President’s Message:

Allan R. Glanville, MBBS, MD

On behalf of the Board of Directors and the Administrative Staff of the ISHLT, I would like to welcome you to San Diego and the 34th Annual Scientific Meeting. The Program Chair, Jason Christie MD, and his Program Committee have worked tirelessly to produce an outstanding program which will entice and educate all facets of our diverse Society. Amanda Rowe and the outstanding administrative staff (Lisa Edwards, Susie Newton, Phyllis Glenn, and Lee Ann Mills) have once again turned concept into reality and provided an exceptional realization of the program committee’s plans. From humble beginnings as a small collegial group, the Society has grown into an international powerhouse with broad reaching influence in every aspect of heart and lung failure, pulmonary hypertension and the use of innovative therapies such as device technologies but not forgetting our core business of transplantation!

The Society response to the Call for Abstracts has been spectacular with a record 1500 submissions, as a result of which almost 1000 will be presented in the different formats of plenary abstracts highlighting a number of ground breaking trials, through orals, mini-oral and moderated poster sessions. Once again the senior membership has responded enthusiastically to the opportunity to partner with junior faculty and critique the valuable work presented in the poster format. As most would know, the Society is committed to providing ease of e-access to meeting content and the 2014 eBook, Meeting App and 2014 Program Planner are already available www.ishlt.org/meetings/annualMeeting.asp. Once again we are meeting in beautiful San Diego with the promise of warm weather, exciting science, robust debate, good food and convivial surroundings. There is much to explore locally and just beyond the horizon so enjoy this great Society and the opportunity to meet with colleagues and invited guests who change the face of the world!

Vincent’s Two Cents:

A glance at this year’s program should excite any thoracic transplant professional. I am tremendously grateful to this year’s Program Committee for such a fantastic job of creating thematic sessions with broad appeal.

The pre-meeting symposia feature a dizzying array of carefully-orchestrated content designed to fill the day on Thursday. On Friday, following the registry reports, the Opening Plenary session features inspiring lectures on the past, present, and future of medical care of those with advanced heat and lung diseases. Dr. Eric Topol will focus on the role of emerging technologies in the clinical arena, in his lecture about “How Digitizing Humans Changes the Future of Medicine.” The Lifetime Achievement Award will be awarded to Sir Terence English, who will remind us all where the Society has been and inspire us to where it can go, in his acceptance lecture, titled “Follow your Star”. Together these lectures should set the tone for what is to come.

Saturday’s Plenary session is a “tour de force” of the future of heart and lung donation. In her talk on “Trimming Heart Transplantation in the VAD Era,” Dr. Lynne Stevenson will consider the future role of MCS and transplantation in the management of patients with advanced heart failure. Three plenary abstracts will follow, reporting results of international clinical trials of heart and lung organ management prior to implantation: the PROCEED II, NOVEL, and INSPIRE trials. This is a very exciting time in our field for organ donor management, and the presentation of three major multicenter clinical trials in a single plenary session should make for excellent discussion over future management options. Dr. Tom Egan will enhance this theme with his Plenary speech on “Frontiers of DCD in Thoracic Transplantation.” Dr. Egan has indeed been on the front line of DCD lung transplantation and will discuss pragmatic and theoretical approaches to expanding the availability of donor organs for our patients. Wrapping up the session will be 2012 Nobel Laureate Al Roth, who will provide societal perspective on incentives and economics of organ donation.

The Closing Plenary on Sunday will feature updated Consensus Reports on Invasive Fungal Infections and Lung Transplant Recipient Selection, two topics with direct clinical relevance to the clinical practice of our patients. Michael Petty, PhD, RN will tie together the multidisciplinary approach common to our clinical teams by discussing the importance of family caregivers to the care of patients with advanced heart and lung diseases. Following Dr. Lori West’s lecture on the implications of ABO incompatible transplant, there will be a spirited President’s Pro-Con Debate focusing on whether or not we should “Stop Treating Secondary PH Now!” Given the blend of erudite scientific opinion with pure entertainment that was apparent the
debates in recent years, I am particularly looking forward to the performance of this year’s discussants: **Drs. Hap Farber and Fernando Torres.**

Throughout the meeting, amazing science will be presented. I can honestly say that I am in awe of the quantity and quality of science presented at this year’s meeting. Abstract submissions were an all-time high, indicating how our Society has become the premier venue for presenting novel data relating to the care of those with advanced heart and lung diseases. This year, the Program Committee worked hard to keep oral, mini-oral, and poster sessions tightly-focused and thematic, to foster discourse of the multidisciplinary teams in which we are all privileged to work. I believe that this is a core strength of our Society’s scientific meeting - the interplay of multiple disciplines that share the higher purpose of improving the care of patients with advanced heart and lung diseases. As at last year’s meeting, poster sessions will be moderated by experienced leaders of the Society, so please grab a glass of wine and traipse through the sessions, while overlooking the beautiful view of the harbor.

This year promises to be a fantastic meeting. Along with President Glanville, I look forward to welcoming you to the 34rd ISHLT Annual Meeting and Scientific Sessions at the Opening Plenary in San Diego!
In The Spotlight: Plenary Lectures at ISHLT2014

Opening Plenary Session
Friday, April 11
8:00 AM – 10:00 AM

8:55 AM  How Digitizing Humans Changes the Future of Medicine
Eric Topol, MD, The Scripps Translational Science Institute, La Jolla, CA, USA

“The newfound capability of digitizing a human being—through sensors, imaging, and biologic omics—has the potential to reboot the future of medicine.”

9:30 AM  Lifetime Achievement Award Recipient Lecture: “Follow Your Star”
Sir Terence English, KBE, FRCS, Oxford, United Kingdom

“I have called my Talk “Follow Your Star” because I have always tried to follow whatever “star” was shining most brightly for me at any particular time of my life and have been prepared to stop and start again should a brighter one appear on the horizon. This led to several false starts and blind alleys but most added to a richer experience of life, even if they didn’t contribute to my eventual career. There has also been that element of fortune along the way when my star beckoned me both in the right direction and at the right time.”

Plenary Session
Saturday, April 12
8:00 AM – 10:00 AM

8:00 AM  Trimming Heart Transplantation in the VAD Era
Lynne W. Stevenson, MD, Brigham & Women’s Hospital, Boston, MA, USA

“Cardiac transplantation remains the most effective therapy to enhance quality of life and prolong survival with end-stage heart failure, but there are only 2200 hearts available each year in the United States. In 2013, only 4% of hearts were given to patients waiting at home on standard medical therapies. The other 96% of hearts were implanted into patients in urgent status, 68% of whom were at the highest priority, defined as high risk for death in the next 7 days, although in fact almost half of patients currently in that status have been waiting over 1 year. Although there are considerable efforts to revise the status definitions, the fundamental problem is the mounting arithmetic that for each of the past 5 years, we have listed about 50% more patients than will undergo transplantation.”
“Responsible stewardship of the precious donor heart resource in the United States requires that we decrease the number of listed patients by only about 20%, a change which could within 5 years restore our ability to provide meaningful triage for listed patients, with a steady state list of about 1000. Other countries should also tailor their listing practice according to their own donor supply, which has been done well in some countries but not in others. The patients most likely to benefit from transplantation would then undergo transplantation at a time when they are most likely to do well. The responsibility to right-size the list is lightened by the increasing success of ventricular assist devices which can also increase quality and length of life. This technology was initially reinforced but is now being shackled by the use of these devices as bridges to transplant rather than as free-standing lifetime support.

“Right-sizing the list is right not only for the success of transplantation and the progress of mechanical circulatory support, it is most importantly right for the patients. We are charged to do good and to do no harm, but promising transplant to those unlikely to receive it undermines the quality of life with alternative therapies, and can impose heavy financial and psychological costs on families. Furthermore, with less incentive for the affluent to move to favorable donor regions, the ethical mandate for distributive justice will be easier to meet. By establishing consensus to restore equilibrium between the patients joining the list and those moving on to transplantation, we will find it easier, both as a society and as individual physicians, to meet this classic lifeboat dilemma.”

8:40 AM  Frontiers of DCD in Thoracic Transplantation
Thomas M. Egan, MD, MSC, University of North Carolina School of Medicine, Chapel Hill, NC, USA

“Lung transplantation is more limited by a shortage of suitable organs for transplant than most other organs. Unlike other solid organs that are transplanted, lungs live for hours after circulatory arrest and death of a potential donor. Thus, lungs might be suitable for transplant, even if recovered from victims of sudden death. Ex-vivo lung perfusion (EVLLP) affords an opportunity to assess lungs recovered after death from uncontrolled Donation After Circulatory Determination of Death (uDCDDs). EVLP also offers an opportunity to treat lungs before implantation. Lung recovery from uDCDDs for transplant is an innovative disruptive technology poised to revolutionize therapy for end-stage lung disease.”

9:15 AM  Organ Allocation Policy and the Decision to Donate
Alvin E. Roth, PhD, Professor of Economics, Stanford University, Stanford, CA, USA

Prof. Alvin (Al) E. Roth is the Craig and Susan McCaw Professor of Economics at Stanford University and the Gund Professor of Economics and Business Administration Emeritus at Harvard University. He works in the areas of game theory, experimental economics and market design. He shares the 2012 Nobel Prize
Laureate in Economic Sciences with Lloyd S. Shapley "for the theory of stable allocations and the practice of market design".

Roth is a pioneer in the field of game theory and experimental economics and in their application to the design of new economic institutions. As one of the first "microeconomic engineers," Roth has redesigned the market for kidney exchanges, the organization that matches medical residents with hospitals, public school choice systems and a variety of other institutions.

Prof. Roth is a gifted lecturer with a wonderful and easy-going personality. The ISHLT looks forward to sharing his experience with the delegates during the Plenary Session the ISHLT 2014 Annual Meeting in San Diego.

Plenary Session
Sunday, April 13
9:30 AM – 11:45 AM

9:50 AM CONSENSUS REPORT: Invasive Fungal Infections Among Cardiothoracic Transplant Recipients: Consensus Guidelines and Recommendations from the ISHLT Fungal Expert Panel
Shahid Husain, MD, MS, Toronto General Hospital, Toronto, ON, Canada

"Fungal infections (FIs) continue to be a major cause of morbidity and mortality in Cardio thoracic organ transplant recipients. In order to prevent the FIs the transplant centers have embarked upon diverse antifungal prophylactic strategies. The Infectious Diseases Council of International Society for Heart and Lung Transplantation (ISHLT) made a convened an international and multidisciplinary panel of experts in the field. The Panel members were recognized leaders in the field of heart/lung transplantation and Mechanical Circulatory Support Devices (MCSD), and were selected from established transplant centers worldwide by the Chairs. The Panel members identified and approved the most relevant questions to be addressed in the areas of epidemiology, diagnosis, prophylaxis, and treatment of FIs including therapeutic drug monitoring (TDM) of antifungal agents in adult and pediatric heart, lung and MCSD patients. The working groups within the panel reviewed existing literature to answer the identified questions based upon the published evidence or, in their absence, provided guidance based upon prevailing expert knowledge and experience. The Grading of Recommendations, Assessment, Development, and Evaluation 20 (GRADE) approach was used to appraise the evidence."

10:00 AM CONSENSUS REPORT: Updated Guidelines for Lung Transplant Recipient Selection
David Weill, MD, Stanford University Medical Center, Stanford, CA, USA

"The ISHLT has developed two previous editions of International Guidelines for the Selection of Lung Transplant Candidates. Published in 1998 and 2006, these
Guidelines represented the best and most current information present at the time relevant to the appropriate selection of patients being evaluated for lung transplantation. Given the continued evolution of the field, the Pulmonary Transplantation Council presents a Third Edition of the Consensus Report for the Selection of Lung Transplant Candidates. The goal of this current Edition is to assist physicians, both those who refer candidates and those who work in the lung transplant field, in properly identifying patients who are the most likely to benefit from lung transplantation.

“This report will discuss general indications and contraindications (relative and absolute) and disease specific selection criteria, some of which are unchanged from previous selection guidelines. As in previous Editions, the current report largely represents a consensus of expert opinion. However, an effort will be made to include a discussion of areas supported by robust scientific data. In light of the evolving nature of the field, important areas of emphasis of this Edition will include factors influencing recipient selection that were not present in previous selection guidelines Editions, such as lung allocation changes, pediatric lung transplantation, the use of mechanical ventilation and circulation support for both potential transplant recipients and for donor lungs, and the broadening of selection criteria (especially with regard to age, comorbidities, and retransplantation). The Writing Group’s response to these challenging new areas exemplifies the natural tendency of clinicians working in this area to extend the envelope of care to patients once thought unsuitable for lung transplantation while collecting prospective data regarding those situations where known risk outweighs benefit.”

10:25 AM

The Invisible Team Member: Family Caregivers of Thoracic Transplant and Mechanical Circulatory Support Patients
Michael G. Petty, PhD, RN, University of Minnesota Medical Center, Minneapolis, MN, USA

“Family caregivers are frequently cited as essential to the success of heart failure, lung failure, thoracic transplant and mechanical circulatory assist patients. Along with the patient they are integral members of the healthcare team. The value of their efforts has been estimated in the billions of dollars. Yet the physical, emotional and social impact of caregiving is underappreciated. The objective of this presentation will be to highlight the contributions of family caregivers (however they are defined), the literature on the effect of caregiving, and recommendations for ways in which we can offer care to them.”

10:45 AM

Trading Risks of Sensitization in Thoracic Transplantation: ABO-Incompatibility to Achieve HLA-Compatibility
Lori J. West, MD, DPhil, University of Alberta, Edmonton, AB, Canada

Dr. West is Professor of Pediatrics, Surgery and Immunology and the Research Director at the Alberta Transplant Institute at the University of Alberta and a Tier 1
Canada Research Chair in Cardiac Transplantation. She is a world leader in pediatric cardiac transplantation and transplant immunobiology, including crucial translation of basic concepts and findings from murine models to clinical application in pediatric heart transplantation. Her clinical work resulted in a pioneering strategy for increasing donor availability for infants by crossing the ABO barrier, which has had a major global impact on infant heart transplantation. Her investigations of the immune development of infants after ABO-incompatible transplantation led to the first demonstration of neonatal transplantation tolerance in humans. She is now leading an international multi-site collaboration in the study of this unique patient population globally.

11:15 AM  PRESIDENT’S DEBATE: Stop Treating Secondary PH Right Now!

PRO: Fernando Torres, MD, University of Texas Southwestern Medical Center, Dallas, TX, USA

Fernando Torres, M.D., is an Associate Professor of Medicine at UT Southwestern Medical Center and Director of the Lung Transplant and Pulmonary Hypertension Programs at St. Paul University Hospital. His clinical interests include pulmonary hypertension, lung transplantation, lung volume reduction surgery for emphysema, viral infections in immunosuppressed patients, and clinical outcomes research in lung transplantation and pulmonary hypertension. Since joining UT Southwestern in 2000, Dr. Torres developed the Pulmonary Hypertension Program, now the largest such program in the United States. In 2009 he assumed directorship of UT Southwestern's Lung Transplant Program, which is the eighth largest in the country.

CON: Harrison W. Farber, MD, Boston University School of Medicine, Boston, MA, USA

“My opponent (Dr. Torres) will argue that patients with pulmonary hypertension associated with left heart disease should never be treated because of the risk of worsening left ventricular filling pressures. While this is often true, there may be some patients with left heart disease in whom treatment is not only possible but may be beneficial. While I certainly will not advocate that all patients with pulmonary hypertension associated with left heart disease be treated, I will discuss certain situations in which treatment may not be as crazy as it may appear.”
ISHLT 2014 Goes Digital!

ISHLT Meeting Website: www.ishlt.org/meetings/annualMeeting.asp

DIGITAL MEDIA:

2014 Program Planner
Use this online tool to browse sessions by type or date, find authors from last name alphabetical list and search for their presentations and sessions, find specific results on Session Type, Session Title, Presentation Title, Author Name, and Institution. You can also filter your results by day. And create your own schedule of meetings and personal events!

2014 Mobile App (instructions for downloading)
Download this free app to your smart phone and build your schedule, browse sessions by day, type or target audience, and many more cool features!

2014 Final Program eBook (instructions for downloading)
(for downloading to Kindle, Apple iPad & iPhone, B&N Nook, Sony Reader, Google Android, and RIM Blackberry devices)

2014 Final Program (PDF)
This color document includes the full Scientific Program, Schedule At-A-Glance and Daily Templates, Program Highlights, information about Exhibitors, Floor Plans, and more.

ePosters
ePosters is a virtual, online poster hall that enables free viewing of posters and mini oral presentations during and after the meeting to all ISHLT meeting delegates and members. Presenters have until April 18 to upload their poster for viewing. Access for viewing ePosters will be made available to all meeting attendees and ISHLT members on Friday, April 4, 2014. Visit the ISHLT home page (www.ishlt.org) for the link to access ePosters.

Online Capture of Annual Meeting Sessions
Again this year, ISHLT will be recording all Pre-Meeting and Concurrent Sessions and making them available for purchase online after the meeting. A 30% discount is available to all meeting delegate who purchase online access by Sunday, April 13, 2014. Visit the Digitell booth in the ISHLT registration area to order your subscription. Order forms will be available on the ISHLT website after the meeting for individuals who did not attend the meeting to purchase online access to the sessions.

Free Wifi
Free Wifi will be available in the session rooms, foyers and exhibit hall of the Manchester Grand Hyatt Hotel.

TWEET THE MEET!
For those of you who use Twitter, #ISHLT2014 is the official hashtag for the Annual Meeting. Follow us at @ishlt, and be sure to tweet using the #ISHLT2014 hashtag!
Council and Committee Meetings Schedule

COUNCIL & COMMITTEE MEETING SCHEDULE:

**Council Meetings:**
- Basic Science & Translational Research: Thursday, 4/10/14, 12:30-1:30 PM, Harbor GHI
- Heart Failure & Transplant Medicine: Saturday, 4/12/14, 1:05-1:55 PM, Grand Hall A
- Infectious Diseases: Saturday, 4/12/14, 12:05-12:55 PM, Grand Hall D
- Junior Faculty & Trainees: Friday, 4/11/14, 12:05-12:55 PM, Harbor GHI
- Mechanical Circulatory Support: Saturday, 4/12/14, 12:05-12:55 PM, Grand Hall A
- Nursing, Health Sciences & Allied Health: Thursday, 4/10/14, 12:30-1:30 PM, Grand Hall D
- Pathology: Saturday, 4/12/14, 12:05-12:55 PM, Harbor GHI
- Pediatric Transplantation: Thursday, 4/10/14, 12:30-1:30 PM, Grand Hall C
- Pharmacy & Pharmacology: Thursday, 4/10/14, 12:30-1:30 PM, Grand Hall C
- Pulmonary Hypertension: Saturday, 4/12/14, 12:05-12:55 PM, Grand Hall B
- Pulmonary Transplantation: Saturday, 4/12/14, 1:05-1:55 PM, Grand Hall B

**Workforce Meetings:**
- CLAD Guidelines Workforce: Thursday, 4/10/14, 6:45-7:45 PM, Gaslamp D
- PEDS HF Workforce: Saturday, 4/12/14, 1:05-1:55 PM, Grand Hall C
- QOL Workforce: Friday, 4/11/14, 12:15-1:15 PM, Gaslamp D
- VAD ID Workforce: Thursday, 4/10/14, 12:30-1:45 PM, Seaport H

**Committee Meetings:**
- 2015 Annual Mtg Symposia Planning: Thursday, 4/10/14, 7:00-8:00 AM, Gaslamp A-C
- Board of Directors: Wednesday, 4/9/14, 12:30-1:30 PM, Old Town AB
- Education: Thursday, 4/10/14, 12:30-1:30 PM, Old Town AB
- DCD Mini Registry: Thursday, 4/10/14, 12:30-1:30 PM, Old Town AB
- Grants & Awards: Thursday, 4/10/14, 12:30-1:30 PM, Old Town AB
- I2C2: Thursday, 4/10/14, 12:30-1:45 PM, Gaslamp D
- IMACS Registry: Thursday, 4/10/14, 7:15-8:30 PM, Gaslamp A-C
- JHLT Editorial Board Breakfast Meeting: Friday, 4/11/14, 7:00-8:00 AM, Gaslamp A-C
- Nominating: Wednesday, 4/9/14, 5:00-6:00 PM, Gaslamp A-C
- Registries & Databases/Registry Advisory: Thursday, 4/10/14, 1:30-2:00 PM, Old Town AB
- Standards & Guidelines: Wednesday, 4/9/14, 2:00-4:00 PM, Old Town AB
- Thoracic Registry: Wednesday, 4/9/14, 4:00-6:00 PM, Gaslamp D

**Additional Meetings:**
- Annual Business Meeting (ISHLT members): Saturday, 4/12/14, 10:00-10:30 AM, Seaport
- Council, Committee & Board Orientation: Friday, 4/11/14, 12:00-2:00 PM, Gaslamp A-C
- Council & Committee Reports to the Board: Saturday, 4/12/14, 6:30-8:00 PM, Gaslamp A-C and Sunday, 4/13/14, 7:00 AM, La Jolla AB

LATE ADDITION TO THE PROGRAM:

An Author Workshop with Elizabeth Perill, Executive Publisher, Surgery, Elsevier
Friday, April 11
Knowing the best way to structure your research paper, identify the most appropriate journal, and understand the peer review process is critical to getting your work published.

Attend this workshop and learn from the world’s leading publisher of Science, Technology and Health and Medical journals:

- steps to take before writing a paper
- how to develop and submit a manuscript
- what editors and publishers are looking for

Sensitive areas such as publishing ethics, plagiarism, and duplicate publishing will also be addressed.
Let your Presentation Purr in San Diego:
Remember the 4 P’s: Procrastination, Preparation, Practice, Presentation

Vincent G Valentine, MD
Allan R Glanville, MBBS, MD, FRACP
John Dark, MB, FRCS

To deliver a good speech or make a great presentation, let’s refer to the January 2012 ISHLT Links, Issue 8, Volume 3, On Teaching and Learning. From this article, pay attention to the following points: 1) the one who learns the most while sharing knowledge is the teacher or presenter, and 2) when teaching, presenting your poster, delivering your lecture, or writing your paper, you should ask yourself, “What do I want the intended audience to know in five years?” Perhaps better advice can be found in the rules for posters and presentations. Finally, the best advice for success in San Diego comes from the June 2011 ISHLT Links, Issue 1, Volume 3 article, On to Prague, from 2012’s Program Chair, Stuart Sweet: “brevity and clarity will be key, particularly in oral presentations.”

PROCRASTINATION
Whatever means everyone must use to overcome procrastination, now is the time to prepare. Remain mindful of Benjamin Franklin’s quote, “By failing to prepare, you are preparing to fail.” You will also find his wise words on procrastination in January 2012 Vol. 3, Issue 8, Quotable Quotes.

According to the famous Irish Playwright and Critic, George Bernard Shaw; Mark Twain is the “American Voltaire” who taught Shaw this great piece of wisdom: "Telling the truth’s the funniest joke in the world.” This American Voltaire was subjected to procrastination, all the time: "I was born lazy. I am no lazier now than I was forty years ago, but that is because I reached the limit forty years ago. You can’t go beyond possibility.”

PREPARATION
Knowing the basic rules for being prepared will make you aware of your allotted time (see Vol. 3, Issue 1, Rules of Engagement). Within this allotted time, your presentation should comprise no more than 75% of the total time for you to speak. Why? You want your presentation to be memorable. To be memorable, captivate and involve the audience. Involving the audience is easier than captivating them. Save time for questions and answers and invoke the Chinese proverb “Tell me and I’ll forget; show me and I may remember; involve me and I’ll understand.”

While preparing, ask, what will my audience gain by using slides? What will my presentation lose? Be aware how the audience divides their time between you and the screen. Slides can interfere with the audience-lecturer relationship. What happens when the lights are dimmed? It induces sleep! With this thought, remember—NEVER read from your slides!!! They are there to enhance and clarify, not duplicate, not become a substitute and certainly, not distract. The slides are to supplement not prompt your talk. What you say must differ from what the audience reads, so keep
your slides simple and direct. Each slide should convey one idea, have one diagram, or contain one or two pictures.

Finally, do not use a pointer. The audience is distracted when you turn away, and the microphone may lose your voice. If there are multi-screen projections, the pointer is seen on only one. Using the mouse is an alternative, but you have to look at the screen, thereby you lose eye contact. Instead, build pointers into your slides—arrows on a photo, underline a key part of a table, encircle the data you are referring to, etc.

**PRACTICE, PRACTICE, PRACTICE**

During preparation, be self-critical and practice. Videotape yourself delivering a speech. Your goals are to liven up your presentation, so practice being dynamic, informative, interesting and persuasive. Consider your presentation as a performance (although tempered with the notion that you are not competing for an academy award!). Study the mannerisms of great lecturers or your favorite speakers. To be an effective lecturer, you must plan, begin, and think about your audience.

While practicing your speech, vary your sentence length. Use short action verbs and short crisp sentences. Long complex words are more difficult to pronounce correctly in front of 2000 people. Use rhetorical questions (frequently more informative) rather than making declarative statements. Be aware of your tone of voice, variations in volume, and appropriate gestures. Do not speak in monotone. Vary your vocal inflections from loud to soft and from a high to low pitch. Paradoxically, the audience pays closer attention when you become quiet or soften your voice. Convey the idea to the audience that there’s no place you’d rather be than talking about the topic you are enthusiastically delivering free from any distraction. Passion—and commitment to the subject—matter most when giving a presentation.

**PRESENTATION**

Before the session starts, always check the podium and, ideally, talk to the projectionist, if there is one. Will they display your opening disclosure slide? What mechanism advances the slides (mouse, button, keyboard)? Who controls the lights? Is there a timer controlled by the Chair? Doing all this ahead of time makes you look professional and avoids embarrassing pauses and gaps.

Remember to stand upright. Don’t lean on the lectern (unless very drunk from the night before) or stand still for a long time. Walk around, and consider standing in front of the lectern instead of behind it. Use hand gestures economically, and be careful about swaying or using bizarre or repetitive gestures.

And remember, appearance is important. The old adage applies here, especially for us silver-tongued, graying bunch: “We may not be any good, but at least we try to look good.” In other words, dress to impress! During your presentation, smile, make eye contact and choose your mood. You know your topic, so show passion for it. Bring enthusiasm and delight to the subject!
Pay attention to gestures and use of eye contact. You want to connect with and monitor the reaction of the audience as they listen to you. Otherwise, how do you know if you’re getting your message across? Study body language and try not to look at your notes. Do not memorize your entire lecture, but memorize the sequence of important things.

With these points in mind, you are now on the road to a great formal presentation. Through repetition and review you will know your topic better than most—if not the entire—audience, therefore you must keep your presentation **simple**, especially simple from your point of view. Most of all, **DO NOT EXCEED YOUR TIME LIMIT** by cramming too much material in your presentation.

Finally with repetitious repetition:
1/ Keep it simple
2/ Know your time limit and stick to it
3/ Include full disclosures at the beginning and references at the end
4/ Leave time for questions

Oh, and did we mention to PRACTICE, PRACTICE, PRACTICE!

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

*This article has been modified from its original version which appeared in the March 2012 issue of the ISHLT Links Newsletter, *Procrastination, Preparation, Presentation, Prague.*
Networking: How to Make Real Friends and “Like” One’s Career

Roger W Evans, PhD
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United Network for the Recruitment of Transplantation Professionals
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The International Society for Heart and Lung Transplantation (ISHLT) 34th Annual Meeting and Scientific Sessions is upon us and, thanks to the superb efforts of the Program Planning Committee, and the very dedicated ISHLT staff, it is shaping up to be one of the best ever. Moreover, for those of us who have endured one of the harshest winters on record, San Diego is a bright spot on a very distant horizon. Hopefully, with my eye on a table at an outdoor pub, the weather will be conducive to pilsners, not stouts.

I have attended almost every ISHLT Annual Meeting and Scientific Sessions, beginning with the second one, which was held in Phoenix, Arizona in 1982. At that time, the meeting was so small that a single plenary session accommodated all the scientific presentations. Thus, everyone attending the meeting was in a single conference room, and listened to every paper presented. As a participant, you truly felt you were a part of a small, but distinctive community. The experience was further enhanced by incredible collegiality, and never ending socializing. Many of us spent our evenings together over food and drink.

The early meetings of the Society were very engaging, as well as entertaining. There was a lot of banter, and attendees were not always kind to the presenters. Believe it or not, insults were politically correct – the lower the blow, the louder the laughter!

In this regard, I was invited to present a paper addressing the economic issues surrounding heart transplantation at the third Annual Scientific Sessions in New Orleans (1983). At the time, I was directing the National Heart Transplantation Study, which was to later serve as the basis for Medicare’s coverage and reimbursement policy as it pertained to heart transplantation. In my presentation, which was 45 minutes long, I noted that cost could be an impediment to insurance coverage and, as a result, heart transplantation might continue to be considered experimental, as opposed to established therapy.

As always, my presentation was impeccable in every respect, but my audience was, as expected, naïve (LOL). People were unimpressed with my candor. Calling me a villain would have been considered a compliment. However, things were even worse than the initial signals indicated. At the conclusion of my presentation, Dr. Norman Shumway stood up and basically dismissed everything I had to say. As I recall, he referred to me using an unbecoming term for anus. As a young person, four years out of graduate school, I remained confident, but taken back, a little bit. As I stepped off the stage, you would have thought I was infected with the Ebola virus, or
something equally as lethal. People quickly distanced themselves from me, both physically and socially.

To my surprise, and contrary to the behavior of virtually all attendees, Dr. Jack Copeland walked up to me, complimented me on my presentation, and asked if I would like to join him and his team from the University of Arizona for dinner. Needless to say, I didn’t hesitate to accept his invitation. Otherwise, I’m sure I would have spent a long lonely evening considering my career prospects, which were now dismal, at best.

We all went out, had a great time, and a lasting friendship with at least 8 people began that evening. The next day, with my new found friends obviously comfortable in my company, other attendees seemed more receptive and inclusive. Clearly, I was entitled to my opinion, and even Dr. Shumway bore no grudge. Thereafter, we became good friends and, in later years, he even wrote a letter of recommendation on my behalf. Obviously, a bad experience can have a lifelong positive outcome.

To this day, I still yearn for the “old days” when the meetings were small, and there were incredible opportunities to network with people who would become real friends, not merely casual acquaintances.

Let’s be clear, in developing, maintaining, or furthering one’s career, regardless of one’s age and experience, it all comes down to who you spend your time with, not what they have to say in some plenary session.

I don’t intend to be harshly critical of outsize meetings. I realize a major goal of the conference organizers is to make the meeting financially viable by maximizing attendance through participation in presentations (i.e., no presentation = no travel money = fewer attendees = a meeting as a money losing proposition). Nonetheless, by increasing the formality, busyness, and complexity of the meeting, we’re doing ourselves an injustice. This, I believe, has particularly serious negative consequences for our junior colleagues who are at a critical point in the development of their careers. How do they develop the kind of network I established at the dawning of my career?

Is social media the solution?

In my opinion, networking through social media is a travesty. It’s casual, superficial, non-committal, meaningless, and baseless. Even Web sites that tout their role in the creation of credible professional networks are sheer nonsense. Let’s be honest, social media at both a personal and a professional level exist for three dubious reasons – the need for visibility, the relentless pursuit of approval, and the hope of Lady Gaga notoriety. Everyone has a story to tell, no matter how insignificant, and people insist on being a celebrity, even when their place in the universe is inconsequential. Even amongst a small group of nitwits there is a proverbial “star.”
Most of us who are serious about our careers have no interest in such rubbish. To call the people who are obviously dependent on, and addicted to social media “networkers” grossly understates their insecurity. Social media fanatics are more mentally fragile. In an embellished social world people are inclined to search for any minuscule means to establish their notoriety, and to achieve some semblance of credibility amidst what often is their stupidity and immaturity. Sadly, yet increasingly, the outlandish is becoming the preferred path to perceived success.

To me, networking means building lasting friendships that are both carefully calculated and intended to help develop, maintain, or further one’s career. Metaphorically speaking, one is not interested in the casual “intellectual sex” social media has to offer. Instead, our priority should a lasting “intellectual marriage” wherein, with carefully selected mentors, we collaboratively create scientific offspring that continue to contribute to the field which is our very raison d’être.

Based on the foregoing, my recommendation is simple: avoid social media, unless you use it as a means to communicate with family and friends for other than professional purposes and, even then, be private and limit what people may access. A few ignorant postings and little more than one screwball picture can destroy one’s career prospects. People love the dirt social media cultivates. Don’t dig a hole you can’t crawl out of!

Okay. You’ve hopefully had a little entertainment – maybe too much.

How, then, does one achieve what I have in mind, given the fact that the Annual Meeting and Scientific Sessions will never be what they once were?

It’s easy, requiring little more than the innate social talent we all possess. No technology required. By simply being nice and outgoing, it will surprise you how many friends can be made over the course of a few days.

Support the program, attend the sessions. After a noteworthy presentation, go up to the presenter, introduce yourself, and compliment them on their work. Be genuine. Inquire about the possibility of future correspondence, assuming you truly share an interest. Do this on ten or more occasions, and you will be amazed at your circle of new found friends and colleagues.

Another viable strategy is to fully embrace the history of the field of which you’re a part. Don’t be hesitant to walk up to the real “stars,” again introducing yourself, and offering your perspective on what your “idols” have contributed. Tell them they’re great. Let them know they’re an inspiration. Once again, you’ll be surprised at how easy it is to become friends with the people you never expected to get to know. Everyone appreciates sincere recognition, and a bit of friendly banter.

Look for an opportunity to "pick a fight." Perhaps someone presented a paper you "disliked." Look for the person in a social situation, and pull them aside. This is a delicate proposition but, in a friendly way, tell them you thought their paper or presentation was “crap.” Then, while laughing and grasping their upper arm, let your combatant know you were just trying to get their undivided attention. You can then embark on a serious conversation, making your point, without an edge.
Sometimes you have to step out to be taken in. People enjoy controversy. Starting fights is my trademark. Eventually people come to expect it whenever they see you. A good fight underscores the integrity of your character. I use bantam roosters as a symbol of how I operate.

Maximize the opportunities for informal social engagement. I like to hang out in hotel bars, or in drinking establishments adjacent to the conference center. Coffee shops are passé. I look for the people I would like to get to know. After a drink or two, the process becomes straightforward and second nature. Using this strategy throughout my career, I have ended up going to dinner and socializing with some pretty impressive people, often the “stars” I thought were beyond my reach. Incidentally, at 5:00 PM or after 10:00 PM are prime times to hang out in the hotel bar, but beware of Dr. John Wallwork!

Genuine friendship is like a snowball, and an investment in one’s career. The more people you meet, the more friends you make, and the greater the return on your investment. This, in my opinion, is truly networking in the most meaningful way. Lasting friendships are the bedrock of professional development. Careers are rarely planned. They’re shaped by the people you know, and the experiences you create.

Don’t be bashful. Follow my prescription, and your career will flourish. When you become the “star” you never thought you would be, just remember to return the favor to those junior colleagues who would like to get where you’re at.

Cheers are on me at the hotel bar in San Diego! Come up, introduce yourself, and let’s start a fight!

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.
ISHLT Awards

This article features some of the awards that will be presented at the ISHLT 34th Annual Meeting and Scientific Sessions to be held from April 10-13, 2014 at the Manchester Grand Hyatt Hotel in San Diego, California, USA.

2014 LIFETIME ACHIEVEMENT AWARD

The Lifetime Achievement award is bestowed every other year to an ISHLT member who is recognized for their outstanding achievements and tireless dedication in the field of heart and lung transplantation.

The 2014 Lifetime Achievement Award recipient is Sir Terence English, KBE, FRCS (Oxford, United Kingdom). A lecture will be given by Dr. English in the Opening Plenary Session of the 2014 ISHLT Annual Meeting and Scientific Sessions.

2014 DISTINGUISHED EDUCATOR AWARD

The 2014 Distinguished Educator Award will be presented to James K. Kirklin, MD (University of Alabama at Birmingham, AL, USA) during the Opening Plenary Session of the 2014 ISHLT Annual Meeting, in recognition of his outstanding educational leadership and achievements on behalf of the Society.

GRANT AWARDS

Norman E. Shumway Career Development Award: $160,000

2014 Recipient: Keshava Rajagopal, MD, PhD
University of Maryland School of Medicine/Medical Center, Baltimore, Maryland
Project: “Impact of mechanical loading on cardiac stem cell function in heart failure”

The Norman E Shumway Career Development award is aimed to support the rising stars of basic, clinical or translational research at a critical time in their independent research career. The awardee will have already established a track record in the field of heart or lung transplantation, the failing heart or lungs or mechanical circulatory support and will aim to further develop their career in one of these areas.

Brano Memorial Fellowship Grant: $75,000 (funded by a grant from Thoratec)

2014 Recipient: Masahiro Ono, MD, PhD
Texas Heart Institute, Houston, Texas
Project: “Individual blood pressure optimization based on cerebral blood flow autoregulation monitoring after implantation of continuous-flow left ventricular assist device”

The purpose of the Branislav Radovancevic Memorial Fellowship Grant award is to encourage scholarly clinical work in mechanical circulatory support worldwide, to facilitate scientific exchange regarding MCS, and to provide advanced scholarly clinical training in mechanical circulatory support and total artificial heart therapy. Dr. Radovancevic, a long-time member of ISHLT, was devoted to the encouragement of scientific collaboration among physicians and scientists engaged in
mechanical circulatory support. This award is intended to encourage others to continue his efforts. Funding for this award is provided by Thoratec in memory of ISHLT member Branislav (Brano) Radovancevic.

**Research Fellowship Grant Award: $40,000**

**2014 Recipients (3):**

**Charles Evans, MD**  
University of Maryland School of Medicine, Baltimore, Maryland  
Project: “The effect of mesenchymal stem cells in delayed donor criteria lung transplantation”

**Christine Lin, MD**  
University of Colorado, Aurora, Colorado  
Project: “The Role of NK cells in antibody-mediated rejection and chronic allograft dysfunction”

**Stijn Verleden, PhD**  
KU Leuven, Leuven, Belgium  
Project: “Unraveling the pathophysiology of restrictive allograft syndrome after lung transplantation”

**NHSAH Research Grant Award: $12,000**

**2014 Recipient: Lea Ann Matura, PhD, RN**  
University of Pennsylvania  
Philadelphia, Pennsylvania  
Project: “Slow-paced respiration therapy for treatment of a symptom cluster in pulmonary arterial hypertension”

The purpose of this award is to encourage qualified nurses, social scientists and other health care professionals to conduct research related to the areas of end-stage heart and lung disease and transplantation. This award is designated for non-physician allied health professionals.

**Transplant Registry Early Career Award: up to $5,000**

**2014 Recipients (4):**

**Marian Urban, MD**  
Institute for Clinical & Experimental Medicine, Prague, Czech Republic  
Project: “The Differences in the impact of donor-related variables on post heart transplantation outcomes in mechanically bridged recipients versus recipients without prior mechanical support—an analysis from the International Society for Heart and Lung Transplantation Registry”

**Miranda Paraskeva, MBBS**  
Alfred Hospital, Melbourne, Australia  
Project: “Outcomes of adolescent recipients following Lung transplantation”

**Hrishikesh Kulkarni, MD**  
Washington University, St. Louis, Missouri  
Project: “Incidence and predictors of bronchiolitis obliterans syndrome-free survival in lung transplant recipients”
**Agieszka Ciarka, MD, PhD**  
KU Leuven, Leuven, Belgium  
Project: "Impact of age on prognosis of heart transplant patients bridged with left ventricular assist device"
2014 Abstract Awards

**Branislav Radovancevic Memorial Best MCS Abstract Award: $2,500 (funded by a grant from Thoratec)**

Established in 2009 and funded through a grant from Thoratec, the Branislav Radovancevic Memorial Best MCS Abstract Award is a $2500 travel award to the ISHLT Annual Meeting designed to encourage submission of high quality abstracts in the mechanical circulatory support category. The goal of the award is to encourage scholarly clinical work in MCS and to facilitate scientific exchange regarding MCS. Dr. Radovancevic, a long-time member of ISHLT, was devoted to the encouragement of scientific collaboration with Eastern European physicians and scientists. This award is designed to encourage others to continue his efforts to develop MCS and provide mentorship to others.

**2014 Recipient: Jason O. Robertson**
Washington University in St. Louis
St. Louis, MO, USA
Abstract: *Concomitant Aortic Valve Procedures in Patients Undergoing Implantation of Continuous-Flow LVADs: An INTERMACS Database Analysis*

The abstract has been selected for featured presentation at 9:15 AM in the **Opening Plenary Session** on Friday, April 11, 2014, 8:00 AM – 10:00 AM, Seaport.

**Philip K Caves Award: $1,000**

The Philip K. Caves Award is named for Philip K. Caves, who developed and pioneered the technique of transvenous endomyocardial biopsy for use in the monitoring of cardiac graft tolerance. Established in 1982 to encourage and reward original research in transplantation performed by residents, fellows, and graduate students, this $1,000 award is bestowed annually on the resident/fellow/student whose oral presentation is judged to be the best at the Annual Scientific Meeting.

Six finalists have been selected and will present their abstracts in the below session:

**Concurrent Session 30: Philip K. Caves Candidate Presentation Session**
Saturday, April 12, 2014, 2:00 PM - 3:30 PM, Gaslamp AB
Co-chairs: Stuart C. Sweet, MD, PhD and David O. Taylor, MD

1. 2:00 PM: (249) **Metabolic Profiling of Perfusate from Clinical Ex Vivo Lung Perfusion Yields Potential Biomarkers of Early Lung Transplant Outcomes**, M. K. Hsin
2. 2:15 PM: (250) **Ligation of Transgenic MHC Class I Molecule Expressed Only in the Lungs By Its Specific Antibodies Induces Epithelial Injury, Autoimmunity and Obliterative Airway Disease (OAD): A Novel Transgenic Mouse Model of OAD**, N. J. Sarma
3. 2:30 PM: (251) **Development of Recipient-Matched Engineered Heart Tissue Using 3D Printing**, Y. Yildirim
4. 2:45 PM: (252) **DAP12 Expression By Lung-Resident Macrophages Mediates Pulmonary Ischemia Reperfusion Injury By Promoting Neutrophil Extravasation**, J. Spahn
5. 3:00 PM: (253) **Halofuginone Inhibition of Th17 Cell Differentiation Attenuates Obliterative Bronchiolitis in Mouse Orthotopic Lung Transplantation**, H. Qishi
6. 3:15 PM: (254) De Novo DQ Donor-Specific Antibodies Are Associated With Chronic Lung Allograft Dysfunction, J. M. Tikkanen

**Nursing, Health Sciences and Allied Health Excellence in Research Award: $1,000**

The Nursing, Health Sciences and Allied Health Excellence in Research Award was established in 2005 to recognize excellence in Nursing and Social Science research, with the purpose of encouraging original investigation and professional excellence in the preparation of scientific papers. This award recognizes an outstanding contribution by a nurse or social scientist whose work makes an important contribution to the field of heart and lung transplantation. This $1,000 award is bestowed annually on the nurse or social scientist whose oral presentation is judged to be the best at the Annual Scientific Meeting.

Seven finalists have been selected to present their abstracts in various sessions during the meeting. The session, abstract numbers, titles, and presenting authors are listed below:

**Concurrent Session 12: Improving Outcomes: Interventions & Strategies**
Friday, April 11, 2014, 2:00 PM - 3:30 PM, Seaport H

1. 2:00pm-2:15pm: (67) Teen Pocket PATH: A Randomized Pilot of a Mobile Health Application To Improve Adherence Among Adolescent Solid Organ Transplant Recipients, D. A. Shellmer
2. 2:15pm-2:30pm: (68) Longer Versus a Shorter Duration Exercise Rehabilitation Program Following Lung Transplant: A Randomised Controlled Trial, L. M. Fuller
3. 3:15pm-3:30pm: (72) Higher Quality of Caregiver Support Is Associated with Post-Transplant Adherence at 6 Months, J. M. Rowan

**Concurrent Session 23: A Fresh Look at Lung Allograft Dysfunction - What the Bench Is Telling Us**
Saturday, April 12, 2014, 10:30 AM – 12:00 PM, Grand Hall D

4. 10:30am-10:45am: (207) Humoral Allo and Auto Immunity in Human Lung Transplant Recipients, O. Gjorgjimajkoska

**Concurrent Session 20: Mechanical Circulatory Support: Getting Down to the Science of VAD Support**
Saturday, April 12, 2014, 10:30 AM – 12:00 PM, Grand Hall A

5. 11:45am-12:00pm: (194) Chronic Inflammation in Heart Failure Patients with Mechanical Circulatory Support, L. Grosman-Rimon

**Concurrent Session 32: Mechanical Circulatory Support: Is the Outcome Worth the Cost?**
Saturday, April 12, 2014, 4:00 PM - 5:30 PM, Grand Hall B

6. 4:30pm-4:45pm: (263) Reduction of Drive Line Infection in Continuous Flow Assist Devices: Use of Standard Kit Including Silver Dressing and Anchoring Device, B. Cagliostro

**Concurrent Session 38: Innovative Pharmacotherapeutic Approaches to Thoracic Transplant and Mechanically Assisted Patients**
Saturday, April 12, 2014, 4:00 PM - 5:30 PM, Gaslamp CD
7. 4:45pm-5:00pm: (300) Tacrolimus Pharmacokinetic Modeling Predicts Dose Requirement in Pediatric Heart Transplant Recipients, B. Taylor

**JFTC Clinical Case Dilemmas in Thoracic Transplantation Best Presentation Award**

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

Four finalists have been selected and will present their abstracts in the below session:

**Concurrent Session 11: Clinical Case Dilemmas in Thoracic Transplantation: The Best of the Best**
Friday, April 11, 2014, 2:00 PM - 3:30 PM, Grand Hall D  
Co-chairs: Pali D. Shah, MD and Cynthia J. Gries, MD, MSc

1. 2:00 PM: (63) Carfilzomib for Refractory Antibody Mediated Rejection and Allosensitization in Heart Transplantation, L. Sacha
2. 2:22 PM: (64) Belatacept as Primary Immunosuppression in a Lung Transplant Recipient, P. Ong
3. 2:44 PM: (65) Successful Use of Cidofovir and Leflunomide in Lung Transplant Recipient with BK Polyomavirus Encephalitis, P. Ong
4. 3:06 PM: (66) Ultrasound-accelerated, Catheter-directed Thrombolysis in the Treatment of LVAD Thrombosis, R. T. Cole
Tweeting at the Meeting: Use hashtag: #ISHLT2014

Maren Minchew
Public Relations Director
ISHLT Annual Meeting
marenm@proterraadvertising.com
@PRMaren

Stay connected at the ISHLT Annual Meeting this year by following us on Twitter - the real-time information network that connects you to the latest stories, ideas, conversations, opinions and news about what you find interesting.

If you already have a Twitter account, FOLLOW US! (@ISHLT or https://twitter.com/ishlt). To help you stay up-to-date on the latest news and events taking place onsite, we will be tweeting before, during, and after the Annual Meeting in San Diego, using the hashtag #ISHLT2014. (If you don't know what a hashtag is or how to use it, keep reading!)

NOTE: if you don’t have a Twitter account, you can still read the conversations posted under the twitter hashtag. (Creating an account will allow you to get real time updates and post your own messages.)

What's a hashtag?
If you see the pound symbol (#) before a word or phrase, it is essentially a keyword tag for the tweet so that others can find it more easily. On Twitter, this is called a hashtag, and they can be serious, to help people search for your tweet (like #advice or #blogging) or funny (like #ImSoDarnTired). Not every tweet needs hashtags. Basically, it's a way to follow the stream of everyone talking about a specific subject. However, you don't want to overuse them—2 or 3 is enough.

How to use our hashtag:
- At the end of every tweet, type #ISHLT2014. This will allow everyone to follow the conversations happening at the Meeting. Example: Great afternoon symposium focused on pediatric VADs #ISHLT2014.
- On Twitter, search #ISHLT2014 to read what your ISHLT colleagues are tweeting.

We encourage you to join our online conversation. Please tweet your reactions, comments, and interesting things you learn throughout the daily sessions at the Annual Meeting.

Here are a few Twitter Do's and Don'ts:
- **DO:** Use a hashtag, #ISHLT2014 for all posts.
- **DO:** Engage in the conversation by retweeting (RT) content that interests you. When retweeting, add your own comments before the RT’ed message, so it is apparent what you are saying versus what the other person has said. For example, you could tweet: “Me too! RT @allison_boyer I love research”. Most Tweeters add their own comments before the RT. In any case, if you do add your own comments, make sure it is apparent that they are yours.
• **DO:** Remember that you are on a public forum. Once you say it online, it’s hard to take back.

• **DO:** When speaking to someone, remember to use their Twitter handle (basically the person’s screen name) for example, @anyperson.

• **DO:** Be sure to give credit where credit is due. When quoting or paraphrasing info, be sure to mention them in the tweet. Always credit your source if you find content worth sharing, it’s a matter of respect.

• **DO:** Only Tweet accurate info.

• **DO:** Show your personality-put your personal touch on your tweets.

• **DON’T:** Don’t be crass, use bad language or talk poorly about someone. This is a very public forum. Keep it clean!

• **DON’T:** Post full URL’s. Use a URL shortener like [www.bit.ly](http://www.bit.ly) to shorten links. Remember you only have 140 characters and they go fast.

If you are new to Twitter and want to learn more about this online communication tool, below are some great info links:

[https://twitter.com/about](https://twitter.com/about)
[https://discover.twitter.com](https://discover.twitter.com)

If you need a Tweetorial (to set up a new Twitter account), please stop by the Press Room on-site at the Manchester Grand Hyatt in San Diego anytime during the meeting. Our Press Room staff would be happy to help you start Tweeting!
It is hard to believe that a year has gone by since we were in Montreal for the 33rd annual meeting. The NHSAH council has worked hard on developing and refining the Core Curriculum as well as putting on our first Academy, which will be held on Wednesday April 9th, 2014. In order to present our first Academy in 2014 we had to develop and refine our Core Curriculum to meet ISHLT requirements. Then the Core Curriculum was reviewed by the ISHLT Education Council for approval to proceed. A quick turn-around was required by our council to meet the deadline for the preliminary program. We are pleased to announce the first NHSAH Academy as a result of all the hard work and time that was provided by our council leaders. We hope to see everyone at the academy and the annual meeting.

We completed the Heart Transplant teaching slides at last year’s meeting and have been waiting on final approval from the Education Committee to proceed with branding of the slides to make them available to our ISHLT members to use when educating our heart transplant candidates, families and nurses. The next step is to develop the teaching slide sets for Lung Transplantation and Mechanical Circulatory Support. Our goal will be to have them developed and sent to the Education Committee by the 2015 annual meeting. Stay posted for these educational tools.

Our program planning committee, Samantha Anthony and Kevin Carney, have done an outstanding job at representing our council and collaborating with other council’s to bring us 2 sunrise symposia, 2 full symposia and 1 plenary session for the meeting. We encourage and need the support of our council members to develop and submitting proposals for the 2015 annual meeting. I encourage members to think of topics while you attend the annual meeting in San Diego. There will be a number of stimulating presentations which may provide a basis for future symposia. Jot them down! Symposia proposals submissions are only a few months away. So don’t delay. The more proposals submitted by our council, the more likely we are to have a greater presence at the ISHLT annual meeting in Nice. During our annual general meeting we hope to provide some guidance and mentoring on how to submit a symposia proposal. I hope to see our members there.

The Online Community discussion group has great potential for our council. We look forward to our members ideas for topics to post that will generate some discussion. Of course, any member can post a comment or question at any time to get some feedback from our colleagues internationally. This is an excellent way to stay connected all year around.

As nurses and coordinators we attend the meeting to obtain continuing education. For years now I have heard from many nursing council members asking that the meeting be approved for ABTC - Category 1 CEPTC’s. I am also hearing that transplant centers have limited educational funds and
having to make less money go much further. I will continue to work on trying to getting ISHLT to become an ABTC Approved Provider. If all sessions at the annual meeting are being recorded, it would be ideal to be able to provide those sessions to our members that were not able to attend the annual meeting. There are multiple concurrent sessions during the annual meeting that we all find it hard to attend all the sessions that we would like to attend, even attendees would benefit from these Recorded sessions. Currently under a single offering (the annual meeting) we would have to apply for additional single offerings for each online educational session if ISHLT was to provide these Records sessions outside of the annual meeting. As an ABTC Approved Provider we could provide an unlimited number of educational activities throughout the year and not just the annual meeting. If we could provide education sessions throughout the year I believe we can increase our membership to ISHLT and our council on an ongoing basis. If we can increase our membership on an ongoing basis and not intermittent membership when we attend the annual meeting we may be able to get the support from the Board of Directors to provide our council with the funding and support to make this a win–win situation for ISHLT and NHSAH council members. We are currently a minority group within ISHLT and it makes it difficult to get our requests approved if our overall membership is not growing.

A final note to the NHSAH council members, I encourage you to become more involved in one of the taskforces we need members to be involved and to look at providing a more leadership role in the future. Take a moment to visit the NHSAH Council page on the website to see how to become further involved. I look forward to seeing everyone at the NHSAH Academy and 34th Annual meeting in San Diego. Don’t forget to attend the NHSAH council annual meeting which is on Thursday April 10th – Grand Hall D at 12:30 - 1:30 PM.

Disclosure statement: the author has no conflicts of interest to disclose.
Fun Things to Do and See in San Diego


- **Balboa Park** - is a San Diego must-see, just minutes from downtown, and ranked as one of the Best Parks in the World.
- **LEGOLAND California** - it's a hands-on experience with more than 60 rides, shows and attractions.
- **San Diego Zoo** - An urban paradise for all ages, the San Diego Zoo is a must-see in Southern California. Spend the day monkeying around in our tropical oasis as you visit amazing habitats for animals such as gorillas, tigers, sun bears, flamingos, mandrills, polar bears, birds of paradise, giant tortoises, leopards and more.
- **San Diego Zoo Safari Park** - Step into an adventure like no other! The San Diego Zoo Safari Park immerses you in an active, hands-on safari experience where herds of animals roam natural habitats in a 1,800-acre reserve.
- **SeaWorld San Diego** – Come celebrate the wonders of the sea at SeaWorld® San Diego. Experience the amazing Shamu show, and thrilling rides like Journey to Atlantis®, Shipwreck Rapids® and Wild Arctic®.
- **USS Midway Museum** – a real aircraft carrier... fun for the family, once in a lifetime memory for everyone! Create a once in a lifetime memory exploring the USS Midway, the longest-serving U.S. Navy aircraft carrier of the 20th century!
- **San Diego Beaches** - If San Diego is known for one thing, it would be for our gorgeous beaches. With 70 miles of pristine coastline, year-around sunshine and mild temps, you can enjoy the surf and sand almost any day of the year. For visitors and locals alike, the beach is a veritable wonderland and the place to spend entire days with family and friends.


- **Dance** – San Diego's dance scene is as diverse as the region. You’ll find every kind of dance; from classical, contemporary, ballet, modern jazz, hip-hop, or ethnic, local dance companies provide a wide spectrum of movement, choreography and excitement.
- **Festivals** – Sunny days and mild nights make San Diego the perfect place to enjoy festivals year round.
- **Galleries** – San Diego is home to art and craft galleries of all shapes and sizes, showcasing work from local, regional, emerging and international artists.
- **History & Heritage** – From its Native American roots and Spanish Missionary heritage, to cultural milestones and military influence, San Diego’s role and contribution in shaping the region, the country and the world can be found when diving deep into its complex and vibrant history.
- **Museums** – The collection of over 90 museums in San Diego County reflects a broad and diverse range of interests and subjects, spanning from fine arts to transportation, from classics to contemporary and from science to natural history.
- **Music** – Music lovers have much to discover in San Diego. If your tastes lean to the classics, then an outdoor symphony at sunset, organ concerts in the park, a nationally recognized summer music festival or a world-class opera are sure to fulfill.
- **Theatre** - Whether you call it Broadway-West or the West Coast's West End, San Diego has earned its reputation as a premiere destination for theatre.

- **Action sports** – Welcome to the epicenter of action sports in North America. From surfing and skateboarding to hang gliding and mountain biking to flying with a water-powered jetpack, San Diego is always on the go.

- **Biking** – San Diego’s varied terrain offers a perfect fit for every type of cyclist. Whether you’re an avid mountain bicyclist, a road bike warrior, or a breezy beach cruiser, there are plenty of paths, trails and roads in San Diego to explore on two wheels.

- **Boating** – San Diego is a veritable water wonderland for sailing and boating enthusiasts. From the pristine Pacific Ocean to big bays, San Diego’s 70 miles of coastline and adjacent blue waters beckon to be explored.

- **Scuba diving** – A whole new world awaits just below the surface of the deep blue pacific, off the shores of San Diego’s coastline. With an average August temperature of 69 degrees, and a minimum February temp of 57, the waters of this coastal California city create comfortable conditions for scuba divers.

- **Fishing** – Accessibility to the Pacific Ocean and the numerous lakes in the inland region provide bountiful opportunities for fishing in San Diego. From deep sea to lake fishing, on a boat, from a pier, or aboard a kayak, there are plenty of places in San Diego to drop a line and wait for the big catch.

- **Golfing** – There’s just something about being in San Diego that makes it hard to stop smiling no matter what your scorecard says. Why are golfers so happy here? Maybe it’s because San Diego is home to more than 90 golf courses in every conceivable setting - from oceanfront to desert to mountains.

- **Hiking** – With an abundance of fresh air, balmy temperatures throughout the year, and plenty of well-groomed and gorgeous trails, San Diego is truly a hiker’s paradise. Trek through pristine pines, explore wildlife preserves and blooming desert landscapes.

- **Kayaking** – One of the most unique ways to explore San Diego’s gorgeous coastline is from a kayak. An easy sport for beginners, kayaking is a great way to take a look at San Diego from the Pacific side, with plenty of coves and shoreline to explore. It’s also a great way to get up-close to California’s diverse sea life.

- **Padres Baseball** (they play the Detroit Tigers at Petco Park 4/11, 4/12 and 4/13) – Fans and sports enthusiasts can cheer on the San Diego teams (or their own visiting teams), as they enjoy the great weather from the stands of beautiful stadiums all year long. Whether you’re a fan of the San Diego Chargers or the San Diego Padres, or just enjoy seeing the action, watching a game in San Diego will provide exhilaration and thrills. [http://sandiego.padres.mlb.com/ticketing/?c_id=sd](http://sandiego.padres.mlb.com/ticketing/?c_id=sd)

- **Surfing** – is a way of life for many San Diegans. On any given day, rain or shine, spring, summer, fall or winter, you will find devoted and passionate surfers spotted along the shores on every beach from Mexico through Oceanside, waiting patiently for the perfect swell and the epic ride.


- Balboa Park
- Japanese Friendship Garden
- San Diego Botanic Garden
- Torrey Pines State Natural Reserve Park
- Flower fields in Carlsbad
- Mission Bay Aquatic Park

- Bird Watching
- Whale Watching
- Guided Sightseeing Tours

**Seaport Village:** [http://www.sandiego.org/members/shopping/seaport-village.aspx](http://www.sandiego.org/members/shopping/seaport-village.aspx)

On your next trip to San Diego you can be assured of two things: the weather will be amazing and you'll discover lots to do at Seaport Village. Come explore 50-plus diverse shops, 17 unique eateries and outdoor entertainment and find everything under the sun. Dine at any of four bay-view dining restaurants. You can nibble, snack or chow down at more than a dozen smaller eateries. Surf and turf to burgers and pizza. Ice cream, cookies, popcorn. Whatever. Thirst's covered too - sodas, milkshakes, lemonade, beer, wine, cocktails and, well, too many drinks. One last decision to make: a table inside or out on the deck with a view of the bay?

**Gaslamp Quarter:** [http://www.sandiego.org/discover/gaslamp-quarter.aspx](http://www.sandiego.org/discover/gaslamp-quarter.aspx)

Rising from the 16 square-blocks are Victorian-era buildings and modern skyscrapers that stand side by side, housing more than 100 of the city's finest restaurants, pubs, nightclubs and retail shops, as well as offices and residential/work lofts. Downtown San Diego's Gaslamp Quarter is a veritable playground, rich with cultural offerings that include theatres, art galleries, symphony halls, concert venues and museums.

**Coronado:** [http://www.sandiego.org/discover/coronado.aspx](http://www.sandiego.org/discover/coronado.aspx)

Voted the #1 beach in the United States for 2012 by Dr. Beach, the leading beach expert, Coronado offers pristine sand, gentle surf and a charming community with a small-town feel. Situated just across the Big Bay from downtown San Diego, Coronado is most notably known for two famous structures, the historic Hotel del Coronado and the distinctive San Diego-Coronado Bridge. But beyond these architectural marvels, the quaint island community of Coronado offers visitors an experience that is a world apart. Coronado's coastline offers gentle surf and sparkling sand beaches (courtesy of the mineral Mica) that draw in visitors from around the world. Add to this a charming small-town quaintness, with elegant gardens, old-world mansions, unique shopping experiences, and dining options with spectacular ocean views, no wonder it's been dubbed as "The Crown City" (Coronado is Spanish for "the crowned one").
EDITOR’S CORNER: Word Battles, War and Politics

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In the last issue we were dung and hung with slang. For this last issue of Volume 5 as the 34th ISHLT annual meeting approaches in San Diego with the threat of a good fight from our own illustrious Dr Roger Evans, let’s transition from slang to the war of words beginning with *shanghai*. This military term began in the 19th century referring to drugging someone (we never do that in the ISHLT) and transporting them by sea as part of the crew to Asia. Today, *shanghai* means in the military to transfer forcibly or abduct or compel someone. Outside the military, we *shanghai* others into doing something. The military has provided us with other slang terms including the classic World War II acronyms, *snafu* (situation normal, all f’ed up) and *fubar* (f’ed up beyond all recognition), of course we never see this in our profession, do we?. However these terms allow us to stay clear of taboo or politically incorrect words. We’ll come back to politics shortly. We also have: AWOL (absent without leave), POW (prisoner of war), MIA (missing in action), KIA (killed in action), DMZ (demilitarized zone), and PTSD (post-traumatic stress disorder).

With the different materials and pieces of equipment for war there are terms such as *bird* (aircraft of helicopters), *daisy cutter* (originally from a horse that didn't pick up its hooves, therefore cutting daisies, to a pitch in baseball or cricket that skims the ground and now a fragmentation bomb that clears an area), *frag* (any grenade), *fragging* (assassinating an officer by their own troops with a grenade), and *rock 'n roll* (to put an M16 rifle on full automatic fire). Some recent euphemisms from war have leaked into our language and even in health care. Covert, hidden, friendly fire and collateral damage are emerging as side or adverse effects. Don’t forget about the possibility of collateral benefits, casualties as well as shock and awe.

The effect of early antibiotic treatment for sepsis, pneumonias and other serious infections can shock and awe not only the patient, but more importantly the pathogens seriously threatening our patients. A must read for all of us in this regard is Susan Sontag’s book on Illness as Metaphor. Think about it, we kill viruses, bacteria and other microbes that invade or attack our bodies. The treatment strategies include weapons to target certain conditions or diseases and at times we treat them aggressively. We wage crusades, campaigns and war to fight or fight off disease as we plan a war on cancer and build up our defenses with shots or wipe-out other infections. Note the use of painkillers and other terms including: killer T cells, infiltrating carcinomas, armies of T cells on patrol, and our *defenseless* immunosuppressed population. Let’s not forget the quest for the magic bullet. As a result we have patients fighting for their lives, and unfortunately we end up misusing a metaphor claiming that the patient didn’t fight hard enough, really?

Are we treating a disease or fighting a battle? Roger that into the political world. It is simply a battle of words. Last year, Josef Stehlik brought the “reds” and “blues” together for a new branding
of our slide sets; purple backgrounds in our ISHLT slide sets. In the United States our country remains divided into red states (republicans) and blue states (democrats). But you would think purple might mean harmony, no! actually these states are “swing states” or “battleground states.” What has emerged from the past and remains with us today is a term for obstructionist activities referring to a pirate or freebooter borrowed from the Dutch, French and Spanish. The word filibuster originally referred to bands of adventurers who violated international law. It later evolved into obstructing legislation referring to the activity and not the person. Wars of words or with words arose with insults from mudslinging, to lobbyist and pork barrel. Of course, the ever popular gerrymander. An eponym from 1812 refers to Elbridge Gerry, governor of Massachusetts who redrew state’s districts in favor of his party. The story goes that Gerry’s home district, Essex was redrawn with a certain shape. Painter Gilbert Stuart added a head, some wings and claws to map the “lizard-like” appearance of the county. When Stuart declared to Benjamin Russell, the editor of the Boston Centinel, “that will do for a salamander.” Russell retorted, “Call it a Gerrymander!”

Other political terms ranging from swing states to swing voters include soccer moms and hockey moms to the hidden agendas of hot political topics with “tax relief.” This assumes a tax burden. Political terms are deliberately and carefully crafted into positive terms. Instead of those who oppose induced abortion we have those who are “pro-life” versus those who support induced abortion we have the “positive” position of “pro-choice.” Another example of language control includes: gift tax as opposed to the death tax.

Of course in the ISHLT we are very clear with our words and we know we’ll be joining one another in San Diego to network and sing Kumbaya without cross words or cross talk. We will be clear and brief while we steer away from the “clear and present danger.” Let the games and battles begin.

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Call for ISHLT 2015 Symposium Proposals

The 2015 Annual Meeting and Scientific Sessions will take place April 15-18, 2015, in Nice, France. The 2015 Call for Symposium Proposals will be announced next week, and we encourage you to submit ideas for Pre-meeting Symposia and/or Plenary Session talks. Your input into this process will be very valuable to the 2015 Scientific Program Committee: the majority of the invited scientific content for the Annual Meeting will stem from proposals submitted by ISHLT Members and Scientific Councils. Look for an email in your inbox coming soon! **Deadline for proposal submission: June 2, 2014**

**Word of the Month:**

**Pettifogger** – a petty, mean, tricky, unethical and unscrupulous lawyer. It is synonymous with the word shyster. The ambulance chaser is a breed of pettifogger. The corresponding verb pettifog means to practice law in a petty tricky, or unscrupulous manner. It also means to engage in chicanery or unethical practices in a business of any sort, including medicine.

**Quote of the Month:**

“The trouble with practical jokes is that very often they get elected.” – Will Rogers