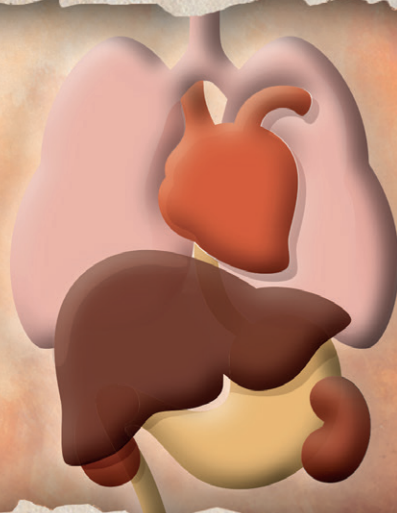
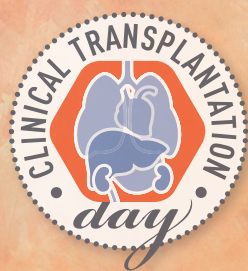


CLINICAL TRANSPLANTATION DAY 2017

"OPTIMIZING PROPHYLAXIS OF KIDNEY AND LIVER TRANSPLANT REJECTION"
THE SPECTRUM FROM TOLERANCE TO REJECTION



DECEMBER - WEDNESDAY 6TH 2017
STARHOTELS DU PARC - PARMA - ITALY

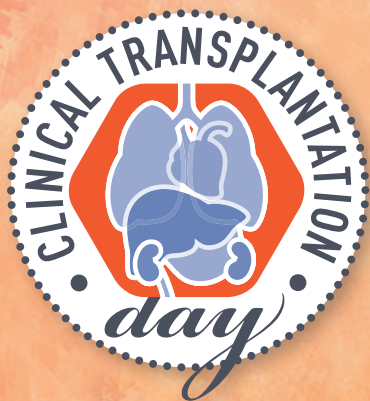
With an unrestricted educational grant by:



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FINAL PROGRAMME

- 8:00 REGISTRATION
- 8:30-10:10 **IT'S NOT ALL ABOUT HLA-ANTIBODIES (T-CELLS ARE FIGHTING BACK)**
Chairs: Umberto Maggiore (Parma, Italy), Rainer Oberbauer (Vienna, Austria)
- 8:30-8:55 **T cell priming by innate immunity** Peter Heeger (New York, USA)
- 8:55-9:20 **T-cell immunity lasting forever** Robert L. Fairchild (Cleveland, USA)
- 9:20-09:45 **Non-HLA autoantibodies** Duska Dragun (Berlin, Germany)
- 09:45-10:10 **T-cell targeting based immunosuppression** Oriol Bestard (Barcelona, Spain)
- 10:10-10:40 COFFEE BREAK
- 10:40-12:20 **ROAD TOWARDS TOLERANCE**
Chairs: Lionel Rostaing (Grenoble, France), Josep M. Grinyó (Barcelona, Spain)
- 10:40-11:05 **Cell-based therapies** Kathryn Wood (Oxford, United Kingdom)
- 11:05-11:30 **Combined hematopoietic stem cell & kidney transplantation** Megan Sykes (New York, USA)
- 11:30-12:20 **Immunosuppression minimization**
- Kidney:** Ondrej Vicklicky (Prague, Czech Republic)
- Liver:** Giuseppe Tisone (Rome, Italy)
- 12:20-13:05 **FREE COMMUNICATION SESSION**
Chairs: Daniel Abramowicz (Antwerp, Belgium), Magdalena Durlik (Warsaw, Poland)
- 12:20-12:35 **Identification of a new transcriptomic and mirnomic profile associated with the pulmonary fibrosis induced by high doses Everolimus: looking for new candidate therapeutic targets** Lorenzo Signorini (Verona, Italy)
- 12:35-12:50 **Transplantation of mesenchymal stem cells (MSC) with liver cells (LC) in cell engineering construction (CEC) can prevent rejection and supported damaged liver** Murat Shagidulin (Moscow, Russia)
- 12:50-13:05 **Genome wide NON-HLA alloimmunity contributes to graft loss after kidney transplantation** Andreas Heinzel (Vienna, Austria)
- 13:05-14:15 LUNCH BREAK
- 14:15-15:05 **ORGAN CONDITIONING USING MACHINE PERFUSION**
Chairs: Robert Langer (Linz, Austria), Bruno Watschinger (Vienna, Austria)
- 14:15-14:40 **Perspectives in Liver** Paolo Muiesan (Birmingham, United Kingdom)
- 14:40-15:05 **Perspectives in Kidney** Annemarie Weissenbacher (Oxford, United Kingdom)
- 15:05-16:05 **CASE REPORTS ON BORDERLINE DONORS AND ALLOCATION: REAL LIFE SCENARIOS (WITH INTERACTIVE VOTING)**
Chairs: Soren Schwartz Sorensen (Copenhagen, Denmark), Luciano De Carlis (Milan, Italy)
- 15:05-15:20 **Kidney** Klemens Budde (Berlin, Germany)
- 15:20-15:35 **Liver** John David Terrace (Edinburgh, United Kingdom)
- 15:35-15:50 **Kidney** John David Terrace (Edinburgh, United Kingdom)
- 15:50-16:05 **Liver** Paolo de Simone (Pisa, Italy)
- 16:05/16:15 CLOSING REMARKS Umberto Maggiore (Parma, Italy)



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Progress in improving long-term transplant survival has been disappointing so far. The drawbacks of the current immunosuppressive treatment regimens and the decreased quality of the available organs represent major hurdles to optimal long-term graft survival.

Current immunosuppressive treatment regimens may induce complications related to excessive T-cell immunosuppression such as infections and malignancies, which still represent the major causes of death with a functioning graft. On the other hand, inadequate control of T-cell mediated alloreactivity post-transplantation causes the development of chronic rejection. Indeed, the development of donor-specific anti-HLA antibodies, which are regarded as the main cause of renal graft failure, is mainly a consequence of the inadequate control of T-cell mediated alloreactivity. Besides anti-HLA antibodies, there is increasing evidence that acute and chronic graft damage can induce the development non-HLA autoantibodies that eventually amplify graft injury in the long term.

The decreased quality of the available organs caused by organ shortage resulted in a widening of criteria for donation over the last decades. Nowadays, in fact, elderly donors and donors after cardiocirculatory death, who would have been considered unsuitable before, represent major sources for solid organ transplantation. However, fragile organs do not recover easily from parenchymal damage resulting from ischemic injury, calcineurin inhibitor toxicity, or rejection. New treatment strategies are required to optimize the management of those organs in order to improve long-term outcomes.

The course is an exciting overview on the modern perspectives for improving long-term transplant outcomes. It will provide the most updated overview on factors eliciting and maintaining T-cell mediated alloreactivity, on non-HLA immune-mediated mechanisms of graft injury, and on the most modern T-cell targeting strategies. It will also educate the attendees on new approaches aimed at minimizing or stopping immunosuppression without increasing the risk of chronic rejection in the long term.

Finally, it will elucidate the new strategies for the optimal management of marginal grafts, in order to safely expand the donor pool acceptability. Real life cases of organ acceptance and management will be presented to the audience with interactive voting.

The Organising Committee:

Klemens Budde, Germany
Josep M. Grinyó, Spain
Lionel Rostaing, France
Paolo de Simone, Italy
Daniel Abramowicz, Belgium (DESCARTES Chair)
Umberto Maggiore, Italy (DESCARTES Vice Chair)
Rainer Oberbauer, Austria (EKITA Past Chair)

Venue:

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The event was accredited by EACCME and assigned 5 European CME Credits (ECMEC). The EACCME is an institution of the European Union of Medical Specialists (UEMS). Delegates receiving certificates for ECMEC credits must contact their National Accreditation Authority to have the credits recognized (or converted) in their Country of practice.

Organising Secretariat:

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