

INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION

NICE 2015

Nice la Belle

35th Annual Meeting and Scientific Sessions

**CALL FOR ABSTRACTS
PRELIMINARY PROGRAM**

THE ACROPOLIS • APRIL 15-18, 2015

ISHLT Academies

**MASTERS COURSE 2
IN MECHANICAL CIRCULATORY SUPPORT**

**CORE COMPETENCIES
IN PULMONARY HYPERTENSION**

THE ACROPOLIS • APRIL 14, 2015



**ISHLT ACADEMY: Masters Course 2
in Mechanical Circulatory Support
April 14, 2015**

**ISHLT ACADEMY: Core Competencies
in Pulmonary Hypertension
April 14, 2015**

**ISHLT 35th Annual Meeting
and Scientific Sessions
April 15-18, 2015**

CONVENING AT THE NICE ACROPOLIS CONGRES CENTRE

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Dear Colleague:

On behalf of Hermann Reichensperner, MD, PhD, President of the International Society for Heart and Lung Transplantation, the ISHLT Board of Directors, and the 2015 Scientific Program Committee, I have the honor of inviting you to attend the Society's 35th Annual Meeting and Scientific Sessions to be held April 15-18, 2015 in Nice, France.

We hope to build on the monumental 2014 San Diego meeting, the best attended meeting in the Society's history. We return to our regular meeting pattern, opening on Wednesday and closing on Saturday. The format of the Nice meeting will be similar to previous meetings, beginning with pre-meeting symposia Wednesday morning and closing mid-day Saturday. Symposia and leading edge integrated scientific and clinically-oriented sessions are on the agenda and promise to be immediately applicable to your practice in the management of end-stage heart and lung failure as well as MCS and PH patients.

The meeting will be held at the Nice Acropolis Congr es Centre, 1 Esplanade Kennedy, Nice, France. The Acropolis is nestled in the heart of downtown Nice, just 15 minutes from the airport and a few steps from the Mediterranean Sea. On Friday, the President's Cocktail Reception will be held at the spectacular Negresco Palace Hotel.

The Opening Plenary Session focuses on what we can learn from other fields of science and industry to lower mistakes and increase quality. Moreover, we will have a lecture by one of our true pioneers, Bruno Reichart, MD. The Friday Plenary Session will focus on the ethics of organ donation in a globalized world, changing paradigms of research in the internet era, as well as new developments of vascular research. Finally the Saturday Plenary Session will feature reports of the consensus of AMR in Lung Transplantation and the new guidelines on heart transplant listing criteria, as well as a lecture on the newest preservation technologies and the traditional "President's Debate" on life itself.

The majority of the meeting will be devoted to submitted content. In anticipation of your contribution of high quality, novel scientific work, we have set aside 8 series of 7 concurrently running oral sessions to showcase the highest scoring abstracts. Mini-oral sessions and general poster sessions are planned for the best of the remainder. The general poster sessions will be moderated to highlight the valuable scientific work presented.

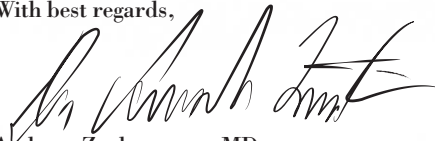
As in the past, abstracts will only be accepted on-line. A link to the abstract submission website is available on the annual meeting page of the ISHLT website (www.isHLT.org). The abstract submission deadline is November 3, 2014 at 11:59 pm Eastern Standard (North America) Time.

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

I would like to especially encourage centers, regions and countries from the non-traditional areas of our Society to submit abstracts, as this will be a truly international meeting focusing on ISHLT's global perspective of multidisciplinary areas of expertise.

I look forward to reviewing your abstract submissions and welcoming you to sunny Nice for the 35th ISHLT Annual Meeting and Scientific Sessions!

With best regards,



Andreas Zuckermann, MD
ISHLT 35th Annual Meeting Scientific Program Chair





Call for Abstracts

ISHLT 35th Annual Meeting and Scientific Sessions

Abstract Submission Deadline:

November 3, 2014 • 11:59 PM, EST

Abstract Submission Site: www.ishlt.org

For technical support of electronic submission, contact:

ABSTRACT TECHNICAL SUPPORT

Monday - Friday

7:00 am - 6:00 pm Central Standard Time (USA)

Phone: 507.403.2305

Email: support@abstractsonline.com

Abstract Submission Instructions

1. **The Abstract Submission System is now live** on the ISHLT web site (www.isHLT.org). **The deadline for receipt of abstracts is November 3, 2014.**

2. **You may submit your abstract** in one of the following MAIN categories. Within each category you will have one or more subcategories to choose from.

- Basic Science (BSI)
- Donor Management/Organ Allocation (DMD)
- Heart Failure - Adult (HF)
- Heart Transplantation - Adult (HTX)
- Infectious Diseases (ID)
- Lung Failure - Adult (LF)
- Lung Transplantation - Adult (LTX)
- Mechanical Circulatory Support - Adult (MCS)
- Nursing, Health Science, and Allied Health (NNSAH)
- Pathology (PATH)
- Pediatrics (PEDS)
- Public Policy, Economics, Ethics, Quality of Life (PEEQ)
- Pharmacy and Pharmacology (PHARM)
- Pulmonary Hypertension (PH)
- Junior Faculty Clinical Case Reports (CASE)
- Late Breaking Clinical Science (LBCS)

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

a. **Junior Faculty Clinical Case Reports:** Junior Faculty may submit case reports; the best scored reports will be selected for oral pres-

entation in an oral session. Other well-scored reports will be presented in a separate poster session. Case Report abstract content should include:

1. Introduction
2. Case Report
3. Summary

b. **Late Breaking Clinical Science:** 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 3, 2014. **Studies which have results and conclusions by November 3, 2014 may NOT submit their abstracts in the late breaking clinical science category.**

This abstract category is intended to generate content 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 diagnosis 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 study results and conclusions **MUST** be submitted to Susie Newton at the ISHLT headquarters by March 1, 2015. This analysis will be seen only by a closed panel to ensure complete confidentiality of the results prior to presentation. The program committee chair in consultation with the program committee reserves the final decision regarding scheduling of Late Breaking Science presentations. An invitation to give a presentation based on a submitted abstract cannot be withdrawn simply because the results do not conform to expectations.

Please use the standard online abstract submission process to submit an abstract in this category. The abstract submitted for the November 3rd deadline will serve as a placeholder for the final abstract.

Late Breaking Clinical Science (cont'd)

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: If you wish to have your revised study results published as an abstract in the abstract supplement to the JHLT, ISHLT MUST receive a revised version of the abstract reflecting the interim study findings NO LATER THAN January 5, 2015.

- 5. Abstracts will be published** in the April 2015 supplement to the *Journal of Heart and Lung Transplantation*.
- 6. Authors whose work has been selected** for presentation at the meeting will be notified in January 2015.
- 7. Any abstract author who accepts an invitation** to give a presentation based on a submitted abstract agrees to present the data described in the abstract and may not present data not described in the abstract. Any presenter who does not present the data described in the abstract, decline the presentation invitation in a timely manner, or arrange for the presentation to be given by an abstract co-author (pending approval of ISHLT), will be appropriately sanctioned from future participation in ISHLT meetings by the Society's Board of Directors.
- 8. Submission of an abstract** signifies that the abstract author(s) have given permission for the abstract to be reproduced in print in the *Journal of Heart and Lung Transplantation* and in digital formats of ISHLT's choosing for distribution and/or sale by ISHLT.
- 9. Acceptance of an invitation** to give a presentation based on a submitted abstract signifies that the presenter has given permission for the presentation to be recorded in digital formats of ISHLT's choosing for distribution and/or sale by ISHLT.
- 10. Previous Publication of Abstracts:** Abstracts will not be considered for invitation for presentation if they will be published as an article prior to April 15, 2015.
- 11. Informed Consent:** Submission of an abstract signifies that the author(s) agree and confirm that their study involving human subjects adheres to the principles of the Declaration of Helsinki of the World Medical Association, adheres to the principles of the ISHLT Statement on Transplant Ethics (available on the ISHLT web site), and meets the informed consent requirements of the institution and country in which the study was performed.
- 12. Use of Animals:** Submission of an abstract signifies that the author(s) agree and confirm that their study involving the use of animals 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 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-government 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:** Presenters are not permitted to receive any travel, hotel, or registration stipends or other financial assistance related to the ISHLT 2015 Annual Meeting from any company whose products are discussed in the presentation.

Presenters may not receive direct input regarding the content of the presentation from any company whose products are discussed in the presentation.

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 primary 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, ISHLT will initiate this process by communicating with the primary author of any abstracts which list an industry employee as first author, presenting author, senior author, or primary 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 fee, honoraria for promotional speakers' bureau, 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. **ACCME considers rela-**

tionships of the person involved in the CME activity to include financial relationships of a spouse or partner. The ACCME has not set a minimum dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

Contracted Research: With respect to personal financial relationships, contracted research includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

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

The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers "content of CME about the products or services of that commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used. With respect to financial relationships with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months.

Commercial Interest: A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider government agencies or providers of clinical service directly to patients to be commercial interests.

Commercial Supporter Influence: Abstract Reviewers, Board Members, Committee Members, Scientific Council Operating Board Members and Workforce Members, Taskforce Participants, Authors, and Guidelines Developers are not permitted to receive any direct remuneration or gifts from any commercial entities for any activity in which they are an official representative or a participant on behalf of the Society, nor should they be subject to direct input from a commercial supporter regarding any such activity.



Abstract 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, HEALTH SCIENCE AND ALLIED HEALTH EXCELLENCE IN RESEARCH AWARD

This award was established in 2005 to recognize excellence in Nursing, Health Science, and Allied Health 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, allied health professional, 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, allied health professional, or social scientist whose oral presentation is judged to be the best at the Annual Scientific Meeting. Nurses, allied health professionals, and social scientists who are first authors and presenters may elect to have their abstracts considered for this award. Candidates for the Nursing, Health Science, and Allied Health Excellence in Research Award must be current members of the Society and of the Council on Nursing, Health Science, and Allied Health. 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.

JFTC CLINICAL CASE DILEMMAS IN THORACIC TRANSPLANTATION BEST PRESENTATION AWARD

To recognize the outstanding contributions by junior faculty and trainees, ISHLT conducts a session each year at the Annual Meeting entitled, "Clinical Case Dilemmas in Thoracic Transplantation". Cases are submitted during abstract submission (in the Case Reports category) by junior faculty and trainees, and the top abstracts from this category are selected for presentation in the session. Master clinicians are invited to discuss the intricacies of these cases and share clinical pearls. At the conclusion of the session, the best case presentation is selected by a panel of judges and the presenter is awarded complimentary registration to the next ISHLT Annual Meeting.

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 3000 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 NICE



The city of Nice is located on the French Riviera in Provence-Alpes-Côte d'Azur. Blessed by a sunny, temperate climate, Nice attracts visitors from around the world. Among its many attractions are its beautiful beaches, lovely seaside promenade, interesting museums, and famous city landmarks. As soon as you arrive, you'll enjoy the exotic charm of the celebrated, palm tree-lined "Promenade des Anglais." During your free time, you can sample local specialties (pissaladière, socca, farcis niçois...) and admire the warm, ochre façades of the Vieux Nice (the old town). The city is also the ideal departure point for exploring the French Riviera and the stunning hilltop villages that dot the surrounding countryside. Easy day excursions are available from Nice to Antibes, Juan-les-Pins, Monte Carlo, Cannes and to other nearby towns.

To learn more about Nice, visit the following:

<http://en.nicetourisme.com/>

<http://nicefrance.ca/>



New This Year

Please note the following important information about changes and new offerings associated with the Nice meeting.

- Hotel reservations must be made online via Glaude Travel. The ISHLT room blocks are being held only through January, so please book early.
- ISHLT will provide a free 4-day tram transportation pass to all paid registrants to the Annual Meeting. These will be distributed from the registration desk beginning on Tuesday afternoon.
- ISHLT Hotel rates in Nice include taxes and breakfast.
- The meeting will begin each day at 8:30 AM. We will not conduct any sunrise symposia at the Nice meeting.
- Tickets to the President's Cocktail Reception are not included with registration this year. Tickets may be purchased via the registration form and must be purchased in advance. Tickets will NOT be available for sale on site and attendance at the Reception is limited to the first 1200. The ticket price on the registration form represents a significantly discounted price, not the actual cost of the event.
- You may order online access to the recorded sessions in advance via the registration form. The advance purchase price represents a 20% discount off the on-site purchase price and a 50% discount off the post-meeting price.





Annual Meeting General Information

MEETING LOCATION

The ISHLT 35th Annual Meeting and Scientific Sessions will be held at the Nice Acropolis Congress Centre.

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 9, 2015. Individuals who have not registered by March 9, 2015 must register on-site at the meeting. A confirmation letter will be emailed to all individuals who register by March 9, 2015. An Official ISHLT Registration Form is included in this booklet and may be obtained from

our web site (www.isHLT.org). The registration fee includes admission into the Pre-Meeting Symposia, Plenary Sessions, Concurrent Sessions, Mini Oral Sessions, Poster Sessions, and the Exhibit Hall. The registration fee also includes coffee breaks each day and the Exhibit Hall receptions. Reasonably priced boxed lunches may be purchased in advance for the convenience of those who wish. Box lunches will not be available for sale on site and **MUST** be purchased in advance via the pre-registration process.

HOTEL RESERVATIONS

ISHLT has arranged group rates at a number of local hotels and reservations are being coordinated through Glaude Travel.

Hotel information, rates and online booking information is available at <http://www.isHLT.glaudetravel.com>. To obtain the ISHLT discounted rates, you must make your hotel reservations directly via the Glaude Travel site. Room blocks are being held only through January and are limited so please book early. For additional housing inquiries please contact Glaude Travel, isHLT@glaudetravel.com.

GROUP RESERVATIONS:

Group housing blocks should be coordinated directly with Glaude Travel. Please contact Glaude Travel at isHLT@glaudetravel.com to secure group blocks of reservations.

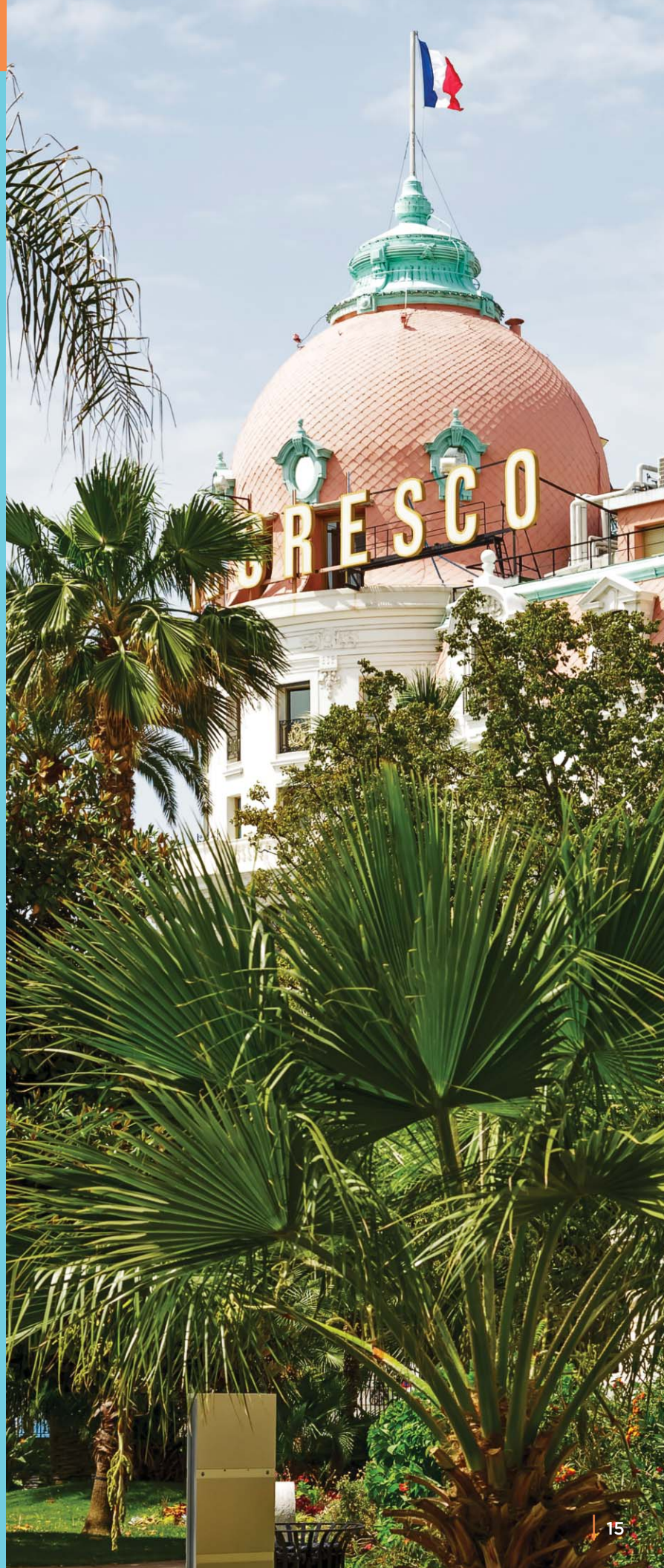
President's Cocktail Reception

THE PRESIDENT'S COCKTAIL RECEPTION will be held Friday, April 17 at the Negresco Palace. The Negresco is one of the most unique hotels in the world. A famous Belle Époque landmark that graces the Promenade des Anglais, the hotel has welcomed celebrities and heads of state for over 100 years. The owner, Madame Jeanne Augier, reinvigorated the hotel with luxurious decorations and furnishings, including an outstanding art collection and rooms with mink bedspreads. The hotel-cum-museum has been listed as a Historical Monument since 1974, and is home to 3000 objets d'art including 1600 original paintings (one of three full-length portraits of Louis XIV is in the Versailles Ballroom, the other two being the Louvre and Versailles). The spectacular Baccarat 16,309-crystal chandelier in the Negresco's Royal Lounge was commissioned by Czar Nicholas II who, due to the October revolution, was unable to take delivery. Noted for its doormen dressed in the manner of the staff in 18th-century elite bourgeois households, the hotel also offers renowned Michelin 2-star gourmet dining at the Regency-style Le Chantecler restaurant. Normally, access to the hotel and its artworks is limited to guests of the hotel. This gala will provide a special opportunity for ISHLT members to visit this unique venue.

Tickets are not included in the registration fee and must be purchased in advance.

Tickets will not be sold on-site.

Attendance is limited to 1200.



A variety of private tours of Nice and the surrounding areas have been arranged for ISHLT delegates and their friends and families.

TOUR	TOUR DESCRIPTION
Visit of old Nice and Socca tasting	Walking tour of old Nice includes private guide, Socca tasting and 1 glass of wine. Departs from Acropolis.
Boat cruise in Nice and Villefranche sur mer	Guided half day boat cruise of Nice and Villefranche sur mer includes round trip transportation from Acropolis to harbour and cruise ticket.
Antibes and Picasso Museum	Guided tour to Antibes and Picasso Museum. Includes round trip transportation from Acropolis, private guide and museum entrance fee.
Menton and Cocteau Museum	Guided tour to Menton and Cocteau Museum. Includes round trip transportation from Acropolis, private guide and entrance to Cocteau Museum
Grasse and Fragonard Perfume Workshop	Guided tour to Grasse and Fragonard perfume workshop. Includes round trip transportation from Acropolis, private guide and Fragonard perfume workshop.
St. Paul de Vence and Maeght Foundation	Guided tour to St. Paul de Vence and Maeght Foundation art exhibitions. Includes round trip transportation from Acropolis, private guide and entrance to the Foundation Maeght.
Cannes and Lérins Island "St. Honorat"	Guided tour of Cannes and Lérins Island "St. Honorat." Includes round trip transportation from Acropolis, private guide to Cannes and Lérins Island "St. Honorat" (6 hours) wine tasting at the Monastery, boat cruise and lunch on the island.
Villa Santo Sospir and Villa Ephrussi de Rothschild	Guided tours of Villa Santo Sospir and Ephrussi de Rothschild. Includes round trip transportation from Acropolis to St. Jean cap ferrat, private guide with entrance at the Villa Santo Sospir and the Villa Ephrussi.
Exclusive visit of the Ballet Monte Carlo	Guided tour of Ballet Monte Carlo. Includes round trip transportation from Acropolis, private guide and entrance to Ballet of Monte Carlo.
Eze Village and exotic garden and perfume factory visit	Guided tour of Eze Village and exotic garden and perfume factory. Includes transportation from Acropolis, private guide to Eze Village, entrance at the exotic garden and at the perfume factory.
Full day in Monaco	Guided tour of Monaco departs by bus from Acropolis to Monaco. Includes round trip transportation from Acropolis, private guide, 3 course lunch near the Prince Palace, entrance to the state department and entrance to the casino.
Chagall and Matisse Museums	Guided tour of Chagall and Matisse Museums. Includes round trip transportation from Acropolis, private guide, entrance at the Chagall and Matisse Museums.
Trip to St. Tropez and Port Grimaud	Guided tour to St. Tropez/Port Grimaud departs. Includes round trip transportation from Acropolis, private guide to St. Tropez and Port Grimaud, 3 course lunch at Place des Lices.

These tours are being coordinated through Glaude Travel Services, <http://www.ishlt.glaudetravel.com>. General tour descriptions and pricing is below. For additional inquiries regarding these tours please contact Glaude Travel, ishlt@glaudetravel.com.

DATE	RATES INCLUDE ALL TAXES GUARANTEED FOR 15 PERSON MINIMUM
Tuesday, April 14; 14:00-17:00	30.00 €
Tuesday, April 14; 14:00-17:00 Friday, April 17; 9:00-12:00	78.00 €
Wednesday, April 15; 8:30-12:30 Saturday, April 18; 8:30-12:30	70.00 €
Wednesday, April 15; 8:30-12:30 Thursday, April 16; 8:30-12:30	84.00 €
Wednesday, April 15; 14:00-18:00 Thursday, April 16; 14:00-18:00	130.00 €
Wednesday, April 15; 14:00-18:00 Saturday, April 18; 14:00-18:00	84.00 €
Thursday, April 16; 9:00-18:00 Saturday, April 18; 9:00-18:00	178.00 €
Thursday, April 16; 8:30-12:30 Friday, April 17; 14:00-18:00	100.00 €
Thursday, April 16; 8:30-12:30	173.00 €
Thursday, April 16; 14:00-18:00 Friday, April 17; 8:30-12:30	72.00 €
Tuesday, April 14; 9:00-18:00 Friday, April 17; 9:00-18:00	167.00 €
Friday, April 17; 14:00-18:00	82.00 €
Saturday, April 18; 9:00-18:00	145.00 €



Continuing Education Information

ACCME ACCREDITATION STATEMENT

The International Society for Heart and Lung Transplantation (ISHLT) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians and allied health professionals.

CME CREDIT DESIGNATION STATEMENT

ISHLT designates this live activity for a maximum of 27.50 *AMA PRA Category 1 Credits*.™ Participants should claim only the credit commensurate with the extent of their participation in the activity.

ABTC ACCREDITATION

Continuing Education Points for Transplant Certification (CEPTC) will be applied for.

ACPE ACCREDITATION

Continuing Pharmacy Education Credits (CPE) will be applied for.

DISCLOSURE

Current guidelines state that participants in continuing medical and allied health profession education 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 financial interest or affiliations and to indicate if a product

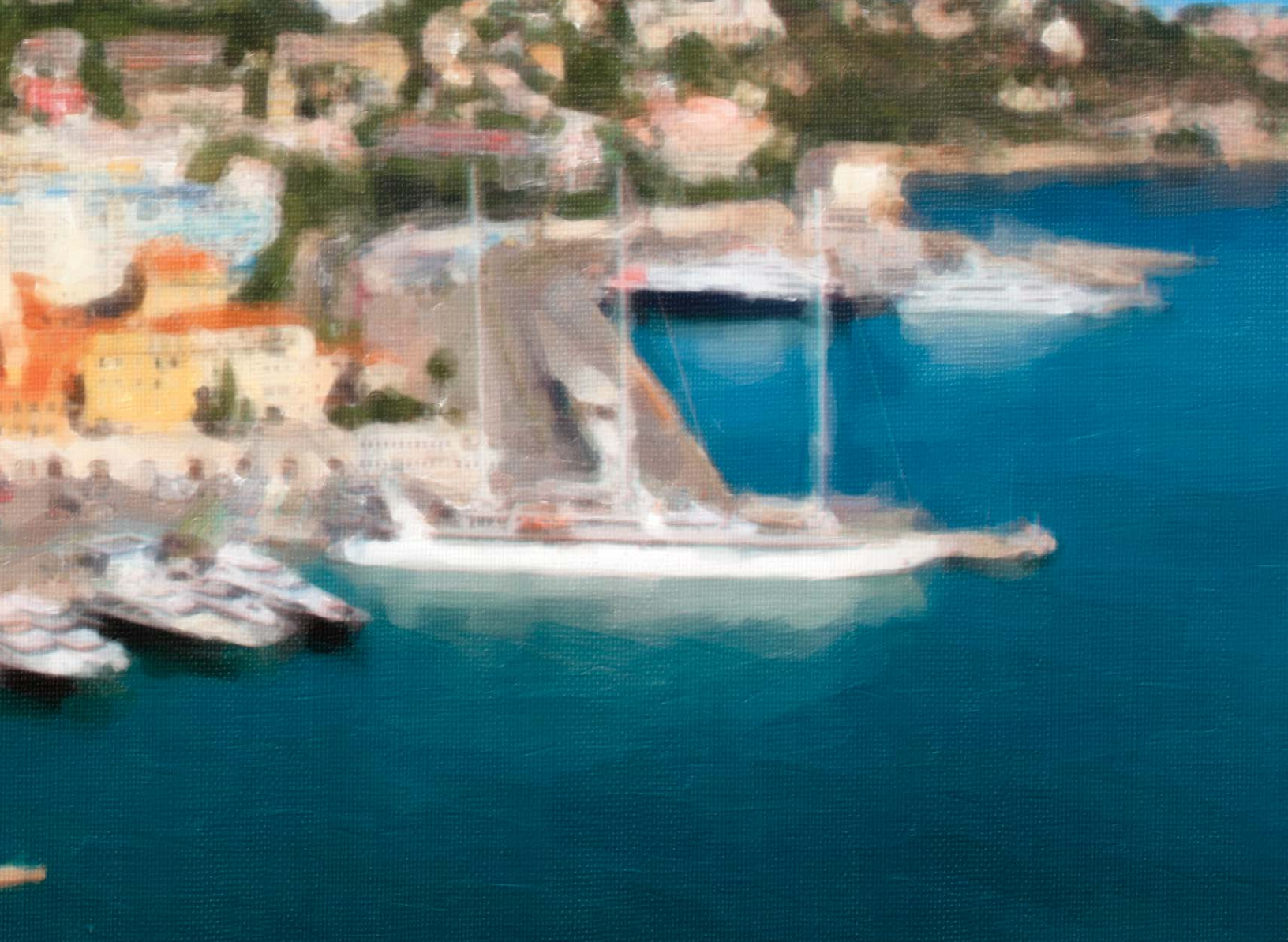
they are discussing is not labeled for the use under discussion or is still investigational.

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.

TARGET AUDIENCE

The audience for this program includes physicians, surgeons, scientists, pharmacists, nurses, transplant coordinators and other allied health and social science professionals 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 spe-

cialties which cause them to become involved in the treatment of transplant recipients or patients with end stage heart or lung disease.

LEARNING OBJECTIVES

1. At the conclusion of this meeting, participants will have improved competence and professional performance in the areas of understanding the latest information and approaches regarding transplant research, surgical techniques, medical therapies, donor management, and patient management for the treatment of patients suffering from end stage heart and lung disease.

2. At the conclusion of this meeting, participants will have improved competence and professional performance in the areas of understanding the state-of-the-art treatment approaches, risk factors, risk management approaches,

patient selection criteria, disease prevention strategies, outcome implications, and psychosocial management strategies for patients with end stage heart and lung failure.

3. At the conclusion of this meeting, participants will have improved competence and professional performance in the areas of understanding emerging technologies, medical advances, and the clinical applications of basic science models of end stage heart and lung disease management and prevention.



◆ Symposium Planning Committee

✦ Abstract Selection Committee

- ◆✦ Andreas O. Zuckermann, MD, Vienna, Austria, 2015 Program Chair
- ◆✦ Hermann Reichenspurner, MD, PhD, Hamburg, Germany, ISHLT President
- ◆✦ Jason Christie, MD, MS Philadelphia, PA, USA, 2014 Program Chair
- ◆✦ Andrew J. Fisher, FRCP, PhD, Newcastle upon Tyne, UK, 2016 Program Chair
- ✦ Ruchan Akar, MD, Ankara, Turkey
- ✦ Annalisa Angelini, MD, Padua, Italy
- ◆✦ Carla C. Baan, PhD, Rotterdam, The Netherlands
- ◆✦ David A. Baran, MD, Newark, NJ, USA
- ◆✦ Tuvia Ben Gal, MD, Petah Tikva, Israel
- ◆✦ Emma Birks, MBBS, PhD, BSc, FRCP, Louisville, KY, USA
- ◆✦ Kevin Carney, RN, CCTC, Philadelphia, PA, USA
- ◆✦ Adam B. Cochrane, PharmD, Falls Church, VA, USA
- ◆✦ Teresa De Marco, MD, FACC, San Francisco, CA, USA
- ◆✦ Howard J. Eisen, MD, Philadelphia, PA, USA
- ◆✦ Stephan Ensminger, MD, DPhil, Bad Oeynhausen, Germany

- ◆✦ Michele Estabrook, MD, St. Louis, MO, USA
- ◆✦ Peter M. Hopkins, FRACP, Brisbane, Australia
- ◆✦ Annemarie Kaan, MCN, RN, Vancouver, Canada
- ✦ Manreet Kanwar, MD, Pittsburgh, PA, USA
- ◆✦ Cassie C. Kennedy, MD, Rochester, MN, USA
- ◆✦ Ivan Knezevic, MD, Ljubljana, Slovenia
- ✦ Kiran K. Khush, MD, Stanford, CA, USA
- ✦ Pascal Leprince, MD, PhD, Paris, France
- ◆✦ Haifa Lyster, MSc, Harefield, UK
- ✦ Peter MacDonald, MD, PhD, Sydney, Australia
- ◆✦ Claudius Mahr, DO, Seattle, WA, USA
- ◆✦ Nicolas Manito, MD, Barcelona, Spain
- ◆✦ Marco Masetti, MD, Bologna, Italy
- ◆✦ Mandeep R. Mehra, MD, MBBS, FACC, FACP, Boston, MA, USA
- ✦ Bruno M. Meiser, MD, Munich, Germany
- ◆✦ Dylan V. Miller, MD, Murray, UT, USA
- ◆✦ Jignesh K. Patel, MD, PhD, Los Angeles, CA, USA

- ✦ Martin Schweiger, MD, Zurich, Switzerland
- ◆✦ Amparo Sole, MD, PhD, Valencia, Spain
- ◆✦ Zsolt Szepfalusi, MD, Vienna, Austria
- ◆✦ Jeffrey J. Teuteberg, MD, Pittsburgh, PA, USA
- ✦ Mitesh V. Thakrar, MD, Calgary, Canada
- ◆✦ Steven SL Tsui, MD, FRCS, Cambridge, UK
- ✦ Marian Urban, MD, Prague, Czech Republic
- ◆✦ Simon Urschel, MD, Edmonton, Canada
- ✦ Vincent G. Valentine, MD, Galveston, TX, USA
- ◆✦ Carmine Dario Vizza, MD, Rome, Italy
- ◆✦ Florian M. Wagner, MD, Hamburg, Germany
- ◆✦ Lori J. West, MD, DPhil, Edmonton, Canada
- ◆✦ Christopher H. Wigfield, MD, FRCS(C/Th), Chicago, IL, USA
- ◆✦ Martin R. Zamora, MD, Aurora, CO, USA

A glass of red wine and a wedge of blue cheese on a wooden surface. The glass is filled with a dark red liquid, and the cheese is a wedge of blue cheese with visible veins. The background is softly blurred, showing more of the cheese and the wooden surface.

ACRONYMS

To help you navigate your way through the meeting content and find those sessions most likely to be of interest to you, we have coded each session according to the primary professional audience it was designed for.

These codes are explained as follows:

All ISHLT Members **(ALL)**

Basic Science and Translational Research **(BSI or BSTR)**

Donor Management/
Organ Allocation **(DMD)**

Adult Heart Failure **(HF)**

Adult Heart Transplantation **(HTX)**

Infectious Diseases **(ID)**

Adult Lung Failure **(LF)**

Adult Lung Transplantation **(LTX)**

Adult Mechanical Circulatory
Support **(MCS)**

Nursing, Allied Health,
Social Science **(NNSAH)**

Pathology **(PATH)**

Pediatrics **(PEDI)**

Public Policy, Economics, Ethics,
Quality of Life **(PEEQ)**

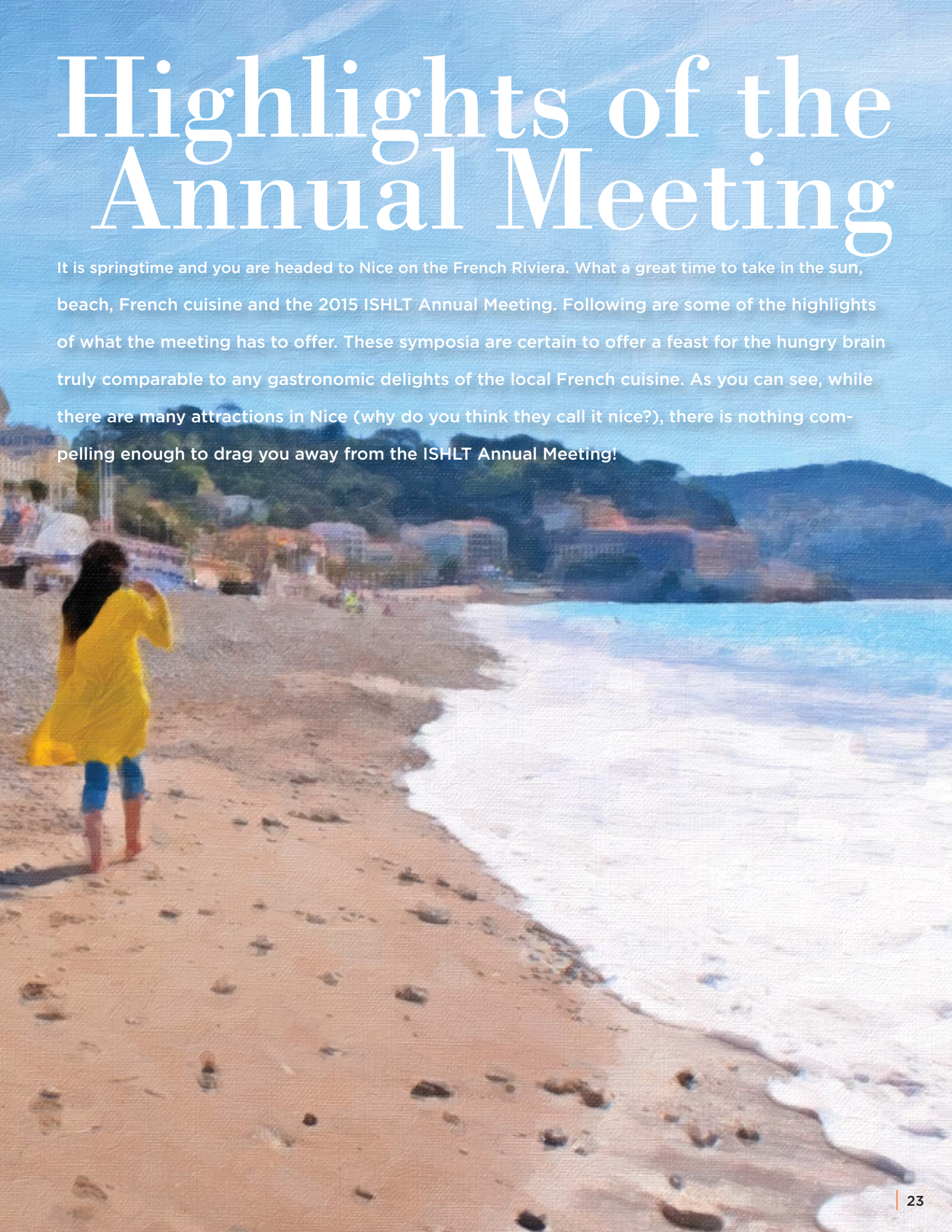
Pharmacology **(PHARM)**

Pulmonary Hypertension **(PH)**



Highlights of the Annual Meeting

It is springtime and you are headed to Nice on the French Riviera. What a great time to take in the sun, beach, French cuisine and the 2015 ISHLT Annual Meeting. Following are some of the highlights of what the meeting has to offer. These symposia are certain to offer a feast for the hungry brain truly comparable to any gastronomic delights of the local French cuisine. As you can see, while there are many attractions in Nice (why do you think they call it nice?), there is nothing compelling enough to drag you away from the ISHLT Annual Meeting!



Basic Science and Translational Research

The 2015 ISHLT Annual Meeting will highlight important advances in transplantation for basic science and translational research. Leading this off are two outstanding pre-meeting symposia. The first, **B Cells in Transplantation 2015**, will explore the current state of understanding of a variety of aspects of the role of B cells in the allo-immune response as well as how these can be modified therapeutically. The second symposium, **The Future of Tolerance: Definitions, Directions, and Design**, will review both the present understanding of transplant tolerance as well as the novel approaches to implement tolerance clinically. Both symposia will bring together basic, translational, and clinical investigators who are experts in various aspects of these fields and will include leaders in clinical trials to induce tolerance in patients. The symposia will also take advantage of the proximity to Nice of many of the leaders in these fields to bring together an outstanding faculty.



Heart Failure and Cardiac Transplantation

The 2015 ISHLT Annual Meeting will provide an opportunity to focus on several areas of emerging interest in the fields of heart failure and cardiac transplantation. There will be four exciting pre-meeting symposia to lure you from the distractions of the Cote D'Azur. In an era of donor scarcity, the **Extreme Donors: Pushing the Boundaries** session will focus on the transplantation of hearts from extended criteria and DCD donors. Experts will discuss a broad range of topics including the definition of death, cardiac physiology during withdrawal of life support, ex vivo assessment of heart function, and donor heart protection. The fairness of organ allocation has become a subject of widespread discussion in recent years due to changing

patient demographics. This subject will be the focus in **Heart Allocation Policies: The Times Are A-Changin'**. A highlight of this session will include debates by prominent authorities. The need for renal support or combined heart-kidney transplant is an area of increasing interest as older and sicker patients present for advanced therapies for heart failure. **When Worlds Collide: Heart and Kidney** will provide a comprehensive insight into our current understanding of cardio-renal syndrome and management options before and after transplant. The fourth symposium, **The Road Less Traveled: The Management of Unusual Cardiomyopathies**, will provide a grand tour of some of the rarer forms of cardiomyopathy.

Infectious Diseases

Join us at the 2015 ISHLT Annual Meeting for a provocative, cutting edge pre-meeting symposium entitled **Bloody Virus: HIV, Hepatitis B and C** as a multidisciplinary forum of experts discuss the new frontier of transplantation for recipients infected with one of these blood borne viruses. Previously, these were considered a relative or absolute contraindication for transplant but no more! Come learn how to guide these complex patients through a successful transplant and update your knowledge of epidemiology, new drugs, and how monitor the graft and the viral infection itself. The symposium will cap with a session on expanding the donor pool with Hepatitis B or C infected donors. This is your unique opportunity to spend these two hours sharing experiences and asking questions about this emerging area. Vampires however, are banned!

Mechanical Circulatory Support

The 2015 ISHLT Annual Meeting program includes many outstanding sessions on mechanical circulatory support which will provide important new insights in the field. The most currently challenging and captivating MCS topics will be addressed in the session, **Fifty Shades of Gray: When Things Don't Go as Planned in VAD Patients**, which will include pump thrombosis, RV failure, GI bleeding, aortic insufficiency, driveline infection and stroke in VAD patients. The controversial area of **Early Implantation: Is It Too Soon?** will be addressed in another lively symposium, with an animated debate, plus new results to be

presented from trials along with what is needed from the patient's and the engineer's perspective. More provocative topics will be discussed in a symposium entitled **Moving MCS Therapy Forward** which will focus on the pivotal areas required to advance these current and emerging technologies. An update on the status of full implantability will be given, followed by a discussion on whether the field can move on from the strict indications of bridge to transplantation and destination therapy. Included will be a discussion on how to improve resource utilization, followed by two controversial debates. There are also many important MCS talks included in the pulmonary hypertension and pediatric symposia along with very relevant discussions on organ allocation in VAD patients in the transplant symposia. And finally, we can plan on numerous abstract presentations with new data from the MCS field throughout the meeting.

Nursing, Health Sciences and Allied Health

The 2015 ISHLT Annual Meeting will showcase clinical care and research initiatives through a diverse program of informative sessions significant to nursing, health science, and allied health specialists. The pre-meeting symposium entitled **Psychosocial Assessment: Tools, Tips and Opportunities** will bring together seven experts in the area of psychosocial assessment and psychological distress to discuss the factors that affect post-transplant outcomes, the available tools to assess these factors, along with opportunities for future research.

Pathology

The 2015 ISHLT Annual Meeting will feature a pathology-focused symposium entitled **Clinically Relevant Thoracic Transplant Pathology: A Primer for Clinicians, Nurses, Pharmacists and Other Members of the Transplant Team**. The target audience for this session will be transplant clinicians and trainees, nurses, pharmacists, and other non-pathologist health care team members. Terminology and concepts from the ISHLT Working Formulations for scoring and reporting rejection will be reviewed with relevant examples. Clinical correlations and treatment options will be discussed. There have been significant changes in the diagnostic criteria and reporting schemes in thoracic transplant pathology in the last 5 years, especially for antibody mediated rejection. The goal of this simplified review is to help foster better communication and understanding between pathologists and other care team members.

Pediatric Transplantation

Children are unique; nevertheless there is much of relevance to learn from the much larger experience in adult transplant patients. The pediatric symposia focus on unsolved problems, ongoing challenges, and edges experienced in the daily routine of pediatric heart and lung transplantation. The session **Allograft Vasculopathy – A Challenge for All Ages** illuminates a problem with only limited improvement in the last 3 decades from various angles: standards and novelties in imaging of CAV. The concepts and clinical evidence of new treatments will also be discussed from an adult and pediatric perspective. The latest research on the role of endothelial function and recently discovered potential therapeutic targets will provide an outlook into a brighter future. **Lung and Heart Lung Transplantation: Coming of Age** will address optimal wait list management and allocation besides specific challenges including heart lung transplantation as an option for the patient with congenital heart disease and secondary pulmonary hypertension or which alternative therapies can be considered for these patients. In addition, ex-vivo regeneration as a window to successful pediatric DCD transplantation and the everlasting challenge of non-adherence in adolescence will be discussed. The session **Frontiers in Pediatric Transplantation** will explore the limits of pediatric transplantation: where are the margins of a “marginal donor?” Are HLA and ABO antibodies really relevant for organ allocation? Should we transplant children with genetic abnormalities and what are the outcomes if we do so? Can children with secondarily elevated pulmonary vascular resistance be transplanted with the option of a back-up RVAD or should they be prepared with an LVAD? Or should we use VADs as a destination therapy in childhood after all? Last but not least the everlasting afterthought: when and how should we involve palliative care in children needing VAD and transplantation?

Pharmacy and Pharmacology

Critical illness causes changes to the normal physiology of the body - there are ECMO circuits attached, renal replacement therapies, a ventilator. Following dosing guidelines, you put a drug in and then what? What happens to it with all this machinery attached? The symposium entitled **Drug Dosing in the Critically Ill Patient** is designed to try and explain what happens next, how to get drugs into the body despite these devices, and how to get drugs to very difficult to access places. This session will appeal to all members of ISHLT, so when you attend you will be able to see your Infectious Disease practitioner, your VAD surgeon, your pulmonologist and, of course, your pharmacist.

Pulmonary Hypertension

Every five years the world's experts in Pulmonary Hypertension unite in an attempt to redefine the characteristics and treatment advances in this disease area. In 2013 it was Nice that played host to the World Symposium in Pulmonary Hypertension, so it's therefore very fitting that the 2015 ISHLT Annual Meeting in Nice will have an outstanding program of PH symposia which again bring together those at the forefront of this field. The therapeutic options for patients with PAH and PH associated with chronic thromboembolic disease continue to grow and in the symposium entitled **Therapeutic Strategies in Pulmonary Hypertension: Current Evidence and New Directions**, the current and future strategies will be reviewed in detail, especially how the combination of different drug classes might be used together. The management of patients with secondary pulmonary hypertension continues to cause challenges to clinicians, and the paucity of clinical trials in this area makes it difficult to decide how or whether to use PH targeted therapies in these conditions. In two cutting edge symposia, the issues of secondary PH in chronic lung and chronic heart disease will be discussed. **Chronic Lung Disease Associated Pulmonary Hypertension: Mechanism, Pathology, and Clinical Impact** will help clinicians evaluate the pathophysiological mechanisms underlying this process in chronic lung disease and decide if targeted therapy might have a role to play. Finally, in **Challenges in Pulmonary Hypertension Due to Left Heart Disease**, the approach to the investigation and management of secondary PH in a range of left heart pathologies from cardiomyopathy to valvular disease or in association with LVAD insertion will be presented.

Pioneer Lecture



BRUNO REICHART, MD,
Past President of ISHLT

Bruno Reichart, MD, Past President of ISHLT, has been selected to give the Pioneer Lecture at the ISHLT 2015 Annual Meeting. After his education and training in Munich and Memphis, Professor Reichart directed the first successful heart transplant program in Germany and performed the first heart-lung transplant there. In 1984, he was elected as the Christian Barnard Chair of Cardiothoracic Surgery at the University of Cape Town, South Africa. In 1990, he became the Chair of Cardiac Surgery at the University of Munich. In Munich, Professor Reichart started a successful multi-institutional research program on xenotransplantation which has been funded by the German Research Council for many years. We are pleased to have Professor Reichart deliver this esteemed address to his colleagues during the ISHLT 2015 meeting in Nice.



Pulmonary Transplantation

At ISHLT 2015, four pre-meeting symposia will provide up-to-date information for all professionals involved in the care of patients with advanced lung diseases and lung transplantation. Content integrating the latest basic biological and clinical approaches will focus on areas including donor optimization, high risk recipients, auto- and allo-antibodies, and the interplay between infections and immune-mediated outcomes. The symposium entitled **Making the Most of What We Have: Maximizing Donor Utilization** will contain Pro-Con debates on the most burning topics in lung donor utilization including donor age, cold ischemic time, and DCD status, followed by lectures on donor scoring, use of ECMO and how these factors affect children and adolescents. Assessment and management of the high risk recipient will be detailed in **Before, During, and After - Optimizing Outcomes in the High Risk Recipient for Lung Transplantation**. Topics covered include modifiable recipient factors, use of ECMO through the transplant process, and specific topics for recipients with secondary PH, connective tissue diseases and CF. The symposium entitled **Antibodies in Lung Transplant: Mayhem, Mediators, Mechanisms and Management** is a highly translational update on recent advances in the understanding of the importance of allo- and auto-antibodies to the pre- and post-transplant management of lung transplant patients. Included will be updates from the ISHLT multidisciplinary working group, case-based discussions, integrative immunology lectures, and pragmatic updates on therapeutic approaches. The lung is a unique transplant organ in that it constantly interfaces with environmental pathogens. The symposium entitled **Infection, Inflammation, and Immunity After Lung Transplantation** will consider emerging evidence about the role of viral, bacterial, and fungal pathogens in determining the fate of the lung allograft. This symposium will integrate state-of-the-art information on new detection techniques with emerging basic and epidemiological data on the interplay between microbes and recipient immunity to help the lung transplant professional understand present and future approaches to managing infections in their patients.



Special Abstract Session – Focus on International Transplantation

The 2015 ISHLT Annual Meeting in Nice will be a truly International meeting. To recognize ISHLT's global network in the science and treatment of end-stage heart and lung disease, a special abstract session will be organized to showcase the developments in thoracic transplantation, mechanical circulatory support, and pulmonary hypertension treatment in emergent regions of the world. Countries and single programs from these regions are encouraged to submit abstracts that present their latest data to global leaders in the field.

Schedule at a Glance



All meetings and activities will take place at the Nice Acropolis Congr s Centre unless otherwise specified. All papers will be presented in English. Please check the ISHLT web site ishlt.org, for updates. The ISHLT 2015 mobile app, which will be available approximately 2 weeks prior to the Annual Meeting, and the Final Program, which is distributed on site, will reflect the latest session schedule and room assignments.

MONDAY, APRIL 13, 2015

4:00 PM – 8:00 PM
SPEAKER READY ROOM OPEN (*Hermes Lounge*)

TUESDAY, APRIL 14, 2015

7:00 AM – 9:00 AM
ACADEMY REGISTRATION OPEN (*Agora 1*)

7:00 AM – 7:00 PM
SPEAKER READY ROOM OPEN (*Hermes Lounge*)

8:30 AM – 7:10 PM
**ISHLT ACADEMY: CORE COMPETENCIES
IN PULMONARY HYPERTENSION** (*Hermes*)

8:30 AM – 6:45 PM
**ISHLT ACADEMY: MASTERS COURSE 2 IN
MECHANICAL CIRCULATORY SUPPORT** (*Muses*)

9:00 AM – 4:00 PM
ISHLT BOARD OF DIRECTORS MEETING
(*Gallieni 1 and 2*)

3:00 PM – 7:00 PM
REGISTRATION OPEN (*Agora 1*)

5:00 PM – 7:00 PM
PRESS OFFICE OPEN (*Gallieni 6*)

WEDNESDAY, APRIL 15, 2015

7:00 AM – 7:00 PM
REGISTRATION OPEN (*Agora 1*)
SPEAKER READY ROOM OPEN (*Hermes Lounge*)

8:00 AM – 10:00 AM
EXHIBITOR SET-UP (*Rhodes*)
POSTER SESSION 1 MOUNT (*Agora 2*)

8:30 AM – 10:30 AM
**PRE-MEETING SYMPOSIUM 01: INTERMACS 0:
Treatment of the Patient in Shock** (*Athena*)
(MCS, HF, HTX, PEEQ)

8:30 AM – 10:30 AM
**PRE-MEETING SYMPOSIUM 02: Heart Allocation
Policies: The Times They Are A-Changin'** (*Clio, Thalie*)
(DMD, HF, HTX, MCS, NHSAH, PEEQ)

8:30 AM – 10:30 AM
**PRE-MEETING SYMPOSIUM 03: Antibodies in
Lung Transplant: Mayhem, Mediators, Mechanisms
and Management** (*Erato, Uranie*)
(LTX, BSTR, DMD, ID, LF, NHSAH, PATH, PEDS, PHARM)

8:30 AM – 10:30 AM
**PRE-MEETING SYMPOSIUM 04: Bloody Virus:
HIV, Hepatitis B and C** (*Hermes*)
(ID, HTX, LTX, PHARM)

8:30 AM – 10:30 AM
**PRE-MEETING SYMPOSIUM 05: Allograft
Vasculopathy – A Challenge for All Ages** (*Caliope*)
(ALL)

8:30 AM – 10:30 AM
**PRE-MEETING SYMPOSIUM 06: Psychosocial
Assessment: Tools, Tips and Opportunities** (*Euterpe*)
(NHSAH, HF, HTX, LF, LTX, MCS, PEDS)

9:00 AM – 7:00 PM

PRESS OFFICE OPEN (*Gallieni 6*)

10:00 AM – 8:00 AM

EXHIBIT HALL OPEN (*Rhodes*)

POSTER HALL OPEN (*Agora 2*)

10:30 AM – 10:45 AM

COFFEE BREAK/VISIT EXHIBITS (*Rhodes*)

VIEW POSTERS (*Agora 2*)

10:45 AM – 12:45 PM

PRE-MEETING SYMPOSIUM 07: Moving MCS Therapy Forward (*Athena*)
(MCS, HF, HTX, NHSAH)

10:45 AM – 12:45 PM

PRE-MEETING SYMPOSIUM 08: When Worlds Collide: Heart and Kidney (*Clio, Thalie*)
(HF, HTX, NHSAH, MCS, PATH)

10:45 AM – 12:45 PM

PRE-MEETING SYMPOSIUM 09: Making the Most of What We Have: Maximizing Donor Utilization (*Erato, Uranie*)
(LTX, DMD, LF, PEEQ)

10:45 AM – 12:45 PM

PRE-MEETING SYMPOSIUM 10: Therapeutic Strategies in Pulmonary Hypertension: Current Evidence and New Directions (*Hermes*)
(PH, HF, HTX, LF, LTX, MCS, PHARM)

10:45 AM – 12:45 PM

PRE-MEETING SYMPOSIUM 11: Drug Disposition in the Critically Ill Patient (*Caliope*)
(PHARM, HTX, ID, LTX, NHSAH, PEDS)

10:45 AM – 12:45 PM

PRE-MEETING SYMPOSIUM 12: The Future of Tolerance: Definitions, Directions, and Design (*Euterpe*)
(ALL)

12:45 PM – 1:45 PM

JUNIOR FACULTY AND TRAINEE COUNCIL MEETING (*Euterpe*)

BOX LUNCH DISTRIBUTION (*Rhodes*)

12:45 PM – 2:45 PM

LUNCH BREAK

JHLT EDITORIAL BOARD LUNCH MEETING (*Gallieni 1 and 2*)

EDUCATION COMMITTEE MEETING (*Gallieni 4*)

GRANTS AND AWARDS COMMITTEE MEETING (*Gallieni 5*)

STANDARDS AND GUIDELINES COMMITTEE MEETING (*Gallieni 7*)

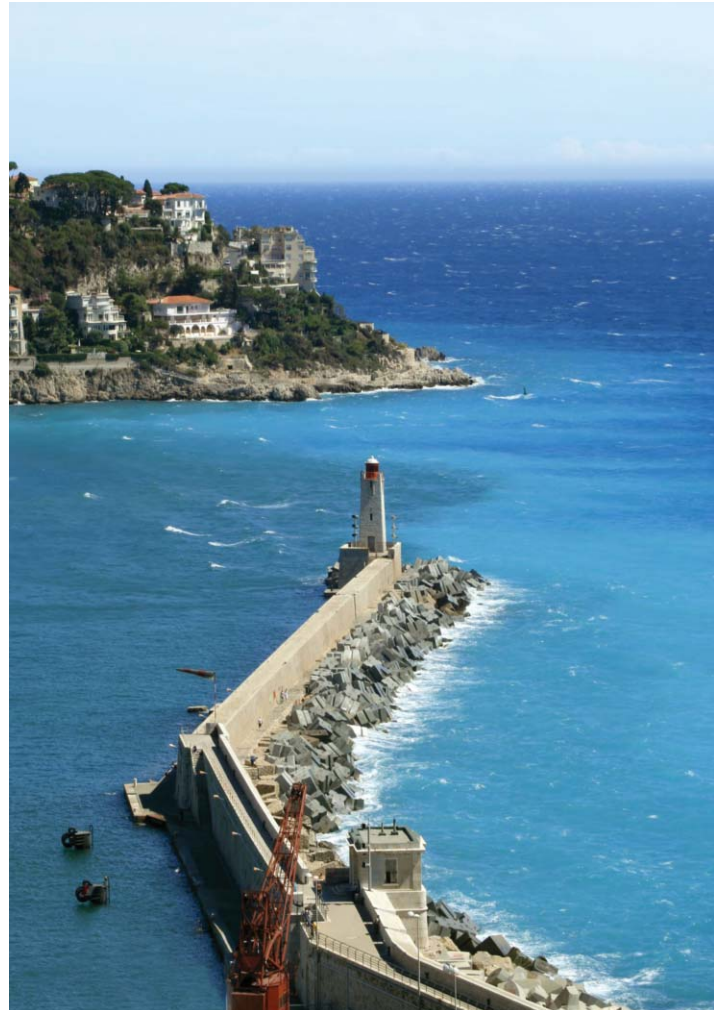
I2C2 COMMITTEE MEETING (*Gallieni 3*)

2:45 PM – 4:45 PM

PRE-MEETING SYMPOSIUM 13: Early Implantation: Is It Too Soon? (*Athena*)
(MCS, HF, HTX, NHSAH, PEEQ)

2:45 PM – 4:45 PM

PRE-MEETING SYMPOSIUM 14: Extreme Donors: Pushing the Boundaries (*Clio, Thalie*)
(HTX, BSTR, DMD, HF, PEDS, PEEQ)



2:45 PM – 4:45 PM

PRE-MEETING SYMPOSIUM 15: Before, During, and After – Optimizing Outcomes in the High Risk Recipient for Lung Transplantation (*Erato, Uranie*)
(LTX, BSTR, LF)

2:45 PM – 4:45 PM

PRE-MEETING SYMPOSIUM 16: Challenges in Pulmonary Hypertension Due to Left Heart Disease (*Hermes*)
(PH, BSTR, HF, HTX, MCS, NHSAH, PEDS)

2:45 PM – 4:45 PM

PRE-MEETING SYMPOSIUM 17: Lung and Heart Lung Transplantation: Coming of Age (*Caliope*)
(PEDS, BSTR, DMD, LF, LTX)

2:45 PM – 4:45 PM

PRE-MEETING SYMPOSIUM 18: B Cells in Transplantation 2015 (*Euterpe*)
(BSTR, HF, HTX, LTX, PATH, PEDS)

4:45 – 5:00 PM

COFFEE BREAK/VISIT EXHIBITS (*Rhodes*)
VIEW POSTERS (*Agora 2*)

5:00 PM – 7:00 PM

PRE-MEETING SYMPOSIUM 19: 50 Shades of Gray: When Things Don't Go as Planned in VAD Patients (*Athena*)
(MCS, HF, HTX, ID, NHSAH)

5:00 PM – 7:00 PM

PRE-MEETING SYMPOSIUM 20: The Road Less Traveled: The Management of Unusual Cardiomyopathies (*Clio, Thalie*)
(HF, BSTR, HTX, MCS, NHSAH, PEDS)

5:00 PM – 7:00 PM

PRE-MEETING SYMPOSIUM 21: I3T: Infection, Inflammation and Immunity After Lung Transplantation (*Erato, Uranie*)
(LTX, BSTR, ID, LF)

5:00 PM – 7:00 PM

PRE-MEETING SYMPOSIUM 22: Chronic Lung Disease Associated Pulmonary Hypertension: Mechanism, Pathology, and Clinical Impact (*Hermes*)
(PH, LF, LTX, NHSAH, PATH)

5:00 PM – 7:00 PM

PRE-MEETING SYMPOSIUM 23: Frontiers in Pediatric Transplantation (*Caliope*)
(PEDS, DMD, HTX, MCS)

5:00 PM – 7:00 PM

PRE-MEETING SYMPOSIUM 24: Clinically Relevant Thoracic Transplant Pathology: A Primer for Clinicians, Nurses, Pharmacists and Other Members of the Transplant Team (*Euterpe*)
(ALL)

7:00 PM – 8:00 PM

EXHIBIT HALL OPENING RECEPTION (*Rhodes*)
MODERATED POSTER SESSION 1 (*Agora 2*)

THURSDAY, APRIL 16, 2015

7:30 AM – 7:00 PM

REGISTRATION OPEN (*Agora 1*)
SPEAKER READY ROOM OPEN (*Hermes Lounge*)

8:00 AM – 9:00 AM

POSTER SESSION 1 REMOVAL (*Agora 1*)

8:30 AM – 10:30 AM

OPENING PLENARY SESSION (*Apollon*)

9:00 AM – 10:00 AM

POSTER SESSION 2 MOUNT (*Agora 2*)

9:00 AM – 7:00 PM

PRESS OFFICE OPEN (*Gallieni 6*)

10:00 AM – 7:00 PM

EXHIBITS OPEN (*Rhodes*)

10:00 AM – 7:00 PM

POSTER HALL OPEN (*Agora 2*)

10:30 AM – 11:00 AM

COFFEE BREAK/VISIT EXHIBITS (*Rhodes*)
VIEW POSTERS (*Agora 2*)

11:00 AM – 12:30 PM

CONCURRENT ABSTRACT SESSIONS

12:30 PM – 2:30 PM

LUNCH BREAK
BOX LUNCH DISTRIBUTION (*Rhodes*)

JUNIOR FACULTY MENTOR LUNCH (*Gallieni 1 and 2*)

12:30 PM – 1:30 PM

THORACIC REGISTRY STEERING COMMITTEE MEETING (*Gallieni 3*)

12:45 PM – 1:45 PM

BASIC SCIENCE AND TRANSLATIONAL RESEARCH SCIENTIFIC COUNCIL MEETING (*Gallieni 4*)

NURSING, HEALTH SCIENCE, AND ALLIED HEALTH SCIENTIFIC COUNCIL MEETING (*Gallieni 7*)

PHARMACY AND PHARMACOLOGY SCIENTIFIC COUNCIL MEETING (*Gallieni 5*)

1:30 PM – 2:00 PM

DCD REGISTRY MEETING (*Gallieni 3*)

2:00 PM – 2:30 PM

REGISTRIES AND DATABASES COMMITTEE MEETING (*Gallieni 3*)

2:30 PM – 4:00 PM

CONCURRENT ABSTRACT SESSIONS

4:00 PM – 4:30 PM

2016 ANNUAL MEETING SYMPOSIUM PLANNING COMMITTEE MEETING (*Gallieni 4*)

COFFEE BREAK/VISIT EXHIBITS (*Rhodes*)
VIEW POSTERS (*Agora 2*)

4:30 PM – 6:00 PM

CONCURRENT ABSTRACT SESSIONS

6:00 PM – 7:00 PM

MINI ORAL ABSTRACT SESSIONS

MODERATED POSTER SESSION 2 (*Agora 2*)

WINE AND CHEESE RECEPTION (*Rhodes*)

6:00 PM – 7:00 PM

PAST PRESIDENT'S MEETING (*Gallieni 3*)

**BOARD/COMMITTEE CHAIR/COUNCIL CHAIR
ORIENTATION** (*Gallieni 4*)

FRIDAY, APRIL 17, 2015

7:30 AM – 7:00 PM

REGISTRATION OPEN (*Agora 1*)

SPEAKER READY ROOM OPEN (*Hermes Lounge*)

8:00 AM – 9:00 AM

POSTER SESSION 2 REMOVAL (*Agora 1*)

8:30 AM – 10:30 AM

PLENARY SESSION (*Apollon*)

9:00 AM – 10:00 AM

POSTER SESSION 3 MOUNT (*Agora 2*)

9:00 AM – 7:00 PM

PRESS OFFICE OPEN (*Gallieni 6*)

10:00 AM – 7:00 PM

EXHIBITS OPEN (*Rhodes*)

10:00 AM – 7:00 PM

POSTER HALL OPEN (*Agora 2*)

10:30 AM – 11:00 AM

ANNUAL BUSINESS MEETING (*Apollon*)

COFFEE BREAK/VISIT EXHIBITS (*Rhodes*)

VIEW POSTERS (*Agora 2*)

11:00 AM – 12:30 PM

CONCURRENT ABSTRACT SESSIONS

CONCURRENT SYMPOSIUM 28:

JHLT at ISHLT: The Year in a Capsule (*Euterpe*)
(ALL)

12:30 PM – 2:30 PM

LUNCH BREAK

BOX LUNCH DISTRIBUTION (*Rhodes*)

12:30 PM – 1:25 PM

**PULMONARY HYPERTENSION SCIENTIFIC
COUNCIL MEETING** (*Calioppe*)

**MECHANICAL CIRCULATORY SUPPORT
SCIENTIFIC COUNCIL MEETING** (*Euterpe*)

**PEDIATRIC TRANSPLANTATION SCIENTIFIC
COUNCIL MEETING** (*Gallieni 1 and 2*)

**INFECTIOUS DISEASES SCIENTIFIC COUNCIL
MEETING** (*Gallieni 4*)

PATHOLOGY SCIENTIFIC COUNCIL MEETING
(*Gallieni 5*)

1:30 PM – 2:25 PM

**PULMONARY TRANSPLANTATION SCIENTIFIC
COUNCIL MEETING** (*Calioppe*)

**HEART FAILURE AND TRANSPLANTATION
SCIENTIFIC COUNCIL MEETING** (*Euterpe*)

**PEDIATRIC HEART FAILURE WORKFORCE
MEETING**

(*Gallieni 1 and 2*)

IPLTC MEETING (*Gallieni 4*)

2:30 PM – 4:00 PM

CONCURRENT ABSTRACT SESSIONS

4:00 PM – 4:30 PM

COFFEE BREAK/VISIT EXHIBITS (*Rhodes*)

VIEW POSTERS (*Agora 2*)

4:30 PM – 6:00 PM

CONCURRENT ABSTRACT SESSIONS



6:00 PM – 7:00 PM

MINI ORAL ABSTRACT SESSIONS

MODERATED POSTER SESSION 3 (*Agora 2*)

WINE AND CHEESE RECEPTION (*Rhodes*)

8:00 PM – 9:30 PM

PRESIDENT'S GALA COCKTAIL RECEPTION

(*Hotel Negresco*)

SATURDAY, APRIL 18, 2015

7:30 AM – 12:15 PM

REGISTRATION OPEN (*Agora 1*)

7:20 AM – 1:45 PM

SPEAKER READY ROOM OPEN (*Hermes Lounge*)

8:00 AM – 10:00 AM

COUNCIL AND COMMITTEE REPORTS TO THE BOARD AND MEMBERSHIP (*Gallieni 1 and 2*)

8:30 AM – 9:45 AM

CONCURRENT ABSTRACT SESSIONS

9:45 AM – 10:00 AM

COFFEE BREAK (*Agora 1*)

10:00 AM – NOON

PLENARY SESSION (*Athena*)

12:15 PM – 1:45 PM

CONCURRENT ABSTRACT SESSIONS

1:45 PM

ANNUAL MEETING ADJOURNS

2:00 PM – 7:30 PM

ISHLT BOARD OF DIRECTORS MEETING
(*Gallieni 1 and 2*)



35

Thirty Fifth Annual Meeting

TIME TABLE • SCHEDULE

WEDNESDAY, April 15							
TIME	ATHENA	CLIO, THALIE	ERATO, URANIE	HERMES	CALIOPE	EUTERPE	RHODES
8:00 AM							Exhibitor Set-up 8 am - 10 am
8:30 AM	SYMPOSIUM 1 INTERMACS O: Treatment of the Patient in Shock	SYMPOSIUM 2 Heart Allocation Policies	SYMPOSIUM 3 Antibodies in LTX	SYMPOSIUM 4 Viral Infections in Cardiothoracic Tx Recipients: HIV, Hepatitis B and C ID, HTX, LTX, PHARM	SYMPOSIUM 5 Allograft Vasculopathy	SYMPOSIUM 6 Psychosocial Assessment	
	MCS, HF, HTX, PEEQ	DMD, HF, HTX, MCS, NNSAH, PEEQ	LTX, BSTR, DMD, ID, LF, NNSAH, PATH, PEDS, PHARM		ALL	NNSAH, HF, HTX, LF, LTX, MCS, PEDS	
10:00 AM							
10:30 AM	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK	EXHIBIT HALL OPEN 10 am - 8 pm
10:45 AM	SYMPOSIUM 7 Moving MCS Therapy Forward	SYMPOSIUM 8 When Worlds Collide: Heart and Kidney	SYMPOSIUM 9 Maximizing Donor Utilization	SYMPOSIUM 10 Therapeutic Strategies in PH	SYMPOSIUM 11 Drug Disposition in the Critically Ill Patient	SYMPOSIUM 12 The Future of Tolerance	
	MCS, HF, HTX, NNSAH	HF, HTX, NNSAH, MCS, PATH	LTX, DMD, LF, PEEQ	PH, HF, HTX, LF, LTX MCS, PHARM	PHARM, HTX, ID, LTX, NNSAH, PEDS	ALL	
12:45 PM	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	JFT Council Mtg 12:45 pm - 1:45 pm	
2:45 PM	SYMPOSIUM 13 Early Implantation: Is it too Soon?	SYMPOSIUM 14 Extreme Donors: Pushing the Boundaries	SYMPOSIUM 15 Optimizing Out- comes in the High Risk LTX Recipient	SYMPOSIUM 16 Challenges in PH Due to Left Heart Disease	SYMPOSIUM 17 Lung and Heart Lung TX	SYMPOSIUM 18 B Cells in Transplantation	
	MCS, HF, HTX, NNSAH PEEQ	HTX, BSTR, DMD, HF PEDS, PEEQ	LTX, BSTR, LF	PH, BSTR, HF, HTX, MCS, NNSAH, PEDS	PEDS, BSTR, DMD, LF, LTX	BSTR, HF, HTX, LTX, PATH, PEDS	
4:45 PM	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK	
5:00 PM	SYMPOSIUM 19 When Things Don't Go as Planned in VAD Patients	SYMPOSIUM 20 Management of Unusual Cardio- myopathies	SYMPOSIUM 21 I3T: Infection, Inflammation and Immunity after LTX	SYMPOSIUM 22 Chronic Lung Disease Associated PH	SYMPOSIUM 23 Frontiers in Pediatric TX	SYMPOSIUM 24 Clinical Thoracic TX Pathology: A Primer for Members of the TX Team	
	MCS, HF, HTX, ID NNSAH	HF, BSTR, HTX, MCS, NNSAH, PEDS	LTX, BSTR, ID, LF	PH, LF, LTX, NNSAH, PATH	PEDS, DMD, HTX, MCS	ALL	
7:00 PM							OPENING RECEPTION 7 pm - 8 pm

preliminary program scientific sessions and ishlt academies

TUESDAY, April 14					
TIME	HERMES	MUSES	GALLIENE 1/2		
8:30 AM	ISHLT ACADEMY: Core Competencies in Pulmonary Hypertension	ISHLT ACADEMY: Masters Course 2 in Mechanical Circulatory Support	ISHLT Board of Directors Meeting 9 am - 4 pm		
9:00 AM					
9:30 AM					
10:30 AM					
11:30 AM					
12:30 PM					
1:30 PM					
2:30 PM					
3:30 PM					
4:00 PM					
4:30 PM					
5:30 PM					
6:30 PM					

WEDNESDAY, April 15								
TIME	AGORA 2	GALLIENI 1/2	GALLIENI 3	GALLIENI 4	GALLIENI 5	GALLIENI 7		
8:00 AM	Poster Mount 8 am - 10 am							
8:30 AM								
10:00 AM		POSTER HALL OPEN 10 am - 8 pm						
10:30 AM								
10:45 AM								
12:45 PM			JHLT Ed BoD Lunch	12C2 Committee Meeting	Education Comm Meeting	G&A Comm Meeting	S&G Comm Meeting	
2:45 PM								
4:45 PM								
5:00 PM								
7:00 PM	POSTER SESSION 1 7 pm - 8 pm							

TIME TABLE · SCHEDULE

THURSDAY, April 16

TIME	APOLLON	ATHENA	CLIO, THALIE	ERATO, URANIE	HERMES	CALIOPE	EUTERPE
8:00 AM							
8:30 AM	OPENING PLENARY						
10:30 AM	BREAK						
11:00 AM	CONCURRENT 1	CONCURRENT 2	CONCURRENT 3	CONCURRENT 4	CONCURRENT 5	CONCURRENT 6	CONCURRENT 7
12:30 PM	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK
2:30 PM	CONCURRENT 8	CONCURRENT 9	CONCURRENT 10	CONCURRENT 11	CONCURRENT 12	CONCURRENT 13	CONCURRENT 14
4:00 PM	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
4:30 PM	CONCURRENT 15	CONCURRENT 16	CONCURRENT 17	CONCURRENT 18	CONCURRENT 19	CONCURRENT 20	CONCURRENT 21
6:00 PM		MINI ORALS 1	MINI ORALS 2	MINI ORALS 3	MINI ORALS 4	MINI ORALS 5	MINI ORALS 6

FRIDAY, April 17

TIME	APOLLON	ATHENA	CLIO, THALIE	ERATO, URANIE	HERMES	CALIOPE	EUTERPE
8:00 AM							
8:30 AM	PLENARY						
10:30 AM	Biz Mtg						
11:00 AM	CONCURRENT 22	CONCURRENT 23	CONCURRENT 24	CONCURRENT 25	CONCURRENT 26	CONCURRENT 27	CONCURRENT 28
12:30 PM	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	PH Council	MCS Council
1:30 PM						LUNG Council	HFTX Council
2:30 PM	CONCURRENT 29	CONCURRENT 30	CONCURRENT 31	CONCURRENT 32	CONCURRENT 33	CONCURRENT 34	CONCURRENT 35
4:00 PM	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
4:30 PM	CONCURRENT 36	CONCURRENT 37	CONCURRENT 38	CONCURRENT 39	CONCURRENT 40	CONCURRENT 41	CONCURRENT 42
6:00 PM		MINI ORALS 7	MINI ORALS 8	MINI ORALS 9	MINI ORALS 10	MINI ORALS 11	MINI ORALS 12
7:00 PM							
8:00 PM	PRESIDENT'S COCKTAIL RECEPTION - LE NEGRESKO HOTEL. 8 pm - 9:30 pm						
9:30 PM							

THURSDAY, April 16

TIME	RHODES	AGORA 2	GALLIENI 1/2	GALLIENI 3	GALLIENI 4	GALLIENI 5	GALLIENI 7
8:00 AM		Poster Mount 8 am - 10 am					
8:30 AM							
10:00 AM	EXHIBIT HALL OPEN 10 am - 7 pm	POSTER HALL OPEN 10 am - 7 pm					
11:00 AM							
12:30 PM			Jr. Faculty Mentor Lunch	Registry Meetings	BSTR Council 12:45 pm - 1:45 pm	PHARM Council 12:45 pm - 1:45 pm	NHSAH Council 12:45 pm - 1:45 pm
2:30 PM							
4:00 PM 4:30 PM						2016 SPC Mtg	
6:00 PM	WINE & CHEESE 6 pm - 7 pm	POSTER SESSION 2 6 pm - 7 pm		Past Pres Mtg	Council/Comm BoD Orientation		

FRIDAY, April 17

TIME	RHODES	AGORA 2	GALLIENI 1/2	GALLIENI 4	GALLIENI 5	
8:00 AM		Poster Mount 8 am - 10 am				
8:30 AM						
10:30 AM 11:00 AM	EXHIBIT HALL OPEN 10 am - 4:30 pm	POSTER HALL OPEN 10 am - 7 pm				
12:30 PM			PED Council PED HF WF	ID Council IPLTC Mtg	PATH Council	
2:30 PM						
4:00 PM 4:30 PM						
6:00 PM				POSTER SESSION 3 6 pm - 7 pm		
7:00 PM						
8:00 PM	PRESIDENT'S COCKTAIL RECEPTION - LE NEGRESKO HOTEL. 8 pm - 9:30 pm					
9:30 PM						

TIME TABLE · SCHEDULE

SATURDAY, April 18							
TIME	ATHENA	CLIO, THALIE	ERATO, URANIE	HERMES	CALIOPE	EUTERPE	GALLIENI 1/2
8:00 AM							Council and Comm Reports 8 am - 10 am
8:30 AM	CONCURRENT 43	CONCURRENT 44	CONCURRENT 45	CONCURRENT 46	CONCURRENT 47	CONCURRENT 48	
9:45 AM	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK	
10:00 AM	PLENARY						
12:00 PM	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK	
12:15 PM	CONCURRENT 49	CONCURRENT 50	CONCURRENT 51	CONCURRENT 52	CONCURRENT 53	CONCURRENT 54	
1:45 PM							ISHLT Board of Directors Meeting 2 pm - 7:30 pm
2:00 PM							
7:00 PM							

*Save time
to experience Sicily*



ISHLT 35th ANNUAL MEETING AND SCIENTIFIC SESSIONS

Preliminary Scientific Program



ALL MEETINGS AND ACTIVITIES

WILL TAKE PLACE AT THE NICE

ACROPOLIS CONGRÉS CENTRE

UNLESS OTHERWISE SPECIFIED.

ALL PAPERS WILL BE PRESENTED

IN ENGLISH. PLEASE CHECK

THE ISHLT WEB SITE

(WWW.ISHLT.ORG) FOR UPDATES.

THE ISHLT 2015 MOBILE APP,

WHICH WILL BE AVAILABLE

APPROXIMATELY 2 WEEKS

PRIOR TO THE ANNUAL MEETING,

AND THE FINAL PROGRAM,

WHICH IS DISTRIBUTED ON

SITE, WILL REFLECT THE

LATEST SESSION SCHEDULE

AND ROOM ASSIGNMENTS.

8:30 AM - 10:30 AM

PRE-MEETING SYMPOSIUM 01

INTERMACS 0: Treatment of the Patient in Shock (*Athena*) (MCS, HF, HTX, PEEQ)

CHAIRS: Filip R.L. Rega, MD and Savitri E. Fedson, MD

SESSION SUMMARY: There is substantial evidence showing that patients presenting with critical cardiogenic shock/INTERMACS 1 profile have an overall dismal outcome when referred for durable mechanical circulatory support and/or heart transplantation. In this context, several centers have provided major contributions to the role of temporary mechanical circulatory support as rescue therapy and as a bridge to decision in patients presenting in critical cardiogenic shock, but most have been anecdotal. The clinical and hemodynamic profiles associated with the selection of the various available options for temporary bridging warrants further discussion supported by a combination of available literature and a review from experienced front-line clinicians providing therapy for this particular subset of patients. This session will first discuss the different types and outcomes of patients presenting in INTERMACS Profile 1, then will review the options available for the patient in shock – counterpulsation, percutaneous MCS, ECMO, Centrimag and Impella. This will be followed by a discussion of the subsequent steps. The different hemodynamic profiles each has to offer, the data presently available, and the future technologies and relevant studies will be discussed.

8:30 AM **Are All INTERMACS Profile I Patients the Same? Definition, Categorization and Outcomes with Shock,** Shashank S. Desai, MD, Inova Fairfax Hospital, Falls Church, VA, USA

8:45 AM **Q & A**

8:50 AM **Is There a Role for Counterpulsation in Shock?** Valluvan Jeevanandam, MD, University of Chicago Medical Center, Chicago, IL, USA

9:05 AM **Q & A**

9:10 AM **Percutaneous Devices in Shock: Options and Outcomes,** Shelley A. Hall, MD, Baylor University Medical Center, Dallas, TX, USA

9:25 AM **Q & A**

9:30 AM **When is it Time to Call the Surgeons? ECMO, Centrimag and Impella 5.0,** Axel Haverich, MD PhD, Hannover Medical School, Hannover, Germany

9:45 AM **Q & A**

9:50 AM **Weaning versus Bridge to Bridge: What is the Next Step?** Daniel J. Goldstein, MD, Montefiore Medical Center, Bronx, NY, USA

10:05 AM **Q & A**

10:10 AM **Case Presentation of a Patient Presenting in Shock,** Jaime A. Hernandez Montfort, MD, MPH, Newark Beth Israel Medical Center, Newark, NJ, USA

10:15 AM **Panel Discussion**

8:30 AM - 10:30 AM

PRE-MEETING SYMPOSIUM 02

Heart Allocation Policies: The Times They Are A-Changin' (*Clio, Thalie*)

(DMD, HF, HTX, MCS, NHSAH, PEEQ)

CHAIRS: Jon A. Kobashigawa, MD and Pascal Leprince, MD, PhD

SESSION SUMMARY: Organ allocation remains a challenging issue as there continues to be a shortage of available organs to meet the needs of those on transplant waiting lists. Organ allocation algorithms and listing priorities continue to be re-evaluated and adjusted in an effort to use this scarce resource fairly. This session will provide a forum to discuss this critical issue.

8:30 AM **Experience with U.S. Policy for Heart Allocation,** Joseph G. Rogers, MD, Duke University Medical Center, Durham, NC, USA

8:45 AM **Experience with European Policy for Heart Allocation,** Florian M. Wagner, MD, University Heart Center Hamburg Eppendorf, Hamburg, Germany

9:00 AM **Experience with Canadian Policy for Heart Allocation,** Debra L. Isaac, MD, Foothills Hospital, Calgary, AB, Canada

9:15 AM **DEBATE: VAD Patients Should NOT Receive Priority for Urgent Heart Transplant**

9:15 AM **PRO:** Uwe Schulz, MD, Heart and Diabetes Center NRW, Bad Oeynhausen, Germany

9:30 AM **CON:** Martin Strueber, MD, Richard DeVos Heart & Lung Transplant Services Grand Rapids, MI, USA

9:45 AM **DEBATE: Heart Organ Allocation Should Be Done By Scoring Systems, Not Time On List**

9:45 AM **PRO:** Jacqueline M. Smits, MD, PhD, Eurotransplant International, Leiden, The Netherlands

10:00 AM **CON:** David O. Taylor, MD, Cleveland Clinic Foundation, Cleveland, OH, USA

10:15 AM **Panel Discussion**

8:30 AM - 10:30 AM

PRE-MEETING SYMPOSIUM 03

Antibodies in Lung Transplant: Mayhem, Mediators, Mechanisms and Management (*Erato, Uranie*)
(LTX, BSTR, DMD, ID, LF, NNSAH, PATH, PEDS, PHARM)

CHAIRS: Deborah J. Levine, MD and Monique Malouf, FRACP

SESSION SUMMARY: Antibodies are associated with graft dysfunction but there is little reliable information in the literature to define this process. The ISHLT Pulmonary AMR working group is a multi-disciplinary group made up of clinicians, HLA experts, and pathologists who have met to create a set of criteria and a standard working definition of pulmonary AMR. The group will discuss the results of the international survey, diagnosis, and working definition of pulmonary AMR. A review of HLA versus non-HLA antibodies and the role of complement pathways will be undertaken. The interplay of the innate and the adaptive immune system in AMR will be discussed. The session will provide a comprehensive review of management strategies. Cases will be used to discuss HLA issues and the management of pulmonary AMR.

8:30 AM Pulmonary AMR: Recent Debates on Definitions and Diagnosis, Roger D. Yusem, MD, MPH, Washington University School of Medicine, St. Louis, MO, USA

8:45 AM Q & A

8:50 AM Are All Antibodies Created Equal? Complement and Non-Complement Mechanisms of Injury, William M. Baldwin, MD, PhD, Cleveland Clinic, Cleveland, OH, USA

9:05 AM Q & A

9:10 AM Role of HLA- and Non-HLA Antibodies in AMR, Kathryn J. Tinckam, MD, University Health Network, Toronto, ON, Canada

9:25 AM Q & A

9:30 AM The Role of the Innate and Adaptive Immune System in AMR, Tereza Martinu, MD, Toronto General Hospital, Toronto, ON, Canada

9:45 AM Q & A

9:50 AM Management of Pulmonary AMR 2015: Where Are We Now? Ramsey R. Hachem, MD, Washington University School of Medicine, St. Louis, MO, USA

10:05 AM Q & A

10:10 AM HLA: A Tale of Two Cases: 1) Sensitized Patient, 2) Patient With AMR, Adriana Zeevi, PhD, University of Pittsburgh Medical Center, Pittsburgh, PA, USA

10:25 AM Q & A

8:30 AM - 10:30 AM

PRE-MEETING SYMPOSIUM 04

Bloody Virus: HIV, Hepatitis B and C (*Hermes*)
(ID, HTX, LTX, PHARM)

CHAIRS: Antonio B. Roman, MD, PhD and Patricia A. Uber, Pharm.D

SESSION SUMMARY: Cardiothoracic transplantation for patients with HIV, and hepatitis B and C remains a controversial topic. Historically, infection with any of these viruses was considered a relative or even absolute contraindication for transplantation. However, favorable experience in liver and kidney recipients has led some programs to progressively adjust selection criteria. The recent ISHLT listing criteria guidelines now include HIV, HCV and HBV positive patients, and more programs are performing transplantation in these complex populations. Having a current understanding of these diseases, therapy, and monitoring will assist the transplant team. This includes knowledge of drug interactions and the concerns for the various types of immunosuppression (Induction, maintenance) on these patients and if there are preferred agents to use. Lastly, developing an approach with an understanding of how to manage complications is necessary for success. Therefore, the focus of this symposium is to increase the knowledge of the CT transplant community about the management and pharmacological treatment options for CT transplant candidates with HIV, hepatitis B or C, before and after transplant.

8:30 AM What Transplant Professionals Need to Know About HIV Disease, Paolo A. Grossi, MD, PhD, University of Insubria, Varese, Italy

8:45 AM Balancing Immunosuppression Medications and HIV: Don't Try This at Home, Kyle L. Dawson, PharmD, BCPS, Houston Methodist, Houston, TX, USA

9:00 AM Dangerous Curves Ahead: Developing a Plan to Approach the HIV-Infected Patient, Donna M. Mancini, MD, New York Presbyterian Hospital, New York, NY, USA

9:15 AM HCV Up-to-Date Management: Review of Pre- and Post-Transplant Treatment, Luciano Potena, MD, PhD, University of Bologna, Bologna, Italy

9:30 AM HBV Epidemiology and Treatment Guidelines, Emily A. Blumberg, MD, University of Pennsylvania, Philadelphia, PA, USA

9:45 AM Expanding the Pool of High Risk Donors, HCV- and HBV-Infected Donors: What to Expect and How to Manage Transplant Recipients, Piedad Ussetti, MD, Hospital Puerta Hierro, Madrid, Spain

10:00 AM Case Presentation: Not for the Faint of Heart, Irina L. Timofte, MD, University of Maryland Medical Center, Baltimore, MD, USA

10:05 AM Panel Discussion

8:30 AM - 10:30 AM

PRE-MEETING SYMPOSIUM 05

Allograft Vasculopathy - A Challenge for All Ages (*Caliope*)
(ALL)

CHAIRS: Elfriede Pahl Schuette, MD and Richard Kirk, FRCP, FRCPCH

SESSION SUMMARY: Cardiac allograft vasculopathy limits intermediate and late survival in children as well as adult transplant recipients and affects even infant transplants. This symposium will address mechanisms and pathophysiology as well as newer diagnostic tools and treatment agents, including basic science talks on potential targets for therapy. Our goal is to have pediatric and adult cardiologists share their experiences and perhaps forge new collaborations to study this most challenging problem. We have invited experts in CAV from both pediatric and adult transplant communities to speak of their experience with these patients, as well as provide a basic science background. The ending 15 minute panel discussion will have opinions from the group on an ideal research proposal to study this complex problem in the future. Attendees can ask questions regarding optimal immunosuppression for 2015, help design the ideal randomized clinical trial for all ages, and determine what endpoints and tools should be used for study.

8:30 AM Cardiac Allograft Vasculopathy, the Unsolved Problem: Registry Experience and Clinical Correlations, Steven Kindel, MD, Children's Hospital and Medical Center, Omaha, NE, USA

8:45 AM Endothelial Dysfunction and Cardiac Allograft Vasculopathy: New Assessment Tools for Patient Risk Stratification? Monica M. Colvin, MD, MS, FAHA, University of Minnesota, Minneapolis, MN, USA

9:00 AM Imaging Techniques for Graft Vasculopathy in Adults: Angiogram, IVUS, OCT, Coronary Flow Reserve, Daniel H. Kim, MD, University of Alberta Medical School, Edmonton, AB, Canada

9:15 AM Smaller Vessels - Same Approach? Angiogram, IVUS, OCT and Coronary Flow Reserve in Children After Heart Transplant, Stephan Schubert, MD, German Heart Center, Berlin, Germany

9:30 AM mTOR Inhibitors: Where's the Beef? Howard J. Eisen, MD, Drexel University College of Medicine, Philadelphia, PA, USA

9:45 AM mTOR Inhibitors: Where's the Chicken Fingers? Richard E. Chinnock, MD, Loma Linda University Children's Hospital, Loma Linda, CA, USA

10:00 AM The Future is Friendly: New Treatment Targets to Prevent or Delay Cardiac Allograft Vasculopathy, Sonja Schrepfer, MD, PhD, University Heart Center Hamburg, Hamburg, Germany

10:15 AM Panel Discussion

8:30 AM - 10:30 AM

PRE-MEETING SYMPOSIUM 06

Psychosocial Assessment: Tools, Tips and Opportunities

(*Euterpe*)

(NNSAH, HF, HTX, LF, LTX, MCS, PEDS)

CHAIRS: Annemarie Kaan, MCN, RN and Jo Wray, PhD

SESSION SUMMARY: This session will review a range of tools available for teams to use to assist with the difficult process of psychosocial evaluation. Seven experts in the area of psychosocial assessment and psychological distress will present the available tools with supporting evidence as well as provide an opportunity to discuss and explore future opportunities for research.

8:30 AM Soft Factors, Hard Outcomes: Psychosocial Predictors of Post-transplant Success, Fabienne Dobbels, MSc, PhD, University Hospital Leuven, Leuven, Belgium

8:45 AM The Psychosocial Assessment of Adult Organ Transplant Candidates: A Comprehensive Approach, Jose R. Maldonado, MD, Stanford University School of Medicine, Stanford, CA, USA

9:00 AM The Psychosocial Assessment of the Pediatric Transplant Candidate: Issues and Controversies, Samantha J. Anthony, PhD, MSW, Hospital for Sick Children, Toronto, ON, Canada

9:15 AM Screening and Managing Nonadherence to Medical Therapy, Sabina M. De Geest, RN, PhD, University of Basel, Basel, Switzerland

9:30 AM Screening and Addressing Psychosocial Distress: How Best to Do It? Quincy Young, PhD, RPsych, St. Paul's Hospital, Vancouver, BC, Canada

9:45 AM Caregiver Psychosocial Distress: Now What Should We Do? Michael G. Petty, PhD, RN, CNS, University of Minnesota Medical Center, Minneapolis, MN, USA

10:00 AM If I Had a Crystal Ball: When to Implement Palliative Care in Heart and Lung Transplant Recipients, Mi-Kyung Song, RN, PhD, University of North Carolina at Chapel Hill, NC, USA

10:15 AM Panel Discussion

10:45 AM - 12:45 PM

PRE-MEETING SYMPOSIUM 07

Moving MCS Therapy Forward

(*Athena*)

(MCS, HF, HTX, NNSAH)

CHAIRS: Steven S.L. Tsui, MD, FRCS and Robert L. Kormos, MD

SESSION SUMMARY: This session will focus on the key topics pivotal to advancing the field. We will first address where we are with fully implantable LVADs, followed by the need for them and both the current and projected. Next to be discussed are the traditional indications of bridge to transplantation, bridge to recovery and destination therapy and whether or not it is now appropriate, and possible, to start moving away from these indications. Then there will be a presentation on how to improve resource utilization – how to reduce length of stay and reduce readmissions, including the use of long term care facilities, rehabilitation units, etc., to reduce the cost of this therapy and make it more widely useable. Finally, there will be two debates, one on whether all VAD patients should be started on heart failure medications and the second on whether, going forward, it will be desirable for the VAD to be run with patients having a pulse again or not.

10:45 AM Fully Implantable LVADs: Where Are We? Mark S. Slaughter, MD, University of Louisville, Louisville, KY, USA

11:00 AM Q & A

11:05 AM BTT, BTR and Destination Therapy: Is it Time to Get Rid of These Terms? Francis D. Pagani, MD, PhD, University of Michigan Medical Center, Ann Arbor, MI, USA

11:20 AM Q & A

11:25 AM Improving Resource Utilization: Reducing Length of Stay, Readmissions, etc. Claudius Mahr, DO, University of Washington, Seattle, WA, USA

11:40 AM Q & A

11:45 AM DEBATE: All VAD Recipients Should Be on Heart Failure Medications

11:45 AM PRO: Emma Birks, MD, PhD, University of Louisville, Louisville, KY, USA

11:55 AM CON: Jeffrey J. Teuteberg, MD, University of Pittsburgh, Pittsburgh, PA, USA

12:05 PM Rebuttal PRO Emma Birks, MD, PhD

12:10 PM Rebuttal CON Jeffrey J. Teuteberg, MD

12:15 PM DEBATE: All VAD Patients Should Have a Pulse

12:15 PM PRO: Stephan Schueler, MD, PhD, FRCS, Freeman Hospital, Newcastle upon Tyne, United Kingdom

12:25 PM CON: Evgenij V. Potapov, MD, PhD, Berlin Heart Institute, Berlin, Germany

12:35 PM Rebuttal PRO Stephan Schueler, MD, PhD, FRCS

12:40 PM Rebuttal CON Evgenij V. Potapov, MD, PhD

10:45 AM - 12:45 PM

PRE-MEETING SYMPOSIUM 08

When Worlds Collide: Heart and Kidney

(*Clio, Thalie*)

(HF, HTX, NNSAH, MCS, PATH)

CHAIRS: Jose Gonzalez-Costello, MD and David A. Baran, MD

SESSION SUMMARY: This session will focus on venous congestion in acute and advanced heart failure and will review 1) the relationship between venous congestion and outcome; 2) the role of venous congestion in the pathophysiology of end-organ dysfunction and damage; 3) the epidemiology and outcome of the cardiorenal syndrome; 4) the hemodynamic and intrabdominal contributors to acute kidney injury; 5) the treatment strategies for decongestion; 6) the role of hemoconcentration as a potential treatment target during decongestion.

10:45 AM The Role of Venous Congestion in the Pathophysiology of Acute Heart Failure, Paolo Colombo, MD, Columbia University, New York, NY, USA

11:00 AM Q & A

11:05 AM Cardiorenal Syndrome, Maria Rosa Costanzo, MD, Midwest Heart Specialists-Advocate Medical, Naperville, IL, USA

11:20 AM Q & A

11:25 AM Hemoconcentration as a Treatment Goal in Acute Heart Failure, Jeffrey M. Testani, MD, MTR, Yale University, New Haven, CT, USA

11:40 AM Q & A

11:45 AM Management of the Failing Fontan, Michael Burch, MD, Great Ormond Street Hospital, London, United Kingdom

12:00 PM Q & A

12:05 PM Heart-Kidney Transplantation, Lawrence S.C. Czer, MD, Cedars-Sinai Medical Center, Los Angeles, CA, USA

12:20 PM Q & A

12:25 PM Renal Sparing Strategies in Heart Transplantation, Markus J. Barten, MD, PhD, Heart Center Leipzig, Leipzig, Germany

12:40 PM Q & A

10:45 AM - 12:45 PM

PRE-MEETING SYMPOSIUM 09

**Making the Most of What We Have:
Maximizing Donor Utilization** (*Erato, Uranie*)
(LTX, DMD, LF, PEEG)

CHAIRS: Gabriel Loor, MD and Dirk Van Raemdonck, MD, PhD

SESSION SUMMARY: This session will focus on maximizing donor yield through reevaluation of key issues that cause practitioners to decline offers. There are clearly differences between high volume and low volume centers related to perception of donor quality, mechanisms for evaluating offers, and strategies for optimizing donor organs. The data supporting donor criteria is not perfectly consistent. This leaves difficult decisions to the discretion of implanting surgeons. Centers with high import to export ratios often accept organs that others have refused while maintaining similar if not superior outcomes. This session will review and debate important donor criteria that raise concern for potential implanters. There is no right or wrong answer, but rather a spectrum that requires thoughtful consideration for the benefit of recipients on the wait list. The session will evaluate the strongest available data on donor ischemic time, donor age, and donation after cardiac death. There will be an update on the status of donor scoring systems and checklists that integrate a variety of elements into positive or negative scores. There will be discussion on implementation of donor screening programs to maximize the interpretation, evaluation, and management of donor offers. Furthermore, this session will highlight the practical aspects of using extra-corporeal optimization technology to increase donor yield. Finally, donor selection and management relevant to pediatric transplantation will be highlighted.

10:45 AM DEBATE: Cold Ischemic Time Should Affect the Decision to Decline a Donated Lung

10:45 AM PRO: Michiel E. Erasmus, MD, PhD, University Medical Center, Groningen, The Netherlands

10:55 AM CON: Marcelo Cypel, MD, University of Toronto, Toronto, ON, Canada

11:05 AM DEBATE: DCD Status Should Influence Refusal of a Donated Lung

11:05 AM PRO: Christopher H. Wigfield, MD, FRCS, University of Chicago, Chicago, IL, USA

11:15 AM CON: Bronwyn J. Levvey, RN, Grad Dip Clin Ep, Alfred Hospital, Melbourne, Australia

11:25 AM DEBATE: We Should Use Older Donors for Lung Transplantation

11:25 AM PRO: Christian A. Bermudez, MD, University of Pittsburgh Medical Center Presbyterian, Pittsburgh, PA, USA

11:35 AM CON: Florian M. Wagner, MD, University Heart Center Hamburg Eppendorf, Hamburg, Germany

11:45 AM Pooling Complex Factors - Can Donor Scores Remove Bias in Donor Selection? Takahiro Oto, MD, Okayama University Hospital, Okayama, Japan

12:00 PM Current Status of Extra Corporeal Optimization Technology for Maximizing Donor Yield, Robert B. Love, MD, Medical College of Wisconsin, Milwaukee, WI, USA

12:15 PM Donor Selection and Management in Children and Adolescents Awaiting Lung Transplantation, George B. Mallory, Jr., MD, Texas Children's Hospital, Houston, TX, USA

12:30 PM Panel Discussion



10:45 AM - 12:45 PM

PRE-MEETING SYMPOSIUM 10

Therapeutic Strategies in Pulmonary Hypertension: Current Evidence and New Directions (*Hermes*) (PH, HF, HTX, LF, LTX, MCS, PHARM)

CHAIRS: Myung H. Park, MD and Irene Lang, MD

SESSION SUMMARY: Pulmonary arterial hypertension and chronic thromboembolic pulmonary hypertension now have multiple therapeutic options for the practicing physician. This session will present focused discussions on combination therapeutic approaches. It will discuss the results of recent clinical trials in support of sequential versus upfront combination therapies and look at new options in medical and non-surgical management of chronic thromboembolic pulmonary hypertension.

10:45 AM The Rationale for Combination Therapy in Pulmonary Arterial Hypertension, Mardi Gomberg-Maitland, MD, University of Chicago Medical Center, Chicago, IL, USA

11:05 AM Sequential or Upfront Combination Therapy for Pulmonary Arterial Hypertension? Nazzareno Galie, MD, University of Bologna, Bologna, Italy

11:25 AM Therapies in Development: Investigational and Emerging, Marc Humbert, MD, PhD, Hospital Bicetre, Paris, France

11:45 AM The Hemodynamic/Phenotypic Paradox: Pulmonary Hypertension Classification in Clinical Trials, J Simon R. Gibbs, FRCP, Hammersmith Hospital, London, United Kingdom

12:05 PM Evolving Management of Chronic Thromboembolic Pulmonary Hypertension: Medical, Interventional and Surgical, David P. Jenkins, FRCS, Papworth Hospital, Cambridge, United Kingdom

12:25 PM Panel Discussion

10:45 AM - 12:45 PM

PRE-MEETING SYMPOSIUM 11

Drug Disposition in the Critically Ill Patient (*Caliope*) (PHARM, HTX, ID, LTX, NHSAH, PEDS)

CHAIRS: Adam B. Cochrane, Pharm.D. and Martha L. Mooney, MD, FACP

SESSION SUMMARY: Critically ill patients constitute unique and complex pharmacologic challenges to clinicians. These patients are often dealing with altered gastrointestinal absorption, hepatic function, volume of distribution, numerous drug-drug interactions, and dependence on various devices, all of which can cause significant alteration in drug pharmacokinetics and pharmacodynamics. Many of the drugs used in transplantation and MCS show a great degree of interindividual and intraindividual pharmacokinetic and pharmacodynamic variability. Moreover, these drugs often have a narrow therapeutic window, with potential for toxicity or treatment failure. In this setting, pharmacokinetics and pharmacodynamics play an important role in the optimal management of these patients to improve patient outcomes.

10:45 AM ECMO: Hungry, Hungry Circuits, Haifa Lyster, MSc, Royal Brompton & Harefield NHS Trust, Harefield, United Kingdom

11:05 AM Renal Replacement Therapy and Plasmapheresis: Where is the Drug Going? Christopher R. Ensor, PharmD, BCPS-CV, University of Pittsburgh, Pittsburgh, PA, USA

11:20 AM Up in the Air: Can My Drug Be Nebulized? Katie Watkins, PharmD, University of California, San Francisco, CA, USA

11:35 AM Sanctuary Sites of Infection: Hide and Seek, Kate Gould, FRCPATH, Freeman Hospital, Newcastle Upon Tyne, United Kingdom

11:55 AM Therapeutic Drug Monitoring in Special Populations, Eliane Billaud, PhD, PharmD, Hospital Georges Pompidou, Paris Cedex, France

12:15 PM A Sticky Situation - Device Infections and Biofilms, Stanley I. Martin, MD, Ohio State University Medical Center, Columbus, OH, USA

12:30 PM Panel Discussion

10:45 AM - 12:45 PM

PRE-MEETING SYMPOSIUM 12

The Future of Tolerance: Definitions, Directions, and Design (*Euterpe*) (ALL)

CHAIRS: James F. George, PhD and Stephan M. Ensminger, MD, DPhil

SESSION SUMMARY: This session approaches tolerance from a conceptual perspective, shedding light on the forces that moved tolerance in the past and the directions that it will likely take in the future. While to many the concept of tolerance is a fading dream, this session will show that with fresh insight, persistence, and a creative approach using new technologies, the entity of tolerance may still be achievable.

10:45 AM Tolerance, Chimerism, and Cytokines: Definitions and Historical Perspective, Kimberly L. Gandy, MD, PhD, University of Missouri, Kansas City, MO, USA

11:00 AM Myeloid and Mesenchymal Stem Cells: The Rising Tolerizers, Jos Domen, PhD, Children's Mercy Hospital, Kansas City, MO, USA

11:15 AM The Role of Cytokines in Tolerance, Carla C. Baan, PhD, Erasmus Medical Center, Rotterdam, The Netherlands

11:30 AM T Regulatory Cells in Tolerance Induction: Translation From Bench to Bedside, Manuella Battaglia, PhD, San Raffaele, Milan, Italy

11:45 AM The Role of Cellular Immunotherapy in Solid Organ Transplantation: Lessons from the ONE Study, Edward Geissler, PhD, University of Regensburg, Regensburg, Germany

12:00 PM Tolerance Induction with Hematopoietic Stem Cells: Learning from Bone Marrow Transplantation, Joren C. Madsen, MD, DPhil, Massachusetts General Hospital/Harvard Medical School, Boston, MA, USA

12:15 PM Immune Monitoring for Clinical Tolerance, Birgit S. Sawitzki, PhD, Institute of Medical Immunology Charite, Berlin, Germany

12:30 PM Tolerance in Pediatric Transplant Recipients: A Window of Opportunity, Lori J. West, MD, DPhil, University of Alberta, Edmonton, AB, Canada

2:45 PM - 4:45 PM

PRE-MEETING SYMPOSIUM 13

Early Implantation: Is It Too Soon? (*Athena*)

(MCS, HF, HTX, NHSAH, PEEQ)

CHAIRS: Salpy V. Pamboukian, MD, MSPH and Jan F. Gummert, MD, PhD

SESSION SUMMARY: This symposium will explore the movement to extend the benefits of MCS to the earlier stage, principally the class III heart failure patient. This area is ripe for discussion and debate. Strong arguments exist on both sides as to whether the field is ready for this. In the era of expanded use of MCS, this topic merits further debate, especially within the international scope of our society, as treatment availability and application varies across countries. The fate of the Class III patient with medical therapy will be presented with new data from the current MEDAMACs trial, followed by a debate as to whether or not the timing is right for an evaluation of the outcomes of implantation in INTERMACS profile 4-7 patients. The needs from the patient's perspective and the ideal pump requirements from an engineering perspective will be discussed. New data on outcomes in ambulatory Class IV patients will be discussed, followed by a case presentation and panel discussion.

2:45 PM Results From MEDAMACs - What is the Fate of the Class III Patient with Medical Therapy? Garrick C. Stewart, MD, Brigham & Women's Hospital, Boston, MA, USA

3:00 PM DEBATE: INTERMACS Profile 4+: The Timing is Right

3:00 PM PRO: Keith D. Aaronson, MD, University of Michigan Medical Center, Ann Arbor, MI, USA

3:10 PM CON: Randall C. Starling, MD, MPH, Cleveland Clinic, Cleveland, OH, USA

3:20 PM Rebuttal PRO Keith D. Aaronson, MD

3:25 PM Rebuttal CON Randall C. Starling, MD, MPH

3:30 PM What are the Needs for Class III Patients: The Patient's Perspective, Tonya I. Elliot, MSN, RN, CCTC, CHF, MedStar Washington Hospital Center, Washington, DC, USA

3:45 PM Future Needs for Functional Class III Patients: The Engineering Perspective, Francesco Moscato, PhD, Medical University of Vienna, Vienna, Austria

4:00 PM Highlights From ROADMAP: Outcomes in Ambulatory Class IV Patients, Douglas A. Horstmannshof, MD, Integris Baptist Medical Center, Oklahoma City, OK, USA

4:15 PM Case Presentation of a Patient Presenting with Ambulatory Class III Heart Failure, Alexander M. Bernhardt, MD, University Heart Center Hamburg, Hamburg, Germany

4:25 PM Panel Discussion

2:45 PM - 4:45 PM

PRE-MEETING SYMPOSIUM 14

Extreme Donors: Pushing the Boundaries (*Clio, Thalie*)

(HTX, BSTR, DMD, HF, PEDS, PEEQ)

CHAIRS: Ivan Knezevic, MD and Kumud K. Dhital, MD, PhD

SESSION SUMMARY: This session will focus on the transplantation of hearts from extended criteria and DCD donors. Subjects to be covered are: 1) definition of death: implications for retrieving hearts from DCD donors; 2) pathophysiology of myocardial injury during withdrawal of life support - implications for retrieval and transplantation of hearts from DCD donors; 3) surgical Perspective on procuring and transplanting extended criteria donors; 4) human heart transplantation from DCD donors - a pediatric perspective; and 5) human heart transplantation from DCD donors - an adult perspective.

2:45 PM Definition of Death - Implications for Heart Donation from DCD Donors, Sam Shemie, MD, Montreal Children's Hospital, McGill University, Montreal, QC, Canada

3:00 PM Myocardial Injury During Withdrawal of Life Support, Peter MacDonald, MD, PhD, St. Vincent's Hospital, Sydney, Australia

3:15 PM Ex Vivo Assessment of Hearts from DCD Donors, Darren H. Freed, MD, PhD, FRCS, University of Alberta Hospital, Edmonton, AB, Canada

3:30 PM Heart Transplantation from DCD Donors - A Pediatric Perspective, Asif Hasan, MD, Freeman Hospital, Newcastle Upon Tyne, United Kingdom

3:45 PM Human Heart Transplantation from DCD Donors - An Adult Perspective, Stephen R. Large, MB, FRCS, FRCP, Papworth Hospital, Cambridge, United Kingdom

4:00 PM Donor Heart Protection - What Works, What Doesn't, Yoshifumi Naka, MD, PhD, New York Presbyterian Hospital, New York, NY, USA

4:15 PM Would You Take This Donor? When is the Risk Too High? David A. Baran, MD, Newark Beth Israel Medical Center, Newark, NJ, USA

4:30 PM Panel Discussion

2:45 PM - 4:45 PM

PRE-MEETING SYMPOSIUM 15

Before, During, and After - Optimizing Outcomes in the High Risk Recipient for Lung Transplantation (*Erato, Uranie*)

(LTX, BSTR, LF)

CHAIRS: Vibha N. Lama, MD and Cassie C. Kennedy, MD

SESSION SUMMARY: This session will focus on modifiable factors in the pre-, peri-, and post- transplant period and steps needed to improve outcomes after lung transplantation. The role of ECMO as a bridge to transplant and perioperative recovery will be reviewed. Challenging patient cohorts, including those with connective tissue disease and pulmonary hypertension complicating ILD, will be highlighted. Complex medical issues in the CF patient will be reviewed.

2:45 PM Modifiable Factors Pre-Transplantation - Improving Survival by Candidate Selection, Andrew Chang, MD, University of Michigan Medical Center, Ann Arbor, MI, USA

3:05 PM ECMO and Lung Transplantation - Bridge to and After, Walter Klepetko, MD, Medical University of Vienna, Vienna, Austria

3:25 PM Managing Secondary Pulmonary Hypertension in Idiopathic Pulmonary Fibrosis Patients Before, During, and After Transplant, Paul A. Corris, MB, FRCP, Freeman Hospital, Newcastle upon Tyne, United Kingdom

3:45 PM Connective Tissue Disease in Interstitial Lung Disease - Is the Baggage Too Heavy? Elana J. Bernstein, MD, Columbia University, New York, NY, USA

4:05 PM The Medically-Challenging Cystic Fibrosis Patient - Diabetes, Digestion, and Drug-Seeking Behavior, A. Whitney Brown, MD, Inova Advanced Lung Disease & Transplant, Fairfax, VA, USA

4:25 PM Panel Discussion

2:45 PM - 4:45 PM

PRE-MEETING SYMPOSIUM 16

Challenges in Pulmonary Hypertension Due to Left Heart Disease (*Hermes*)

(PH, BSTR, HF, HTX, MCS, NNSAH, PEDS)

CHAIRS: Jean-Luc Vachiery, MD and Van N. Selby, MD

SESSION SUMMARY: Pulmonary hypertension (PH) is common among patients with left heart disease (LHD), and the development of PH-LHD is associated with a worse prognosis. This session will review evidence in several sub-categories of left heart disease including heart failure with preserved ejection fraction (HFpEF), restrictive and hypertrophic cardiomyopathies, and valvular disease in the setting of LVAD implantation. The prevalence, prognostic significance, and diagnostic evaluation of PH in each of these conditions will be discussed, as will the implications for management.

2:45 PM Pulmonary Hypertension Due to Left Heart Disease: Novel Hemodynamic Predictors, James C. Fang, MD, University of Utah Health Sciences Center, Salt Lake City, UT, USA

3:05 PM Q & A

3:09 PM Pulmonary Hypertension in Heart Failure with Preserved Ejection Fraction, Marco Guazzi, MD, PhD, IRCCS, Policlinico San Donato University Hospital, Milan, Italy

3:29 PM Q & A

3:33 PM Pulmonary Hypertension in Restrictive, Infiltrative and Hypertrophic Cardiomyopathy, Robert P. Frantz, MD, Mayo Clinic, Rochester, MN, USA

3:53 PM Q & A

3:57 PM Pulmonary Hypertension in Mitral and Aortic Valve Disease, Evelyn M. Horn, MD, Weill Cornell Medical Center, New York, NY, USA

4:17 PM Q & A

4:21 PM Pulmonary Hypertension Pre and Post LVAD: Should It Be Treated? Ryan J. Tedford, MD, Johns Hopkins University, Baltimore, MD, USA

4:41 PM Q & A

2:45 PM - 4:45 PM

PRE-MEETING SYMPOSIUM 17

Lung and Heart-Lung Transplantation: Coming of Age (*Caliope*)

(PEDS, BSTR, DMD, LF, LTX)

CHAIRS: Carol K. Conrad, MD and Nicolaus Schwerk, MD

SESSION SUMMARY: The primary aim of this session is to present and discuss child-specific aspects of lung and heart-lung transplantation. Due to the scarcity of potential donors, lung allocation remains a big challenge, especially in children. Different approaches to expand the donor pool, like single lobe transplantation or atypical size reduction, have been developed to resolve this dilemma. Recent advances, as well as existing challenges and limitations, of donor pool expansion will be discussed, including the option of ex-vivo perfusion and DCD-donation. A further talk will give insights into the current state of pediatric lung transplantation from the surgical point of view. The number of children with congenital heart disease developing pulmonary hypertension prohibiting a cardiac transplantation is rising. Heart-lung transplantation may be the only solution in these patients. Possibilities and challenges of this approach will be discussed. Non-adherence is another major problem, especially in adolescents, and is responsible for a significant amount of morbidity and mortality after lung transplantation. Therefore, options for early detection and intervention are crucial.

2:45 PM Waiting List Management and Allocation Policies - What Works Best for Children? Samuel B. Goldfarb, MD, Children's Hospital of Philadelphia, Philadelphia, PA, USA

3:00 PM Q & A

3:05 PM Ex-vivo Perfusion: An Option to Preserve and Rehabilitate Pediatric Donor Lungs, Jayan Nagendran, MD, University of Alberta, Edmonton, AB, Canada

3:20 PM Q & A

3:25 PM Surgical Challenges in Pediatric Lung Transplantation, Gregor Warnecke, MD, Hannover Medical School, Hannover, Germany

3:40 PM Q & A

3:45 PM Under Pressure - Type II Pulmonary Hypertension in Children with End Stage Heart Failure, Maurice Beghetti, MD, HUG Children's University Hospital, Geneva, Switzerland

4:00 PM Q & A

4:05 PM Heart-Lung Transplantation for Children with Congenital Heart Disease and Pulmonary Hypertension: A Feasible Option? Stuart C. Sweet, MD, PhD, St. Louis Children's Hospital, St. Louis, MO, USA

4:20 PM Q & A

4:25 PM Non-Adherence: How to Detect and How to Deal With It? Doris Staab, MD, Charite University Hospital, Berlin, Germany

4:40 PM Q & A

2:45 PM - 4:45 PM

PRE-MEETING SYMPOSIUM 18

B Cells in Transplantation 2015 (*Euterpe*)

(BSTR, HF, HTX, LTX, PATH, PEDS)

CHAIRS: Marilia Cascalho, MD, PhD and A. G. Kfoury, MD, FACC

SESSION SUMMARY: This session will illustrate the cutting edge of knowledge and present key questions yet unanswered concerning basic B cell function and control and the clinical impact of immune therapeutics on humoral immunity, rejection, and potentially tolerance. These presentations will be followed by a panel discussion, in workshop format, designed to draw from the speakers and from the audience a synthesis of how basic knowledge can potentially be applied and what information and level of resolution are needed for clinical applications.

2:45 PM The Role of B cells in the Alloimmune Response, Esme Dijke, PhD, University of Alberta, Edmonton, AB, Canada

3:05 PM Tolerance and Accommodation After Transplantation: The Role of B cells, Jeffrey L. Platt, MD, University of Michigan, Ann Arbor, MI, USA

3:25 PM Harnessing the Power of B Regulatory Cells to Modulate the Immune Response, Claudia Mauri, PhD, University College London, London, United Kingdom

3:45 PM Targeting Plasma Cells in Transplantation, Meena Clatworthy, PhD, University of Cambridge, Cambridge, United Kingdom

4:05 PM B cell Therapeutics in Transplantation, Jignesh K. Patel, MD, PhD, Cedars-Sinai Heart Institute, Los Angeles, CA, USA

4:25 PM Panel Discussion

5:00 PM - 7:00 PM

PRE-MEETING SYMPOSIUM 19

50 Shades of Gray: When Things Don't Go as Planned in VAD Patients (*Athena*)

(MCS, HF, HTX, ID, NHSAH)

CHAIRS: Ulrich P. Jorde, MD and O. Howard Frazier, MD

SESSION SUMMARY: The common, serious adverse events that occur in LVAD patients and which result in morbidity and mortality will be discussed. Their incidence, diagnosis, and management will be presented and discussed by experts in the field. These topics will include: 1) Device thrombosis: when/how to screen for and diagnose device thrombosis, when/how to treat device thrombosis medically and surgically; 2) Post-operative right ventricular failure: when to treat, followed by a discussion of the medical and surgical treatment options and when to use each; 3) Aortic Insufficiency: when/how to adjust pump speed to prevent/treat aortic insufficiency, when/how to repair/replace the aortic valve, including a discussion on the use of TAVR in VAD patients; 4) Driveline infection with/without pocket involvement, when/how to perform ID and when/how to replace the device; 5) GI bleeding in VAD patients: why it occurs and its current incidence, when/how to adjust anticoagulation, how to identify and treat AVMs; 6) Stroke: incidence and changing trends, how to prevent, diagnose and manage stroke in VAD patients.

5:00 PM Device Thrombosis - What Now? Nir Uriel, MD, Columbia University Medical Center, New York, NY, USA

5:15 PM Q & A

5:20 PM Post-Operative RV Failure: Medicine or Machines? Nader Moazami, MD, Cleveland Clinic, Cleveland, OH, USA

5:35 PM Q & A

5:40 PM Aortic Insufficiency in VAD Patients - Observe, Treat or Fix? Daniel Zimpfer, MD, Medical University Vienna, Vienna, Austria

5:55 PM Q & A

6:00 PM Driveline Infection - Debride, Reroute, Replace? Scott C. Silvestry, MD, Washington University School of Medicine, St. Louis, MO, USA

6:15 PM Q & A

6:20 PM GI Bleeding in VAD Patients - Why, Where, What Now? Anna L. Meyer, MD, Leipzig Heart Center, Leipzig, Germany

6:35 PM Q & A

6:40 PM Strokes in VAD Patients - Incidence, Changing Trends and Management, Jeffrey A. Morgan, MD, Henry Ford Hospital, Detroit, MI, USA

6:55 PM Q & A

5:00 PM - 7:00 PM

PRE-MEETING SYMPOSIUM 20

The Road Less Traveled: The Management of Unusual Cardiomyopathies (*Clio, Thalie*)

(HF, BSTR, HTX, MCS, NHSAH, PEDS)

CHAIRS: Eugene C. DePasquale, MD and Marco Masetti, MD

SESSION SUMMARY: Inherited cardiomyopathies, which may include dilated, hypertrophic, restrictive, and arrhythmogenic right ventricular cardiomyopathy, can progress to end stages and may ultimately lead to the requirement of heart transplantation. A better understanding of the pathophysiology and management specific to these heritable conditions is crucial to the heart failure/transplant specialist to aid in overall care, as well as timing of listing for heart transplantation. It is also critical for the heart failure/transplant physician to understand the role and limitations of presently available genetic testing and the potential medical and psychological impact of testing on the patient and their family members. This symposium will review genetic testing for cardiomyopathies, when to consider testing in patients with cardiomyopathy, the limitations of presently available testing, and the importance of genetic counseling.

5:00 PM Chagas Cardiomyopathy, Alejandro Bertolotti, MD, Favaloro Foundation University Hospital, Buenos Aires, Argentina

5:15 PM Hypertrophic Cardiomyopathy, Neal K. Lakdawala, MD, Brigham & Women's Hospital, Boston, MA, USA

5:30 PM Arrhythmogenic Right Ventricular Cardiomyopathy, Ray E. Hershberger, MD, Ohio State University College of Medicine, Columbus, OH, USA

5:45 PM Amyloid Heart Disease, Marc J. Semigran, MD, Massachusetts General Hospital, Boston, MA, USA

6:00 PM Adults with Congenital Heart Disease: When is Transplant the Answer? Evan M. Zahn, MD, Cedars-Sinai Medical Center, Los Angeles, CA, USA

6:15 PM Muscular Dystrophies and Mitochondrial Myopathies, Pradeep P.A. Mammen, MD, FACC, FAHA, UT Southwestern Medical Center, Dallas, TX, USA

6:30 PM Role of Genetic Counseling, Kathleen Hickey, EdD, FNP, ANP, FAHA, FAAN, Columbia University, New York, NY, USA

5:45 PM Panel Discussion

5:00 PM - 7:00 PM

PRE-MEETING SYMPOSIUM 21

I3T: Infection, Inflammation, and Immunity After Lung Transplantation (*Erato, Uranie*)

(LTX, BSTR, ID, LF)

CHAIRS: Tanya J. McWilliams, MD, PhD and Peter M. Hopkins, FRACP

SESSION SUMMARY: A growing body of evidence suggests that there are important links between infection and rejection in the setting of lung transplantation. In addition, there is an increasing appreciation that colonization with pathogenic organisms may both predispose to future invasive disease as well as influence the inflammatory and allo-immune environment of the lung allograft. Both colonization and invasive infection with certain bacteria, including *Pseudomonas aeruginosa*, may predispose to development of CLAD. Fungal colonization and infection with *Aspergillus* spp. has also been shown to be associated with a decrease in FEV1, even in the absence of invasive fungal infection. Viruses, including CMV and community-acquired respiratory viruses, have also been shown to exert pro-inflammatory and immune modulating effects that can lead to CLAD via cytokine and chemokine expression. The delineation of these links and potential mechanisms for these effects have important implications for the screening and response to colonizing pathogens and should lead to new interventions to prevent and possibly reverse CLAD.

5:00 PM Epidemiology of Infections, Inflammation, Immunity and Lung Transplant Outcomes, Shahid Husain, MD, MS, University Health Network, Toronto, ON, Canada

5:15 PM Q & A

5:20 PM The Many Deleterious Roles of Viral Infection in the Lung Allograft, Joanna M. Schaenman, MD, PhD, UCLA School of Medicine, Los Angeles, CA, USA

5:35 PM Q & A

5:40 PM Bacterial and Fungal Pathogens and Progression to CLAD, Andrew J. Fisher, FRCP, PhD, Freeman Hospital, Newcastle Upon Tyne, United Kingdom

5:55 PM Q & A

6:00 PM A Tale of Two Viruses: Understanding How Virology and Host Response to Influenza and RSV Impact Lung Pathobiology Leading to CLAD, Tereza Martinu, MD, Toronto General Hospital, Toronto, ON, Canada

6:15 PM Q & A

6:20 PM To Treat, Not to Treat or How to Treat: Novel Antiviral Therapies in Development, Jens Gottlieb, MD, Medical School Hannover, Hannover, Germany

6:35 PM Q & A

6:40 PM Interplay Between Infection and Immunity, Andrew E. Gelman, PhD, Washington University School of Medicine, St. Louis, MO, USA

6:55 PM Q & A

5:00 PM - 7:00 PM

PRE-MEETING SYMPOSIUM 22

Chronic Lung Disease Associated Pulmonary Hypertension: Mechanism, Pathology, and Clinical Impact (*Hermes*)

(PH, LF, LTX, NHSAA, PATH)

CHAIRS: Teresa De Marco, MD, FACC and Rajeev Saggarr, MD

SESSION SUMMARY: The use of targeted pulmonary vascular therapies in patients with pulmonary hypertension secondary to chronic lung disease is controversial. The 5th World PH Symposium developed recommendations for the diagnosis and management of this entity. This symposium will present the key aspects in the pathology, mechanisms, and treatment opportunities for patients in this group.

5:00 PM Pathology of Pulmonary Fibrosis Associated Pulmonary Hypertension, Gerald J. Berry, MD, Stanford University, Stanford, CA, USA

5:20 PM Q & A

5:25 PM Combined Pulmonary Fibrosis and Emphysema: A Unique Pattern of Pulmonary Vascular Disease, Vincent Cottin, MD, Université Claude Bernard Lyon, Lyon, France

5:45 PM Q & A

5:50 PM Gas Exchange in Lung Disease and Pulmonary Hypertension: The Myths and Facts, Joan A. Barbera, MD, University of Barcelona, Barcelona, Spain

6:10 PM Q & A

6:15 PM When to Treat Pulmonary Hypertension in Association with Pulmonary Fibrosis, Steven D. Nathan, MD, Inova Fairfax Hospital, Falls Church, VA, USA

6:35 PM Q & A

6:40 PM Case Presentation: Applying the Evidence to the Individual Patient, Ioana R. Preston, MD, Tufts Medical Center, Boston, MA, USA

6:45 PM Panel Discussion

5:00 PM - 7:00 PM

PRE-MEETING SYMPOSIUM 23

Frontiers in Pediatric Transplantation (*Caliope*)

(PEDS, DMD, HTX, MCS)

CHAIRS: Martin Schweiger, MD and Jennifer Conway, MD

SESSION SUMMARY: Heart transplantation during childhood remains a treatment of last resort fraught with many risks and subjected to very difficult decisions involving medical, psychosocial, and ethical aspects, with small case numbers and treatments at the current limits of modern medicine. This session includes some newer and disputed approaches as well as the most challenging ethical aspects of pediatric heart transplantation. In this session, we will address the pitfalls and perils of managing pediatric patients with advanced heart failure requiring consideration for transplant or mechanical circulatory support. We will also address the limitations and problems of heart and lung transplantation with respect to systemic genetic diseases, such as chromosomal abnormalities or Duchenne's muscular dystrophy, and the roles of alternative therapies such as MCS. Additional topics that will be covered include outcomes and quality of life of children who have been transplanted with chromosomal abnormalities and the implications for advanced heart failure management decisions; outcomes of thoracic transplantation with organs from extended criteria heart donors including those with high risk infections, CPR, or other concerning features; and the future of MCS for children, including feasibility of permanent support including total artificial hearts in teenagers, algorithm for myocardial recovery testing, and the role of MCS therapy in patients with failing, surgically palliated congenital heart disease.

5:00 PM Organ Donor Shortage - How Far Can We Extend the Donor Pool? John Dark, MB, FRCS, Freeman Hospital, Newcastle Upon Tyne, United Kingdom

5:15 PM Q & A

5:20 PM Antibodies to HLA and Blood Groups: Match, Treat or Ignore for Allocation? Simon Urschel, MD, University of Alberta, Edmonton, AB, Canada

5:35 PM Q & A

5:40 PM Thoracic Transplantation in Children with Genetic Abnormalities, Rachel E. Andrews, MD, Great Ormond Street Hospital, London, United Kingdom

5:55 PM Q & A

6:00 PM Elevated Pulmonary Vascular Resistance in Congenital Heart Disease: LVAD Before or RVAD After Heart Transplantation? Holger W. Buchholz, MD, University of Alberta Hospital, Edmonton, AB, Canada

6:15 PM Q & A

6:20 PM Lifetime VAD: A Destination for Children? Angela Lorts, MD, Cincinnati Children's Hospital, Cincinnati, OH, USA

6:35 PM Q & A

6:40 PM Facing the Truth: When and How to Include Palliative Care for Children Before and After Transplant and VAD, Roxanne E. Kirsch, MD, Children's Hospital of Philadelphia, Philadelphia, PA, USA

6:55 PM Q & A

5:00 PM - 7:00 PM

PRE-MEETING SYMPOSIUM 24

Clinically Relevant Thoracic Transplant Pathology: A Primer for Clinicians, Nurses, Pharmacists and Other Members of the Transplant Team (*Euterpe*)

(ALL)

CHAIRS: Annalisa Angelini, MD and Carol F. Farver, MD

SESSION SUMMARY: The aim of this session will be to provide clinicians, nurses, pharmacists and other allied health members with a tutorial of current criteria, terminology, and classifications of cellular and antibody-mediated rejection of the heart and lung allograft, as well as an update on risk factors and morphologic lesions that constitute chronic allograft rejection in both organs. Appropriate treatment options for each form of rejection will also be discussed. The speakers are all experienced transplant pathologists who have actively participated in the elucidation of current grading schemes.

5:00 PM Acute Cellular Rejection of the Heart, Carmela Tan, MD, Cleveland Clinic, Cleveland, OH, USA

5:15 PM Q & A

5:20 PM Antibody-Mediated Rejection of the Heart, Dylan V. Miller, MD, Intermountain Medical Center, Salt Lake City, UT, USA

5:35 PM Q & A

5:40 PM Cardiac Allograft Vasculopathy, Claus B. Andersen, MD, DMSc, Rigshospitalet, Copenhagen, Denmark

5:55 PM Q & A

6:00 PM Acute Cellular Rejection of the Lung, Desley Neil, FRCPath, Queen Elizabeth Hospital, Birmingham, United Kingdom

6:15 PM Q & A

6:20 PM Antibody-Mediated Rejection of the Lung, Joseph J. Maleszewski, MD, FACC, Mayo Clinic, Rochester, MN, USA

6:35 PM Q & A

6:40 PM Chronic Lung Allograft Dysfunction, Alexandra Rice, FRCPath, Royal Brompton and Harefield NHS Trust, London, United Kingdom

6:55 PM Q & A

THURSDAY, APRIL 16, 2015

8:30 AM - 10:30 AM

OPENING PLENARY SESSION (*Apollon*) (ALL)

CHAIRS: Hermann Reichenspurner, MD, PhD and
Andreas Zuckermann, MD

8:30 AM Welcome/Program Chair Report, Andreas Zuckermann, MD, Medical University of Vienna, Vienna, Austria

8:35 AM President's Address: Youth and Enthusiasm – Our Obligations towards the Next Generation, Hermann Reichenspurner, MD, PhD, University Heart Centre Hamburg, Hamburg, Germany

9:05 AM Thoracic Registry Report, Josef Stehlik, MD, MPH, University of Utah School of Medicine, Salt Lake City, UT, USA

9:20 AM IMACS Registry Report, James K. Kirklin, MD, University of Alabama at Birmingham, Birmingham, AL, USA

9:30 AM Vision ZERO – Cutting Edge Technology for Ultimate Protection, Wolfgang Müller-Pietralla, Volkswagen Group, Wolfsburg, Germany

9:50 AM Featured Abstract

10:05 AM Pioneer Lecture: From Allogeneic to Xenogeneic Heart and Lung Transplantation – A 30 Year Journey, Bruno Reichart, MD, University of Munich/Grosshadern, Munich, Germany

FRIDAY, APRIL 17, 2015

8:30 AM - 10:30 AM

PLENARY SESSION (*Apollon*) (ALL)

CHAIRS: Robert L. Kormos, MD and Stephan Schueler, MD, PhD, FRCS

8:30 AM Fighting Transplant Commercialism: The Impact of the Declaration of Istanbul, Francis L. Delmonico, MD, New England Organ Bank, Waltham, MA, USA

8:50 AM Fighting Transplant Commercialism: A Criminological Approach is Needed, Willem Weimar, MD, University Hospital Rotterdam-Dijkzigt, Rotterdam, The Netherlands

9:10 AM Featured Abstract

9:25 AM Heralding the End of Vascular Obstruction, Tobias Deuse, MD, PhD, University Heart Center Hamburg, Hamburg, Germany

9:45 AM The Health eHeart Study: Harnessing the Power of the Internet to Advance Clinical Research and Patient Care World-Wide, Gregory Marcus, MD, UCSF, San Francisco, CA, USA

10:05 AM The Psychology of Judgment and Decision Making, Alexandra L. Quittner, PhD, University of Miami, Miami, FL, USA

11:00 AM - 12:30 PM

CONCURRENT SYMPOSIUM 28

JHLT at ISHLT: The Year in a Capsule (*Euterpe*) (ALL)

CHAIRS: Paul A. Corris, MB, FRCP and Keyur B. Shah, MD

SESSION SUMMARY: This session will highlight the most exciting publications in the *Journal of Heart and Lung Transplantation* over the past year, followed by discussions led by senior JHLT editorial consultants to relate the presented articles to the greater body of published literature and discuss how they advance our understanding in the field.

11:00 AM Highlights of Heart Transplantation and Mechanical Circulatory Support, Manreet Kanwar, MD, Allegheny General Hospital, Pittsburgh, PA, USA

11:15 AM Discussant: Luciano Potena, MD, PhD, University of Bologna, Bologna, Italy

11:20 AM Highlights of Lung Transplantation and Pulmonary Hypertension, Robin Vos, MD, PhD, University Hospital Gasthuisberg, Leuven, Belgium

11:35 AM Discussant: Edward R. Garrity, Jr., MD, University of Chicago Medical Center, Chicago, IL, USA

11:40 AM Highlights of Pediatrics Heart/Lung Transplantation, Jonathan N. Johnson, MD, Mayo Clinic, Rochester, MN, USA

11:55 AM Discussant: Christian Benden, MD, University Hospital Zurich, Zurich, Switzerland

12:00 PM Highlights of Transplant Infectious Diseases, Saima Aslam, MD, MS, University of California San Diego, San Diego, CA, USA

12:15 PM Discussant: Lara Danziger-Isakov, MD, MPH, Children's Hospital Medical Center, Cincinnati, OH, USA

12:20 PM Panel Discussion



SATURDAY, APRIL 18, 2015

10:00 AM - NOON

PLENARY SESSION (Athena)
(ALL)

CHAIRS: R. Duane Davis, MD and Andrew J. Fisher, FRCP, PhD

10:00 AM Awards Presentations

10:20 AM Consensus Report: AMR in Lung Transplantation,
Deborah J. Levine, MD, University of Texas Health Science
Center, San Antonio, TX, USA

**10:30 AM Consensus Report: Listing Criteria in Heart
Transplantation,** Mandeep R. Mehra, MD, MBBS, FACC, FACP,
Brigham & Women's Hospital, Boston, MA, USA

10:40 AM Featured Abstract

10:55 AM Supercooling of Organs for Transplantation,
Korkut Uygun, PhD, Harvard Medical School, Boston, MA, USA

11:15 AM Featured Abstract

**11:30 AM President's Debate: The 4 Q's: The Quagmire
of the Quantity/Quality Quandary**

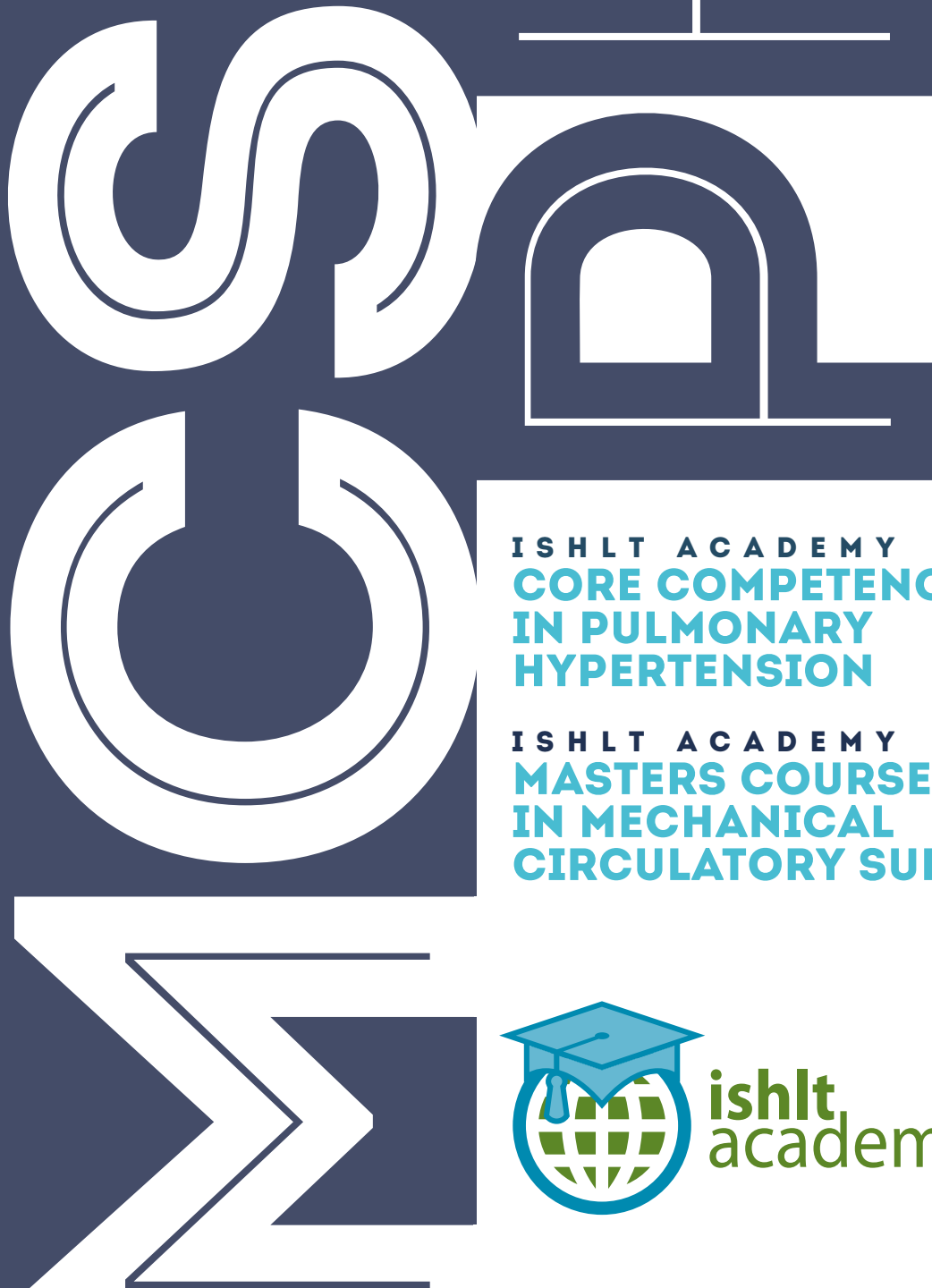
11:30 AM Live Long, Don't Prosper, Heather J. Ross, MD,
MHSc, FRCPC, Toronto General Hospital, Toronto, ON, Canada

11:45 AM Live Fast, Die Young, Marshall I. Hertz, MD,
University of Minnesota, Minneapolis, MN, USA



INTERNATIONAL SOCIETY FOR
HEART AND LUNG TRANSPLANTATION
TUESDAY, APRIL 14TH

HERMES THEATER · MUSES ROOMS
NICE ACROPOLIS CONGRÉS CENTRE
NICE, FRANCE



ISHLT ACADEMY
**CORE COMPETENCIES
IN PULMONARY
HYPERTENSION**

ISHLT ACADEMY
**MASTERS COURSE 2
IN MECHANICAL
CIRCULATORY SUPPORT**





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. 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 and masters level competencies in the fields of cardiopulmonary transplantation, mechanical and biological support of the failing heart, advanced lung disease (including pulmonary vascular disease), infectious diseases and other related disciplines.

On Tuesday, April 14, the day prior to the 2015 Annual Meeting, we will be conducting two simultaneous academies.

**ISHLT Academy:
Core Competencies in
Pulmonary Hypertension**

**ISHLT Academy:
Masters Course 2 in
Mechanical Circulatory
Support**

You may register for one of these two courses via the Annual Meeting registration form. Attendance at the Annual Meeting is NOT required in order to register for an **ishlt academy**.

ISHLT ACADEMY: CORE COMPETENCIES IN PULMONARY HYPERTENSION

PROGRAM CHAIRS: Mardi Gomberg-Maitland, MD, MSc
and Dana P. McGlothlin, MD

TUESDAY, APRIL 14, 2015
Hermes Theater
Nice Acropolis Congr s Centre
Nice, France

SCIENTIFIC PROGRAM COMMITTEE

Richa Agarwal, MD,
Allegheny General Hospital, Pittsburgh, PA, USA

William R. Auger, MD,
University of California San Diego, La Jolla, CA, USA

Raymond L. Benza, MD,
Allegheny General Hospital, Pittsburgh, PA, USA

Robert P. Frantz, MD,
Mayo Clinic, Rochester, MN, USA

Mardi Gomberg-Maitland, MD, MSc,
University of Chicago, Chicago, IL, USA

Dana P. McGlothlin, MD,
Kaiser San Francisco Medical Center, San Francisco,
CA, USA

Myung H. Park, MD,
University of Maryland, Baltimore, MD, USA

Thenappan Thenappan, MD,
University of Minnesota, Minneapolis, MN, USA

Jean-Luc Vachiery, MD,
Erasme University Hospital – ULB, Brussels, Belgium

Dario Vizza, MD,
University of Rome, Rome, Italy

Christopher Wigfield, MD, FRCS,
University of Chicago, Chicago, IL, USA

CONTINUING MEDICAL EDUCATION INFORMATION

Accreditation Statement

The International Society for Heart and Lung Transplantation (ISHLT) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Credit Designation Statement

ISHLT designates this live activity for a maximum of 9.0 *AMA PRA Category 1 Credits*.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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 if a product they are discussing is not labeled for the use under discussion or is still investigational.

Educational Objectives

Pulmonary Hypertension (PH) is a life threatening condition commonly encountered in patients with advanced heart and lung disease. Despite significant advances in the field, patients with PH are complex, their management is challenging and poorly understood, and their survival remains poor. The educational goals of this activity are to provide a concise review of clinical knowledge and essential professional skills to facilitate best practice of surgical and medical aspects involved in the care of patients with pulmonary vascular disease and right ventricular dysfunction, including those with advanced heart and lung disease.

Target Audience

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 information presented is intended to provide a strong foundation of the overarching principles of pulmonary hypertension management, rather than as a detailed update for those who are already proficient in the field.

LEARNING OBJECTIVES

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

- 1** Understand the definitions, diagnosis, and classification of patients with pulmonary hypertension.
- 2** Recognize the indication and use of available pulmonary hypertension specific therapies.
- 3** Understand the epidemiology, pathophysiology, and management principles for the five World Health Organization pulmonary hypertension groups, including patients with advanced heart and lung failure.
- 4** Understand indications and timing for advanced therapies in end-stage heart failure.
- 5** Recognize the role of the right ventricle in pulmonary hypertension and understand the management principles for right ventricular failure.
- 6** Review perioperative considerations for patients with pulmonary hypertension undergoing surgery, including thoracic transplantation or VAD implantation.

CORE COMPETENCIES IN PULMONARY HYPERTENSION

SCIENTIFIC PROGRAM SCHEDULE

7:30 AM – 8:15 AM

REGISTRATION

7:45 AM – 8:25 AM

MORNING COFFEE

8:30 AM – 8:40 AM

WELCOME AND INTRODUCTIONS,

MARDI GOMBERG–MAITLAND, MD, MSC, UNIVERSITY OF CHICAGO MEDICAL CENTER, CHICAGO, IL, USA AND DANA P. MCGLOTHLIN, MD, KAISER SAN FRANCISCO MEDICAL CENTER, SAN FRANCISCO, CA, USA

8:40 AM – 9:40 AM

SESSION 1: The Other Hypertension

8:40 AM **A Rose by Any Other Name Would Smell as Sweet: Pulmonary Hypertension Classification and Diagnosis**, MARDI GOMBERG–MAITLAND, MD, MSC, UNIVERSITY OF CHICAGO MEDICAL CENTER, CHICAGO, IL, USA

Teaching/Discussion Points

- Definitions and hemodynamic classification of pulmonary hypertension*
- WHO clinical classification*
- Diagnostic evaluation*

9:00 AM **Marriage Between the Right Ventricle and Pulmonary Artery: The Friendship and the Fights**, SIMON R. GIBBS, HAMMERSMITH HOSPITAL, LONDON, UNITED KINGDOM

Teaching/Discussion Points

- Normal RV morphology, physiology and function*
- RV adaptation to pressure overload*
- RV/PA coupling and ventricular interdependence*
- Pathophysiology of RV failure and the right heart failure syndrome in PH*

9:20 AM **Nuts and Bolts of Right Heart Catheterization**, THENAPPAN THENAPPAN, MD, UNIVERSITY OF MINNESOTA, MINNEAPOLIS, MN, USA

Teaching/Discussion Points

- Pulmonary artery catheter and how to perform a diagnostic right heart catheterization*
- Common mistakes and pitfalls with hemodynamic measures*
- Indications and performance of vasoreactivity testing*
- When to consider left heart catheterization for LVEDP assessment*

9:40 AM – 11:50 AM

SESSION 2: Pulmonary Arterial Hypertension: Who Group 1 PH

9:40 AM **PAH Epidemiology and Basic Science for Clinicians**, PAUL A. CORRIS, MB, FRCP, FREEMAN HOSPITAL, NEWCASTLE UPON TYNE, UNITED KINGDOM

Teaching/Discussion Points

- Pathology and pathobiology of PAH*
- Registries and epidemiology of PAH subtypes*
- Genetics of PAH*

10:00 AM **PAH Drug and Management Guidelines: Drilling Down the Essentials**, DANA P. MCGLOTHLIN, MD, KAISER SAN FRANCISCO MEDICAL CENTER, SAN FRANCISCO, CA, USA

Teaching/Discussion Points

- Adjunctive therapies and calcium channel blockers*
- Timeline of available PAH therapies*
- Pivotal trials*
- Updated treatment algorithm*

10:20 AM **Risk Prognostication in PAH: Why, When, and How**, RAYMOND L. BENZA, MD, ALLEGHENY GENERAL HOSPITAL, PITTSBURGH, PA, USA

Teaching/Discussion Points

- a. *Importance of risk assessment*
- b. *Key components of risk assessment and why they are important (including imaging, exercise testing, QoL, etc)*
- c. *Utilization of risk assessment tools in the management of PAH*
- d. *When to assess risk and what to do about it therapeutically*

10:40 AM – 11:00 AM

COFFEE BREAK

11:00 AM **When Medical Therapy is Not Enough: Management of Advanced PAH**, MYUNG H. PARK, MD, UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE, BALTIMORE, MD, USA

Teaching/Discussion Points

- a. *Indications for lung transplantation in PAH*
- b. *LAS score and its pitfalls*
- c. *Timing and utilization of atrial septostomy*
- d. *Mechanical circulatory support indications*
- e. *Palliative/hospice care*

11:20 AM **Case Presentation**, RICHA AGARWAL, MD, ALLEGHENY GENERAL HOSPITAL, PITTSBURGH, PA, USA

Case Moderator: ROGERIO SOUZA, MD

Panel Discussants: MARDI GOMBERG-MAITLAND, SIMON GIBBS, THENAPPAN THENAPPAN, PAUL CORRIS, DANA MCGLOTHLIN, RAYMOND BENZA, MYUNG PARK

11:50 AM – 1:20 PM
SESSION 3: Pulmonary Hypertension Due to Left Heart Disease: Who Group 2 PH

11:50 AM **Epidemiology, Pathophysiology, and Diagnosis of WHO Group 2 PH**, NAZARRENO GALIE, MD, UNIVERSITY OF BOLOGNA, BOLOGNA, ITALY

Teaching/Discussion Points

- a. *Pathophysiology of pulmonary hypertension in left heart disease*
- b. *Epidemiology and impact of pulmonary hypertension in HFrEF, HFpEF, and valvular heart disease (including patients undergoing surgical and percutaneous, eg TAVR and MitraClip, valve interventions)*
- c. *Definitions and terminology of WHO group 2 PH*
- d. *Outcomes and risk predictors, including transpulmonary gradient and diastolic pulmonary gradient*

12:10 PM **PH Due to Left Heart Disease: Can it be Treated?** JEAN-LUC VACHIERY, MD, ERASME UNIVERSITY HOSPITAL, BRUSSELS, BELGIUM

Teaching/Discussion Points

- a. *Therapeutic options*
- b. *Pivotal trial data*
- c. *Management guidelines*

12:30 PM **Management Principles and Dilemmas for PH and Right Heart Failure in Heart Transplant and LVAD Patients**, ROBERT P. FRANTZ, MD, MAYO CLINIC, ROCHESTER, MN, USA

Teaching/Discussion Points

- a. *Risks associated with pulmonary hypertension in heart transplantation*
- b. *Management of pulmonary hypertension in heart transplant candidates, including the role of PH specific therapies and LVAD implantation*
- c. *Management of right ventricular failure in LVAD recipients*

CORE COMPETENCIES IN PULMONARY HYPERTENSION

12:50 PM **Case Presentation**, RYAN J. TEDFORD, MD, JOHNS HOPKINS UNIVERSITY, BALTIMORE, MD, USA

Case Moderator: IRENE LANG, MD, MEDICAL UNIVERSITY OF VIENNA, VIENNA, AUSTRIA

Panel Discussants: NAZARRENO GALIE, JEAN-LUC VACHIERY, ROBERT FRANTZ

1:20 PM 2:20 PM

LUNCH BREAK

2:20 PM – 3:30 PM

SESSION 4: Who Group 3 PH: Lung Diseases

2:20 PM **Understanding Group 3 PH: The Basics of PH in COPD and ILD**, OLIVIER SITBON, MD, HOSPITAL BICETRE, UNIVERSITY PARIS-SUD, LE KREMLIN-BICETRE, FRANCE

Teaching/Discussion Points

- Epidemiology of Group 3 PH**
- Prognostic significance of PH in COPD and ILD (including idiopathic pulmonary fibrosis and ILD related to connective tissue disease)**
- Pathophysiology of PH in COPD and ILD, including pulmonary arterial and venous involvement and vasoactive and profibrotic mediators**
- Significance of PH in advanced lung disease patients being considered for lung transplantation**

2:40 PM **How to Treat Group 3 PH Based on Clinical Trials and Clinical Experience**, FERNANDO TORRES, MD, UT SOUTHWESTERN MEDICAL CENTER, DALLAS, TX, USA

Teaching/Discussion Points

- Review the therapeutic options based on clinical trial data in Group 3 PH**
- Discuss the challenges of mixed PH classification patients**

3:00 PM **Case Presentation**, ROBERTO BADAGLIACCA, MD, PHD, UNIVERSITY OF ROME SAPIENZA, ROME, ITALY
Case Moderator: RAJEEV SAGGAR, MD, HEART AND LUNG INSTITUTE, PHOENIX, AZ, USA
Panel Discussants: OLIVIER SITBON, FERNANDO TORRES

3:30 PM – 4:40 PM

SESSION 5: All About Clots: Group 4 PH

3:30 PM **From PE to CTEPH: Diagnosis and Risk Stratification**, MARION DELCROIX, MD, UNIVERSITY HOSPITAL LEUVEN, LEUVEN, BELGIUM

Teaching/Discussion Points

- Epidemiology with a focus on incidence and risk factors**
- Review what is known about the evolution from acute to chronic thromboembolic disease**
- Describe the contribution small vessel arteriopathy plays in the development of CTEPH**

3:50 PM **CTEPH Therapies: Surgical, Interventional and Medical Options**, DAVID P. JENKINS, FRCS, PAPWORTH HOSPITAL, CAMBRIDGE, UNITED KINGDOM

Teaching/Discussion Points

- Describe the issues surrounding operability and PEA surgery**
- Review the appropriate role for specific medical therapy in CTEPH**
- Describe balloon pulmonary angioplasty and where it may find a role in treating CTEPH**

4:10 PM **Case Presentation**, OLAF MERCIER, MD, PHD, CENTRE CHIRURGICAL MARIE LANNELONGUE, FONTENAY AUX ROSES, FRANCE

Case Moderator: WILLIAM R. AUGER, MD, UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER, SAN DIEGO, CA, USA

Panel Discussants: MARION DELCROIX, DAVID JENKINS

4:40 PM – 5:00 PM

COFFEE BREAK



5:00 PM – 7:00 PM

SESSION 6: Who Group 5 PH and Beyond

5:00 PM **Essentials of WHO Group 5 and PAH in Pregnancy**, DARIO VIZZA, MD, UNIVERSITY OF ROME, ROME, ITALY

Teaching/Discussion Points

- a. Review the causes of PH with unclear/multifactorial mechanisms
- b. Focus on epidemiology, mechanisms of PH and role of PH specific therapies in sarcoidosis and hematologic disorders
- c. Risks and outcomes of PAH and pregnancy

5:20 PM **Surgery and Anesthesia in PH: Risks and Management Principles**, JOHN GRANTON, MD, UNIVERSITY OF TORONTO, TORONTO, ON, CANADA

Teaching/Discussion Points

- a. Reported periop morbidity/mortality with cardiac and non-cardiac surgeries in PH patients
- b. Risks of anesthesia and mechanical ventilation in PH patients
- c. Risks of certain operations in patients with PH (eg laparoscopy, lobectomy, orthopedic surgery)
- d. Preoperative considerations and planning
- e. Principles of intra- and post-operative management

5:40 PM **Medical Management of Acute Decompensated RV Failure**, TERESA DE MARCO MD, FACC, UNIVERSITY OF CALIFORNIA SAN FRANCISCO, SAN FRANCISCO, CA, USA

Teaching/Discussion Points

- a. Review the precipitating factors
- b. Discuss management principles, including the role of pulmonary vasodilator therapies, oxygenation, volume management and inopressor use

6:10 PM **Dilemmas in Bridging Strategies for Heart and/or Lung Transplant Candidates with PH**, WALTER KLEPETKO, MD, MEDICAL UNIVERSITY OF VIENNA, VIENNA, AUSTRIA

Teaching/Discussion Points

- a. Considerations for bridging heart and lung transplant candidates with PH using mechanical support
- b. Short-term mechanical support devices and configuration, including V-V vs V-A ECMO, central vs peripheral cannulation, biventricular support, and Nova-Lung
- c. Decision tree for choosing type and configuration of mechanical support device
- d. Complications and outcomes

6:30 PM **Case Presentation**, REBECCA COGSWELL, MD, UNIVERSITY OF MINNESOTA, MINNEAPOLIS, MN, USA

Case Moderator: XAVIER JAIS, MD, HOSPITAL ANTOINE BECLERE, CLAMART PARIS, FRANCE

Panel Discussants: DARIO VIZZA, JOHN GRANTON, TERESA DE MARCO, WALTER KLEPETKO

7:00 PM – 7:10 PM

CLOSING ADDRESS

DANA P. MCGLOTHLIN, MD, KAISER SAN FRANCISCO MEDICAL CENTER, SAN FRANCISCO, CA, USA AND MARDI GOMBERG-MAITLAND, MD, UNIVERSITY OF CHICAGO MEDICAL CENTER, CHICAGO, IL, USA

ISHLT ACADEMY: MASTERS COURSE 2 IN MECHANICAL CIRCULATORY SUPPORT

CHAIR: Ulrich P. Jorde, MD, Montefiore Medical Center, Bronx, NY, USA

TUESDAY, APRIL 14, 2015

Muses Rooms

Nice Acropolis Congr s Centre

Nice, France

SCIENTIFIC PROGRAM COMMITTEE

Daniel J. Goldstein, MD,
Montefiore Medical Center, Bronx, New York, USA

James K. Kirklin, MD,
University of Alabama at Birmingham, Birmingham, AL, USA

Robert L. Kormos, MD,
University of Pittsburgh Medical Center, Pittsburgh, PA, USA

Stephan Schueler, MD, PhD, FRCS,
Newcastle Upon Tyne, United Kingdom

Jeffrey J. Teuteberg, MD,
University of Pittsburgh, PA, USA

Christopher Wigfield, MD, FRCS,
University of Chicago, Chicago, IL, USA

CONTINUING MEDICAL EDUCATION INFORMATION

Accreditation Statement

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Course Summary: The MCS ISHLT Master Class presents a unique international educational opportunity for specialists and developing experts in the field of Mechanical Circulatory Support. A concerted effort brings together faculty and experts to provide an interactive environment well beyond core competency training. The Master Class Modules (MCM) are arranged in advanced breakout sessions for every participant to take full advantage of an integrated curriculum and the exceptional networking opportunity. The specific topics are devised according to defined clinical practice gaps in this fast developing specialty.

Educational Goals: The overarching goal is to provide an advanced learning opportunity for specialists and developing experts in the field of MCS and devices for treatment of heart failure patients.

Target Audience: Specialists in Heart Failure Care, Cardiothoracic Surgeons with MCS experience, Allied professionals with involvement in MCS patients, VAD Coordinators and critical care specialists, heart transplant professionals.

Practice Gap 1: The treatment of acute cardiogenic shock has recently been revolutionized with the introduction of mechanical circulatory support (MCS) options. Comprehensive clinical expertise of advanced usage of these therapies including patient and device selection, management of device associated complications, and transition to next step therapies is currently limited to few select centers. Such practice gaps in specialist knowledge and clinical skills constitutes major limitations in patient care.

Practice Gap 2: With the duration of long term MCS averaging 2 years, the diagnosis and treatment of serious adverse events is increasingly important. Individual practitioners often lack the depth of experience to develop effective strategies to appropriately identify and treat these serious adverse events.

Practice Gap 3: With the rapid evolution of surgical strategies and long term management algorithms, individual practitioners may lack the extensive expertise required to develop new or alternate surgical approaches and chronic management strategies for specific durable devices.

MASTERS COURSE 2 IN MECHANICAL CIRCULATORY SUPPORT

LEARNING OBJECTIVES

Upon completion of the master academy, participants will be able to:

- 1 Differentiate the therapeutic device options for refractory shock in the setting of MCS and understand the associated specific complications.
- 2 Provide patient and device specific weaning protocols in shock patients supported by acute MCS.
- 3 Diagnose serious adverse events including device thrombosis, valvular insufficiency, bleeding, arrhythmia, and right heart failure.
- 4 Provide best practice based management plans for the major adverse events after MCS implantation
- 5 Recognize the evolving surgical indications and device related limitations for mechanical support therapy in subgroups of advanced cardiac failure
- 6 Select long-term MCS options with particular consideration of anticipated surgical management aspects.

SCIENTIFIC PROGRAM SCHEDULE

7:30 AM – 8:15 AM

REGISTRATION

7:45 AM – 8:25 AM

MORNING COFFEE

8:30 AM – 8:50 AM

PLENARY SESSION:

INTRODUCTION TO CONFERENCE, ULRICH P. JORDE, MD,
MONTEFIORE MEDICAL CENTER, BRONX, NY, USA

IMPORTANT NOTE: *Each master class registrant will be assigned to a **SMALL GROUP** and will then rotate through each of the six small group interactive discussions throughout the academy.*

9:00 AM – 10:15 AM

SMALL GROUP INTERACTIVE DISCUSSION ROTATIONS

A: Acute Mechanical Support for INTERMACS Profiles 0-1

B: Special Challenges of Mechanical Circulatory Support in the Patient with Congenital Heart Disease

C: Bleeding and Thrombosis in Mechanically Supported Patients – A Catch 22?

10:15 AM – 10:45 AM

COFFEE BREAK

10:45 AM – NOON

SMALL GROUP INTERACTIVE DISCUSSION ROTATIONS

A: Acute Mechanical Support for INTERMACS Profiles 0-1

B: Special Challenges of Mechanical Circulatory Support in the Patient with Congenital Heart Disease

C: Bleeding and Thrombosis in Mechanically Supported Patients – A Catch 22?

12:10 PM – 1:25 PM

SMALL GROUP INTERACTIVE DISCUSSION ROTATIONS

- A:** *Acute Mechanical Support for INTERMACS Profiles 0-1*
- B:** *Special Challenges of Mechanical Circulatory Support in the Patient with Congenital Heart Disease*
- C:** *Bleeding and Thrombosis in Mechanically Supported Patients – A Catch 22?*

1:25 PM – 2:45 PM

LUNCH BREAK/INDUSTRY INTERACTION

2:45 PM – 3:45 PM

SMALL GROUP INTERACTIVE DISCUSSION ROTATIONS

- D:** *Decision Making in the Transition from Acute Temporary Support to Durable LVAD*
- E:** *Post-VAD Complications: Right Ventricular Failure, Ventricular Tachycardia, and Aortic Insufficiency*
- F:** *Alternative Surgical Techniques for Implantation, Exchange and Explantation in Long Term LVADS*

3:55 PM – 4:55 PM

SMALL GROUP INTERACTIVE DISCUSSION ROTATIONS

- D:** *Decision Making in the Transition from Acute Temporary Support to Durable LVAD*
- E:** *Post-VAD Complications: Right Ventricular Failure, Ventricular Tachycardia, and Aortic Insufficiency*
- F:** *Alternative Surgical Techniques for Implantation, Exchange and Explantation in Long Term LVADS*

4:55 PM – 5:15 PM

COFFEE BREAK

5:15 PM – 6:15 PM

SMALL GROUP INTERACTIVE DISCUSSION ROTATIONS

- D:** *Decision Making in the Transition from Acute Temporary Support to Durable LVAD*
- E:** *Post-VAD Complications: Right Ventricular Failure, Ventricular Tachycardia, and Aortic Insufficiency*
- F:** *Alternative Surgical Techniques for Implantation, Exchange and Explantation in Long Term LVADS*

6:20 PM – 6:45 PM

PLENARY SESSION: Wrap-Up and The Future Of MCS,

ULRICH P. JORDE, MD, MONTEFIORE MEDICAL CENTER,
BRONX, NY, USA

MASTERS COURSE 2 IN MECHANICAL CIRCULATORY SUPPORT

Program Detail for Small Group Interactive Discussion Rotations

A: ACUTE MECHANICAL SUPPORT FOR INTERMACS PROFILES 0-1

MODERATOR: DANIEL J. GOLDSTEIN, MD, MONTEFIORE
MEDICAL CENTER, BRONX, NY, USA

**Options for MCS in Dying and Nearly Dying
Patients,** DANIEL J. GOLDSTEIN, MD, MONTEFIORE MEDICAL
CENTER, BRONX, NY, USA

**CASE SCENARIO: Acute MI cardiogenic shock. Patient
on iabp and dopamine failing,** NADER MOAZAMI, MD,
CLEVELAND CLINIC, CLEVELAND, OH, USA

Teaching/Discussion Points

- a. Revascularization issues
- b. Assess potential for LV recovery
- c. Options for support
- d. Go to OR or stay in cath lab?
- e. Univentricular vs biventricular support
- f. ECMO decision – cannulation, distal perfusion
- g. Assess LV recovery while on ECMO

**CASE SCENARIO: Young patient arrives in ER with
ongoing CPR with intermittent vitals,** PASCAL LEPRINCE,
MD, PHD, GROUPE HOSPITALIER PITIE SALPETRIERE PARIS,
FRANCE

Teaching/Discussion Points

- a. When to say no: Utility vs futility
- b. Cooling
- c. Peripheral ECMO in ER
- d. Hypoxia switch to subclavian
- e. Akinetic left ventricle on ECMO – options for drainage
- f. Evaluation of etiology of decompensation while on ECMO – EMB, LHC

B: SPECIAL CHALLENGES OF MECHANICAL CIRCULATORY SUPPORT IN THE PATIENT WITH CONGENITAL HEART DISEASE

MODERATOR: JAMES K. KIRKLIN, MD, UNIVERSITY OF
ALABAMA, BIRMINGHAM, AL, USA

**Framing the History of Mechanical Circulatory
Support in the Univentricular Heart,** JAMES K.
KIRKLIN, MD, UNIVERSITY OF ALABAMA, BIRMINGHAM, AL, USA

**Brief Review of Published Experience with MCS
Support of the Systemic Right Ventricle,** JAMES K.
KIRKLIN, MD, UNIVERSITY OF ALABAMA, BIRMINGHAM, AL, USA

**CASE SCENARIO: Challenges of MCS in the
Univentricular Heart,** CHARLES E. CANTER, MD,
ST. LOUIS CHILDREN'S HOSPITAL, ST. LOUIS, MO, USA

Teaching/Discussion Points

- a. Decision-making for various stages of single ventricle palliation
- b. When is the MCS option hopeless?
- c. Adjustment of pulmonary blood flow in the pre-Fontan setting
- d. Decisions and devices in the failing Fontan

**CASE SCENARIO: Challenges of MCS in Adults with a
Failing Systemic Right Ventricle,** ASIF HASAN, MD,
FREEMAN HOSPITAL, NEWCASTLE UPON TYNE, UK

Teaching/Discussion Points

- a. Diagnostic evaluation in corrected transposition with heart failure or transposition with prior atrial switch
- b. Timing of MCS intervention
- c. Device choice and surgical decisions
- d. Perioperative management dilemmas

C: BLEEDING AND THROMBOSIS IN MCS SUPPORTED PATIENTS – A CATCH 22?

MODERATOR: ULRICH P. JORDE, MD, MONTEFIORE MEDICAL CENTER, BRONX, NY, USA

Prevalence, Diagnosis, and Management of Bleeding and Thrombotic Events, ULRICH P. JORDE, MD, MONTEFIORE MEDICAL CENTER, BRONX, NY, USA

CASE SCENARIO: Refractory GI bleeding in HM II patient, NIR URIEL, MD, COLUMBIA UNIVERSITY MEDICAL CENTER, NEW YORK, NY, USA

Teaching/Discussion Points

- a. **Medical therapy: Octreotide, thalidomide, estrogen, Humate P**
- b. **Withholding all anticoagulation/antiplatelets**
- c. **Embolization, nasal artery embolization, small bowel embolization**
- d. **Resection**

CASE SCENARIO: Device Thrombosis HVAD, ULRICH P. JORDE, MD, MONTEFIORE MEDICAL CENTER, BRONX, NY, USA

Teaching/Discussion Points

- a. **Log file analysis – how to time/diagnose/decide on Rx for thrombosis**
- b. **Watchful waiting pro/con**
- c. **TPA, integrilin (difference in approach with HM II)**
- d. **Timing of exchange (difference in approach if HM II)**

CASE SCENARIO: Acute Stroke in LVAD Patient, JAN D. SCHMITTO, MD, PHD, MBA, HANNOVER MEDICAL SCHOOL, HANNOVER, GERMANY

Teaching/Discussion Points

- a. **Risk factors for stroke, typical location of cardioembolic stroke**
- b. **Reversal of anticoagulation (treat brain/not pump)**
- c. **Aortic root clot – pump speed management**
- d. **Catheter based intervention – clot extraction**
- e. **When can patient go on bypass for HTX again?**

MASTERS COURSE 2 IN MECHANICAL CIRCULATORY SUPPORT

Program Detail for Small Group Interactive Discussion Rotations

D: DECISION MAKING IN THE TRANSITION FROM ACUTE TEMPORARY SUPPORT TO DURABLE LVAD

MODERATOR: ROBERT L. KORMOS, MD, UNIVERSITY OF PITTSBURGH MEDICAL CENTER, PITTSBURGH, PA, USA

Conversion from Temporary to Durable MCS: the Challenges to Success, ROBERT L. KORMOS, MD, UNIVERSITY OF PITTSBURGH MEDICAL CENTER, PITTSBURGH, PA, USA

CASE SCENARIO: Failure to wean from cardiopulmonary bypass after CABG in patient with poor EF vs previously normal EF. Support is provided by unilateral right, left or bivad Centrimag, ALY EL-BANAYOSY, MD, PENNSYLVANIA STATE HERSHEY MEDICAL CENTER, HERSHEY, PA, USA

Teaching/Discussion Points

- a. How long to support to attempt recovery of Right or Left ventricular failure
- b. Managing the patient on dialysis
- c. Assessing the native ventricles to determine need for bivad or TAH vs LVAD
- d. Pulmonary recovery
- e. When is the liver recovered enough to tolerate another surgery?
- f. Gathering appropriate information for transplant candidacy determination
- g. Is Destination Therapy an option?

CASE SCENARIO: Known transplant candidate has an arrest or sudden deterioration while waiting for transplant. Supported on ECMO, DANIEL ZIMPFER, MD, MEDICAL UNIVERSITY VIENNA, VIENNA, AUSTRIA

Teaching/Discussion Points

- a. Stabilization of perfusion and RV function prior to conversion
- b. How much resolution of multi-organ failure is enough to proceed with durable support?
- c. How soon after a CVA can you proceed with conversion?
- d. Palliative care: role in the bridge to bridge condition
- e. When recurrent ventricular arrhythmia is a cause of arrest and if it recurs while on ECMO, is a BiVAD or TAH required?

E: POST-VAD COMPLICATIONS: RV FAILURE, VENTRICULAR TACHYCARDIA AND AORTIC INSUFFICIENCY

MODERATOR: JEFFREY J. TEUTEBERG, MD, UNIVERSITY OF PITTSBURGH, PITTSBURGH, PA, USA

Prevalence, Risk Factors and Impact on Outcomes of Right Ventricular Failure, JEFFREY J. TEUTEBERG, MD, UNIVERSITY OF PITTSBURGH, PITTSBURGH, PA, USA

CASE SCENARIO: Pre-operative and Post-operative Right Ventricle Dysfunction and VT, NADER MOAZAMI, MD, CLEVELAND CLINIC, CLEVELAND, OH, USA

Teaching/Discussion Points

- a. Assessing RV function – role of echo with strain, tissue Doppler in addition to hemodynamics
- b. Utility of “tuning up” Right ventricle
- c. Timing of temporary RVAD
- d. Weaning of RVAD
- e. Treating Pulmonary hypertension – inhaled, IV, po therapy
- f. Etiology, impact, and initial therapy of VT
- g. Beyond pharmacologic therapy – role of ablation
- h. Role of ICD in those implanted with MCS without prior ICD

CASE SCENARIO: Patient with LVAD and Moderate Aortic Insufficiency Which Progresses Over Time, EVGENIJ V. POTAPOV, MD, PHD, BERLIN HEART CENTER, BERLIN, GERMANY

Teaching/Discussion Points

- a. Risk reduction – blood pressure management, pump management
- b. Assessing impact on pump function – power, flow, log files, echocardiography, hemodynamics
- c. Management – pump settings, percutaneous and surgical approaches, and timing

F: ALTERNATIVE SURGICAL TECHNIQUES FOR IMPLANTATION, EXCHANGE AND EXPLANTATION IN LONG TERM LVADS

MODERATOR: STEPHAN SCHUELER, MD, PHD, FRCS, NEWCASTLE UPON TYNE HOSPITAL, NEWCASTLE UPON TYNE, UK

Sternum Sparing Surgical Techniques for Placement and Removal of LVAD's and Driveline Troubleshooting, STEPHAN SCHUELER, MD, PHD, FRCS, NEWCASTLE UPON TYNE HOSPITAL, NEWCASTLE UPON TYNE, UK

CASE SCENARIO: Patient with previous sternotomy and CABG, treated by LVAD via small thoracotomy, with outflow graft connected to subclavian artery without CPB, ARNT E. FIANE, MD, RIKSHOSPITALET, OSLO, NORWAY

Teaching/Discussion Points

- a. Previous CABG, patent LIMA/ Grafts issues
- b. Risk of cannulation for CPB
- c. Plan for surgical incision
- d. Imaging technology prior surgery
- e. Connecting out flow graft within left chest vs. right chest vs. extra thoracic sites
- f. TOE assessment of off pump implantation
- g. Easier and safer on pump?

CASE SCENARIO: Myocardial recovery after long term LVAD support – Pump Removal vs. “Decommissioning,” MARK S. SLAUGHTER, MD, UNIVERSITY CARDIOTHORACIC SURGICAL ASSOCIATES, LOUISVILLE, KY, USA

Teaching/Discussion Points

- a. Redo Sternotomy vs. left Thoracotomy
- b. Anticoagulation prior the operation
- c. Is CPB necessary for safe removal?
- d. Risk of clots
- e. Leave the Pump
- f. What to do with outflow graft?
- g. Long term anticoagulation?
- h. Surgical similarities for pump exchange

CASE SCENARIO: A Troubled Driveline – Chronic Infection and Life Threatening Damage, STEPHAN SCHUELER, MD, PHD, FRCS, NEWCASTLE UPON TYNE HOSPITAL, NEWCASTLE UPON TYNE, UK

Teaching/Discussion Points

- a. “Best” driveline placement
- b. Surgical options for treatment of local infections
- c. “Best” long term drive line care at home
- d. Serious driveline damage – matter of life or death?



ISHLT 35th Annual Meeting and Scientific Sessions April 15-18, 2015

REGISTRATION POLICIES

INSTRUCTIONS FOR COMPLETING THE REGISTRATION FORM

1. The Annual Meeting registration fee includes attendance at all Pre-Meeting Symposia, Plenary Sessions, Concurrent Sessions, exhibit hall receptions, and coffee breaks. Registration does **NOT** include a ticket to the President's Gala Reception. **Box lunches may be purchased in advanced only. Box lunches are not available for purchase on site.**
2. For those who register prior to March 9, 2015 the non-member registration fee includes membership in the Society from the date of registration through December 31, 2015. You will be required to complete a membership application, which will be emailed to you, 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.
3. **DO NOT** fax your registration form if you are paying by check or bank draft. Registration forms received without payment will not be processed.
4. **Individuals whose registration and payment are NOT RECEIVED by March 23, 2015 must register on-site.** Registration fees are determined by the date when **payment in full is postmarked/faxed/made online.** 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.
5. Cancellations must be submitted in writing in order to qualify for any refund and should be emailed to phyllis.glenn@ishlt.org. For written cancellation notices **RECEIVED by March 9, 2015**, a full refund of the scientific session fees paid will be given, less a \$75 handling fee. **For written cancellation notices received after March 9, 2015, no refund of any fees will be given. All cancellation refunds will be issued approximately 15 days after the meeting.**
6. *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.**
7. 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.
8. **Wire Transfers must be received by March 23, 2015. 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.
9. **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.**
10. All registrant name changes/replacements are due by March 23, 2015. After this date, there will be a \$15 fee for each name change/replacement.

QUESTIONS??? Call the ISHLT Headquarters Office at 972-490-9495, or email us at meetings@ishlt.org or fax us at 972-490-9499.

INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION
35th ANNUAL MEETING & SCIENTIFIC SESSIONS and ISHLT ACADEMIES
APRIL 15-18, 2015 · NICE, FRANCE

REGISTRATION FORM

IMPORTANT: See page 68 for instructions and refund/registration policies.
ON-LINE REGISTRATION IS ENCOURAGED AND IS AVAILABLE ON THE ISHLT WEBSITE: www.isHLT.org
 (Forms that are faxed/mailed in must be legible in order for us to process.)

Last Name: _____ First Name: _____ Middle Initial: _____
 Credential (MD, RN, FRCS, etc.): _____ 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: _____
 (MANDATORY: CONFIRMATION WILL BE SENT BY EMAIL ONLY)

SCIENTIFIC SESSION REGISTRATION:	Postmarked on or before March 9	Postmarked after March 9	TOTAL
Regular Member	\$ 825	\$ 925	\$ _____
Regular Non-Member†	\$ 1125	\$ 1225	\$ _____
Allied Health Member*	\$ 495	\$ 595	\$ _____
Allied Health Non-Member**	\$ 795	\$ 895	\$ _____
Student/Resident Member*	\$ 385	\$ 485	\$ _____
Student/Resident Non-Member**	\$ 520	\$ 620	\$ _____

* See instruction #6
 † includes membership in the Society through December 31, 2015 with completed membership application.
 Please check here if you wish to decline this membership offer (no refund or reduction of fee).

PRESIDENT'S GALA RECEPTION AT NEGRESCO PALACE: (Friday)
 Advance purchase only. Tickets will not be sold on-site. Attendance is limited to 1200. You must register for the meeting in order to purchase a ticket.)

Student/Resident/Allied Health Registrant	\$ 25	\$ _____
Regular Registrant	\$ 50	\$ _____
Guest (exhibitors, non-registrants)	# of tickets _____ x \$ 100	\$ _____

JUNIOR FACULTY MENTOR LUNCH: (Thursday) \$ 15 \$ 15 \$ _____
 Registration is limited to the first 100 junior faculty members of ISHLT who are registered for the lunch.

BOX LUNCHES: (Advance purchase only. Tickets will not be sold on-site.)

Wednesday	\$ 15	\$ 15	\$ _____
Thursday	\$ 15	\$ 15	\$ _____
Friday	\$ 15	\$ 15	\$ _____

ISHLT ACADEMIES: (Registration for each Academy is limited and includes a box lunch.)
 (Registration for the Annual Meeting is not required to register for an Academy.)

CORE COMPETENCIES IN PH (Registration is limited to 275 registrants)

ISHLT Member	\$ 250	\$ 300	\$ _____
Non-ISHLT Member	\$ 300	\$ 350	\$ _____

MASTERS COURSE 2 IN MCS (Registration is limited to 225 registrants; Industry is limited to 4 registrants per company)

ISHLT Member	\$ 350	\$ 400	\$ _____
Non-ISHLT Member	\$ 400	\$ 450	\$ _____

ONLINE RECORDED SESSIONS: (Reflects a 15-20% discount off on-site prices; these prices available for paid pre-registrants only.)

MEMBER PRICING

Entire Annual Meeting	\$ 210	\$ _____
Entire Annual Meeting (Allied Health pricing)	\$ 125	\$ _____
Entire Annual Meeting (Resident/Fellow pricing)	\$ 100	\$ _____
Academy: Core Competencies in PH	\$ 80	\$ _____

NON-MEMBER PRICING

Entire Annual Meeting	\$ 270	\$ _____
Entire Annual Meeting (Allied Health pricing)	\$ 160	\$ _____
Entire Annual Meeting (Resident/Fellow pricing)	\$ 125	\$ _____
Academy: Core Competencies in PH	\$ 105	\$ _____

TOTAL DUE AND ENCLOSED: \$ _____

PAYMENT: SEE INSTRUCTION #8 FOR WIRE TRANSFER INSTRUCTIONS. If not 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 and are not registering online, 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.)
 Card Holder Name: _____ (MANDATORY) Card Holder Billing Zip/Postal Code: _____ (MANDATORY)
 Card Holder Billing Street Address: _____ (MANDATORY)

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





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FUTURE ANNUAL MEETINGS

**36th ISHLT Annual Meeting
and Scientific Sessions**

WASHINGTON DC

April 27-30, 2016



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