Vincent's Sense

In this issue, all roads lead to France. If we are not up to the task of improving ourselves, at least we can surround ourselves with greatness to bring us up to the next level. It was Oprah Winfrey who said, "surround yourself with only people who are going to lift you higher," and her inspiration for most of her adult life comes from none other than her mentor, mother/sister and friend, the late Dr Maya Angelou, who viewed Oprah as the daughter she never had. Take note how these great women have shaped America and the world over the last 50 years or so.

It may not be so obvious in this issue, but because of the women in transplantation (WIT), we have outstanding Council Reports, Special Interest Reports and in the Spotlight, our very own Transplant Great: Dr **Lori West**. **Martin Schweiger** and I have been elevated to the next level, effortlessly on our part, in this June Issue because of the WIT who surround us. Dr Schweiger summarizes his energetic and inspiring interview with Dr West. Doctors **Fernanda Silveira, Manreet Kanwar, Samantha Anthony, Janet Scheel**, and **Mardi Gomberg-Maitland** along with **Tamara Claridge** have provided insightful and forward-thinking reports from their respective councils that will certainly advance the ISHLT to the next level. And of course, because of the ISHLT Traveling Scholarship Award we can marvel over the experience of another future great to be added to the WIT, **Alison Gareau**, and her Dutch treat at the University Medical Center in Utrecht.

Finally, starting with this issue and the remaining issues for Volume 6, we will focus on the Greatness of France and her towering figures who changed the world from Voltaire and Rousseau to Tocqueville among others, beginning with Voltaire because his pen name starts with the letter "V."

In The Spotlight:
Transplant Greats: An Interview With Lori West

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There was much to think about as we flew home from the ISHLT meeting in San Diego. We were able to meet new colleagues, reunite with old friends and take home many new ideas. For me, the trip was inspiring. I got the opportunity to meet Lori West and continue our interview series on the legends in the field of heart and lung transplant. Everyone, especially those involved in the field of pediatric cardiac transplantation, knows Lori. She was the scientific program chair of the ISHLT in 2008, became president in 2011/2012, and is currently serving as development committee chair and involved with symposium planning and abstract sessions. We met at the terrace of the Manchester Grand Hyatt Hotel overlooking the San Diego Bay while enjoying the evening sun.

Lori, can you enjoy this meeting while heading from session to session, study meeting to study meeting and talk to talk? You must hardly find time to enjoy this wonderful location?
Well, yes, I do. I cannot go to as many sessions as I want to and listen to all the new ideas out there. Things have changed since my early days with the ISHLT. I am now more involved in the planning, development of other projects of the ISHLT; but it gives me another perspective and it is great to see your ideas brought in and how they work out. Take, for example, the History Project (one can find great interviews there, including one where Lori is interviewed by James Kirklin) or the I2C2 Committee. If you go now to the committee meeting, you will get the impression that it has been held for long time, but the truth is that it was started just two years ago. It was a focus to get started during my presidency together with Drs. Andreas Zuckermann, Steve Clark and Josef Stehlik.

What is the idea behind I2C2?
The idea was that our society would not just be dedicated to the 'western world' like Western Europe, North America, and Australia. As an international society, we have to integrate other countries around the globe and help address their problems, if possible. If you go to transplant meetings in Latin America, the Middle East, Turkey or Asia, you will find that they have also great programs. Colleagues there face different challenges concerning transplantation than we do in the 'western world'. We have to integrate them into the Society, give them a home to present their perspectives, and grow as an international community. Recently, Argentina started providing their data to the ISHLT registry, which is a wonderful initiative.

You will give the introduction to the session about cardiac transplantation in Latin America on Friday the 11th from 4pm to 5:30pm. Is it also part of the story?

Yes, this is one of the achievements of this program. The session reviews the present state, achievements, challenges and opportunities of heart transplantation and MCS programs across Latin America. Sometimes, due to language barriers, young physicians from other countries are hesitant to submit abstracts or give presentations at the ISHLT meetings. If you invite these countries to special ISHLT symposia like we have here in San Diego, people are grateful. That's why the ISHLT is pushing for this. We have to encourage them in order for us to understand their problems in their countries. In the coming years, we plan to have similar symposia and bring in Middle East, Asia and some other places.

Thinking back to your first ISHLT meetings and your career, what comes to mind? What do you feel are the strengths of this Society?

I joined the ISHLT in 1992/93. I guess my first meeting was the one that took place in Venice in 1994. Since then, a lot has changed. We all have noticed that the Society has grown a lot. Starting with about 20 or so surgeons gathered in a room, the Society has grown constantly and new scientific sections have been developed like MCS, PHT and basic science, among others. I think the key role is to interact with as many other professional societies as possible and grow with that experience. Transplantation is a core competency of the ISHLT, but it paved the way for many new specialties. There are so many different professionals involved now; it is not just the surgeons and cardiologists, it is pulmonologists, nurses, basic science experts, pediatricians and many more. It has become interdisciplinary and it is great to bring together this heterogeneous field of different specialties.

One other thing I really love about this Society is that we are working right on the edge. Just imagine ex-vivo lung perfusion!

You have such an amazing career at the ISHLT. What would be your advice to those of us who want to start our careers?

Well, I would say just go ahead and get involved. There are so many opportunities. The main reason for success is that you must love what you do. I do at least, and can see that you have real enthusiasm for what you are doing (laughing). 'Youngsters' should join the Councils of their interests and go to the Committee meetings; get things started by bringing in new ideas about what they want to read about. At present, someone is discussing new ideas and, in the end, there will be published guidelines on that topic. You have to work hard to achieve things but you still have to love what you do. Speaking for myself and my career, I never had a master plan; the opportunities just came along, and I made good use of them. For the young ones I think that opportunities emerge, but don't think that the chance will come to you. You have to be the active one, you have to go forward. Try to be on as many Committees as possible, get involved, pick a little piece out of the big field, and maybe follow guidelines. If you think that there is something to do, just get it done. Let us take, as an example, the wonderful Basic Science Academy (Core Competencies in Basic Science and Translational Research). This was, in part, organized, planned and put together by a post-doc from my lab, Esmé Dijke together with Tereza Martinu. Esmé and Tereza got this started and the response was enormous. The course was noticed by the whole audience and today (Thursday) the entire ISHLT is speaking about this great Academy.

One bit of advice I received at the start of my career was that one should get the best training possible, no matter where it requires you to go.

Speaking about your training, you have worked at a lot of different places. You started your training in New Orleans then at UCLA and Toronto's Hospital for Sick Children. You made a research stay in the UK (Oxford) and returned to Toronto. Now you are in Edmonton, Alberta. What has been the most enjoyable time for you?
Hard to tell but I certainly had a great time at Oxford. At first it was supposed to be a one-year stay, but you realize pretty quickly that a year is too little time to obtain good research training. It turned out to be four years. I think what I liked most was that I did not have to stretch between clinic and research. I was able to solely concentrate on basic research. One major support was my husband Jeffrey; at that time he was already a well-established academic pediatric cardiologist. He understood that it was important for me and said, "Lori, you have found your niche and if you think that is the best place to go, I will support you." He stayed in Canada while I was in England, where I had my first child, Patrick. When Patrick was sleeping at night in a cot in the lab, I was doing my cardiac transplants in mice. I can remember that I was tired, but happy.

I would not say that it was always easy but we got through pretty well I think (laughing). Today, Patrick is 23 years old and my other son is 16. They're both heading for careers in science!

I returned to Toronto in 1994 when Patrick was 3 years old. After about a decade building the transplant program at Sick Kids, I was offered a new job at the University of Alberta with great research opportunities and organization. So we moved to Edmonton in 2005.

Looking at your time schedule and career, I wonder what your thoughts are on work time regulations, especially for the younger colleagues?
That is a good question. Well I think it is important that one has her/his balance and gets time to recover from a heavy clinical shift or overnight call. The question I ask is if you must go home what will happen to academics? You will do your clinic work, but when will you have time for academics? Academic work must also have a place of priority or the field will not advance. I remember taking my family with me while flying to conferences all over the country; I still can remember that after giving a talk at the ISHLT meeting I was breast-feeding my child. And the other question is how long your training will last. If 'shifts' are more and more limited, it may take 10 years until one is fully trained instead of six years, for example. There is no question that you have to be trained well, and that needs its time.

One other point I wonder is why trainees are sent home and sheltered from excessive clinical time, with the understanding that this is safer for patient care, but the older employees are not. My husband is now 64 and I think you need more time to recover when you are older.

From your perspective, what kind of research will we do in the following years and what will we learn about in the following ISHLT meetings?
I personally would like to focus on ABO incompatibility in adults. I think that HLA incompatibility is likely more dangerous than ABO incompatibility. And, remember, the method for testing the ABO

system is very old. It goes back to the days of Karl Landsteiner. Better methods are needed today. With techniques like ex-vivo lung perfusion, we might be able to use novel technologies to alter ABO antigens in donor organs.

Another very interesting field which, I think, may have a renaissance, is xenotransplantation, especially transplantation of pancreatic islets, due to the very high number of patients suffering from diabetes. I can also imagine that solid organ xenotransplantation might return. I think the porcine endogenous retrovirus discussion destroyed much of the work that had been done before industry pulled out. It was demonstrated that this fear was not founded but the hysteria was a major factor back then.

Concerning tolerance, I think it is a matter of how we define it. Have we asked the right questions? If we limit our definition of tolerance to 'zero immunosuppression', I think we are wrong. Co-stimulation blockade, for example, is leading us in the direction of tolerance and will impact further research. Stem cells will continue to remain a huge field. So far, we just don't understand enough. Think about induced pluripotent stem cells. It is a complete new field.

What do you think about ethical boundaries? 20 years ago, ABO-incompatible transplantation was termed unethical in some places. We have seen a change in that.
I think we asked the right questions. If somebody says something is unethical, it is important that they understand the science behind the proposed pathway forward. For example, if a baby has a 70-80% chance of dying without heart transplantation, is it ethical to let the baby die or it is it preferable to try a new untried pathway based on solid scientific rationale? If you then think about it, talk it out, understand the science, and if you then still think it is unethical, then maybe it is.

After the interview, Lori had to leave quickly for the next meeting. Due to her obligations at the ISHLT, it was not easy to arrange a meeting at San Diego. I want to thank Lori's secretary, **Carrie Andrewes**, who did an amazing job to bring us both together. I was told by Susie Newton that I would absolutely enjoy talking to Lori and, I must confess, she was right. One can tell by listening to her, especially when she talks about research and transplantation, that there is so much energy involved. It was just great talking with her and a wonderful experience. I was excited to share some time with one of the transplant greats. I am very grateful that Lori had some minutes of her valuable time for this interview.

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ID Council 2014:
What To Do in Thoracic Transplantation and MCS

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Our Council continues to be extremely active in the Society. We currently have 212 members and all the different specialties that comprise the society are represented in our membership.

The past year was a fantastic year for the ID Council. We finalized our core competencies document, which has been submitted to the Education Committee and is pending board approval; the infectious diseases variables were approved and are now programmed in IMACS; our representatives provided input in important issues for the incoming heart transplant listing guidelines and lung transplant listing consensus document; the multidisciplinary fungal expert panel finished writing their consensus document, which is now undergoing peer review. The summary of recommendations of the fungal panel was presented at a very well attended symposium at the meeting in San Diego.

Although this past year was extremely productive, 2014 came with promises to be even better. The goals for this year include wrapping up current projects, such as publishing the fungal expert panel consensus document and the results of the survey of prevention strategies in MCS. We also aim to obtain board approval of our core competencies document in order to move forward with the proposal for an academy in 2016. Discussions during the development of the heart and lung transplant listing criteria documents made it clear that HIV infection can no longer be considered an absolute contra-indication for transplantation; however, individual center experiences are currently not shared and to advance the knowledge in this field a multicenter, multinational effort is needed. One of the new initiatives for this year is the proposal to create a mini-registry of thoracic transplantation and MCS in HIV infected individuals.

Our two most ambitious projects for this year:

1. **"What to do in the case of …? ISHLT's reference guide for the work-up and diagnosis of common syndromes in thoracic organ transplant recipients"**
   The development of the reference guide was approved by the Standards & Guidelines Committee earlier in the year and the author invitations have been sent. This guide is targeted to individuals who care for thoracic transplant recipients and will list the most frequent etiologies of different clinical syndromes, signs and symptoms and laboratory findings encountered in thoracic transplantation, along with a proposed work-up for each one of these findings. The main goal is to assist the user in avoiding unnecessary tests and achieving a faster etiologic diagnosis so that the appropriate treatment can be initiated. The

guide will be published as an e-book, to facilitate access at the bedside and development of an app will be pursued once the content is finalized. Several members of the society, from different specialties, have agreed to participate in this project and chapters are currently being written. Please be on the lookout as very soon we will be requesting the assistance of experts to serve as session editors. The goal is to have the guide ready before the meeting in Nice.

2. **MCS infection management strategies working group**
   Since the meeting in Montreal we have been having discussions about the creation of a MCS infection management strategies working group. This effort is being led by Shimon Kusne and individuals from the ID, MCS, Nursing and Pharmacy councils have agreed to participate as co-chairs. The goal of the working group is to develop a consensus document addressing preventive as well as management strategies for infections in MCS. This initiative has been approved by the operating board of the ID Council and a proposal to be submitted to the Standards & Guidelines committee is being developed.

We will hold elections for Vice Chair in 2015. The only change to our operating board composition is our Links representation. Middy Estabrook and Macé Schuurmans did a tremendous job in the past two years as our Links representatives and now accepted new responsibilities. **We are in search of a vibrant, dedicated individual to replace them.** Our council will be featured in the July and November issues and article contributions are welcome.

Lastly, our Council, under the guidance of our education workforce leader, Me-Linh Luong, has worked hard and in collaboration with other Councils to submit great symposia proposals for next year.

I look forward to another productive year, welcome new members of the ID Council and encourage those interested in participating in some of our initiatives to contact me or the leaders of each initiative. See you all in Nice next April.

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

Junior Faculty and Trainee Council – On the Horizon

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Our Council was developed a few years ago with the vision of finding avenues for junior faculty members to become an integral part of ISHLT. With a promising 2013 behind us, and an active membership of over 400 members, we just submitted 39 symposium ideas to meet this week's deadline for ISHLT 2015 meeting (and yes, the extra incentive of potentially going to Nice, helps!). Being involved as abstract reviewers, poster moderators, organizing JHLT at ISHLT and co-hosting several oral sessions is helping us contribute to the society in a meaningful way. This past year, we set up the International Fellowship Database for various sub-specialty training opportunities across the globe, which now includes information on over 200 programs. We hope to extend it to include an avenue for advertising for job opportunities in the coming years.

So where do we go from here?

As we continue to get our young colleagues from across the world more involved in the council, the JFTC provides us with a unique platform to share ideas and suggestions, which may allow us to help each other out. Now that the flurry of symposium submissions have settled down, our goal is to set a challenge for our colleagues from all over the world to find way to tackle the Achilles' heel of organ transplantation: organ donation awareness. In the coming weeks, we will invite ideas on how to identify and overcome challenges in organ donation from centers all over the world. Using the ISHLT Online Community and working in collaboration with organ procurement agencies and international outreach councils, we will mobilize enthusiasm to share new and existing ideas of addressing this age-old problem. We hope to see junior faculty members become dedicated ambassadors to the cause of shortening the waiting times on the lists. It will mean thinking outside the box … reaching out to avenues we may not have thought of… involving sports and music stars to take up our cause … organizing 5K walks/runs to get the word out. There has to be a way to increase donor awareness and our goal for year 2015 is to find it!

Perhaps it sounds too lofty – but perhaps this will be JFTC's legacy for the transplant world!

That, and world peace. ☺

'The future belongs to those who believe in the beauty of their dreams"
- Eleanor Roosevelt

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Nursing, Health Science & Allied Health Council Report: Making Great Strides Forward

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"Happiness is not the belief that we don't need to change; it is the realization that we can."
- Shawn Achor

The 34th Annual Meeting of the ISHLT was a memorable event for the Nursing, Health Science and Allied Health Council; it was filled with high-quality scientific content, networking opportunities, and thought-provoking discussions. Its success was highlighted by the increased representation of Nursing, Health Science and Allied Health members across multiple events, and by acting host to the inaugural ISHLT Academy: Core Competencies in Nursing, Health Science and Allied Health. The Academy represented the first session of a learning-based format to encourage knowledge transfer in key clinical areas relevant to Nursing, Health Science and Allied Health professionals. The topics at the Academy addressed the selection, pre-transplant, perioperative, and post-transplant management of the thoracic transplant recipient. So far, the attendees' responses have been overwhelmingly positive: the program met or exceeded participant expectations and the learning environment was praised as energetic and collegial. The 2014 Program Planning Committee Representatives and the Academy Scientific Program Committee deserve a special thank you for all of their hard work and dedication.

The Nursing, Health Science and Allied Health membership has been diligently developing content for the ISHLT 35th Annual Meeting, to be held in Nice, France, April 15-18, 2015. Your input into this process is valued by the Scientific Program Committee, as most invited content for the Annual Meeting stems from submitted proposals from ISHLT Members and Councils. We hope to expand the presence of Nursing, Health Science and Allied Health at the ISHLT 2015 meeting by encouraging the submission of educational symposia that showcase the expertise of our members.

The Nursing, Health Science and Allied Health Council represents over 235 members from a broad range of health professions and disciplines. The diversity of experience and interest amongst our membership is one of our strengths. As the Council strives to be inclusive and meet the needs of our members, we will be reviewing our strategic direction, redefining our objectives, and revising policies and protocols. The Council will be working closely with each of the Workforces to identify their particular goals and projects for the year. The following group of dynamic and enthusiastic individuals, who comprise the Nursing, Health Science and Allied Health Council Leadership, are committed to advancing our vision:

Council Chair:	Samantha Anthony (Canada) samantha.anthony@sickkids.ca
Vice Chair/Secretary:	Kevin Carney (USA) Kevin.Carney@uphs.upenn.edu
Past Chair:	Masina Scavuzzo (USA) scavuzzo.masina@bjc.org

Liaison to Board of Directors:	Bronwyn Levvey (Australia) b.levvey@alfred.org.au
2015 Program Committee:	Kevin Carney (USA) Kevin.Carney@uphs.upenn.edu
	Annemarie Kaan (Canada) AKaan@providencehealth.bc.ca
Education Workforce:	Caron Burch – LEADER (USA) cburch@stanfordmed.org
Standards & Guidelines Workforce:	Annemarie Kaan- LEADER (Canada) AKaan@providencehealth.bc.ca
Communications Workforce:	Emily Stimpson- LEADER (USA) emily.stimpson@cshs.org
Registries & Databases Workforce:	Bernice Coleman - LEADER (USA) Bernice.coleman@cshs.org
Grants & Awards Workforce:	Lut Berben - LEADER (Switzerland) lut.berben@unibas.ch
BSTR Council Liaison:	Bernice Coleman (USA) Bernice.coleman@cshs.org
I2C2 Committee Representative:	Michael Petty (USA) mpetty1@fairview.org

The Nursing, Health Science and Allied Health Council will focus on two prioritized goals for the coming year:

1) Enhanced Communication – This past year, ISHLT launched a new Online Community. This online community provides us with a tool to increase communication amongst fellow ISHLT members. One of the most valuable aspects of this new community is the discussion forums open for participation. We strongly encourage members to visit the online community, browse the site, update your personal profile, confirm your subscription to the appropriate communities, and post a message to your colleagues. As we grow our connected community, we hope that you find this online tool valuable to facilitate networking and collaborations. If you have questions or need assistance, please send an email to our Communication Workforce Leader - Emily Stimpson.
2) Enriched Collaboration – The Council endeavors to build and strengthen the collaborations within our community. We can accomplish this by facilitating relationships among members who hold similar visions and interests, and then sharing our combined skills and expertise to achieve targeted goals. It is the Council's objective to encourage the development of formal partnerships with other professional groups, where mutual benefits may be attained, memberships shared, and common goals addressed. Our Council seeks to improve the visibility of Nursing, Health Science and Allied Health members by actively pursuing participation in new and on-going projects, including the compilation of clinical guidelines and consensus statements. Dissemination efforts that will provide us with the opportunity to showcase our experience and knowledge base will include the creation and publication of standardized patient educational slides, the core competencies curriculum developed for the 2014 Nursing, Health Science and Allied Health Academy, MCS infection guidelines, and the November 2014 and February 2015 issues of the LINKS.

Finally, a sincere thank you is extended to Masina Scavuzzo, out-going Chair, for her leadership and perseverance this past year, and also to the outstanding Council Leadership for their on-going dedication and drive to move our initiatives forward. The Nursing, Health Science and Allied Health Council looks forward to updating you on our progress in the coming months and welcomes members to become involved by contacting us and contributing to the future of our Council.

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

Pediatric Transplantation Council Report

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I returned from the meeting in San Diego full of excitement and enthusiasm to be Chair of The Pediatric Council for 2014-2015. Was this because I had seen the sun in California after a dismal East Coast winter or because I had inhaled some of the now legal smoke fumes flying over Colorado?

I am happy to say, I remain very excited about what the Pediatric Council has accomplished this past year and very excited about the coming year.

We had over 100 members at our council meeting in San Diego. For those of us who remember when we were lucky to fill even half of a very small room, this was a terrific sight.

Richard Kirk reported for the Registry workforce at the meeting in San Diego. The 2014 Scientific Program had four presentations from the pediatric registry and six analyses are underway. The I2C2 workforce had a successful joint session at The European Society of Transplant meeting this year.

Dr Debra Dodd has done a great job as head of the Education taskforce for the past several years. At this year's meeting we had some excellent science presented and outstanding symposia, including one on the ethical considerations of transplantation which overflowed into the hallway!

The Pediatric Heart Failure Workforce, under the leadership of Yuk Law, has been very busy working on several collaborations. The workforce survey spearheaded by Scott Auerbach has been completed and under the guidance of Ryan Butts, a research consortium has been formed. Plans are underway for an international heart failure registry and a collaborative grant writing group.

Obviously, we have had a very productive year in the Pediatric Council under Marc Schecter's guidance. We hope to keep up the momentum and have an even more productive 2014-15.

We had four candidates for Vice Chairman, a position ultimately won by T.P. Singh from Boston. Our leadership at present is:

Chair: Janet Scheel
Vice Chair: TP Singh
Immediate Past Chair: Marc Schecter
Pediatric Education Workforce Leader: Debra Dodd
Registries and Databases Workforce Leader: Scott Auerbach

I2C2 Workforce Leader: Anne Dipchand
Pediatric Heart Failure Workforce Leader: Yuk Law
Junior faculty and Trainee Workforce Leader: Chesney Castleberry
Board of Directors Liaison: Christian Benden
BSTR Liaison: Carol Conrad

The mission of The Pediatric Council is to allow professionals interested in pediatric thoracic transplant the opportunity to associate and collaborate on clinical and research interests and to move the field of pediatric thoracic transplant forward. Because the field continues to evolve, the mission is never accomplished and there is always more to do.

So far this year we have had the successful publication of an ISHLT monograph on "Guidelines For The Management of Pediatric Heart Failure", now available to members for just $25. Using the "controversies in Recipient Selection" symposium as a springboard, we are hoping to develop a consensus statement on recipient eligibility. The American Heart Association has a newly formed Pediatric Heart Failure subcommittee under the Cardiovascular Disease in The Young section and we anticipate joint projects in the future.

Many suggestions for symposia for next year's meeting in France are in the process of being submitted to the Program Scientific Committee. The topics are great. I thank everyone who took the time to submit their ideas. The final symposia are chosen by the Program Committee and often are a combination of multiple submissions. If you do not see yours on the program do not be discouraged and please continue to submit ideas every year. Our Masters Academy was very successful last year and there are discussions of planning another one for 2016 in Washington, DC (My town, yeah!).

Since returning from San Diego, I have had many members contact me with suggestions and asking about getting involved. Keep those great ideas and e-mails coming! They will help ensure a productive year for our Council.

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Pharmacy and Pharmacology Council: Jumping In Feet First

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The last 12 months were very productive for our council with a greater than 50% increase in council membership now totaling 141 members. We tripled the number of pharmacy sponsored education sessions at the annual meeting in San Diego, along with increasing our presence as speakers and chairs; our council voice has been heard. The meeting provided many opportunities for learning moments for our members in a variety of practice areas. There was a great turnout at the council meeting and we were able to continue the fun that evening networking at the Edgewater Grill; I believe we were the last to leave. Mike Shullo won the BSTR Academy's best educational presentation award and Lauren Sacha won the JFTC Clinical Case Dilemmas in Thoracic Transplantation best presentation award. Chris Ensor and Amanda Ingemi both won ISHLT Links Travel Awards and the council is looking forward to other great submissions from our membership for the September and February Links editions (contact Ed Horn at ehorn@wpahs.org if you are interested). For many of our pharmacist members we were able to provide ACPE credits at this year's meeting, a process that we hope to continue permanently at future meetings. We are exploring the CE requirements for non-US practicioners. We also selected new committee representative/liaisons for the next 24 month period and look forward to their updates to council leadership. I look forward to working with our new vice-chair Walt Uber. A big thank you to our previous chair, and committee representatives/ liaisons for their great work in representing our council.

- BSTR Liaison: Tam Khuu PharmD
- Standards and Guidelines: Chris Ensor PharmD
- Registries and Databases: Doug Jennings PharmD
- I2C2 Committee: Rochelle Gellatly PharmD
- Education Committee: Kyle Dawson PharmD
- Programming Committee: Adam Cochrane PharmD and Haifa Lyster, MSc

As we expand our horizons, what do we have to look forward to? Continued increase in symposium submissions, chair and speakers as evidenced by the amount of email flying across my desk these past few weeks. Increased cross-council collaboration via participation in the MCS infection management working group and pulmonary AMR workgroups and we work to continue to have others councils consider the voice/role of our council members when creating collaborations/ workgroups/consensus documents that involve the discussion of drug therapy. To facilitate this intra/inter-council collaboration, the council created a member survey to delineate our members' clinical practice areas, years of practice along with desired degree of involvement in annual meeting activities. We hope to further increase our membership by 10%, by encouraging members especially those outside of the US who are practicing in pharmacy/pharmacology to join the

council. We want to hear their voices and understand the differences in practice compared to what we commonly do in the US, Canada, Australia and the United Kingdom. Many of our members are fairly new to practice and we look to expand the mentor/mentee relationship beyond the ISHLT annual meeting interaction. We have used the member survey to identify our junior members who want to have a mentor and plan to match them with senior members who indicated they would like to be a mentor by practice area. Hopefully these pairings will results in positive networking, career/practice support and possible research collaborations along with the generation of new ISHLT symposium ideas for future annual meetings. Our core competency statement is under review. We also have been tossing around ideas to increase collaboration amongst our council members including research activities. Lastly we look to expand the use of our council's community page to facilitate communication amongst our council members and to generate collaboration, workgroup ideas. I hope to see many of our members at the meeting in Nice.

As I stated at our council meeting, ISHLT and the Pharmacy and Pharmacology Council welcomes those who want to dip their toes into society/council activity/involvement and those who jump in feet first as in my case and many others. We're not just treading water, we're swimming along, not afraid of deep waters or even swimming outside the mainstream or upstream.

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Pulmonary Hypertension Council Report: Overcoming Resistance

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The Pulmonary Hypertension Council has had another highly successful year, continuing to be a preeminent educational and research forum at ISHLT. The San Diego meeting started with presentations in the heart failure core curriculum and ended with a energetic, academic debate at the closing plenary session. Pre-meeting symposia focusing on cross-council topics were academically challenging and informative. Pulmonary hypertension from left heart disease, as an example, presented state of the art views and data consensus on this subset of pulmonary hypertension. International experts participated in this topic and in topics including right ventricular function, imaging, chronic thromboembolic pulmonary hypertension (CTEPH). Poster presentations, sunrise sessions and scientific symposia were all well received, with high feedback from attendees. Even the last days' sunrise session on hemodynamic testing was standing room only! That said, the credit is to the program committee, the presenters, and our members for their insight and enthusiasm.

The PH Council is excited to announce the Pulmonary Hypertension Core Curriculum course in Nice 2015. The course will encompass the nuts and bolts of all PH groups: pulmonary arterial hypertension, PH-left heart disease, PH-Interstitial lung disease, CTEPH, and multisystem group diseases. A comprehensive curriculum has been developed under the able guidance of our current Vice Chair (past PH Council Education Chair) Dana McGlothlin MD(San Francisco, CA) with Myung Park, MD (Baltimore, MD), and Robert Frantz (Rochester, MD) that addresses the educational needs of the ISHLT membership with regard to pulmonary hypertension ranging across multiple fields. The goal is to make our first course a success.

An additional important initiative that will continue under the direction of Teresa DeMarco MD (San Francisco, CA) and Jean-Luc Vachiery, MD (Brussels, Belgium) is to continue research collaborations in regard to WHO Group II PH (with Left heart disease). This cooperative initiative started prior to the 2013 Nice World PH Congress and is intended to develop additional documents and research with regard to hemodynamic evaluation and predictors of outcome of heart transplant and MCS in the context of Group II PH.

PH Council members are active in the development and review of the upcoming European Society of Cardiology and European Respiratory Society guidelines. I2C2 initiatives include working with the European Society of Cardiology and the Pulmonary Vascular Research Institute (PVRI) in collaborative academic efforts.

With new leadership and expanding involvement form both junior and senior faculty in our workforces I expect our council will continue to plant roots in the society. Our goal is to expand knowledge, international reputation, and have fun doing it. All are welcome to join us in cultivating our garden.

First Joint Symposium ISHLT & ESC HFA

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Hospital Universitario A Coruña
La Coruña, SPAIN

Andreas Zuckermann, MD
University of Vienna
Vienna, AUSTRIA

We are delighted to update you on the successful launch of the first joint symposium between ISHLT and the Heart Failure Association, European Society of Cardiology (HFA of the ESC) in the wonderful city of Athens, Greece on May 18th 2014.

A collaborative effort to bring two leading international societies together, ESC HFA Annual meeting Chairman Dr. Gerasimos Filippatos worked closely with Drs. Marisa Crespo-Leiro and Andreas Zuckermann to develop this outstanding symposium.

Including leaders from both societies, this symposium focused on the scientific output and advocacy of the societies in developing international guidelines in transplantation (Mandeep R. Mehra, MD, Boston, MA, USA), the role of durable implantable devices across the world (Davor Milicic, MD, Zagreb, Croatia), the positioning of destination therapy as a concept (Jayan Parameshwar, MD, Cambridge, UK) and a practical discussion of the management and follow-up of durable Mechanical Circulatory Support Devices with a view to best practices (Evgenij Potapov, MD, Berlin, Germany).

This symposium was attended by a packed room of nearly 300 attendees and displayed the state of the field in our collective and important mission of leadership in the area of Advanced Heart Failure, Mechanical Circulatory Support and Heart Transplantation.

Such a collaborative effort allows for this mission directed message to disseminate across the membership of ESC, represented at the meeting in Athens by over 90 countries, many of whom are beginning to struggle with the concept of providing such niche and costly therapy in a successful manner across their geographic landscapes.

Disclosure statements: the authors have no conflicts of interest to report.

Going Dutch: My Experience at University Medical Center in Utrecht

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In January 2014, I received a Traveling Scholarship Award from the ISHLT to visit the lab of Dr. Roel de Weger at the University Medical Center in Utrecht, the Netherlands. At the 2013 ISHLT conference in Montreal, my supervisor (Dr. Tim Lee) noticed that Dr. de Weger's PhD student, Manon Huibers, was examining the phenomenon of ectopic lymphoid structures (ELS) surrounding the coronary arteries of cardiac transplant patients. As I was also studying these ELS, but focusing on a different role of the adaptive immune system in relation to these structures, they discussed beginning a collaboration following a dinner attended by Manon and our respective thesis supervisors. After several months of sharing our data and developing new experimental ideas through email, phone conversations, and Skype, I was able to travel to the Netherlands to complete the final draft of our collaborative manuscript in person and learn some new techniques for future research.

I arrived in Amsterdam on a sunny, warm Sunday—a drastic contrast in weather from snowy Halifax, Nova Scotia, Canada—and began working at the University Medical Center. The first technique I learned was laser microdissection to isolate specific layers of the coronaries from cardiac transplant recipients, in addition to the ELS surrounding the vessels. From this dissected tissue, I isolated RNA and DNA, and made cDNA for qRT-PCR to look for ELS markers and cytokine presence. For the next two weeks, I was trained to perform qRT-PCR to look for various markers that we were interested in (many thanks to Joyce and Erica for their patience and sharing their exceptional skills with me during this training!). From the isolated DNA, we were able to complete a short tandem repeat (STR) analysis and B cell clonality assay. In addition to the experimental techniques I learned, I was able to look at stained slides for immunological markers I had stained for in Halifax to compare staining patterns, finding that our results were consistent—an important step in ensuring that our findings are comparable.

Working for a month in a diagnostics lab afforded me a huge advantage while in Utrecht. While warmly welcomed by everyone, I was able to take advantage of the extensive expertise of the very experienced technical staff. It was also very beneficial to have working protocols already in place, and be able to practice these until I felt comfortable and proficient in carrying them out. As well, working in a clinical environment gave me the added benefit of working with researchers with a bench-to-bedside mentality, which is something we always strive to keep in mind in our lab at Dalhousie University. Manon and I also were able to submit our manuscript and begin another collaborative manuscript based on data collected while I was at UMC. Additionally, I was able to present at the Monday morning meeting of the department of cardiovascular pathology, where I received important feedback and ideas about my own work.

On the weekends, thanks to the small area that comprises the Netherlands and the economical cost of in-country travel, I was able to take day trips to other cities. I visited the Van Gogh Museum in Amsterdam, a really rewarding experience as an art enthusiast. I also saw the world-famous Keukenhof Gardens, showcasing millions of beautiful tulips and other flowers and climbed 465 steps to the top of the Domtoren in Utrecht. Another highlight of my stay was partaking in the preparation of a traditional Dutch meal of 'hutspot', 'boerenkool', 'zuurkool', and 'rookwurst' at Dr. de Weger's home.

I encourage all members of the ISHLT to take advantage of this wonderful opportunity to establish international collaborations with other laboratories. I had an invaluable learning experience during my month at UMC Utrecht.

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1st European Cardio Thoracic Transplant Association Meeting

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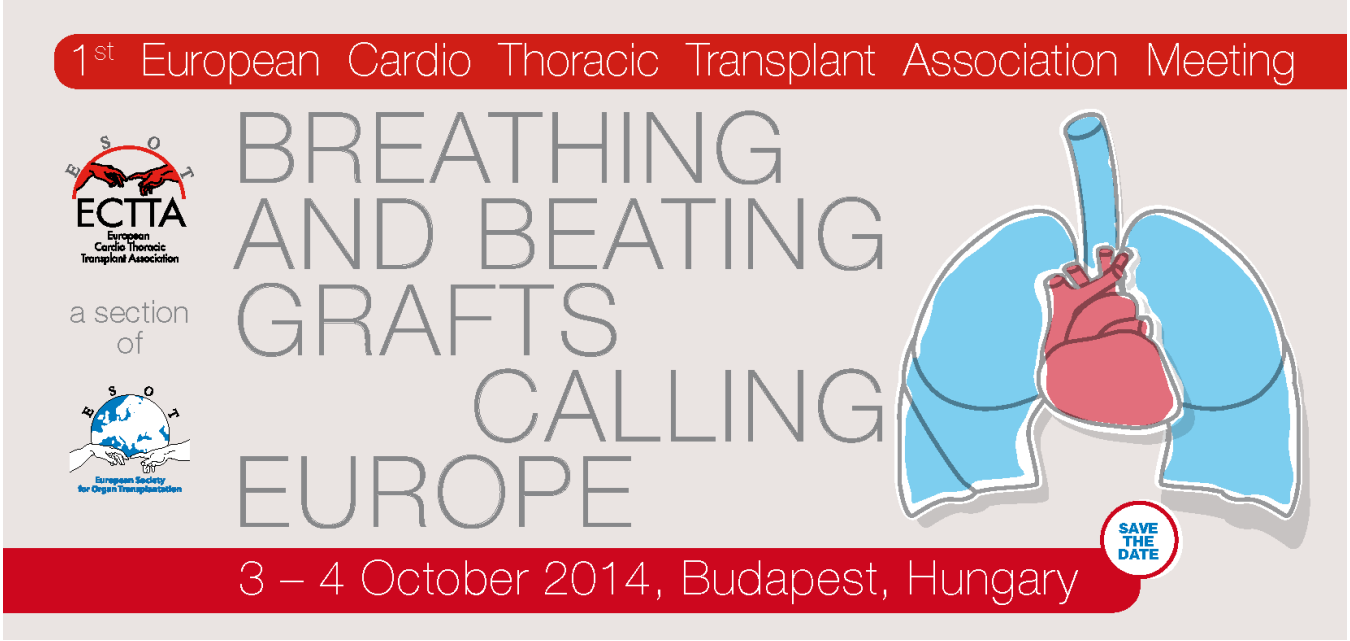
ECTTA, the novel ESOT section for cardiothoracic transplantation, launches a brand new educational appointment designed to fill the educational needs of European thoracic transplant professionals, by assembling a clinically oriented and breaking through scientific program. Abstracts and poster sessions will additionally gather the best currently available European research in heart and lung transplantation. The abstract submission deadline has been extended to June 15, 2014. For more information, visit www.esot.org/Meetings.



Monograph Volume 8: *ISHLT Guidelines for the Management of Pediatric Heart Failure*

Unsure of how to manage your patient given the recent advances in heart failure medicine? Then look no further than this monograph which provides an up to date reference for the diagnosis and management of heart failure in the pediatric age group. Edited by Richard Kirk, Anne Dipchand and David Rosenthal and written by experts throughout the world, this is the reference book to go to.

The monograph is packed with sensible guidance on investigation and treatment and provides answers to questions such as why and how does the myocyte fail? There are chapters ranging from epidemiology, etiology, diagnostic approach, treatment including mechanical support and many more—with over 1700 up to date references. CLICK HERE for the full table of contents.

Suitable for cardiologists, pediatricians and allied health professionals - be they trainees or experienced staff, it provides the evidence base and expert guidance for management in this challenging area.

The Monograph is available now for purchase online at www.ishlt.org with free shipping throughout the world.

2014 Annual Meeting and Academy Content Now Available!

The ISHLT 34th Annual Meeting and Scientific Sessions was conducted April 10-13, 2014 in San Diego, CA, USA before 3200 attendees, our largest ever audience. The content of the meeting covered a broad, multidisciplinary range of topics of interest for our members and professionals who manage and treat patients with end stage heart and lung disease, including those engaged in transplantation, pulmonary hypertension, mechanical circulatory support, heart failure, infectious disease, pathology, pharmacy, basic science, nursing and social science.

To enhance the value and distribution of the content presented at the meeting, we have digitally captured all 29 symposia, all 48 oral abstract sessions, and all 3 Plenary Sessions, and we are offering them via online access for a little as $10/$13 (member/non-member) per 90-120 minute session. You can purchase online access to the entire conference, or you can purchase a package of sessions based on specialty topic. If you purchased access on-site at the meeting, you should have received an email with a code providing you with access to the sessions you purchased. If you did not receive this email, please access the online content site and click on the customer support link for assistance.

We are very pleased to announce that the 3 Plenary Sessions as well as 3 of the concurrent sessions are being offered free to all, members and non-members. We hope you find these both compelling and enjoyable. Three one-day ISHLT Academies are also available on-line: 1) Core Competencies in Heart Failure and Transplant Medicine, 2) Core Competencies in Basic and Translational Science in Thoracic Transplantation, and 3) Core Competencies in Nursing, Health Science, and Allied Health in Thoracic Transplantation.

Your purchases will be stored in a library on the ProLibraries site and will be available for unlimited access through March 31, 2015. To purchase the meeting content, visit www.ProLibraries.com/ISHLT. We hope you enjoy this service and take advantage of the wealth of information now being offered in digital format. We both welcome and encourage your feedback on how we can improve this service going forward.

Outta This World Links
Interesting, Inspiring and Intriguing Links from Around the Globe

FROM AUSTRALIA:

Running on all cylinders at City2South thanks to lung transplant
http://www.brisbanetimes.com.au/queensland/running-on-all-cylinders-at-city2south-thanks-to-lung-transplant-20140524-38ve4.html

I should not be alive. But I am – thanks to a complete stranger. Earlier this year I was dying until I received the ultimate gift - a life-saving double lung transplant. I am only 25, but became breathless with simple tasks like brushing my teeth. I was on oxygen. I slept for 16 hours a day; cystic fibrosis had destroyed my lungs. We knew where things were headed. But when I received 'the' call from the Prince Charles Hospital with news of an organ match, little did I know that my life and prognosis would change overnight. Such is the wonder and vital importance of organ donation.

FROM THE UNITED KINGDOM:

Self-confessed former 'bad boy' pub landlord turns good to donate his kidney to 34-year-old cystic fibrosis sufferer who went into renal failure
http://www.dailymail.co.uk/health/article-2636412/Self-confessed-former-bad-boy-turns-good-donate-kidney-34-year-old-cystic-fibrosis-sufferer-went-renal-failure.html

A self-confessed 'bad boy' is today preparing to donate one of his kidneys to save the life of a complete stranger to make up for all the wrong he has done in his life. Wesley Joyce (left), 32, will become an organ donor after being touched by 34-year-old Sally-Anne Grainger (right) who has cystic fibrosis. The pub landlord came forward after hearing the mother-of-two's desperately plea for help in April. Ms. Grainger went into renal failure after having to take strong medication following a double lung transplant in March 2009. In 2009 the mother-of-two had a double lung transplant and is now preparing to go under the knife for the life-saving operation after doctors gave the transplant the go-ahead. Mr. Joyce, a former soldier, said giving Ms. Grainger the 'gift of life' has made him change his ways after a checkered past.

Tattling Links
ISHLT Members in the News

FROM AUSTRALIA:

Kumud Dhital
St. Vincent's Hospital
Sydney
'Heart in a box' machine revolutionary for transplants
https://au.news.yahoo.com/nsw/a/23711269/heart-in-a-box-machine-revolutionary-for-transplants/

FROM CANADA:

Haissam Haddad
University of Ottawa Heart Institute
Ottawa, Ontario
30 Years of Heart Transplants in Ottawa: Hundreds of Lives Saved
http://www.digitaljournal.com/pr/1945041#ixzz337hnLbTQ

FROM THE UNITED STATES:

Deborah Budge
Intermountain Medical Center
Murray, Utah
The Waiting Game
http://www.cityweekly.net/utah/article-481-19211-the-waiting-game-by-courtney-tanner.html

Dan Dilling
Loyola University
Maywood, Illinois
Loyola Performs Five Lung Transplants in 24 Hours
http://wgntv.com/2014/05/15/5-lung-transplants-performed-in-25-hours-at-loyola/

Scott Lick
University of Arizona
Tucson, Arizona
UA Medical Center restarts heart transplant program
http://azstarnet.com/news/local/ua-medical-center-restarts-heart-transplant-program/article_f8f64be6-8fad-5140-9958-a4da1a125491.html

Editor's Corner:
Voltaire, The Enlightenment and The Wit (WIT)

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Think of France, then Paris, Cafés filled with artisans and literary scholars, art, cooking, croissants, coffee, wine, cheese, style, fashion, Eiffel Tower, Notre Dame, The Louvre, The Riviera, Versailles, Marseilles, Bastille, Love, Pepé Le Pew, and the Aristocats: Duchess, Marie, Toulouse and Berlioz (referring to Hector Berlioz – last page of ISHLT Links October 2011 Vol 3, Issue 5) are among the first thoughts that come to mind. For the ISHLT in 2015, Nice and because of this issue of the Links, Voltaire will enlighten us. Voltaire shaped Western Europe, Western Culture, Western Civilization and through all of this, he shaped the culture and thinking of the rest of the 18th century world as he continues to shape us today.

He was born François-Marie Arouet in 1694 and died Voltaire in 1778 in Paris. He used well over 100 different pen names, but we know him by this one *non de plume*, Voltaire, probably an anagram from the Latinized spelling of his surname "*AVORET LI*" which represented a separation from his family and his past. "Arouet was not a noble fit for his evolving reputation, given its resonance with "*à rouer*" "to be broken on the wheel" – a form of torture prevalent in the early 18th century. Interestingly, now that we know the derivation of "Nice" (see the May Issue of the ISHLT Links), Voltaire may have intended his name to have connotations with "speed and daring," similar to the word "volatile" - meaning, any winged creature, Nike or Winged Victory over Samothrace, might come to mind. He was a prodigious writer with published works in nearly every literary form ranging from plays, poems, novels and essays to historical, philosophical and scientific works. He produced more than 20,000 letters and 2,000 books and pamphlets. Although his best literary forms may have been theater and poetry, it is the genre of the "philosophical tale" he invented that emerged as his most influential vehicle for analyses, criticisms and explorations of the world. Some of his deepest philosophical views expressed in his most revered work are found in the philosophical tale, *Candide* (1759). Above all, he was a philosopher and considered the Patriarch of the French Enlightenment. It may not be too much of a stretch that the Enlightenment, aka, the Age of Reason, could easily have been referred to as the Age of Voltaire.

It is clear that the Age of Reason with its enlightened ideas and ideals spreading across Europe and North America in the late 16th and 17th century spawned the development of the history of Science and Technology. The Enlightenment period ended around the French Revolution (1789) and the Napoleonic era. What's less clear is the defining moment of the beginning of this period. In the Age of Reason came the rise of Copernicanism and the debunking of Aristotelian natural philosophy and Galen's medical doctrine both pulling scientists and the evolving medical establishment out of the dark ages and away from fanaticism, tradition and faith toward scientific credibility while alchemy and astrology lost credibility. This promoted thought, skepticism and

intellectual reasoning. Immanual Kant described it as "mankind's final coming of age, the emancipation of the human consciousness from an immature state of ignorance." Bertrand Russell described the Enlightenment as "a phase of progressive development which began in antiquity with reason and challenges to the establishment as constant ideals throughout time." It was Voltaire and Rousseau who viewed the Enlightenment as a paradigm shift from Feudalism, "the Divine Right of Kings" to the "Consent of the Governed" as delineated by John Locke.

It is because of Voltaire and the many books published with diverse views about him that we know so much about of the Scientific Revolution and the Age of Enlightenment. Voltaire was a critical thinker, not a systematic thinker. He exposed the abuses of power and set the tone of the Enlightenment mostly through "wit" and laughter. "**Once you have laughed as something, you never hold it in the same reverence again.**" He made the 18th century laugh at religious claims, intolerance, political leadership, abuses of power and professions held in high regard. An example of 18th century Voltairan wit comes from one of his philosophical tales, "**A figure falls ill and despite the attention and ministrations of the leading medical doctors of Europe, he survived**." None of the professions that Voltaire thought did not know what they were doing was immune to his mordant wit, his major weapon. What was the source of his thoughts and wit? One notion could be his time spent at Cirey in Eastern France near the Swiss border which may be the most influential and productive period of his life, a period that transformed him into the central towering figure of the French Enlightenment.

Just before his exile to Cirey in 1734, his famous *Philosophical Letters* was published and became a bestseller. He had returned to Paris from his English exile from 1726 - 1729 with the intent of re-establishing himself as an important figure in French life. He thought he was careful in writing the *Philosophical Letters*. He had taken precautions to save these works from condemnation. He did take delight in seeing them first in English from London before they were published in French. However the response to the letters was immediately condemnatory. There were many reviews by important Catholic intellectuals denouncing his works. He had spoken in favor of republicanism, attacked the foundations of religion and the monarchy and customs of France. He was accused of sedition and trying to stir up a rebellion in France. Facing prosecutions and persecutions, Voltaire was exiled, this time to Cirey.

In 1734, he accepted an invitation from one of the most remarkable figures of the 18th century, Gabrielle Émilie Le Tonnelier de Breteuil, Marquise du Châtelet known as the Madame du Châtelet. She was in an aristocratic marriage of convenience with an understanding husband.

As an admirer of Voltaire, she invited him to her estate or Chateau where they become friends, lovers, and intellectual collaborators in a relationship that lasted 15 years. Voltaire wrote a poem about her in French … in English it translates …

"I confess that she is tyrannical. In order to court her one must speak to her in metaphysics when wants to speak to her of love."

She was one of the most remarkable intellectuals of the 18th Century and known in her lifetime as Lady Newton or by so many of her admirers as the Divine Émilie. She had been given an intensive and private education by her father. Well educated women at that time almost always had a father who took their minds and sensibilities seriously. She married the aristocratic Marquis du Chetelier and lived in a dilapidated estate at Cirey where her husband almost never visited but spent his life in Paris.

With his funds, Voltaire prepared the Chateau's scientific lab and made life comfortable. She was a voracious reader and student. She once wrote, "to study is the deepest pleasure of life." She lived in many ways following that dictum. She had a deep intellectual familiarity with English thought, debates and scientific life. She was an appreciative student of Voltaire's Philosophical Letters which gave them an immediate intellectual bond with the chemical and electrical romantic bond that quickly developed. Émilie wrote important scientific treatises and was taken seriously by the finest scientific minds of Europe. She successfully translated Newton's *Principia Mathematica* into French. She had mastered Newton's complex mathematics and understood more than most Newton's deep meaning on the subject of hypothesis … when he says "I feign no hypotheses." When there was no empirical scientific knowledge to answer a question, one does not feign a hypothesis that is not confirmable, instead, one seeks to draw a generalization from nature that becomes a testable hypothesis to be confirmed or refuted. She introduced this to Voltaire.

Émilie's intellectual influence on Voltaire was profound. She was one of his central teachers which catalyzed the intellectual development of Voltaire. She dramatically deepened his understanding of physics and the Newtonian enterprise. She deepened his awareness and understanding of the deep metaphysical debates of the 17th century and introduced him to Leibnizing philosophy which Voltaire struggled with. From 1834-1849, Cirey became the epicenter of Newtonian study and persuasion. Nearly all great continental minds sought to convert European thinkers from Descarte's philosophy and physics to Newton's philosophy and physics. Strategies were developed to persuade European readers on the superiority of Newton and the wonderment of his accomplishments. Together, Lady Newton and Voltaire were critical and vital at converting Europe to Newtonian science and internationalizing 17th century briefings over natural philosophy.

During this time, Voltaire was happy, found extraordinary energy for work and was very productive. He wrote in nearly in all genres including some of his major philosophical tales. Some key writings included: *Elements of Newton's Philosophy, Treatise of Metaphysics, The Wordly Man*, and *Discourse in the Verse on Man* which revealed a new intellectual depth in Voltaire beyond the *Philosophical Letters*. A particular point from the *Discourse in the Verse on Man*, equally applicable today, we find that in spite of the social inequalities of the human condition which people are so obsessed is a far deeper unifying underlying equality of the human condition. In our quest for happiness, our weakness is the unavoidability of pain, sufferings and our loss. We look for the mitigation of pain, the increase in our well-being and liberty. Voltaire further added that liberty is not limited by metaphysical or theological boundaries it is limited by our own intellectual and moral weaknesses. It is limited by the forces of nature that do not care for the human will in their own activities. Liberty is also limited by human pride, arrogance and anger to the extent that they can be relieved and aided by knowledge in a philosophical spirit addressing our intellectual and moral

blindness. Knowledge will increase some of our limited empire over nature that could lead us to understand philosophically how our pride and anger stand in the way of what we want most, happiness. Envy is the principle obstacle to happiness. Each person whatever he or she achieves sees other's achievements and feels envy, bitterness and rage toward the world. Instead, we need to see our own self as the appropriate object of our own activity and concern. "**Better to live with oneself as one's only master than to be the slave of the achievements, social status and possessions of others.**"

Moderation is essential. Within these limits, pleasure is real and one must not give oneself over to undue pessism. We are at our best when we seek to add to pleasure and minimize pain. There is no pure or absolute happiness to be found. True virtue lies in empathy, the feeling to make the suffering of others part of our own world. But, the peacefulness, happiness and very productive influential years of Voltaire at Cirey came to a tragic end in 1749 when Émilie took on a brief other lover and died in childbirth of puerperal fever, nearly 70 years before Ignaz Philipp Semmelweis (Father of Infection Control) was born. To "wit" or the Women in Transplantation (WIT), behind every great man including the Father of Enlightenment there is a better woman, Madame du Châtelet.

This sums up the beginning of Voltaire with more to come about him and his works in future issues and how he influences the ISHLT as we head to France in Nice. Voltaire's mercurial and pragmatic writings have a "blinding clarity" which left him vulnerable to insulting remarks by one French critic, "his thought is a chaos of clear ideas."

George Carlin could also sum this up: "Catholic — which I was until I reached the age of reason."

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