          |
|---------------------------|--------------------------|
| Duane Davis, Chair        | David Wilkes, Reviewer   |
| John Dark, Co-Chair       | Marshall Hertz, Reviewer |
| Lori West, Reviewer       | Judy Currey, Reviewer    |
| Sonya Schrepfer, Reviewer |                          |
| Scott Palmer, Reviewer    |                          |

**The Grants & Awards Committee would like to thank the following individuals for their participation as grant reviewers this year:**

- |                      |                        |
|----------------------|------------------------|
| James Allan          | Jane MacIver           |
| Abbas Ardehali       | Joren Madsen           |
| Robert Aris          | Charles Marboe         |
| Christian Benden     | Mandeep Mehra          |
| Annette Boehler      | Carmelo Milano         |
| Jason Christie       | Susan Moffatt-Bruce    |
| Judy Currey          | Thalachallour          |
| John Dark            | Mohanakumar            |
| Marc De Perrot       | Michael Mulligan       |
| Mario Deng           | Catherine Murks        |
| Tobias Deuse         | Francis Pagani         |
| Anne Dipchand        | Scott Palmer           |
| Fabienne Dobbels     | Jayan Parameshwar      |
| Leah Edwards         | Richard Pierson        |
| Thomas Egan          | Axel Rahmel            |
| Howard Eisen         | Vivek Rao              |
| Kimberly Gandy       | Hermann Reichenspurner |
| James George         | Bobby Robbins          |
| Bart Griffith        | Sonja Schrepfer        |
| Chad Hare            | Ashish Shah            |
| Michelle Harkess     | Randall Starling       |
| Matthew Hartwig      | Josef Stehlik          |
| Marshall Hertz       | Celia Stevak           |
| Valluvan Jeevanandam | Susan Stewart          |
| Maryl Johnson        | Martin Strueber        |
| Shaf Keshavjee       | Stuart Sweet           |
| Richard Kirk         | David Vega             |
| Daniel Kreisel       | Tom Waddell            |
| Shu Lin              | Florian Wagner         |
| Mingyao Liu          | David Wilkes           |



## NEVER THE TWAIN SHALL MEET

Vincent Valentine, MD

Links Editor

We are at the end of my first year as your Editor-in-Chief of the Links E-newsletter. Volume 3 of the newsletter, our 32nd Annual Meeting in Prague and the end of April 2012 are now closed. We have our memories and reviews to recapitulate our accomplishments. It was a century and two years ago that Halley's Comet carried away our "celestial wanderer" from Earth on April 21, 1910. Just before this date, a "report of his death was an exaggeration," but it was the 75 years prior in Halley's cyclical orbit when Samuel Clemens fell off the star dust for our personal pleasure.

Mark Twain never really existed. He was the figment of Clemens' imagination. Mark Twain became one of our best known and best loved Americans known throughout the world even today. Thinking of him, we have an image of a man in a white suit, with a white mane of hair, with a moustache that always needs combing, with a cigar in one hand and a twinkle in both eyes. Thinking of this description is enough to make you smile. But thinking of this image for our amusement may also be a disguise for Samuel Clemens. For the ISHLT, this is our source of creativity, imagination, and adventure with laughter, humor, satire, and cynicism for our personal and professional amusement. For the public, there is Mark Twain. In private, there is Samuel Clemens. Edgar Allan Poe struggled with doubles—was it deliberate or a coincidence to have Poe's William Wilson and Twain's Pudd'nhead Wilson? Do we have our own societal persona which differs from the persona of our private lives?

During meetings, as presenters there is a bit of showmanship. There is professional work that defines our career and there is our personal life. Becoming Mark Twain, Samuel Clemens gained the world but may have lost himself. This is a balance for us. Mark Twain is a reflection of ourselves—allowing us to take life both seriously and humorously.

The mere meaning of the name Mark Twain conjures up safety and danger at the same time. From Clemens' days as a riverboat pilot on the muddy Mississippi River, mark twain meant two fathoms or 12 feet. Steamboats needed nine to ten-and-a-half feet of water to travel without running aground.

On one hand, if mark twain meant the water was getting deeper this implied easy waters, or smooth sailing. However, if mark twain meant the water was getting shallower, then this implied danger ahead. This is the near perfect ambiguity Mark Twain implied, deliberately.

Twain pushed the envelope in American Society, and across the globe, challenging all conventions. I refer you to the January 2012, volume 3, issue 8, On Teaching and Learning. "As individuals we are teachers and learners and must constantly push ourselves beyond comfort zones to avoid the temptation of procrastination.... We have to educate ourselves, have the willingness to do so and keep our inquisitiveness alive." Lifelong learning gives us the opportunity to deal with crises and ambiguities—even from Mark Twain. In the ISHLT, we cannot rest on the comfort of a successful meeting held abroad (The Innocents Abroad). We must take the challenge and continue forward as we look to Montreal (Roughing It). We must straddle the boundaries; think outside the box, outside our comfort zone, as we explore the unknown to do what's best for our patients.

There is a constant duality—should we or shouldn't we. Mark Twain carried us to these two extremes. Clemens' imagination gave us Tom and Huck, the Prince and the Pauper, the master and the slave, and good and evil. What about the amusing Siamese twins? Two personalities trapped inside one body, two legs, one trunk, four arms, two heads and, with the cleverness of Clemens, two extreme personalities. One is a teetotaler, the other a drunk. If the drunk would drink, the other would get the hangover. The possibilities are endless.

Now with the end of April 102 years ago, when all is said and done, Sam Clemens is dead, long live Mark Twain. Think of the differences a century, a half-century, a decade, a year and a day make. [Did you know that Samuel Clemens' wife was Olivia Langdon?]

Disclosure Statement: The author has no conflicts of interest to disclose.



# ISHLT *Links*

## ISHLT ANNOUNCEMENTS

**Claim your CME Credits!**

**For Annual Meeting credits:**

**IMPORTANT!** The online certificate site will be available the end of the day April 21, 2012 through May 31, 2012. After that date, the site will be removed and certificates will no longer be available. If you need a CME certificate, you must complete the evaluation and certificate process prior to that date; otherwise you will forfeit your credit for the course. To get your certificate, just go to [www.CmeCertificateOnline.com](http://www.CmeCertificateOnline.com). Scroll down to the International Society for Heart & Lung Transplantation listing and click on the **32nd Annual Meeting & Scientific Sessions** event. On the site, you will be asked to enter a password which is **201232ndISHLT** and evaluate various aspects of the program. You may then print your certificate immediately. A copy of the certificate will also be emailed to you in case you need to print additional copies (check your spam filter and junk email folder if you do not see it come through).

Your certificate will show the hours you entered. Please address any questions about the process to: Sheryl Morgan at [shmorgan@smithbucklin.com](mailto:shmorgan@smithbucklin.com) or 651-789-3730.

**IMPORTANT NOTE FOR NURSING, ALLIED HEALTH, SOCIAL SCIENCES:**

This meeting is accredited for CMEs and for CEPTCs. Please consult with your certification/licensing board regarding acceptance of CMEs. For those seeking CEPTC credit, please follow the above instructions to obtain a CME certificate. Once received, please fax, mail, or email this to Phyllis Glenn at ISHLT (972-490-9499, [phyllis.glenn@ishlt.org](mailto:phyllis.glenn@ishlt.org)) and she will prepare a CEPTC certification for you.

**For Academy credits:**

**IMPORTANT!** The online certificate site will be available the end of the day April 17, 2012 through May 31, 2012. After that date, the site will be removed and certificates will no longer be available. If you need a CME certificate, you must complete the evaluation and certificate process prior to that date; otherwise you will forfeit your credit for the course. To get your certificate, just go to [www.CmeCertificateOnline.com](http://www.CmeCertificateOnline.com). Scroll down to the International Society for Heart & Lung Transplantation listing and click on the **2012 Masters Academy Course** event. On the site, you will be asked to enter a password which is **ISHLT2012Masters** and evaluate various aspects of the program. You may then print your certificate immediately. A copy of the certificate will also be emailed to you in case you need to print additional copies (check your spam filter and junk email folder if you do not see it come through).

Your certificate will show the hours you entered. Please address any questions about the process to: Sheryl Morgan at [shmorgan@smithbucklin.com](mailto:shmorgan@smithbucklin.com) or 651-789-3730.

**Annual Meeting Photographs**

Photographs from the Annual Meeting are available to view and purchase from the following website:

<http://josefrabara.smugmug.com>.





# STICKY Links

## Look What a Difference a Decade Makes!

**Olivia Valentine** at the ISHLT when she was just 8 months old, and at this year's ISHLT at age 10 yrs 8 months. Note that she is wearing a meeting badge typed by Lee Ann Mills both times! A decade of change, but it's nice to know the familiar ISHLT staff remains the same.



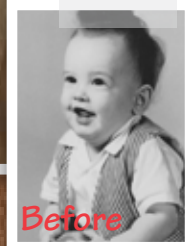
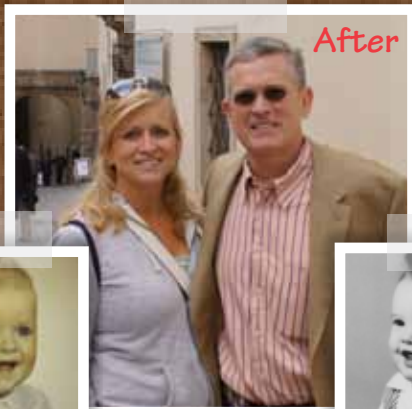
Hello, ISHLT Friends --

Thank you very, very much for your assistance, support, advice and friendship during my last 11 years as Registry Director. I really appreciate all that you have done for the Registry and (seriously) could not have done much of anything without you!

Best regards, Marshall



## Look What a Difference a Half-Century Makes!



You know what they say – a picture is worth a thousand words!