19th Congress of the European Society for Organ Transplantation
September 15 - 18, 2019
Copenhagen, Denmark

ESOT Congress 2019
INSPIRING MINDS, DRIVING PROGRESS
in COPENHAGEN

Abstract submission deadline extended to 10 March 2019

The CREATIVE CAPITAL

Second Announcement
TEN REASONS TO ATTEND

1. Be inspired
2. Drive progress
3. Explore the edge of our current practice and achievements
4. Discuss with experts and innovative thinkers about Why vs Why Not?
5. Interact with peers and pave the way forward together
6. Master the latest trends of basic and translational science
7. Explore how to manage career development
8. Attend dedicated tracks to maximise the learning experience
9. Share your research and be selected for focused discussions – guided and instructed by key opinion leaders in the field
10. Get engaged in this interactive meeting and take an active role in shaping the future of transplantation research and clinical practice

WHO SHOULD ATTEND?

The target audience for this conference includes all fields involved in health care and research with an affiliation in transplantation. This includes but is not limited to:

- Transplant surgeons
- Physicians of all fields with an involvement in transplantation
- Coordinators, Nurses
- General surgeons and clinicians with an interest in transplantation
- Transplant scientists
- Nutrition and rehabilitation specialists and coordinators
- Transplant pharmacists

Further, health care professionals with an involvement in treatment of organ failure, cell therapy, tissue and regenerative medicine are warmly welcome to our conference.
Dear Colleagues, Dear Friends,

The 19th Congress of ESOT will take place in Copenhagen, the beautiful capital of Denmark. The ESOT 2019 Congress will cover all areas of transplantation, both basic science and clinical aspects. Some of the major topics of the Congress will be: from ancient legends to modern miracles, the importance of advances in molecular medicine for solid organ transplantation, and tissue engineering. These, together with other hot topics from all areas of transplantation will be presented in a program developed by world leading transplant physicians, surgeons and scientists.

Solid organ transplantation has a long history in Denmark. Kismeyer and Simonsen are among the real pioneers developing Transplant Immunology since the early sixties. Since then, all types of organ transplantation have evolved in Denmark to high international standards. We are therefore delighted and honoured that ESOT selected Copenhagen for its prestigious Congress. Copenhagen is an ideal congress city, known to be a safe, eco-friendly and bike friendly capital city. It has extensive green areas and a harbor so clean that you can swim in it. Transportation from the modern congress centre to the city is easy and short, so time can be spent efficiently. After an intense day at the Congress, relaxation in cosy Copenhagen will be a delight. Get inspired by award winning new Nordic cuisine, the impressive mixture of historic and modern Danish design and architecture, Royal Castles, see the Little Mermaid or take a tour through the old canals.

On behalf of the Danish Transplantation Society and on behalf of the Congress Organizing Committee we warmly welcome you to ESOT 2019 in Copenhagen.

Allan Rasmussen and Finn Gustafsson
Congress Chairs

Dear Colleagues, Dear Friends

We are truly delighted to cordially invite you to be Inspired and experience real Progress at the ESOT Congress in Copenhagen, a transplant meeting of truly great scientific substance delivered in great ESOT style!

The philosophy behind every ESOT Congress is that every two years we produce a totally New Congress in content and format; ESOT 2019 Copenhagen not only follows this rule but aspires to be the best transplant congress ever! ESOT 2019 Copenhagen is designed to be Your Congress, tailoring and targeting its content to the discipline that you serve, the stage of your career journey in transplantation and your professional aspirations. Knowledge will be delivered through a plethora of networking opportunities leading to new collaborations so that the end of the Congress will mark many new beginnings in transplantation. We aim to explore the edge of our current practice and achievements and also challenge each other about great things that have not yet happened, ask ourselves, Why Not? And pave together the way forward.

Looking at the hot topics of the Congress (which are just the appetisers for a great feast...), we will learn from history and each other, make patients active partners in our endeavours, vigorously debate our ethical conduct, take deep dives in the waters of basic and translational science so that we can bring to the surface clinical solutions, admit the moments we reached our clinical limits and explore how to push them further, debate and design innovation with realism and all in the context of our palpable and substantial professional development. Furthermore, the ESOT award winning Digital Congress Innovations have now reached new heights and they are designed to bring people together (even if they are not physically at the Congress!), maximise their interaction and advance their knowledge. Last but most certainly not least, all these are going to happen in Copenhagen, a dream city that can make those who adore classic fairy tales and the enthusiasts of modern miracles equally happy and in the Bella Conference Centre that is designed to make your time at the Congress Productive and Enjoyable. Join us in Copenhagen!

Be Inspired and Drive Progress!

Vassilios Papalois and Allan Rasmussen
Scientific Program Committee Chairs
NEW AT #ESOT2019

FIND OUT WHAT’S NEW:

- Machine Perfusion and VAD Contest
- Organ Reconditioning
- Regenerative Medicine
- Stem cells and Gene Editing: a disruptive wedding
- ‘Omics’ technologies in Transplantation
- The unthinkable donors and recipients
- The Patient definition
- Cross-specialty learning
- Empowered transplanters can get to the TOP
- How to navigate the environment of Regulatory authorities and Bodies

AND MUCH MORE ON THE FORMAT:

Campfires
The chance to interact with the speaker and your peers in small group sessions based on informal discussion.

Hot topic tables
Take advantage of valuable peer-to-peer learning with small, moderated discussions with your peers on topics relevant to you.

Education Track
Absorb the vision and expertise of Big Players at classroom-style learning sessions

The Buddy System
Connect “First time” ESOT Congress participants with experienced attendees.

Arenas
Debating cutting edge topics
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**SUNDAY, SEPTEMBER 15**

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<tbody>
<tr>
<td>9:00</td>
<td><strong>EDUCATION TRACKS</strong>&lt;br&gt;Specialty Update Symposiums</td>
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<tr>
<td>12:50</td>
<td><strong>Translational Science Focus Groups Moderated E-Poster Brief Sessions</strong></td>
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<tr>
<td>13:30</td>
<td>MDT 1: Immunology ABCs and beyond&lt;br&gt;MDT 1: It’s all about safety&lt;br&gt;ELEVATOR PITCH&lt;br&gt;REFRESHER 1: Translational Science&lt;br&gt;FOCUS GROUPS&lt;br&gt;MODERATED E-POSTER&lt;br&gt;BRIEF ORAL SESSIONS</td>
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<td>14:30</td>
<td><strong>EDUCATION TRACK 1</strong>&lt;br&gt;Immunology ABCs and beyond&lt;br&gt;MDT 1: It’s all about safety&lt;br&gt;ELEVATOR PITCH&lt;br&gt;REFRESHER 1: Translational Science&lt;br&gt;FOCUS GROUPS&lt;br&gt;MODERATED E-POSTER&lt;br&gt;BRIEF ORAL SESSIONS</td>
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<td>15:10</td>
<td><strong>CORPORATE PARALLEL SYMPOSIUM</strong>&lt;br&gt;<strong>CORPORATE PARALLEL SYMPOSIUM</strong>&lt;br&gt;<strong>CORPORATE PARALLEL SYMPOSIUM</strong>&lt;br&gt;<strong>CORPORATE PARALLEL SYMPOSIUM</strong>&lt;br&gt;<strong>JOIN SESSION ESOT-IPTA</strong>&lt;br&gt;<strong>BANFF MEETS EKITA: from histology to bedside</strong>&lt;br&gt;<strong>EU TRAIN CALLING</strong></td>
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<tr>
<td>16:00</td>
<td><strong>PENALTY 1</strong>&lt;br&gt;Be Inspired, be Driven</td>
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<td>18:30</td>
<td>Networking Cocktail</td>
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**MONDAY, SEPTEMBER 16**

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<tr>
<th>Time</th>
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<tr>
<td>7:30</td>
<td><strong>EDUCATION TRACK 2</strong>&lt;br&gt;Tolerance is here to stay&lt;br&gt;FULL ORAL SESSIONS&lt;br&gt;BRIEF ORAL SESSIONS</td>
</tr>
<tr>
<td>8:00</td>
<td><strong>SOTA 1</strong> Microbiome in transplantation: friend or foe?&lt;br&gt;SOTA 2 Organ allocation algorithm&lt;br&gt;SOTA 3 How to choose the right research model</td>
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<tr>
<td>9:10</td>
<td><strong>INSPIRE &amp; DRIVE 1</strong>&lt;br&gt;How to get to the top&lt;br&gt;CORPORATE (HANDS-ON) WORKSHOP&lt;br&gt;TRANSPLANT RESEARCH CHALLENGE&lt;br&gt;REFRESHER 2: Learning from neighbouring specialities&lt;br&gt;FULL ORAL SESSIONS&lt;br&gt;FOCUS GROUPS</td>
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<tr>
<td>10:40</td>
<td>Break</td>
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<tr>
<td>11:10</td>
<td><strong>INSPIRE &amp; DRIVE 1</strong>&lt;br&gt;How to get to the top&lt;br&gt;CORPORATE (HANDS-ON) WORKSHOP&lt;br&gt;TRANSPLANT RESEARCH CHALLENGE&lt;br&gt;REFRESHER 2: Learning from neighbouring specialities&lt;br&gt;FULL ORAL SESSIONS&lt;br&gt;FOCUS GROUPS</td>
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<td><strong>MODERATED E-POSTER</strong>&lt;br&gt;CORPORATE PARALLEL SYMPOSIUM&lt;br&gt;CORPORATE PARALLEL SYMPOSIUM&lt;br&gt;CORPORATE PARALLEL SYMPOSIUM&lt;br&gt;ESOT VIP&lt;br&gt;YPT FUTURE LEADERS ON STAGE&lt;br&gt;BRIEF ORAL SESSIONS</td>
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<td>14:05</td>
<td><strong>PENALTY 2</strong>&lt;br&gt;Single cells omics: generating an atlas to chart transplant organs</td>
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<td><strong>INSPIRE &amp; DRIVE 2</strong>&lt;br&gt;Evidence based practice is killing the art of medicine&lt;br&gt;EDU TRACK 3 Xenotransplantation, soon a reality?&lt;br&gt;CORPORATE (HANDS-ON) WORKSHOP&lt;br&gt;FULL ORAL SESSIONS&lt;br&gt;BRIEF ORAL SESSIONS&lt;br&gt;ELEVATOR PITCH&lt;br&gt;ESOT GENERAL ASSEMBLY</td>
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<td>16:00</td>
<td><strong>REFRESHER 3</strong> Big Data</td>
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<td><strong>REFRESHER 3</strong> Big Data</td>
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<td><strong>EDU TRACK 3</strong> Xenotransplantation, soon a reality?&lt;br&gt;CORPORATE (HANDS-ON) WORKSHOP&lt;br&gt;FULL ORAL SESSIONS&lt;br&gt;BRIEF ORAL SESSIONS&lt;br&gt;ELEVATOR PITCH&lt;br&gt;ESOT GENERAL ASSEMBLY</td>
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<td>17:00</td>
<td><strong>CORPORATE (HANDS-ON) WORKSHOP</strong>&lt;br&gt;FULL ORAL SESSIONS&lt;br&gt;BRIEF ORAL SESSIONS&lt;br&gt;ELEVATOR PITCH&lt;br&gt;ESOT GENERAL ASSEMBLY</td>
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<td><strong>CORPORATE (HANDS-ON) WORKSHOP</strong>&lt;br&gt;FULL ORAL SESSIONS&lt;br&gt;BRIEF ORAL SESSIONS&lt;br&gt;ELEVATOR PITCH&lt;br&gt;ESOT GENERAL ASSEMBLY</td>
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<td>18:05</td>
<td><strong>CORPORATE PENALTY SYMPOSIUM</strong></td>
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**SATURDAY, SEPTEMBER 14**

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7:30</td>
<td><strong>EDU TRACK 4</strong> Machine perfusion goes prime time</td>
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<tr>
<td>8:00</td>
<td><strong>FULL ORAL SESSIONS</strong></td>
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<tr>
<td>9:00</td>
<td><strong>BRIEF ORAL SESSIONS</strong></td>
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<tr>
<td>9:10</td>
<td><strong>SOTA 4</strong> Pluripotent Stem Cells Meet Genome Editing: a disruptive wedding</td>
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<td>10:40</td>
<td><strong>SOTA 5</strong> DCD: push the boundaries</td>
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<tr>
<td>11:40</td>
<td><strong>SOTA 6</strong> Small Patients, Big Challenges</td>
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<tr>
<td>11:10</td>
<td>Break</td>
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<tr>
<td>11:40</td>
<td><strong>INSPIRE &amp; DRIVE 3</strong> Relight my fire</td>
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<tr>
<td>12:40</td>
<td><strong>REFRESHER 4</strong> Inflammation</td>
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<td>13:00</td>
<td><strong>CORPORATE PARALLEL SYMPOSIUM</strong></td>
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<td><strong>CORPORATE PARALLEL SYMPOSIUM</strong></td>
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<tr>
<td>14:15</td>
<td><strong>MODERATED E-POSTER</strong></td>
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<td>14:20</td>
<td><strong>BRIEF ORAL SESSIONS</strong></td>
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<tr>
<td>15:35</td>
<td><strong>PLENARY 3</strong> Perfect organ preservation and reconditioning: an elusive dream?</td>
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<tr>
<td>16:00</td>
<td><strong>INSPIRE &amp; DRIVE 4</strong> Engineering the future</td>
</tr>
<tr>
<td>17:00</td>
<td><strong>EDU TRACK 5</strong> Ischemia reperfusion injury – still a challenge?</td>
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<tr>
<td>17:05</td>
<td><strong>MDT 2</strong> The unthinkable donor/recipient</td>
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<tr>
<td>17:30</td>
<td><strong>MODERATED E-POSTER</strong></td>
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<tr>
<td>17:35</td>
<td><strong>FOCUS GROUPS</strong></td>
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<tr>
<td>18:00</td>
<td><strong>CORPORATE (HANDS-ON) WORKSHOP</strong></td>
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<td><strong>BRIEF ORAL SESSIONS</strong></td>
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<td><strong>NETWORKING</strong></td>
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<th>Time</th>
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<tr>
<td>7:30</td>
<td><strong>EDU TRACK 6</strong> Regenerative Transplantation</td>
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<td><strong>FULL ORAL SESSIONS</strong></td>
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<td><strong>OSLB</strong></td>
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<td>9:00</td>
<td><strong>BRIEF ORAL SESSIONS</strong></td>
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<td>9:10</td>
<td><strong>SOTA 7</strong> Pharmaco Genomics. Are we ready for implementation into clinical practice?</td>
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<td>10:40</td>
<td><strong>SOTA 8</strong> New imaging techniques</td>
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<td>11:40</td>
<td><strong>SOTA 9</strong> Transplant success: the patient's definition</td>
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<tr>
<td>11:10</td>
<td>Break</td>
</tr>
<tr>
<td>13:00</td>
<td><strong>PLENARY 4 &amp; PRESIDENTIAL SESSION</strong></td>
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<tr>
<td>13:00</td>
<td>Dealing with organ failure: a change in the direction of travel?</td>
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ESOT 2019 COPENHAGEN COMMITTEES

Finn Gustafsson, Copenhagen, Denmark
Allan Rasmussen, Copenhagen, Denmark

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Vassilios Papalois, London, United Kingdom
Allan Rasmussen, Copenhagen, Denmark

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PLENARY SESSIONS (PL)

PLENARY 1 - BE INSPIRED, BE DRIVEN - A NEW PERSPECTIVE ON THE FUTURE OF MEDICINE: IS ORGAN TRANSPLANTATION GOING TO BE OUT OF BUSINESS?
Created by: Finn Gustafsson, Copenhagen, Denmark; Allan Rasmussen, Copenhagen, Denmark

OUTLINE | “Nothing in biology make sense except in the light of evolution” (Theodosius Dobzhansky)

Why do we have diseases such as Parkinson’s disease, depression, and schizophrenia? If the concept “evolution” really works, these conditions should have been removed from our genes long times ago. Maybe the explanation is, that these genes constitute an advantage under other circumstances than those we have today. If this is so, we can find the explanation by studying DNA in ancient times. The study of evolution of diseases in this way may change our understanding of how, why, and when we get these kinds of diseases determined by our genes. Professor Eske Willerslev is one of the World’s leading DNA-scientists. Today we know a lot of diseases caused by our genetic constitution, and Eske Willerslev believes that this research will make us able to map most of the genomes leading to diseases.

Having this knowledge, we will be able to take over the “responsibility” of the evolution. It will be possible to test embryos for the unwanted genomes and consequently offer abortion or via Crispr based technique to manipulate the genome. Therefore, we do not have to wait for the natural evolution to remove the genes causing disease when the advantages of having the genome vanished many generations ago.

This, obviously, raises several ethical questions on which we must decide. When we have the knowledge about the genes causing disease, we cannot avoid decisions. To leave a person with a disease causing genome is also a decision. This may be a relatively easy decision if the genome causes a mild or a life-threatening disease. In between, it will be extremely difficult. And one thing is for sure, there will be enormous disagreement.

Finally, an interesting thought in relation to organ transplantation. Most diseases leading to organ failure treated by transplantation are related to our genomic structure.

PLENARY 2 - SINGLE CELLS OMICS GENERATING AN ATLAS TO CHART TRANSPLANT ORGANS
Created by: Menna Clatworthy, Cambridge, United Kingdom; Gavin Pettigrew, Cambridge, United Kingdom

OUTLINE | We currently use ‘omics’ technologies (proteomics, transcriptomics, genomics), in transplantation to identify biomarkers, signatures, or genetic variants associated with differential outcomes. These technologies have been applied to bulk tissue or blood samples. Recent advances in genomics and informatics allow their application at the level of a single cell, using RNA sequencing and mass cytometry. These approaches are revolutionising our understanding of the cellular composition, origin and interactions within human organs and are being used to generate the first draft of the Human Cell Atlas (HCA) – an ambitious international e ort. The HCA will catalogue every cell and every cell state in the human body to deliver health-transforming insights into human biology. For example, single cell RNA sequencing has already allowed researchers to identify a previously unknown type of dendritic cell in peripheral blood.
PLENARY 3 - PERFECT ORGAN PRESERVATION AND RECONDITIONING – AN ELUSIVE DREAM?

Created by: Ina Jochmans, Leuven, Belgium; Henri Leuvenink, Groningen, The Netherlands

OUTLINE | Perfect organ preservation – a cornerstone of transplantation – might sound like a dream ... yet, the last years have seen tremendous progress. Technology has caught up with our creative minds and we are now able to preserve organs in dynamic and more physiological conditions than static cold storage ever could. Organ perfusion is here to stay, paving the path towards perfect organ preservation and opening doors to organ reconditioning, treatment, modification, management and more. Be inspired and motivated by the most creative thinkers in the organ preservation arena and discover what they dream of.

KEY LEARNINGS

- Focus on liver perfusion
- Focus on normothermic regional perfusion
- Focus on how machine perfusion strategies might influence immune regulation in ischemia-reperfusion injury
- Focus on heart and lung perfusion

PLENARY 4 & PRESIDENTIAL SESSION - DEALING WITH ORGAN FAILURE: A CHANGE IN THE DIRECTION OF TRAVEL?

Created by: Erik Berglund, Stockholm, Sweden; Vassilios Papalois, London, United Kingdom; Lorenzo Piemonti, Milan, Italy; Thomas Resch, Innsbruck, Austria; Andreas Zuckermann, Vienna, Austria

OUTLINE | The session aims to critically appraise all the indications in modern practice that we are moving into a more holistic approach when dealing with end stage organ failure including modalities beyond transplantation.

KEY LEARNINGS

- Clear signals FROM ESOT2019 Congress in Copenhagen that the direction of travel is changing
- Clear signals BEYOND ESOT2019 Congress in Copenhagen that the direction of travel is changing
- How our practice for treating organ failure will look like at the ESOT Congress of 2039?
STATE OF THE ART SESSIONS (SOTA)

STATE OF THE ART 1 - MICROBIOME IN TRANSPLANTATION: FRIEND OR FOE?
Created by: Menna Clatworthy, Cambridge, United Kingdom; Gavin Pettigrew, Cambridge, United Kingdom

OUTLINE | This is a high profile topic in biomedical research, as evidenced by the fact that many of the papers are published in the journals with the highest impact factors, Nature, Science, Cell etc.

KEY LEARNINGS
- Diet, the microbiome and metabolism
- The microbiome and response to cancer immunotherapy
- Immunosuppression and the microbiome – do transplant medicines change our microbiome and does it matter?
- The microbiome and rejection risk in transplantation. Is there a link?

STATE OF THE ART 2 - ORGAN ALLOCATION ALGORITHM
Created by: Franz Immer, Zurich, Switzerland; David Rodriguez-Arias, Granada, Spain

OUTLINE | Organ allocation is one of the key elements in-between organ donation and transplantation. As such, it takes place in a challenging framework. While it is guided by and must follow specific allocation principles, it often takes place in circumstances where time and/or information is limited, and it usually involves an interdisciplinary group of health care professionals. Additional factors that may influence the allocation process can include logistics, availability of resources, and organisational structures.

KEY LEARNINGS
- Very complicated math – reconfiguring organ allocation
- Ethical Dilemmas in Liver Transplant Organ Allocation: Is it Time for a New Mathematical Model
- Clinical impact of liver allocation algorithm on outcome

STATE OF THE ART 3 - HOW TO CHOOSE THE RIGHT RESEARCH MODEL
Created by: Henri Leuvenink, Groningen, The Netherlands; Gavin Pettigrew, Cambridge, United Kingdom

OUTLINE | Animal models have limitations, and as advances in our understanding of human transplant immunology continue, these limitations become all the more apparent. Addressing the pertinent clinical research questions, such as the nature of the B cell response that underpins chronic rejection, is likely to need ever more specialized transplant models.

KEY LEARNINGS
- Porcine models and what’s been achieved in the field of ex vivo normothermic perfusion
- Non-human primates: advantages and disadvantages

STATE OF THE ART 4 - STEM CELLS AND GENE EDITING - PLURIPOTENT STEM CELLS MEET GENOME EDITING: A DISRUPTIVE WEDDING
Created by: Lorenzo Piemonti, Milan, Italy

OUTLINE | No field in health sciences has more interest than organ transplantation in fostering progress in regenerative medicine because the future of no other field more than the future of organ transplantation will be forged by progress occurring in regenerative medicine. It is extremely rare for a single experiment to be so impactful and timely that it shapes and forecasts the experiments of the next decade.
Here, we will address how two such experiments—the generation of human induced pluripotent stem cells (iPSCs) and the development of CRISPR/Cas9 technology—have fundamentally reshaped our approach to biomedical research, stem cell biology, human genetics and potentially transplant medicine.

**KEY LEARNINGS**
- Gene Editing
- Gene Therapy
- Cell Transplantation Across Species

**STATE OF THE ART 5 - DCD: PUSH THE BOUNDARIES**
Created by: Franz Immer, Zurich, Switzerland; David Rodriguez-Arias, Granada, Spain

**OUTLINE**
| How we reach our limits? Is there scope for expansion? How extended can be Extended Criteria? Is it for everybody?  

**KEY LEARNINGS**
- European Survey on DCD-practices in the member states of the CD-P-TO  
- Ethical issues in DCD-donation  
- Impact of procurement modalities and machine perfusion techniques on prediction of graft function and outcome

**STATE OF THE ART 6 - SMALL PATIENTS, BIG CHALLENGES**
Created by: Nicos Kessaris, London, United Kingdom

**OUTLINE**
| Paediatric transplantation can be very challenging and is not performed in many countries. Promote discussions in collaboration with our international partners to shape a new Era.  

**KEY LEARNINGS**
- Paediatric transplant recipients in the 21st century  
- Immunosuppression challenges in paediatric transplantation  
- Kidney transplantation in children with vascular complications  
- Liver transplantation in complex paediatric recipients  
- Cardiothoracic transplantation in complex paediatric recipients

**STATE OF THE ART 7 - PHARMACO GENOMICS – ARE WE READY FOR IMPLEMENTATION INTO CLINICAL PRACTICE?**
Created by: Luuk Hilbrands, Nijmegen, The Netherlands

**OUTLINE**
| Adequate dosing of immunosuppressive drugs is key to the success of organ transplantation. During recent years new insight have been acquired concerning the effects of pharmacogenetic variations on the disposition of commonly used drugs. However, it remains a challenge to demonstrate the clinical relevance of pharmacogenetic testing for transplant patients. A unique situation in organ transplantation is the co-existence of the genotype of the donor and that of the recipient, both potentially affecting the pharmacokinetics and pharmacodynamics of a drug. Moreover, transplant patients frequently use multiple drugs besides their immunosuppressives. The pre-emptive genotyping of a panel of established clinically relevant pharmacogenomic markers holds promise for a next step in precision medicine.  

**KEY LEARNINGS**
- Is knowledge of the CYP3A4 and CYP3A5 genotype really useful in tacrolimus treated patients?  
- Which genotype is relevant: recipient or donor?.  
- Pharmacogenomics of triazole antifungal agents – translation into clinical practice  
- Pre-emptive pharmacogenetic testing to reduce adverse drug reactions – a next step?
STATE OF THE ART SESSIONS (SOTA)

STATE OF THE ART 8 - NEW IMAGING TECHNIQUES
Created by: Soren Sorensen Schwartz, Copenhagen, Denmark

OUTLINE | Traditional PET, CT, MR and ultrasound imaging have been used in relation to organ transplantation for years. However, new exciting development both in relation to tracers, in relation to analysis of data and development within the technique has occurred during recent years. Potentially it can be possible to image the immune response and the metabolic processes in transplanted organs in real time but also to dig our hidden information from traditional images. Also 3D ultrasound imaging combined with contrast may reveal new information on transplanted organs. Although largely untested in relation to transplantation, these new techniques could prove of great value in relation to organ transplantation in clinic as well as in research.

KEY LEARNINGS
- Immune imaging in transplantation – a game changer?
- Radiomics – there is more in a picture than meets the eye
- Hyperpolarized magnetic resonance imaging – potentials and pitfalls.
- 3D ultrasound– ready for daily clinical use in organ transplantation?

STATE OF THE ART 9 - TRANSPLANT SUCCESS: THE PATIENT’S DEFINITION
Created by: Luuk Hilbrands, Nijmegen, The Netherlands; Finn Gustafsson, Copenhagen, Denmark

OUTLINE | Traditional outcome measures in organ transplantation include patient survival, graft survival, and graft function. Growing attention for the patient’s perspective of health and disease has led to the development of patient-reported measures which can be classified into two different categories: patient-reported outcomes (PROs), usually referring to health-related quality of life, and patient-reported experiences (PREs), referring to perception of the care that was received. Tools to measure PROs and PREs are labeled PROMs and PREMs. While there is a rapid expansion of the reporting of patient-reported outcomes in various medical areas, the use in organ transplantation is strikingly limited. This session focuses on the current status of PREMs and PROMs in organ transplantation: a premise or still a promise? In addition to measuring patient-reported outcomes after transplantation, it is relevant to know what patients actually expect from a transplantation. Importantly, for successful design and implementation of patient-reported outcomes in patient management and clinical research the participation of patients is an absolute prerequisite.

KEY LEARNINGS
- How to measure health-related quality of life in organ transplant recipients.
- Development and use of PROMS in patients with chronic kidney disease and kidney transplantation
- What do patients expect from a transplant?
- How to define a successful transplantation: the patient’s perspective
INSPIRE & DRIVE SESSIONS (ID)

INSPIRE & DRIVE 1 - HOW TO GET TO THE TOP
Created by: Constantino Fondevila, Barcelona, Spain; Vassilios Papalois, London, United Kingdom

OUTLINE | Navigate transplant professionals as to how they can direct their efforts to advance their professional development and reach positions of responsibility leadership and esteem to shape the future of the world of transplantation.

INSPIRE & DRIVE 2 - EVIDENCE BASED PRACTICE IS KILLING THE ART OF MEDICINE
Created by: Franz Immer, Zurich, Switzerland; Vassilios Papalois, London, United Kingdom

OUTLINE | The session aims to appraise to what extent evidence based practice is a driving force or a limitation for innovation and progress in the field of medicine and especially transplantation.

KEY LEARNINGS
- Is medicine an art or a science?
- What is evidence and how to utilise it in medical practice
- What is evidence and how to utilise it; lessons beyond medicine
- Triumphs and disasters in transplantation that WERE “evidence based”
- Triumphs and disasters in transplantation that WERE NOT “evidence based”
- Are we evidence freaks or a mavericks?

INSPIRE & DRIVE 3 - RELIGHT MY FIRE - “GET BACK OUT THERE AND TRY IT AGAIN.”
Created by: Ina Jochmans, Leuven, Belgium; Nicos Kessaris, London, United Kingdom

OUTLINE | What would you do if you had a history of depression, suicidal ideation or substance abuse? What would you do when ‘the light just goes out’ and you find yourself burned out? Learn first hand from a team of experts how mental health challenges can be recognised and overcome. Help us open the discussion on the importance of self-care and how we can break the stigma associated with mental health challenges such as burnout and depression in healthcare workers.

KEY LEARNINGS
- Importance of self care
- Essentials of self care
- Recognising mental illness and burnout in others and yourself
- Key components of burnout
- Developing resilience
- Encourage connection

INSPIRE & DRIVE 4 - ENGINEERING THE FUTURE
Created by: Erik Berglund, Stockholm, Sweden; Andreas Zuckermann, Vienna, Austria

OUTLINE | This session will highlight the most promising engineering progress in the field of artificial organs.
**TRACK 1 - IMMUNOLOGY: ABCs AND BEYOND**

**OUTLINE**
- Immunology in transplantation: basic concepts and beyond.

**KEY LEARNINGS**
- Overview: HLA and Immunology
- The high immunological risk recipient
- The T and B cells in your transplant practice

**TRACK 2 - TOLERANCE IS HERE TO STAY**

**OUTLINE**
- Tolerance induction and a life free from immunosuppression. Should not everyone be doing it already?

**KEY LEARNINGS**
- Regulatory cells and tolerance
- Tolerance in kidney transplantation
- Tolerance in liver transplantation

**TRACK 3 - XENOTRANSPLANTATION - SOON A REALITY?**

**OUTLINE**
- Xenotransplantation is one among various alternatives to human organ donation. Offering several advantages, but still among main barriers are the strong immunological responses that human develop against animal antigens and zoonoses.

**KEY LEARNINGS**
- Immunologic barriers?
- Infectious barrier?
- Regulatory barrier?

**TRACK 4 - MACHINE PERFUSION GOES PRIME TIME**

**OUTLINE**
- Clinical cutting edge education in organ perfusion: which organs, when, how, and why?

**KEY LEARNINGS**
- How cell death in regulated in transplantation
- The Organ Repair Center: Bringing Organ Preservation to the Next Level
- Approaches to prevent IRI experimentally and clinically

**TRACK 5 - ISCHEMIA REPERFUSION INJURY – STILL?**

**OUTLINE**
- New strategies to avoid the injury: is there still a place for them?

**KEY LEARNINGS**
- How cell death in regulated in transplantation
- The Organ Repair Center: Bringing Organ Preservation to the Next Level
- Approaches to prevent IRI experimentally and clinically

**TRACK 6 - REGENERATIVE TRANSPLANTATION**

**OUTLINE**
- What changed in the last 60 years, how far we can go? Will it replace transplantation?

**KEY LEARNINGS**
- How cell death in regulated in transplantation
- The Organ Repair Center: Bringing Organ Preservation to the Next Level
- Approaches to prevent IRI experimentally and clinically
MDT SESSIONS (MDT)

MDT 1 - IT’S ALL ABOUT SAFETY
Created by: Nicos Kessaris, London, United Kingdom
OUTLINE | High performance, risk and safety lessons in transplantation.

MDT 2 - THE UNTHINKABLE DONOR/RECIPIENT
Created by: Constantino Fondevila, Barcelona, Spain; Gavin Pettigrew, Cambridge, United Kingdom
OUTLINE | Challenging the boundaries and exploring the limits of our abilities and ambitions. Based on expert experience debates and challenging cases. End up in trials and disasters.
REFRESHER 1 - TRANSLATIONAL SCIENCE
Created by: Henri Leuvenink, Groningen, The Netherlands; Gavin Pettigrew, Cambridge, United Kingdom

OUTLINE | The wonders of basic research: the clinical needs translational research the fastest and most efficient way from one to another.

KEY LEARNINGS
- Clinical models on warm perfusion and organ manipulation
- Pre-clinical modelling of the allo immune response: is it relevant?
- Why bother about pre-clinical models?

REFRESHER 2 - LEARNING FROM NEIGHBOURING SPECIALITIES
Created by: Menna Clatworthy, Cambridge, United Kingdom; Luuk Hilbrands, Nijmegen, The Netherlands

OUTLINE | The pipeline of new immunosuppressive drugs is rather dry. Nevertheless in cancer / hematological malignancies and autoimmunity new drugs are introduced that may also find application in transplantation. A brand new field is immunometabolism.

KEY LEARNINGS
- Stealing from cancer
- Learning from autoimmunity
- Lessons from immunometabolism

REFRESHER 3 - BIG DATA
Created by: Soren Sorensen Schwartz, Copenhagen, Denmark; Thomas Resch, Innsbruck, Austria

OUTLINE | For health care professionals it is important to understand the possibilities and pitfalls in big data analysis in order to be able to direct this research area towards clinically relevant areas. In order to interact with professionals within big data analysis, i.e. within bioinformatics and related area of statistics, we need to have a more profound understanding of big data analysis than just looking at it as black box. We need to understand the various steps in big data analysis i.e data curation, data analysis modalities, data interpretation etc.

REFRESHER 4 - INFLAMMATION
Created by: Soren Sorensen Schwartz, Copenhagen, Denmark

OUTLINE | Inflammation, frailty and morbidity in relation to organ transplantation – how to evaluate and what is the connection. Inflammation and antibody mediated rejection – the missing link? HLA and inflammation – what is the connection and is there a clinical relevance. Anti-inflammatory and cardiovascular risk reduction - what are the treatment options.

KEY LEARNINGS
- Inflammation, frailty and morbidity in relation to organ transplantation. How to evaluate and what is the connection?
- Inflammation, frailty and morbidity in relation to organ transplantation. How to evaluate and what is the connection?
- Inflammation, frailty and morbidity in relation to organ transplantation. How to evaluate and what is the connection?
About ECTTA
Bringing back to life heart and lung failure patients: it is time to move away from transplantation? Will DCD donation and new frontiers for organ preservation and allocation improve survival and QOL of patients suffering heart and lung failure? Establish a role for mechanical support during end-stage heart and lung failure and the relationship with bioengineered organs, regenerative medicine and transplantation.
Improve the long term follow-up: the role of precision medicine in the management of thoracic transplantation.
GOALS A survey will involve the ECTTA members and affiliates in the setup of the program looking at a balanced match between open discussion and state of the art lectures.
AIM The meeting will deal with the recent impulse that Thoracic transplantation has received in Europe from DCD donation and from the new techniques of organ preservation aiming at preserve more vulnerable organs.
Describe the right use of mechanical replacement or support of thoracic organs (ECMO, VAD, artificial lungs) and thoracic transplantation in Europe aiming to enlarge the number of patients treated and their survival and QOL.
The faculty will also highlight the limitations in the improvement of exercise capacity of patients receiving thoracic transplantation and mechanical circulatory support and possible solutions to improve outcomes of destination therapy.

ENGINEERING THE HEALING OF HEART AND LUNG FAILURE’S PATIENTS.
Puzzling mechanical and biological solutions to improve outcomes of end-stage heart and lung failure.

- Heart and Lung Transplantation.
- The mechanical solution: ECMO, VAD, Bioengineered organs.
- Heal the patients with regenerative medicine.
- Improving the exercise capacity of patients suffering heart and lung failure.

OBJECTIVES Thoracic transplantation has received a big impulse from DCD donation and new techniques of organ preservation aiming at preserve more vulnerable organs. Europe is the place of innovation for these technologies and philosophies due to the epidemiology of organ donors in Europe.
Mechanical replacement or support of thoracic organs (ECMO, VAD, artificial lungs) is emerging both as an alternative and a complimentary solution to increase the number of patients receiving treatment and their survival.
LEARNING OBJECTIVES A well balanced mixture of state of the art lectures and open discussion will allow participants to deal with the new solutions aiming to treat heart and lung failure in the upcoming future.
TARGET AUDIENCE transplant professionals (cardiologists, pneumologists, surgeons, anaesthesiologists, VAD and transplant coordinators, expert in rehab medicine).
About EKITA
EKITA is the kidney section of ESOT and deals with all aspects of renal transplantation. As a European platform, EKITA supports research, education and clinical work in this area. Furthermore, EKITA is highly ambitious in preparing policies and creating transnational interactions to advance renal allografting in all European member states.

Goals The main goal of EKITA is to improve quality of life of people with ESRD by advancing all aspects of kidney transplantation.

Aims The ultimate aim of EKITA is the optimization of renal transplantation through activities in research, education, clinical collaboration and health policy.

INTERACTION OF B&T-CELL ALLOIMMUNITY

- Basic Research.
- Clinical part

OBJECTIVES To provide an overview on T & B-cell interaction.

TARGET AUDIENCE Transplant surgeons and physicians, nephrologist, immunologists at all stages of training and expertise.

About ELITA
The European Liver and Intestine Transplantation Association is a multi-disciplinary Society of health care professionals in liver and intestine transplantation which is the official professional society delegated by ESOT for liver and intestine transplantation in Europe.

GOALS To provide a range of educational activities, stimulate discussion and influence European legislation in liver and intestine transplantation. To stimulate clinical research and publications from analysis of the registry, in partnership with the European Liver Transplant Registry.

AIM Our aim is to set guidelines and standards and to provide education and support in liver and intestine transplantation within the European Countries and beyond.

UPDATE ON MACHINE PERFUSION AND IMMUNOSUPPRESSION IN LIVER TRANSPLANTATION – THE BEST FROM BOTH WORLDS

- Machine contest.
- Cold vs Warm.
- Hypothermic machine perfusion vs Normothermic machine perfusion.
- Regional perfusion vs Ex-situ perfusion in DCD.

OBJECTIVES To provide the liver transplant professionals with up to date information on machine perfusion and immunosuppression in liver transplantation.

LEARNING OBJECTIVES To learn about the current state of different types machine preservation in liver transplantation and normothermic regional perfusion in donors after circulatory death as well in the current trends and innovations in immunosuppression after liver transplantation.

TARGET AUDIENCE Liver transplant surgeons and hepatologists, HPB surgeons and general hepatologists, specialist nurses in liver transplantation, HPB, hepatology and oncology.
**About EPITA**

The European pancreas and Islet Transplantation Association is a section of ESOT founded to provide a Forum for the pancreas and islet transplantation community in Europe.

**GOALS** To facilitate the exchange of information of the field of pancreas and islet transplantation.

**AIM** The aim of EPITA is to contribute to the development of the pancreas and islet transplantation field and of alternate forms of beta-cell replacement therapy for the benefit of patients suffering from type 1 diabetes.

**EXPANSION AND OUTCOME ASSESSMENT OF PANCREAS AND ISLET TRANSPLANTATION**

- Marginal donors
- Monitoring rejection and outcome assessment.

**OBJECTIVES** To address current issues in expanding the donor pool using pancreas from marginal donors in both pancreas and islet transplantation. And how to monitor rejection and assess the ultimate clinical outcome using recently developed criteria.

**LEARNING OBJECTIVES** The participant will know what donor characteristics to focus on in the decision to use marginal donors for pancreas or islet transplantation, how to monitor islet and pancreas graft rejection and to implement the diagnostic tools to be able to assess the success of pancreas and islet transplantation.

**Target audience:** Surgeons, nephrologists, diabetologists, transplant coordinators interested in pancreas and islet transplantation.

**TARGET AUDIENCE** Transplant surgeons and physicians, transplant coordinator, nurses and medical student with an interest in transplantation of pancreas and islets.
About EDTCO
EDTCO is a section within ESOT dedicated to donation and procurement activities.

**GOALS**
Increase organ and tissue availability. Ensure the quality and safety of organs and tissues for transplantation. Optimise the safety of living donors and care for deceased donors and their relatives. Optimise potential recipient care and follow-up through effective clinical coordination.

**AIM**
To establish clinically effective programmes in organ and tissue donation, procurement and transplantation by supporting and representing all healthcare professionals involved in the process.

**THE MATRIX: TRANSPLANT COORDINATION AS THE INVISIBLE LINK BETWEEN DONOR AND RECIPIENTS**
- Innovative ways to identify donors: How to identify them and don’t be lost in the intention.
- High Risk Donors: who is taking the risk?
- Donor Management: A continuous process from the hospital admission, not only after death declaration.
- Biovigilance the right balance between donor and recipient: how to implement it and define sharing responsibilities.
- European and Global initiatives for organ sharing: Paired living donation, hyperimmunized recipients, recipients in urgency for organ transplantation.

**TARGET AUDIENCE** Healthcare professionals involved in intensive care and emergency medicine, end of life care, organ and tissue donation and coordination. Patient, family and society representatives, EU commissioners.

About ECTORS
The ECTORS SUS will follow up from the ECTORS meeting on 14th Sept with a keynote lecture and abstract presentations, before teaming up with the VCA section for 3 presentations on VCA and regenerative medicine.

**GOALS**
To facility the integration of regenerative medicine in clinical organ transplantation.

**AIM**
Provide a forum for discussing and stimulating novel developments in the fields of cellular therapies in organ transplantation, organ reconditioning/regeneration and generation of new organs from stem cells and biomaterials.

**THE MATRIX: TRANSPLANT COORDINATION AS THE INVISIBLE LINK BETWEEN DONOR AND RECIPIENTS**
- Get informed about the latest developments in regenerative medicine in organ transplantation
- Establish new contacts in the field
- Form a foundation for ECTORS to build on in the future.

**LEARNING OBJECTIVES** Participants will be updated on the state of the art in regenerative medicine in the field of organ transplantation.

**TARGET AUDIENCE** Basic scientists, clinicians, corporations interested in stem cell therapy, organ reconditioning and organ regeneration.
About ELPAT
ELPAT is a section of ESOT dedicated to the ethical, legal and psychosocial aspects of organ donation and transplantation.

GOALS ELPAT goals include organizing symposia and conferences, as well as initiating and participating in research, and disseminating knowledge through publications and events.

AIM ELPAT aims to stimulate collaboration, innovation and knowledge exchange on ethical, legal and psychosocial aspects of transplantation. We bring continuity and structure to the dialogue on these issues and to contribute to development of clinical practice, research and policy.

ADDRESSING ETHICAL, LEGAL AND PSYCHOSOCIAL CHALLENGES IN DECEASED AND LIVING DONATION ACROSS EUROPE
- Variation in organ donation practices across Europe.
- Organ donation following assisted suicide and euthanasia or death by donation: where do we draw the line?
- Opinion polls, public perception and practice: How do the public view opt-in versus opt-out?
- Increasing opportunities for pre-emptive transplantation.
- Should organ sales be decriminalized?

OBJECTIVES A course objective describes what a faculty member will cover in a course. They are generally less broad that goals and more broad than student learning outcomes.

Faculty members will make an analysis of the ethical and legal, and where appropriate the psychological, social, clinical and societal challenges of their given topic. Speakers will discuss best clinical practice and/or recommendations for advancements in the field.

LEARNING OBJECTIVES A description of what a participant will achieve at the conclusion of the programme. When writing outcomes, it is helpful to use verbs that are measurable or that describe an observable action. The best learning objectives will include a description of the conditions (“when given x, you will be able to…”) and the acceptable performance level. After following these lectures participants will have greater knowledge and understanding of current ethical, legal and psychosocial challenges in deceased and living donation.

TARGET AUDIENCE Physicians, nurses, ethicists, lawyers, psychologists, coordinators.

About BSC
The Basic Science Committee promotes Basic science in transplantation in Europe.

GOALS Translation of innovation into clinical activity; Communication between basic scientists and clinicians; Collaboration between laboratories in Europe.

- Epigenetics in Transplantation
- Microbiome
- Gender difference in rats

TARGET AUDIENCE Basic Scientists, Transplant immunologists, Regenerative Medicine researchers, Transplant physicians.
About VCA
Vascularized Composite Allotransplantation (VCA) has opened a new chapter in the field of transplantation, reconstructive, and restorative surgery. This committee brings together 8 representatives of major European teams at the forefront in this field.

GOALS Our goal is to raise the scientific and clinical development of vascularized Composite Allotransplantation (VCA) in Europe and to serve as a platform for scientists and clinicians for information and exchange.

AIM This SUS aims to provide an update on clinical outcomes and latest developments in the field of VCA including upper extremity, face, and uterus transplantation. In addition, we will provide an outlook on how latest developments in the area of organ preservation and regenerative medicine might shape the future of this innovative field.

OUTCOMES IN VCA - THE GOOD, THE BAD, AND THE UGLY
VCA QUO VADIS?
- Upper extremity transplantation
- Face transplantation.
- Uterus transplantation
- Immunomodulatory protocols.
- Advances in organ preservation and machine perfusion: potential impact on VCA.
- Thinking outside the box: Combining VCA and regenerative medicine?
- PCell-based immunoregulation and tolerance induction: are we getting any closer?

OBJECTIVES
- Discuss the clinical outcomes for various different types of VCA with a particular emphasis on complications and lessons learned
- Review the currently used immunosuppressive strategies for VCA including new protocols of cell-based immune modulation
- Highlight how cutting-edge technologies in the areas of organ preservation and machine perfusion, tissue engineering and regenerative medicine, as well as stem cell therapies can help advance the field of VCA in the future.

LEARNING OBJECTIVES At the end of this SUS the participants will have learned about outcomes (functional, immunological, psychosocial), as well as complications and potential pitfalls in the world experience with VCA including upper extremity, face, and uterus transplantation. The participants will learn to assess the pros and cons of different immunomodulatory approaches in VCA and get a perspective on the future of the field.

TARGET AUDIENCE Surgeons, physicians, researchers, transplant coordinators.
About YPT

The Young Professionals in Transplantation (YPT) is the Network for Junior Transplant professionals of ESOT. It has been created to represent all young transplant clinicians and scientists who are beginning a career in transplantation and organ donation. YPT provides a forum for the junior professionals throughout Europe, working in the field of transplantation to discuss their needs and support their improvement. By creating a network based on a “younger perspective” we want to address our issues and facilitate the collaboration and friendship across international borders. We provide a platform for information, communication and exchange between young transplant professionals who want to enhance their knowledge in transplantation and provide the opportunity to be actively involved in international clinical and scientific exchange programs.

GOALS

The group was designed to establish and maintain a network of young ESOT members under the age of 40 years, who want to become clinical and/or scientific experts in the field of transplantation. YPT is actively involved in the ESOT Biennial Meeting, organizing innovative sessions dedicated to junior professionals and arranging networking events to contact all young professionals and share their ideas.

AIMS

YPT wants to help young transplant professionals to enter the community of ESOT and therefore represents ESOT as a clinical, scientific and especially educational entity, which can help young professionals in their individual career development. We collaborate closely with the Educational Committee in order to endorse high scientific and clinical standards for every YPT member. Together we promote educational programs and are actively involved in the organization of cutting-edge scientific sessions, career development meetings and networking events on ESOT-associated congresses all over Europe through international collaboration with the national transplant societies.

EMPOWERING TRAINEES AND JUNIOR FACULTY TO SHAPE THE FUTURE OF TRANSPLANTATION

- Innovation, technology and entrepreneurship.
- Improve clinical and research knowledge and skills of YPTs.
- International multicenter research projects led by YPTs.
- Clinical and research fellowships.
About ETAHP
ETAHP reaches out to nurses (e.g. clinical nurses, advanced practice nurses and nurse coordinators (recipient care), psychologists, physical therapists, occupational therapists, social workers, dieticians, pharmacists and other disciplines working in the field of transplantation.

GOALS Within ETAHP, nurses and allied healthcare professionals throughout Europe will be united to ensure the best care possible to all transplant patients, with the aim to optimize patient outcomes.

AIMS We will do so by creating a strong European interdisciplinary platform to: share evidence based knowledge; exchange experiences and provide training; facilitate research and clinical collaborations; set the standards for the quality of care in transplant nursing and for allied health professionals.

FASTEN YOUR SEATBELTS- HOW TO JOIN THE RIDE OF EVIDENCE BASED PRACTICE
The art of overcoming barriers for EBP

- How to make a safe trip-identify the reasons why knowledge do not get used in practice.
- The leader in charge- how to build a framework for leadership behaviours supportive of EBP.
- Identify and overcome your own barriers.
- Learning from our mistakes - safe medication practice.

OBJECTIVES When attending this SUS the participant will learn about barriers for EBP and the importance of leadership for implementation of EBP. Also tools will be provided regarding how to practice EBP and overcome one's own barriers.

LEARNING OBJECTIVES After the SUS the participant will be able to:
- identify and overcome barriers for implementation of knowledge into transplant practice and
- to recognize and develop leadership behaviours that support EBP
- manage risk associated with medicine use, reduce errors and incident reporting (open and honest culture/organisations with memory etc)

TARGET AUDIENCE Nurses and Allied Healthcare Professionals in Transplantation.
### ESOT 2019 Congress Registration Fees

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<th>Type of registration</th>
<th>Early registration</th>
<th>Regular registration</th>
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<td></td>
<td>Until 10 June</td>
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<td>ESOT Member</td>
<td>€ 570</td>
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Fees are VAT exempt.

* **Easy ESOT includes**: The lowest registration fee for the ESOT Congress (i.e. the reduced fee for ESOT members) • Your ESOT membership fee for the current year (including full benefits).

** **Reduced fee (only eligible for ESOT members)**: Trainees, nurses, transplant coordinators, allied health professional/participants from low/middle income countries (According to World Bank List: http://data.worldbank.org/country) • Local hospital staff members OR Members of the Danish Transplant Society.

**Delegate registration fee includes**: • Admission to the all scientific sessions • Admission to all Specialty Update Symposia • Access to the exhibition • Access to delegate lounges • Participant’s kit with congress material • Admission to poster opening & networking reception • Refreshment breaks
ESOT gratefully acknowledges the support of our Corporate Partners, Congress Supporters and Exhibitors.

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ESOT EDUCATION CIRCLE

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ESOT2019 SUPPORTERS

ESOT2019 EXHIBITORS

Astellas ▪ Atara Biotherapeutics ▪ Biotest ▪ Bridge to Life ▪ Chiesi ▪ CSL Behring ▪ DAFOH (Doctors Against Forced Organ Harvesting) ▪ Dr. Franz Köhler Chemie ▪ Ebers ▪ Fresenius Medical Care ▪ Hansa ▪ Immudex ▪ Institut Georges Lopez ▪ Mallinckrodt Pharmaceuticals ▪ Neovii ▪ Novartis ▪ OneLambda ▪ Organ Recovery Systems ▪ TPM ▪ TTS ▪ Wisepress
**SUBMIT AN ABSTRACT**

**Contribute to success**
Submitting your work and research actively contribute to the success of the meeting. The organizers encourage clinicians and scientists, along the line with the congress theme, to share their latest data with their peers.

There will be a separate submission process for clinical management abstracts, in which a clinical case may be identified. Successful review would give you the chance to present your clinical problem to a panel of experts.

**Electronic Abstract Submission**
On line system is up and running since December, 1, 2018 and your abstract must be submitted on or before the extended deadline of March 10, 2019. Guidelines for abstract preparation and submission are fully described in the Congress website at esotcongress.org, where you will be guided through the on-line submission process.

**3 LEVELS OF ABSTRACT CATEGORIES**

- **Level 1**
  - Basic
  - Clinical
  - Translational

- **Level 2**
  - Kidney
  - Liver
  - Heart
  - Lung
  - Pancreas/islets
  - Composite Tissue
  - Cell
  - Artificial Organ
  - Xenograft
  - Ethics, Law, Psychosocial
  - Organ regeneration
  - Cell therapy

- **Level 3**
  - Donation and donor types
  - Allocation
  - Histocompatibility
  - Immunology
  - Ischemia-reperfusion and preservation
  - Surgical technique
  - Rejection
  - Immunosuppressive agents
  - Histology
  - Infection
  - Cancer
  - Metabolic complications
  - Cardiovascular complications
  - Biomarkers and molecular changes
  - Organ reconditioning
  - Tissue engineering
  - Cellular immunotherapy
  - Cellular regenerative therapy

**2 TYPES OF ABSTRACT SUBMISSION**

**ABSTRACT**

**VIDEO**

ESOT ViP is anything but that. It’s your presentation done & dusted, ready to be selected for the prestigious ESOT2019 ViP Sessions. We are delighted to provide you with this smart submission format. Please read carefully our step-by-step recipe in order to upload your video presentation. All submitted eligible videos will be made available to the Selecting Committee. The committee will assign those videos to the ViP Sessions taking place on Monday, September 16 and Tuesday, September 17, 2019 from 13:00 to 14:00.
6 TYPES OF ABSTRACT PRESENTATION

FULL ORAL PRESENTATION

FOCUS GROUPS
- Highly scored abstracts to be allocated for top level moderated group discussion
- SWOT analysis of the submitted work

BRIEF ORAL PRESENTATION

MODERATED E-POSTER

ELEVATOR PITCH

VIDEO PRESENTATION
ESOT Young Investigator Award

Awards will be assigned to 10 young clinicians or scientists (under 35 years of age), who have submitted the ten best abstracts to the ESOT 2019 Copenhagen Congress. The award will be given to the first author/presenter on the basis of the quality of the contribution to donation or transplantation and the best abstract score.

Awards amount to € 1,500 each.

ESOT Leonardo Da Vinci Transplant Research Innovation Award

Supported by Biotest

Ten outstanding contributions are selected from all submitted abstracts by the Scientific Program Committee, based on the overall referees’ score. The award will be presented during the ‘Transplant Research Challenge’ session on Monday, September 16 from 11:10 to 12:40. During this session, the audience together with a jury of top journal editors selects the winner and two runners-up.

Awards amount to € 10,000 for the winner and 2 awards of € 2,500 for the runners-up.

StrongerTogether Award

The award will be assigned to the Transplant Centre submitting between 5 and 10 abstracts. The Award is assigned by the Scientific Program Committee of the ESOT2019 Congress and notified by email at the same time of the Abstract notification. Awards recognition will be honoured during the presentation Session.

Award amounts to € 2,500.

StrongerTogether PRO Award

The award will be assigned to the Transplant Centre submitting between 5 and 10 abstracts with the best score among all abstract submitted from single centres. The Award is assigned by the Scientific Program Committee of the ESOT2019 Congress and notified by email at the same time of the Abstract notification. Awards recognition will be honoured during the presentation Session.

Award amounts to € 5,000.
hoTEL ACCOMMODATION

CAP Partner has been appointed as the Official Housing Bureau of ESOT 2019 Congress and is offering you the opportunity to book accommodation in a selection of Copenhagen’s best hotels at preferential negotiated rates for the attendees.

A wide range of hotel categories will be available in the area of the Bella Centre, the congress venue and the city centre. Some in walking distance and others well connected by public transport. Hotel reservations will be made available at a later stage at: www.esotcongress.org
ESOT
in collaboration with
SCHOOL OF MEDICINE, STANFORD UNIVERSITY

TURNING RESEARCH INTO AN AGENT OF CHANGE

This satellite meeting will take place at Stanford, University California. Delegates in Copenhagen and others do not need to travel to Stanford. The session will be live broadcasted from the ESOT Transplant Live Show.

TUESDAY, SEPTEMBER 17, 2019
18:30 – 20:00
local time in Copenhagen
09:30 – 11:00
local time in Stanford

From ideas to startup to clinical products to patients: a roadmap. Common milestones from birth to growth and success.