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)
9:20-9:45  Non-HLA autoantibodies
Duska Dragun (Berlin, Germany)
9:45-10:10  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 Viklicky (Prague, Czech Republic)
Liver: Giuseppe Tisone (Rome, Italy)

12:20-12:35  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 Watetschig (Vienna, Austria)
14:15-14:40  Perspectives in Liver
Paolo Muisson (Birmingham, United Kingdom)
14:40-15:05  Perspectives in Kidney
Annemarie Weissenbacher (Oxford, United Kingdom)

15:05-16:00  CASE REPORTS ON BORDERLINE DONORS AND ALLOCATION: REAL LIFE SCENARIOS (WITH INTERACTIVE VOTING)
Chairs: Søren Schwartz Sørensen (Copenhagen, Denmark), Luciano De Carlis (Milan, Italy)
15:05-15:20  Case 1 - Kidney
Klemens Budde (Berlin, Germany)
15:20-15:35  Case 2 - Liver
John David Terrace (Edinburgh, United Kingdom)
15:35-15:50  Case 3 - Kidney
John David Terrace (Edinburgh, United Kingdom)
15:50-16:05  Case 4 - Liver
Andrea Schlegel (Birmingham, United Kingdom)

16:05-16:15  Closing remarks
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 main 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 of 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 cardiac circulatory 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.

European CME credits (ECMEC®s)
The event has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 5 European CME credits (ECMEC®s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.