Vincent’s Frightful Sense

This issue of the Links can be horrifying. What with just starting your career, deciding where do I go from here, contemplating on which article to read, which abstract to write, which beer I should drink, which book to read, which movie to see, and which music to listen to. It comes down to decisions, just another fact in our lives. We all have to decide on something. Which costume will I wear for Halloween and jiminy cricket (what a mentor or conscience), which costumes I should purchase for my pets! Once decided, on your career for instance, who are the imposters and who is for real. Dogged diagnostic dilemmas abound.

For the ISHLT, we are halfway there as our President, David Taylor, keeps us in the game for what’s yet to come in Montréal. Our program chair provides us with a glittering glimpse of the magic of Montréal. Our Junior Faculty Council guides on our career path with proper and appropriate mentorship from our own Senior Associate Guiling Editors, Roger Evans. Whether we are just starting out, spelunking through tunnels or caves to blind alleys or the light, we need to remain mindful of the many pitfalls, problems, and deadly sins in our quest for success or the gold, goal or treasure. Who knows, there may be another stampede to Stockholm! Regardless, we still must revel in the simple treasures we all once held precious in childhood. Some of these easiest pleasures come from just listening to our mentors and our pupils alike. Well how about just listening to great music, sprinkled in surreptitiously or ♫ phantom-like for you over the past year by the Links, or by the hidden talents of the legendary Vanderbilt Heart Sounds.

And yet again it is Twain reminding us of the great adventures still with us today in our lives, in the ISHLT, and in this fall season, especially during Halloween.

Vincent Valentine
Links Editor
Last month we spoke about the attraction of Montreal’s fusion culture and the many compelling reasons to attend the 33rd Annual Meeting and Scientific Sessions of the ISHLT. This month we will highlight the speakers (the magicians) and the program itself which has been lovingly crafted by your Program Committee to reflect the diversity and depth of Society members’ interests with a strong emphasis on education and developing science which will forge future approaches.

🎶 A Little Halloween Magic

An over-arching theme is the bed to bedside approach to promote in depth discussion between basic scientists and clinicians. Similarly, coherent topic themes have been developed to encourage attendance and participation throughout the meeting by all interested groups. Careful timetabling should ensure that no group will have at one time an empty session and at another time competing loyalties due to concurrent scheduling of their interest. However we strongly desire cross fertilization between craft groups and have interpolated plenary sessions in particular accordingly.

In comparison with previous meetings we are holding not one but two Masters Academies on the Tuesday, revisiting the popular Mechanical Circulatory Devices (MCS) Academy that was so well attended in Prague and introducing our first Pediatric Academy.

A raft of 24 pre-meeting symposia will also be held
on the Wednesday starting at 8:00 AM and concluding at 6:30 PM. Topics chosen by the Program Committee Chairs represent the best of the many wonderful proposals submitted by the Councils and include a focus on antibody mediated rejection, hot topics in pulmonary hypertension, infections we would prefer not to have, developments in the pediatric world and how to deal with those devilish devices as well as a quantum of quality.

The first of three Plenaries—the Opening Plenary—provides the all-important Registry reports and a glimpse of the microscopic world within us all, the Human Microbiome. Ron Collman from University of Pennsylvania, who has published on the Pulmonary Microbiome in particular, will enlighten us regarding the broad implications for all Society members and their patients in his invited lecture, “The Human Microbiome: What Is It, How Do We Measure It, What Does It Mean For Thoracic Transplantation?”

Within the meeting, our Friday Plenary Session is devoted to the forgotten ventricle, “How to Succeed When the Right Ventricle Fails,” chaired by Paul Corris and Sharon Hunt. Why the right ventricle? It is a topic we are only beginning to explore in depth that holds great importance for heart and lung transplantation alike as well as aficionados of MCS. So it should appeal and educate all attendees with illuminating structure and functional insights to mechanical support strategies.

The meeting proper has been devoted largely to scientific presentations with a balanced mix of oral sessions, mini-oral sessions and moderated poster sessions. The Abstract Submission site is now open! Also, Society members will have ample opportunity to assist in the meeting as session chairs and moderators. The ever popular Junior Faculty Case Presentations are expected to be hotly contested and provide innovative discussion at the borders of our usual experience. Expect the unexpected!

Our farmers’ favorite, the dawn-breaking Sunrise Sessions, return and amongst the 15 1-hour sessions you will find a panoply of intriguing issues including the perils of travel for the immune suppressed, pediatric controversies and battles with the bronchoscope to name just a few.

Among the 49 concurrent sessions, you will find such gems as The JHLT at the ISHLT where junior faculty will present the best of the year's publications in the Journal with a world view moderation by senior faculty in each of the major disciplines. A Lifecycle Journey in Cystic Fibrosis and Lung Transplantation promises to highlight an intriguing aspect of care from our pharmacy colleagues.

The Society is dedicated to the concept of improving working relationships on national and international levels with other key Societies germane to our membership. This year we have teamed with the American Society of Transplantation (AST) in a dual badged Symposium (AST at ISHLT) in two parts on antibodies and welcome Dolly Tyan, Stanley Jordan, Robert Colvin and Millie Samaniego who will partner ISHLT member speakers in a comprehensive evaluation of this emerging area of importance.
All things must pass and the **Closing Plenary** will showcase Society Consensus Conference reports on “Listing for Heart Transplantation” and “Primary Graft Failure of the Cardiac Allograft”. We will highlight the meeting’s major themes with invigorating debate on hot topics and insights into why *The Mind Matters* by Mary Amanda Dew who will describe the impact of mental health or lack thereof on all that we do and try to achieve via a systematic review on psychological distress in transplant recipients.

Also, we are fortunate indeed to have Marlene Rabinovitch who will discuss how basic research into BMPR mutations offers novel targets for therapeutic manipulation in patients with pulmonary artery hypertension.

So, prepare now to come to Montreal for the **33rd ISHLT Annual Meeting and Scientific Sessions**, submit your best work and bring a mind open to challenges, diversity and collegiality. You will not be disappointed! 🎵 More magic from ET

**Disclosure statement**: the author has no conflicts of interest to disclose.
The purpose of the halftime break at a sporting event is not simply to allow players to rest. More importantly, the halftime break allows the coaches and players to review the course of the first half to identify correctable areas of weakness and most importantly to plan the strategy for the second half in order to win the game. I’m happy to report that during the first half of my term, ISHLT has performed superbly and is ahead of the game. However, we have identified several correctible areas of weakness.

Obvious areas needing work include the ISHLT’s use of social media and the delivery of medical education in the current age of the internet and digital media. We must stay current with technology and human behavior so as not to be left behind—a dinosaur society on the slow path to extinction. Our strategy for the second half of the contest is to continue the game plan that has been working well (the current ISHLT Annual Scientific Session philosophies, policies and procedures, Google chat groups, the ISHLT Website, the Links to name a few) and put more focus on bringing the society up-to-date by transitioning the Google groups to a secure on-line web-based platform within the ISHLT, tweak the delivery of education at the Annual Meeting to include handheld device applications and content delivery post-meeting via the ISHLT website as examples.

Late in the second half of this contest, ISHLT leadership will launch a full-scale offensive assault on these targets with a Strategic Planning meeting bringing in consultant leaders in electronic education delivery, communication and social media to develop the game plans for the next upcoming years—successful team managers not only focus on the next game but importantly constantly build the team for the future. Each of the Councils and Committees has numerous ongoing projects covering a wide variety of topics. Our playbook is extremely diverse yet balanced with a variety of offensive weapons and impressive depth at each position. We are a formidable opponent.

Another ‘correctable weakness’ may be the actual name of our Society as we develop a broader portfolio. Perhaps it is time to change the name to better reflect our activities. While we are THE thoracic organ transplant society, we are much more than that with huge branches into advanced heart failure particularly mechanical circulatory support, advanced lung failure with mechanical pulmonary support and pulmonary arterial hypertension and the basic science exploration in these fields.

You, the players, will be asked in the very near future to provide your opinions about the next steps to take.
to move this Society forward. Please take the time to carefully reply to these very important upcoming member surveys.

Now—let’s put our equipment back on, get back out on the field and finish the contest we began 6 months ago. “Go Buckeyes”—sorry, I meant to say, “Go ISHLT!!!”

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

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**ISHLT GRANTS & AWARDS PROGRAM**

**2013**

http://www.ishlt.org/awards/

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**AWARD CATEGORIES AVAILABLE THIS YEAR:**

- **Research Fellowship Awards** are awarded every year in the amount of $40,000.
- **Branislav Radовancevic Memorial Fellowship Award**, to encourage scholarly clinical work in mechanical circulatory support in emerging countries, is awarded annually in the amount of $75,000.
- **Norman E. Shumway Career Development Award** is awarded every other year in the amount of $80,000. (This award will be available in 2014).
- **Nursing & Social Sciences Research Grant Award** is awarded every year in the amount of $12,000.
- **Transplant Registry Early Career Award** is awarded every year in the amount of $5,000.
- **International Traveling Scholarship Award** has two submission dates annually: August 1 and December 1.

**GENERAL INFORMATION:**

The 2013 ISHLT Grants and Awards applications will be online in November 2012. For general information, funding stipulations/award policies and the grant application/instructions, go to the ISHLT Website at www.ishlt.org. **Click on “Awards” to access the information.**

**GRANTS TO BE AWARDED** at the ISHLT 33rd Annual Meeting and Scientific Sessions, April 24-27, 2013 in Montréal, Canada.

Applications will be available online in November at www.ishlt.org. **Deadline for receipt of applications is Friday, February 1, 2013.**

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Click Here to return to the Table of Contents
In this month of October, we celebrate many holidays around the world. In the United States, Columbus Day is celebrated, and our Canadian colleagues celebrate Thanksgiving. Worldwide, our Muslim colleagues celebrate Eid-al-Adha, while our Jewish colleagues celebrate Sukkot. All of these holidays are times for celebration, reflection, and appreciate of our families, friends, and colleagues. For any junior faculty member, however, the most resonant holiday in October may be Halloween, reminding them of scary moments and difficult decisions they had to make early in their career.

We have all had these moments early on: the first patient that presented in a way different than anything you saw during your training (if this hasn’t happened to you yet, trust me, it will happen); the first difficult decision that you had to make about whether or not to list a child for transplant, and the conversation that had to take place with the child and their family; the first time a patient had a poor outcome on your watch; the first time you had an open disagreement with a colleague about the appropriate management of a patient, and had to reconcile those opinions in the best interests of the patient. Or maybe for you, the scariest moment was taking your national boards in your specialty for the first time.

In all of these situations, a mentor can be extremely valuable—just having someone to call to discuss that difficult patient, or serve as a sounding board when all isn’t going well in your position. Sometimes reassurance is all that you may need. During my first trip to ISHLT as a fellow, I had the opportunity to meet several senior faculty members at a Mentor Luncheon hosted by the Junior Faculty and Trainee Council. It was a great luncheon, and I obtained several contacts among some senior faculty members that I use to this day. As you consider attending the ISHLT Annual Meeting next year in Montréal, I highly encourage you to take advantage of any mentoring meeting or luncheon that is offered. Write down phone numbers and e-mail addresses. And don’t be afraid to write or call.

For the over-achievers among us (you know who you are), saying “no” for the first time to your department chair can be frightening. While what they are asking of you may be innocuous, sometimes we all have to realize that we can’t do everything, every day, all the time, and we all have our limits. You already may be frustrated with your work-life balance, or with how your position has evolved over time. It is important to establish career goals and a career development plan early on, and revisit it frequently with your leadership and your mentors. Ask yourself questions like, “Where do I want to be in 5, 10, 20 years?” And then ask, “What am I going to do to get myself there?” Write it down—but don’t tuck it away in a file somewhere, never again
to see the light of day. Keep it on your desk, on your wall, wherever you will see it and remind yourself where you want to go with your career.

Starting your career in any field of medicine is scary – there’s really no way around it. But, ⚽️ with a little help from your friends (mentors, colleagues, the ISHLT), even 🎃 the scariest of Halloween movies can end well.

Here’s wishing everyone in the ISHLT community a Happy Halloween, Columbus Day, Thanksgiving, Eid-al-Adha, and Sukkot.

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

The ISHLT Mentorship Program:

The goal of the ISHLT Mentorship Program is to provide an opportunity for trainees to meet with an established specialist in their respective field in order to facilitate communication and gain guidance, and provide an opportunity for academic career enrichment.

Interested mentees and mentors complete a brief survey so that the Junior Faculty Committee can find a match based on mutual interests. For more information or to find out how to participate, please contact the JFTC at ishltmentorprogram@gmail.com. (This program is only available to current ISHLT members.)

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**LIGHT AT THE END OF THE TUNNEL: How to Find Your Dream Job**

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Four years of medical school, 3 years of residency, 4 years of fellowship and about $8000 in exam fees later, you are poised to embark on a new journey. You expect to feel certain about your chosen career path, have your priorities lined up and feel confident about your future. You tell yourself that after putting yourself through the rigors of 80 hours workweeks on menial pay, someone owes you the ‘perfect job’. This is all true—till you actually have to look for one!

Plunging into the job market is time consuming, confusing and—at times—plain frustrating. You postpone the process till after your exams or Christmas and, before you know it, it is March of the year of your graduation and you still don’t know where you are headed.

You have to realize that job searching itself is a part-time job. You must understand the market, know your goals and have proper tools to see you through the process. Here are some key points to help you tread these waters:

**Know what you want**

Self-assessment is the first and most important step in any job search. Interviewers quickly eliminate candidates who are unsure of their direction. After
your training, you should be cognizant of your key competencies as well as your personal concerns including family needs, community needs, education, and finally salary. These are the exact factors and objectives the people who will be looking to hire you are evaluating.

Curriculum Vitae and Cover Letter
Your CV is an extremely important and a highly personal document, which is a direct reflection of you. It should highlight your strengths and accomplishments as well as present a complete chronology of your training. It should not be so abbreviated that the reader gets too little information. Neither should it include irrelevant details, such as a list of journal clubs you presented in your own program. Including the volumes of the procedures performed to date and projected at the end of training can be very helpful. It is imperative to have the document proofread by another person, preferably a faculty member who is involved with hiring physicians (your program director may be a good option). The cover letter should be well thought out. It is your opportunity to give the reader a sense of you, and also the place to address any special requirements you might have, such as the need for sponsorship etc. You should include your clinical interests, activities and hobbies or any special training not reflected on your CV. It is also important to assemble a list of references that may accompany your CV or can be sent upon request.

Sources
According to a NEJM study, nearly nine in ten physicians quoted personal/professional referral as their main source for finding a job. Five in ten used subscribed online sources for job advertisements and about 65% found job-recruiting firms helpful.

Timing the process
If you want your choice of the best positions, start early, as most positions are filled 8-10 months prior to start date. Consider this: if a job opportunity is still available a month or so before it was meant to begin, there is a reason why no one wants that job.

If you are graduating in June 2014, here are some suggestions on how to approach your search:

- **July – August 2013** is the ideal time to start the search for the position of your choice and prepare/update a CV. You are going to sort through many job options, many of which you will ultimately eliminate. Begin keeping a record of contacts, including the times and dates of any telephone interviews, especially if you are considering a number of opportunities concurrently. Request your faculty for letters of reference at this stage.

- **September – October 2013** is the time for telephone interviews, website postings and working with job recruiters. Telephone screening offers an introduction and poses an opportunity to assess what the job entails and what the expectations from the employer will be. Now would also be the time to remove any unprofessional entries or pictures from your Facebook page as potential employers may check these sites! When you post your CV on a website,
you may lose control over its dissemination and get inundated with responses. You will need to review each carefully before responding. When considering working with a ‘job-search firm’, make sure they understand your specialty. If they don’t, you have to assume their ability to represent you is limited.

**November – December 2013:** By this time interviews and site visits have begun in earnest. Remember, you are competing with people whose qualifications and accomplishments are very similar to yours and you need to distinguish yourself. During the interview process, it is helpful to learn as much about each individual in the group as possible because these will be the people that you will be spending a significant amount of time with during the day. You need to determine if the group is cohesive, what their practice styles are, and what their workload is. Try to determine how you will be expected to build and maintain a practice. It is appropriate to ask about your daily responsibilities, call schedule, as well as any administrative duties that may be asked of you. Be candid and direct, but do not ask about financial arrangements until the subject is raised by the group. The main goals during the first interview are for both sides to see if they are an adequate fit for each other. Salary is rarely discussed during the first interview, especially if the position is in an academic setting.

**January – March 2014:** A good percentage of your colleagues have signed contracts by now! If you have not identified any opportunities that meet your criteria, now is the time to reassess your priorities. If you have been offered a contract, it is prudent to have a lawyer or practice management consultant review your contract. If you have reservations, you may ask for extra time. Contract changes and negotiations are a normal part of the process. As a rule of thumb large groups, academic appointments and managed care providers have less room for flexibility. Prioritize a list of terms that you wish to negotiate on and keep it simple.

It is also important to remember that it is your first job and you will have additional opportunities to interview in the future. The challenges of your first interview and job are tools to learn from for the next time.

And last but not least – have faith in yourself and your decision!

**Everybody … I know you can believe in yourself!!**

**Disclosure statement:** Thanks to the input of friends and family, which I have summarized in the above article, I was able to land my ‘dream job’ in my final year of fellowship! No financial conflict of interest to disclose.

Acknowledgement: ‘Candidate Information and Strategies’ by Kate Lincoln with [www.lincolnltd.com](http://www.lincolnltd.com)
“HEY, THERE’S AN APP FOR THAT!”

Introducing a new Mobile App for Smartphone Users
(and it’s FREE!)

Announcing a new—and free—mobile smartphone app for reading The Journal of Heart and Lung Transplantation (JHLT).

Whether you are an iPhone user or own an Android phone, there is now a HealthAdvance Journals app for you—and it’s free to download from both the Apple App Store and the Google Play store. This app delivers the optimum mobile experience for subscribers and visitors to more than 500 health science journals published by Elsevier, including JHLT.

Features include:
- Select titles by specialty or by name
- Set favorite journal as Home
- Save articles
- E-mail to self/friend
- Browse
- Search

Here’s what some of our junior faculty had to say about this app:

"In an era of medical students and residents being used to instantaneous access to information, I am glad to see a mobile application that brings top tier articles to this group. While it is easy enough to say that students should be familiar with primary sources and reach to them for their medical management, there was not enough in place to allow this group the ease of access to which they are accustomed. There was a time when clinically relevant information was not available during rounds and there are still many people who operate with this mindset.

The application was a little difficult to setup, but I am sure this process will continue to improve. As this app continues to improve, adoption will pick up and people will become used to questions being answered at bedside, especially if evidence based medicine is to be brought to the bedside. For example, from this month’s issue (October 2012) of the Journal of Heart and Lung Transplantation, the question of the role of hemoglobin A1C in pulmonary arterial hypertension can be answered using the latest information. As more people adopt smart phones, mobile electronic delivery and bedside reading will become standard practice."

— Irtza Sharif MD and Christina Migliore MD, Newark Beth Israel Medical Center

For more information, visit:

http://www.journals.elsevierhealth.com/periodicals/mobileapps
For the past 25 years, I have frequently been called upon to critically review transplant programs, many of which have become dysfunctional, with acrimonious interpersonal dynamics. More often than not, I find decent people are simply in the wrong place. They either made a mistake in accepting a position, or their current employment circumstances have taken a turn for the worse.

I began informally recruiting transplant professionals in relationship to the aforementioned transplant program reviews. I now formally recruit transplant professionals full-time as Founder, President, and Chief Executive Officer of the United Network for the Recruitment of Transplantation Professionals (UNRTP). I'm not a commercial recruiter. I am an intermediary who provides unbiased recruitment assistance to institutions, as well as job seekers. My goal is to maximize the professional and cultural fit between institutions and potential candidates. Together, we want to avoid miscues.

In this first installment in a series of articles, I will comment on some common pitfalls of which one should be aware of when looking for a position.

A lot of recruiting is done by word-of-mouth. People simply ask or refer friends. This is a straightforward, low-cost strategy with a significant downside. The process is usually non-competitive which, in turn, begets entitlement. This sets the stage for what can later become unreasonable demands. Every recruitment effort should be competitive. No one should be handed a position. Beware of institutions that build programs based on non-competitive recruitment. Chances are they're inbred and stagnant.

Sham recruiting is a common but meaningless exercise. This occurs when an institution posts a position that is, for all intents and purposes, filled. They know who they're going to hire, and are merely meeting various legal requirements, such as Equal Employment Opportunity (EEO). Even the finest institutions resort to this dismal practice when they want to promote someone from within. Don't dignify sham recruitment by applying. You're only demonstrating your ignorance.

Applying “on-line” with no identifiable contact person is nonsense. In fact, on-line application procedures are typically indicative of a sham recruitment effort. Always identify a contact person, even if it means reaching out to a member of the transplant team at the relevant institution. If people are uncooperative or seem distant, don't bother. You're wasting your time. Give them the middle finger.

Moribund positions should be avoided. If a recruitment effort has gone on for months and there is no substantially visible activity, you can assume one of
two things: (1) the position is one no one wants, or (2) the institution has no idea what they’re looking for. I know of positions that have been continuously posted for over three years. In virtually every case I would advise people to steer clear. These programs, and the people associated with them, are inept, and should be blacklisted.

The recruitment process can be legitimately protracted. People sometimes turn down offers at the last minute. Currently it is taking between 8 to 12 months to fill a credible position. Often five or more candidates may be subjected to multiple interviews. Some candidates are interviewing to leverage their present position. In other words, they’re intent on using a competing offer to negotiate a promotion or a salary increase at their current institution. These people selfishly prolong the agony of a search. They should be acknowledged for what they are – disingenuous.

Too many candidates can be worse than too few. The best searches are those that yield no more than three excellent candidates. The worst searches are those that identify ten or more average or marginal candidates. Inevitably, when search committees are faced with too many questionable candidates, they procrastinate in hopes that the ideal candidate will eventually “turn up.” This rarely happens, unless the search is both continuously and aggressively pursued. The focus should be on quality not quantity.

“Churning” is always a concern. This occurs when an institution has frequent turnover. Thus, it is important to get a good sense of how many people associated with a given program have left over the past 5-10 years. In particular, you want to know why people have left. Churning is the strongest indicator of a dysfunctional program. Believe me, one bad character with excessive power can not only destroy a program, they can forever tarnish the reputation of an institution. Through an independent programmatic review, bad apples should be identified, labeled, discarded, and banned from the profession. No one wants the liability these fools represent.

Increasingly institutions rely on “internal” recruiters, many of which are exceptional, provided they recognize their limitations. Internal recruiters represent the institution for which they work. I routinely work with internal recruiters, serving as an intermediary between them and the candidates we jointly identify. What a candidate needs, as well as the recruiting institution, is a balanced perspective. In this regard, a knowledgeable recruitment intermediary, providing unbiased assistance, can best meet the needs of both parties in hopes of achieving the most appropriate professional and cultural fit. The consensus goal for both parties must be the assurance of a mutually satisfying long-term relationship.

Make sure your credentials are in order. Positions are often posted indicating that potential candidates should be “BE/BC.” In other words, candidates should be Board-Eligible or Board-Certified in the appropriate specialty. This can be misleading. More often than not, the employer’s expectation is Board-Certification. Technically, any physician or surgeon is board eligible. They simply have to take the required exam. To address this issue, the American Board of Medical Specialties (ABMS) is requiring all member boards, including American Board of Internal Medicine (ABIM), to establish a Board Eligibility Policy to define a time period for candidates to achieve certification. Clearly, credentials matter, and the earlier they’re obtained, the better. Never underestimate the importance of credentials.

If you’re not a U.S. citizen, your visa status should be clearly indicated on your curriculum vitae. For permanent positions in the U.S., a J-1 Temporary
Visitor Exchange Visa is an unequivocal liability, and even an H-1B Visa can be problematic. A green card, known as the permanent resident card, is the real issue. Green card holders can legally live and work in the U.S. They can travel in and out of the United States more freely as well. The U.S. green card is also the first step to U.S. citizenship, as one must generally secure a green card before applying for naturalization. Employers may sponsor an H-1B holder for a green card.

Next on tap: Filling a position, or building a program? How should you view “internal” candidates when competing for a position?

Disclosure statement: The author is President and CEO for the UNRTP. Although the author has a financial interest in what is written, the thoughts presented are both valid and balanced.

Call for Abstract Submissions
The Abstract Submission Site is now live on the ISHLT website at www.ishlt.org. The deadline for receipt of abstracts is November 16, 2012, so submit your best science today!

Junior Faculty and Trainees: Call for Clinical Case Submissions
Submit your clinical cases and earn a chance to win complimentary meeting registration in 2014!

Inviting junior faculty and trainees to submit clinical case report abstracts for poster or oral presentation. The top oral presentation—based on novelty, clinical significance, and quality of presentation—will be awarded complimentary registration to the 2014 ISHLT meeting to be held in beautiful San Diego. Please follow the procedure for submitting abstracts to submit your clinical case(s).

Abstract Submission Deadline: November 16, 2012 @ 11:59 PM EST

ISHLT Preliminary Program/Call for Abstracts
The Preliminary Program/Call for Abstracts is almost ready! It will be online on the ISHLT website in early October, and will be mailed to all members in mid-to-late October. Save $$ and register early for the 33rd Annual Meeting and Scientific Sessions to be held April 24-27, 2013 in beautiful Montreal. Look for registration and housing information in the program.
Choose a job you love, and you will never have to work a day in your life. — Confucius

When you come to a fork in the road ... take it. — Yogi Berra

Sometimes the questions are complicated and the answers are simple.

When you are asked if you can do a job, tell 'em, 'Certainly I can!' Then get busy and find out how to do it. — Theodore Roosevelt

If you are prepared, you will be confident, and will do the job. — Tom Landry

Oh, you hate your job? Why didn’t you say so? There’s a support group for that. It’s called everybody, and they meet at the bar. — Drew Carey

Maybe you don’t like your job, maybe you didn’t get enough sleep, well nobody likes their job, nobody got enough sleep. Maybe you just had the worst day of your life, but you know, there’s no escape, there’s no excuse, so just suck up and be nice. — Ani DiFranco

The biggest mistake that you can make is to believe that you are working for somebody else. Job security is gone. The driving force of a career must come from the individual. Remember: Jobs are owned by the company, you own your career! — Earl Nightingale

Find joy in everything you choose to do. Every job, relationship, home ... it’s your responsibility to love it, or change it. — Chuck Palahniuk

What I don’t like about office Christmas parties is looking for a job the next day. — Phyllis Diller

My dear,
Adults are just obsolete children and the hell with them.
I write for kids.
I write for kids because they haven’t given up on themselves. I write for kids because they’re troublemakers, openly. I write for kids because they don’t hesitate to give you hugs when they see you down. I write for kids because they do what they like, and the thought of whether or not someone else is judging them doesn’t even cross their mind. I write for kids because they’re not afraid to run around completely naked, laughing.
I write for kids because they smile and mean it.

Falsely yours,
Theodor Seuss Geisel

Don’t you wish you had a job like mine? All you have to do is think up a certain number of words! Plus, you can repeat words! And they don’t even have to be true! — Dave Barry

The person who knows HOW will always have a job. The person who knows WHY will always be his boss. — Alanis Morissette

The Job Interview:

School of Comedy
Good Will Hunting

Click Here to return to the Table of Contents
DECISIONS DECISIONS DECISIONS: CHOOSING A RESEARCH PROJECT (AND OTHER DIFFICULT DILEMMAS)

Christina Migliore, MD and Sean Studer, MD
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- Will he survive his pulmonary hypertension without a heart and lung transplant?
- Should I marry this person?
- The usual beer tonight or a seasonal Oktoberfest brew?
- How should I choose my current research project?

While that last question regarding research may not have quite the gravity of the others, approaching a research project is an important decision for many nonetheless. It is essential for those early in their careers who are facing a research decision to consider the three “M’s”: Mentor, Material and Manuscript. There is a fourth “M” that can help but let’s consider that one later.

The importance of working with a strong mentor as you embark on the research process cannot be overstated. It is important that the individual who will serve as your Sherpa and guide you through potentially perilous terrain has both the time and experience to help you. Brilliant researchers without time to devote to you or those with time for you but who do not have a positive history of mentoring others may not provide you the best chance to succeed. A great mentor will do many things for you: encourage the development of your research question, keep you focused on answering the question you have chosen, identify appropriate material for your research, and guide your manuscript development.

Material for your research is another important consideration. If you work at a center with a large clinical transplant database, this resource may serve as a great starting point for a retrospective study. Alternatively, a large repository of biological specimens may allow one to quickly engage in a translational research project investigating a putative biomarker. When neither of these is immediately available to you, then using other databases such as the ISHLT Registry or seeking collaboration with other investigators and/or other transplant centers may help access the material you need for your project.

When you have formed the question, collected and analyzed the data, the next step the astute researcher has already considered is, “How attractive is my data for a publishable manuscript?” The prospect of the published manuscript may not have been the spark for your research question or the main motivation for your investigation; however, publication is essential to share your work with others and to build your career. There
are many aspects to writing a solid manuscript and this, again, is where the mentor plays a key role. Ultimately if it made an interesting abstract at a scientific congress, and you continued the study to completion, you have a great chance to get your work published. This starts to build your *Curriculum Vitae*, improves success for obtaining research funding and provides some bragging rights for your family.

As for that fourth “M”, successful researchers generally have it in large measure: *moxie*. Completing a research project and publishing your work can be a grueling process. Those with moxie will persevere and get the often-revised manuscript submitted to the journal.

Our personal advice on the other difficult questions is more suspect but here goes anyway:

- Yes, he probably will survive with only a double lung transplant.
- If you do marry consider a pre-nuptial agreement.
- Choose the Oktoberfest—your usual brew will be available all year. Cheers!

**Disclosure statement:** The authors have no conflicts of interest to disclose.

**Infectious Diseases Council: Spreading Our Knowledge**

Transplant Infectious Diseases were highlighted at the 2012 Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC). A full-day workshop, co-sponsored by ISHLT and ICAAC, was held on September 8, 2012 in San Francisco. Topics including infection prevention methodology, CMV prevention, multi-drug resistance and respiratory viruses were discussed during the forum. Dr. Shahid Husain from University of Toronto discussed Fungal Infections and Dr. Lara Danziger-Isakov from Cincinnati Children’s Hospital Medical Center presented an update on Immunizations in transplantation on behalf of the ISHLT.

The ID Council looks forward to future collaborations to increase the contagious excitement in Transplant Infectious Diseases.
Every October, the world celebrates scientific achievements with the Nobel Prize in Medicine and Physiology. In the 50 years since the first lung and heart transplants, the evolution of cardiothoracic transplant from an experimental model to a life-saving therapy has been dependent on discoveries allowing us to harness the immune response. This missive reflects on the milestones in transplant immunology which have made this transformation possible and the ongoing challenges still awaiting us.

The foundation of transplant immunology dates to the 1940s where George Snell and Jean Dauset “discovered the genetic factors that determine the possibilities of transplanting tissue from one individual to another”, i.e. the major histocompatibility complex. Building on this, the zoologist Peter Medawar observed rejection of allogeneic but not autologous skin grafts in burn patients and developed a pre-clinical model to study tolerance and rejection. He demonstrated that the time to allograft rejection was dependent on prior exposure and graft rejection was a systemic immune response mediated by lymphocytes. He further demonstrated that allogeneic cells introduced into a neonatal mouse would induce tolerance of an allogeneic skin graft. These fundamental insights about the potency of the immune response led to the Nobel Prize award in 1960 for Medawar and in 1980 for Snell and Dauset.

By avoiding the allogeneic immune response altogether, Joseph Murray was able to perform the first successful kidney transplant in 1954 between identical twins, eventually receiving a Nobel prize in 1990 for his work. While a series of twin transplants were performed worldwide in the 1950s, attempts to suppress immunity with irradiation in allogeneic settings proved lethal or ineffective, until the development of azathioprine by future Nobel Prize winner Gertrude Elion. An anti-proliferative agent which inhibited purine synthesis, the discovery of azathioprine suppressing antibody formation led to its use in the first allogeneic heart and lung transplants by Shumway and Hardy.

Unfortunately, high rates of fatal infection and rejection limited the clinical potential of transplantation. In the 1970s, Doherty and Zinkernagel conducted Nobel prize winning work identifying how T lymphocytes recognize cognate antigens in the context of MHC. These findings coincided with the discovery of cyclosporine, an agent which blocked the antigen driven activation of the T lymphocyte and prevented the development of effector function. As we know, this agent dramatically reduced acute allograft
rejection after transplantation and allowed for the first durable heart-lung and lung transplant by Drs' Reitz and Cooper in the 1980s. Interestingly, the discovery of the key cytokine inhibited by cyclosporin, IL-2 occurred after the use of cyclosporine in the transplant recipients.

IL-2 inhibition, anti-proliferative agents and prednisone remain the mainstay of current transplant immunosuppression today. While mortality from acute rejection has improved, chronic allograft rejection and cumulative toxicities limit the full potential of transplant. Over the past two decades, new breakthroughs in transplant immunology have identified new co-stimulatory signals, regulatory pathways, innate and even autoimmune responses. As we better understand how these mechanisms impact alloimmune responses, perhaps we will be able to come closer to the elusive state of tolerance Medawar originally described.

Disclosure statement: the author has no financial disclosures.

References:


WORD OF THE MONTH

disingenuous

Isn’t it great when you come across a word you’re pretty sure you know the meaning of, but decide to look it up just in case?

dis-in-gen-u-ous [dis-in-jen-yoo-uh]

adjective

lacking in frankness, candor, or sincerity; falsely or hypocritically ingenuous; insincere:

Her excuse was rather disingenuous.

Many thanks to Roger Evans for including this word in his article this month!
Attending annual meetings are an important part of professional life. It is an opportunity to meet other professionals face-to-face and to present research or ideas to a critical audience. While meeting people is easy enough, getting on the program of a clinical/scientific meeting involves convincing a committee of abstract reviewers that your work is of high enough quality and sufficiently interesting to warrant giving it one of a finite number of slots available for presentation.

It is here where a number of investigators, especially junior ones, run into a roadblock without understanding what went wrong or why their abstract was rejected. Investigators don’t usually hear why they failed to get on the program, which can lead to erroneous conclusions such as “they did not consider our work interesting” or “they just didn’t get it”. Based on my experience on abstract review committees, the latter conclusion, while usually incorrect, may be closer to the truth. The reviewers may not have understood the abstract or may have been unable to evaluate the work.

It is important to remember that the quality of any meeting is ultimately dependent on the quality of presentations in the program, and the only way that the program committee can evaluate the potential excellence is from the submitted abstract. So it is imperative that you communicate the essence of your study with clarity and credibility. This is not a trivial task. The available space for an abstract is severely limited and ruthlessly enforced by the cold-hearted scripts on the abstract submission website. So the text must be clear and succinct with the goal of conveying the essential elements of a research study.

On the ISHLT abstract submission website, these essential elements are divided into four sections: Background or introduction (hypothesis), methods, results, and conclusions. The background is typically 2-3 sentences and should contain a clear statement of the hypothesis. The methods section should not contain details other than those that are essential to understanding the design. The primary objective of the methods section is to impart the essential elements of the experimental design, including controls or comparison groups. How many experiments were performed? How many patients were included in the study? What was the mean or median follow-up? The
reviewers must be given a clear indication of how the question given in the background was approached. In a clinical study, this would include a clear description of the patient groups, the number of patients, mean or median follow-up as well as other information most relevant to the experimental design.

writing an abstract From the viewpoint of the reviewer, the results section is the most critical, and of all sections, is the primary determinant of whether or not a given abstract will be included in a scientific program, unless the background or methods sections have been written in such a way as to obscure its meaning. For the results, the most common mistake an abstract reviewer sees is the failure to include quantitative information and statistical evaluation of comparative statements. To say “levels of protein X were increased” is not enough. The reviewer will expect a statement like “levels of protein X increased from 8.3 ± 2.1 units (n=5) in the controls to 15.1 ± 3.4 (p=0.021, paired t-test, n=8).” Let me say this again. If you make comparative quantitative statements, they must be backed up with data and statistics. This is true for basic science as well as clinical studies. For studies in which the data are largely qualitative, the abstract must still provide evidence that any comparative statements are credible. The conclusions are a summation of what the data mean, so as such, they must logically follow the presented data. There is no need to say “in summary” or “in conclusion”. It is ok to simply list the conclusions and, if you like, to include a single sentence regarding their significance.

Writing a good abstract involves putting the information needed to clearly communicate a finding into a very small space. Judicious use of abbreviations (e.g. pts for patients), careful sentence construction, and inclusion of only what you need to make a point are helpful in fitting an abstract into the available space.

It is painful for an abstract reviewer to reject an abstract when he or she believes that there may be good work behind the words, but is unable to sufficiently determine the quality of the study and its conclusions. Keeping these considerations in mind will improve your chances of having your presentation included in the program.

**Disclosure Statement:** The author has no conflicts of interest to disclose.
When many of us begin working in the field of lung transplantation, it is recognized that surgical interventions and other invasive procedures place our patients at an increased risk for complications, more so than other patients not requiring transplantation or immunosuppressive drugs. Many lung recipients have an uneventful surgical intervention, but within a few minutes or hours after the intervention a rapid deterioration of their condition may be observed. This then may lead to re-intubation, ICU transfer and sometimes prolonged mechanical ventilation. The triggering event cannot always be determined, but fluid overload, attempts to normalize blood pressure and bleeding complications are seen on a regular basis. This could pose further risks and lead to a whole series of complications. Over the years we have learned that there were a number of “serious” errors committed in such context.

Over time we must be burdened with the task to admit to our own mistakes, determine those which are overt or covert and then prevent these errors by either preventing the procedure in the first place or by making sure that in preparing for the intervention, all possible outcomes and steps have been considered to best be prepared for even the rarest and seemingly most innocuous of complications.

At our program, it became obvious that we were always emphasizing the same things, but due to ever changing treatment teams and the “rarity” of interventions in our lung transplant recipients, the surgical and perioperative teams were unable to gain expertise and be aware of the potential dangers in our patients from the infrequent contact with lung recipients. As a result, we compiled a list of recommendations for the perioperative phase and gave it a catchy name, the “Seven Critical Sins”. We instituted a protocol highlighting these “seven sins” list whenever we thought it may be necessary for our transplantation team which includes surgeons, anesthesiologists, intensivists and the respective ward physicians (Table 1). Strangely enough, this protocol was well received and was not misconstrued; in fact, extraordinary results with lung recipients were obtained through our heightened awareness regarding the care of these complex patients. The list has remained largely unchanged for a few years now and has been shared with the community. As time goes by we will improve its message but for the time being we just wanted to share this simple intervention to reduce emergent calls in the early postoperative phase of predominantly non-pulmonary surgical interventions.

The seven sins list reflects in a nutshell what we generally try to communicate to the perioperative team or try to achieve whenever we have a chance to be involved in the planning of a procedure. We take great strides in drawing attention to certain pitfalls and peculiarities in our patients always with the risk that we are considered “a pain…” since fellow surgeons are by default optimistic and do not expect problems in healthy looking lung recipients. What are less visible at first sight are the polypharmacy and the
vulnerability of their transplanted organ, also due to severe immunosuppression.


Disclosure statement: No conflict of interest other than being the author of the main reference.

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THE STORY BEHIND OKTOBERFEST

Christina Migliore, MD
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CMigliore@barnabashealth.org

The month of October is filled with a number of holidays and occasions we celebrate. There is of course Halloween, Columbus Day, National Boss Day (yes there is one on October 16) and my favorite celebration … Oktoberfest! I guess it’s my half-German background that attracts me to this great time of year. Although I have never been to the real Oktoberfest in Germany, it got me thinking … how did the Oktoberfest tradition we know and love first begin?

It all started on October 12th, 1810 with the marriage of the Bavarian King, Max Joseph (who later became King Ludwig I) to Princess Therese von Sachsen-Hildburghausen. On the 17th, five days after the marriage, a large fest was held in front of the Sendlinger Tor, one of the gates leading to Munich. This grand festival, including horse races, became an Oktoberfest custom lasting until 1938.

A year later an agricultural fair was added and by 1818 beer pubs were included along with performers. It became a great tourist attraction and a way for visitors to learn about Bavaria and its people (I’m sure money was involved).

Flash forward to today: Munich Oktoberfest is held in September because the weather is milder than in October. The 16-day fest begins on a Saturday in September and always ending on the first Sunday in October. It is one of the most famous events in Germany and is the world's largest fair. Although the horseracing ended in 1938,
the other events continued through the years, but the focus remains the beer!

In 1887 lederhosen and dirndls became the traditional garb of the attendees. The festival traditionally begins with a parade, starting just before noon and includes the mayor and other civic leaders followed by horse-drawn brewer’s carts, bands, and townspeople wearing their costumes. The parade ends at the oldest private tent at Oktoberfest, the Schottenhammel tent where the mayor opens the first keg of beer and the toasting begins. More than seven million people attend the opening ceremonies. That’s a lot of beer!

Munich’s six major brewers of the Oktoberfest Maerzen beer may be found in the seven halls where there is live music throughout the day and evening. These brewers include: Hacker-Pschorr, Lowenbrau, Spaten, Hofbrauhaus, Augustiner, and Paulaner. Oktoberfest beer is an amber-gold lager with 6 percent alcohol. German hops such as Hallertau and Tettnang are added. This Maerzen beer was served at the Crown Prince’s wedding in 1810. At that time, Maerzen beers were brewed in March, laagered or cold-stored in caves for 10-12 weeks, and ready to drink by the late summer or early fall. Today, Oktoberfest biers tend to be lighter in color and body than the traditional Maerzen style.

Outside these beer tents, one will find dancing, music, sideshows, carnival rides, and plenty of German food of all types. Wursts of beef, chicken, veal, or pork, slices of beef, pieces of chicken, sauerkraut, potato salad, cabbage, onions, and of course, pretzels are among the foods enjoyed with a stein or two of one’s favorite beer (I personally favor Spaten).

Learn more about Germany’s Oktoberfest Beer Festival!

And if you can’t make it to Germany, create your own Oktoberfest!

So Happy Oktoberfest to all the ISHLT members!

Disclosure Statement: The author has no conflicts of interest to disclose.
Did you know that it has been a full year since the introduction of music in our ISHLT Links Newsletter? That’s right – we’ve been including links to music throughout the monthly issues. Many of these links were often found in the “Editors’ Recommendations” and “Sticky Links” pages, and some occasionally were scattered in miscellaneous articles or on the monthly home page, identified by the 🎵 icon. Sometimes the music tended to fit a general heart or lung theme (i.e. The Pump, Every Breath You Take), but a lot of the music was just thrown in for the fun of it!

If you missed these tidbits of quality music, have no fear! Below are the links to all of the music from the past year for your listening enjoyment. Each link takes you to a recording on YouTube (hopefully without pesky advertisements).

<table>
<thead>
<tr>
<th>MONTH</th>
<th>SONG (click on title)</th>
<th>COMPOSER / PERFORMER</th>
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<tbody>
<tr>
<td>2011 Oct</td>
<td>Don’t Fear The Reaper</td>
<td>Donald Roeser / Blue Öyster Cult</td>
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<td>Everybody Wants To Be A Cat</td>
<td>Al Rinker / Disney’s Cartoon Band</td>
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<td>Halloween</td>
<td>John Carpenter / Daniel Caine</td>
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<td>The Shining</td>
<td>Wendy Carlos and Rachel Elkind</td>
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<td>2011 Nov</td>
<td>(You Make Me Feel Like A) Natural Woman</td>
<td>Carole King / Aretha Franklin</td>
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<td>2011 Dec</td>
<td>Time Of The Season</td>
<td>Rod Argent / Zombies</td>
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<td></td>
<td>Hungarian Dance No. 5 in G minor</td>
<td>Johannes Brahms / London Festival Orchestra, Alfred Scholz conductor</td>
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<td>Slavonic Dances, Op 46, No. 2</td>
<td>Antonin Dvorak / Berlin Festival Orchestra</td>
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<td>Symphony No. 9 (New World Symphony)</td>
<td>Antonin Dvorak / BBC Symphony Orchestra, Rudolf Kempe conductor</td>
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<td></td>
<td>1st Movement (Adagio-Allegro Molto)</td>
<td>Beethoven / London Symphony Orchestra</td>
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<td>Year</td>
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<td>2012</td>
<td>Jan</td>
<td>Annabel Lee</td>
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<td></td>
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<td>The Raven</td>
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<td>2012</td>
<td>Feb</td>
<td>Old Time Rock &amp; Roll</td>
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<td></td>
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<td>The Dream Is Always The Same</td>
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<td>In The Air Tonight</td>
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<td>The Pump</td>
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<td>Mannish Boy (I'm a Man)</td>
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<td>Every Breath You Take</td>
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<td>Swamp</td>
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<td>Two Hearts Beat As One</td>
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<td>2012</td>
<td>March</td>
<td>Rolling In The Deep</td>
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<td>Someone Like You</td>
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<td>Here Comes the Sun</td>
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<td>A Hard Day's Night</td>
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<td>Behind These Hazel Eyes</td>
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<td>Paradise</td>
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<td>Every Breath You Take</td>
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<td>Doctor My Eyes</td>
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<td>Thriller</td>
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<td>Welcome To The Machine</td>
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<td>2012</td>
<td>April</td>
<td>Great Balls Of Fire</td>
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<td>My Heart Will Go On</td>
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<td>Nearer My God To Thee</td>
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<td>Rose</td>
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<td>Songe d'Automne</td>
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<td>2012</td>
<td>May</td>
<td>NO MUSIC!</td>
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<td>2012</td>
<td>June</td>
<td>Sold Me Down The River</td>
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<td>2012</td>
<td>July</td>
<td>How Do You Solve A Problem Like Maria</td>
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<td>Man On The Moon</td>
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<td>Otherside</td>
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<td>White Rabbit</td>
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VANDERBILT HEART SOUNDS
PUMP UP THE VOLUME WITH “WALK THE WALK”

“Keeping the beat” has new meaning for Vanderbilt Heart and Vascular Institute colleagues who have produced a music video to promote heart health in time for the American Heart Association’s Nashville Heart Walk, scheduled for Saturday, October 6th at 10:00 AM on the Vanderbilt campus. Festivities begin at 8:00 AM.

The Vanderbilt Heart Sounds introduced this year’s song, an original composition titled, Walk the Walk, written by Cardiac Surgery administrative assistant Kurt Eger and cardiologist Mark Glazer, MD, and features lead vocalist David Kim along with Margaret Morrison, Scott Guyton, Laura Tortora, Mark Glazer and Kurt Eger.

<table>
<thead>
<tr>
<th>Year</th>
<th>Song Title</th>
<th>Performers/Artists</th>
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<tbody>
<tr>
<td>2012</td>
<td>Come Together</td>
<td>John Lennon &amp; Paul McCartney / The Beatles</td>
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<tr>
<td>August</td>
<td>Caliban’s Dream</td>
<td>Dockhead</td>
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<td>ABC’s Wide World of Sports</td>
<td>K-Jee</td>
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<td>Olympic Fanfare Theme</td>
<td>John Williams</td>
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<td>Star Wars Theme Song</td>
<td>John Williams / London Symphony Orchestra</td>
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<td></td>
<td>You Give Love a Bad Name</td>
<td>Jon Bon Jovi, Desmond Child, and Richie Sambora / Bon Jovi</td>
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<td>2012 Sept</td>
<td>Piano Concerto No. 5 in E-flat Major</td>
<td>Beethoven / Leipzig Gewandhaus Orchestra, Kurt Sanderling, Dieter Zechlin</td>
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<td>Symphony No. 7</td>
<td>Beethoven</td>
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<td></td>
<td>Moonlight Sonata</td>
<td>Beethoven / Wilhelm Kempff</td>
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The video was filmed at Vanderbilt University Hospital and Fool on the Hill Recording Studio in Nashville. It was directed and produced by Casey Culver.

“This is our way of reminding folks the Heart Walk is an extremely important fundraiser for Vanderbilt’s research efforts as we continue to study ways to improve the heart health of Tennesseans, who have one of the highest rates of heart disease in the country,” says cardiologist Mark Glazer, MD, who hopes the video will draw attention to the following:

- To remind people that cardiovascular disease is the number 1 killer of Americans
- To remind people that cardiovascular disease does not affect just men and the elderly
- To remind people that walking is a great way to promote good health
- To try to get a dance which Dr Glazer was quite expert at in the 1960s—the Jerk—back into mainstream American society

“We expect over 10,000 people to participate, and the Vanderbilt Heart Sounds will be performing the song live at the event. It is high energy and great fun!” adds Glazer.

Clearly the ISHLT members at Vanderbilt are very proud of the video production:

“They are talented — you can tell we live in Music City! I am very happy that [the ISHLT Links] is promoting this. The second year cardiology fellows work really hard to raise a lot of money and we all participate.” — Jennifer N. Fosnot, PharmD

“This is only the latest in a series of music videos produced for the Heart Walk. Dr. Mark Glazer, one of our interventional cardiologists, is truly the brains behind the operation. Not only does Dr. Glazer provide excellent care to our transplant patients in the cath lab, but he is our “motivator in chief” and has helped make the Nashville Heart Walk a hugely successful event. Every year Dr. Glazer raises the bar with his songs and enthusiasm. His energy has helped make the Heart Walk an unmissable event that our patients and staff look forward to every year. I’m sure Dr. Glazer will be thrilled to have the video featured in the ISHLT newsletter. Two of our heart transplant recipients are featured in the video as well!! — Andrew J Lenneman, MD

And there’s more! Check out Mission Impossible: Heart Walk Crisis from the Vanderbilt 2nd year fellows in support of the Heart Walk.
How I loved to travel. Moving from place to place was an adventure with many new experiences awaiting my discovery. How I miss day trips to see Texas Bluebonnets intermingled with Indian Paintbrush in spring and flying to Vermont for a weekend to drink in magnificent fall colors. Given my advancing disability I have accepted the fact that traveling for pleasure is no longer an option for me.

I pondered the idea of spending the greater portion of my life in a one bedroom apartment far from the bustling crowds attending plays, symphonies and movie theaters. No longer able to travel packed highways visiting family and friends or dance with my better half is a bitter pill for both of us to swallow. What are my options to be able to continue to view the world within my limited reach now?

My first thought was, keep an open mind to all possibilities; and the second one—open my eyes so I can see through those windows to the world!

I feel privileged to live in our bright, comfortable apartment with friendly neighbors. Partial home-bound status can have many positives. The first windows to the world are obvious: large sunlit front, back and side windows enable me to observe activities in the courtyards.

And what activities there are! Daily I see neighbors walking their prancing canine friend(s); residents, with their care givers in tow, ambling slowly with walkers, advancing to walking with canes and then no helpers as healing is complete. Hurrah for them!

And dancing? I can tap my toes as I sit in my wheelchair and sway to the beat complete with memories of how much fun I had in my younger days dancing the night away or watching the joy and energy of participants in line-dancing class.
What fun it is to watch as neighbors tending their patio plants add beautiful color to the landscape. How I relish envisioning a grandparent taking their visiting grandchild to the swimming pool, returning a short time later, faces aglow with pleasure.

I enjoy watching the landscape change as winter sends its last cool spell our way and spring brings a hope of greening plants with promised blossoms of all colors. Charming white Ligustrum ... cheerful crepe myrtle white and shades of pink ... delicate white and pink Indian Hawthorne ... fragrant red roses ... and my neighbor’s burgundy red and bronze bougainvillea. I notice the bees hovering over the Indian Hawthorne and Ligustrum. Suddenly a myriad of birds appear. Mourning doves, sparrows, wrens, mockingbirds, raptors and more find their breakfast, lunch and supper just outside my windows. Several months later mama birds return with their babies to partake in the feast.

Into the hot and dry summer, Texas cotton tailed rabbits with oversized ears venture into the courtyard foraging for green tidbits of fresh grass. An occasional armadillo lumbers through the courtyards intent on who knows what and—that garden snake showing up uninvited in our entry way!

One of the most interesting creatures is the lizard with a grass-green body and balloon-like bright red throat expanding and contracting at will, thriving on branches of trees and bushes. Then comes the arrival of the butterflies—especially the Monarchs—and various swallowtails, flitting through the sunlight, racing to who knows where. Evening shadows bring out hopping toads of all sizes.

Fall in Texas may or may not bring cooler days as I watch grass turn from green to brown in anticipation of another winter, knowing spring is not far behind. Migrating birds head South, landing on rooftops to be admired before taking flight again.

Listen, there’s a helicopter overhead, followed by a small plane from the local airport flying low—you may catch a quick glance. When luck is with you, a fighter plane from Ellington or large passenger plane from Hobby Airport can be spotted against the Texas sky.

Who says I do not have windows to the world?
During the month of October, there is Columbus Day, Oktoberfest, the Harvest Moon (first full moon after the vernal equinox) in the Northern Hemisphere and of course Halloween. With Halloween we have superstitions, darkness, the midnight hour, full moon, cemeteries, caves, haunted houses, rotting trees and weeds, treasures, witches, switches, ghosts, goblins, spiders, owls, bats, rats and stiff cats. Also, we have those who rise from the dead or life from death along with criminals, murderers, monsters and imposters. It could all be a sham only perpetuated or enabled in corporate America. It is estimated in America that we will spend nearly 370 million dollars on Halloween costumes for our pets in 2012.

In the ISHLT we have our own superstitions (dogmatic biases). There is certainly life after death, imposters like infections posing as rejection and vice versa, but we advise our patients to avoid bats, rats, cats, and caves.

Despite the progress we have made we are still in the dark on our hands and knees trying to find the right path out of the cave. If only we had Tom Sawyer’s string.

From The Adventures of Tom Sawyer by none other than Mark Twain, we have precisely the same elements for Halloween as listed above. At the time of Twain’s death in 1910, The Adventures of Tom Sawyer was one of the best-loved American books; however, it was not that popular at its original publication in 1876. Twain and his publisher advertised and promoted this book as an adult novel. But William Dean Howell, editor of the Atlantic Monthly, stated it is actually a children’s book. Today, the world sees it as one of the greatest
children’s books, but it is a better read as a book about children written for adults.

The narrator is an adult looking back nostalgically to his own childhood with exaggerated and inflated stories of his days gone by. Tom Sawyer is constantly misbehaving with various forms of delinquency: lying, playing hooky, sneaking out at night and running away—just different means of trying to get attention. Perhaps Twain was a problem child always needing attention?

If one cares to read or reread this novel, it will not take one more than a few hours to complete, and it is well worth it. The reader will gain the art of negotiation from the famous whitewashing scene, on how Tom triumphed over getting out of work by convincing and bankrupting nearly all the boys of St Petersburg to whitewash the fence he was sentenced to do by his Aunt Polly on Saturday for playing hooky from school. Among the forms of payment for Tom: marbles, firecrackers, tadpoles, glass, a kite, a spool, a kitten with one eye, pieces of orange peel, a dead rat and some string used later in the novel. These were among the treasured treasures for prepubescent boys and certainly not the precious treasure for adults—money.

And if anything was not going Tom’s way, he would wish he were dead or at least “die temporarily.” Well this dream came true. He was able to attend his own funeral and witness the tribute and respect paid to the young lads thought to be dead. Then this sham is revealed. There are other imposters, but the greatest sham of all is how society influenced the children of St Petersburg about proper etiquette, education and Sunday School balanced by what’s proper and what’s not proper.

Alongside this is the town’s pariah, Huckleberry Finn. The son of the town drunkard—hated and dreaded by all mothers of St Petersburg. Huck was idle and bad, but all their children admired him. Huck slept on doorsteps and in barrels. He did not have to go to school, go to church or obey anyone. He never had to wash, wear clean clothes; he could swear wonderfully. “In a word, everything that goes to make life precious that boy had. So thought every harassed, hampered, respectable boy in St Petersburg.”

Then, we consider the ethical problem after Tom was offended by Becky whom he adored. She tore a page out of a valuable book which belonged to the teacher. The teacher was trying to determine who the guilty party was, when Tom lied that he had done it. Tom took the unmerciful flogging by the school master. Becky’s father
declared, “it was a noble, a generous, a magnanimous lie – a lie that was worthy to hold up its head and march down through history breast to breast with George Washington’s lauded truth about the hatchet.”

Of course there is the innocent sham of Tom Sawyer’s and Joe Harper’s first pipes with Huckleberry Finn. They claimed they could smoke all day, they don’t feel sick, and they wished all their friends could see them now. It was just a matter of time that Tom and Joe became pale, fell ill, “got rid of their trouble” and fell fast asleep far apart in the woods.

There is so much Halloween in Tom Sawyer down to the traditions, superstitions and downright fun among all the seriousness of the novel which are easily linked to what we do in the ISHLT and in our lives.

Disclosure statement: the author has no conflicts of interest to disclose.

RATTLING LINKS
NEW LINKS IN THE LINKS!

TRICK OR TREAT!

Little Olivia Valentine, 10 Halloweens ago

From Power Rangers to Raggedy Ann dolls, little kids, and big ones, too—and even our animals—dress up in all sorts of cute, crazy, gory and ghoulish costumes for Halloween. No matter what adventure is in store for you, here’s hoping your Halloween is a safe and happy one!
THUNDER
by Manpreet Kanwar

The thunder –
I wonder,
What makes it,
So far and yet so loud.
A noise so deep and deafening,
The color of a shroud.

I think it’s a big ol’ giant,
That sits up in the sky.
And clears his throat with a rumble,
Although I wonder why.

Perhaps he’s got a scratchy throat,
Or maybe a sinus draining,
Although I hope it’s not his nose,
That onto us is raining.

Or maybe it’s him snoring,
His tonsils in the way.
He might have sleep apnea,
So he’s sleepy in the day.

Or is it just his bowels,
After he’s binged on beans.
He must be in a lot of pain,
And bursting at the seams.

The thunder –
I wonder,

What makes it?
Roaring, it goes away.
Leaving magic rain drops
To wet the earth and stay.

I ran a search
On google,
To see how thunder’s made.
But all that google told me was
It’s a bunch of big sound waves.

No snoring giant nor scratchy throat,
Just exploding waves of air.
I do think my “giant” story though,
Beats that one fair and square.
Robert Robbins, MD
Stanford University School of Medicine, Stanford, CA, USA
Past President, ISHLT

Texas Medical Center Announces New President and Chief Executive Officer
September 15, 2012, Lisa Mayes, Texas Medical Center News

Effective November 5, 2012, Dr. Robert Robbins is the new president and chief executive officer for Texas Medical Center. Robert (Bobby) Robbins, M.D., who currently is professor and chairman of the Department of Cardiothoracic Surgery at Stanford and director of the Stanford Cardiovascular Institute, says he’s a longtime fan of the leading-edge research and lifesaving treatments that take place every day in the Texas Medical Center. “I have great respect and admiration for what takes place in the Texas Medical Center,” Robbins said, “and I’m humbled to have been selected and entrusted with this leadership position.”

Read more...

Gregor Warnecke, MD
Hannover Medical University, Hannover, GERMANY

Parents save son by each giving him a lung
September 13, 2012, The Local, German’s News in English

A boy with cystic fibrosis is starting a new life after German doctors performed the country's first double living lung transplant, giving him a lung from each of his mother and father. Surgeons at the Hannover Medical University (MHH) performed a triple operation, using three operating rooms in parallel, with a lung being removed from each parent, and then implanted into 12-year-old Marius. “The operations went well, the parents were able to leave hospital after ten days,” said Warnecke. Marius’ operation lasted six hours.

Read more...

Michael P Fischbein, MD
Stanford University School of Medicine, Stanford, CA, USA

Stanford Hospital Physicians Give Heart Patient a Second Chance
September 19, 2012, Stanford Hospitals & Clinics News

After four years of successful clinical trials with nearly 200 patients, Stanford had been approved by the FDA as the first facility in the Bay Area to be able to use a new device, the Edwards Sapien transcatheter heart valve, in patients who were not good candidates for the traditional surgical approach. “The device has really advanced the treatment of aortic stenosis with a team approach,” Fischbein said, “with cardiologists and cardiac surgeons working together, bringing their experience to the table.”

Read more...

George Sokos, DO
West Penn Allegheny Health System, Pittsburgh, PA, USA

AGH Cardiovascular Researchers Target Key Pathway in Brain to Repair Failing Hearts
September 11, 2012, West Penn Allegheny Health System News

Allegheny General Hospital (AGH) is enrolling patients in a clinical trial exploring an investigational, implantable electrical stimulation device to determine whether the technology can not only relieve symptoms of congestive heart failure but slow the progression of this all-too-common disease that is the leading cause of hospital admissions in adults over age 65. “Congestive heart failure, when the heart becomes weakened and cannot pump as much blood as it should, is the most rapidly growing cardiovascular disorder in the United States,” said George Sokos, DO, a heart failure cardiologist at AGH and principal investigator for the new clinical trial, known as INOVATE-HF. Read more...

Sunjay Kaushal, MD, PhD
University of Maryland School of Medicine, Baltimore, MD, USA

University of Maryland Study Suggests Neonatal Cardiac Stem Cells May Help Mend Children’s Broken Hearts
September 12, 2012, University of Maryland SOM News & Events

Researchers at the University of Maryland School of Medicine, who are exploring novel ways to treat serious heart problems in children, have conducted the first direct comparison of the regenerative abilities of neonatal and adult-derived human cardiac stem cells. “The surprising finding is that the cells from neonates are extremely regenerative and perform better than adult stem cells,” says the study’s senior author, Sunjay Kaushal, MD, PhD, associate professor of surgery at the University of Maryland School of Medicine and director, pediatric cardiac surgery at the University of Maryland Medical Center. “We are extremely excited and hopeful that this new cell-based therapy can play an important role in the treatment of children with congenital heart disease, many of whom don’t have other options.” Read more...

Alexander Krupnick, MD
Washington University School of Medicine, St Louis, MO, USA

Key immune cell may play role in lung cancer susceptibility
September 20, 2012, Washington University in St Louis Newsroom

Why do many heavy smokers evade lung cancer while others who have never lit up die of the disease? The question has vexed scientists for decades. Now, new research at Washington University School of Medicine in St. Louis suggests a key immune cell may play a role in lung cancer susceptibility. “We want to know whether heavy smokers who don’t get lung cancer have natural killer cells that are somehow better at destroying newly developing lung cancer cells,” says Krupnick, associate professor of surgery. “And, by comparison, do patients who have never smoked but develop lung cancer have weak natural killer cells?” Read more...
OUTTA THIS WORLD LINKS!

** INTERESTING, INSPIRING, AND INTRIGUING LINKS **
AROUND THE GLOBE

New York law poised to increase number of organ donors

09/09/12 NBCNews.com
The State of New York has ranked second to last in donor registrations — unsettling for those 10,000 New Yorkers on an organ donor list. But a transplant law inspired by a 12-year-old girl could change that. NBC's Jenna Wolfe reports. Read more...

Social Workers Help Navigate Path To Transplant

08/22/12 NPR (National Public Radio)
Each year, some 2,000 heart transplants are performed in the U.S., and the number of people on the waiting list is even larger. Between finding the perfect donor to worrying about insurance, the wait can be grueling, but heart transplant social workers are here to help. Read more...

Mother Hears Deceased Son’s Heartbeat Again After Organ Donation

08/20/12 Jessica Samakow, The Huffington Post
Sixteen-year-old Caleb Beaver died last year on Christmas day. It was sudden — according to the Associated Press, his parents didn't even know their son was sick until he suffered two strokes in the two days before his death. For the next eight months, Caleb's grief-stricken mother, April Beaver, wished she could feel close to her son again. Read more...

Autism Transplant Denial Sparks Debate

08/15/12 Sydney Lupkin, ABC News.com
Denials come because organs are a scarce resource, with three to four times as many people who need transplants as there are organs available. As such, doctors look for transplant candidates to have good expected outcomes. Read more...
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HALLOWEEN FACTS, FIGURES AND FOLKLORE

DID YOU KNOW...
The origins of “Trick-or-Treating” can be traced back to early celebrations of All Souls’ Day in Britain. The poor would go from door-to-door, begging for so-called “soul cakes”. Over time, the custom changed and children became the beggars, receiving apples, sweet buns and money. The tradition migrated over the Atlantic Ocean and quickly became entrenched in American celebrations of Halloween.

Orange and black are Halloween colors because orange is associated with the Fall harvest and black is associated with darkness and death.

DID YOU KNOW...
October is Black Cat Month. These sweet felines have been long maligned. In fact, many humane societies are so worried about mistreatment of the black cat on Halloween that many don’t allow anyone any black cat adoptions during the entire month of October.

The Irish Potato Famine (1845-50) prompted over 700,000 people to immigrate to the Americas. These immigrants brought with them their traditions of Halloween and Jack O’ Lanterns, but turnips were not as readily available as back home. They found the American pumpkin to be a more than an adequate replacement. Today, the carved pumpkin is perhaps the most famous icon of the holiday.

Of all canned fruits and vegetables, pumpkin is the best source of vitamin A. Just a half-cup of the pumpkin has more than three times the recommended daily requirement.