



NEWS

AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

FROM THE PRESIDENT

Unprecedented Growth Tribute to Our Services



John M. Vierling, MD

It has been a great honor and a privilege to have served as President of AASLD in 2006, and I want to thank the Governing Board and AASLD's dedicated staff for all of their support. We should all be pleased by the continued growth of our membership (40 percent increase since 2001) as a testimony to the services and opportunities AASLD provides in its mission to advance the science and practice of hepatology, liver surgery, and transplantation. This year's annual meeting broke all attendance records with almost 6800 attendees. Such progress is the result of the combined efforts of each and every member, and I want to thank you for sustained contributions to AASLD's success. Research is one of AASLD's core priorities. To increase cooperation and collaboration in instituting the NIH-NIDDK Action Plan for Liver Research, AASLD leadership and our lobbyist meet annually with

(See **PRESIDENT**, p. 9)

Special Post-Election Report

By Lyle Dennis

Election Overview

If there is any single message to come out of November 7's elections it is that the voters prefer divided government. By a margin that was thought inconceivable only a few weeks ago, Democrats captured control of the House of Representatives for the first time in 12 years, and also hold a 51-49 advantage in the Senate. While it is generally believed that the defining issues were the Iraq war and economic security, the results indicate that the electorate simply feels more comfortable when the national parties share the power, if only to keep each other's excesses in check.

It is important to underscore that while the balance of power shifted in Congress, neither party has a sufficient margin of power to force major policy changes. (As a proportion of total House seats, Democrats hold only a 2 percent margin; in the Senate, where 60 votes are needed to overcome a filibuster, they hold 51 seats.) Consequently, neither party is in a position to affect policy change absent a willingness to compromise with the other side.

Furthermore, whatever agenda Democrats set out will have to take into account two important factors: (1) any legislation they hope to pass must be approved by President Bush, and (2) budget realities stand in the way of any

significant new spending without offsetting cuts.

Appropriations: What's Next and When?

Regardless of the election results, lawmakers have already set the stage for a budget battle that could result in an additional \$5 billion cut in spending for discretionary programs.

The plot line was written back in May, when Congress failed to adopt a budget resolution, an overall blueprint that guides spending for the year. Moderate Republicans in the House and Senate argued that the President's \$872.8 billion budget request for domestic programs was wholly inadequate; unless two years worth of spending cuts were at least partially restored, moderates vowed to block passage of the budget resolution. They were reassured by House leaders that the additional funding, about \$7 billion, would ultimately be provided. On the other side of the Capitol, the Senate voted to boost domestic spending by \$14 billion, including \$7 billion more for programs contained in the Labor-HHS-Education bill. But congressional leaders decided not to convene a House-Senate conference to finalize the spending blueprint, reverting instead to the President's original budget.

(See **REPORT**, p. 5)

In This Issue

3 Single Topic
Conference

5 Election
Results

7 Applicants
for Review

9 Abstract
Presenters



ENHANCE YOUR EXPERIENCE IN BOSTON

with
The Liver Meeting® 2006 Online!

Not able to be two places at once?
Feeling the effects of information overload?
Colleagues expecting a summary report after you return home?

RELAX!

VIEW a session.
REVISIT a session.
SHARE a session.

Take advantage of the educational sessions and professional networking so valuable to you at The Liver Meeting®, knowing that our slides, audio files, and posters will be available online soon. With cutting edge liver disease science at your fingertips, The Liver Meeting® 2006 Online is only second to actually being there.

Keep watching at www.aasld.org and expect the first sessions to be available in early November; they will continue to be posted through January 2007. State-of-the-Art Lectures will be available for viewing first, followed by the General Hepatology Update, and the Scientific Program. The 2006 Postgraduate and Hepatology Associates Courses will be available in Spring 2007.

As the only medical society focused solely on the study and practice of hepatology, AASLD is YOUR network for the investigation and treatment of liver disease.

AMERICAN ASSOCIATION FOR
THE STUDY OF LIVER DISEASES



Boston

Alcoholic and Non-Alcoholic Steatohepatitis Investigated at AASLD Clinical Research Single Topic Conference

The Clinical Research single topic conference, *Alcoholic and Non-Alcoholic Steatohepatitis*, was held September 7-9, 2006, at the Emory Conference Center in Atlanta, Georgia. Course directors Timothy R. Morgan, MD and Christopher P. Day, MD, PhD led participants in exploring clinical issues such as the epidemiology, pathology, and treatments for alcoholic and non-alcoholic steatohepatitis. The conference also reviewed current research into the basic pathophysiologic mechanisms of liver injury, liver fibrosis, and animal models of alcoholic and non-alcoholic steatohepatitis.

The overall goal of the conference was to stimulate research in steatohepatitis by increasing understanding of the current status of clinical research in steatohep-

atitis, and to explore the similarities and differences in pathophysiologic mechanisms of liver injury. Both Dr. Morgan and Dr. Day felt that these goals were accomplished, with Dr. Morgan pointing out how both basic and clinical aspects were thoroughly covered and background given to researchers. According to Dr. Day, speakers covered all areas of both Alcoholic and Non-Alcoholic Fatty Liver Disease, including pathology and mechanisms of the diseases. The course finished with NIH based doctors discussing the funds currently available for research. Dr. Morgan felt that speakers were given "a big task to cover their area in 20 minutes for a big audience," and was pleased with how the speakers were able to accommodate the guidelines and time constraints that were set.

Both course directors highlighted the broad coverage of the topic, from the basic and clinical sides, as the most valuable part of the conference. Dr. Day emphasized how the course was "set up to have parallel talks on Alcoholic Fatty Liver Disease and Non-Alcoholic Fatty Liver Disease at the same time," as he considered that important lessons could be learned from these two complimentary fields. Interaction between the conference's 124 participants was also considered to be a key factor in the success of the course.

AASLD's next single topic conference, *Interferon and Ribavirin in Hepatitis C Virus Infection: Mechanisms of Response and Non-Response*, will be held March 1 - 3 in Chicago, Illinois.

Future Meetings of Related Societies

The 5th International Meeting *Hepatocellular Carcinoma: Eastern and Western Experiences*

will be held at the Anderson Cancer Center, January 11-13, 2007, in Houston, Texas.

Further information:
www.mdanderson.org

Improving Long Term Outcomes for Pediatric Liver Transplantation:

A Clinical Research Workshop will be held at the M Street Hotel, February 12, 2007, in Washington, DC.

Further information:
<http://www.niddk.nih.gov/fund/other/pediatricliver2007/index.htm>

The International Pediatric Transplant Association 4th Congress on Pediatric Transplant Medicine will take place in Cancun, Mexico, March 17-21, 2007.

Further information:
www.IPTAonline.org

Initiating a European Platform Organ Transplantation: Ethical, Legal and Psychological Aspects Towards a

Common European Policy will be held at the World Trade Center Rotterdam, The Netherlands, April 1-4, 2007.

Further information: www.elpat.eu or
www.hetcongresbureau.nl

The 31st King's Liver Course **Chronic Liver Disease: Best Practice** will be held at the Strand Campus of King's College London, April 19-20, 2007, in London, England.

Further information:
www.kingslivercourse.org

To add your meeting to this list in an upcoming issue of NEWS, please email your information to atracy@asld.org.



Visit Us
On the Web

www.aasld.org

HEPATITIS SINGLE TOPIC CONFERENCE

AMERICAN ASSOCIATION FOR
THE STUDY OF LIVER DISEASES



COURSE DIRECTORS



Raymond T. Chung, MD
Massachusetts
General Hospital



Michael Gale, PhD
University of Texas
Southwestern Medical Center



Jay H. Hoofnagle, MD
NIDDK /
National Institutes of Health

Interferon & Ribavirin in Hepatitis C Virus Infection: Mechanisms of Response and Non-Response

Westin Chicago River North • Chicago, Illinois
March 1-3, 2007

This single topic conference will provide an overview of current understanding of interferon signaling and response pathways and their interactions with HCV infection. The mechanisms of action of interferon and ribavirin against HCV will be reviewed, and recent information on how interferon response rates are affected by clinical, viral, and host genetic host factors will be summarized. One purpose of the meeting is to stimulate translational research that applies new information on HCV-interferon interactions to develop strategies to enhance HCV response rates to interferon-based therapies.

Goals and Objectives

- Understand the intracellular signaling pathways of type I interferon.
- Understand how hepatitis C virus interacts with the innate immune system and interferon.
- Understand the clinical and viral factors that affect response rates in hepatitis C.

*This program is supported by the AASLD/Roche Pharmaceuticals
Hepatitis Single Topic Conference Endowment.*

For more information, go to www.aasld.org or contact AASLD
at 703-299-9766, fax 703-299-9622, or aasld@aasld.org

2006 AASLD Leadership Election & Bylaw Revision Results

We wish to thank all members who participated in the fall election and are pleased to announce the results.

Councilor-at-Large

Douglas W. Hanto, MD, PhD, Harvard Medical School and the Beth Israel Deaconess Medical Center, was elected Councilor-at-Large. He will serve a three-year term on the AASLD Governing Board beginning January 1, 2007 to December 31, 2009.

Nominating Committee

Three members were elected to serve a one-year term on the 2007 nominating committee.

- Gregory T. Everson, MD, FACP, University of Colorado Health Science Center

Adrian Reuben, MBBS, FRCP, Medical University of South Carolina

Ira M. Jacobson, MD, New York Hospital

The 2007 nominating committee also includes the following members appointed by the President and President-Elect:

- Bennett L Blitzer, MD, Liver Consultants of Cincinnati

Sandy Feng, MD, PhD, University of California San Francisco

Lopa Mishra, MD, Georgetown University

Rebecca Wells, MD, University of Pennsylvania

Approval of Bylaws

The proposed revision of the AASLD Bylaws was approved and addressed the following:

- A vacancy of the chair position on the nominating committee shall be filled for the balance of the term by Presidential appointment subject to the approval of the Governing Board.
- An Officer or other member of the Governing Board may not continue to serve upon acceptance of a leadership position with a related organization or employment in the pharmaceutical or biotech industries; nor may committee chairs or voting committee members be appointed or continue to serve on committees upon acceptance of such employment.
- International members may serve on AASLD Committees.

Nominations for 2008 Leadership Positions

December 1, 2006 – January 31, 2007

Nominations are currently being accepted for the Governing Board and the 2008 nominating committee until January 31, 2007.

Nominations for appointment to AASLD standing committees will be accepted through February 23, 2007 for service in 2008. Self-nominations are welcome. Nominations may be made at www.aasld.org. A letter of recommendation must be sent to AASLD in support of all nominations. Nominations and recommendation letters should be sent to the attention of Audrey Davis-Owino at adavisowino@aaasld.org, fax 703/299-9622 or mailed to AASLD, 1729 King Street, Suite 200, Alexandria, VA 22314. Nominations received after February 23, 2007 will be considered for service in 2009.

(REPORT, from p. 1)

inal \$872.8 billion limit on discretionary spending. (The budget limit was inserted in a spending bill supporting US forces in Iraq and Afghanistan.)

Before adjourning September 30, Congress completed two appropriations bills, defense and homeland security, while postponing work on the remaining spending bills until after the elections. In order to pass those two bills and avoid a threatened presidential veto, lawmakers shifted an additional \$5.3 billion into defense and homeland security—funds that were originally set aside for domestic programs, including public health, education, employment training, agriculture, and transportation.

Unless Congress decides to ignore its own spending limits, the \$5.3 billion add-on will have to be offset by cuts in the remaining appropriations bills.

How Will the Cuts Be Achieved?

In order to avoid any disruption in the programs covered by those unfin-

ished bills, Congress passed a continuing resolution through November 17. When lawmakers returned to work November 13, their first order of business was to extend the continuing resolution until December 8. If lawmakers are unable to resolve all of their differences by then, they will likely leave whatever bills remain for the new 110th Congress.

Regardless of when Congress deals with the remaining appropriations bills, if lawmakers decide to adhere to current spending limits they will have to determine how best to spread the required \$5.3 billion cut in spending. In each of the past four years the mechanism of choice has been a government-wide, across-the-board cut. To do that this year would require a cut of as much as 1.1 percent. (That would be in addition to the \$12 billion cut absorbed by domestic programs over the last two years.) Under this scenario, for example, funding for the National Institutes of Health, which is already facing a \$351 million shortfall in inflation-adjusted dollars, would be cut an additional \$315 million. (See REPORT, p. 6)

(REPORT, from p. 5)

million.

But this year Congress may be forced to forgo an across-the-board cut in favor of selected program reductions. Reports are circulating that a cut of 1.1 percent is deep enough to trigger widespread government lay-offs and a drop in services in critical areas like the Social Security Administration and the Medicare prescription drug benefit program.

If Congress decides to make selective reductions, a number of high-visibility programs—including NIH, college student aid, and No Child Left Behind—could face even deeper cuts, as would vulnerable categorical programs like health professions training and Head Start. Under that scenario, and depending upon the political dynamics, lawmakers may also be hard-pressed to impose cuts on popular national programs while funding narrowly-focused congressional earmarks.

Funding for the Health Resources Services Administration (HRSA) is also at the mercy of spending cuts. AASLD worked with its counterparts in the *Transplant Roundtable*, a coalition that seeks to promote congressional support of organ donation and transplantation funding, to secure an additional \$2 million in new money for the Division of Transplantation in FY2007. However, ensuring the implementation of this increase will ultimately depend on how and when the appropriators decide to spread the required \$5.3 billion cut in spending. Through the *Transplant Roundtable*, AASLD is working to promote increased funding for HRSA's Division of Transplantation.

Physician Payment Reform: Legislative Outlook for 2007

It is too early to tell exactly how the election results will shape next year's legislative agenda. Democrats will begin the year by showcasing a few high-visibility issues, such as a minimum wage increase, stem cell legislation, and allowing the federal government to negotiate Medicare drug prices. But

eventually lawmakers will have to address some of the systemic problems left behind by their predecessors, including meaningful physician payment reform.

- Incoming Energy and Commerce committee chairman Rep. John Dingell (D-Michigan), has not revealed a specific agenda yet, but he has been highly critical of quality reporting and pay-for-performance, expressing concern that it may be premature to make wholesale changes to the current system, and that quality measures reporting may create incentives for treating beneficiaries the wrong way. (Also, since 1998, Dingell has pushed for tighter regulations on managed care plans, noting that "HMOs, foreign diplomats, and the mentally insane are the only people in this country who are exempt from the consequences of their actions.")
- Rep. Pete Stark (D-California), the presumptive chairman of the House Ways and Means health subcommittee, has also expressed reservations about pay-for-performance, suggesting that Congress wait until more is learned from CMS demonstration projects now underway. In September, Stark announced that he was willing to support a two-year override of the planned physician payment cuts, provided it is coupled with a new update mechanism "focusing perhaps on geographic and specialty-specific targets."
- Incoming Senate Finance committee chair, Senator Max Baucus (D-Montana), will probably reintroduce the Medicare Value Purchasing Act legislation he and his Republican counterpart Senator Charles Grassley (R-Iowa) first advanced in 2005. The bill would add a new Medicare Part E measurement system for physicians and other providers. Baucus has hinted that he does not believe in rewarding only the highest performers; he contends that rewards should also go to those who show improvements.

The Lame-Duck Session

Congress will re-convene December 4, when lawmakers will have less than two weeks to complete their work. In the meantime, House and Senate leaders will decide which issues they will have time to address in December.

- *Medicare physician payment fix* – Congress may decide to defer action until January, requiring a retroactive fix similar to this year's. Outgoing Ways and Means chairman Bill Thomas (R-California) and Finance Committee chairman Grassley have been meeting this week to discuss whether to tackle the physician payment fix this year, and how. Money will likely be the determining factor: they must decide whether to simply freeze payments (at a cost of \$13 billion), or propose a more comprehensive reform that includes quality reporting (\$58 billion over five years and \$218 billion over 10 years). While there is bipartisan agreement that physicians' pay should not be cut in 2007, House Democrats remain skeptical of Republican plans to adopt performance measures, saying there may not be enough time to craft a workable system in such short a time.
- *Health Information Technology* – While there is bipartisan support for legislation, the differences between the House- and Senate-passed bills may be too great to overcome. The Senate bill calls for federal grants to help organizations transition to electronic medical records; the House bill does not. The House bill creates safe-harbors in federal anti-kickback laws; the Senate bill does not. Postponing work on the legislation until early next year would allow more time to address Democrats' concerns about privacy, the lack of federal funding for IT acquisition and the timetable for transitioning to new health IT standards.

Lyle Dennis is a partner at Cavarocchi-Ruscio-Dennis Associates, L.L.C., and has served as AASLD's public policy consultant for nine years.

Applicants for Review

Per the AASLD Bylaws, below are the names of the Fall 2006 applicants requesting Associate, International, and Regular membership in AASLD. Current members have until December 31, 2006 to submit any questions or

concerns regarding applicants to the Central Office. All approved applicants will be granted membership effective January 1, 2007.

Applicants for Associate Membership

Jill Chang, PA-C
Cedars-Sinai Medical Center
Los Angeles, CA

Richard Davis, PA-C
University of Florida
Gainesville, FL

Michael Dupre, RN, ANP-C
Baylor College of Medicine
Liver Center
Houston, TX

Michelle Evjen, CCRP
Mayo Clinic
Rochester, MN

Virginia Field, RN, BSN
Maine Medical Center
Portland, ME

M Margaret French, RN, BScN
Henry Ford Health System
Detroit, MI

Lucy Mathew, NP
Cedars-Sinai Medical Center
Los Angeles, CA

Lisa Pisney, RN, ANP-C
McGuire VA Medical Center
Colonial Heights, VA

Jennifer Rogers, NP-C
Virology Treatment Center
Portland, ME

Linda Romeo, RN, BSN
University of Virginia
Charlottesville, VA

Elizabeth Stonesifer, CRNP
Gastroenterology Associates
of York
Hanover, PA

Miranda Surjadi, MS, NP
San Francisco General Hospital
San Francisco, CA

Margaret Wise
Wako Diagnostics
Richmond, VA

Kim Wood, RN
Dartmouth-Hitchcock Medical
Center
White River Junction, VT

Applicants for International Membership

Prashant Buch, MD
Bhailal Amin General Hospital
Baroda Gujrat
India

Hee Bok Chae, MD
Chungbuk National University
Hospital
Cheongju
South Korea

Banh Vu Dien, MD
Choray Hospital
Vietnam

Ajay Duseja, MD, DM
PostGraduate Institute of
Medical Educational
Research
Chandigarh UT
India

Rajesh Gupta, MD, MBBS
Asian Institute of
Gastroenterology
Andhar Padesh
India

Christoph Herold, MD, PhD
University of Erlangen
Erlangen
Germany

Koji Ishii, MD
Toho University School of
Medicine
Tokyo
Japan

Roslyn London, PhD, BSc
Westmead Millennium
Institute
Westmead NSW
Australia

YiMin Mao, MD
Renji Hospital Shanghai
Jiaotong University School
of Medicine
Shanghai
China

Beat Mullhaupt, MD
University Hospital Zurich
Zurich
Switzerland

Thu Thuy Pham Thi, MD
Medic Medical Center
Ho Chi Minh City
Vietnam

Shinji Satomura, PhD
Wako Pure Chemical Ind. Ltd
Hyogo
Japan

Ori Segol, MD
GI Unit, Carmel MC, Haifa
Givat Avni
Israel

Ryosuke Tateishi, MD, PhD
University of Tokyo
Tokyo
Japan

Christos Triantos, MD
University Hospital of Patras
Patra
Greece

Applicants for Regular Membership

Samra Blanchard, MD
University of Maryland
Baltimore, MD

Michael Bradbury, PhD
Lake Erie College of
Osteopathic Medicine
Erie, PA

Carla Brady, MD, MHS
Duke University Medical
Center
Durham, NC

Martina Buck, PhD
University of California
San Diego, CA

Moon Seok Choi, MD, PhD
UC Davis Medical Center
Davis, CA

Nicholas Davidson, MD
Washington University School
of Medicine
St Louis, MO

Anthony Demetris, MD
University of Pittsburgh
Medical Center
Pittsburgh, PA

Jeffrey Dunkelberg, MD, PhD
University of New Mexico
Albuquerque, NM

Hany Elbeshbeshy, MD
Plains Regional Medical
Center
Clovis, NM

Scott Elisofon, MD
Children's Hospital of Boston
Boston, MA

(See **APPLICANTS**, p. 8)

2007 GI TRAINING DIRECTORS' WORKSHOP

March 2-4, 2007

Marriott Riverwalk

San Antonio, TX

Hotel Deadline: February 9

Pre-registration Deadline: February 23

COURSE DIRECTORS

Don C. Rockey, MD

University of Texas Southwestern Medical Center

Lawrence R. Schiller, MD

Baylor University Medical Center

Don't miss this important educational and professional development forum exclusively for GI training directors!

- Review hot topics in training and faculty development.
- Learn from the internal medicine community about the substantive changes proposed for residency training and its impact on fellowships.
- Hear from ACGME/RRC on implementing the new Core Competencies and other accreditation issues.
- Hear from ABIM on the latest in GI certification and maintenance of certification.
- Obtain updated information on the GI Match and the new GI Core Curriculum.
- Share best practices in teaching styles and techniques.

For more information and to register, visit www.gastro.org/education or request a registration form by contacting AGA Member Services at (301) 941-2651 or member@gastro.org.



Co-sponsored by AASLD, ACG, the AGA Institute and ASGE



AGA INSTITUTE
AGA Education, Practice and Research

(APPLICANTS, from p. 7)

Samuel French, MD, PhD
UCLA Pathology
Los Angeles, CA

Samer Gawrieh, MD
Medical College of Wisconsin
Milwaukee, WI

Garth George, MD
Cleveland Gastroenterology
Associates
Shelby, NC

Vani Gopalareddy, MD
AI Dupont Hospital for Children
Wilmington, DE

Grace Guzman, MD
University of Illinois at Chicago
Chicago, IL

Satish Kalhan, MBBS, FRCP
Cleveland Clinic Foundation
Cleveland, OH

Young Seok Kim, MD, PhD
UC Davis Medical Center
Sacramento, CA

Steven King, MD
University of Alabama at
Birmingham (UAB)
Birmingham, AL

Yuko Kono, MD, PhD
University of California,
San Diego
San Diego, CA

Josh Levitsky, MD
Northwestern University
Chicago, IL

Wenyu Lin, PhD
Massachusetts General Hospital
Boston, MA

Catherine Lowe, MD, BSc
Queen's University
Kingston, ON

Xiaoli Ma, MD
Temple University Hospital
Bryn Mawr, PA

Keigo Machida, PhD
University of Southern California
Los Angeles, CA

Valentina Medici, MD
UC Davis Medical Center
Sacramento, CA

Kristin Mekeel, MD
Mayo Clinic Arizona
Phoenix, AZ

David Mercer, MD, PhD
University of Nebraska Medical
Center
Omaha, NE

Kenichiro Mikami, MD
University of California, Davis
Sacramento, CA

Patrick Northup, MD, MHES
University of Virginia Health
Systems
Charlottesville, VA

Erin Ochoa, MD
University of Pittsburgh
Pittsburgh, PA

Rory O'Connor, MD
Kaiser Permanente
Wailuku, HI

Jacqueline O'Leary, MD
Baylor University Medical Center
Dallas, TX

Andrea Romani, MD, PhD
Case Western University
Cleveland, OH

Thomas Sepe, MD
Brown University
Providence, RI

Zengdun Shi, MD
University of Texas Southwestern
Medical Center
Dallas, TX

Senthil Venugopal, PhD
University of California-Davis
Sacramento, CA

Jose Walewski, MD
Mount Sinai School of Medicine
Fairfield, CT

Shan Zeng MD, PhD
Columbia University
Fort Lee, NJ

Yanhong Zhang, PhD
UC Davis Medical Center
Sacramento, CA

Abstract Presenters During the Associates Course

By Marian Kerbleski, RN CGRN and Donna Zucker, RN PHD

Starting in 2005, associate members have their own categories for abstracts submitted to the AASLD Annual Meeting. These categories include behavioral, quality of life, and practice issues. The goal of making these categories part of the abstract submitter was to offer mid-level providers an opportunity to participate as poster presenters in an area that has meaning for their practice and scholarship.

The AASLD Associates Education Subcommittee recommended that the two highest scoring abstracts submitted to the Annual Meeting be incorporated into the associates course. Once selected, presenters are asked to prepare a brief oral talk of their work to be presented during the morning session of the course, which is devoted to scholarship. These brief presentations are often followed by a more formal presentation on a variety of research-related topics.

In 2005 two abstracts were selected for presentation:

- “Hepatitis C Treatment through the Patient’s Eyes” presented by Karen Luken
- “Hepatitis C Prevention in a County Correctional Setting” presented by Donna Zucker

The following abstracts were chosen for oral presentations at the 2006 Hepatology Associates Course:

- Simultaneous Provision of Pre-operative Palliative Care for Patients Awaiting Liver Transplantation
Presented by Kelli Fisher
- Nursing Attitudes Towards Liver Transplant: Gap Between Perceptions and Accepted Standards
Presented by Leanne Graf

This associate level of category submission provides distinctive recognition to mid-level providers in hepatology. Consideration for the associate level category of poster presentation or for an

oral presentation at the AASLD associates course must include the mid-level provider as an author.

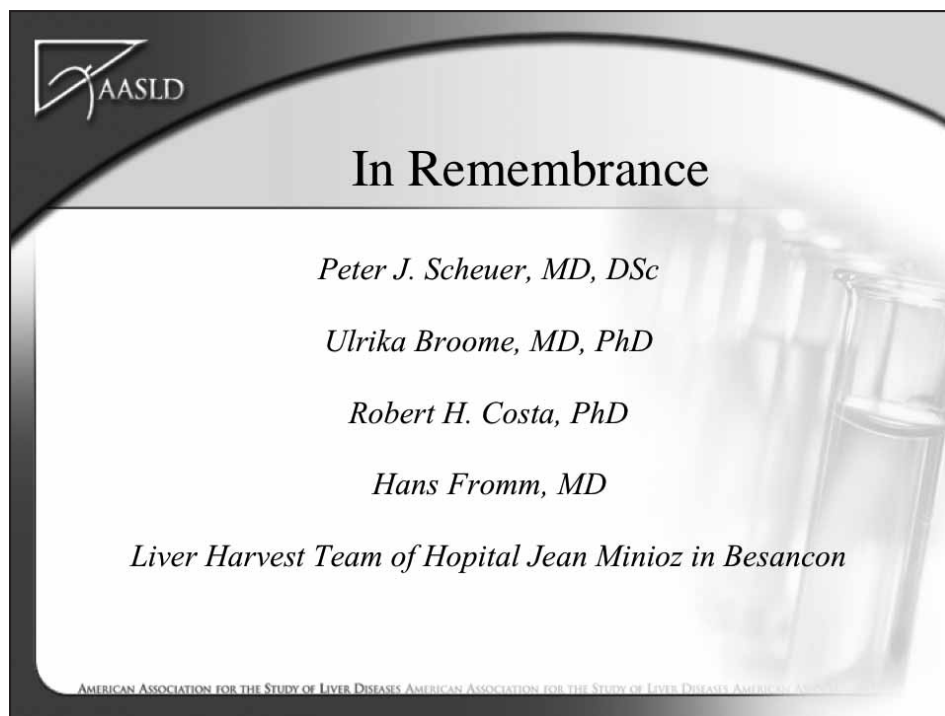
The abstract submitter for the 2007 AASLD Annual Meeting is scheduled to open early April 2007. View the AASLD website (www.aasld.org) for details.

(PRESIDENT, from p. 1)

multiple NIH Institutes to discuss ways to increase liver research within their portfolios. This year AASLD hosted a very successful NIH Corner that showcased the National Institute of Drug Abuse. Future NIH Corners will feature the National Institute of Allergy and Infectious Diseases in 2007 and the National Cancer Institute in 2008. To meet NIH’s need for knowledgeable hepatologists and surgeons, we solicited our membership to create a database of the expertise and availability of our members. We thank all who have expressed willingness to serve the NIH. A major goal of the Governing Board and AASLD’s Public Policy Committee is a substantial increase in funding for the extramural research programs of NIH, CDC, and VHA. Increased funding is desperately needed to support meritorious research grants and to ensure that we train and retain the next generation of academic hepatologists and liver transplant surgeons. Based on our analysis of fiscal impact, the AASLD strongly opposes the NIH Reform Act of 2006 (H.R 6164) because it thwarts this need. To provide additional financial support for research, AASLD will embark on a long-term campaign for major fundraising from multiple sources. Your next dues statement will provide an opportunity for each of us to participate in that effort.

Education is the other core priority of AASLD, and it is most gratifying

(See **PRESIDENT**, p. 10)



(PRESIDENT, from p. 9)

that all of the hard work of our membership has made AASLD the premier international organization for dissemination of knowledge about liver diseases. We believe that Web-based education is destined to dominate competing media. Accordingly, the Governing Board has launched a multi-year effort to make AASLD's Web site the most intuitive, interactive, and functional site possible. While maintaining the excellence of our annual meeting, DDW, single-topic conferences, and publications, AASLD has also extended its imprimatur by endorsing or co-sponsoring hepatology educational programs with other organizations and societies. In 2006, AASLD partnered with EASL, NIDDK, UNOS, ILTS, AST, ASTS, AGAI, IASL, the African Society, and the Spanish Liver Association. In addition, the newly convened AASLD International Relations Committee, which brings together representatives from all major liver organizations, should enhance our collective efforts to promote the science and practice of hepatology. The Governing Board recently created the opportunity for members to join up to 2 thematic groups (based on our abstract review descriptors) within AASLD to enhance networking and scientific and educational exchange. Finally, The Liver Meeting® Online 2006 initiative once again allows the entire world to have free access to all oral and poster presentations, State-of-the-Art lectures, and Postgraduate Course to extend the global educational impact of our meeting.

AASLD's Practice Guidelines Committee has been very busy revising outdated guidelines and producing new ones. Every guideline on our open-access Web site will be revised on a yearly basis, and, every 5 years, new authors will write an entirely new version. Practice guidelines are not only important to practitioners, the consumer, and private payers, but are increasingly used to develop models of best practices. They surely will be instrumental in future Pay-for-Performance (P4P) standards from the Centers for Medicare and Medicaid

Services (CMS). We believe production of guidelines in collaboration with other professional societies will help unify the clinical care of patients with hepatobiliary diseases.

As highlighted in earlier Newsletters, AASLD's advocacy agenda has substantially increased in 2006, as has the amount of supporting work performed by our Public Policy, Clinical Policy, and Education Committees. AASLD advocates a substantial increase in public and private funding to support research and to train and retain the next generation of academic and practicing hepatologists and liver transplant surgeons. The Group of 8 (presidents and presidents-elect of AASLD, ACG, AGAI, and ASGE) is committed to addressing the needs and challenges of academicians and practitioners in gastroenterology and hepatology by speaking with a unified voice on national issues. In addition to our work with multiple NIH Institutes, members of the Governing Board and Public Policy Committee met with CDC to discuss establishment of a broader liver diseases program. Our recommendations for changes to reduce unintentional and intentional hepatotoxicity of acetaminophen will be the subject of discussion during our upcoming meeting with the FDA. I want

to thank all of the members who signed the petition on acetaminophen for their support of this effort. We encourage you to join our newest campaign to make ALT a new standard in the Health Plan Employer Information Data Set (HEDIS®) that would require further investigation of abnormal levels. Finally, congratulations are in order for the first-ever ABIM examination for the Certificate of Added Qualification in Transplant Hepatology held in November. The CAQ represents the culmination of several years of hard work to define unique aspects of the discipline of Hepatology.

As AASLD has grown, so have the scope and complexity of our opportunities and challenges. We have clearly made significant strides in membership, strategic partnerships, educational offerings, online education, advocacy, reputation, and stature. All of this has been made possible by you, the membership, and has, as its sole purpose, the achievement of our shared vision and mission. The capable leadership of Dr. Gregory Gores, President 2007, and the Governing Board ensures the successful future of AASLD. Thank you very much for the honor and pleasure of working with all of you as your President.

Reminder

2007 Membership Dues are Due by January 1, 2007*

You can pay online at www.aasld.org

Associate Dues	\$90.00
Trainee Dues	\$90.00
International Trainee Dues	\$165.00
Regular Dues	\$305.00
International Dues	\$340.00

* Payment of dues by January 1 will guarantee your listing in the 2007 Member Directory and will ensure uninterrupted membership benefits.

If there is anything we can do to assist you in your renewal, or if you have any questions about membership, please do not hesitate to contact us at serviceteam@aaasld.org.

AASLD NP/PA CLINICAL HEPATOLOGY FELLOWSHIP PROGRAM

FOR THE FELLOWSHIP PERIOD OF JULY 1, 2007 – JUNE 30, 2008

APPLICATION DEADLINE FEBRUARY 15, 2007



AMERICAN ASSOCIATION FOR
THE STUDY OF LIVER DISEASES



Designed to increase the number of mid-level practitioners in clinical hepatology, this program provides salary and benefit support for certified and licensed physician assistants (PA) or nurse practitioners (NP) pursuing a full year of training focused on clinical care in hepatology.

Eligibility criteria and an application are available in the Research Center at www.aasld.org, or call 703-299-9766.

Application Deadline: February 15, 2007

2006 Governing Board

PRESIDENT

John M. Vierling, MD, FACP
Houston, TX

PRESIDENT-ELECT

Gregory J. Gores, MD
Rochester, MN

SECRETARY

Guadalupe Garcia-Tsao, MD
New Haven, CT

TREASURER

Vinod K. Rustgi, MD
Fairfax, VA

COUNCILORS

Arthur J. McCullough, MD
Cleveland, OH

Scott L. Friedman, MD
New York, NY

Arun J. Sanyal, MD
Richmond, VA

COUNCILORS-AT-LARGE

Andrew S. Klein, MD, MBA
Los Angeles, CA

Laurie D. DeLeve, MD, PhD
Los Angeles, CA

Gary L. Davis, MD
Dallas, TX

AASLD Central Office

1729 King Street, Suite 200
Alexandria, VA 22314
703-299-9766 phone
703-299-9622 fax
AASLD@aasld.org email
www.aasld.org

Sherrie H. Cathcart, CAE
Executive Director

Ann Tracy
Editor

Gregory Bologna, CAE
Managing Editor

AASLD News is published six times a year and is an exclusive benefit of membership. The material published in each issue is provided to inform readers about the Association's activities. Please send comments to aasld@aasld.org.

AASLD'S MISSION

AASLD IS A LEADING ORGANIZATION
FOR ADVANCING THE SCIENCE AND PRACTICE
OF HEPATOLOGY

MARK THE DATES

For Annual Meeting information, please contact:

Pam Ballinger
C/O Association
Headquarters
856-439-0500

For all other meetings, please contact **the AASLD central office: 703-299-9766.**



Hepatitis STC
March 1-3, 2007
Chicago, IL

Training Directors' Workshop
March 2-4, 2007
San Antonio, TX

The Henry M. and Lillian Stratton Basic Research STC
June 2-4, 2007
Atlanta, GA

Endpoints STC
June 4-6, 2007
Atlanta, GA

Clinical Research STC
September 7-9, 2007
Atlanta, GA

2007 Postgraduate Course
November 2-3, 2007
Boston, MA

58th AASLD Annual Meeting
November 2-6, 2007
Boston, MA



THANK YOU

AASLD sincerely thanks the following entities for their generous support of the Association and its activities:

- Alpha-1 Foundation
- Alton Ochsner Medical Foundation
- Amgen, Inc.
- Astellas Pharma US, Inc.
- Axcen Pharma
- Bayer Diagnostics
- Bristol-Myers Squibb Company
- Eli Lilly and Company
- Gilead Sciences, Inc.
- GlaxoSmithKline
- Henry M. & Lillian Stratton Estate
- Howard M. Plant Foundation
- Human Genome Sciences
- Idenix
- InterMune
- McKee Foods Corporation
- Nabi
- National Genetics Institute
- Novartis Pharmaceuticals Corporation
- Novo Nordisk
- Odyssey Pharmaceuticals
- Ortho Biotech
- Protein Design Labs
- Roche Laboratories
- Salix Pharmaceuticals
- Sangstat Medical Corporation
- Schering-Plough
- TissueLink Medical
- Valeant Pharmaceuticals
- Vertex
- Wako Diagnostics
- Wyeth Ayerst Pharmaceuticals



1729 King Street, Suite 200
Alexandria, VA 22314

ATTENTION AASLD MEMBERS

Please review your address label and contact the AASLD Central Office with any updates or changes. Fax this page to 703-299-9622 or email aasld@aasld.org.

Presorted
First Class
U.S. Postage
PAID
Rockville, MD
Permit No. 5832