

THURSDAY, OCTOBER 27, 2011

7:30 a.m.	Registration and Continental Breakfast
8:00 a.m.	Welcome and Opening Remarks , <i>Asad Bashey, MD, PhD, Director Clinical Research</i>
8:15 a.m.	Auto vs. Allo: Which Is Best for Which Disease? <i>Lawrence Morris, MD, Northside Hospital</i> This session will review what autologous and allogeneic hematopoietic stem cell transplants (HSCT) are, discuss the differences between the two types of transplants and finally will explain what type of transplant is best for which disease. Historically, Hodgkin's lymphoma, non-Hodgkin's lymphomas and multiple myeloma have been treated with autologous transplantation. Acute and chronic leukemias, refractory Hodgkin's disease and non-Hodgkin's lymphomas are treated with allogeneic HSCT.
9:00 a.m.	Donor Matching: Is a Half Match Better Than a Full Match , <i>Scott Solomon, MD, Northside Hospital</i> This session will review what HLA typing is, how HLA typing is inherent between mother and father, and what is considered a "best match" for allogeneic HSCT. Haplo-identical HLA typing will be reviewed, as well as how a half match impacts morbidity and mortality.
9:45 a.m.	Break
10:00 a.m.	Graft-versus-host Disease (GVHD): Friend or Foe? <i>Scott Solomon, MD, Northside Hospital</i> This session will review the pathology of GVHD, graft vs. tumor effect and how GVHD can improve survival. At the same time, the treatment for GVHD can also cause increased morbidity and mortality. GVHD is treated with prolonged and extensive immunosuppression therapy. Immunosuppression therapy can cause debilitating infections and muscle wasting and may attack certain body organs. GVHD is a patient's friend that helps prevent disease relapse, but providers must be aware of the risks and subsequent management.
11:00 a.m.	Allogeneic Transplant: No Longer a Risky Procedure! <i>H. Kent Holland, MD, Northside Hospital</i> This session will review current allogeneic treatment related mortality rates, and how new supportive care therapies and non-myeloablative chemotherapy regimens can improve treatment related mortality rates. This session will also review how a strong quality management plan helps improve allogeneic survival rates.
Noon	Lunch: A Journey Through Transplant... During this session, members of the Northside Hospital BMT team will review their roles in coordinating and organizing patients' New Patient Consult, Pre-BMT evaluation, PBSC and bone marrow collections, the transplant course, discharge to their referring MD, and follow-up evaluations. A transplant patient will be participating in this session.
1:15 p.m.	Infection Precautions: Which Ones Are Really Necessary? <i>H. Kent Holland, MD, Northside Hospital</i> This session will review historical BMT/HSCT infection control precaution guidelines and current infection control procedures used during the HSCT patient's inpatient stay and outpatient follow-up treatment. A review of what precautions are necessary and those that are not necessary for the safety and well-being of the transplant patient will also be discussed.
2:15 p.m.	Outpatient Transplant: Even for the Most Difficult Transplant? <i>Asad Bashey, MD, PhD, Northside Hospital</i> This session will review what types of BMT transplants can be treated safely in the outpatient setting without compromising quality or survival outcomes. Outpatient haplo-identical transplants, unrelated donor transplants and patients who are elderly may be safely transplanted in the outpatient setting.
3:00 p.m.	Break
3:15 p.m.	HSCT: Does It Make a Difference Where You Go? <i>Asad Bashey, MD, PhD, Northside Hospital</i> This session will review center-specific outcome data, as published by the National Marrow Donor Program. The session will also review transplant center Foundation for the Accreditation of Cellular Therapy (FACT) standards and emphasize how a quality management program contributes to improved patient outcomes. A transplant center's survival results can be affected by: patient selection, number and types of trained staff members, and sophistication of the transplant center's quality management program.
4:00 p.m.	Closing Remarks
4:00–5:30 p.m.	Complimentary Get-Acquainted Reception, Arctic Room
5:30–7:30 p.m.	Aquarium Admission (Complimentary)

FRIDAY, OCTOBER 28, 2011

7:30 a.m.	Registration and Continental Breakfast
8:00 a.m.	Welcome and Opening Remarks , <i>Mark Johnson, MD; Noreen Carew, RN, CNN, MBA and Carlos Zayas, MD, FASN, FACP, Piedmont Hospital</i>
8:15 a.m.	History of Renal Transplantation , <i>John D. Whelchel, MD, Piedmont Hospital</i> The face of kidney transplantation has changed considerably since the first cadaveric kidney transplant in 1950 and the first living donor transplant in 1954. Learn how the transplantation process has evolved into the innovative programs that exist today. Building from past experience, transplant programs now explore innovative surgical procedures, donor selection criteria and medical management including immunosuppression. This session will review the past and explore the future of kidney transplantation.
8:35 a.m.	Management of Chronic Kidney Disease (CKD) , <i>Carlos Zayas, MD, FASN, FACP, Piedmont Hospital</i> Whether or not an individual's kidney disease progresses from one stage to another varies based on the underlying medical diagnosis, comorbid conditions and required treatments. The definition and classification of CKD may help identify affected patients, with a goal that early effective therapy will prevent or delay renal replacement. Learn how effective medical management can impact disease progression and timing of transplantation.
9:00 a.m.	Management of Highly Sensitized Patients , <i>Harrison S. Pollinger, DO, FACS; Joshua Wolf, MD and Rosemary Cross, PharmD, BCPS, Piedmont Hospital</i> Due to the current shortage of donated organs combined with a long waiting list for transplant, providers and transplant programs are always exploring ways to expand the donor pool through donor matching alternatives. Patients with increased sensitivity to antibodies tend to have longer wait times. This session will offer insights into how programs overcome the barrier of finding potential donors for highly sensitized patients.
10:00 a.m.	Break
10:15 a.m.	Surgical Aspects of Kidney Transplantation , <i>Miguel Tan, MD, CM, FRCS and Matthew Mulloy, MD, Piedmont Hospital</i> Kidney transplant surgery is considered one of the most common transplant operations in the United States. Whether a recipient is receiving a kidney from a live donor or a deceased donor, the transplant outcome is greatly impacted by the specialized surgical technique. In this session, learn the importance of the highly specialized surgical aspects of kidney transplantation.
10:35 a.m.	Medical Complications After Renal Transplantation , <i>Andrea Bossie, FNP-C; Thomas Scouller, ANP-C and Thuy Ommert, PharmD, Piedmont Hospital</i> Transplant surgery for end-stage renal failure is not the endpoint of recovery, but the starting point. Several common complications often occur posttransplantation, and the transplant team needs to monitor closely for the signs and symptoms of barriers to full recovery. Whether it is acute rejection or a slight case of hypertension, this session will offer insight into posttransplant medical management in the hope of avoiding major complications.
11:05 a.m.	Transplant Satellite Outreach Program: Our Experience , <i>Eric Gibney, MD, Piedmont Hospital</i> Choosing a kidney transplant program and facility that is right for the patient is a very serious decision. Program experience, the medical personnel on the transplant team, the number of transplants performed and the survival outcomes are just a few of the important considerations that must be explored. Learn how medical, economic and geographic issues all come into play when assisting patients in finding the best transplant program to meet their needs.
11:30 a.m.	Challenges to Getting Patients a Kidney , <i>LeAnne Whitehead, RNC, CCTN; Denise Neal, RN, CPTC and Arietta Maney, MSW, LMSW, Piedmont Hospital</i> Kidney transplantation for those living with end-stage renal failure is the treatment of choice, and if successful, offers a better quality of life and reduced risk of mortality. However, since the number of available organs is very limited, it is essential that kidney transplant recipients are carefully evaluated in order to adequately diagnose and managed any co-existing illnesses that might impact the transplant outcome. This session will outline the course of the evaluation process, including medical, psychosocial and financial issues that must be addressed prior to transplant consideration.
Noon	Lunch: Transplant Recipient Wellness , <i>Christine Bruno, MD and Erica Hartmann, MD, Piedmont Hospital</i> Medical literature clearly demonstrates the beneficial effects of physical activity within healthy parameters may contribute to wellness and longevity. However, exercise poses risks for some individuals, while others perceive illness as a barrier to exercise. This session will explore how to use a reasoned approach to create an individual's plan for wellness.

1:00 p.m.	Opening Remarks, <i>Mark Johnson, MD and Roshan Shrestha, MD, Piedmont Hospital</i>
1:05 p.m.	History of Liver Transplantation , <i>Marty Sellers, MD, FACS, Piedmont Hospital</i> A surgical team led by Dr. Thomas Starzi of Denver, Colo., performed the first liver transplant in 1963. Several additional transplants and four years later, short-term success was achieved with a patient surviving one year posttransplant. Today, there are approximately 17,000 patients listed for liver transplant, and an average of 5,000 transplants performed each year. This session will review the evolution of the current indications for transplant and offer insight into the successful outcomes now experienced.
1:20 p.m.	When to Refer: Evaluation to List , <i>Lance L. Stein, MD, Piedmont Hospital</i> The selection of liver transplant patients requires a specialized risk-benefit analysis. The inherent risks of surgery, the underlying or recurrent disease, and long-term posttransplant care, including immunosuppression, must be weighed against the potential benefits of transplantation. Health care providers working with patients experiencing liver failure need to be aware of the most effective referral and evaluation standards in order to choose the most appropriate transplant candidates.
1:40 p.m.	Psychosocial, Medical and Financial Challenges , <i>Laura Alexander, MSW, LMSW and Cynthia Quinn, RN, CCTC, Piedmont Hospital</i> The Clinical Practice Committee of the American Society of Transplantation has attempted to identify and define criteria for the non-transplant physician on indications for and timing of solid organ transplantation. The first premise emphasizes that the standard of care should be an early referral to an appropriate transplant center. This allows the transplant team and the family time to get acquainted and identify any potential problems or barriers to transplantation. This session will explore barriers and preparations that must be considered during the pretransplant phase of care.
2:00 p.m.	Surgical Aspects of Orthotopic Liver Transplant (OLT) , <i>Harrison S. Pollinger, DO, FACS, Piedmont Hospital</i> Successful transplantation begins with a successful and well-practiced surgical technique. This session will outline the current surgical strategies that offer the liver transplant recipient, and possibly a living donor, a better chance at experiencing a noneventful surgical recovery and hope for a successful long-term outcome.
2:20 p.m.	Medical Complications after OLT , <i>Kristina Kegley, PA-C and Caroline McCoy, ANP-BC, Piedmont Hospital</i> After a liver transplant, many potential obstacles remain on the road to recovery. Specialized medical management of potential complications can be very challenging for the transplant team. Graft rejection, immunosuppressive management, infection control and prevention are just a few of the issues that will be addressed in discussing the medical complications following transplant.
2:35 p.m.	Break
2:45 p.m.	Keeping Graft and Body Healthy , <i>Rosemary Cross, PharmD, BCPS; Thuy Ommert, PharmD and Jennifer Wyatt, RD, LD, Piedmont Hospital</i> In 1994, the U.S. Multicenter FK506 Liver Study Group published a paper that addressed two immunosuppressant medications; cyclosporine and tacrolimus. This was a landmark study in the evolution of liver transplantation. Many of the issues presented in this study have now been addressed by current practices. Acute rejection is often easy to manage, and the transplant team tries to balance the risk of rejection with the known risks of toxicity from the medications. The focus of therapy is now on the long-term outcome, and this session will outline the evolution of immunosuppression management.
3:00 p.m.	Challenges of Hepatocellular Carcinoma (HCC)—Medical, Surgical, Radiologic and Oncologic , <i>Chakri Panjala, MD; Marty Sellers, MD, FACS; Steven J. Citron, MD and Robert S. Allen, MD, Piedmont Hospital</i> HCC is an aggressive tumor and often is seen in the setting of chronic liver disease. The ideal therapy is surgical resection, but the majority of patients might not be eligible due to extensive tumor invasion or liver dysfunction. Bridging therapies for patients with HCC include medical and surgical interventions, and if the patient meets certain criteria, transplantation is an option. This session will offer an overview of HCC and how the stage of the disease will impact the decision-making process in choosing the most appropriate therapy.
4:00 p.m.	Closing Remarks

Note: OptumHealth Education reserves the right to make any necessary changes to this program. Efforts will be made to keep presentations as scheduled. However, unforeseen circumstances may result in the substitution of faculty or content.