



17th Annual Meeting of the Swiss Transplantation Society



January 24-25, 2019

Congress Hotel Seepark
Thun, Switzerland

Congress Organization

Prof. Maurice Matter,
University Hospital Lausanne

Congress Secretariat

Meeting-com Sàrl Congress Organisation
www.meeting-com.ch • info@meeting-com.ch

Online registration on www.meeting-com.ch

PROGRAM

Ihr Partner in der Transplantation

**Jede Lebenslinie
erzählt eine Geschichte**



Hochzeit
Geburt der Kinder
Organversagen
Transplantation
Hochzeit der Kinder
Geburt der Enkelkinder

Welcome letter



Dear Colleagues and guests,

On behalf of the Swiss Transplantation Society and the scientific committee, it is my great pleasure to welcome you to the 17th annual congress of the STS at the Congress Hotel Seepark in Thun.

We must congratulate once again the scientific Committee directed by Hendrik Tevæearai for the interesting program, which reflects the actuality in transplantation. Celebrating the 10th anniversary of the Istanbul declaration is the opportunity for us to discover the extent and the consequence of the problem in Europe and in Switzerland. Donation after circulatory determination of death (DCD) has a significant potential for solving the problems of the waiting list (27% of deceased donors in 2017) but the implementation of such a program in a hospital is not straightforward. A round table will try to give clues with involved specialists. These efforts must not obscure the other efforts represented by the initiative from the "Jeune Chambre Internationale" aiming to change the law and the successful introduction of the donor registry by Swisstransplant.

The initiative to share a common session with coordinators last year was well received. The coordinators corner will discuss with specialists another pertinent topic paralleling the ongoing organisation of a Swiss National Kidney Pair Donation Program: where are we know and what are the obstacles?

During the STS meeting, we have the opportunity to honour distinguished figures and pioneers in transplantation and we will pay a final respect to Prof. Felix Largiader who passed away in 2018. We are proud to present the scientific activity and the research in transplantation in Switzerland by prominent colleagues. Once again the six best rated paper published in 2018 will receive STS awards and the STS Excellence Award 2018 will be presented.

For the first time we decided to introduce a post-graduate meeting the day before the STS meeting so that fellows training in transplantation can meet some main actors of transplantation in Switzerland, while collecting continuing education points. They can also participate to the STS meeting but this avoids creating a gap in clinical continuity. We hope that this will be a welcome initiative.

I look forward to meeting you in Thun and wish fruitful multidisciplinary and interprofessional discussions and friendship.



Maurice Matter
President of STS

Credits

The credits are in demand to the following societies

SGC/SSC
Schweizerische Gesellschaft für Chirurgie 12 credits
Société Suisse de Chirurgie

SGI/SSI
Schweizerische Gesellschaft für Infektiologie 1 credit
Société Suisse d'Infectiologie

SGG/SSG
Schweizerische Gesellschaft für Gastroenterologie 12 credits
Société Suisse de Gastroentérologie

SSAI/SGAI
Schweizerische Gesellschaft für Allergologie und Immunologie 11 credits
Société Suisse d'Allergologie et d'Immunologie

SGN/SSN
Schweizerische Gesellschaft für Nephrologie 11 credits
Société Suisse de Néphrologie

SGHC/SSCC
Schweizerische Gesellschaft für Herz- und thorakale Gefässchirurgie 2 credits
Société Suisse de Chirurgie Cardiaque et Vasculaire Thoracique

SGAR/SSAR
Schweizerische Gesellschaft für Anästhesiologie und Reanimation
Société Suisse d'Anesthésiologie et de Réanimation

SGAIM/SSMIG
Schweizerische Gesellschaft für Allgemeine Innere Medizin
Société Suisse de Médecine Interne Générale

SGH/SSH
Schweizerische Gesellschaft für Hämatologie 6 credits
Société Suisse d'Hématologie

SGK/SSC
Schweizerische Gesellschaft für Kardiologie 1A credit
Société Suisse de Cardiologie

SSP
Schweizerische Gesellschaft für Pneumologie 1 credit
Société Suisse de Pneumologie

SGI/SSMI
Schweizerische Gesellschaft für Intensivmedizin
Société Suisse de Médecine Intensive

credits granted by other Swiss Societies can be used as expanded training

General information

Venue

Congress Hotel Seepark
Seestrasse 47, 3602 Thun - www.seepark.ch
T +41 (0)33 226 12 12 - info@seepark.ch

Congress Office

Office Secretariat STS - meeting-com Congress Organisation
Rue des Pâquis 1 - 1033 Cheseaux-sur-Lausanne
T +41 (0)21 312 92 61 - info@meeting-com.ch



Registration fees

Early bird
Until Dec. 9, 2018

Late
As from Dec. 10, 2018
and onsite

POST-GRADUATE MEETING limited places (20)

Doctors in training & interested in kidney transplant		
Wednesday January 23 from 10.00-16.00	CHF 80.00	CHF 120.00

Congress fees

Medical doctors/participants	CHF 230.00	CHF 270.00
STS MEMBER		
Medical doctors/JUNIOR < 35 years	CHF 190.00	CHF 230.00
STS MEMBER		
Medical doctors/participants	CHF 360.00	CHF 390.00
STS NON-MEMBER		
Transplant care specialists & TPL coordinators		
STS MEMBER	CHF 160.00	CHF 200.00
Transplant care specialists & TPL coordinators		
STS NON-MEMBER	CHF 240.00	CHF 260.00

Including

Attendance at the scientific sessions and exhibition area, certificate of participation, coffee breaks and welcome cocktail according to the program.

Networking dinner - Thursday January 24, 2019 - 20h

Participation costs 1 person	CHF 120.00 (TTC)
2 persons	CHF 240.00 (TTC)

Hotel accommodation

Hotel Seepark: to be booked by mail to seminar@seepark.ch
Rates for information: Single at CHF 250.00 / Double at CHF 330.00
In order to get this special rate, please indicate the **PASSWORD: STS 2019**

Wednesday, January 23, 2019

POST-GRADUATE MEETING (limited places – 20)

Doctors in training & interested in kidney transplant

As a Society promoting Organ Transplantation in Switzerland we decided to introduce a postgraduate meeting around the STS congress.

The purposes are:

- To train young doctors in the field of transplantation with basic presentations
- To meet Swiss experts in the domain of transplantation

It is possible to attend the STS congress the following days, but a separate day allows continuity in the transplantation teams in the hospitals.

09.30 – 10.00

Registration

Foyer

10.00 – 10.05

Welcome word

Room Basel

Maurice Matter, Lausanne – President of the Swiss Society of Transplantation

10.05 – 11.00

Patients, law and ethics for Transplantation in Switzerland

F. Immer, Bern

11.00 – 11.30

Immunology

J. Villard, Geneva

11.30 – 12.00

Immunosuppression

J. Villard, Geneva

12.00 – 13.00

Cancer and transplantation: what to screen?

I. Binet, St. Gallen

13.00 – 14.00

Lunch

Foyer 1st floor

14.00 – 16.00

Problems and long-term management in organ transplantation

Room Basel

14.00 – 15.00

Abdominal organs

Kidney: *S. Schaub, Basel* – Liver & Pancreas: *A. Andres, Geneva*

15.00 – 16.00

Thoracic organs

Heart: *M.J. Wilhelm, Zurich* – Lungs: *A. Koutsokera, Lausanne*

CME **Swiss Society of Internal and General Medicine (SGAIM-SSMIG)**
Swiss Society of Surgery (SGC-SSC)

6 credits

Thursday, January 24, 2019

09.30 – 12.00

Swiss Transplant Working Group Meetings (to be registered separately)

13.00 – 13.05

Welcome

Room Genève

Maurice Matter, Lausanne – President of the Swiss Society of Transplantation

13.05 – 13.15

Presentation of the selected honorary member

Chair

Jakob Passweg, Basel

13.15 – 13.35

Swiss Transplant Annual Activity Report

Franz Immer, Swisstransplant, Bern

13.35 – 13.45

Laudatio Felix Largiader

Pierre-Alain Clavien, Zurich; Daniel Candinas, Bern

13h45 – 15h00

Session 1

ORGAN TRAFICKING, 10 YEARS ANNIVERSARY OF THE ISTANBUL DECLARATION

Room Genève

Chair

Thierry Berney, Geneva

13.45 – 13.50

10 years Anniversary of the Declaration of Istanbul

Thierry Berney, Geneva

13.50 – 14.20

Situation in Europe

Ana M. Pires Silva, Lisbon (PT)

14.20 – 14.40

How far is Switzerland concerned?

Alexandra Volz, Bern

14.40 – 15.00

Discussion

15.00 – 15.30

Coffee break – visit of the exhibition

Foyer 1st floor

Thursday, January 24, 2019

15.30 - 17.00

Session 2

COORDINATOR'S CORNER (program with SDTA) Room Genève

Chairs

Philipp Dutkowski, Zurich; Manuel Pascual, Lausanne

15.35 - 15.55

The Swiss National Kidney Pair Donation Programm: KIPADOS

Karine Hadaya, Geneva

15.55 - 16.20

Trans National Kidney Pair Donation in South Alliance for Transplantation

María de la Oliva Valentín Muñoz, Madrid (ES)

16.20 - 16.50

Anonymous Live donor Liver transplantation: challenges and opportunities

Mark Cattral, Toronto (CA)

17.00 - 18.00

Session 3

STS AWARDS

Chairs

Patricia Hirt-Minkowski, Basel;
Dionysios Neofytos, Geneva

**Oral presentation
of the six highest ranking papers**

Room Genève



18.00 - 18.30

General Assembly of the Swiss Transplantation Society

Room Genève

19.30

Cocktail with announcement of the Swiss Transplantation Society Awards

Foyer

20.00

Networking Dinner

Parksaal Hotel Seepark

Friday, January 25, 2019

08.45 - 09.30

Session 4

KEYNOTE LECTURE

Room Genève

Chair

Hendrik Tevæearai, Bern

The challenge of starting a DCD program

Stephen Large, UK

09.30 - 10.15

Session 5

MODERATED ROUNDTABLE DISCUSSION

Room Genève

(with voting system)

How to start / implement a DCD program

Moderator: Manuel Pascual, Lausanne

Guests:


Philip Dutkowski, Zürich
Wolfgang Ender, St. Gallen
Stephen Large, UK
Renato Lenherr, Zurich
Mathias Nebiker, Bern
Dorry Segev, Baltimore (US)
Jan Sprachta, Basel

10.15 - 10.45

Coffee break - visit of the exhibition

Foyer 1st floor

Friday, January 25, 2019

10.45 – 11.30 **SPONSORED SYMPOSIUM BY VIFOR** Room Genève
New options in maintenance immunosuppressive therapy

 Chair Déla Golshayan, Lausanne

10.45 – 11.05 **The slower, the better? Extended-release products in solid organ transplantation**
 Daniel Sidler, Bern

11.05 – 11.25 **Old problems, new hopes of CNI-sparing regimens**
 Paolo Malvezzi, Grenoble (F)

11.25 – 11.30 **Discussion**

11.30 – 12.15 **SPONSORED SYMPOSIUM BY MSD** Room Genève
Recurrent infections in immunocompromised patients

 Chair Nicolas Müller, Zürich

11.30 – 11.50 **Management of cytomegalovirus among HSCT patients**
 Per Ljungman, Stockholm (SE)

11.50 – 12.10 **Management of Clostridium difficile in solid organ transplant recipients**
 Christian Van Delden, Geneva

12.10 – 12.15 **Discussion**

12.15 – 13.15 **Lunch break - visit of the exhibition** Foyer 1st floor

Friday, January 25, 2019

13.15 – 14.00
Session 6 **KEYNOTE LECTURE** Room Genève
 Chair Christian Van Delden, Geneva

Artificial Intelligence, a new Tool for Transplantation Management
Dorry Segev, Baltimore (US)

14.00 – 14.30 **STS EXCELLENCE AWARD** Room Genève
 with the kind support of Astellas
 Jürg Steiger, Basel

14.30 – 16.20
Session 7 **WHERE ARE WE WITH CLINICAL RESEARCH IN SWITZERLAND?** Room Genève
 Chairs Isabelle Binet, St. Gallen; Oriol Manuel, Lausanne

14.30 – 14.50 **The role of the Swiss Transplant Cohort Study**
 Vanessa Banz Wüthrich, Bern

14.50 – 15.05 **Kidney transplantation**
 Déla Golshayan, Lausanne

15.05 – 15.20 **Pancreas / Islet transplantation**
 Olivier de Rougemont, Zurich

15.20 – 15.35 **Liver transplantation**
 Christian Toso, Geneva

15.35 – 15.50 **Lung transplantation**
 John-David Aubert, Lausanne

15.50 – 16.05 **Heart transplantation**
 Sarah Henning Longnus, Bern

16.05 – 16.20 **Stem Cells**
 Jakob Passweg, Basel

16.20 – 16.30
Closing remarks
Maurice Matter, Lausanne – President of the Swiss Society of Transplantation



TACROLIMUS NEU DEFINIERT

- ▶ Stabile Tacrolimus-Blutkonzentration¹⁻³
- ▶ Verbesserte Bioverfügbarkeit und geringere Erhaltungsdosis^{*2-5}
- ▶ Praktisch einzunehmen, vom ersten Tag an (1x täglich)⁵

* im Vergleich zu anderen Tacrolimus-Formulierungen¹⁻⁵

Referenzen: 1. Grinyó JM, Petruzzelli S. Once-daily LCP-Tacro MeltDose tacrolimus for the prophylaxis of organ rejection in kidney and liver transplantations. Expert Rev Clin Immunol 2014;10(12):1567-1579. 2. Gaber AO, et al. Conversion from twice-daily tacrolimus capsules to once-daily extended-release tacrolimus (LCPT): a phase 2 trial of stable renal transplant recipients. Transplantation 2013;96(2):191-197. 3. Tremblay S, et al. A Steady-State Head-to-Head Pharmacokinetic Comparison of All FK-506 (Tacrolimus) Formulations (ASTCOFF): An Open-Label, Prospective, Randomized, Two-Arm, Three-Period Crossover Study Am J Transplant 2017;17:432-442. 4. Budde K, et al. Novel once-daily extended-release tacrolimus (LCPT) versus twice-daily tacrolimus in de novo kidney transplants: one-year results of Phase III, double-blind, randomized trial. Am J Transplant 2014;14:2796-2806. 5. Fachinformation Envarsus®, Stand Dezember 2017; www.swissmedinfo.ch.

Envarsus®: Tacrolimus-Monohydrat I: Prophylaxe der Transplantatabstossung bei erwachsenen Nieren- und Lebertransplantatempfängern. Behandlung der Transplantatabstossung, die sich gegenüber anderen Immunsuppressiva als therapieresistent erweist, bei erwachsenen Patienten. **D:** Tabletten sind einmal täglich unzerteilt und sofort nach der Entnahme aus der Blisterpackung mit Flüssigkeit (Wasser) und auf nüchternen Magen einzunehmen. Prophylaxe Nierentransplantatabstossung: Start einer Therapie mit Envarsus® innerhalb von 24 Stunden postoperativ mit 0.17 mg/kg/Tag, einmal täglich morgens. Prophylaxe Lebertransplantatabstossung: Start einer Therapie mit Envarsus® innerhalb von 24 Stunden postoperativ mit 0.11-0.13 mg/kg/Tag, einmal täglich morgens. Umstellung von Prograf oder Advagraf auf Envarsus®: Umstellung im Verhältnis 1:0.7 der täglichen Gesamtdosis (30% geringere Erhaltungsdosis unter Envarsus®), einmal täglich morgens. Die Blutkonzentration sollte nach einer Umstellung während zwei Wochen kontrolliert und Dosisanpassungen durchgeführt werden. Umstellung von Ciclosporin auf Envarsus®: Aufgrund einer verlängerten Halbwertszeit von Ciclosporin unter Tacrolimus ist eine kombinierte Gabe nicht empfohlen. Behandlung Transplantatabstossung nach Nieren- und Lebertransplantation: Nach einer Umstellung von anderen Immunsuppressiva auf Envarsus®, muss die Behandlung mit der jeweils in Nieren- und Lebertransplantation empfohlenen oralen Initialdosis für die Prophylaxe der Transplantatabstossung beginnen. Ethnische Zugehörigkeit: Patienten mit schwarzer Hautfarbe können höhere Tacrolimus-Dosen benötigen. Eine Umstellung von Prograf auf Envarsus® findet daher mit einem Konversionsfaktor von 1:0.85 der täglichen Gesamtdosis statt. Überwachung: Talspiegel sollten ca. 24 Stunden nach der Gabe von Envarsus®, unmittelbar vor der nächsten Dosis, erfolgen. **KI:** Überempfindlichkeit gegen Tacrolimus oder Makrolide sowie einen der Hilfsstoffe. **VM:** Unter- oder Überexposition kann zur Transplantatabstossung oder anderen schwerwiegenden unerwünschten Wirkungen führen. Eine Anwendung bei Kindern unter 18 Jahren ist aufgrund der begrenzten Datenlage nicht empfohlen. Bei gleichzeitiger Anwendung von CYP3A4-Inhibitoren oder -Induktoren sollten Tacrolimus-Blutspiegel überwacht werden. Das Ansprechen auf Impfungen kann durch Immunsuppressiva beeinträchtigt sein. Die Anwendung von Lebendimpfstoffen sollte vermieden werden. Bei angeborener Glukose-Galaktose-Intoleranz, Laktase-Mangel oder Glukose-Galaktose-Malabsorption sollte auf die Einnahme von Envarsus® verzichtet werden. Gastrointestinale Perforationen, Kardiomyopathien, QT-Verlängerungen, EBV-lymphoproliferative Erkrankungen, opportunistische Infektionen, PLE-Syndrome, Erythroblastopenien wurden beobachtet. **S/S:** Die Gabe von Tacrolimus an Schwangere kommt in Betracht, wenn keine sichere Alternative zur Verfügung steht und wenn das potenzielle Risiko für den Fötus durch den wahrgenommenen Nutzen einer solchen Behandlung gerechtfertigt ist. Auf das Stillen sollte während einer Einnahme von Envarsus® verzichtet werden. **UAW:** Die häufigsten unerwünschten Wirkungen unter Tacrolimus (>10% der Patienten) sind: Infektionen, Tumore, Erkrankungen des Blutsystems, allergische Reaktionen, Stoffwechselstörungen, psychiatrische Erkrankungen, Erkrankungen des Nervensystems, Augen-erkrankungen, Erkrankungen des Ohres, kardiovaskuläre Erkrankungen, Atemwegserkrankungen, gastrointestinale Erkrankungen, Leber- und Gallenerkrankungen, Hauterkrankungen, Erkrankungen der Skelettmuskulatur, Nieren- und Harnwegserkrankungen, Fieber, Schmerzen und Beschwerden, asthenische Zustände, Ödeme, gestörtes Empfinden der Körpertemperatur, erhöhte Blutspiegel der alkalischen Phosphatase, Gewichtszunahme, primäre Funktionstörung des Transplantats. **IA:** Die gleichzeitige Anwendung von CYP3A4-Hemmern oder -Induktoren kann die Blutwerte von Tacrolimus erhöhen oder senken. Wechselwirkungen mit Arzneimitteln welche ebenfalls an Plasmaproteine binden sind zu berücksichtigen. Bei Anwendung von Arzneimitteln, die ebenfalls nephro- und neurotoxisch wirken ist Vorsicht geboten. Eine hohe Kaliumzufuhr oder die Verwendung kaliumsparender Diuretika ist zu vermeiden **P:** Envarsus® 0.75 mg, 1 mg, 4 mg zu je 30 Retardtabletten. Abgabekategorie A. Detaillierte Informationen: www.swissmedinfo.ch. Zulassungsinhaber: **Chiesi SA, CH-1752 Villars-sur-Glâne.** Vertrieb: **Vifor AG, CH-1752 Villars-sur-Glâne.** **Stand: Dezember 2017.**

STS Board

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Prof. Jean Villard, Geneva	Council-at-large
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STS Scientific Committee Members

Name	Institution	Transplantation Field	Speciality
Patrizia Amico	Basel	Immunology and Kidney	Internal Medicine
Vanessa Banz	Bern	Liver	Surgery
Michel Duchosal	Lausanne	Bone marrow	Internal Medicine
Philipp Dutkowski	Zurich	Liver	Surgery
Laure Elkrief	Geneva	Hematology	Internal Medicine
Dela Golshayan	Lausanne	Kidney	Internal Medicine
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Irene Koneth	St. Gallen	Kidney	Internal Medicine
Nicolas Mueller	Zurich	Infectious diseases	Internal Medicine
Beat Müllhaupt	Zurich	Liver	Internal Medicine
Dionysios Neofytos	Geneva	Infectious Diseases	Internal Medicine
Hendrik Tevaearai	Bern	Heart	Basic science

Sponsors

PLATINUM



GOLD



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SPONSORED SYMPOSIUM

It is a financial support of a 45-minute session based on the scientific program. The sponsor has no influence on the content, nor on the choice of the speaker (responsibility of the STS).

Sponsors



NEW

PREVYMIS®

Letermovir

The first and only CMV DNA terminase inhibitor.¹

PREVYMIS® is indicated for prophylaxis of cytomegalovirus (CMV) infection or disease in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT).¹

Reference: 1. Professional information PREVYMIS® (letermovir), www.swissmedicinfo.ch. Status January 2018.

PREVYMIS® (letermovir, MSD) – abbreviated prescribing information. Film-coated tablets 240/480mg. Concentrate for solution for infusion 240mg/480mg (IV). Composition: Active ingredient: letermovir. Excipients: film-coated tablet: microcrystalline cellulose, croscarmellose sodium, povidone 25, colloidal silicon dioxide, magnesium stearate. Film-coat: lactose monohydrate, hypromellose 2910, titanium dioxide, triacetin, iron oxide yellow, iron oxide red (only 480mg tablets), carnauba wax. Concentrate for solution for infusion: hydroxypropyl betadex, sodium chloride, sodium hydroxide (pH adjustment), water for Injection. **Indication:** prophylaxis of cytomegalovirus (CMV) infection or disease in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT). **Dosage/administration:** 480mg once daily. PREVYMIS® should be started after HSCT (no later than 28 days post-transplant) through 100 days. PREVYMIS injection should be used only in patients unable to take oral therapy. Concentrate for solution for infusion requires dilution; administer as an intravenous (IV) infusion only. Do not administer as IV push or bolus. After dilution, administer PREVYMIS by intravenous infusion via peripheral or central venous catheter using a total time of approximately 60 minutes. Administer the entire contents of the IV bag. **Contraindications:** hypersensitivity to letermovir or any of its inactive ingredients, concomitant administration with pimozide, concomitant administration with ergot alkaloids, in combination with cyclosporine: pitavastatin or simvastatin are contraindicated. Combination with atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, pitavastatin, rosuvastatin. **Warnings/Precautions:** Not recommended in patients with moderate hepatic impairment combined with moderate to severe renal impairment. Not recommended for patients with severe hepatic impairment (Child Pugh C). No dosage recommendations in patients with end-stage renal disease (CrCl < 10mL/min) including dialysis. The safety and efficacy in patients below 18 years have not been established (no data available). Use with caution in combination with CYP3A substrates with narrow therapeutic ranges (e.g., alfentanil, fentanyl, quinidine). **Film-coated tablets:** Patients with galactose intolerance, Lapp lactase deficiency, or glucose-galactose-malabsorption should not take the film-coated tablets. **Concentrate:** 240/480mg: 22.91/45.82mg sodium per dose to consider for patients on a controlled sodium diet. **Interactions:** In case of co-administration with cyclosporine (potent OATP1B1 and 3 inhibitor), the dosage of PREVYMIS should be decreased to 240mg once daily. If cyclosporine is initiated after starting PREVYMIS, the next dose of PREVYMIS should be decreased to 240mg once daily. If cyclosporine is discontinued after starting PREVYMIS, the next dose of PREVYMIS should be increased to 480mg once daily. Potential interactions with other OATP1B1 inhibitors: gemfibrozil, erythromycin, clarithromycin, atazanavir, lopinavir, ritonavir, simeprevir. PREVYMIS may increase the plasma concentrations of amiodarone, glyburide, sirolimus, tacrolimus, repaglinide, rosiglitazone, cyclosporine, HMG-CoA reductase inhibitors, midazolam, alfentanil, fentanyl, quinidine. PREVYMIS decreases plasma levels of voriconazole, omeprazole, pantoprazole, phenytoin, warfarin. Cyclosporine may increase the plasma levels of PREVYMIS. **Pregnancy/Lactation:** in pregnancy use only when clearly required, do not breast-feed. **Adverse reactions:** very common: headache, cough, nausea, diarrhea, vomiting, abdominal pain. Common: fatigue, oedema peripheral, cardiac adverse events (tachycardia, atrial fibrillation). **Packaging:** film-coated tablets: 28 film-coated tablets 240mg letermovir in non-perforated aluminium blisters. 28 film-coated tablets of 480mg letermovir in non-perforated aluminium blisters. Concentrate for solution for infusion: 1 vial of 12ml (240mg letermovir) concentrate for solution for infusion. 1 vial of 24ml (480mg letermovir) concentrate for solution for infusion. Category A. **Authorization holder:** MSD Merck Sharp & Dohme AG, Werftstrasse 4, 6005 Lucerne. **Information date:** January 2018. AINF-1274770-0000. **Before prescribing, please consult the full prescribing information, published on the homepage of Swissmedic (www.swissmedic.ch) or at www.swissmedicinfo.ch.**

