



Elizabeth A. Pomfret, MD, PhD, FACS

You started your career in science and medicine as a research assistant at the Dana-Farber Cancer Institute. What inspired you to go into this field?

EAP: At the time, I was a junior at Boston College and was very interested in medicine. I had a double major in Chemistry and Philosophy and was in the premed program. To get some "real life" experiences in medicine, I decided to volunteer at the Dana-Farber Cancer Institute. I was fortunate to be paired up with Dr Karen Antman, who at that time was focusing her expertise in the treatment of patients with soft tissue sarcoma and mesothelioma. She was generous enough to involve me in a project evaluating the efficacy of a particular chemotherapy regimen as part of a multidisciplinary treatment for patients with soft tissue sarcoma. With her guidance, I learned how to statistically analyze data and write an abstract. She allowed me to present the abstract (as a college student) at the American Association of Cancer Research meeting and eventually guided me through writing the manuscript. I was fortunate to work with her on several other projects over the next couple of years and continued to publish some papers. Her leadership and mentorship solidified my interest in pursuing medicine as a career and sparked my interest in academic research. Dr Antman was an extraordinary role model for me at a very influential time. She has remained a mentor and friend and is currently the Dean of the Boston University School of Medicine (BUSM).

You finished Boston medical school not only "cum laude" but also received the Boston University Women's Council student award. What inspired you as a woman in Transplantation?

EAP: I was in the MD/PhD program at BUSM and my PhD research was focused on liver metabolism. I had an

Received 11 March 2020.

Accepted 11 March 2020.

Colorado Center for Transplant Care, Research and Education (CCTCARE), University of Colorado Anschutz, Aurora, CO

The author declares no funding or conflicts of interest.

Copyright © 2020 Wolters Kluwer Health, Inc. All rights reserved.

ISSN: 0041-1337/20/10411-2249

DOI: 10.1097/TP.0000000000003236

outstanding experience at BUSM and was fortunate to work with several women leaders in science and medicine. When I was finishing my training at Boston University School of Medicine, I was interested in pursuing a general surgical residency spot. At the time, I did not have a particular female surgical mentor but as I have gone on to complete a residency in surgery and a fellowship in transplant surgery, I have been fortunate to have numerous female and male role models. What inspires me about transplantation is its transformative nature. The ability to take a person on the brink of death, transplant them with a healthy new organ, and give them a new life never gets old. I love that as a transplant surgeon, we form life-long relationships with our patients and that our patient population ranges from infancy to old age.

After finishing your multiorgan transplant fellowship at Beth Israel Deaconess Medical Center (BIDMC), you became the Director of the Live Donor Liver Transplant Program at the Lahey Clinic where you developed this program to one of the largest of its kind in the United States. What role do you see live donor liver transplants playing today? What role do you envision the procedure to play in the future with the implementation of the new liver allocation system?

EAP: After finishing my residency in general surgical at the New England Deaconess Medical Center, I completed a multiorgan transplant surgical fellowship at the BIDMC. I was then hired on staff at the BIDMC in July 1998 with the directive to start an adult to adult living donor liver transplant program. We performed our first 2 adult to adult living donor liver transplant procedures at the BIDMC in December 1998. Shortly thereafter, our transplant team moved to the Lahey Clinic, where we continued to perform adult to adult living donor liver transplantation and became one of the largest programs in the United States. I was the Director for Living Donor Liver Transplantation from 1999 until becoming the Chair of the Department of Transplantation and Hepatobiliary Diseases in 2009 at Lahey.

In 2016, I moved to the University of Colorado to become the Chief of Transplantation and the Executive Director of the Colorado Center for Transplant Care, Research and Education. The University of Colorado has a significant history in transplantation with Dr Tom Starzl performing the first liver transplant in 1963. Dr Igal Kam and Dr Michael

www.transplantjournal.com

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, patientcentered 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.

© 2020 Wolters Kluwer 2251

You have also served as the President of the International Liver Transplant Society (ITLS) (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.