

Final Programme





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)**

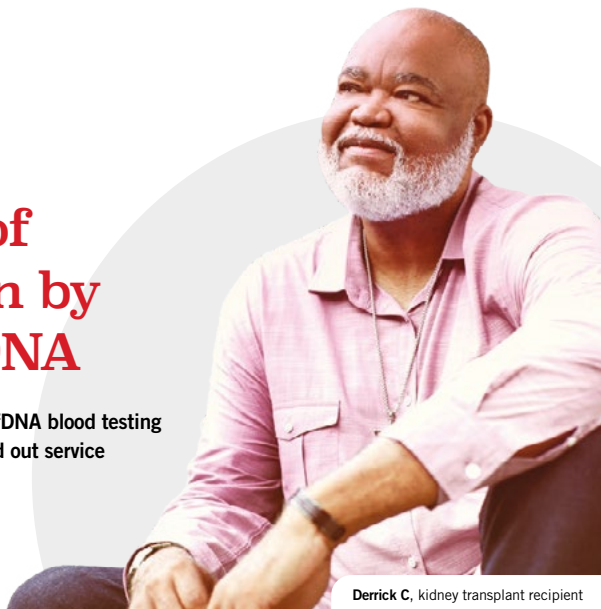
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Risk Assessment of Allograft Rejection by Measuring dd-cfDNA

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



Derrick C, kidney transplant recipient

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 | Technical expertise | Full logistics support
No lab setup or NGS equipment required | 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

Welcome message

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.

INDUSTRY SYMPOSIUM



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'Hebro



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



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



Dr. Steve Kleiboeker
Chief Scientific Officer at Eurofins
Clinical Diagnostics

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.



WANT TO LEARN MORE?

Get more details about Eurofins Transplant
Diagnostics by scanning the QR Code

Organising committee

Congress Chairs

Gabriel Oniscu Sweden

John Boletis Greece

Honorary Chairs

Pisana Ferrari Italy

Vassilios Papalois United Kingdom

Scientific Programme Committee

Cristiano Amarelli Italy

Frederike Ambagtsheer The Netherlands

Corinne Antoine France

Chloe Balleste Spain

Ekaterine Berishvili Georgia

John Boletis Greece

Menna Clatworthy United Kingdom

Pisana Ferrari Italy

Anna Forsberg Sweden

Giacomo Germani Italy

Carmen Lefaucheur France

Umberto Maggiore Italy

Dominique Martin Australia

Paulo Martins USA

Silvio Nadalin Germany

Maarten Naesens Belgium

Gabriel Oniscu United Kingdom

Georgios Papatheodoridis Greece

Nina Pilat Austria

Marlies Reinders The Netherlands

Georgios Sotiropoulos Greece

Jelena Stojanovic United Kingdom

Olivier Thauinat France

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 offer¹

Now you could change this²

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

Age:	41
cPRA:	98.9%
Years on dialysis:	9
Number of organ offers received:	None



ENABLING INCOMPATIBLE TRANSPLANT.⁴

Image of fictional patient for representative purposes only.

Idefirix® Abbreviated Prescribing Information (CORE)

Idefirix® (imlifidase) 11 mg powder for concentrate for solution for infusion. After reconstitution and dilution, each mL of concentrate contains 10 mg imlifidase.

Indication: Idefirix 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. An interrupted infusion can be restarted when the symptoms have abated. For kidney transplantation, ongoing serious infections of any origin are considered a contraindication, and chronic infections such as HBV or HIV must be well controlled. The temporary reduction of IgG by imlifidase must be taken into consideration. Therefore, in addition to the standard of care infection prophylaxis in kidney transplantation in general (against *Pneumocystis carinii*, cytomegalovirus and oral candida), all patients should also receive prophylactic oral antibiotics covering respiratory tract pathogens for 4 weeks. Due to the reduced IgG levels after treatment with imlifidase, there is a risk for a temporary reduction of vaccine protection for up to 4 weeks following imlifidase treatment. Antibody-mediated rejection (AMR) may occur as a consequence of rebound of donor-specific

antibodies (DSA). Management of patients should include close monitoring of anti-HLA antibodies and serum or plasma creatinine as well as readiness to perform biopsies when AMR is suspected. If complement-dependent cytotoxicity crossmatch (CDCM) is used, the following needs to be considered to avoid false positive results: IgM has to be inactivated to be able to specifically assess the cytotoxic capacity of IgG. The use of an anti-human globulin (AHG) step should be avoided. If used, it should be confirmed that the AHG is directed against the Fc-part and not against the Fab-part of the IgG. Use of AHG, directed against the Fab-part, will not allow correct readout of a CDCM in an imlifidase-treated patient. **Interactions:** Imlifidase 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 IVIg (3-4 weeks) should be considered before administering imlifidase to patients treated with IVIg. **Pregnancy and lactation:** There are no data from the use of imlifidase in pregnant women since pregnancy is a contraindication to kidney transplantation. **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), infusion site pain, infusion related reactions, alanine aminotransferase increased, aspartate aminotransferase increased, myalgia, headache and flushing. 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. **Price:** Please contact Hansa Biopharma AB for local pricing information. Single vial pack, 2 vial pack. **Legal classification:** Prescription Only Medicine. **Marketing Authorisation Number:** EU/1/20/1471/001-002.

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

cPRA, calculated Panel Reactive Antibodies; DSA-Free, Donor-Specific Antibodies-Free; HLA-Incompatible, Human Leukocyte Antigen-Incompatible.

References:

1. Kjellman C, et al. *Am J Transplant* 2021;21(12):3907–3918.
2. Jordan SC, et al. *New Engl J Med*. 2017;377(5):442–453.
3. Idefirix EU Summary of Product Characteristics. 15 July 2022.
4. Jordan SC, et al. *Transplantation* 2021;105:1808–1817.

Idefirix is conditionally authorised in the European Union/European Economic Area, Great Britain and Switzerland.

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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

ESOT StrongerTogether PRO Award

Awardees

Paris Institute for Transplantation & Organ

Regeneration group

Cambridge group

The award is kindly supported by Immucor

Marius Renard Paediatric Transplant Award ESOT and IPTA

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

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

**Best
Cardiothoracic
Abstract Award**

Abstract Title

Pregnancy after heart transplant.

Awardee

Coscia Lisa, USA

**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 submitted abstracts considered deserving of recognition.

These bursaries are kindly supported by CareDx



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The THERAKOS™ CELLEX™ Photopheresis System is indicated for the administration of photopheresis.

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ECP: extracorporeal photopheresis.



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¹Knobler R et al. European dermatology forum - updated guidelines on the use of extracorporeal photopheresis 2020 - Part 1. J Eur Acad Dermatol Venereol 2020; 34(12):2693-2716.

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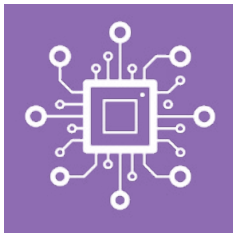
© 2021 Mallinckrodt. Item Code: EU-2100178. Date of preparation: August 2021

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

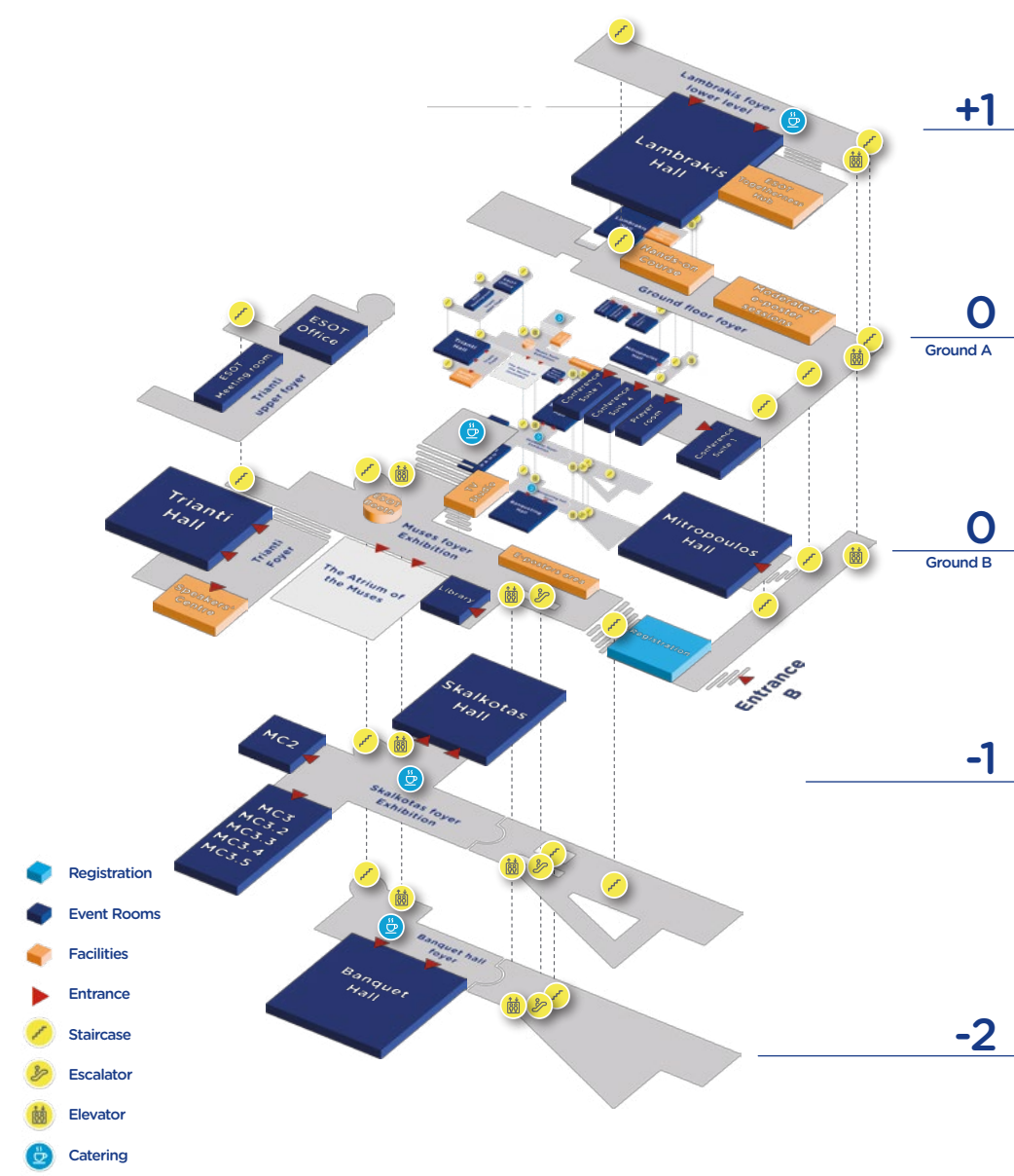
Perfusion technology and cell therapy advancements open the door to new opportunities for intervention to maximise the utilisation of donated human organs. In parallel, recent advances in xeno-transplantation, genetic interventions and artificial humanised organs may further bridge the gap. What do the 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.



For complete information, please refer to: EBVALLO Summary of Product Characteristics: https://www.ema.europa.eu/en/documents/product-information/ebvallo-epar-productinformation_en.pdf

1. EBVALLO EPAR. 2. Mahadeo KM, et al. Poster 4658. Presented at ASH Annual Meeting and Exposition; Dec. 10–13, 2022; New Orleans, Louisiana, USA. New and Updated Results from a Multicenter, Open-Label, Global Phase 3 Study of Tabelecleucel (Tab-cel) for Epstein–Barr Virus-Positive Post-Transplant Lymphoproliferative Disease (EBV+ PTLD) Following Allogeneic Hematopoietic Cell (HCT) or Solid Organ Transplant (SOT) after Failure of Rituximab or Rituximab and Chemotherapy (ALLELE). 3. EBVALLO Summary of Product Characteristics. December 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.

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

16:00 - 17:30	Opening Plenary “Transplantation at crossroads” Room Lambrakis
17:30 - 18:30	ESOT - ISOT joint session: Expanding living donor pool in kidney transplant, Room MC 2
17:30 - 18:30	Industry Symposia
17:45 - 18:45	ELITA Assembly, Library

MONDAY, 18 September

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

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 Skalkotas

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

FISHBOWL
Orchestrating clinical translation of regenerative therapies,
Conference Suite 1

FOCUS GROUP
Biomarkers and monitoring kidney health, Room MC 3.2

FOCUS GROUP
Insights on IRI and PGD in cardiothoracic transplantation, Room
MC 3.4

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 Trianti

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	<p>Parallel Sessions</p> <p>SOTA ABMR across organs, Room Lambrakis</p> <p>SOTA Machine Perfusion - what next?, Room Trianti</p> <p>SOTA Policy making, driving change in Europe, Banquet Hall</p>
10:00 - 11:30	<p>Parallel Sessions</p> <p>SOLUTION ROOM A new dawn? Molecular microscope for real time patient care, Room Lambrakis</p> <p>DARE TO ASK How can I bring machine perfusion into my clinical practice?, Room Trianti</p> <p>FULL ORAL Kidney biomarkers to the rescue, Banquet Hall</p> <p>FULL ORAL Organ preservation and ischemia reperfusion, Room Mitropoulos</p> <p>BRIEF ORAL Kidney rejection, function and survival, Room Skalkotas</p> <p>STORYTELLING Equality, diversity and inclusion: where do we go from here?, Library</p>
10:00 - 11:30	<p>Hands-on Course</p>
11:45 - 13:45	<p>Closing Plenary “The future of transplant health and healthcare” Room Lambrakis</p>

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:

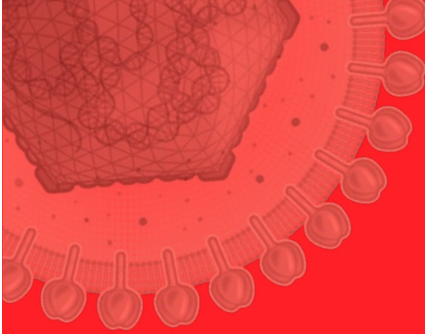
Atul Humar, MD, MSc, FRCPC - Director Ajmera Transplant Centre, University Health Network & Director Toronto Transplant Institute, University of Toronto

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.

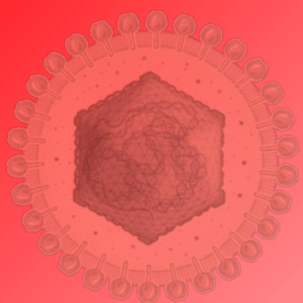
Location: Megaron Athens International Conference Centre - Room MC2

*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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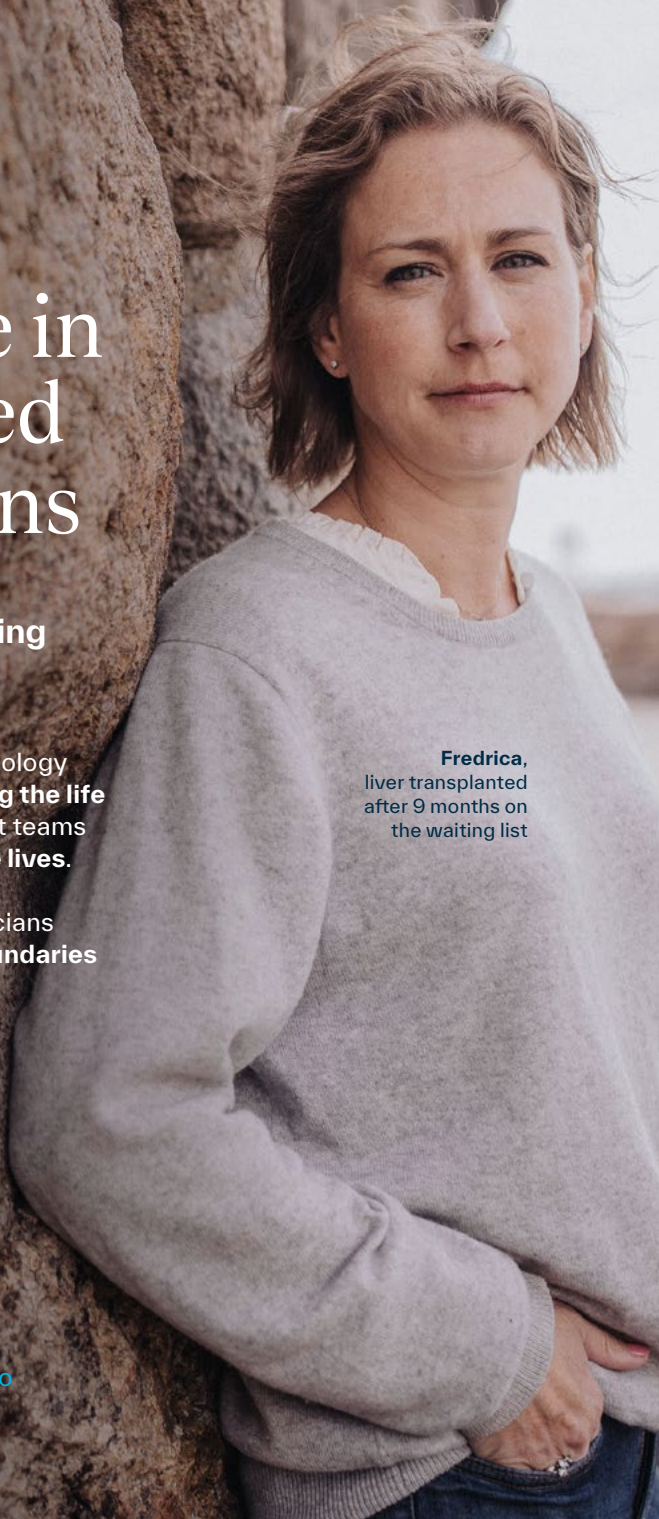


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Fredrica,
liver transplanted
after 9 months on
the waiting list





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in London!

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