Purification Therapies Journey

SEPTEMBER 18TH, 2023 * 13:30-14:30
MC2

ORGAN PERFUSION:
THE BEGINNING OF THE END OR
THE END OF THE BEGINNING?

CHAIRS:
X. MULLER (LYON, FRANCE) – M. BOFFINI (TURIN, ITALY)

THE TEMPERATURE: BEYOND THE DUALISM
HYPOTHERMIA VS NORMOTHERMIA
R. J. PORTE (ROTTERDAM, NETHERLANDS)

ORGAN TREATMENT STRATEGIES IN EX-SITU PERFUSION:
THE ROLE OF INFLAMMATORY MEDIATORS IN

• THE LUNGS – S. LINDSTEDT (LUND, SWEDEN)
• THE KIDNEYS AND THE LIVERS – M. FIORENTINO / L. GESUALDO (BARI, ITALY)

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Risk Assessment of Allograft Rejection by Measuring dd-cfDNA

An innovative NGS-based solution that enables dd-cfDNA blood testing as a CE-IVD kit for laboratory implementation or send out service

NGS Based CE-IVD Kit

+ Targets 202 bi-allelic SNPs across 22 autosomes
+ Escalate testing up to 24 samples/run
+ From cfDNA sample to sequencing < 1.5 hrs hand-on time
+ Validated on Illumina MiniSeq and MiSeq
+ No prior genotyping required
+ Multiplexed amplification of targets & sample indexing/barcoding into one single reaction
+ Low cfDNA input of 10ng
+ Ability to monitor more than one donor cfDNA contributor*

Send Out Service

+ Get your results through our high-quality send out service with short turn around time

Collect blood samples in your lab ➔ Send to CareDx ➔ Easy to interpret reports delivered to you

Easy sample collection process  I  Technical expertise  I  Full logistics support
No lab setup or NGS equipment required  I  Cost and resource effective

AlloSeq cfDNA is CE/IVD in the EU and in the UK and Research Use Only for the rest of the world. For local regulatory status, please contact CareDx. AlloSeq Service is Research Use Only. Research Use Only products are not to be used for diagnostic procedures. AlloSeq is a trademark or registered trademark of CareDx Inc. or its subsidiaries in the US or other countries. AlloSeq is a registered trademark with the US Patent and Trademark Office. © 2023 CareDx, Inc. All service marks or trademarks are owned or licensed by CareDx, Inc. or its affiliates. All rights reserved.

* Would require recipient genotyping
Dear colleagues,

We are delighted to welcome you to the ESOT Congress 2023 in Athens. Widely regarded as the birthplace of modern European civilisation, Athens holds a unique place in our cultural, philosophical and political heritage. As such, there is no better place to convene for the ESOT Congress to discuss and share disruptive innovation and how it can shape the delivery of trusted care for people requiring transplants.

After a most challenging time in global health care, it is time to rebuild, reshape and modernise the delivery of transplant care and in true Athenian spirit, ensure wider participation and shared decision-making. This Congress will capture this ethos and bring together more than ever before clinicians, scientists, engineers, patients, ethicists and thinkers, policymakers and industry. Whatever your area of interest is in transplantation and organ replacement, this event will provide you with a learning and networking opportunity.

Once again, we will make Athens the global centre for education, scientific innovation, ethical debates and learning, where we can exchange ideas for pushing the limits, improving access to the latest technological developments and delivering better care under the overarching theme of “Disruptive Innovation, Trusted Care”.

True to ESOT values, the focus will be on innovation, but with a twist! We aim to explore the latest technological developments that can increase access to transplantation and organ replacement to enable better and more timely delivery of transplant care. We will ask ourselves how best to establish a culture of innovation. We will consider innovative digital technologies to reshape care delivery, build a modern, efficient, responsive transplant service, and promote safe and personalised transplant care. The pace of development in precision medicine, regeneration and repair warrants in-depth discussions of how far we have come in understanding mechanisms of organ injury and repair, the new therapies and how best to integrate them in future portfolios of treatment options.

We aim to integrate these innovations in holistic and patient-centred care while exploring how to enhance communication, create an open and trusting environment, reduce unwarranted variation in healthcare and empower people who need transplants and their families to take an active and equal role in decision-making.

As you would expect from an ESOT Congress, we will feature high-level plenary overviews, keynote addresses and a wide range of formats using the latest technologies for presentations to reach a global audience and engage connectivity and participation.
JOIN US

Biomarkers for Transplant Surveillance: From Rejection to Therapeutic Guidance – Present and Future Direction
Monday, Sept 18, 13:30 PM to 14:45 PM EEST

Biomarkers are at the cutting edge of post-transplant care. They can be used to detect rejection, immune quiescence, and genotypic CMV antiviral resistance. Join Eurofins Transplant Diagnostics for lunch and a panel discussion on Biomarker use and indications in both the US and the EU, and how the results can be interpreted. Challenging case studies with CMV, as well as post-transplant rejection, will be reviewed by top clinicians from Spain, Switzerland, and the US.

Dr. John Friedewald
Professor of Medicine & Surgery at Northwestern University

Dr. Oriol Bestard
Head Of Department of Nephrology and Kidney Transplantation at Hospital Universitari Vall d’Hebron

Dr. Pedro Ventura-Aguilar
Transplant Nephrologist at Hospital Clinic de Barcelona

Dr. Hans Hirsch
Head of Clinical Virology University Hospital of Basel

Dr. Steve Kleiboeker
Chief Scientific Officer at Eurofins Clinical Diagnostics

Dr. Oriol Bestard
Head Of Department of Nephrology and Kidney Transplantation at Hospital Universitari Vall d’Hebron

Dr. Pedro Ventura-Aguilar
Transplant Nephrologist at Hospital Clinic de Barcelona

Dr. Hans Hirsch
Head of Clinical Virology University Hospital of Basel

Dr. Steve Kleiboeker
Chief Scientific Officer at Eurofins Clinical Diagnostics
Organising committee

Congress Chairs
Gabriel Oniscu Sweden
John Boletis Greece

Honorary Chairs
Pisana Ferrari Italy
Vassilios Papalois United Kingdom

Scientific Programme Committee
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Frederike Ambagtsheer The Netherlands
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Chloe Balleste Spain
Ekaterine Berishvili Georgia
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Raj Thuraisingham United Kingdom
Robin Vos Belgium
Annemarie Weissenbacher Austria
Michelle Willicombe United Kingdom

Social Media Ambassador Lead
Frank Dor United Kingdom
Lynda may never get a compatible kidney offer

Now you could change this

With Idefirix® (imlifidase) you can help transform the lives of your highly sensitised adult patients by enabling HLA-incompatible kidney transplantation.1,3

Idefirix® (imlifidase) is indicated for desensitisation treatment of highly sensitised adult kidney transplant patients with positive crossmatch against an available deceased donor. The use of Idefirix should be reserved for patients unlikely to be transplanted under the available kidney allocation system including prioritisation programmes for highly sensitised patients. Dosage and administration: The dose is based on patient body weight (kg). The recommended dose is 0.25 mg/kg administered as a single dose preferably within 24 hours before transplantation. Idefirix is for intravenous use only following reconstitution and dilution. The entire, fully diluted infusion should be administered over a period of 15 minutes.

Contraindications: Hypersensitivity to the active substance or to any of the excipients; Ongoing serious infection; Thrombotic thrombocytopenic purpura (TTP). Patients with this blood disorder may be at risk of developing serum sickness. Warnings and precautions: Infusion-related reactions have been reported with imlifidase administration. If any serious allergic or anaphylactic reaction occurs, imlifidase therapy should be discontinued immediately and appropriate therapy initiated.

Infusion-related reactions have been reported

Idefirix is a cysteine protease that specifically cleaves IgG. As a consequence, IgG-based medicinal products may be inactivated if given in connection with imlifidase. Intravenous immunoglobulin (IVIg) may contain neutralising antibodies against imlifidase, which may inactivate imlifidase if IVIg is given before imlifidase. The half-life of IgG (3–4 weeks) should be considered before administering imlifidase to patients treated with IgG. Antibodies-Free; HLA-Incompatible, Human Leukocyte Antigen-Incompatible.

Adverse reactions:

The most common serious adverse reactions were pneumonia and sepsis. The most common adverse reactions were infections (including pneumonia, urinary tract infection and sepsis), influenza, upper respiratory tract infections, headache, dyspepsia, and diarrhea. This is not a complete list of adverse reactions. Prescribers should consult the Summary of Product Characteristics for the full list of adverse reactions. Further information: For more detailed information, please refer to the full prescribing information or contact Hansa Biopharma AB.

Authorisation Holder: Hansa Biopharma AB, P.O. Box 785, 220 07 Lund, Sweden. Date of preparation: July 2022

Idefirix® Abbreviated Prescribing Information (CORE)

With Idefirix®, you can help transform the lives of your highly sensitised adult patients by enabling HLA-incompatible kidney transplantation.1,3

Authorisation Holder: Hansa Biopharma AB, P.O. Box 785, 220 07 Lund, Sweden. Date of preparation: July 2022

This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 of the full prescribing information on how to report adverse reactions. Please also report adverse reactions to Hansa Biopharma AB on safety@hansabiopharma.com

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GL-IDE-2200021

Date of preparation: March 2023.
ESOT Congress awards 2023

As part of ESOT’s commitment to advancing education and research in transplantation, the following awards recognise the best contributions from abstract presenters. All award recipients are required to be ESOT members in good standing for 2023.

ESOT Legacy Award

This award is the highest accolade of our society and celebrates individuals who have demonstrated outstanding achievements in organ, tissue and cell donation and transplantation. The remarkable contributions of Maria Rosa Costanzo and Michael Nicholson have transformed countless lives and will have a long-lasting impact on the field. We are immensely proud to have them as part of the ESOT Community.

About the award

The ESOT Legacy Award is the highest accolade of our society and celebrates individuals and organisations for their truly outstanding and sustainable achievements in the field of organ, tissue and cell donation and transplantation. This esteemed award recognises long-term contributions across various domains, including research, clinical advancements, training, education and organisation and governance. The award winners are chosen following a rigorous process involving members of the ESOT Council, the ESOT Executive and multiple representatives of patient associations.

ESOT Leonardo Da Vinci Transplant Research Innovation Award

Eight (four for clinical and four for basic science) outstanding contributions from all submitted abstracts are shortlisted by the Scientific Programme Committee, based on the overall referees’ scores as well as additional reviews provided by independent Panel of Reviewers.

During one of the plenary sessions, the audience, together with a jury of top experts in transplantation,
will select two winners – one for clinical and one for basic science research. Both winners will be awarded EUR 10,000 and their contributions will be celebrated during the closing plenary of the congress. They will also receive an invitation to submit their work to Transplant International. Only original abstracts are eligible for this award.

**Ceremony Details**
Date: 20 September  
Session: Closing  
Time: 11:45 – 13:45  
Location: Room Lambrakis

*The award is kindly supported by CareDx*

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**ESOT StrongerTogether PRO Award**

**Awardees**
Paris Institute for Transplantation & Organ Regeneration group  
Cambridge group

*The award is kindly supported by Immucor*

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**Marius Renard Paediatric Transplant Award**

**Abstract Title**
Molecular HLA mismatching for prediction of primary humoral alloimmunity and graft function deterioration in paediatric kidney transplantation.

**Awardee**
Jon Jin Kim, United Kingdom

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**ETAHP Transplant Care Management Award**

**Project Title**
Development Of (P)rehabilitation Videos For Healthcare Professionals To Optimise The Management Of Heart Transplant Candidates And Recipients, And LVAD Patients.

**Awardee**
Robert van der Stoep, The Netherlands
### Digital Transformation in Transplantation Best Abstract Award

**Abstract Title**
Development, application, and validation of a histological classification automation system for kidney allograft precision diagnostics

**Awardee**
Valentin Goutaudier, France

*The award is kindly supported by Onassis Foundation*

### Young Greek Investigator Best Abstract Award

**Abstract Title**
Home and ambulatory blood pressure in kidney transplant recipients with and without telemedicine monitoring.

**Awardee**
Eleftheriadis Georgios, Germany/Greece

### ECP Immunomodulation Award in Solid Organ Transplantation

**Project Title**
Deciphering the Mechanism Underlying ECP-induced Immunomodulation In Kidney Transplantation

**Awardee**
Jordi Rovira, Spain

*The award is kindly supported by Mallinckrodt*

### ESOT Congress Bursaries

A restricted number of travel bursaries have been granted for the ESOT Congress 2023 in Athens, upon application, to first author, who submited abstracts considered deserving of recognition.

*These bursaries are kindly supported by CareDx*
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Scientific information

EACCME® accreditation granted to the ESOT Congress 2023
ESOT Congress 2023 has been awarded 32 European CME credits (ECMEC®s) by the European Accreditation Council for Continuing Medical Education (EACCME®). This accreditation reflects the exceptional educational value and rigorous scientific content the ESOT Congress 2023 promises to deliver. Attendees can anticipate an enriching experience, complete with comprehensive discussions, insightful presentations, and cutting-edge advancements within the field of medical education. We’re excited to see how the congress will contribute to the continued evolution of medical practice in the field of transplantation and we look forward to welcoming you to the congress in Athens or online.

Congress domains

DIGITAL TRANSFORMATION
Will digital revolution redefine the delivery of care in a post-pandemic era? We are yet to understand the potential benefits for patients and healthcare providers. What are the ethical challenges in digitizing healthcare? How can we avoid creating new barriers in access to transplant? Is telemedicine a viable clinical and financial option? Are patients comfortable sharing real-time data and analytics? Have we reached the inflection point?

INNOVATION AND TECHNOLOGY
Machine perfusion, biotechnology, bioengineering, artificial intelligence, robotics, AR and VR are developing rapidly. What value will they add to transplantation? What will transplantation look in ten years? Will these innovation offer an improved patient journey? How do we ensure the patient is included in technology innovation to ensure a more personal approach? Education and connectivity are two key issues for the future of innovation in transplantation.
REALISTIC CARE
Advancements in diagnostics, laboratory science and big data have been exponential, making the application of precision transplantation a realistic prospect. Could this help the delivery of realistic care? We will explore whether the promises of big data and biomarkers have been delivered and how these advances may shape the delivery of day-to-day clinical care. What will this mean for patients? Could this enhance the health and quality-of-life of transplant patients? Will this help to tackle unwarranted variation in transplant care and improve self-management?

REGENERATION AND REPAIR
Perfusion technology and cell therapy advancements open the door to new opportunities for intervention to maximise the utilisation of donated human organs. In parallel, recent advances in xeno-transplantation, genetic interventions and artificial humanised organs may further bridge the gap. What do the next ten years hold? How do patients and the public feel about these options?

SHARED DECISION, SHARED CARE
The delivery of healthcare is rapidly shifting towards a value-based system, driven by patients. We will focus on how healthcare professionals can create an open and trusting environment, enabling better communication and a meaningful dialogue with patients. This will lay the foundation necessary to explore the ways in which patients can be empowered to actively participate in the decision-making processes concerning their own personal care.
Building overview
NEW
FIND THE
RIGHT
FIT.
FAST.

51% of patients respond to treatment with 84% of survival rate at 1 year for responders with EBVALLO, the first and only on-demand T-cell immunotherapy approved for the treatment of relapsed or refractory EBV+ PTLD in Europe.1,2

EBVALLO® is indicated as monotherapy for the treatment of adult and paediatric patients 2 years of age and older with relapsed or refractory EBV+ PTLD who have received at least one prior therapy. For SOT patients, prior therapy includes chemotherapy unless chemotherapy is considered inappropriate3

To learn more about EBV+ PTLD post solid organ transplant and EBVALLO please visit our Pierre Fabre booth.


▼ This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.
Scientific programme

SATURDAY, 16 September
09:00 - 17:00  ESOT Science Day, Room MC2
09:20 - 18:00  ESOT Education Course Immunosuppression: A critical step in the transplantation journey, Room MC3

SUNDAY, 17 September
09:00 - 12:30  Specialty Update Symposia
ELITA (Room Banquet Hall)
EPITA (Room MC 2)
ECTTA (Room MC 3)
ELPAT, ETAHP, EDTCO in conjunction with ETPO (Room Skalkotas)
EKITA (Room Trianti)

12:30 - 14:00  ESOT General Assembly, Mitropoulos Room
14:00 – 15:30  Parallel Sessions
SOLUTION ROOM
What if we make regenerative medicine available for everyone, Room Mitropoulos
FISHBOWL
How far can we really push the envelope in organ donation, Conference Suite 1
STORYTELLING
Future Leaders on Stage, Room MC 3.2
FOCUS GROUP
Do we need incompatible kidney transplant, Room MC 3.4
FULL ORAL
Kidney medical complications, Room Trianti
FULL ORAL
Biomarkers in Liver transplantation, Banquet Hall
FULL ORAL
Translational immunology of rejection, Room Skalkotas
FULL ORAL
Molecular monitoring of lung allograft rejection, Room MC 3
BRIEF ORAL
Safety and quality at the core of donation and transplantation, Room MC 2
BRIEF ORAL
Progress and challenges in Pancreas and Islet transplantation, Library
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<tr>
<td>16:00 - 17:30</td>
<td><strong>Opening Plenary “Transplantation at crossroads”</strong> Room Lambrakis</td>
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<td>17:30 - 18:30</td>
<td><strong>ESOT – ISOT joint session: Expanding living donor pool in kidney transplant</strong>, Room MC 2</td>
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<tr>
<td>17:30 - 18:30</td>
<td><strong>Industry Symposia</strong></td>
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<td>17:45 - 18:45</td>
<td><strong>ELITA Assembly, Library</strong></td>
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**MONDAY, 18 September**

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<td>08:00 - 09:30</td>
<td><strong>FULL ORAL</strong> Kidney allocation to improve outcomes, Room Lambrakis</td>
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<td><strong>FULL ORAL</strong> AI &amp; Digital Health: from donation to the outcome, Room Trianti</td>
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<td><strong>FISHBOWL</strong> AI &amp; I, Banquet Hall</td>
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<td><strong>SOLUTION ROOM</strong> Let’s talk about living donation: there’s an app for that, Room Mitropoulos</td>
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<td><strong>BRIEF ORAL</strong> Transplant Plus: Regenerative therapies and Xenotransplantation, Room Skalkotas</td>
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<td><strong>FULL ORAL</strong> Organ donation: clinical perspectives, Room MC 2</td>
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<td><strong>DARE TO ASK</strong> ESOT and IPTA joint session: Solutions to challenges in paediatric transplantation, Conference Suite 1</td>
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<td><strong>FOCUS GROUP</strong> Living donation revolutions, Room MC 3.2</td>
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<td><strong>FOCUS GROUP</strong> Kidney machine perfusion and ischemia reperfusion injury, Room MC 3.4</td>
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<tr>
<td>10:00 - 11:30</td>
<td><strong>FULL ORAL</strong> Risk of transmission of infectious disease and prevention, Room Lambrakis</td>
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<td><strong>SOLUTION ROOM</strong> Technology to support global transplantation, Room Trianti</td>
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<td></td>
<td><strong>SOLUTION ROOM</strong> Consent for research in donation and transplantation during the end of life period, Banquet Hall</td>
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</table>
BRIEF ORAL
Looking through the glass – fresh perspectives on ethicolegal and psychosocial aspects of donation and transplantation, Room Mitropoulos

BRIEF ORAL
Complications and infections after kidney transplant, Room Skalkotas

BRIEF ORAL
Molecular transplant immunology, Room MC 3

JOINT SESSION
Advances in CMV diagnosis and treatment, Room MC 2

SOLUTION ROOM
Let’s talk about: the strongest people who win battles we know nothing about, Library

FISHBOWL
From the laparoscope to the robot, Conference Suite 1

SCIENTIFIC SYMPOSIUM
Organised by the Vienna Comprehensive Transplant Center: Induction therapies in 2023 in SOT: Evidence and controversies, Room MC 3.2

FOCUS GROUP
Deceased donor kidney transplantation issues, Room MC 3.4

10:00 - 11:30
Hands-on Course “Machine Perfusion in my hands: Virtual and interactive LIVER (Group 1)”, Ground floor foyer

11:45 - 13:15
Parallel Sessions
SOTA
We are always the same age inside? The role of ageing in organ transplantation, Room Lambrakis

SOTA
Lost in transplantation: Impact of digitalisation of care, Room Trianti

SOTA
Making a difference with shared decision-making, Library

13:30 - 14:30
Industry Symposia

14:15 - 15:15
Moderated e-Posters Sessions

15:00 - 16:30
Plenary Session “Overcoming the organ shortage: Thinking outside the box”, Room Lambrakis

17:00 - 18:30
Plenary session “Leonardo Da Vinci”, Room Lambrakis
17:00 - 18:30 Parallel Sessions

BRIEF ORAL
Kidney allograft immunopathology, Room Trianti

DARE TO ASK
When the tension gets too intense- ethical and clinical challenges in the ICU in donation and transplantation, Room Mitropoulos

FULL ORAL
Pediatric Transplantation around the world, Library

STORYTELLING
Patient storytelling, Conference Suite 1

BRIEF ORAL
Contemporary heart transplantation: scores, pumps, cells and much more, Room MC 3.2

FOCUS GROUP
Access to transplantation & donation: is luck involved?, Room MC 3.4

17:00 - 18:30 Hands-on Course “Machine Perfusion in my hands: Virtual and interactive LIVER (Group 2)”, Ground floor foyer

18:30 - 19:30 Industry Symposia

TUESDAY, 19 September

08:00 - 09:30 Parallel Sessions

FULL ORAL
Kidney immunology and HLA mismatch analysis, Room Lambrakis

FULL ORAL
Transplant Plus: Regenerative therapies and Xenotransplantation, Room Trianti

FOCUS GROUP
Oncology - it’s time for wider access, Banquet Hall

SOLUTION ROOM
Let’s talk about DCD hearts – rewriting the rules of donation?, Room Mitropoulos

FULL ORAL
Managing myself after transplantation- a fulltime job, Room Skalkotasa

BRIEF ORAL
Transplantation outcomes and complications, Room MC 3

BRIEF ORAL
Innovations in surgical techniques, Room MC 2

SOLUTION ROOM
Health democracy in organ transplantation, Library
10:00 - 11:30

**Parallel Sessions**

**BRIEF ORAL**
Management and selection of kidney transplant candidates, Room Lambrakis

**SOLUTION ROOM**
Personalization starts before transplantation: choosing the best organ for long-term success, Room Triantti

**BRIEF ORAL**
Organ preservation and ischemia reperfusion, Banquet Hall

**FULL ORAL**
Improving outcomes of end-stage heart failure: from MCS to the long-term, Room Mitropoulos

**SOLUTION ROOM**
What if HCP listen to patients? Non-adherence after transplantation, Room Skalkotas

**BRIEF ORAL**
Translational transplant immunology, Room MC 3

**FOCUS GROUP**
Digital Health for personalised care, Room MC 2

**SOLUTION ROOM**
Let’s talk about transition: can we ever get it right?, Library

**FISHBOWL**
Digital interface with patients – outpatients in the 22nd century, Conference Suite 1

**FOCUS GROUP**
The clinical spectrum of kidney transplant rejection, Room MC 3.2

**BRIEF ORAL**
Treatable traits lead the way towards better outcomes in lung transplantation, Room MC 3.4

10:00 - 11:30

**Hands-on Course “Machine Perfusion in my hands: Virtual and interactive KIDNEY (Group 1)”**, Ground floor foyer
11:45 - 13:15 **Parallel Sessions**
- **SOTA**
  Charting the Future - Bioartificial Organs Approaching the Bedside?!,
  Room Lambrakis
- **SOTA**
  Caring in times of crisis, Room Trianti
- **SOTA**
  From meaning to measurement- how to value what matters in transplantation care, Library

13:30 - 14:30 **Industry Symposia**

14:15 - 15:15 **Moderated e-Posters Sessions**

15:15 - 16:45 **Plenary Session “Resolving the Shumway Paradox: Xenotransplantation in the spotlight”, Room Lambrakis**

17:00 - 18:30 **Parallel Sessions**
- **FULL ORAL**
  Innovations in kidney immunosuppression, Room Lambrakis
- **FULL ORAL**
  Basic science immunology, Room Trianti
- **STORYTELLING**
  I did it my way. How did I get here? Room Mitropoulos
- **BRIEF ORAL**
  Cardiovascular and metabolic complications after kidney transplant - old challenges, new solutions, Library
- **FOCUS GROUP**
  Public perception in organ donation : multi-stakeholder vision and work team Conference Suite 1
- **BRIEF ORAL**
  Pediatric Transplantation - Stronger Together, Room MC 3.2
- **FULL ORAL**
  Defining risk and optimizing selection, Room MC 3.4

17:00 - 18:30 **Hands-on Course “Machine Perfusion in my hands: Virtual and interactive KIDNEY (Group 2)”, Ground floor foyer**

18:30 - 19:30 **Industry Symposia**

20:00 - 21:00 **Xenotransplantation: Navigating Ethical Frontiers and Societal Impact, Atrium**
WEDNESDAY, 19 September

08:00 - 09:30 | Parallel Sessions
SOTA
ABMR across organs, Room Lambrakis
SOTA
Machine Perfusion - what next?, Room Trianti
SOTA
Policy making, driving change in Europe, Banquet Hall

10:00 - 11:30 | Parallel Sessions
SOLUTION ROOM
A new dawn? Molecular microscope for real time patient care, Room Lambrakis
DARE TO ASK
How can I bring machine perfusion into my clinical practice?, Room Trianti
FULL ORAL
Kidney biomarkers to the rescue, Banquet Hall
FULL ORAL
Organ preservation and ischemia reperfusion, Room Mitropoulos
BRIEF ORAL
Kidney rejection, function and survival, Room Skalkotas
STORYTELLING
Equality, diversity and inclusion: where do we go from here?, Library

10:00 - 11:30 | Hands-on Course

11:45 - 13:45 | Closing Plenary “The future of transplant health and healthcare”
Room Lambrakis
Roche Symposium
State-of-the-art update on CMV and other herpesviruses in solid organ transplantation

Viral infections cause significant morbidity and mortality after transplantation. Multiple new developments in CMV diagnostics and therapeutics hold significant promise to improve management. In addition, viruses such as EBV and others pose ongoing challenges. Post-transplant viral monitoring, using standardized assays, plays a vital role in aiding clinicians improve patient outcomes related to viral infection. Despite improvements, significant knowledge gaps in post-transplant viral monitoring remain. In addition, several new and emerging therapies specifically for CMV management are starting to become available. This symposium highlights many of the common challenges that clinicians face, and provides a state-of-the-art update on new developments in the detection and management of viruses after transplant with a focus on CMV.

Date: Monday, 18 September 2023

Chairs:
Atul Humar, MD, MSc, FRCPC - Director Ajmera Transplant Centre, University Health Network & Director Toronto Transplant Institute, University of Toronto
Ines Ushiro-Lumb, MD, MSc, FRCPath - Clinical Microbiology Lead in Organ Donation and Transplantation, NHS Blood and Transplant

Time: 6.30 – 7.30 p.m.

Location: Megaron Athens International Conference Centre - Room MC2
*Food and beverages will be provided
Takeda Supports the Transplant Community

Please visit the Takeda Booth to learn more about the impact of cytomegalovirus infection and disease.
Acknowledgments

ESOT would like to thank its partners for supporting ESOT Congress and for working together to improve outcomes for patients with terminal organ disease by means of transplantation, organ regeneration and substitution.

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