



Wachs performed the first adult to adult living donor liver transplant in the United States in 1997 at the University of Colorado. Our program continues to be leaders in both living donor liver and kidney transplantation since the need for a living donor transplantation has not decreased and will not anytime soon. Living donor liver transplantation enables us to transplant patients who might otherwise not make it to the top of the deceased donor transplant waiting list. It is an excellent option for recipient candidates with Model for End stage Liver Disease scores in the high teens and 20s who typically are not offered deceased donor organs in many parts of the United States. Despite broader organ sharing that is anticipated with the implementation of the new liver allocation system in early February 2020, I believe that there will still be a significant need for adult to adult living donor liver transplantation. The sad reality is that despite any organ allocation and distribution scheme that has been modeled or proposed, there are not enough deceased donor organs to meet the needs of those patients awaiting transplantation.

**One of your many recognitions has been the American Society of Transplant Surgeons (ASTS) Francis D. Moore Excellence in Mentorship award in 2018. What is your secret to mentoring?**

**EAP:** Receiving the ASTS Francis D. Moore Excellence in Mentorship Award in 2018 was by far the most meaningful and prestigious award that I have been given in my professional career. As transplant surgeons, I believe that mentoring is one of the most important jobs that we have. It is critical that we pass on our skill set, knowledge, and personal experiences to the next generation of physicians and surgeons so that they may benefit from our achievements and failures. I have been fortunate to have had many influential and outstanding mentors throughout my career, all of whom have helped me become a better surgeon, clinician, and person. I have also had the privilege of mentoring students, residents, fellows, and surgeons, many of whom have become leaders in their own right. I can assure you that they have given me much more than I have given them. I also think it is important to recognize that anyone can be a mentor. It does not require a special skill set, but rather a commitment to making the time to try to help people who are going through a process that you have been through so that you can hopefully help them navigate the journey more easily.

**Transplantation (without any bias!) is a fascinating area. Yet, the field is very different today compared when you got into it in the 99s. What is your recommendation to young (female) surgeons going into the field?**

**EAP:** Transplantation is by far the most fascinating area of medicine and I would certainly encourage anyone to pursue it as a career. Among the many extraordinary things that we experience in transplantation, one of the most powerful is the kindness and altruism of human beings for one another. We get to experience the very best of mankind on a daily basis. Whether it is the grieving family of a loved one who has sustained brain death and the family honors that individual's wish to be an organ donor or the altruism of a living organ donor; these are the greatest acts of humanity.

No one ever feels they have enough time to get everything done, but the time demands required to be a

transplant surgeon are extreme, whether you are male or female. In terms of women pursuing transplant surgery, I am delighted to say that there are more women transplant surgeons each year and many of them have become very important leaders in the field. When I went through my transplant surgery training, there were fewer women especially in leadership positions but I was fortunate to meet Dr Nancy Ascher and Dr Kim Olthoff early in my career. They are wonderful role models for young women in transplant surgery and I am fortunate to call them friends.

I think one of the challenges for any woman surgeon is how to balance a busy surgical career with having a family. In my opinion, there is never an ideal time to start a family but if this is something that is important to you, then you need to make time. Neither one is more important than the other and the desire to have both is natural and achievable. The key to making it work is having a supportive environment both personally and professionally and being realistic in what you expect from yourself and others.

**You currently serve as the Executive Director of the Colorado Center for Transplant Care, Research and Education. Many organizations are currently debating how to best structure transplantation at their institution. What makes Colorado Center for Transplant Care, Research and Education special?**

**EAP:** I am fortunate that the University of Colorado has been supportive of creating a comprehensive, integrated transplant center. Every institution is different in terms of what will work best in that particular environment; however, I do believe that integrated comprehensive care throughout the continuum of end-stage organ disease and transplantation is essential to the mission and achieving excellent outcomes. Having all of the transplant medicine physicians, surgeons, nurse coordinators, social workers, dietitians, support staff, and research team under a single transplant center umbrella has been critical in allowing us to deliver innovative, patient-centered cutting edge care and has contributed to our overall growth and success. The Colorado Center for Transplant Care, Research and Education is a unique, multidisciplinary transplant center focused on delivering state of the art care to patients while integrating basic, translational, and clinical research with educational and training programs.

**You have also been involved with United Network for Organ Sharing (UNOS) in many ways. How do you see UNOS playing its role best in achieving self-sufficiency for organ transplantation?**

**EAP:** I have served on multiple committees and leadership positions within UNOS, including being a member of the Membership and Professional Standards Committee, Chair of the Liver and Intestinal Transplantation Committee and I served on the Board of Directors. The role of UNOS is to bring together all of the stakeholders in transplantation to promote the care of patients with organ failure by maximizing organ supply and promoting equitable organ allocation and access to transplantation. UNOS provides the forum for transplant professionals to balance competing goals and address the challenges that we face in transplantation in a manner that is transparent and inclusive and enhances public trust in the national organ donation system.

**You have also served as the President of the International Liver Transplant Society (ILTS) (2014–2015). What have been major achievements during that tenure?**

**EAP:** During my term as the President of the International Liver Transplantation Society (2014–2015), our primary focus was the transition of our society's official journal from *Liver Transplantation* to *Transplantation*. The ILTS previously had a long relationship with another society and at the start of my presidency, we decided to move in a new direction. This led to the formation of a new and exciting relationship with The Transplantation Society and resulted in the official journal of the ILTS becoming *Transplantation*. Although the ILTS was involved in many other initiatives during that time, this was the most rewarding achievement during my tenure as President.

**From 2015 to 2019, you have been an Executive Editor for *Transplantation*. Your contributions in getting high ranked work into the journal have been extraordinary. What do you consider special in your experience as an Executive Editor?**

**EAP:** I was very fortunate to be asked by Dr Jeremy Chapman to serve as the first executive editor for the liver transplant section of *Transplantation* in 2015. With the extraordinary help of the liver deputy editors: Dr Jean Emond, Dr Marina Berenguer, and Dr Nancy Kwan Man and the liver associate editors, we were successful in persuading many of the leaders in liver transplantation to submit their work to *Transplantation*. Over the course of the next few years, we were able to continue to increase the number of high-quality liver focused manuscripts to help round out the outstanding content of *Transplantation*. One of my most important roles as an executive editor for *Transplantation* was to act as an ambassador to the liver transplant community in identifying, encouraging, and

facilitating authors to submit their best work to our journal. We were successful in creating several special issues of the journal that focused specifically on a particular area of interest in liver transplantation including an issue the journal focusing on non-alcoholic steatohepatitis (*Transplantation* 2019; 103, Issue 1).

**Your husband, Jim Pomposelli, is a coabdominal transplant surgeon working side-by-side. How do you avoid dinner conversations on patient care, disagreements in treatment, and next plans on moving the transplant center in Colorado forward? How do you enjoy time together outside the hospital?**

**EAP:** Jim and I have known each other since we met on the school bus in high school. At the time, I was 16, and Jim was 17 years old. We dated throughout high school, college, and eventually got married in medical school. We entered the couple's surgical residency, matched together, and both got general surgery spots at the New England Deaconess Medical Center. Although we both considered different areas of surgical specialties, we ended up loving transplantation best and both proceeded to complete our transplant surgical fellowship at the BIDMC. We have been working together ever since and although it may seem strange, it works because we are essentially interchangeable with each other. We have a 15-year-old daughter and it's very helpful that we are both capable of doing the same types of surgery. This allows us "split off" to be present for our daughter's events while still making sure to cover all of our professional responsibilities. We certainly have our disagreements about how to manage particular issues but for the most part we are very strategically aligned. The key to our success is that we have interests and friends outside of medicine and we both have a good sense of humor. For the most part, we don't talk much about hospital-related things at home but rather focus on our daughter and our other interests.