

INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION

A society that includes basic science, the failing heart and advanced lung disease

**CALL FOR ABSTRACTS &  
PRELIMINARY PROGRAM**

*Prague*

**PRAHA, CZECH REPUBLIC**

PRAGUE CONGRESS CENTRE



32nd Annual Meeting &  
Scientific Sessions • April 18-21, 2012



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## INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION

### 32nd Annual Meeting and Scientific Sessions

April 18-21, 2012

### ISHLT Academy: Core Competencies in Mechanical Circulatory Support

April 17, 2012

*Convening at the  
Prague Congress  
Centre*

## IN THIS BOOKLET

Annual Meeting Call for Abstracts  
Annual Meeting Scientific Program  
ISHLT Academy Scientific Program  
Registration Form  
Housing Information



14673 Midway Road, Suite 200  
Addison, TX 75001  
Phone: 972-490-9495  
Fax: 972-490-9499  
[www.isHLT.org](http://www.isHLT.org)

Dear Colleague:

On behalf of Lori West MD, DPhil, FRCPC, President of the International Society for Heart and Lung Transplantation, the Board of Directors and the 2012 Scientific Program Committee, I have the honor of inviting you to attend the Society's 32nd Annual Meeting and Scientific Sessions to be held April 18-21, 2012 in the historic city of Prague, Czech Republic.

Hoping to build on a vibrant 2011 San Diego meeting which was packed from dawn to dusk with outstanding content, the Scientific Program Committee collaborated to craft a comprehensive program that offers something for everyone yet leaves time for attendees to get a taste of Prague. The format of the meeting will be similar to previous European meetings, beginning with pre-meeting symposia on Wednesday morning and closing mid-day Saturday. In between you will find leading edge scientific updates and practical information that will be immediately applicable to your practice in the management of end-stage heart and lung failure.

The meeting will be held at the Prague Congress Centre, located on a hill in the Vyšehrad section of the city. The venue commands a wonderful view of the Charles River, its historic bridges and Prague castle to the north. From the subway stop located directly underneath the Congress Centre, the picturesque Wenceslas Square is only two stops away. On Friday, the President's Cocktail Reception will be held at the Prague Municipal House, often referred to as "the Art-Nouveau Jewel of Prague."

The opening plenary session focuses on how the raising of the iron curtain has affected health care in the Czech Republic and features a keynote address from internationally acclaimed physicist, commentator and essayist Lawrence Krauss, who will speak on the impact of politics on scientific advancement. An opening reception will follow in the Exhibit Hall.

Later plenaries include a session focused on how an aging population impacts the delivery of health care to patients with heart and lung failure. On Friday afternoon, prepare for a glimpse of future research in key areas of our society. Saturday's plenary will focus on the impact of information technology on health care delivery, anchored by C. Martin Harris, MD, chief information officer of the Cleveland Clinic.

Joint symposia that bring together multiple subspecialty groups will be abundant – a highlight will be two consecutive symposia on Wednesday focusing on antibody mediated rejection that will bring together pathologists, immunologists and those interested in heart and lung transplantation. Other symposia will bring a focus on the right ventricle to those interested in pulmonary hypertension, heart failure and mechanical circulatory support.

But this is only the beginning. The majority of the meeting time will be devoted to submitted content. Anticipating your contribution of high quality, cutting-edge scientific work, we have set aside eight series of 6 concurrently running sessions to showcase the highest scoring abstracts. Mini-oral and poster sessions are planned for the best of the remainder.

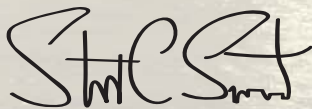
As in the past, abstracts will only be accepted on-line. A link to the abstract submission website is available on the annual meeting page of the ISHLT website. The abstract submission deadline is November 18 at 11:59 pm Central Standard (North America) Time.

This year we are seeking abstracts in four Topics of Emphasis to complement plenary themes and "featured" speakers in concurrent basic science sessions. (Please see the abstract submission site instructions for details).

We also particularly encourage the submission of work by young trainees and young investigators; the best of their work will continue to be highlighted in the Caves' Award competition.

I look forward to reviewing your abstract submissions and welcoming you to the historic city of Prague for the 32nd ISHLT Annual Meeting and Scientific Sessions!

Warmest regards,



Stuart C. Sweet, MD, PhD  
ISHLT 2012 Scientific Program Chair



# ABOUT ISHLT

The International Society for Heart and Lung Transplantation (ISHLT) is a not-for-profit, multidisciplinary, professional organization dedicated to improving the care of patients with advanced heart or lung disease through transplantation, mechanical support and innovative therapies via research, education and advocacy.

ISHLT was created in 1981 at a small gathering of about 15 cardiologists and cardiac surgeons. Today we have over 2700 members from over 45 countries, representing over 15 different professional disciplines involved in the management and treatment of end-stage heart and lung disease. This multinational, multidisciplinary mix is one of the biggest strengths of the Society. It brings greater breadth and depth to our educational offerings and provides an exceptional environment for networking and exchanging information on an informal basis.

Our members include anesthesiologists, basic scientists, cardiologists, cardiothoracic surgeons, ethicists, immunologists, nurses, pathologists, perfusionists, pharmacists, pulmonologists, tissue engineers, transplant coordinators and infectious disease specialists. Despite their differing specializations, all ISHLT members share a common dedication to the advancement of the science and treatment of end-stage heart and lung disease.

## The purposes of the Society are:

1. To associate persons interested in the fields of heart and lung transplantation, end-stage heart and lung disease and related sciences.
2. To encourage and stimulate basic and clinical research in these disciplines and to promote new therapeutic strategies.
3. To hold scientific meetings featuring presentations and discussions relevant to these disciplines.
4. To sponsor a scientific journal for the publication of manuscripts related to these disciplines.
5. To establish and maintain an international registry for heart and lung transplantation.
6. To award research grants and establish endowments for the study of these disciplines.





# ABOUT PRAGUE

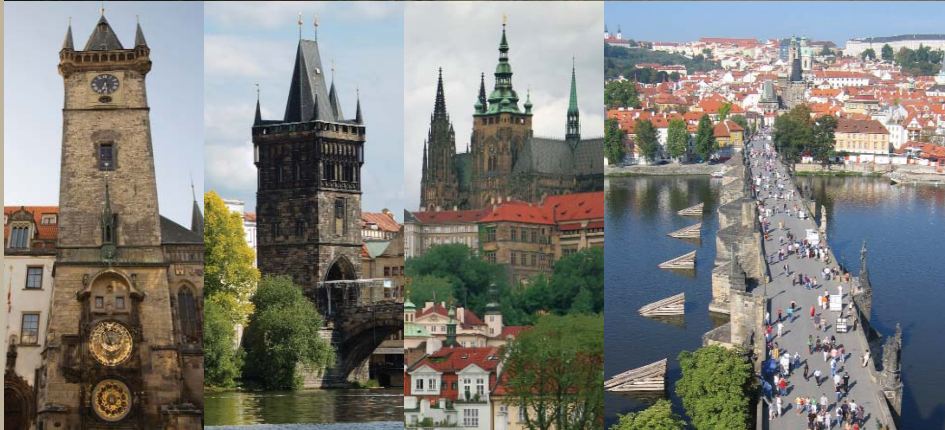
Prague is the capital of the Czech Republic and also the largest city in the country, with over 1.2 million inhabitants. Prague has developed over many centuries to reach its current appearance. As the historic capital of Bohemia, it was the royal seat of Czech princes, kings and Holy Roman Emperors, and later the capital city of Czechoslovakia. It is a cultural crossroads and a textbook of architecture admired across the world.

Prague is considered one of the most beautiful and also most visited cities in Europe. Each year it is visited by several million tourists from all over the world. Since 1992 the historic City Centre has been on the UNESCO World Cultural Heritage List. This listing covers the unique group of historic districts in Prague: Staré Město, Josefov, Nové Město, Vyšehrad, Malá Strana and Hradčany, together with Prague Castle, the largest castle complex in the world, and Charles Bridge.

Among the oldest monuments in the city are the Early Gothic Convent of Saint Agnes and Břevnov Monastery. The most significant historic site of Prague's Jewish ghetto is the Old-New Synagogue, which is one of the oldest preserved synagogues in Europe, and the adjacent Old Jewish Cemetery is the most important preserved Jewish burial site in Europe.

The most important historic sites in Prague are connected by the Royal Way. This leads from the Municipal House up to Prague Castle. Along the route you can admire, for example, the Old Town Square with the Old Town Hall and the world-famous astronomical clock, or Charles Bridge, built in the middle of the 14th century. On the other bank of the Vltava River you can stop on Malostranské náměstí (Lesser Quarter Square) and marvel at the Baroque Church of Saint Nicholas. Prague Castle is dominated by Saint Vitus's Cathedral where the Czech crown jewels are kept.

Prague is also a place that offers a wide variety of cultural activities. For its inhabitants and visitors there are almost 300 galleries and exhibition halls, many museums, numerous theatres and concert halls.



For more information on the great city of Prague, please visit the Prague tourism links below.

<http://wikitravel.org/en/prague> (quick overview)

<http://www.lonelyplanet.com/czech-republic/prague> (travel guide site)

<http://www.frommers.com/destinations/prague> (travel guide site)

# DAILY SCHEDULE

FOR INFORMATION ON TUESDAY'S ISHLT ACADEMY SCHEDULE, PLEASE SEE PAGES 42-47

WEDNESDAY

8:00 am	CONGRESS HALL	FORUM HALL	MEETING HALL I	PANORAMA HALL	MEETING HALL IV	MEETING HALL V	NORTH HALL	CONGRESS FOYER
		PRE-MTG SYMP 1 Optimizing Outcomes Patients w/ Right Heart Failure in Need of MCS	PRE-MTG SYMP 2 Past, Present & Future of Cardiac Allograft Survivance	PRE-MTG SYMP 3 Evolving Concepts of Chronic Lung Allograft Dysfunction	PRE-MTG SYMP 4 Cardiogenic Shock Before and After Heart Tx	PRE-MTG SYMP 5 Popporri of Special Hypertension	PRE-MTG SYMP 6 Behavioral Issues in Children and Adolescents	REGISTRATION OPEN 7:00 am – 6:00 pm
9:30 am	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	
9:45 am	PRE-MTG SYMP 7 New Devices, New Approaches	PRE-MTG SYMP 8 AMR 1: ABCs – Anti- bodies, B Cells, Complement/Coag.	PRE-MTG SYMP 9 Ex-Vivo Perfusion of Heart and Lungs – Why, With What & How?	PRE-MTG SYMP 10 The Right Ventricle and Pulmonary Vascular Load Health & Disease	PRE-MTG SYMP 11 MCS in Congenital Heart Disease & Pediatrics	PRE-MTG SYMP 12 CMV and Beyond: Important Viruses in Thoracic Transplantation	PRE-MTG SYMP 13 Behavioral Issues in Children and Adolescents	
11:15 am	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	
11:30 am	PRE-MTG SYMP 13 The Longer the Better – Chronic Medical Mgmt of MCS	PRE-MTG SYMP 14 AMR 2: DEFs – Detect Antibodies, Evaluate Biopsy, Finally, Patient	PRE-MTG SYMP 15 Advances in Pulmonary Transplant Surgery	PRE-MTG SYMP 16 Thoracic Organ Donors: Optimal Management and New Avenues	PRE-MTG SYMP 17 Innate Immunity in Cardiothoracic Trans- plantation	PRE-MTG SYMP 18 Congenital Heart Disease: Pulmonary Hy- pertension Dilemmas	PRE-MTG SYMP 19 Congenital Heart Disease: Pulmonary Hy- pertension Dilemmas	
1:00 pm	LUNCH BREAK and COUNCIL MEETINGS	LUNCH BREAK and COUNCIL MEETINGS	LUNCH BREAK and COUNCIL MEETINGS	LUNCH BREAK and COUNCIL MEETINGS	LUNCH BREAK and COUNCIL MEETINGS	LUNCH BREAK and COUNCIL MEETINGS	LUNCH BREAK and COUNCIL MEETINGS	
2:45 pm	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	
3:00 pm	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	
4:15 pm	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	EXHIBIT HALL OPEN
4:45 pm	OPENING PLENARY SESSION Overcoming Political Barriers							POSTER VIEWING 4:15 pm – 7:00 pm
6:00 pm								OPENING RECEPTION 6:00 pm – 7:00 pm
6:30 pm								

THURSDAY

8:00 am	CONGRESS HALL	FORUM HALL	MEETING HALL I	PANORAMA HALL	MEETING HALL IV	MEETING HALL V	NORTH HALL	CONGRESS FOYER
	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT SYMPOSIUM 1 A Lifecycle Journey in Adv. Heart Failure	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	REGISTRATION OPEN 7:00 am – 6:00 pm
9:15 am	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	EXHIBIT HALL OPEN 9:00 am – 5:00 pm
9:45 am	PLENARY SESSION ISHLT Traditions							
11:45 am	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	
12:00 pm	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT SYMPOSIUM 2 Focus on Crivris: Invest in Our Patients Future	CONCURRENT ABSTRACT SESSION	
1:00 pm	LUNCH BREAK and COUNCIL MEETINGS	LUNCH BREAK and COUNCIL MEETINGS	LUNCH BREAK and COUNCIL MEETINGS	LUNCH BREAK JUNIOR FACULTY MENTOR LUNCH	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	
1:15 pm								
1:30 pm								
3:00 pm								
3:15 pm	CONCURRENT SYMPOSIUM 3 MCS – When is it Too Late?	CONCURRENT SYMPOSIUM 4 Large & Small Vessels in Heart Tx	CONCURRENT SYMPOSIUM 5 Tough Situations in Cardiac Tx: Bring Expts	CONCURRENT SYMPOSIUM 6 Pulmonary Arterial Hy- pertension – A Review	CONCURRENT SYMPOSIUM 7 Special Considerations Cyst Fibrosis & Lung Tx	CONCURRENT SYMPOSIUM 8 Risky Business: Infec- tious Risks	CONCURRENT SYMPOSIUM 9 Coagulation and Tx – The Clot Thickens	
4:30 pm	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	
5:00 pm	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT SYMPOSIUM 10 Joint ISHLT and IPTA Session	
6:00 pm								POSTER VIEWING 6:00 pm – 7:00 pm
6:15 pm								



# At a Glance

## FRIDAY

	CONGRESS HALL	FORUM HALL	MEETING HALL I	PANORAMA HALL	MEETING HALL IV	MEETING HALL V	NORTH HALL	CONGRESS FOYER
8:00 am	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT SYMPOSIUM 11: Mgmt of the Falling Fontan Patient	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	REGISTRATION OPEN 7:30 am – 5:00 pm
9:15 am	ANNUAL BUS MTG.	VISIT EXHIBITS	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	EXHIBIT HALL OPEN 9:00 am – 5:00 pm
9:45 am	PLENARY SESSION The Aging Imperative: Ethics, Economics and Resource Allocation							
11:15 am	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	
11:45 am	CONCURRENT SYMPOSIUM 12 MCS Recovery – How Do We Get There?	CONCURRENT SYMPOSIUM 13 Immunosuppress in HTx: Evdnc, Prspctvs, Clncl	CONCURRENT SYMPOSIUM 14 Following the RV Through Thick & Thin	CONCURRENT SYMPOSIUM 15 Solving the Enigmatic: Cases in HTx & Ltx	CONCURRENT SYMPOSIUM 16 Bad Bugs – What Can We Do?	CONCURRENT SYMPOSIUM 17 Pulmonary Hypertensn Chronic Parenchymal L	CONCURRENT SYMPOSIUM 18 Challenges in Pediatric Lung Transplantation	
12:00 pm								
1:00 pm	LUNCH BREAK	LUNCH BREAK and COUNCIL MEETINGS	LUNCH BREAK and COUNCIL MEETINGS	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	
1:15 pm	CONCURRENT SYMPOSIUM 19 Joint ISHLT and ESOT Session			MINI ORAL ABSTRACT SESSION	MINI ORAL ABSTRACT SESSION	MINI ORAL ABSTRACT SESSION	MINI ORAL ABSTRACT SESSION	
2:00 pm								
3:00 pm	PLENARY SESSION New Horizons							
4:30 pm	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	VISIT EXHIBITS	COFFEE BREAK	
5:00 pm	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT SYMPOSIUM 20 Self-Mgmt in End-Stg Heart/Lung Disease/Tx	CONCURRENT ABSTRACT SESSION	
6:00 pm								
7:30 pm	PRESIDENT'S COCKTAIL RECEPTION		PRESIDENT'S COCKTAIL RECEPTION		PRESIDENT'S COCKTAIL RECEPTION		PRESIDENT'S COCKTAIL RECEPTION	
8:15 pm								

## SATURDAY

	CONGRESS HALL	FORUM HALL	MEETING HALL I	PANORAMA HALL	MEETING HALL IV	MEETING HALL V	NORTH HALL	CONGRESS FOYER
8:00 am		CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	REGISTRATION OPEN 7:30 am – 11:30 am
9:15 am		COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	
9:45 am		PLENARY SESSION Incorporating Information Technology into Pre- and Post-Transplant Care						
11:15 am		COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	
11:30 am		CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	CONCURRENT ABSTRACT SESSION	
12:45 pm								
1:00 pm		COUNCIL REPORTS TO MEMBERSHIP AND BOARD						
2:15 pm								



# ISHLT 32nd Annual Meeting

# Call for Abstracts

ABSTRACT SUBMISSION DEADLINE: NOVEMBER 18, 2011 • 11:59 PM, EST

ABSTRACT SUBMISSION SITE: WWW.ISHLT.ORG

## Abstract Submission Guidelines

**1.** The Abstract Submission Program is now live on the ISHLT web site ([www.isHLT.org](http://www.isHLT.org)). **The deadline for receipt of abstracts is November 18, 2011.**

**2.** You may submit your abstract in one of the following main categories:

- Heart
- Lung
- Pulmonary Hypertension (PHTN)
- Pediatrics
- Mechanical Circulatory Support (MCS)
- Nursing /Allied Health
- Pathology
- Basic Science

Within each category you will have one or more subcategories to choose from (see [http://www.call4abstracts.com/ishlt/Abstract\\_Category.pdf](http://www.call4abstracts.com/ishlt/Abstract_Category.pdf) for details).

NOTE: The **Donor Management/Organ Preservation/Organ Allocation** and the **Infectious Disease** categories are now subcategories of **Heart, Lung and** (for Infectious Disease) **Mechanical Circulatory Support**. For abstracts related to these areas, please choose the most appropriate main category first.

**3.** Abstract content should include:

- i. Brief statement of purpose of the study (goal or hypothesis being tested)
- ii. Statement of methods and procedures used
- iii. Summary of results, presented in sufficient detail to support the conclusion
- iv. Conclusion

**4.** Topics of Emphasis – We are looking for abstracts to complement plenary themes and “featured” speakers in concurrent basic science sessions. After selection of category and

subcategory, if your abstract fits into one of these topics of emphasis, check “yes” in the second question and choose one of the following areas of emphasis:

- The aging population: Impact on treatment of heart and lung failure
- Information technology and health care delivery
- B-Cell basic science
- Tolerance in Thoracic Transplantation

**5.** Special Abstract Categories: There are two special abstract categories – **Junior Faculty Case Reports** and **Late Breaking Clinical Trials**.

**A. Junior Faculty Case Reports** – Junior Faculty and Trainee Members may submit case reports; the best scored reports will be selected for oral presentation in an oral session. Other well-scored reports will be presented in a separate poster session.

i. Case Report abstract content should include:

1. Introduction
2. Case Report
3. Summary

**B. Late Breaking Clinical Trials** – To assure that truly “late breaking” information is included in the meeting, authors may submit abstracts to this category describing trials and studies that are not yet completed as of November 18, 2011. Studies which have results and conclusions available by November 18, 2011 may not submit their abstracts in the late breaking clinical trials category.

This abstract category is intended to provide a forum for the presentation of high impact multi-center studies or particularly provocative single center investigations. In general, such studies would include prospective, randomized trials that seek to investigate new approaches to the diagno-

sis and/or treatment of cardiothoracic diseases relevant to the field and that have the potential to alter our contemporary treatment paradigm. Final selection of presentations will be made by a panel of reviewers on behalf of the program committee.

Final analysis of the trial results and conclusions **MUST** be submitted to Lisa Edwards at the ISHLT headquarters by March 16, 2012. This analysis will be seen only by a closed panel to ensure complete confidentiality of the results prior to presentation.

A trial accepted for presentation cannot be withdrawn from presentation simply because the results do not conform to expectations. The program committee chair in consultation with the program committee reserves the final decision regarding assignment of presentations to the Late Breaking abstract session.

Please use the standard online abstract submission process to submit an abstract in this category. The abstract submitted for the November 18th deadline will serve as a placeholder for the final abstract.

i. Late Breaking Clinical Trials abstract content should include:

1. Title of the study
2. Sponsor of the trial, if any
3. Completion date of the trial
4. Summary of objectives
5. Methods
6. Endpoints

NOTE: Abstracts for the meeting will be published in the April 2012 Supplement to the *Journal of Heart and Lung Transplantation*. If you wish to have your trial results published as an abstract in this supplement, ISHLT **MUST** receive a revised version of the abstract reflecting the interim study findings **NO LATER THAN** January 5, 2012.



**6.** Accepted abstracts will be published in the April 2012 supplement to the *Journal of Heart and Lung Transplantation*.

**7.** Authors whose papers are selected for presentation at the meeting will be notified in January 2012.

**8.** Any abstract author who agrees to present his/her abstract must present the accepted abstract and must present only the material described in the abstract. Any presenter who does not present his/her accepted abstract, either oral or poster as agreed, and either does not withdraw it in a timely manner, or does not arrange for their abstract to be presented by a co-author, will be appropriately sanctioned from future participation in ISHLT meetings by the Society's Board of Directors.

**9.** Submission of this abstract signifies that the author(s) have given permission for this abstract to be reproduced in the *Journal of Heart and Lung Transplantation*, on computer disk and on the internet for distribution/sale by ISHLT.

**10. Previous Presentation of Abstracts:** Abstracts will not be considered for presentation if they will be published as an article prior to April 21, 2012.

**11. Informed Consent:** By submitting this abstract, the authors agree and confirm that their study involving human subjects adheres to the principles of the Declaration of Helsinki of the World Medical Association ([www.wma.net/en/30publications/10policies/b3](http://www.wma.net/en/30publications/10policies/b3)) Clinical Research 1996: 14:103), adheres to the principles of the ISHLT Statement on Transplant Ethics (<http://www.isHLT.org/Content-Documents/ISHLT%20Transplant%20ethics%20statement.pdf>) and meets the informed consent requirements of the institution and country in which the study was performed.

**12. Use of Animals:** Submission of studies involving the use of animals implies that their use conforms fully with current NIH, EU, or analogous national guidelines for the care and use of animals.

**13. Pharmaceutical Funding:** If the research was partially or fully funded by a proprietary organization (i.e., a pharmaceutical or device manufacturer), this information and the name of the funding company must be stated at the end of the abstract.

**14.** For purposes of blind scoring, institutional names must be omitted whenever possible in the title and body of the abstract.

**15. Content Validity and Fair Balance:** Authors are required to prepare fair and balanced presentations that are objective and scientifically rigorous. All the recommendations involving clinical medicine must be

based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

**16. Unlabeled and Unapproved Uses:** Abstracts that include information in whole or in part related to non-FDA approved uses for drug products and/or devices must clearly state the unlabeled indications or the investigational nature of their proposed uses in the body of the abstract.

**17. Use of Generic Versus Trade Names:** Abstracts must use scientific or generic names when referring to products. Should it be necessary to use a trade name, then the trade names of all similar products or those within a class must be used.

**18. Commercial Influence:** Abstract presenters are not permitted to receive any travel, hotel, or registration stipends or other financial assistance related to the ISHLT 2012 Annual Meeting from any company whose products or class of products are discussed in the abstract. Abstract authors may not receive direct input regarding the content of the abstract/presentation from any company whose products or class of products are discussed in the abstract.

**19. Rules for Employees of Commercial Entities: Employees of a commercial interest are generally not permitted to serve as the first author, presenting author, senior author, or corresponding author of an abstract. In rare circumstances where the work does not involve any academic collaborators, exceptions to this policy MAY be considered on a case by case basis. After all abstracts have been selected for presentation, ISHLT will initiate this process by communicating with the corresponding author of any abstracts which list an industry employee as first author, presenting author, senior author, or corresponding author of an abstract.**

**20. Conflict of Interest Disclosure:** Disclosure of all relevant financial relationships is required by all abstract authors. Full and complete disclosure for EVERY author must be submitted with the abstract. **It is the responsibility of the individual submitting the abstract to obtain and provide disclosure information for each author listed on an abstract. Each individual author is responsible for the accuracy and completeness of the disclosure information submitted on his/her behalf.**

If no relevant financial relationships exist, this must be stated. Failure to provide complete disclosure information will result in disqualification from participation in the educational activity. This requirement is intended neither to imply any impropriety of such relationships nor to prejudice any individual planner, presenter or author. It is merely to identify such relationships through full disclosure, and to allow ISHLT to assess and resolve potential influences on the educational activity prior to the planning and implementation of an educational activity.

## 21. DEFINITIONS

**Financial Relationships:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fees, stipends, honoraria, gifts, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds) or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership and other activities from which remuneration is received or expected, including subsidized travel, hotel and registration fees for any activities. "Contracted research" refers to research funding in which an institution receives a grant and manages the grant funds and an individual is the principal or named investigator on the grant at that institution.

**Relevant Financial Relationships:** Relevant financial relationships are those in which an individual (including the individual's spouse/domestic partner/business partner) has/had any of the above mentioned financial relationships, in any amount, occurring presently or within the last 12 months with a commercial entity producing health care goods or services.

**Conflict of Interest:** Circumstances create a potential conflict of interest when an individual has an opportunity to affect educational content related to the products or services of a commercial interest with which he/she has a financial relationship.

**Commercial Entity:** Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The exception is non-profit or government organizations.





# AWARDS



## 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.

Residents/Fellows who are first authors and presenters may elect to have their abstracts considered for the Caves Award. Candidates for the Caves Award must be current members of the Society or be working under a current member of the Society.

The online submission process includes an area to indicate that you wish to have your abstract considered for this award. The award will be presented at the Society's Plenary Session. Anyone who has previously won the award is not eligible to apply.





## **NURSING AND SOCIAL SCIENCE EXCELLENCE IN RESEARCH AWARD**

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.

Nurses and social scientists who are first authors and presenters may elect to have their abstracts considered for this award. Candidates for the Nursing and Social Science Excellence in Research Award must be current members of the Society.

The online submission process includes an area to indicate that you wish to have your abstract considered for this award. The award will be presented at the Society's Plenary Session. Anyone who has previously won the award is not eligible to apply.



## **BRANISLAV RADOVANCEVIC MEMORIAL BEST MCS ABSTRACT AWARD**

Established in 2009 and funded through a grant from Thoratec, the Branislav Radovancevic Memorial Best MCS Abstract 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 will be given to clinicians and researchers who are residents or fellows, and/ or who are from emerging countries.

Individuals who are first authors and presenters may elect to have their abstracts considered for this award. Candidates for the award must be current members of the Society.

The online submission process includes an area to indicate that you wish to have your abstract considered for this award. The award will be presented at the Society's Plenary Session. Anyone who has previously won the award is not eligible to apply.





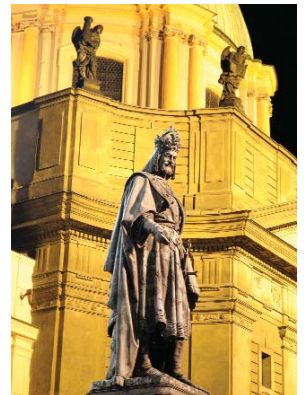
# SESSION HIGHLIGHTS

## PLENARY SESSIONS

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### Wednesday **OVERCOMING POLITICAL BARRIERS:**

Prague serves as a showcase for the positive changes that have occurred in Eastern Europe following the demise of the iron curtain. You will be welcomed by President Lori West and Czech Republic Minister of Foreign Affairs Karel Schwarzenberg, entertained by a **historical perspective of Prague through the years** and enlightened by a **description of the successful development of a lung transplant program in Prague**. Finally, you will be stimulated to consider **the impact of politics on scientific advancement by internationally acclaimed physicist, commentator and essayist Lawrence Krauss**.



### Thursday **ISHLT TRADITIONS:**

Following tradition, Thursday's plenary will include the annual **Thoracic Organ Transplant and Mechanical Circulatory Support Registry Reports**. Then we will be challenged as transplant professionals to aid in the **efforts led by the World Health Organization to raise awareness of access, safety and ethical issues in cell, tissue and organ transplantation** by Luc Noel MD of the World Health Organization. The plenary session will close with presentation of the **Lifetime Achievement award to Sharon Hunt for her many roles in Heart Transplantation Medicine** beginning with its birth at Stanford and continuing today as well as her ongoing contributions to the ISHLT.



# LIFETIME ACHIEVEMENT AWARD



**PROFESSOR SHARON HUNT**  
is the 2012 recipient of the ISHLT  
Lifetime Achievement Award

Dr. Hunt is recognized by the society for her relentless efforts to bring Heart Transplantation Medicine from its inception at Stanford to its current excellence, for her legacy in training and mentoring the many international leaders in our field, for her countless past and ongoing scientific contributions including spearheading the most comprehensive guidelines in heart failure and transplantation and for her untiring service to the ISHLT as President, Chair of the JHLT Editor Search Committee, Co-Chair of the Heart Transplant International Guidelines Committee and most recently as Chair of the US-based ABIM certification board in Advanced HF and Transplant Cardiology (a certification that has legitimized the field in the US).



## Friday Morning **THE AGING IMPERATIVE: ETHICS, ECONOMICS AND RESOURCE ALLOCATION**

The aging of our population impacts health care in multiple domains and is increasingly affecting delivery of care to patients with heart and lung failure. Mi-Kyung Song PhD, RN, University of North Carolina, will teach us about **how to help aging patients make health care decisions** and Axel Rahmel, Medical Director of Eurotransplant will provide a **systems perspective**. The session will also include presentations on **aging and immunobiology**, **assessment of “frailty” in elderly patients** and **the ethics of allocation of scarce resources**.

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## Friday Afternoon **NEW HORIZONS:**

Prepare for a glimpse of future research in key areas of our society. Harald Ott, MD, Massachusetts General Hospital, will tantalize us with **descriptions and images of bio-artificial organs**. The session will continue with talks on **the use of functional imaging to assess graft function**, **the future of stem cell research** and **the pursuit of tolerance** and will close with a discussion of **the importance of pulsatile flow in mechanical circulatory support** by Mandeep Mehra, MD.

## Saturday **INCORPORATING INFORMATION TECHNOLOGY INTO PRE AND POST-TRANSPLANT CARE:**

Information technology in health care is expanding in multiple dimensions, including personal and system-based electronic health records, the use of social networking to improve patient communication and the use of information technology to provide more efficient and effective care. **Cleveland Clinic Chief Information Officer C. Martin Harris MD will provide a broad overview of the impact IT is having on health care**, followed by presentations on the use of technology in the care of heart failure patients, those receiving mechanical circulatory support and transplant recipients.

## JOINTLY SPONSORED SESSIONS

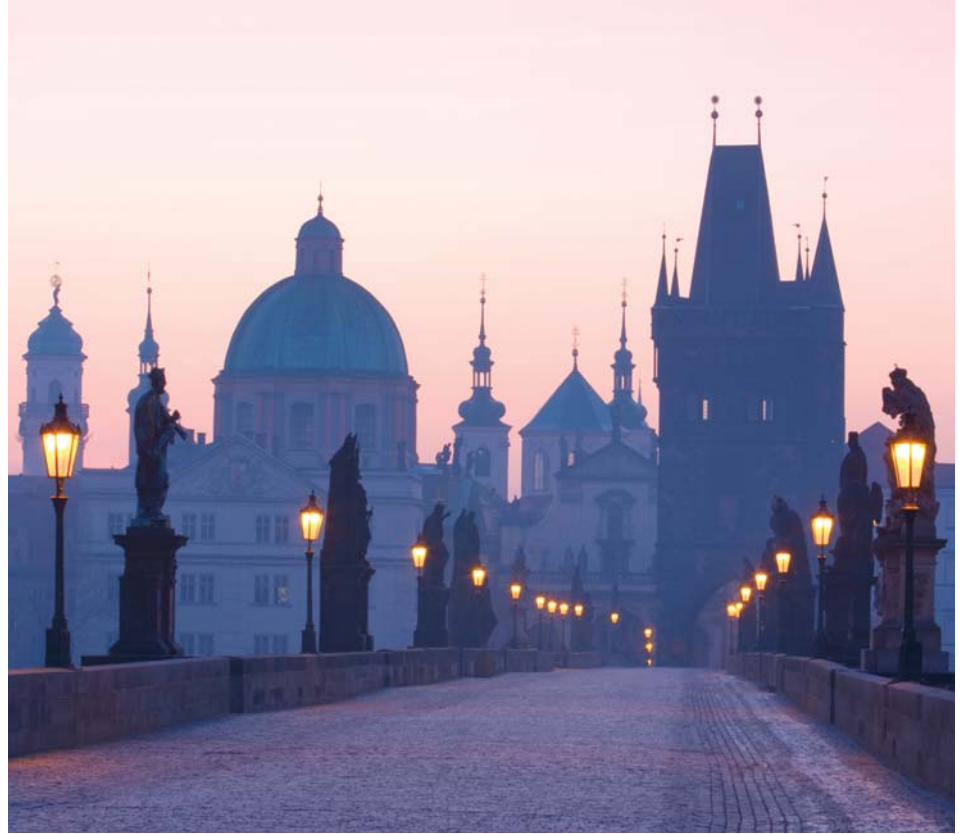
Beginning with the pre-meeting symposia, **joint symposia that bring together speakers and members from various disciplines** will be spread throughout the program – a highlight will be two consecutive symposia: *AMR Part 1: The ABCs of AMR: Antibodies, B Cells, and Complement* and *AMR Part 2: The DEFs of AMR: Detecting the Antibodies, Evaluating the Biopsy, and Finally, the Patient*. **These two sessions will bring together pathologists, immunologists and experts in clinical heart and lung transplantation.** Other symposia will feature **experts in pulmonary hypertension, heart failure and mechanical circulatory support to shed light on the right ventricle.**

**Pediatricians will share the podium with their adult colleagues in several sessions,** including *Management of the Failing Fontan Patient Across the Age Spectrum*, *Congenital Heart Disease: Pulmonary Hypertension Dilemmas in Pediatric and Adult Patients* and *MCS in Congenital Heart Disease & Pediatrics*.

## DONOR MANAGEMENT, ORGAN PRESERVATION AND ALLOCATION

Highlights of sessions related to donor and organ management include **an update on the use of ex-vivo techniques in Ex-Vivo Perfusion of Heart and Lungs – Why, With What and How?**, a **cutting edge session entitled: Thoracic Organ Donors: Optimal Management and New Avenues** and finally a **timely session co-sponsored by the infectious disease council – Risky Business: Infectious Risk in Donors and Recipients, featuring Camille Kotton, MD, FIDSA, Massachusetts General Hospital/Harvard Medical School, presenting on The ‘Well-Travelled’ Donor: What are the Risks?**

These sessions will provide attendees with important new information about managing donors and donor organs.



## HEART FAILURE AND TRANSPLANTATION

As one of the core disciplines of ISHLT, Heart Failure and Transplant Medicine will be among the most prominent topics discussed in Prague. Clinical handling of advanced heart failure and heart transplant patients will remain the nucleus of the six dedicated concurrent symposia, two of which have been designed to foster interactivity between panel discussants and the audience. However, the invited speakers will additionally provide a broad perspective towards **the basic mechanisms of the pathological processes to understand practical applicability of molecular biology techniques, clinical relevance of the novel immuno-biology processes involved in graft rejection and a multidisciplinary outlook of patient’s care, involving LVAD and pharmacological management of PH. The cutting edge of cellular and antibody-mediated acute rejection** will be covered in three consecutive Satellite Symposia. The first, *Past, Present and Future of Cardiac Allograft Surveillance* will deal with the **changing patterns and clinical manifestations of acute rejection, the role of endomyocardial biopsy monitoring in the modern era and the clinical reliability of novel non-invasive**

**tools based on molecular biology techniques.** The second and third symposia, focusing on AMR, will discuss **novel targets for treatment and updates of the pathological classification.** Thursday’s Satellite Symposium session, *Tough Situations in Cardiac Transplantation*, will offer the audience the possibility to interact with an expert panel chaired by Mandeep Mehra on two controversial clinical scenarios in the management of long-term heart transplant recipients. A novel perspective on CAV, moving beyond the mere concept of coronary intimal thickening, will be provided in the Satellite session, *Large and Small Vessels Disease in Cardiac Transplantation*, covering the concept of **vascular remodeling, morphology and function of coronary microvasculature and therapeutic targets and tools.** On Friday, the Satellite session *The Leading Edge of Immunosuppression In Heart Transplantation: Evidence, Perspectives and Clinical Practice*, will grant **insights from clinical trials and clinical practice of modern immunosuppression.** This rich international menu of concurrent symposia, seasoned by oral abstract sessions, is expected to fully feed transplant cardiologists hunger for cutting-edge education, within the heart of old Europe.



## RESPIRATORY FAILURE AND LUNG TRANSPLANTATION

Another of the core disciplines at the foundation of our society, management of respiratory failure and pulmonary replacement therapy, will be prominent topics throughout the meeting. In addition to the pulmonary aspects of antibody mediated rejection to be included in the pre-meeting AMR sessions, the first pre-meeting symposium devoted to lung transplantation, *Evolving Concepts Of Chronic Lung Allograft Dysfunction*, will review **new concepts of chronic lung allograft dysfunction and will reflect some of the conclusions and recommendations reached by the joint ISHLT/ATS/ERS task force on care of the lung transplant recipient.** *Advances In Pulmonary Transplant Surgery*, another pre-meeting symposium, will include presentations on **airway complications, mechanical bridging and ex-vivo lung perfusion.**

Concurrent symposia on Thursday and Friday include the session, *Special Considerations: Cystic Fibrosis and Lung Transplantation*, which will review the **complicated microbiology, surgical considerations and psychosocial issues associated with transplant of the CF patient.** An international review of *Lung Transplantation for Pulmonary Arte-*

*rial Hypertension* will focus on **the impact that regional variability in listing status, organ allocation and the type of organ transplantation have on outcomes,** and finally a session on *Challenges in Pediatric Lung Transplant* that will close with a presentation on **transition of the pediatric lung transplant recipient to adult care.**

## INFECTIOUS DISEASES

Infectious Diseases will be significantly highlighted during a variety of symposia during the meeting. In *CMV & Beyond* we will highlight **emerging viruses in thoracic transplantation** as well as discuss **development issues with cytomegalovirus.** *Bad Bugs – What Can We Do?* includes discussions of **the impact of multi-drug resistant gram negative organisms, VRE and MRSA and Clostridium difficile, with a focus on prevention.** Infectious diseases will also be woven into sessions sponsored by other councils, including talks on infections in Mechanical Circulatory Support and in transplant candidates with Cystic Fibrosis. Finally, we will have the opportunity to evaluate the Risky Business of Transplantation, focusing on **candidates and donors with chronic hepatitis and history of international travel.**

## NURSING, HEALTH SCIENCE AND ALLIED HEALTH

The 2012 NNSAH program highlights include a presentation for the *Incorporating Information Technology into Pre- and Post-Transplant Care* plenary session titled, *Using Technology to Promote Self-Monitoring and Health Outcomes after Transplantation.* The NNSAH council also played a major role in developing the plenary *Aging Demographic Imperative: Ethics, Economics & Resource Allocation* and three key symposia.

Children and adolescents frequently face significant developmental challenges from the time of transplant through the time they transition to adult programs. *Neurocognitive, Psychosocial and Behavioral Issues in Children and Adolescents* is a pre-meeting symposium jointly facilitated by pediatric and nursing councils to address **non-clinical issues (psychosocial, behavioral and neurocognitive) in children after thoracic transplantation.**

Caregivers are a crucial component to successful outcomes for our patients, thus in the *Focus on Caregivers – Investing in our Patients' Future* symposium, a panel of experts will outline **unique approaches to address needs of caregivers so they can continue to provide optimal care to transplant recipients and MCS patients.**

In recognizing that transplantation is a chronic condition, **development of self-management strategies** is a key component to improving long-term outcomes post thoracic transplantation. Presenters in the symposium *Self Management in End-Stage Heart Lung Disease and Transplantation* will describe **important principles of 'self-management,' including management of the medical and pharmaceutical regimens, emotions and new life roles for both adult and pediatric patients.**







## MECHANICAL CIRCULATORY SUPPORT

The mechanical circulatory support field continues to grow, and so will its representation at the 32nd Annual Meeting and Scientific Sessions. A comprehensive MCS program will start on Tuesday with the ISHLT Academy dedicated to mechanical support.

During pre-meeting symposia, didactic sessions will include *Optimizing Outcomes in Patients with Right Heart Failure in Need of Mechanical Circulatory Support*, providing **an overview of different RV risk assessment approaches before LVAD implant. Cardiogenic Shock Before and After Heart Transplantation** will review **options, from ECMO to total artificial heart, that are available for patients in severe cardiogenic shock before and after heart transplantation.** *New Devices, New Approaches* will explore **new developments in LVADs and their clinical applications. Current approaches to MCS in children** will be highlighted in *MCS in Congenital Heart Disease & Pediatrics*. The final pre-meeting symposium will be *The Longer The Better – Chronic Medical Management of MCS* focusing on **how to optimize long-term MCS.**

During the main meeting, the MCS Concurrent symposia on Thursday and Friday will include *MCS: When Is It Too Soon or Too Late?* providing the **latest information on patient selection for device therapy at both ends of the heart failure spectrum – specifically when is a patient too sick to receive a VAD and how early in the HF disease trajectory can we consider VAD implant,** and on Friday, *MCS Recovery – How Do We Get There*, intended to showcase **our understanding of this process and possible approaches that could make myocardial recovery a treatment goal.**

A number of abstract sessions, mini-orals and poster sessions with focus on MCS will provide ample opportunity for discussing

new research as well as pondering old problems. Finally, topics with direct relevance to the MCS field will be addressed at a closing plenary session titled *Incorporating Information Technology into Pre- and Post-Transplant Care.*

## PEDIATRICS

Forget the sight-seeing! Every day of the 2012 scientific meeting in Prague is packed with sessions of interest to the pediatric transplant specialist. **This year's symposia promote crosstalk between specialists of shared interests through collaborative sessions related to pulmonary hypertension in the session, Congenital Heart Disease: PH Dilemmas in Pediatric and Adult Patients, lung transplant challenges specific to the child and young adult in the session, Challenges in Pediatric Lung Transplant, pediatric mechanical circulatory support in everyday practice in the session, MCS in Congenital Heart Disease & Pediatrics as well as not-so-basic information needed for a basic understanding of transplant immunology in infants.** You may discover some gems about **managing the adolescent transplant patient's cognitive, psychosocial and behavioral dilemmas** in the Czech Republic that can be more broadly applied to other adolescents in your life – *Neurocognitive, Psychosocial and Behavioral Issues in Children and Adolescents.* And just when you need respite from the castle-laden landscape and the never-ending night life of Eastern Europe, the featured session on the failing Fontan will entice you back to matters of importance with the session, *Management of the Failing Fontan Patient Across the Age Spectrum.* **Whether your goal is to decide once and for all how to treat AMR or to reach a consensus in pediatric transplantation with IPTA,** your trip to the ISHLT meeting in Prague will be an enriching experience.

## PULMONARY HYPERTENSION

Again this year, the members of the Program Committee representing pulmonary hypertension have put together a diverse and exciting series of pre-meeting and concurrent symposia highlighting cutting edge pathophysiology of, and treatment for, advanced pulmonary hypertension. Invited speakers include key members of our society complemented by some of the leading authorities in the world.

The meeting will open with three pre-meeting symposia devoted to aspects of pulmonary hypertension. First, *Potpourri of Special Topics in Pulmonary Hypertension* will include a **series of topics on pulmonary hypertension that are less understood and of interest to cardiologists, pulmonary/ critical care specialists, anesthesiologists and surgeons,** including a presentation on *Schistosomiasis: Possibly the Most Common Worldwide Cause of Pulmonary Hypertension.* **A state-of-the-art understanding of right ventricular (RV) function in health, exercise, resting pulmonary hypertension and right heart failure** will be presented in *The Right Ventricle and Pulmonary Vascular Load in Health and Disease.* The pre-meeting symposia will close with *Congenital Heart Disease: Pulmonary Hypertension Dilemmas in Pediatric and Adult Patients* providing **useful information on the management of patients with pulmonary hypertension associated with congenital systemic to pulmonary shunts, particularly those with unrepaired shunts.**

Concurrent symposia on Thursday and Friday will open with a worldwide tour of *Lung Transplantation for Pulmonary Arterial Hypertension – A Review and Panel Discussion,* focusing on **the impact that regional variability in listing status, organ allocation and the type of organ transplantation (lung versus heart-lung) have on outcomes.** On Friday, *Following the RV Through Thick*



and *Thin* will provide a **thorough overview of the problem of RV dysfunction in patients with CHF due to LV diseases, with a pathophysiological overview of PH secondary to LV dysfunction and finally *Pulmonary Hypertension in Chronic Parenchymal Lung Diseases: Does it Matter?* will highlight increasing recognition of pulmonary hypertension as a serious complication of chronic obstructive and interstitial lung diseases.**

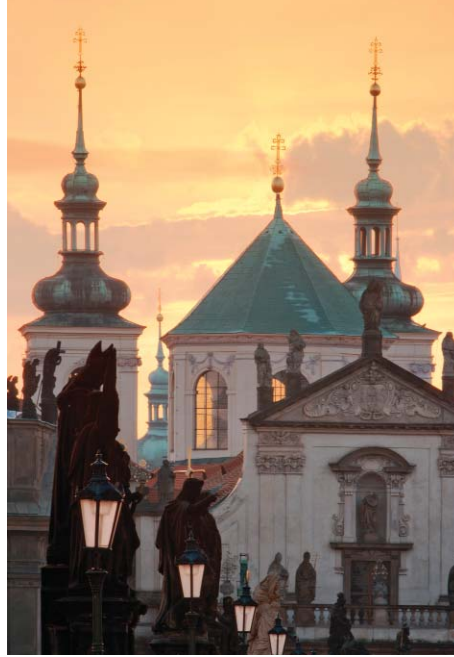


## **PATHOLOGY**

Again this year, pathologists will be front and center with **two pre-meeting symposia focused on all aspects for antibody mediated rejection in clinical heart and lung transplantation – *AMR Part 1: The ABCs of AMR: Antibodies, B Cells and Complement* and *AMR Part 2: The DEFs of AMR: Detecting the Antibodies, Evaluating the Biopsy and Finally, the Patient.***

The pre-meeting symposia will open with *Past, Present and Future of Cardiac Allograft Surveillance* a session intended to **review the usefulness and pitfalls of endomyocardial biopsy monitoring in current clinical practice, including practical information regarding the use of genomics and proteomics-based methodologies.**

Concurrent symposia on Thursday and Friday will include *Large and Small Vessels Disease in Heart Transplantation* reviewing **the importance of pathological features involving large epicardial and small intramyocardial vessels in cardiac allograft vasculopathy and a case-based discussion *Solving the Enigmatic: Cases in Heart and Lung Transplantation.***



## **BASIC SCIENCE**

This year the Program Committee made an effort to complement important clinical symposia with presentations from members of the newly formed **Basic Science and Translational Research council.** This is particularly evident in the *Past, Present and Future of Cardiac Allograft Surveillance* and *AMR Part 1: The ABCs of AMR: Antibodies, B Cells, and Complement* sessions.

Another pre-meeting symposium, *Innate Immunity in Cardiothoracic Transplantation* will provide **information on emerging innovative modalities for studying innate immunity** and the concurrent symposium *Coagulation and Transplantation – The Clot Thickens* will review the **role platelets and complement may play in immune stimulation following thoracic transplantation.**

Basic science and translational research will also be highlighted in plenary sessions on **stem cells** (Sonja Schrepfer) and **tolerance** (Sophie Brouard) as well as the joint ISHLT/ESOT symposium including presentations on **T-regs** (Carla Baan), **clinical experience with belatacept and the relationship between ABO incompatibility and HLA antibodies.**

Finally, the *Caves Award* competition session will continue to highlight original research by our young academic scientists, who present their most compelling experimental and clinical research to a jury of senior scientists and interested members.

## **PHARMACY AND PHARMACOLOGY**

Members of the new Pharmacy and Pharmacology Council will be featured Thursday morning in the inaugural symposium in a series entitled *A Lifecycle Journey in...* sponsored by the ISHLT Pharmacy and Pharmacology Council. This series, focusing on **therapeutic aspects that uniquely involve emerging or established knowledge in the pharmacology and pharmacy,** environments using an enduring case to create a panel facilitated and audience supported best practice based discussion at predefined key “journey intervals.”

In this session **the focus will be on the lifecycle of Advanced Heart Failure and Cardiac Transplantation with special emphasis on the “journey points” of Mechanical Circulatory Support and anticoagulation, post-transplant development of Antibody Mediated Rejection and late complications that demand innovative immunosuppressive strategies.**



## **JUNIOR FACULTY AND TRAINEES**

Again this year, Junior Faculty and Trainees are encouraged to submit cases for the popular *Clinical Case Dilemmas in Thoracic Transplantation* session where tough cases are presented by junior faculty to expert discussants (these cases must be submitted via the standard abstract submission process, the deadline is November 18).

We are also planning to reprise **the “Mentor Lunch,” on Thursday.** In this setting, junior faculty and trainees can learn about *Getting Your Next Job, Balancing Work and Family* and other topics of special interest (pre-registration is required and limited).



# ANNUAL MEETING GENERAL INFORMATION

## MEETING LOCATION

Unless otherwise noted, all meetings and activities will take place at the Prague Congress Centre, 5 Kvetna 65, 140 21 Prague 4, Czech Republic. The Congress Centre is located on the subway Red Line and is adjacent to two large hotels where ISHLT has blocked sleeping rooms. It is a 30 minute walk from the City Centre. Situated at the top of one of Prague's nine hills, it offers stunning 360 degree views of Prague.

## REGISTRATION

Registration for the meeting must be made via the ISHLT web site or via the Official ISHLT Registration Form. Online registration is strongly encouraged. A \$100 discount off the registration fee is offered to those who register on or before March 2, 2012. Individuals who have not registered by March 23, 2012 must register on-site at the meeting. Confirmation letters will be emailed to all individuals who register by March 23, 2012. An Official ISHLT Registration Form is included in this booklet (page 49), it may be obtained from the Society Headquarters (972-490-9495) and from the Society web site ([www.isHLT.org](http://www.isHLT.org)). The registration fee includes admittance into the Pre-Meeting Symposia, all Concurrent Symposia, Plenary Sessions, Concurrent Sessions, Mini Oral Sessions, Poster Sessions and the Exhibit Hall. The registration fee also includes coffee breaks each day, the Exhibit Hall Opening Reception on Wednesday evening and one ticket to the President's Cocktail Reception on Friday evening. Reasonably priced boxed lunches may be purchased in advance for the convenience of those who wish. Only a VERY limited number of box lunches will be available for purchase on-site. Please purchase them in advance.



## *President's Cocktail Reception*

The President's Cocktail Reception will be held Friday evening at the Prague Municipal House, often referred to as "the Art-Nouveau Jewel of Prague." One ticket to this event is included with all scientific session registration fees. Additional tickets may be purchased. As always, you can expect plenty of food, drink, music and friends.





## TOURS

A variety of private tours of Prague and the surrounding areas have been arranged for ISHLT delegates and their friends and families. Please visit the ISHLT web site ([www.ishlt.org](http://www.ishlt.org)) to register for these tours.

## HOTEL RESERVATIONS

ISHLT has arranged for a large block of sleeping rooms at the Holiday Inn Prague Congress Centre, Sheraton Prague Charles Square Hotel, Hotel Yasmin, Radisson Blu Alcron Hotel, Intercontinental Praha, Corinthia Hotel Prague, Hotel Palace Praha and Prague Imperial Hotel.

You must make your reservation using the Official ISHLT Housing service, Czech-In, which can be accessed from the ISHLT web-site ([www.ishlt.org](http://www.ishlt.org)). Additional information regarding hotel accommodations can be found on pages 51-53.

Hotel reservations must be made no later than March 17, 2012 in order to secure the ISHLT rate. Rooms are limited, so please book early.

*Please visit the following link to view a map showing the locations of the hotels, congress centre and major city landmarks:*  
<http://tinyurl.com/praguehotelmap>



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# CONTINUING MEDICAL EDUCATION INFORMATION



## ACCREDITATION

The Annual Meeting has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education. **The International Society for Heart and Lung Transplantation (ISHLT)** is accredited by the Accreditation Council for continuing Medical Education to provide continuing medical education for physicians. ISHLT designates this live activity for a maximum of 28.0 *AMA PRA Category 1 Credit(s)*.<sup>™</sup> Physicians should claim only the credit commensurate with the extent of their participation in the activity. Continuing Education Points for Transplant Certification (CEPTCs) have been applied for through the American Board for Transplant Certification.

cial interest or affiliations and to indicate if a product they are discussing is not labeled for the use under discussion or is still investigational.

## EDUCATIONAL OBJECTIVES

The International Society for Heart and Lung Transplantation is a leading organization providing education for medical professionals involved in heart and lung transplantation. Because of the rapid advances in medicine in general and transplantation medicine specifically, transplant professionals are in need of regular opportunities to update and maintain their knowledge of advances and changes in transplant medicine. This meeting is designed to address their needs.

## EDUCATIONAL GOALS

The educational goals of this activity are to enable participants to learn about current practices, emerging technologies and medical advances related to heart and lung transplantation and end-stage heart and lung disease, and to provide a forum for participants to engage in discussion, debate and examination regarding the efficacy and applicability of these current practices, emerging technologies and medical advances.



## DISCLOSURE

Current guidelines state that participants in CME activities must be made aware of any affiliation or financial interest that may affect the program content or a speaker's presentation. Planners, Faculty and Chairs participating in this meeting are required to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentations or service as Chair/Planner. These disclosures will be distributed at the meeting. Additionally, all speakers have been asked to verbally disclose at the start of their presentation any finan-

## TARGET AUDIENCE

The audience for this program includes physicians, surgeons, scientists, nurses and transplant coordinators engaged in the practice of heart and lung transplantation, the management and treatment of heart and lung transplant recipients, the management and treatment of patients with end-stage heart or lung disease, basic science or clinical research related to these fields or specialties which cause them to become involved in the treatment of transplant recipients or patients with end-stage heart or lung disease.





# LEARNING OBJECTIVES

**AT THE CONCLUSION OF THIS MEETING, PARTICIPANTS WILL HAVE IMPROVED COMPETENCE AND PROFESSIONAL PERFORMANCE IN THE AREAS OF:**

- 1.** Understanding organ donor selection and management, organ allocation, procurement, preservation and ex-vivo treatment, and their implications for organ viability and recipient outcomes.
- 2.** Understanding the state-of-the-art treatment approaches to clinical left heart failure, right heart failure and lung failure, including criteria for and outcome implications of transplant versus non-transplant therapies as well as management of psychosocial problems and end of life situations.
- 3.** Comparing and evaluating the advantages and disadvantages of various mechanical circulatory and respiratory support systems and their associated patient selection criteria.
- 4.** Understanding the underlying pathophysiology of and state-of-the-art treatment for pulmonary hypertension.
- 5.** Evaluating and treating infectious and treatment-related complications of VAD therapy and heart and lung transplantation.
- 6.** Comparing and evaluating the advantages and disadvantages of various pharmacologic, non-pharmacologic and biologic immunosuppression techniques.
- 7.** Evaluating and developing patient specific strategies for post-heart and lung transplant treatment that maximize patient outcomes and minimize immuno-suppression related side-effects.
- 8.** Understanding methods to maximize patient outcomes by diagnosing, monitoring and treating immunologic complications of heart and lung transplantation, including antibody mediated rejection and chronic forms of allograft dysfunction.
- 9.** Evaluating issues of controversy in the selection of candidates for heart and lung transplantation, such as age, prior transplantation and co-morbidities.
- 10.** Describing and assessing the impact of psychosocial and behavioral issues on clinical post-transplant outcomes and quality of life for patients.
- 11.** Identifying current animal and other laboratory models relevant to the basic science of transplant immunobiology and understanding their application to the transplant setting.
- 12.** Understanding the importance and utilization of techniques to detect and quantify HLA and non HLA antibodies in the immunobiology of donor and recipient matching and subsequent post-transplant management.
- 13.** Evaluating pediatric specific aspects of heart and lung failure and thoracic transplantation, including pharmacotherapy, developmental issues and unique psychosocial situations.



## ANNUAL MEETING SCIENTIFIC PROGRAM COMMITTEE

**STUART C. SWEET, MD, PHD**, St. Louis, MO, USA, 2012 PROGRAM CHAIR  
**ALLAN R. GLANVILLE, MBBS, MD, FRACP**, Sydney, AUSTRALIA, 2013 PROGRAM CHAIR  
**CARLA C. BAAN, PHD**, Rotterdam, THE NETHERLANDS  
**MARK L. BARR, MD**, Los Angeles, CA, USA  
**GERALD J. BERRY, MD**, Stanford, CA, USA  
**STEPHEN C. CLARK, BMEDSCI(HONS), BM, BS, DM, FRCS(C-TH)**, Newcastle Upon Tyne, UNITED KINGDOM  
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**MARC DE PERROT, MD**, Toronto, ON, CANADA  
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**REDA GIRGIS, MB, BCH**, Baltimore, MD, USA  
**DANIEL R. GOLDSTEIN, MD**, New Haven, CT, USA  
**CYNTHIA J. GRIES, MD, MSC**, Pittsburgh, PA, USA  
**RICHARD KIRK, MA FRCP FRCPCH**, Newcastle Upon Tyne, UNITED KINGDOM  
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**BRONWYN J. LEVVEY, RN BED STU GRAD DIP CLIN EPI**, Melbourne, AUSTRALIA  
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**KENNETH R. MCCURRY, MD**, Cleveland, OH, USA  
**MANDEEP R. MEHRA, MD, MBBS, FACC, FACP**, Baltimore, MD, USA  
**SOON J. PARK, MD**, Rochester, MN, USA  
**RICHARD N. PIERSON, III, MD**, Baltimore, MD, USA  
**EVGENIJ V. POTAPOV, MD, PHD**, Berlin, GERMANY  
**LUCIANO POTENA, MD, PHD**, Bologna, ITALY  
**EULALIA ROIG, MD**, Barcelona, SPAIN  
**HEATHER J. ROSS, MD, MHSC, FRCP(C)**, Toronto, ON, CANADA  
**JOSEF STEHLIK, MD, MPH**, Salt Lake City, UT, USA  
**LYNNE W. STEVENSON, MD**, Boston, MA, USA  
**DAVID O. TAYLOR, MD**, Cleveland, OH, USA  
**DIRK VAN RAEMDONCK, MD, PHD**, Leuven, BELGIUM  
**ERIK A. M. VERSCHUUREN, MD, PHD**, Groningen, THE NETHERLANDS  
**LORI J. WEST, MD, DPHIL, FRCPC**, Edmonton, Alberta, CANADA  
**GLEN P. WESTALL, FRACP, PHD**, Melbourne, AUSTRALIA





## 32ND ANNUAL MEETING

# Preliminary Program

All meetings and activities will take place at the Prague Congress Centre unless otherwise specified. All papers will be presented in English. Please check the ISHLT web site ([www.isHLT.org](http://www.isHLT.org)) for updates. The Final Program, which is distributed on site, will reflect the latest session schedule and room assignments.

### **TUESDAY, APRIL 17, 2012**

**7:00 am – 8:00 pm**  
SPEAKER READY ROOM OPEN

**7:30 am – 7:30 pm**  
ISHLT ACADEMY: MECHANICAL  
CIRCULATORY SUPPORT

**8:00 am – 1:00 pm**  
ISHLT BOARD OF DIRECTORS  
MEETING

**2:00 pm – 6:00 pm**  
ISHLT COMMITTEE MEETINGS

**5:00 pm – 8:00 pm**  
REGISTRATION DESK OPEN

### **WEDNESDAY, APRIL 18, 2012**

**7:00 am – 6:00 pm**  
SPEAKER READY ROOM OPEN

**7:00 am – 6:00 pm**  
REGISTRATION DESK OPEN

**PRE-MEETING SYMPOSIA | Wednesday****8:00 am – 9:30 am****FORUM HALL****SYMPOSIUM 1*****Optimizing Outcomes in Patients with Right Heart Failure in Need of Mechanical Circulatory Support*****CHAIRS:** David S. Feldman, MD, PhD, FAHA, FACC and Ugolino Livi, MD, FECTS

**Session Summary:** The success of LVAD therapy often depends on the right ventricle. A better understanding of the risk of RV failure after implant is needed. An overview of different RV risk assessment approaches before LVAD implant will be discussed during this session. The speakers will also address medical and mechanical therapies for the failing right ventricle. The speakers will review existing evidence and present clinical scenarios, helping the clinician establish a comprehensive and successful management plan for patients at risk of right heart failure after LVAD implant.

**8:00 am *Predicting Right Heart Failure after LVAD Implant***, Stephan Schueler, MD, PhD, FRCS, Freeman Hospital, Newcastle Upon Tyne, United Kingdom

**8:15 am *RV Dysfunction in MCS: What is the Transcript Signature of RV/LV in Mechanically Assisted Patients?***, J. Eduardo Rame, MD, Mphil, University of Pennsylvania, Philadelphia, PA

**8:30 am *Three Perspectives: Patient with a Failing RV***

**8:30 am *Triage with Medicines***, Michael M. Givertz, MD, Brigham & Women's Hospital, Boston, MA

**8:40 am *Triage with BiVADs***, Thomas Krabatsch, MD, PhD, Deutsches Herzzentrum Berlin, Germany

**8:50 am *TAH is It***, Vigneshwar Kasirajan, MD, Virginia Commonwealth University Medical Center, Richmond, VA

**9:00 am *Right Heart Failure Late after LVAD Implant***, Vivek Rao, MD, PhD, Toronto General Hospital, Toronto, Ontario, Canada

**9:15 am *Panel Discussion***

**MEETING HALL I****SYMPOSIUM 2*****Past, Present and Future of Cardiac Allograft Surveillance*****CHAIRS:** Maria Frigerio, MD and Keyur B. Shah, MD

**Session Summary:** The pattern and clinical manifestations of acute rejection has changed greatly during the last two decades. Endomyocardial biopsy was developed as the gold standard for the diagnosis, but recently non-invasive molecular-based approaches have been developed. This session will review the usefulness and pitfalls of endomyocardial biopsy monitoring in current clinical practice, and what is realistic about everyday use of genomics and proteomics-based methodologies.

**8:00 am *The Changing Epidemiology of Acute Rejection***, David O. Taylor, MD, Cleveland Clinic Foundation, Cleveland, OH

**8:20 am *The Genomics of Rejection***, Randall C. Starling, MD, MPH, Cleveland Clinic Foundation, Cleveland, OH

**8:40 am *The Proteomics of Rejection***, Bruce McManus, MD, PhD, FRCS, FCAHS, St. Paul's Hospital, Vancouver, Canada

**9:00 am *Integrating Invasive and Non-Invasive Tools: A Clinician's Perspective***, Sharon A. Hunt, MD, Stanford University Medical Center, Stanford, CA

**9:20 am *Question and Answer***

**PANORAMA HALL****SYMPOSIUM 3*****Evolving Concepts of Chronic Lung Allograft Dysfunction*****CHAIRS:** Keith C. Meyer, MD, MS and Paul A. Corris, MD, FRCP

**Session Summary:** This session will present and discuss new concepts of chronic lung allograft dysfunction and will reflect some of the conclusions and recommendations reached by the joint ISHLT/ATS/ERS task force on care of the lung transplant recipient.

**8:00 am *BOS: Definitions and Emerging Phenotypes***, Geert M. Verleden, MD, PhD, University Hospital Gasthuisberg, Leuven, Belgium

**8:25 am *Emerging Pathways in BOS: Autoimmunity***, David S. Wilkes, MD, Indiana University School of Medicine, Indianapolis, IN

**8:40 am *Emerging Pathways in BOS: Epithelial – Mesenchymal Transition***, Daniel C. Chambers, MBBS, MRCP, FRACP, MD, The Prince Charles Hospital, Brisbane, Australia

**9:00 am *Future Therapies for BOS***, Andrew J. Fisher, FRCP, PhD, FRCP, Institute of Transplantation, Freeman Hospital, Newcastle Upon Tyne, United Kingdom

**9:30 am – 9:45 am COFFEE BREAK**



## PRE-MEETING SYMPOSIA | Wednesday

8:00 am – 9:30 am

### MEETING HALL IV

#### SYMPOSIUM 4

##### *Cardiogenic Shock Before and After Heart Transplantation*

**CHAIRS:** Nader Moazami, MD and Nicholas G. Smedira, MD

**Session Summary:** Cardiogenic shock before and after heart transplantation has for many years been a challenging problem, and the outcomes are still not optimal. The goal – to save the patient's life – has not changed, but the treatment options have. The participants will learn about options, from ECMO to total artificial heart, that are available for "bridge to bridge" and "bridge to decision" in severe cardiogenic shock before and after heart transplantation. Simple questions such as "what to implant and how," "how long to treat," "where to go" and "when to stop" will be discussed by experienced experts in the field. These questions will hit you unexpectedly in the middle of the night so be prepared. Join us in Prague!

**8:00 am *Cardiogenic Shock – How Long Should Be the ECMO Bridge?***, Aly El Banayosy, MD, Penn State Hershey Medical Center, Hershey, PA

**8:12 am *What is the Direction of the Bridge in Cardiogenic Shock?***, Pascal Leprince, MD, PhD, Hospital Pitie-Salpetriere, Paris, France

**8:24 am *Extracorporeal Mechanical Support and the Community Hospitals: How to Make it Work***, Christoph Schmid, MD, University Medical Center Regensburg, Regensburg, Germany

**8:36 am *What is the Best Surgical Option in the Setting of Primary Graft Failure?***, Ivan Netuka, MD, PhD, Institute for Clinical and Experimental Medicine, Prague, Czech Republic

**8:48 am *Surgical Technique of ECMO Placement – Balance between Invasiveness and Effectiveness***, Arnt E. Fiene, MD, Rikshospitalet, Oslo, Norway

**9:00 am *TAH – Standard Solution in Shock?***, Michiel Morshuis, MD, Heart Center NRW, Bad Oeynhausen, Germany

**9:12 am *Panel Discussion***

### MEETING HALL V

#### SYMPOSIUM 5

##### *Potpourri of Special Topics in Pulmonary Hypertension*

**CHAIRS:** Raymond L. Benza, MD and Fernando Torres, MD

**Session Summary:** This session will include a potpourri of topics on pulmonary hypertension that are less understood and of interest to cardiologists, pulmonary/critical care specialists, anesthesiologists and surgeons.

**8:00 am *Schistosomiasis: Possibly the Most Common Worldwide Cause of Pulmonary Hypertension – What Is It and How Do We Diagnose and Treat It?***, Rogerio Souza, MD, PhD, Heart Institute, University of Sao Paulo Medical School, Sao Paulo, Brazil

**8:18 am *Understanding the Many Faces of Sarcoidosis and Its Relationship to Pulmonary Hypertension***, Christopher F. Barnett, MD, MPH, University of California, San Francisco / San Francisco General Hospital, San Francisco, CA

**8:36 am *Pre-Operative Evaluation and Intra-Operative Management of the Pulmonary Hypertensive Patient***, Dana P. McGlothlin, MD, University of California San Francisco Medical Center, San Francisco, CA

**8:54 am *Critical Care Management of the Pulmonary Hypertensive Patient: Optimal Use of Inotropes, Pressors and Pulmonary Vasodilators***, Myung H. Park, MD, FACC, University of Maryland School of Medicine, Baltimore, MD

**9:13 am *Future of Pulmonary Arterial Hypertension Treatment – Should We Really Be Thinking Like the Oncologists?***, Marc Humbert, MD, PhD, Universite Paris-Sud, Paris, France

### NORTH HALL

#### SYMPOSIUM 6

##### *Neurocognitive, Psychosocial and Behavioral Issues in Children and Adolescents*

**CHAIRS:** Kathleen L. Grady, PhD, APN and Susan M. Chernenko, RN, MN, NP

**Session Summary:** This session addresses non-clinical issues (psychosocial, behavioral and neurocognitive) in children after heart transplantation. Children and adolescents frequently have developmental challenges in these areas, including early after transplant through the time they transition to adult programs and clinicians need to learn more about identifying these concerns and how best to intervene on behalf of these children in practice settings. Thus, there is also a need for future research to better understand these issues, test interventions and inform best practices.

**8:00 am *Neurocognition: What Happens after Thoracic Transplantation in Children and Adolescents?***, Richard E. Chinnock, MD, Loma Linda University Children's Hospital, Loma Linda, CA

**8:12 am *Helping Children Make Psychosocial and Educational Adjustments after Transplantation***, Connie White-Williams, PhD, RN, FAAN, University of Alabama at Birmingham, AL

**8:24 am *Adolescence and Adherence: The Perfect Storm***, Sabina De Geest, PhD, RN, University of Basel, Switzerland

**8:36 am *Parenting Children with Thoracic Transplantation: Stress, Coping and Letting Go***, Diana A. Shellmer, PhD, Children's Hospital of Pittsburgh at UPMC / Univ. of Pittsburgh, Pittsburgh, PA

**8:48 am *No Longer a Child – Not Quite an Adult: How to Help the Adolescent Recipient Transition to Adulthood***, Elfriede Pahl, MD, Children's Memorial Hospital, Chicago, IL

**9:00 am *Quality of Life in Pediatric Thoracic Transplantation: Trading One Illness for Another***, Jo Wray, PhD, Great Ormond Street Hospital for Children, London, United Kingdom

**9:12 am *Panel Discussion***

9:30 am – 9:45 am COFFEE BREAK

**PRE-MEETING SYMPOSIA | Wednesday****9:45 am – 11:15 am****FORUM HALL****SYMPOSIUM 7***New Devices, New Approaches***CHAIRS:** Matthias Loebe, MD, PhD and Martin Strueber, MD

**Session Summary:** This session will explore new developments in LVADs and their clinical applications. It will start with a topic on axial vs. centrifugal continuous flow pumps and pros and cons of each technology in rendering a successful LVAD therapy. Furthermore, an emerging topic of how much support, partial vs. full, might be ideal will be considered. Then, a role of LVAD therapy in patients with diastolic heart failure will be reviewed. Finally, how the future in treating patients with advanced heart failure might be shaped by stem cell, transgenic xenotransplantation or LVAD will be presented.

**9:45 am Axial vs. Centrifugal Pumps,** Francis D. Pagani, MD, PhD, University of Michigan, Ann Arbor, MI

**9:57 am LVAD: Partial vs. Full Flow Support?,** Bartley P. Griffith, MD, University of Maryland, Baltimore, MD

**10:09 am VAD Therapy in Heart Failure with Preserved Systolic Function,** Soon J. Park, MD, Mayo Clinic, Rochester, MN

**10:21 am Machine or Biology? The Future for a Patient with a Failing Heart is with Machines,** James K. Kirklin, MD, University of Alabama at Birmingham, AL

**10:33 am Machine or Biology? The Future for a Patient with a Failing Heart is with Stem Cells,** Andre Terzic, MD, PhD, Mayo Clinic, Rochester, MN

**10:45 am Machine or Biology? The Future for a Patient with a Failing Heart is with Xenotransplantation,** Christopher McGregor, MB, FRCS, MD(Hons), Mayo Clinic and University College London, Rochester, MN, USA and London, United Kingdom

**10:57 am Panel Discussion**

**MEETING HALL I****SYMPOSIUM 8***AMR Part 1 – The ABCs of AMR: Antibodies, B Cells, Complement/Coagulation***CHAIRS:** Gerald J. Berry, MD and Thalachallour Mohanakumar, PhD

**Session Summary:** This first of two AMR sessions will begin with brief clinical case presentations of antibody-mediated rejection in the setting of heart and lung transplantation to set the stage. This will be followed by an overview of our current understanding of the key immune mediators of AMR, leading to the formulation of rational management strategies with emerging therapeutics.

**9:45 am Clinical Context Case Presentations,** Luciano Potena, MD, PhD, University of Bologna, Italy and Todd L. Astor, MD, Massachusetts General Hospital, Boston, MA

**9:55 am B Cells/Plasma Cells,** Esme Dijke, PhD, University of Alberta, Edmonton, Canada

**10:15 am Complement and Coagulation,** Stephen Sacks, MD, PhD, MRC Centre for Transplantation, King's College, London, United Kingdom

**10:35 am A Rational Approach to Treatment Strategies,** Richard Kirk, MA FRCP FRCPCH, Freeman Hospital, Newcastle Upon Tyne, United Kingdom

**11:05 am Discussion**

**PANDRAMA HALL****SYMPOSIUM 9***Ex-Vivo Perfusion of Heart and Lungs – Why, With What and How?***CHAIRS:** Dirk Van Raemdonck, MD, PhD and Steven S.L. Tsui, MD, FRCS

**Session Summary:** The session will discuss the emerging area of ex-vivo perfusion of hearts and lungs for preservation or resuscitation. The session will open with an expert speaking about machine perfusion of kidneys as there are significantly more data with the kidney than thoracic organs and provides a nice background for subsequent discussion regarding hearts and lungs.

**9:45 am Part I: Kidney – Ex-Vivo Machine Perfusion of Kidneys,** Rutger J. Ploeg, MD, PhD, FRCS, University of Oxford, United Kingdom

**10:00 am Part II: Heart – Ex-Vivo Perfusion of Hearts with the Transmedics Device – European Experience,** Christoph Knosalla, MD, PhD, Deutsches Herzzentrum Berlin, Germany

**10:15 am Ex-Vivo Perfusion of Hearts With The Transmedics Device – U.S. Experience,** Abbas Ardehali, MD, University of California Los Angeles School of Medicine, Los Angeles, CA

**10:30 am Part III: Lung – Clinical Experience with Warm Asanguinous Ex-Vivo Lung Perfusion in Toronto,** Shaf Keshavjee, MD, FRCS, Toronto General Hospital, Toronto, Canada

**10:45 am Clinical Experience with Asanguinous Ex-Vivo Lung Perfusion Utilizing the Vivoline System,** Stephen C. Clark, BMedSci(Hons), BM, BS, DM, FRCS(C-Th), Freeman Hospital, Newcastle Upon Tyne, United Kingdom

**10:57 am Clinical Experience with Warm Blood Lung Perfusion – Transmedics,** Gregor Warnecke, MD, Hannover Medical School, Hannover, Germany

**11:09 am Discussion**

**11:15 am – 11:30 am COFFEE BREAK**



## PRE-MEETING SYMPOSIA | Wednesday

9:45 am – 11:15 am

### MEETING HALL IV

#### SYMPOSIUM 10

##### *The Right Ventricle and Pulmonary Vascular Load in Health and Disease*

**CHAIRS:** Marc Humbert, MD and John T. Granton, MD

**Session Summary:** In this session, we will present the state-of-the-art understanding of right ventricular (RV) function in four distinct states: 1) health, 2) exercise, 3) resting pulmonary hypertension and 4) right heart failure. The goal of the session is to review the anatomy and physiology of the RV in health and exercise along with the pathophysiology and therapy in disease states. Further, we will present data on novel assessment of RV function using both non-invasive and invasive modalities and discuss management principles and practice. We will address the educational need currently present in the understanding of normal and abnormal RV function, standard and novel modalities of RV assessment, and importantly, management of RV failure.

**9:45 am *The Right Ventricle in Health***, Ryan J. Tedford, MD, Johns Hopkins Medical Institutions, Baltimore, MD

**10:05 am *The Right Ventricle in Exercise***, Rajeev Sagar, MD, Heart-Lung Institute, St. Joseph Hospital & Medical Center, Phoenix, AZ

**10:20 am *Pathophysiology of RV Failure***, Stephen C. Mathai, MD, MHS, Johns Hopkins University, Baltimore, MD

**10:35 am *Assessment and Management of RV Failure***, Anton Vonk-Noordegraaf, MD, PhD, VU University Medical Center, Amsterdam, The Netherlands

**11:00 am *Panel Discussion***

### MEETING HALL V

#### SYMPOSIUM 11

##### *MCS in Congenital Heart Disease & Pediatrics*

**CHAIRS:** Ivan M. Rebeyka, MD and Christopher Almond, MD, MPH

**Session Summary:** This symposium focuses on current approaches to long-term MCS in children and adults with congenital heart disease, including single ventricle pathology. In six talks given by highly experienced physicians from the US, Canada and Europe, MCS options, implantation techniques, available devices and the perspective of patients with end-stage congenital heart disease will be addressed. In addition, panel discussions will offer you the unique possibility to discuss your burning questions. So join us in Prague!

**9:45 am *Implantable VADs in Children and Adults with Congenital Heart Disease***, David Morales, MD, Texas Children's Hospital and Baylor College of Medicine, Houston, TX

**9:57 am *Is Two Better than One? Indications for Bi iVAD vs. LVAD Placement in Children***, Holger W. Buchholz, MD, University of Alberta, Stollery Children's Hospital and Mazankowski Alberta Heart Institute, Edmonton, Canada

**10:09 am *Beyond the Surgery – Preventing Thromboembolic Complications During Long-Term VAD Support***, M. Patricia Massicotte, MSc, MD, MHSc, University of Alberta/Stollery Children's Hospital, Edmonton, Canada

**10:21 am *VAD Options for the Single Ventricle Patient***, Olaf Reinhartz, MD, Stanford University, Stanford, CA

**10:33 am *Heart Transplant or VAD in Children and Adults with Congenital Heart Disease – Strategies for Improving Transplant Outcome***, Robert Jaquiss, MD, Duke University School of Medicine, Durham, NC

**10:45 am *Going Home: Hospital Discharge on VAD Support in Children***, William Neil Wrightson, RN, Newcastle Hospitals NHS Foundation Trust, Freeman Hospital, Newcastle Upon Tyne, United Kingdom

**10:57 am *Panel Discussion***

### NORTH HALL

#### SYMPOSIUM 12

##### *CMV and Beyond: Important Viruses in Thoracic Transplantation*

**CHAIRS:** Martha L. Mooney, MD and Martin R. Zamora, MD

**Session Summary:** This session presents the latest insights in the significance of important viral pathogens in thoracic transplantation. Current data regarding monitoring, prevention and treatment strategies for viruses after transplantation will be addressed. The use of emerging technologies to monitor for respiratory viruses and to assess for cytomegalovirus-specific immune function will be highlighted. Also other herpes viruses such as EBV and Herpes 6, 7 and 8 will be discussed. The strategies to control these viruses will be discussed. Also the question will be raised whether just viral load monitoring is sufficient to handle the patient. In addition, the question of HIV+ candidates will be addressed in the context of thoracic transplantation.

**9:45 am *EBV Infection and PTLD: Beyond the Viral Load***, Steven A. Webber, MBChB, Children's Hospital of Pittsburgh of UPMC, Pittsburgh, PA

**10:00 am *Respiratory Viruses: Beyond RSV***, Peter M. Hopkins, MBBS FRACP HONOURS, The Prince Charles Hospital, Brisbane, Australia

**10:15 am *Beyond Abdominal Organs: HIV+ Thoracic Transplant Candidates***, Paolo A. Grossi, MD, PhD, University of Insubria, Varese, Italy

**10:30 am *Beyond HSV: Human Herpes Viruses in Transplantation***, Lara Danziger-Isakov, MD, MPH, Cleveland Clinic Foundation, Cleveland, OH

**10:45 am *Beyond Prophylaxis: CMV Immune Monitoring***, Martina Sester, PhD, Saarland University, Homburg, Germany

**11:00 am *Panel Discussion: CMV & Beyond: Clinical Dilemmas in Thoracic Transplant Recipients***

**MODERATORS:** Martin R. Zamora, MD and Camille N. Kotton, MD, FIDSA

11:15 am – 11:30 am COFFEE BREAK

**PRE-MEETING SYMPOSIA | Wednesday****11:30 am – 1:00 pm****FORUM HALL****SYMPOSIUM 13***The Longer the Better – Chronic Medical Management of MCS***CHAIRS:** Evgenij V. Potapov, MD, PhD and Sudhir S. Kushwaha, MD

**Session Summary:** The increasing worldwide burden of advanced heart failure coupled with limitations in organ donors has led to an exponential rise in use of MCS. The INTERMACS registry shows a marked increase in MCS for the destination therapy indication. VAD recipients are increasingly being managed in the clinic environment. This session is designed for the learner to gain a better understanding of how to optimize long-term MCS in the clinic. Specific topics will address how to fine tune pump performance, how to manage post VAD arrhythmia, how to diagnose and manage aortic regurgitation and how to manage/prevent driveline and deeper pocket infections in VAD recipients. Finally, how to recognize risk and prevention of GI bleeding will be discussed.

**11:30 am Fine Tuning Pump Performance,** Mark S. Slaughter, MD, University of Louisville, Louisville, KY

**11:42 am Arrhythmia Management: Beyond Amiodarone,** Salpy V. Pamboukian, MD, MSPH, University of Alabama at Birmingham, AL

**11:54 am Aortic Insufficiency: An Achilles Heel for Long-Term Support?,** Roland Hetzer, MD, PhD, German Heart Institute, Berlin, Germany

**12:06 pm Long-Term Infection Prevention,** Margaret M. Hannan, MD, Mater Hospital, Dublin, Ireland

**12:18 pm G.I. Bleeding: What is the Optimal Strategy for Diagnosis and Management?,** Jeffrey J. Teuteberg, MD, University of Pittsburgh, Pittsburgh, PA

**12:30 pm Getting Back to Life: Sex, Driving and Rock-n-Roll – What, if Any, Restrictions are Reasonable?,** Karl E. Nelson, Integris Baptist Medical Center, Oklahoma City, OK

**12:42 pm Panel Discussion**

**MEETING HALL I****SYMPOSIUM 14***AMR Part 2 - The DEFs of AMR: Detecting the Antibodies, Evaluating the Biopsy and Finally, the Patient***CHAIRS:** Allan R. Glanville, MBBS, MD, FRACP and Jon Kobashigawa, MD

**Session Summary:** This second AMR session will cover advances in antibody detection and pathologic parameters of diagnosis, and bring all aspects together for clinical correlation and future directions.

**11:30 am Antibody Detection,** Dolly B. Tyan, PhD, D(ABHI) Stanford University, Stanford, CA

**12:00 pm Pathology: New Nomenclature/Classification,** Charles C. Marboe, MD, Columbia University Medical Center and the New York Presbyterian Hospital, New York, NY

**12:30 pm Clinical Correlate: What Does It All Mean? What are the Big Unanswered Questions?**

**Lung:** Martin P. Iversen, MD, PhD, Rigshospitalet, Copenhagen, Denmark

**Heart:** A. G. Kfoury, MD, FACC, Intermountain Medical Center (UTAH Cardiac Transplant Program), Murray, UT

**PANDRAMA HALL****SYMPOSIUM 15***Advances in Pulmonary Transplant Surgery***CHAIRS:** Stephen C. Clark, BMed-Sci(Hons), BM, BS, DM, FRCS(C-Th) and Christopher H. Wigfield, MD, FRCS

**Session Summary:** This symposium covers advances in surgical techniques in lung transplantation. The goals of this session are to discuss three distinct areas where significant surgical developments have been made.

**11:30 am Airway Complications,** Michael S. Mulligan, MD, University of Washington, Seattle, WA

**12:00 pm Mechanical Bridging to Lung Transplantation,** Martin Strueber, MD, Hannover Medical School, Hannover, Germany

**12:30 pm Practical Issues with EVLP,** Shaf Keshavjee, MD, FRCSC, Toronto General Hospital, Toronto, Canada

**1:00 pm – 3:00 pm LUNCH BREAK**



## PRE-MEETING SYMPOSIA | Wednesday

11:30 am – 1:00 pm

### MEETING HALL IV

#### SYMPOSIUM 16

##### *Thoracic Organ Donors: Optimal Management and New Avenues*

**CHAIRS:** Kenneth R. McCurry, MD and Gregory Snell, MD

**Session Summary:** In this session, an overview is given on what is believed to be the optimal treatment strategy to maximally increase the thoracic organ yield from the multi-organ donor. In addition, perspectives to increase the number of lungs and hearts from donors deceased after cardiac death are discussed.

**11:30 am** *The Impact of Brain Death in Thoracic Organ Donor*, Arne P. Neyrinck, MD, University Hospitals Leuven, Belgium

**11:40 am** *Hormonal Therapy in Thoracic Organ Donor: Does It Work?*, Robert S. Bonser, MD, FRCS, FRCP, Queen Elizabeth Hospital Birmingham, United Kingdom

**12:00 pm** *Ventilatory Strategies and Inhaled Therapies to Increase Donor Lung Yield*, Lorraine B. Ware, MD, Vanderbilt University, Nashville, TN

**12:20 pm** *The Agonal Phase in Controlled Donation after Cardiac Death: Does it Matter?*, David V. Pilcher, MD, The Alfred Hospital, Melbourne, Australia

**12:40 pm** *Potential for Heart Transplantation from Donors after Cardiac Death?*, Stephen R. Large, MA, MS, FRCS, FRCP, MBA, Papworth Hospital, Cambridge, United Kingdom

### MEETING HALL IV

#### SYMPOSIUM 17

##### *Innate Immunity in Cardiothoracic Transplantation*

**CHAIRS:** Susan Moffatt-Bruce MD and Daniel R. Goldstein, MD

**Session Summary:** The importance of the role of innate immunity in cardiothoracic transplantation is increasingly recognized. Innovative modalities for studying innate immunity are emerging. This session will cover the major mediators of damage from this arm of the immune system and their role in heart and lung transplantation.

**11:30 am** *Acute Lung Injury after Lung Transplantation*, Andrew E. Gelman, PhD, Washington University School of Medicine, St. Louis, MO

**11:50 am** *Imaging the Innate Immune System after Lung Transplantation*, Daniel Kreisel, MD, PhD, Washington University School of Medicine, St. Louis, MO

**12:10 pm** *Clinical Markers of Innate Immunity after Lung Transplantation*, Jason D. Christie, MD, MS, University of Pennsylvania School of Medicine, Philadelphia, PA

**12:30 pm** *Role of NK Cells and Neutrophils Cardiac Allograft Dysfunction*, Joren C. Madsen, MD, PhD, Massachusetts General Hospital, Boston, MA

**12:50 pm** *Panel Discussion*

### NORTH HALL

#### SYMPOSIUM 18

##### *Congenital Heart Disease: Pulmonary Hypertension Dilemmas in Pediatric and Adult Patients*

**CHAIRS:** Christian Benden, MD and Dana McGlothlin, MD

**Session Summary:** Pulmonary hypertension associated with congenital systemic to pulmonary shunts is a growing indication for thoracic organ transplantation. This session aims to improve the understanding of congenital shunt physiology as it relates to pulmonary hypertension, review indications for and potential consequences of shunt closure, discuss the challenges of medical and surgical management of patients with Eisenmenger's syndrome and consider the use of pulmonary vasodilator therapy in this population. Finally the pros and cons of early referral for transplantation (with high operative mortality but generally good long term results) vs. multiple palliative procedures and surgeries will be addressed.

**11:30 am** *Congenital Heart Disease and Pulmonary Hypertension: Classification and Understanding Why All Defects are Not the Same*, Ian Adatia, MBChB, MRCP, FRCP(C), University of Alberta, Edmonton, Canada

**11:45 am** *Unrepaired Systemic to Pulmonary Shunts and PAH: To Close Or Not to Close?*, Daphne T. Hsu, MD, Children's Hospital at Montefiore/Albert Einstein College of Medicine, Bronx, NY

**12:00 pm** *Medical Management of CHD Associated PAH: Do's and Don'ts for this Challenging Population*, Richard Krasuski, MD, The Cleveland Clinic, Cleveland, OH

**12:15 pm** *Use of PAH Directed Therapies in Patients with Single Ventricles*, Brian D. Hanna, MD, PhD, Children's Hospital of Philadelphia, Philadelphia, PA

**12:30 pm** *Balancing the Risks of Transplantation for CHD: A Last Resort After Multiple Palliative Procedures or An Early Referral?* Jonathan M. Chen, MD, New York Presbyterian Hospital, New York, NY

**12:45 pm** *Panel Discussion*

1:00 pm – 3:00 pm LUNCH BREAK

**1:15 pm – 2:45 pm** COUNCIL MEETINGS  
**3:00 pm – 4:15 pm** CONCURRENT ABSTRACT SESSIONS  
**4:15 pm – 4:45 pm** COFFEE BREAK  
**4:15 pm – 7:00 pm** EXHIBIT HALL OPEN POSTER VIEWING

**PLENARY SESSION | Wednesday**  
**4:45 pm – 6:00 pm**

CONGRESS HALL

**OPENING PLENARY SESSION**

*Overcoming Political Barriers*

**CHAIRS:** Jan Pirk, MD, John Dark, MB, FRCS and John B. O'Connell, MD

**Session Summary:** Prague serves as a showcase for the positive changes that have occurred in Eastern Europe following the demise of the iron curtain. This plenary session will open with welcomes from ISHLT President Lori West and Czech Republic Minister of Foreign Affairs Karel Schwarzenberg. Highlights include a historical perspective of Prague through the years followed by a description of the successful development of a lung transplant program in Prague. The session will close with a keynote address from internationally acclaimed physicist, commentator and essayist Lawrence Krauss who will speak on the impact of politics on scientific advancement.

**4:45 pm Introduction and Welcome,** Lori J. West, MD, DPhil, FRCPC, ISHLT President, University of Alberta, Edmonton, Canada

**4:50 pm Welcome,** Karel Schwarzenberg, Deputy Prime Minister and Minister of Foreign Affairs, Czech Republic

**5:00 pm Bringing Down the Walls: A Historical Perspective,** Josef Stehlik, MD, MPH, University of Utah School of Medicine, Salt Lake City, UT

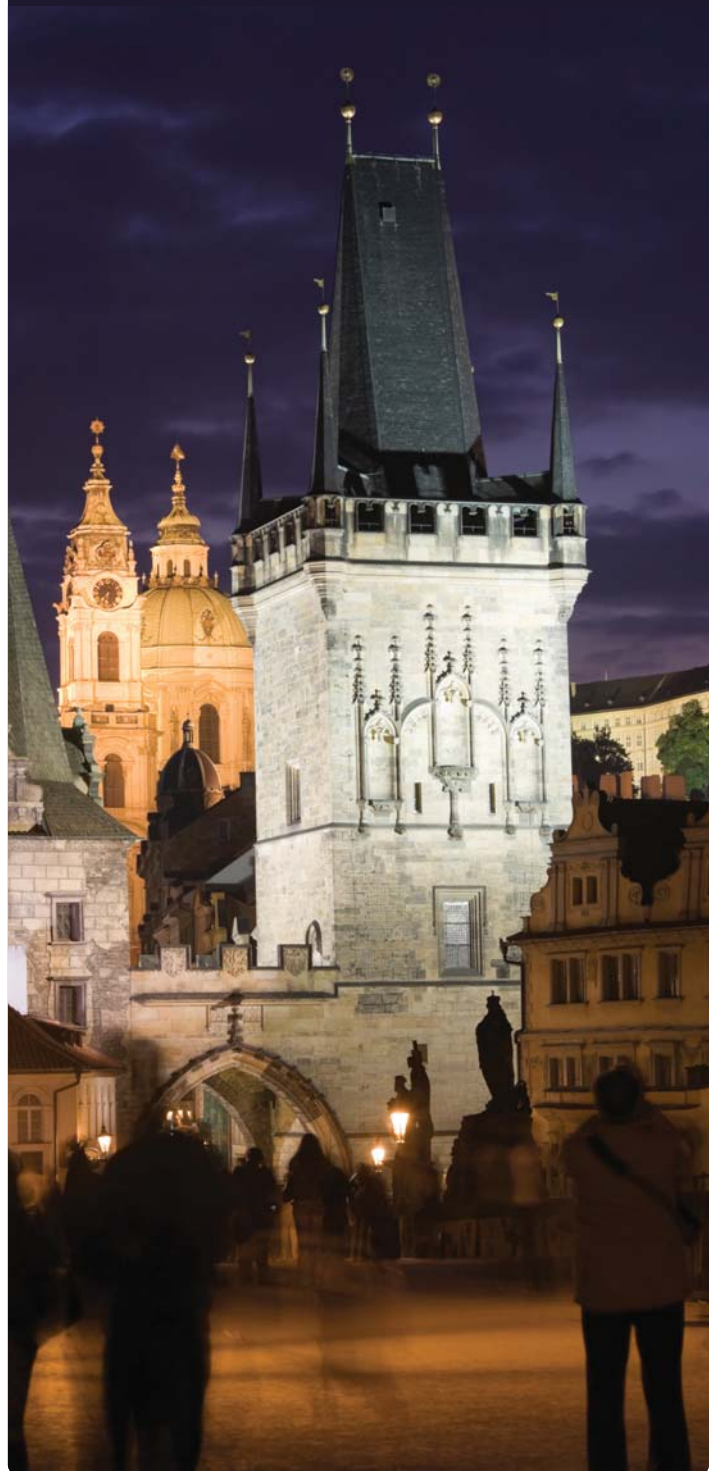
**5:15 pm After the Iron Curtain: Successes of Regional Collaboration in Thoracic Transplantation,** Prof. Walter Klepetko, MD, Medical University of Vienna, Austria

**5:25 pm Political Influence and Scientific Advancement,** Lawrence Krauss, PhD, School of Earth and Space Exploration, Arizona State University, Phoenix, AZ

**6:00 pm – 7:00 pm** EXHIBIT HALL OPENING RECEPTION POSTER VIEWING

**THURSDAY, APRIL 19, 2012**

**7:00 am – 6:00 pm** SPEAKER READY ROOM OPEN  
**7:00 am – 6:00 pm** REGISTRATION DESK OPEN  
**8:00 am – 9:15 am** CONCURRENT ABSTRACT SESSIONS





**CONCURRENT SYMPOSIA** | Thursday  
**8:00 am – 9:15 am**

**MEETING HALL IV**

**CONCURRENT SYMPOSIUM 1**

*A Lifecycle Journey in Advanced Heart Failure and Transplantation*

**CHAIRS:** Patricia A. Uber, PharmD and Andreas Zuckermann, MD

**PANEL DISCUSSANTS:**

Patricia A. Uber, PharmD, University of Maryland, Baltimore, MD  
 Andreas Zuckermann, MD, Medical University of Vienna, Austria  
 Paul E. Nolan, Jr., PharmD, University of Arizona, Tucson  
 David O. Taylor, MD, Cleveland Clinic Foundation, Cleveland, OH  
 Michael Shullo, PharmD, University of Pittsburgh, Pittsburgh, PA  
 Robert Lee Page, II, PharmD, MSPH, University of Colorado, Denver, CO  
 Walter Uber, PharmD, Medical University of South Carolina, Charleston, SC

**Session Summary:** This is the inaugural symposium in a series entitled “A Lifecycle Journey in...” sponsored by the ISHLT Pharmacy and Pharmacology Council. This series envisions using an enduring case to create a panel facilitated and audience supported best practice based discussion at predefined key “journey intervals.” The focus of this series will be on therapeutic aspects that uniquely involve emerging or established knowledge in the pharmacology and pharmacy aspects of the interval disease states or situations.

In this session the focus will be on the lifecycle of Advanced Heart Failure and Cardiac Transplantation with special emphasis on the “journey points” of Mechanical Circulatory Support and anticoagulation, post-transplant development of Antibody Mediated Rejection and late complications that demand innovative immunosuppressive strategies.

**8:00 am Pre-Transplant Journey: Advanced Heart Failure with BTT MCS and Malfunction Due to Thrombosis,** Paul E. Nolan, Jr., PharmD, University of Arizona, Tucson, AZ

**8:20 am Early Post-Transplant Journey: Primary Graft Failure at 1 Week,** David O. Taylor, MD, Cleveland Clinic Foundation, Cleveland, OH

**8:40 am Late Post-Transplant Journey: Development of Skin Cancer and Pre-cancerous Colon Polyp,** Michael Shullo, PharmD, University of Pittsburgh, Pittsburgh, PA

**9:00 am Panel and Audience Questions and Answers**

**PLENARY SESSION** | Thursday  
**9:45 am – 11:45 am**

**CONGRESS HALL**

**PLENARY SESSION**

*ISHLT Traditions*

**CHAIRS:** Stuart C. Sweet, MD, PhD and Lori J. West, MD, DPhil, FRCPC

**Session Summary:** This traditional ISHLT plenary will include an address from ISHLT President Lori West, Reports from the Thoracic Organ and Mechanical Circulatory Support Registries, and the presentation of a Lifetime Achievement Award. The plenary session will feature Luc Noel MD, Coordinator, Clinical Procedures Department of Essential Health Technologies Health Systems and Services, World Health Organization. Dr. Noel will discuss how transplant professionals can aid in the efforts led by the World Health Organization to raise awareness of access, safety and ethical issues in cell, tissue and organ transplantation.

**9:45 am Welcome and Program Chair’s Report,** Stuart C. Sweet, MD, PhD, St. Louis Children’s Hospital, St. Louis, MO

**9:55 am President’s Address,** Lori J. West, MD, DPhil, FRCPC, ISHLT President, University of Alberta, Edmonton, Canada

**10:05 am Thoracic Registry Report,** Marshall I. Hertz, MD, University of Minnesota, Minneapolis, MN

**10:25 am MCS Registry Reports,** James K. Kirklin, MD, University of Alabama at Birmingham, AL

**10:35 am The Responsibility of Transplantation Specialists in the World Health Assembly’s Vision for Transplantation,** Dr. Luc Noel, Coordinator of Clinical Procedures, World Health Organization, Geneva, Switzerland

**10:55 am Lifetime Achievement Award**

**11:45 am – Noon**

**COFFEE BREAK  
 VISIT EXHIBITS  
 VIEW POSTERS**

**Noon – 1:15 pm**

**CONCURRENT ABSTRACT  
 SESSIONS**

**9:00 am – 5:00 pm EXHIBIT HALL OPEN**

**9:15 am – 9:45 am COFFEE BREAK**

**CONCURRENT SYMPOSIA** | Thursday

Noon – 1:15 pm

## MEETING HALL V

**CONCURRENT SYMPOSIUM 2***Focus On Caregivers: Investing in Our Patients' Future***CHAIRS:** Michael Petty, PhD, RN, CCNS, ACNS-BC and Sharon Beer, RN, MSc

**Session Summary:** Caregiving provided to adults in the United States alone represents more than \$37 billion in unreimbursed care provided by volunteer family caregivers and friends. It is well recognized that support for patients following heart transplant, lung transplant, or MCS implantation is a crucial component for ongoing patient success. Similarly, the challenges facing caregivers of patients with end-stage heart or lung disease can reflect years of steadily worsening health and stress for the family unit. Yet since the caregiver is not "our patient," we have paid inadequate attention to these central members of each patient's health care team. We have an incomplete understanding of their needs and an associated lack of an organized and individualized plan to address those needs. In this session the speakers will present current evidence regarding the problems encountered by those caregivers and will discuss unique approaches to address the special needs of the caregiver in the context of their providing care to the organ or device candidate or recipient.

**Noon Family Caregivers of Mechanical Circulatory Support Patients,** Judy A. Currey, PhD, Alfred/Deakin Nursing Research Center, Melbourne, Australia

**12:12 pm Family Caregivers of Heart Transplant Candidates and Recipients,** Mary Amanda Dew, PhD, University of Pittsburgh School of Medicine, Pittsburgh, PA

**12:24 pm Family Caregivers of Lung Transplant Candidates and Recipients,** Kevin C. Carney, MSN, CRNP, CCTC, Hospital of the University of Pennsylvania, Philadelphia, PA

**12:36 pm Family Caregivers of Children with End-Stage Heart and Lung Disease and Thoracic Transplant,** Paula A. Kofflin, RN, BSN, CCTC, University of Minnesota Amplatz Children's Hospital, Minneapolis, MN

**12:48 pm Burdens of Family Caregivers as Surrogate Decision-Makers,** Denise Dudzinski, PhD, MTS, University of Washington, Seattle, WA

**1:00 pm Panel Discussion**

3:15 pm – 4:30 pm

## CONGRESS HALL

**CONCURRENT SYMPOSIUM 3***Mechanical Circulatory Support – When is it Too Soon or Too Late?***CHAIRS:** Jan Pirk, MD and Stuart D. Russell, MD

**Session Summary:** MCS implant for bridge to transplant, recovery or destination therapy is steadily increasing. In order to obtain the best results after implant, patient and device selection are critical. This symposium will provide the participant with the latest information on patient selection for device therapy at both ends of the heart failure spectrum – specifically when is a patient too sick to receive a VAD and how early in the HF disease trajectory can we consider VAD implant. The session will close with a provocative discussion about VAD versus transplant and whether or not the time has come to change the definitive therapy for advanced HF from transplant to VAD alone.

**3:15 pm Ambulatory Heart Failure Patient – When Has Medical Therapy Failed?,** JoAnn Lindenfeld, MD, University of Colorado, Denver, CO

**3:30 pm Patient Risk – Heart Failure and VAD Operation – Where is the 'Sweet Spot?',** Garrick C. Stewart, MD, Brigham & Women's Hospital, Boston, MA

**3:45 pm MCS in the Less Sick Patients – Where Will REVIVE-IT Fit?,** Keith Aaronson, MD, MS, University of Michigan, Ann Arbor, MI

**SUBTOPIC: Discuss/Describe the REVIVE-IT Study and Rationale – Clinical Equipoise**

**4:00 pm PRO-CON: MCS Should Be the First Choice for Patients with End-Stage Heart Failure, Not Transplant.**

**PRO** Joseph Woo, MD, University of Pennsylvania, Philadelphia, PA

**CON** Andreas Zuckermann, MD, University of Vienna, Austria

**4:16 pm Discussion**

**1:15 pm – 3:15 pm LUNCH BREAK**

**1:15 pm – 3:30 pm JUNIOR FACULTY MENTOR LUNCH**

**1:30 pm – 3:00 pm MINI ORAL ABSTRACT SESSIONS**

**1:30 pm – 3:00 pm COUNCIL MEETINGS**



## CONCURRENT SYMPOSIA | Thursday

3:15 pm – 4:30 pm

### FORUM HALL

#### CONCURRENT SYMPOSIUM 4

##### *Large and Small Vessels Disease in Heart Transplantation*

**CHAIRS:** Stephan Ensminger, MD, PhD and  
Javier Segovia, MD, PhD

**Session Summary:** Cardiac allograft vasculopathy involves large epicardial and small intramyocardial vessels. Detection of pathological features in both represents a negative prognostic factor. This session will try to focus on the clinical relevance of vasculopathy features that go beyond the mere detection of intimal thickness in either epicardial or small intramyocardial vessels. Finally, can these features be considered therapeutic targets?

**3:15 pm *Intimal Thickening vs. Remodeling: Clinical Significance of Volumetric Changes in Epicardial Coronary Arteries***, Luciano Potena, MD, PhD, University of Bologna, Italy

**3:30 pm *Microvasculopathy from Artifact to Prognostic Factor***, Elizabeth Hammond, MD, LDS Hospital, Salt Lake City, UT

**3:45 pm *From Morphology to Function: Coronary Flow Reserve***, Francesco Tona, MD, PhD, University of Padova, Padova, Italy

**4:00 pm *How Can We Ameliorate Microvasculopathy?***, Nicola E. Hiemann, MD, FACC, Deutsches Herzzentrum, Berlin, Germany

**4:15 pm *Questions and Answers***

3:15 pm – 4:30 pm

### MEETING HALL I

#### CONCURRENT SYMPOSIUM 5

##### *Tough Situations in Cardiac Transplantation: Bring in the Experts*

**CHAIR:** Mandeep R. Mehra, MD, MBBS, FACC, FACP,  
University of Maryland, Baltimore, MD

**Session Summary:** This session is intended to stimulate a lively discussion on tough problems in the clinical management of long-term heart transplant recipients. Two junior faculty members will present two clinical cases that will be the basis to fire up a discussion between the panelists, welcoming interaction with the audience.

**3:15 pm *Case Presentation***, Jennifer A. Cowger, MD, MS,  
University of Michigan Health System, Ann Arbor, MI

**3:50 pm *Case Presentation Presenter***: Arezu Aliabadi,  
MD, Medical University of Vienna, Austria

#### PANELISTS:

Juan Delgado Jimenez, PhD,  
"12 Octubre" University Hospital, Madrid, Spain

Roberto Fiocchi, MD, PhD,  
Ospedali Riuniti di Bergamo, Italy

Sudhir S. Kushwaha, MD,  
Mayo Clinic, Rochester, MN,

Sean P. Pinney, MD,  
Mount Sinai Medical Center, New York, NY

Hermann Reichenspurner, MD, PhD,  
University Heart Centre Hamburg, Hamburg, Germany

Marc J. Semigran, MD,  
Massachusetts General Hospital, Boston, MA

Hannah A. Valantine, MD,  
Stanford University School of Medicine, Stanford, CA

**CONCURRENT SYMPOSIA** | Thursday**3:15 pm – 4:30 pm**

## PANORAMA HALL

**CONCURRENT SYMPOSIUM 6***Lung Transplantation for Pulmonary Arterial Hypertension – A Review and Panel***CHAIRS:** Thomas K. Waddell, MD, MSc, PhD, FRCSC and Paul Corris, MB, FRCP

**Session Summary:** Transplantation (lung or heart-lung transplantation) in patients with pulmonary arterial hypertension is associated with increased early mortality, and many patients with PAH die while waiting for transplantation. There are many potential reasons for the increased mortality, including universal difficulties with risk prediction, however regional differences in such issues as listing status and organ allocation as well as the type of organ transplantation (lung versus heart-lung) vary tremendously from region to region and these issues may influence outcomes. For this reason, it may be helpful (and certainly interesting) to have representatives from different countries discuss how transplantation for patients with PAH is accomplished in their region. This session will begin with 3 speakers introducing the universal and regional issues regarding timing of referral, listing status, organ allocation, type of organ transplantation and bridging strategies. The introductory presentations will be followed by a longer panel discussion moderated by the session chairs and composed of representatives from various countries to discuss how transplantation for PAH is accomplished in their countries and what they consider to be their challenges and successes. In this way, we learn from each other.

**3:15 pm Lung and Heart-Lung Transplantation for PAH: Universal and Regional Issues of Timing of Referral, Listing Status and Organ Allocation,** Deborah J. Levine, MD, University of Texas Health Science Center, San Antonio, TX

**3:30 pm Bilateral Lung Versus Combined Heart-lung Transplantation for PAH: What are the Considerations for the Type of Operation?,** Elie Fadel, MD, Marie Lannelongue Hospital, Paris-Sud, France

**3:45 pm Bridging Strategies for Lung Transplant Candidates with PAH: Atrial Septostomy, ECMO, RVAD and Novalung,** Duane Davis, MD, Duke University Medical Center, Durham, NC

**4:00 pm Lung Transplantation for PAH:** Panel Discussion with Transplant Physicians from Various Regions of The World

**DISCUSSION: Learning from Each Other – How We Do It Around the World**

**PANELISTS:**

Deborah J. Levine, MD,  
University of Texas Health Science Center, San Antonio, TX, USA  
Elie Fadel, MD, Marie Lannelongue Hospital, Paris-Sud, France  
Prof. Walter Klepetko, MD, Medical University of Vienna, Austria  
Teresa De Marco, MD,  
University of California, San Francisco, CA, USA  
Paul C. Jansz, MD, St. Vincent's Hospital, Australia  
Duane Davis, MD,  
Duke University Medical Center, Durham, NC, USA

**3:15 pm – 4:30 pm**

## MEETING HALL IV

**CONCURRENT SYMPOSIUM 7***Special Considerations: Cystic Fibrosis and Lung Transplantation***CHAIRS:** Cecilia Chaparro, MD and Paul Aurora, MBBS, BSc(Hons), MSc, MRCP, PhD

**Session Summary:** Cystic fibrosis (CF) remains a common reason for lung transplantation. Patients present special challenges because of complicated microbiology, the systemic nature of the disease, surgical considerations and psychosocial issues. Despite this, when transplants are performed in high volume centers the outcomes are excellent. The session will attempt to highlight special issues in the care of CF transplant patients. This session will be particularly useful to new practitioners in the field with little CF experience, or experienced practitioners in centers where transplants for CF are becoming more common.

**3:15 pm Surgical Issues in Lung Transplantation for Cystic Fibrosis,** John Dark, MB, FRCS, Freeman Hospital, Newcastle Upon Tyne, United Kingdom

**3:45 pm Microbiological Issues in Patients with Cystic Fibrosis Undergoing Lung Transplantation,** Shahid Husain, MD, MS, University Health Network, University of Toronto, Toronto, Canada

**4:15 pm Medical Management of the Lung Transplant Recipient with Cystic Fibrosis,** Denis Hadjiliadis, MD, MHS, University of Pennsylvania, Philadelphia, PA



## CONCURRENT SYMPOSIA | Thursday

3:15 pm – 4:30 pm

### MEETING HALL V

#### CONCURRENT SYMPOSIUM 8

##### *Risky Business: Infectious Risk in Donors and Recipients*

**CHAIRS:** Valentina Stosor, MD and  
Kate Gould, FRCPath

**Session Summary:** When is a patient with hepatitis C a transplant candidate? Is a heart or lung from a hepatitis B core positive donor acceptable? How come that hepatitis E virus causes chronic hepatitis in our transplant patients? And what about these transplant patients that do so well they want to travel the world and will visit the tropics? What are the risks, what precautions do you advise and what should you look for after return? All of this and more, when we discuss the Risky Business of Infections in Transplantation!

**3:15 pm** *Hepatitis C: When is it a Contraindication?*,  
Minh-Hong T. Nguyen, MD, University of Pittsburgh, PA

**3:35 pm** *Opening the Door to Hepatitis B Core Donors*,  
Shirish Huprikar, MD, Mount Sinai School of Medicine, New York, NY

**3:50 pm** *On the Horizon: Hepatitis E*, Erik A. M. Verschuren, MD, PhD, University Medical Centre Groningen, The Netherlands

**4:05 pm** *The "Well-Travelled" Donor: What Are The Risks?*, Camille N. Kotton, MD, FIDSA, Massachusetts General Hospital/Harvard Medical School, Boston, MA

3:15 pm – 4:30 pm

### NORTH HALL

#### CONCURRENT SYMPOSIUM 9

##### *Coagulation and Transplantation – The Clot Thickens*

**CHAIRS:** Joren Madsen, MD, PhD and  
Stephan Ensminger, MD, PhD

**Session Summary:** The role of platelets during the development of ordinary arteriosclerosis is established. Interactions of platelets with the endothelium induce significant changes in the adhesive and chemotactic properties of endothelial cells that trigger monocyte adhesion and transmigration. This results in early inflammation during the process of arteriosclerosis within the vessel wall. Platelet activation can occur in the donor or recipient before transplantation as well as during antibody- and cell-mediated rejection. In addition, many patients waiting for transplants have activated platelets due to the diseases that lead to organ failure or as a result of interventions used to support patients before and during transplantation. The contribution of platelets and complement to hyperacute rejection of xenografts is well recognized. Therefore, there is a potential for therapy to inhibit platelet and complement mediated immune stimulation in human transplantation, which will be the main focus of this session.

**3:15 pm** *The Role of Platelets in the Development of Arteriosclerosis – Relevant Aspects for Transplantation*,  
Steffen Massberg, MD, Deutsches Herzzentrum Muenchen, Munich, Germany

**3:40 pm** *Platelets and Leucocyte Adhesion*, Christian  
Weber, MD, LMU University of Munich, Germany

**4:05 pm** *Complement and T Cell Alloimmunity*, Steven  
Sacks, MD, PhD, MRC Centre for Transplantation, King's College  
London, United Kingdom

**4:30 pm – 5:00 pm** COFFEE BREAK/VISIT  
EXHIBITS/POSTER VIEWING

**5:00 pm – 6:15 pm** CONCURRENT ABSTRACT  
SESSIONS

5:00 pm – 6:15 pm

### NORTH HALL

#### CONCURRENT SYMPOSIUM 10

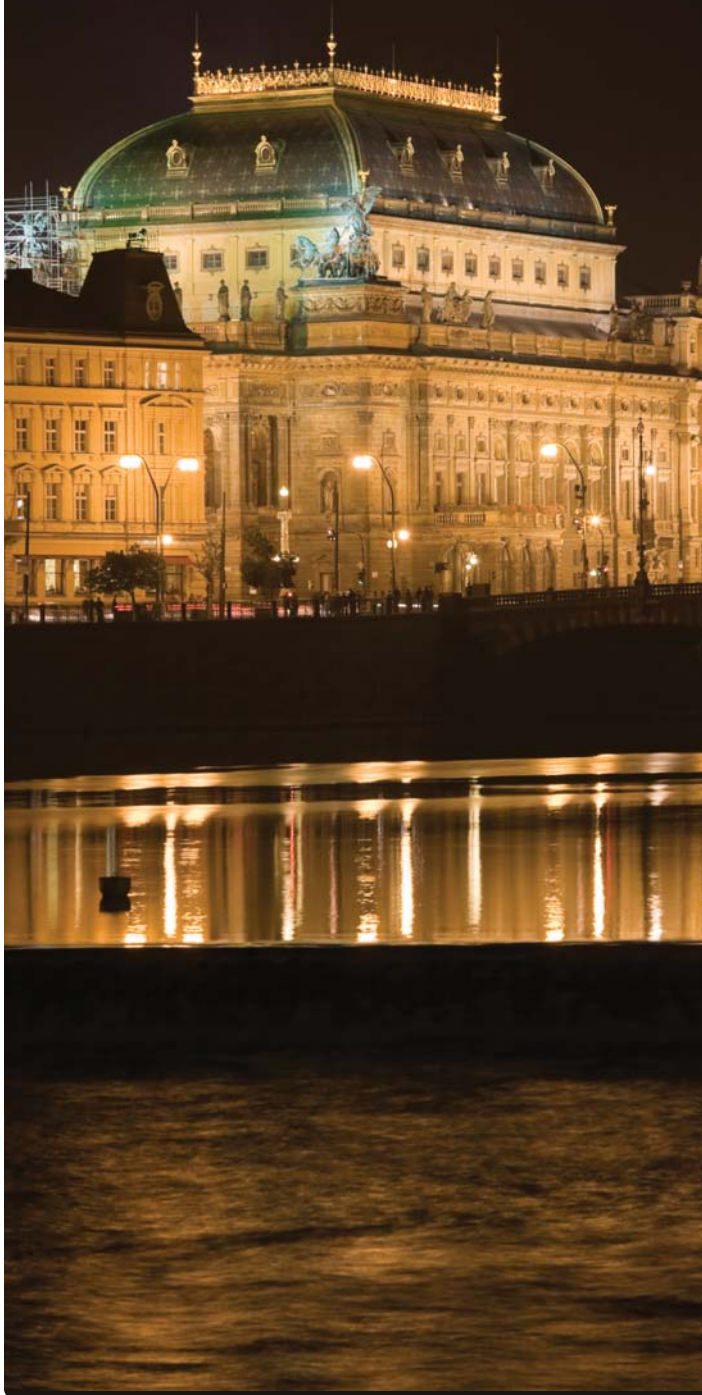
##### *Joint ISHLT/IPTA Symposium*

**CHAIRS:** Shaf Keshavjee, FRCS(C) and  
Richard Chinnock, MD

**6:15 pm – 7:00 pm** POSTER VIEWING

**FRIDAY, APRIL 20, 2012**

<b>7:00 am – 6:00 pm</b>	<b>SPEAKER READY ROOM OPEN</b>
<b>7:30 am – 5:00 pm</b>	<b>REGISTRATION DESK OPEN</b>
<b>8:00 am – 9:15 am</b>	<b>CONCURRENT ABSTRACT SESSIONS</b>

**CONCURRENT SYMPOSIA | Friday****8:00 am – 9:15 am****MEETING HALL IV****CONCURRENT SYMPOSIUM 11***Management of the Failing Fontan Patient Across the Age Spectrum*

**CHAIRS:** W. Robert Morrow, MD and  
Aditya K. Kaza, MD

**Session Summary:** Heart transplantation for congenital heart disease is a well-accepted intervention for pediatric cardiologists. However, the single ventricle patient population poses unique challenges even in childhood. This session will address the following key areas of interest:

- 1) Key elements of the cardiac and non-cardiac evaluation for transplantation
- 2) Timing of listing to minimize waitlist mortality and optimize post-transplant outcomes
- 3) Alternate interventions to transplantation and when they should be considered
- 4) Options for mechanical support in a patient with palliated single ventricle anatomy
- 5) Technical surgical challenges to the transplant procedure and how to approach them

**8:00 am** *How and Why Does the Fontan Circuit Fail?*, Anne I. Dipchand, MD, Hospital for Sick Children, Toronto, Canada

**8:10 am** *Is Fontan Conversion a Good Alternative to Transplantation?*, Carl Lewis Backer, MD, Children's Memorial Hospital, Chicago, IL

**8:20 am** *When to List the Failing Fontan Patient for Transplantation?*, Daniel Bernstein, MD, Stanford University and Packard Children's Hospital at Stanford, Stanford, CA

**8:30 am** *Plumbing Matters in the Failing Fontan Circulation!*, Asif Hasan, MD, Freeman Hospital, Newcastle Upon Tyne, United Kingdom

**8:40 am** *Challenges in the ICU Post-transplant*, Jane V. Cassidy, MRCP, Freeman Hospital, Newcastle Upon Tyne, United Kingdom

**8:50 am** *What are the Post-transplant Outcomes for the Failing Fontan Patient?*, Steven D. Zangwill, MD, Children's Hospital of Wisconsin, Milwaukee, WI

**9:00 am – 5:00 pm** **EXHIBIT HALL OPEN**

**9:15 am – 9:45 am** **ANNUAL BUSINESS MEETING**

**9:15 am – 9:45 am** **COFFEE BREAK  
VISIT EXHIBITS  
POSTER VIEWING**



## PLENARY SESSION | Friday

9:45 am – 11:15 am

CONGRESS HALL

### PLENARY SESSION

#### *The Aging Imperative: Ethics, Economics and Resource Allocation*

**CHAIRS:** Robert L. Kormos, MD, FRCS(C), FAHA and Sharon A. Hunt, MD

**Session Summary:** The aging of our population impacts health care in multiple domains and affects delivery of care to patients with heart and lung failure. The session will feature Mi-Kyung Song PhD, RN, Associate Professor of Nursing, University of North Carolina, speaking on helping aging patients make decisions regarding health care and Axel Rahmel, Medical Director of Eurotransplant International Foundation, who will speak from a systems perspective. The session will also include presentations on aging and immunobiology, assessment of “frailty” in elderly patients, and the ethics of allocation of scarce resources.

**9:45 am** *The Impact of an Aging Population on Resources for Healthcare and Transplant*, Axel Rahmel, MD, Eurotransplant International Foundation, Leiden, The Netherlands

**10:00 am** *Immunobiology – The Immune System from Birth Through End-of-Life*, Daniel R. Goldstein, MD, Yale University School of Medicine, New Haven, CT

**10:15 am** *How to Incorporate Measures of Frailty in Assessment for Cardiothoracic Surgery*, David J. Lederer, MD, MS, Columbia University, New York, NY

**10:30 am** *Shared Decision Making in the Aging Population – How to Help Patient Make Decision Right for Them*, Mi-Kyung Song, RN, PhD, University of North Carolina at Chapel Hill, NC

**10:45 am** *“Accountability for Reasonableness” as an Ethical Framework for Scarce Resource Allocation*, Heather J. Ross, MD, Toronto General Hospital, Toronto, Canada

**11:00 am** *Featured Abstract Presentation*

**11:15 am – 11:45 am** COFFEE BREAK  
VISIT EXHIBITS  
POSTER VIEWING

## CONCURRENT SYMPOSIA | Friday

11:45 am – 1:00 pm

CONGRESS HALL

### CONCURRENT SYMPOSIUM 12

#### *MCS Recovery – How Do We Get There?*

**CHAIRS:** Joseph G. Rogers, MD and Hans B. Lehmkuhl, MD

**Session Summary:** The number of patients with LVADs has been quickly increasing and the number of heart transplants remains without change. Limited clinical data suggest that LVAD unloading, possibly in combination with adjuvant therapies, could lead to myocardial recovery in a subset of patients with advanced heart failure. Better understanding of the direct effects of LVAD unloading on the failing myocardium is needed and may lead to identification and testing of new approaches aimed at myocardial recovery and regeneration. The speakers in this session will discuss our understanding of this process and possible approaches that could make myocardial recovery a treatment goal.

**11:45 am** *Effects of LVAD Unloading on the Myocardia Function and Structure*, Stavros G. Drakos, MD, Utah Cardiac Transplant Program, Salt Lake City, UT

**Noon** *Targeted Adjuvant Therapies to Enhance LVAD-Induced Reverse Remodeling*, Emma Birks, MD, PhD, FRCP, University of Louisville, KY

**12:15 pm** *How to Monitor the Heart During LVAD Unloading*, Simon Maybaum, MD, Montefiore Medical Center, Bronx, NY

**12:30 pm** *Predictors of LVAD-Induced Sustained Myocardial Recovery*, Michael Dandel, MD, PhD, German Heart Institute, Berlin, Germany

**12:45 pm** *Panel Discussion*

**CONCURRENT SYMPOSIA** | Friday**11:45 am – 1:00 pm**

## FORUM HALL

**CONCURRENT SYMPOSIUM 13***The Leading Edge of Immunosuppression in Heart Transplantation: Evidence, Perspectives and Clinical Practice***CHAIRS:** Eulalia Roig, MD and Guatam V. Ramani, MD

**Session Summary:** The aim of this session is to provide insights from clinical trials and clinical practice of modern immunosuppression, with a brief overview about the future pipeline. The session will be closed by a case-based moderated discussion that will provide a practical context to the preceding lectures.

**11:45 am Recent Trials in Immunosuppression – 2, 3 or 1 Drug?**, David A. Baran, MD, Newark Beth Israel Medical Center, Newark, NJ

**12:05 pm mTOR Inhibitors as Rescue or First Line Strategy: A Balancing Act**, Luciano Potena, MD, PhD, University of Bologna, Italy

**12:25 pm Emerging Immunosuppression: Novel Molecules**, Maria G. Crespo Leiro, MD, PhD, Hospital Universitario A Coruña, La Caruna, Spain

**12:45 pm Putting it Together: A Case Based Moderated Discussion**

**MODERATOR:** Howard J. Eisen, MD, Drexel University College of Medicine, Durham, NC

**PANELISTS AND AUDIENCE QUESTIONS AND ANSWERS:**

Eulalia Roig, MD, Hospital Sant Pau, Barcelona, Spain  
 Guatam V. Ramani, MD, University of Maryland, Baltimore, MD  
 David A. Baran, MD, Newark Beth Israel Medical Center, Newark, NJ  
 Luciano Potena, MD, PhD, University of Bologna, Italy  
 Maria G. Crespo Leiro, MD, PhD  
 Hospital Universitario A Coruña, La Caruna, Spain

**11:45 am – 1:00 pm**

## MEETING HALL I

**CONCURRENT SYMPOSIUM 14***Following the RV Through Thick and Thin***CHAIRS:** Felix Perez-Villa, MD, PhD and Lynne W. Stevenson, MD

**Session Summary:** RV failure is one of the greatest challenges in the management of advanced LV dysfunction. This session will provide a thorough overview of the problem of RV dysfunction in patients with CHF due to LV diseases, with a pathophysiological overview of PH secondary to LV dysfunction, followed by lectures on medical and surgical recommendations to guide the management of RV failure in these patients.

**11:45 am Biventricular Failure and Pulmonary Hypertension: A Unique Pathophysiology**, Robert P. Frantz, MD, Mayo Clinic, Rochester, NY

**Noon Drugs in PH with Left Heart Failure: Role for PH Specific Novel Therapies**, Jean-Luc Vachiery, MD, Erasme University Hospital, Brussels, Belgium

**12:15 pm Treatment of RV Failure After LVAD or Transplant**, Mauro Rinaldi, MD, PhD, University of Turin, San Giovanni Battista, Torino, Italy

**12:30 pm Assessment of CRV Function During RV Support**, Marc A. Simon, MD, MS, University of Pittsburgh, PA

**12:45 pm Panel Discussion**



## CONCURRENT SYMPOSIA | Friday

11:45 am – 1:00 pm

### PANORAMA HALL

#### CONCURRENT SYMPOSIUM 15

##### *Solving the Enigmatic: Cases in Heart and Lung Transplantation*

**CHAIRS:** Lianne G. Singer, MD, FRCPC and Gerald J. Berry, MD

**Session Summary:** This proposal expands on the successful inaugural Mid-Day Symposium held in San Diego which attracted 25-30 participants including pathologists and clinicians who provided excellent points of discussion. The format is case-based clinical-pathological correlation (CPC). We will be expanding the format this year to include challenging lung transplant cases. Presenters will include both senior and junior ISHLT members. The moderators will include a clinician and a pathologist to facilitate the discussion. The presenter will provide clinical information and the clinical differential diagnosis will be discussed. The biopsy or autopsy findings will be presented followed by a short discussion of the key morphological points and then an open discussion of salient clinical, radiological, pathological points in diagnosis and management.

**11:45 am Cardiac Case #1**, Robert F. Padera, MD, PhD, Brigham & Women's Hospital, Boston, MA

**12:05 pm Lung Case #1**, Alexandra Rice, FRCPath, London, United Kingdom

**12:25 pm Lung Case #2**, Joseph J. Maleszewski, MD, Mayo Clinic, Rochester, MN

**12:40 pm Cardiac Case #2**, Marny Fedrigo, MD, University of Padua, Italy

11:45 am – 1:00 pm

### MEETING HALL IV

#### CONCURRENT SYMPOSIUM 16

##### *Bad Bugs – What Can We Do?*

**CHAIRS:** Shimon Kusne, MD and Stanley I. Martin, MD

**Session Summary:** Infections with multi-drug resistant strains are increasingly common in our transplant population. They increase morbidity, mortality and cost for our patients and programs. In this session, the problems with multi-drug resistant pathogens in the context of transplantation will be discussed and illustrated in a case-based format. MDR, VRE, MRSA and the current views on *C. difficile* infection and strategies to prevent infection in our patients will challenge the audience to review their current clinical practice.

**11:45 am Multi-Drug Resistant Gram Negative Infections: What Are The Options?**, Amparo Sole, MD, PhD, Hospital Universitario y Politecnico le Fe, Valencia, Spain

**Noon VRE & MRSA: Can They Be Defeated?**, Stanley I. Martin, MD, The Ohio State University Medical Center, Columbus, OH

**12:15 pm C. difficile: Can We Keep Our Patients Off the Toilet?**, Michele Estabrook, MD, Washington University School of Medicine, St. Louis, MO

**12:30 pm Infection Prevention: Get The Bugs Before They Get You!**, Frauke Mattner, PhD, Kliniken der Stadt Köln gGmbH, Cologne, Germany

**12:45 pm Panel Discussion**

**CONCURRENT SYMPOSIA | Friday**

**11:45 am – 1:00 pm**

**MEETING HALL V**

**CONCURRENT SYMPOSIUM 17**

*Pulmonary Hypertension in Chronic Parenchymal Lung Diseases: Does it Matter?*

**CHAIRS:** Marion Delcroix, MD PhD and Reda Girgis, MB, BCh

**Session Summary:** Pulmonary hypertension is being increasingly recognized as a serious complication of chronic obstructive and interstitial lung diseases. The development of pulmonary vascular disease in these conditions, which is not closely related to the degree of parenchymal involvement, confer greater morbidity and mortality. Several clinical trials of PAH targeted therapies have recently been conducted, but as yet, the role of these agents in this setting remains unclear. This session will provide a state of the art update on the impact of PH in COPD and ILD and potential therapies.

**11:45 am Cor Pulmonale in COPD: Not Just Blue Bloaters,** Omar A. Minai, MD, Cleveland Clinic Foundation, Cleveland, OH

**Noon Importance of Pulmonary Hypertension in ILD,** Oksana Anatolia Shlobin, MD, Inova Fairfax Hospital, Heart and Vascular Institute, Fairfax, VA

**12:15 pm The Impact of PH in the Lung Transplant Recipient,** Marc De Perrot, MD, Toronto General Hospital, Toronto, Canada

**12:30 pm Therapy for PH Associated with Lung Disease: What is the Evidence?,** Pavel Jansa, General University Hospital, Prague, Czech Republic

**12:45 pm Panel Discussion**

**11:45 am – 1:00 pm**

**NORTH HALL**

**CONCURRENT SYMPOSIUM 18**

*Challenges in Pediatric Lung Transplant*

**CHAIRS:** Bart L. Rottier, MD and Melinda Solomon, MD, MSc, FRCP(C)

**Session Summary:** This session will discuss issues related to Lung Transplantation in the child and young adult. It will also focus on significant challenges that are specific to the younger pediatric population, outline new areas of collaboration such as the use of ECMO and extracorporeal lung assist devices. Lastly, it will focus on retransplantation: who, what, when and where. Is retransplant a good alternative for this patient population?

**11:45 am Small But Not Forgotten,** Stuart C. Sweet, MD, PhD, St. Louis Children's Hospital, St. Louis, MO

**Noon Second Chances: Re-Transplantation in Pediatric Lung Transplantation,** Christian Benden, MD, University Hospital Zurich, Switzerland

**12:15 pm Bridging to Lung Transplantation in Children,** Charles B. Huddleston, MD, St. Louis Children's Hospital, St. Louis, MO

**12:30 pm Transition to Adult Care: What Could Pediatricians Do Better?,** Joseph M. Pilewski, MD, University of Pittsburgh, Pittsburgh, PA

**12:45 pm Panel Discussion**

**1:00 pm – 3:00 pm LUNCH BREAK**

**1:15 pm – 2:45 pm MINI ORAL ABSTRACT SESSIONS**

**1:15 pm – 2:45 pm COUNCIL MEETINGS**



**CONCURRENT SYMPOSIA | Friday**  
**1:15 pm – 2:15 pm**

CONGRESS HALL

**CONCURRENT SYMPOSIUM 19**

*ISHLT/ESOT Joint Symposium*

**CHAIRS:** David O. Taylor, MD (ISHLT) and  
Rutger Ploeg, MD (ESOT)

**Session Summary:** Continuing the theme of learning from prominent members of other transplant societies, this session, jointly sponsored by the European Society of Transplantation, will feature a mixture of clinical, basic and translational science. Presentation topics include: the impact of donation after circulatory death, progress with T-regs, clinical experience with belatacept and the relationship between ABO incompatibility and HLA antibodies.

**1:15 pm** *Impact of DCD Donors for Thoracic Donation*, Darren Freed, MD, PhD, FRCSC, University of Manitoba, Winnipeg, Canada

**1:30 pm** *Are TRegs Ready for the Clinic?*, Carla C. Baan, PhD, Erasmus Medical Centre/University Medical Center, Rotterdam, The Netherlands

**1:45 pm** *Clinical Experience with Belatacept: A Balanced View*, Josep M. Grinyó, MD, University of Barcelona, Barcelona, Spain

**2:00 pm** *The Impact of ABO Incompatibility on De Novo HLA Ab Production*, Simon Urschel, MD, University of Alberta, Canada

**PLENARY SESSION | Friday**  
**3:00 pm – 4:30 pm**

CONGRESS HALL

**PLENARY SESSION**

*New Horizons*

**CHAIRS:** Mark L. Barr, MD and  
Paul A. Corris, MB, FRCP

**Session Summary:** Prepare for a glimpse of future research in key areas of relevant to our society. Opening with Harald Ott, MD, Massachusetts General Hospital, describing his work on bioartificial organ rebuilding, and closing with Mandeep Mehra, MD, Professor of Medicine, University of Maryland, speaking on the importance of pulsatile flow in mechanical circulatory support, the session will also include presentations on functional imaging, the future of stem cell research and advances in immunobiology.

**3:00 pm** *Bioartificial Organs – (Re)Building A New Lung or Heart*, Harald Ott, MD, Massachusetts General Hospital, Boston, MA

**3:15 pm** *Functional Imaging – New Windows into Allograft Function*, Markus Schwaiger, MD, Klinikum rechts der Isar der TU Muenchen, Munich, Germany

**3:30 pm** *Stem Cells – Are We There Yet?*, Sonja Schrepfer, MD, PhD, University Heart Centre Hamburg, Germany

**3:45 pm** *Allograft Tolerance: Can We Find the Path?* Sophie Brouard, PhD, CNRS/Nantes University, Nantes, France

**4:05 pm** *Why is Pulsatile Flow Important – Is Pulsatility Needed?*, Mandeep R. Mehra, MD, MBBS, FACC, FACP, University of Maryland School of Medicine, Baltimore, MD

**4:30 pm – 5:00 pm** **COFFEE BREAK  
VISIT EXHIBITS  
VIEW POSTERS**

**5:00 pm – 11:59 pm** **EXHIBIT HALL  
TEAR DOWN**

**5:00 pm – 6:15 pm** **CONCURRENT ABSTRACT  
SESSIONS**

**CONCURRENT SYMPOSIA** | Friday

**5:00 pm – 6:15 pm**

MEETING HALL V

**CONCURRENT SYMPOSIUM 20**

*Self-Management in End-Stage Heart and Lung Disease and Transplantation*

**CHAIRS:** Bronwyn J. Lewey, RN BEd Stu Grad Clin Epi and Nancy P. Blumenthal, CRNP

**Session Summary:** Improving long-term outcomes in heart and lung transplantation is a priority. Transplantation needs to be seen as a chronic condition as medical dependency is not eliminated and as patients have to manage the therapeutic regimen (e.g. medication), life roles and emotions lifelong. It has been suggested that the implementation of chronic illness management approaches might be the most promising pathway to enhance the long-term outcome. Self-management support is a key component of chronic illness management and has been associated with favorable clinical outcomes.

Self-management support entails more than traditional patient education. It also entails strategies to develop problem-solving skills and to improve self-efficacy. Moreover, support for self-management is embedded in a healthcare system that ensures access to and continuity of care; increasing opportunities for patients to participate in the care process; and coordination of care between settings, which necessitate healthcare system changes into the direction of chronic care.

This symposium aims at clarifying the principles of self-management in heart and lung transplant recipients in view of managing the medical regimen, emotions and new life roles both in adult and pediatric patients in the context of chronic illness management.

**5:00 pm *Self-Management as Part of Chronic Illness Management (CIM)***, Christiane Kugler, PhD, University Witten, Dortmund, Germany

**5:15 pm *Health Care System Factors Related to Self-Management***, Lut Berben, PhD, RN, Institute of Nursing Science, University of Basel, Basel, Switzerland

**5:30 pm *Management of New Life Roles***, Michael G. Petty, PhD, RN, CCNS, ACNS-BC, University of Minnesota Medical Center-Fairview, Minneapolis, MN

**5:45 pm *Self-Management in Pediatrics***, Samantha Anthony, PhD, MSW, RSW, The Hospital for Sick Children/McMaster University, Toronto, Canada

**6:00 pm *Self-Management via the Virtual Heart Clinic***, Annemarie Kaan, MCN, RN, St. Paul's Hospital, Vancouver, Canada

**7:30 pm – 8:30 pm** **PRESIDENT'S COCKTAIL RECEPTION**

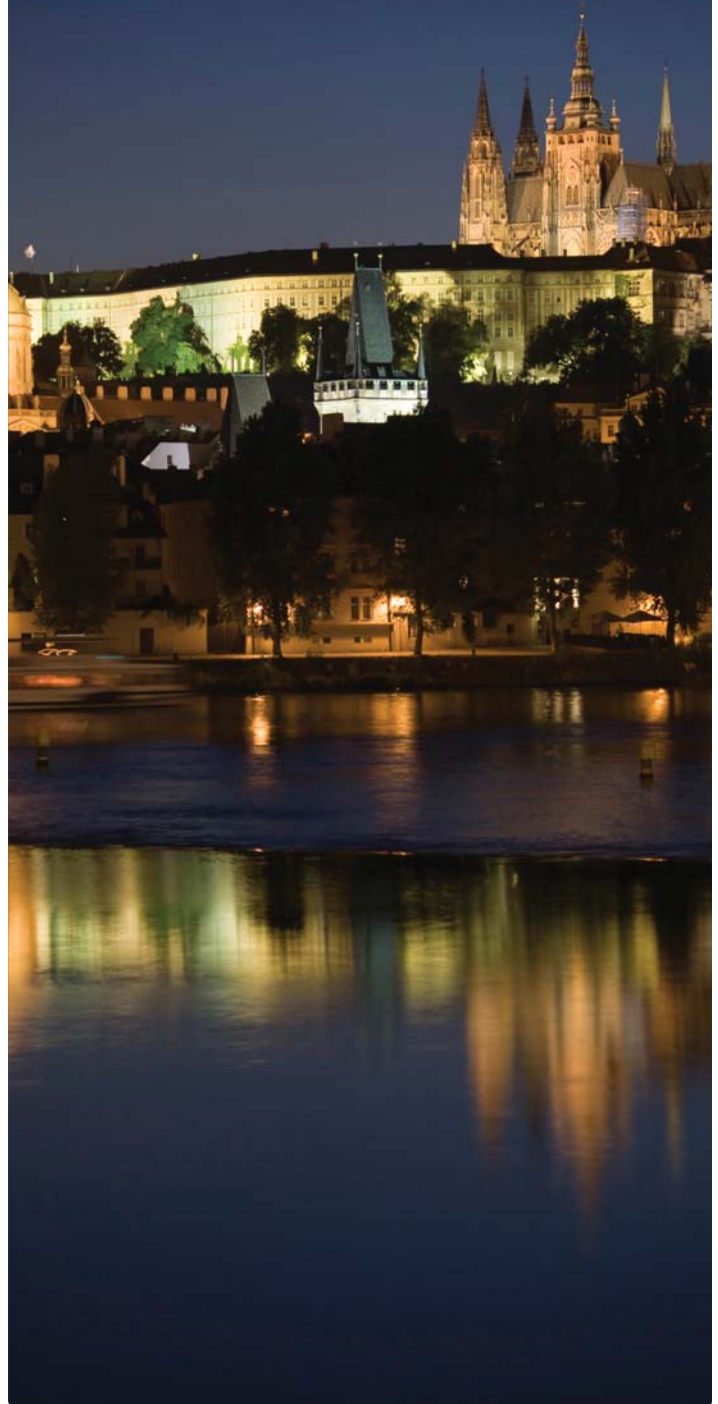
**SATURDAY, APRIL 21, 2012**

**7:00 am – 1:00 pm** **SPEAKER READY ROOM OPEN**

**7:30 am – 11:30 am** **REGISTRATION DESK OPEN**

**8:00 am – 9:15 am** **CONCURRENT ABSTRACT SESSIONS**

**9:15 am – 9:30 am** **COFFEE BREAK**





## PLENARY SESSION | Saturday

9:30 am – 11:15 am

### FORUM HALL

#### PLENARY SESSION

##### *Incorporating Information Technology into Pre- and Post-Transplant Care*

**CHAIRS:** Allan R. Glanville, MBBS, MD, FRACP  
and David O. Taylor, MD

**Session Summary:** The importance of information technology in health care is expanding in multiple dimensions, including personal and system based electronic health records, the use of social networking to improve patient communication, and the use of information technology to provide more efficient and effective care. The session will open with an overview provided by Cleveland Clinic CMIO Dr. C. Martin Harris and will also include presentations on the use of technology to improve the care of heart failure patients and transplant recipients.

**9:30 am Awards Presentations**

**9:45 am Invited Lecture: Integrating Information Technology into Care: Challenges and Opportunities,** C. Martin Harris, MD, Cleveland Clinic, Cleveland, OH

**10:15 am Featured Abstract**

**10:30 am Invited Lecture: Remote Hemodynamic Monitoring,** W. H. Wilson Tang, MD, Cleveland Clinic Foundation, Cleveland, OH

**10:45 am Invited Lecture: Using Technology to Promote Self-Monitoring and Health Outcomes after Transplant,** Annette J. DeVito-Dabbs, RN, PhD, University of Pittsburgh School of Nursing, Pittsburgh, PA

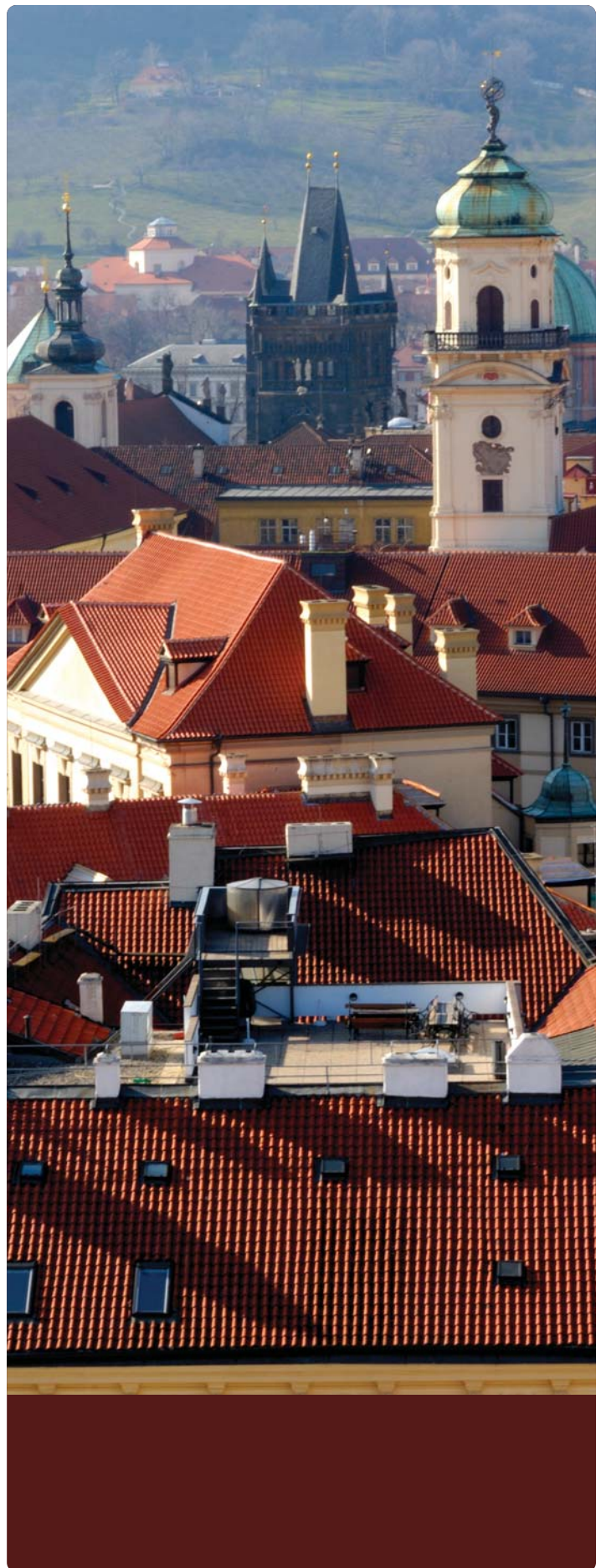
**11:00 am Invited Lecture: Remote Monitoring of Mechanical Circulatory Support Devices,** Jan F. Gummert, MD, Herz- und Diabeteszentrum NRW – Ruhr University Bochum, Bad Deynhausen, Germany

**11:15 am – 11:30 am COFFEE BREAK**

**11:30 am – 12:45 pm CONCURRENT ABSTRACT SESSIONS**

**1:00 pm – 2:15 pm COUNCIL AND COMMITTEE REPORTS TO THE BOARD AND MEMBERSHIP**

**2:30 pm – 6:30 pm ISHLT BOARD OF DIRECTORS MEETING**





# ishlt academy

## 2012 ISHLT ACADEMY: CORE COMPETENCIES IN MECHANICAL CIRCULATORY SUPPORT

**The day prior to the 2012 Annual Meeting, we will be conducting the third ISHLT Academy: Core Competencies in Mechanical Circulatory Support. The complete program follows on the next few pages. If you are unable to attend the ISHLT Academy this year, you may order a DVD of the activity. Order forms will be available at the ISHLT Registration Desk. A substantial discount is available to those who purchase the DVD while at the 2012 Annual Meeting.**

In response to goals developed at the ISHLT 2006-2007 Strategic Planning Meeting, the Society is pleased to announce the establishment of the ISHLT academy. The ISHLT Academy draws on the wealth of experience and expertise within the society to deliver high quality educational experiences with the goal of enabling our members to improve and maintain the highest possible standards in the care of patients with advanced heart and lung disease and those undergoing heart or lung transplantation. The ISHLT Academy represents the 'brand name' that will be associated with the educational opportunities offered by the ISHLT to its members and interested non-members. The purpose of the ISHLT Academy is to develop an enduring resource of education in core competencies in the field of cardiopulmonary transplantation, mechanical and biological support of the failing heart, advanced lung disease (including pulmonary vascular disease) and cell replacement therapy. These educational endeavors will complement the ISHLT's existing activities in the promulgation of new science, registry analyses, guideline statements and monograph series as a consolidated activity designed to train and educate young clinicians, trainees and those looking for a refresher course in clinical practice mandates in the field.

The opportunities provided by the ISHLT Academy will be multi-modality and multi-disciplinary and will be guided by the identified educational needs or 'practice gaps' of ISHLT members. When available, core curriculum and competency documents for different disciplines within the society will guide content of ISHLT Academy activities. The activities of the



academy will run throughout the Society's interface with its members with material provided in written format via articles in the Journal of Heart and Lung Transplantation, via the ISHLT Monograph series, and via educational meetings.

## WHAT THIS COURSE PROVIDES

The ISHLT Academy: Core Competencies in Mechanical Circulatory Support will provide a concise review of clinical knowledge and essential professional skills to facilitate the surgical and medical management of patients with advanced heart failure who are being assessed for and who have received durable mechanical circulatory support.

The course consists of focused presentations covering a broad array of topics for both inpatient and outpatient management with an emphasis on a practical approach to patient care, implementing best practices, and clinical problem solving. All lectures will be delivered by internationally recognized experts in the field and include cardiologists, cardiac surgeons, critical care physicians, and VAD coordinators.

Audience participation and interaction with the faculty will be actively encouraged throughout the Academy with Question and Answer sessions following each major topic and by limiting the enrollment to 200 participants. While all members are invited to

enroll, this course is primarily designed to be of benefit for clinicians and allied professionals who are in the early stages of their careers or who are in training, are part of a new program, or desire an update on the current state of the field.

The educational workforce of the Mechanical Circulatory Support Council of the ISHLT is confident this will be the most comprehensive and valuable summary for practitioners in the field of mechanical circulatory support.

## ISHLT CORE COMPETENCIES – MECHANICAL CIRCULATORY SUPPORT LEARNING OBJECTIVES

**At the conclusion of this meeting, participants will have improved competence and professional performance in their ability to:**

- 1. Recognize the various types of mechanical circulatory support, their outcomes and rates of adverse events.**
- 2. Identify the clinical signs and risk factors of advanced heart failure in order to optimally time implantation.**
- 3. Recognize the medical and social factors which impact patient outcomes on MCS.**
- 4. Optimize implantation techniques and pump selection.**
- 5. Manage patients after MCS in the intensive care unit, as an inpatient, and as an outpatient.**
- 6. Diagnose and manage common clinical dilemmas and adverse events in patients after MCS.**

# ISHLT ACADEMY: CORE COMPETENCY – MECHANICAL CIRCULATORY SUPPORT

**CHAIRS:** Jeffrey Teuteberg, MD, Andreas Zuckermann, MD, David Feldman, MD, PhD, FAHA, FACC

SESSION	TIME	TITLE - GOAL OF TALK	SPEAKER	CNTRY
Introduction	7:30-7:45	Welcome and Brief Overview	Jeff Teuteberg University of Pittsburgh, Pittsburgh, PA	US
<b>1 – Review of the Current State of MCS</b>	<b>7:45-8:45</b>			
		<b>Technology 101:</b> review of current technologies, types of flow, pump parameters	Frank Pagani University of Michigan	US
		<b>BTT/Long-Term Support/Recovery:</b> review state of outcomes and adverse events with current technologies	Andreas Zuckermann University of Vienna	Austria
		<b>Shock</b> (15 min) – role of biventricular support, TAH and ECMO	Alain Pavie La Pitie	France
		<b>Q&amp;A</b> (15 min)		
<b>2 – Patient Selection</b>	<b>8:45-9:45</b>			
		<b>Worrisome Signals</b> (15 min) – risk factors which presage patient decline: renal function, intolerance of medications, hospitalizations, etc.	Nicholas Banner Harefield Hospital	UK
		<b>Risk Prediction Models</b> (15 min) – review of risk prediction, what they can and can't tell us: MVO2, SHFM, etc.	Keith Aaronson University of Michigan	US
		<b>Timing of Implantation</b> (15 min) – when is the patient “sick enough” to implant MCS; case studies	Andy Boyle Aurora, St. Luke's	US
		<b>Q&amp;A</b> (15 min)		
<b>Break</b>	<b>9:45-10:00</b>			
<b>3 – Medical Considerations</b>	<b>10:00-11:00</b>			
		<b>RV Assessment and Prediction</b> (15 min) brief overview of impact of RV failure, pre-operative assessment and management of the RV, risk prediction; case examples	David Feldman Abbott Northwestern	US
		<b>End-organ Assessment</b> (15 min) – review of organ recoverability: renal, hepatic, vascular, overall medical candidacy	Stewart Russell Hopkins	US
		<b>Infection: ISHLT Consensus</b> (15 min) – overview of the ISHLT consensus guideline definitions of infections	Frauke Mattner Kliniken der Stadt Köln gGmbH	Germany
		<b>Q&amp;A</b> (15 min)		



Tuesday, April 17, 2012 • Prague, Czech Republic • Prague Congress Centre

SESSION	TIME	TITLE - GOAL OF TALK	SPEAKER	CNTRY
<b>4 - Surgical Considerations</b>	11:00-12:00			
		<b>Implantation 101</b> (15 min) – overview of the most crucial surgical considerations: inflow cannula/pump placement, driveline, etc	Nader Moazami Abbott Northwestern	US
		<b>How Much Else is Too Much?</b> (15 min) concomitant operative procedures: TV, Aortic valve, prior Dor, congenitals	Roland Hetzer Berlin Heart Institute	Germany
		<b>Matching Pumps to Patients</b> (15 min) – considerations for device type, type of flow based upon patient factors	Mark Slaughter University of Louisville	US
		<b>Q&amp;A</b> (15 min)		
<b>5 - Pediatric Considerations</b>	12:00-12:15			
		<b>Pediatric Perspective</b> (15 min) – on current state of technology, patient/device selection, medical/surgical considerations	David Morales Texas Children's Hospital	US
<b>Lunch</b>	12:15-1:30			
		<b>Box lunches are available</b> for advance purchase via the registration form.  The lunch break will provide an excellent opportunity for participants and faculty to interact.		
<b>6 - Post-op</b>	1:30-2:30			
		<b>Post-op Pearls in the ICU</b> (15 min) – managing the patient in the immediate post-operative period	Angela Rajek University of Vienna	Austria
		<b>Managing the RV</b> (15 min) – post-operative approach to the RV: surgical considerations, pump speed, iNO, inotropes, etc	Martin Strueber Hannover	Germany
		<b>Anticoagulation</b> (15 min) – overview of the timing and type of anticoagulation, means to monitor state of anticoagulation, anticoagulation management for elective procedures	Vivek Rao University of Toronto	Canada
		<b>Q&amp;A</b> (15 min)		

# ISHLT ACADEMY: CORE COMPETENCY – MECHANICAL CIRCULATORY SUPPORT

**CHAIRS:** Jeffrey Teuteberg, MD, Andreas Zuckermann, MD, David Feldman, MD, PhD, FAHA, FACC

SESSION	TIME	TITLE - GOAL OF TALK	SPEAKER	CNTRY
<b>7 - Transition to Home</b>	<b>2:30-3:30</b>			
		<b>Teaching/Patient Assessment</b> (15 min) outline of approach to teaching patient and their family and community	Michael Petty University of Minnesota	US
		<b>Keeping Patients at Home</b> (15 min) – community support, restrictions, role of local providers	Karl Nelson Intermountain Health	US
		<b>Quality of Life and Functional Capacity</b> (15 min) – the need for, timing of and measures to assess	Kathy Grady Northwestern University	US
		<b>Q&amp;A</b> (15 min)		
<b>Break</b>	<b>3:30-3:45</b>			
<b>8 - Long-Term Management</b>	<b>3:45-5:15</b>			
		<b>GI Bleeding</b> (15 min) – review of pathophysiology, incidence, and diagnostic/therapeutic approach	Danny Goldstein Montefiore, NY	US
		<b>Driveline Infections</b> (15 min) – definition (ISHLT consensus statement), prevention, treatment	Evjenij Potapov German Heart Institute Berlin	Germany
		<b>Outpatient Management</b> (15 min) – clinic structure, typical items addressed, focused medical management (BP, rhythms, etc), rehab	Joe Rogers Duke	US
		<b>Role of Imaging</b> (15 min) – Echo (basic views, how to assess functionality, set speed, how often, case presentations); CT (when it is useful, what can really be assessed, cases presentation)	Shashank Desai Inova Fairfax	US
		<b>End of Life Considerations</b> (15 min) – cause of death on MCS, establishing goals, end-of-life care	Salpy Pamboukian University of Alabama, Birmingham	US
		<b>Q&amp;A</b> (15 min)		



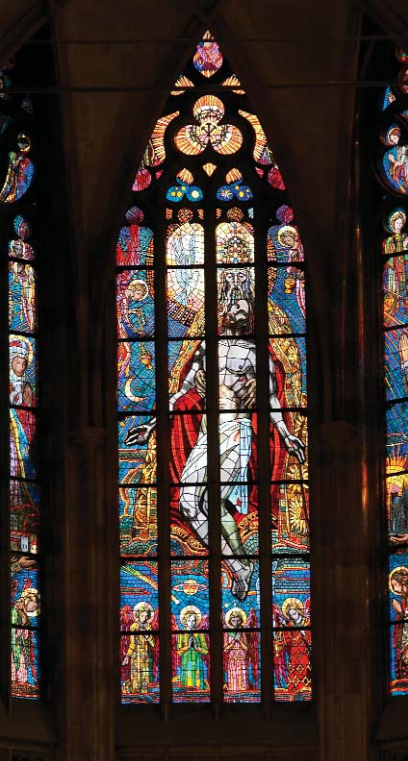
Tuesday, April 17, 2012 • Prague, Czech Republic • Prague Congress Centre

SESSION	TIME	TITLE - GOAL OF TALK	SPEAKER	CNTRY
<b>9 - Trouble Shooting</b>	<b>5:15-6:00</b>			
		<b>Case Presentations:</b>		
		<b>RV Function</b>	Michele Pilato ISMETT, Palermo	Italy
		<b>Driveline</b>	Chris Salerno St. Vincent	US
		<b>Hemolysis/Bleeding</b>	Sean Pinney Mt. Sinai	US
		<b>Thrombus</b>	George Wieselthaler University of Vienna	Austria
<b>Review</b>	<b>6:00-6:15</b>			
		<b>ISHLT MCS Guidelines</b>	Jeffrey Teuteberg University of Pittsburgh	US
			Andreas Zuckermann University of Vienna	Austria
			David Feldman Abbott Northwestern	US
<b>Summary/Adjuourn</b>	<b>6:15</b>			
<b>Reception</b>	<b>6:15-7:45</b>			

The ISHLT Academy, Core Competencies in Mechanical Circulatory Support, has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education. The International Society for Heart and Lung Transplantation (ISHLT) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ISHLT designates this live activity for a maximum of 8.75 *AMA PRA Category 1 Credit(s)*.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.











REGISTRATION FORM

IMPORTANT: See reverse side of this form for instructions and refund/registration policies.

ON-LINE REGISTRATION IS ENCOURAGED AND IS AVAILABLE ON THE ISHLT WEBSITE: www.isHLT.org

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Credential (MD, RN, etc.): \_\_\_\_\_ Nickname for badge (if desired): \_\_\_\_\_

Institution/Organization Name for Inclusion on Badge: \_\_\_\_\_

Preferred Mailing Address. Please indicate if this is a home or business address: \_\_\_\_\_  Home  Business

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

SCIENTIFIC SESSION REGISTRATION:

POSTMARKED ON OR BEFORE MARCH 2

POSTMARKED AFTER MARCH 2

TOTAL

Table with 4 columns: Member Type, Postmarked On or Before March 2, Postmarked After March 2, Total. Rows include Regular Member, Regular Non-Member†, Allied Health Member\*, Allied Health Non-Member†, Student/Resident Member\*, and Student/Resident Non-Member\*†.

\* See instruction #7

† Non-member registration prior to March 2, 2012 includes membership in the Society through December 31, 2012.

Please check here if you wish to decline this membership offer (no refund or reduction of fee).

PRESIDENT'S COCKTAIL RECEPTION: (1 TICKET IS INCLUDED WITH YOUR REGISTRATION FEE)

Additional Tickets to the President's Cocktail Reception for spouses/guests. \_\_\_\_\_ # of tickets x \$75 \$ \_\_\_\_\_

JUNIOR FACULTY MENTOR LUNCH: THURSDAY  \$15  \$15 \$ \_\_\_\_\_ Registration is limited to the first 100 student/resident/fellow members of ISHLT who are registered for the meeting.

BOX LUNCHES: TUESDAY  \$15  \$15 \$ \_\_\_\_\_ WEDNESDAY  \$15  \$15 \$ \_\_\_\_\_ THURSDAY  \$15  \$15 \$ \_\_\_\_\_ FRIDAY  \$15  \$15 \$ \_\_\_\_\_ SATURDAY  \$15  \$15 \$ \_\_\_\_\_

ISHLT ACADEMY: CORE COMPETENCIES IN MECHANICAL CIRCULATORY SUPPORT

Registration is limited to the first 200 registrants.

MEMBER  \$250  \$300 \$ \_\_\_\_\_ NON-MEMBER  \$300  \$350 \$ \_\_\_\_\_

SUBTOTAL: \$ \_\_\_\_\_

TOTAL DUE AND ENCLOSED: \$ \_\_\_\_\_

PAYMENT: SEE INSTRUCTION #9 FOR WIRE TRANSFER INSTRUCTIONS. Unless registering online, full payment in US funds only must accompany your registration form. Checks must be made payable to ISHLT and must be drawn on a US bank. If you prefer to pay by credit card, please complete the following and either mail or fax (To avoid duplicate charges do not mail AND fax your form.)

Credit Card:  VISA  Mastercard  American Express Card Number: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ CSC Code:\* \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*CSC (Credit Card Security Code is the 3 digit code on the back of MC/VISA and 4 digit code on front of AMEX.)

Card Holder Name: \_\_\_\_\_ (mandatory) Card Holder Billing Zip/Postal Code: \_\_\_\_\_ (mandatory)

IMPORTANT DO NOT include payment for your hotel deposit with your registration payment.

Send this form and payment in full to: ISHLT • 14673 Midway Road, Suite 200 • Addison, TX 75001, or fax to 972.490.9499



## REGISTRATION POLICIES/INSTRUCTIONS FOR COMPLETING THE REGISTRATION FORM

- 1.** The registration fee includes attendance at all Pre-Meeting Symposia, Plenary Sessions, Concurrent Sessions, Concurrent Symposia, exhibit hall receptions, coffee breaks, and one ticket to the President's Cocktail Reception.
- 2.** DO NOT include payment for your hotel deposit with your registration payment. Payments that include such will be returned to you.
- 3.** For those who register prior to March 2, 2012 the non-member registration fee includes membership in the Society from the date of registration through December 31, 2012. You will be required to complete a membership application in order to activate your membership. Please mark the box provided if you do not wish to accept the offer of membership. Declining the offer will not result in a reduction of the non-member registration fee.
- 4.** DO NOT fax your registration form if you are paying by check or bank draft. Registration forms received without payment will not be processed.
- 5.** Individuals whose registration and payment are not RECEIVED by March 23, 2012 must register on-site. Registration fees are determined by the date when payment in full is postmarked/faxed. Registration forms sent without payment in full or with invalid credit card information are subject to the registration fee in effect at the time payment in full is postmarked/ faxed or when the correct credit card information is provided.
- 6.** Cancellations must be submitted in writing in order to qualify for any refund and should be emailed to [phyllis.glenn@ishlt.org](mailto:phyllis.glenn@ishlt.org). For written cancellation notices RECEIVED by March 2, 2012, a full refund of the scientific session fees paid will be given, less a \$75 handling fee. For written cancellation notices received after March 23, 2012, no refund of any fees will be given. Cancellation refunds will be issued after the meeting.
- 7.** \*The Allied Health rate is available only to nurses, transplant coordinators, pharmacists, social workers, perfusionists, and engineers. The following are excluded: MDs, PhDs, individuals with doctorates, their equivalents, and pharmaceutical and device company employees/consultants and must register at the full member or non-member rate. Non-member allied health registrants must include with their registration forms a letter signed by the chief/dean of their transplant program verifying their employment and allied health status. Forms submitted without this letter will not be processed. On-line registrants must upload their verification letter.  
  
\*The Student/Resident registration rate is available only to residents, fellows, medical students, nursing students, and graduate students. Non-member student/resident registrants must include a letter signed by the chief/dean of their program verifying their training status with their registration forms. Forms submitted without this letter will not be processed. On-line registrants must upload their verification letter.
- 8.** Full payment in US funds only must accompany your registration. Checks must be made payable to ISHLT and must be drawn on a US bank. All bank fees incurred for the processing of your payment will be billed to you.
- 9.** Wire Transfers must be received by March 23, 2012. There will be an additional fee for wire transfers in the amount of \$35 which must be paid by the sender.  
  
Please request bank/wire transfer instructions by emailing [leeann.mills@ishlt.org](mailto:leeann.mills@ishlt.org).
- 10.** Travel agencies/sponsoring agencies will not be allowed to pick up multiple registrants' name badges. Only the person registered for the meeting may pick up his/her name badge. No Exceptions.

## QUESTIONS?

Call the ISHLT Headquarters Office at 972-490-9495, or email us at [meetings@ishlt.org](mailto:meetings@ishlt.org) or fax us at 972-490-9499.





## HOTEL INFORMATION LOCATION, RATES AND AMENITIES

### ISHLT HAS BOOKED OVER 1250 ROOMS FOR USE BY DELEGATES ATTENDING THE ISHLT ANNUAL MEETING IN PRAGUE.

For those who prefer to be near the meeting facilities and away from the hustle and bustle of the City Centre, we have booked 530 rooms in the two hotels – the Holiday Inn (4 stars) and the Corinthia Towers (5 stars) – adjacent to the Prague Congress Centre. The red line Metro Station is located at the Prague Congress Centre and it is a 2-stop, 5 minute Metro ride to City Centre for lunch, dinner, sightseeing or shopping. These two hotels and the Congress Centre are located at the top of one of Prague’s nine hills and are located at the Vysehrad heritage site, where Prague’s oldest castle, from the 10th century, stands. The peaceful and beautiful Vysehrad park is nearby, as are several beer garden restaurants and taverns. It is a beautiful 20 minute stroll down the hill to the Vltava River.

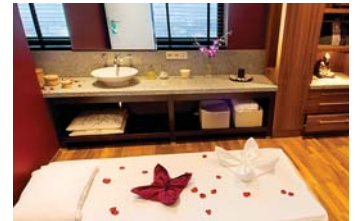
The remaining hotels are located adjacent to or very near the City Centre, some located closer to shopping, others closer to restaurants and nightlife. Most are within walking distance of a red line Metro Station, which will take you directly to the Prague Congress Centre.

There are many hotel options in Prague. We have made every effort to select the best hotels for our delegates and to negotiate the best prices. Using the exchange rate in effect at the time of this printing, the hotel rates ranged from USD \$326 to USD \$208. All rates include a buffet breakfast and 10% VAT. Please note we have 100 or fewer rooms at most of the hotels, and they may sell out quickly. Also, all reservations must be made by March 17, 2012, so please make your hotel reservations early. Go to [www.isHLT.org](http://www.isHLT.org) to access the link to make your reservations via our online process. Czech-In, a local services company, will be managing all hotel reservations on behalf of ISHLT.

*Please visit the following link to view a map showing the locations of the hotels, congress centre and major city landmarks:*

<http://tinyurl.com/praguehotelmap>

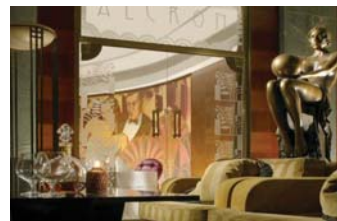
### CORINTHIA TOWERS HOTEL



### ART DECO IMPERIAL HOTEL PRAGUE



### RADISON BLU ALCRON HOTEL





## ★★★★★ 5 STAR HOTELS ★★★★★

**ART DECO IMPERIAL HOTEL PRAGUE**WEB SITE: <http://www.hotel-imperial.cz/>

A gem of genuine Art Deco architecture, Prague Art Deco Imperial Hotel provides five-star accommodation and superior services to business and leisure travelers who prefer the intimacy and individual approach of a boutique hotel. Combining the latest technology and modern comfort with fabulous original Art Deco interiors, Art Deco Imperial Hotel features 126 fully equipped rooms and suites, the famous Café Imperial and Imperial Restaurant, as well as a Fitness & Spa Club. Located in the UNESCO-protected historic Prague City Centre, Art Deco Imperial Hotel is an ideal starting point, whether you come to the Czech capital for business, sightseeing in the picturesque Old Town, high street shopping, or exploring Prague's nightlife. Dating from 1914, the timeless elegance of Art Deco Imperial Hotel's unique historical building has been admired by generations of loyal guests. Prague Art Deco Imperial Hotel has been awarded prestigious membership of Worldhotels Deluxe Collection – a select group of highly distinctive properties around the world recognized for excellent services and exclusive ambience.

**LOCATION:** The hotel is located 2 miles (walking) from the Prague Congress Centre and is less than a 5 minute walk to the red line metro station, which goes directly to the Prague Congress Centre.

**RATE:****Deluxe King:** 5575 CZK (Single/Double)Includes 10% VAT, full American breakfast buffet, complimentary use of the gym, pool, Jacuzzi, sauna. *ISHLT has 75 rooms at this hotel.***RADISON BLU ALCRON HOTEL**WEB SITE: <http://www.radissonblu.com/hotel-prague>

The Radisson Blu Alcron Hotel, located adjacent to Wenceslas Square, is situated in the heart of Prague's cultural, historic, shopping and business district. The avant-garde of luxury hotels when it opened in 1932, the Radisson Blu Alcron Hotel remains the preeminent hotel in Prague. Its location, in combination with its unsurpassed amenities, fine dining restaurants and unique, contemporary Art Deco room décor has put the Alcron above the competition and made it the most sought-after hotel in Prague. Business travelers who prefer its smaller size and emphasis on local style to the generic giants favor this hotel.

**LOCATION:** The hotel is located 1.4 miles (walking) from the Prague Congress Centre and is less than a 5 minutes walk to the red line metro station, which goes directly to the Prague Congress Centre.

**RATE:**

5439 CZK (Single), 5739 CZK (Double)

Includes 10% VAT, buffet breakfast, complimentary wifi throughout the hotel, complimentary use of the fitness center and sauna. *ISHLT has 100 rooms at this hotel.***CORINTHIA TOWERS HOTEL**WEB SITE: <http://www.corinthia.com/en/Prague/home/>

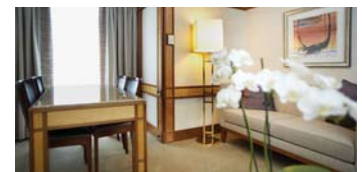
Set enviably atop the Vysehrad heritage site on the crown of one of Prague's nine hills, the Corinthia Hotel offers breathtaking panoramic city views, is a mere 3 minute walk from Prague's oldest castle, the 10th century Vysehrad and is next door to the Prague Congress Centre.

**LOCATION:** The hotel is located next door to the Prague Congress Centre and 2 miles (walking) from the City Centre. It is adjacent to the red line metro and is 2 stops away from the City Centre.

**RATE:****Superior Rooms:** 4810 CZK (Single), 5070 CZK (Double)**Business Room:** 5460 CZK (Single), 5720 CZK (Double)**Executive Rooms:** 5980 CZK (Single), 6240 CZK (Double)Includes 10% VAT, full American breakfast buffet. Business and Executive rooms include complimentary use of the Apollo Day Spa, gym, pool, and sauna and complimentary wired in-room internet access. Business Rooms include access to the Business Lounge. Executive Rooms include access to the Executive Club. *ISHLT has 300 rooms at this hotel.***INTERCONTINENTAL HOTEL**WEB SITE: <http://www.icprague.com/>

Beautifully nestled in the heart of downtown, situated on the corner of Prague's Jewish Quarter, the hotel offers captivating views of "The City of One Hundred Spires." Located on Prague's most famous and luxurious shopping boulevard 'Parizka' connecting the historical Old Town Square with the banks of the Vltava River, the InterContinental Prague is a truly exceptional Prague hotel. Enjoy majestic skyline and romantic river views at every turn. Or admire the city from our unique rooftop, gourmet restaurant. An enchanting destination unto itself, this exceptional Prague Czech Republic hotel offers elegance & comfort in a premier downtown setting.

**LOCATION:** The hotel is located 2.3 miles (walking) from the Prague Congress Centre and is a 5-8 minute walk to the green line Metro station, from which one must transfer to the red line to get to the Prague Congress Centre.

**RATE:****Classic Rooms:** 5755 CZK (Single/Double)**Executive Rooms:** 7255 CZK (Single/Double)Includes 10% VAT, full American breakfast buffet. Business and Executive rooms include complimentary use of the gym, pool, Jacuzzi, and sauna. *ISHLT has 250 rooms at this hotel.*





★★★★★ 5 STAR HOTELS ★★★★★

**PALACE PRAHA HOTEL**

WEB SITE: <http://www.palacehotel.cz/en/home/>

Occupying a busy corner across from the main Post Office and the Mucha Museum, this iconic property is steps from the shops and pubs of lively Vaclavske Namesti. One of the most historic in the city, this hotel is an art-nouveau gem known worldwide. It has undergone a number of changes since it first opened in 1909. It is a member of the Leading Hotels of the World.

**LOCATION:** The hotel is 1.6 miles (walking) from the Prague Congress Centre. It is a 5-8 minute walk to the red line Metro station that goes directly to the Congress Centre.

**RATE:**

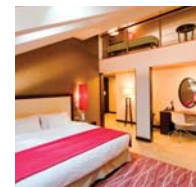
**Deluxe Rooms:** 4000 CZK (Single/Double)

Includes 10% VAT, full American breakfast buffet, complimentary use of the nearby gym and sauna. *ISHLT has 70 rooms at this hotel.*



**SHERATON PRAGUE CHARLES SQUARE HOTEL**

WEB SITE: <http://www.sheratonprague.com>



Sheraton Prague Charles Square Hotel is conveniently located just off the Charles Square, in the heart of Prague's New Town, steps from the famous Wenceslas Square, Old Town square and National Museum. Fabled Charles bridge is only 10 minutes walking distance. We're also just 1.5 miles from the Prague Congress Centre. Most shops, designer boutiques, galleries and other tourist attractions are located within walking distance. The nearest Metro station is only 200 metres away.

**LOCATION:** The hotel is located 1.3 miles (walking) from the Prague Congress Centre and is an 8-10 minute walk to the red line metro station, which goes directly to the Prague Congress Centre.

**RATE:**

**Deluxe Rooms:** 5200/5500 CZK (Single/Double)

Includes 10% VAT, full American buffet breakfast, complimentary wireless internet access in the guest rooms, and complimentary use of the gym and sauna. *ISHLT has 100 rooms at this hotel.*

★★★★★ 4 STAR HOTELS ★★★★★

**HOLIDAY INN**

WEB SITE: <http://www.holidayinn.cz/>

Set enviably atop the Vysehrad heritage site on the crown of one of Prague's nine hills, the Holiday Inn offers breathtaking panoramic city views, is a mere 3 minute walk from Prague's oldest castle, the 10th century Vysehrad, and is next door to the Prague Congress Centre. The Holiday Inn Prague Congress Centre is a modern, elegant hotel, far superior to the Holiday Inns found in America.

**LOCATION:** The hotel is located next door to the Prague Congress Centre and 2 miles (walking) from the City Centre. It is adjacent to the red line metro and is 2 stops away from the City Centre.

**RATE:**

**Standard Rooms:** 3750 CZK (Single/Double)

**Executive Rooms:** 4250 CZK (Single/Double)

Includes 10% VAT and full American breakfast buffet. *ISHLT has 230 rooms at this hotel.*

**YASMIN HOTEL**

WEB SITE: <http://www.hotel-yasmin.cz/>

Experience the new atmosphere of one of the best rated design hotels in Prague. The four star Design Hotel Yasmin offers high standard hospitality services ready to pamper our guests and the staff will make your stay as comfortable and convenient as possible. Thanks to the hotel's location, expose yourself to a Prague's history and glamour right outside the door. Using the second entrance from the Wenceslas Square, you lounge in the green oasis of the Yasmin garden, which is open from March – October.

**LOCATION:** The hotel is 1.5 miles (walking) from the Prague Congress Centre. It is less than a 5 minute walk to the red line Metro station that goes directly to the Congress Centre.

**RATE:**

**Superior Rooms:** 4350 CZK (Single/Double)

Includes 10% VAT, full American breakfast buffet and complimentary use of the gym. *ISHLT has 130 rooms at this hotel.*



## **FUTURE ANNUAL MEETINGS**

**2013**

**33RD ISHLT ANNUAL MEETING  
AND SCIENTIFIC SESSIONS  
PALAIS DES CONGRÈS DE MONTRÉAL,  
MONTREAL, QUEBEC, CANADA**

**APRIL 24 – 27, 2013**

**2014**

**34TH ISHLT ANNUAL MEETING  
AND SCIENTIFIC SESSIONS  
MANCHESTER GRAND,  
SAN DIEGO, CA, USA**

**APRIL 9 – 12, 2014**



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