



# 18th Annual Meeting of the Swiss Transplantation Society



**January 23-24, 2020**

Congress Hotel Seepark  
Thun, Switzerland

## **Congress Organization**

Prof. Hendrik Tevaeearai,  
Bern University Hospital

## **Congress Secretariat**

Meeting-com Sàrl Congress Organisation  
[www.meeting-com.ch](http://www.meeting-com.ch) • [info@meeting-com.ch](mailto:info@meeting-com.ch)

**Online registration on** [www.meeting-com.ch](http://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

Date of preparation: 05/2019 TX\_2019\_0003.CH

## 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 18th annual congress of the STS at the Congress Hotel Seepark in Thun.

This year again and thanks to the scientific Committee directed by Hendrik Tevaearai, we tried to stay in close touch with current affairs.

Xenotransplantation is a never-ending story waiting for success. The FDA warned against non-human primates' experiments while being equivocal about pigs' experiments. An interesting keynote lecture will be followed by a roundtable discussion. According to the Federal Office of Public Health (FOPH - BAG - OFSP), during the last years about 41% of adults are overweight and 10% obese. Simultaneously 19% of children are overweight or obese. This will have a clear impact in organ transplant recipients and conversely also in donors. Guidelines are not definitively clear on what is possible and what is recommended and the role of obesity in transplantation morbidity. In this setting bariatric surgery is an issue, which should be considered. While looking for increasing organs available for transplantation, there is a special group of organs "that nobody wants": infected donors. An update will give us new clues.

This congress we will also share again a common session with coordinators and we will have the opportunity to honour a distinguished figure and pioneer in transplantation as well as excellence and innovation in Transplantation in Switzerland with STS awards. The scientific committee evaluated the scientific activity and the research in transplantation in Switzerland produced by prominent colleagues. The six best rated paper published in 2019 will be honoured by receiving the STS awards.

In introduction to the congress and following the interest in 2019, we continue the post-graduate meeting the day before the STS meeting. This provided the opportunity for fellows training in transplantation to meet some main actors of transplantation in Switzerland, while collecting continuing medical education points.

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



Prof. Maurice Matter  
President of STS

# Credits

The credits are in demand to the following societies

**SGC/SSC**  
Schweizerische Gesellschaft für Chirurgie 20 credits  
Société Suisse de Chirurgie

**SGI/SSI**  
Schweizerische Gesellschaft für Infektiologie 5 credits  
Société Suisse d'Infectiologie

**SGG/SSG**  
Schweizerische Gesellschaft für Gastroenterologie 8 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 9 credits  
Société Suisse de Néphrologie

**SGHC/SSCC**  
Schweizerische Gesellschaft für Herz- und thorakale Gefässchirurgie in demand  
Société Suisse de Chirurgie Cardiaque et Vasculaire Thoracique

**SGAR/SSAR**  
Schweizerische Gesellschaft für Anästhesiologie und Reanimation 9.5 credits  
Société Suisse d'Anesthésiologie et de Réanimation

**SGAIM/SSMIG**  
Schweizerische Gesellschaft für Allgemeine Innere Medizin 5 credits  
Société Suisse de Médecine Interne Générale

**SGH/SSH**  
Schweizerische Gesellschaft für Hämatologie 10 credits  
Société Suisse d'Hématologie

**SGK/SSC**  
Schweizerische Gesellschaft für Kardiologie 2 credits  
Société Suisse de Cardiologie

**SSP**  
Schweizerische Gesellschaft für Pneumologie 4 credits  
Société Suisse de Pneumologie

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

*the 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](http://www.seepark.ch)  
T +41 (0)33 226 12 12 - [info@seepark.ch](mailto: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](mailto:info@meeting-com.ch)



## Registration fees

**Early bird  
Until Dec. 10, 2019**

**Late  
As from Dec. 11, 2019  
and onsite**

### POST-GRADUATE MEETING limited places (20)

Doctors in training & interested in kidney transplant Wednesday January 22 from 10.00-16.00	CHF 80.00	CHF 120.00
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### Congress fees

Medical doctors/participants STS MEMBER	CHF 230.00	CHF 270.00
Medical doctors/JUNIOR < 35 years STS MEMBER	CHF 190.00	CHF 230.00
Medical doctors/participants STS NON-MEMBER	CHF 360.00	CHF 390.00
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 23, 2020 - 20h

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

# Wednesday, January 22, 2020

## **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 – welcome coffee

Foyer Basel

### **10.00 – 10.05**

#### **Welcome word**

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

Room Basel

### **10.05 – 11.00**

#### **Organisation, patients, law and ethics for Transplantation in Switzerland**

*Franz Immer, Bern*

### **11.00 – 11.30**

#### **Immunology**

*Jean Villard, Geneva*

### **11.30 – 12.00**

#### **Immunosuppression**

*Jean Villard, Geneva*

### **12.00 – 13.00**

#### **Cancer and transplantation: what to screen?**

*Isabelle Binet, St. Gallen*

### **13.00 – 14.00**

#### **Lunch**

Restaurant Seesaal

### **14.00 – 16.00**

#### **Problems and long-term management in organ transplantation**

Room Basel

### **14.00 – 15.00**

#### **Abdominal organs**

*Kidney: Stefan Schaub, Basel*

*Liver & Pancreas: Axel Andres, Geneva*

### **15.00 – 16.00**

#### **Thoracic organs**

*Heart: Markus J. Wilhelm, Zurich*

*Lungs: Angela Koutsokera, Lausanne*

**CME Swiss Society of Surgery (SGC-SSC)**

**8 credits**

**Swiss Society of Gastroenterology (SGG/SSG)**

**4 credits**

# Thursday, January 23, 2020

### **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 Transplantation Society*

### **13.05 – 13.25**

#### **Swiss Transplant Annual Activity Report**

*Franz Immer, Franziska Beyeler, Swisstransplant, Bern*

### **13.25 – 13.45**

#### **STCS Report**

*Madeleine Wick, Basel*

### **13.45 – 14.15**

#### **Presentation of the selected honorary member**

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

### **14.15 – 14.55**

## **Session 1**

### **BIOLOGICALS AND BIOMARKERS IN TRANSPLANTATION**

Room Genève

Chair

*Michel Duchosal, Lausanne*

### **14.15 – 14.35**

#### **Is there a need for biomarkers in transplantation?**

*Davide Rossi, Bellinzona*

### **14.35 – 14.55**

#### **Benefits and risks of biologicals in transplantation**

*Déla Golshayan, Lausanne*

### **15.00 – 15.30**

#### **Coffee break – visit of the exhibition**

Foyer 1st floor

# Thursday, January 23, 2020

15.30 - 17.00

## Session 2

**COORDINATOR'S CORNER (program with SDTA)** Room Genève

Chairs Isabelle Binet, St. Gallen; Hendrik Tevaearai, Bern

15.30 - 16.00 **Transplant coordination past, present and future**  
Franz Immer, Swisstransplant, Bern

16.00 - 16.30 **Kidney transplantation without immunosuppression: fiction or reality?**  
Thomas Fehr, Chur

16.30 - 17.00 **Uterine transplantation: the French experience**  
Jean-Marc Ayoubi, Paris

# Thursday, January 23, 2020

17.00 - 18.00

## Session 3

**STS AWARDS**

Chair Patricia Hirt-Minkoswki, Basel

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

CLINICAL PAPERS

17.00 - 17.10 **How to Handle Arterial Conduits in Liver Transplantation? Evidence From the First Multicenter Risk Analysis**  
Christian Oberkofler, Zurich

17.10 - 17.20 **Genetic T-cell receptor diversity at one year following allogeneic hematopoietic stem cell transplantation**  
Stéphane Buhler, Geneva

17.20 - 17.30 **Differential impact of delayed graft function in deceased donor renal transplant recipients with and without donor-specific HLA-antibodies**  
Jana Haller, Basel

LABORATORY PAPERS

17.30 - 17.40 **Disruption of Coronin 1 Signaling in T Cells Promotes Allograft Tolerance while Maintaining Anti-Pathogen Immunity**  
Rajesh Jayachandran, Basel

17.40 - 17.50 **Insulin-producing organoids engineered from islet and amniotic epithelial cells to treat diabetes**  
Fanny Lebreton, Geneva

17.50 - 18.00 **Differential effects of ischemia/reperfusion on endothelial function and contractility in donation after circulatory death**  
Natalia Méndez Carmona, Bern

Room Genève



18.00 - 18.30

**General Assembly**

Room Genève

19.30

**Cocktail with announcement of the Swiss Transplantation Society Awards**

Foyer

20.00

**Networking Dinner**

Parksaal Hotel Seepark

# Friday, January 24, 2020

09.00 - 09.30

## Session 4

### KEYNOTE LECTURE

Room Genève

Chair

Robert Rieben, Bern

**Xenotransplantation: a new state of the art?**  
*Bruno Reichart, Munich*

09.30 - 10.15

## Session 5

### MODERATED ROUNDTABLE DISCUSSION

Room Genève

(with voting system)

**Xenotransplantation: is it becoming a reality?**  
*Moderator: Robert Rieben, Bern*

**Swiss Transplant Society for Patients (STV)**  
Lara Beekman, Bern

**Guests:**

Lara Beekman, Swiss Association of Transplanted patients  
Leo Bühler, Geneva  
Samia Hurst-Majno, Geneva  
Manuel Pascual, Lausanne  
Bruno Reichart, Munich

10.15 - 10.45

**Coffee break - visit of the exhibition**

Foyer 1st floor

# Friday, January 24, 2020

10.45 - 11.30

**SPONSORED SYMPOSIUM BY ASTELLAS**

Room Genève

**Optimization in transplantation.  
from donation to immunosuppression**



Chair

Jürg Steiger, Basel

10.45 - 11.05

**microRNAs as new targets for immunosuppression**  
Lukas Jeker, Basel

11.05 - 11.25

**At the forefront of liver transplantation -  
from surgery to long-term survival**  
Vanessa Banz Wüthrich, Bern

11.25 - 11.40

**Swiss-wide kidney paired donation program -  
expendable to other organs?**  
Jean Villard, Geneva

11.40 - 12.20

## Session 6

### MANAGEMENT OF RECIPIENTS WITH VERY HIGH BMI

Room Genève

Chair

Maurice Matter, Lausanne

11.40 - 11.55

**Obesity and kidney transplantation**  
*Thomas Wolff, Basel*

11.55 - 12.10

**Bariatric surgery and transplantation**  
*Philipp Dutkowski, Zurich*

12.10 - 12.20

**Podium discussion**

12.20 - 13.20

**Lunch break - visit of the exhibition**

Foyer 1st floor

13.20 - 14.00

## Session 7

### KEYNOTE LECTURE

**Infected donors; the organs that nobody wants**

Room Genève

Chair

Nicolas Müller, Zurich

13.20 - 14.00

**What do we need to feel comfortable with infected donors?**  
*Christian van Delden, Geneva*

# Friday, January 24, 2020

**14.00 - 14.40**    **STS EXCELLENCE & INNOVATION AWARDS**    Room Genève  
with the kind support of Astellas  
Chair                  Markus Barten, President of the STS Excellence  
                                & Innovation Awards, Hamburg

**14.40 - 15.55**  
**Session 8**    **WHAT'S NEW AND HOT IN TRANSPLANTATION?**    Room Genève  
Chair                  Patrizia Amico, Basel

14.40 - 14.55      **Stem cell transplantation**  
                                Gabriela Baerlocher, Bern

14.55 - 15.10      **Lung transplantation**  
                                Ilhan Inci, Zurich

15.10 - 15.25      **Heart transplantation**  
                                Roger Hullin, Lausanne

15.25 - 15.40      **Pancreas / Islet transplantation**  
                                Olivier de Rougemont, Zurich

15.40 - 15.55      **Liver transplantation**  
                                Emiliano Giostra, Geneva

15.55 - 16.10      **Kidney transplantation**  
                                Stefan Schaub, Basel

**16.10 - 16.15**  
**Closing remarks**    Room Genève  
*Maurice Matter, Lausanne*  
*President of the Swiss Society of Transplantation*

# Notes

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# Carry on lightly



- ▶ **Steady tacrolimus blood concentrations<sup>1-3</sup>**
- ▶ **Improved bioavailability with a  $\geq 30\%$  lower dose<sup>\*2-5</sup>**
- ▶ **Convenient intake, from day one (once daily)<sup>5</sup>**

\* Im Vergleich zu anderen Tacrolimus-Formulierungen<sup>4</sup>

**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.swissmedicinfo.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. Ethische 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, PRE-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, Augenerkrankungen, 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 Funktionsstörung 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.swissmedicinfo.ch. Zulassungsinhaber: **Chiesi SA, CH-1752 Villars-sur-Glâne.** Vertrieb: **Vifor AG, CH-1752 Villars-sur-Glâne.** Stand: **Dezember 2017.**

CH-ENV-1900002

## Committees

### STS Board

Prof. Maurice Matter, Lausanne	President
Dr Isabelle Binet, St. Gallen	President-elect
PD Dr Patrizia Amico, Basel	Secretary
Prof. Philipp Dutkowski, Zurich	Treasurer
Prof. John-David Aubert, Lausanne	Communication
Prof. Hendrik, Tevaeearai, Bern	Science and Research
Prof. Jean Villard, Geneva	Council-at-large
Prof. Stefan Schaub, Basel	Past President

### 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
Sylvie Ferrari-Lacraz	Geneva	Immunologie	Internal Medicine
Dela Golshayan	Lausanne	Kidney	Internal Medicine
Patricia Hirt-Minkowski	Basel	Kidney	Internal Medicine
Ilhan Inci	Zürich	Lung	Surgery
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 Tevaeearai	Bern	Heart	Basic science



ECIL # 7 GUIDELINES:  
AI RECOMMENDATION  
FOR CMV# PROPHYLAXIS  
AFTER ALLOGENEIC HSCT#1



The first and only CMV DNA terminase inhibitor.<sup>2</sup>

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).<sup>2</sup>

\* Not a real patient. # CMV: Cytomegalovirus; ECIL: European Conference on Infections in Leukaemia; HSCT: haematopoietic stem cell transplantation.

**Reference: 1.** Ljungman P, De La Camara R, Robin C et al. Guidelines for the management of cytomegalovirus infection in patients with haematological malignancies and after stem cell transplantation from the 2017 European Conference on Infections in Leukaemia (ECIL 7). *Lancet Infect Dis* 2019; Published online May 29, 2019; DOI: 10.1016/S1473-3099(19)30107-0. **2.** Professional information PREVYMIS® (letermovir), [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch).

**Abbreviated prescribing information PREVYMIS® (letermovir).** PREVYMIS® (letermovir): **AI:** letermovir. **I (adults):** prophylaxis of cytomegalovirus (CMV) infection or disease in CMV-seropositive recipients [R+] of an allogeneic haematopoietic stem cell transplant (HSCT). **D:** 480mg once daily; started no later than 28 days after HSCT; continued for up to 100 days post-HSCT; use the solution for infusion only when oral therapy is impossible; dilute concentrate before administration and slowly administer the entire contents IV over 60 minutes; IV infusion only; do not administer as a rapid infusion or bolus. **CI:** hypersensitivity to letermovir/excipients; concomitant administration with pimozide, ergot alkaloids, atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, pitavastatin, rosuvastatin, cyclosporin in combination with pitavastatin, simvastatin. **Pr:** Not recommended in moderate hepatic impairment combined with moderate or severe renal impairment, severe hepatic impairment (Child Pugh C), end-stage renal disease (CrCl < 10ml/min) or dialysis patients; under 18 years: safety and efficacy not established (no data); use with caution with CYP3A substrates with narrow therapeutic ranges. **DDI:** Co-administration with cyclosporin: PREVYMIS 240mg once daily, after cyclosporin is discontinued: PREVYMIS 480mg once daily; potential interactions with other OATP1B1 inhibitors; may increase the plasma concentrations of amiodarone, glyburide, sirolimus, tacrolimus, repaglinide, rosiglitazone, cyclosporin, HMG-CoA reductase inhibitors, midazolam, alfentanil, fentanyl, quinidine; may decrease plasma levels of voriconazole, omeprazole, pantoprazole, phenytoin, warfarin; cyclosporin may increase the plasma levels of PREVYMIS. **P/L:** use only when clearly required; do not breastfeed. **UDE:** very common: headache, cough, nausea, diarrhoea, vomiting, abdominal pain. **P:** film-coated tablets: 28 tablets of 240mg and 480mg; vial: 240mg/12ml; 480mg/24ml. **C:** A. **MAH:** MSD Merck Sharp & Dohme AG, Werftstrasse 4, Lucerne, Switzerland. (v1) CH-CYT-00006; Full prescribing information: [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch);

**Before prescribing, please consult the full prescribing information, published on the homepage of Swissmedic ([www.swissmedic.ch](http://www.swissmedic.ch)) or at [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch).**

Reprint of cited literature can be requested at the address below.  
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# Speakers / Moderators

Patrizia AMICO, Basel

Ilhan INCI, Zurich

Axel ANDRES, Geneva

Rajesh JAYACHANDRAN, Basel

Jean-Marc AYOUBI, Paris

Lukas JEKER, Basel

Gabriela BAERLOCHER, Bern

Angela KOUTSOKERA, Lausanne

Vanessa BANZ WÜTHRICH, Bern

Fanny LEBRETON, Geneva

Markus J. BARTEN, Hamburg

Maurice MATTER, Lausanne

Lara BEEKMAN, Bern

Natalia MÉNDEZ CARMONA, Bern

Franziska BEYELER, Bern

Nicolas MÜLLER, Zurich

Isabelle BINET, St. Gallen

Christian OBERKOFER, Zurich

Stéphane BUHLER, Geneva

Manuel PASCUAL, Lausanne

Leo BÜHLER, Geneva

Bruno REICHART, München

Olivier DE ROUGEMONT, Zurich

Robert RIEBEN, Bern

Michel DUCHOSAL, Lausanne

Davide ROSSI, Bellinzona

Philipp DUTKOWSKI, Zurich

Stefan SCHAUB, Basel

Thomas FEHR, Chur

Jürg STEIGER, Basel

Emiliano GIOSTRA, Geneva

Hendrik TEVAEARAI, Bern

Déla GOLSHAYAN, Lausanne

Christian VAN DELDEN, Geneva

Jana HALLER, Basel

Jean VILLARD, Geneva

Patricia HIRT-MINKOWSKI, Basel

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