



EDITORIAL

The Society for the Advancement of Transplant Anesthesia (SATA) enters a new partnership with *Clinical Transplantation*

The Society for the Advancement of Transplant Anesthesia (SATA) looks forward to having *Clinical Transplantation* as its scholarly home. The new partnership between SATA and *Clinical Transplantation* is the first formal working relationship between transplant specialists and anesthesiologists.

This new professional relationship illustrates how anesthesiologists are developing an expanded healthcare role in perioperative transplant medicine. Anesthesiologists are increasingly using their unique knowledge and skill set to serve as transplant physicians who practice anesthesia as opposed to anesthesiologists who limit their care to operating room. This larger role in patient care places anesthesiologists into the Integrated Delivery System of care that we recognize as the multidisciplinary transplant team and the Organ Procurement and Transplant Network.

SATA serves the professional, educational, and scientific interests of transplant anesthesiologists. Since its humble start in 2011, the society has grown into a stable professional platform for both national and international members. Even though abdominal, cardiac, and thoracic transplantation are the most common practices in the society, there are an increasing number of members who are pursuing interests in other emerging subspecialties of transplantation.

Education, innovation, and high-quality care define our mission. Within the last 4 years, members of SATA committees and working groups have published original studies that continue to build a scientific foundation for our practices.¹⁻³ There are recommendations outlining fellowship core competencies and milestones for training in the field of liver, kidney, and thoracic transplant anesthesia.^{4,5}

SATA has recently worked with members from other transplant specialties and organizations to articulate clear roles and responsibilities for anesthesia liver transplant teams.⁶ These newly published recommendations promulgate more uniform practices and strengthen the intent underlying the OPTN/UNOS requirement to have a Director of Anesthesia for Liver Transplant at every program. Pediatric transplant members of SATA are currently working with the Society of Pediatric Anesthesia in a national forum designed to align anesthesiologists with the new OPTN/UNOS knowledge and experience requirements for key pediatric transplant personnel. Our website was designed to facilitate communication needed for these projects, and most importantly serve the educational mission of SATA. We encourage all readers unfamiliar with SATA to visit us at <https://www.transplantanesthesia.org>.

We are truly honored to share our mission with colleagues from other disciplines of transplantation and their representative societies in our role as contributing members of *Clinical Transplantation*.

KEYWORDS

anesthesiology, Professional Societies, transplantation

CONFLICT OF INTEREST

None.

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REFERENCES

1. De Marchi L, Wang CJ, Skubas NJ, et al. Safety and benefit of transesophageal echocardiography in liver transplant surgery: a position paper from the Society for the Advancement of Transplant Anesthesia (SATA). *Liver Transpl*. 2020;26(8):1019-1029. <https://doi.org/10.1002/lt.25800>
2. Subramaniam K, Rio JMD, Wilkey BJ, et al. Anesthetic management of lung transplantation: results from a multicenter, cross-sectional survey by the society for advancement of transplant anesthesia. *Clin Transplant*. 2020;34(8):e13996. <https://doi.org/10.1111/ctr.13996>
3. Smith NK, Zerillo J, Kim SJ, et al. Intraoperative cardiac arrest during adult liver transplantation: Incidence and risk factor analysis from seven academic centers in the United States. *Anesth Analg*. 2020;132(1):130-139. <https://doi.org/10.1213/ANE.00000000000004734>
4. Nguyen-Buckley C, Wray CL, Zerillo J, et al. Recommendations from the Society for the advancement of transplant anesthesiology: liver transplant anesthesiology fellowship core competencies and milestones. *Semin Cardiothorac Vasc Anesth*. 2019;23(4):399-408. <https://doi.org/10.1177/1089253219868918>
5. Wilkey BJ, Abrams BA, Del Rio JM, et al. Statement from the Society for the advancement of transplant anesthesia: white paper advocating desirable milestones and competencies for anesthesiology fellowship training in the field of lung transplantation. *Semin Cardiothorac Vasc Anesth*. 2020;24(1):104-114. <https://doi.org/10.1177/1089253219867695>
6. Hendrickse A, Crouch C, Sakai T, et al. Service requirements of liver transplant anesthesia teams: society for the advancement of transplant anesthesia recommendations. *Liver Transpl*. 2020;26(4):582-590. <https://doi.org/10.1002/lt.25711>