USZ Universitäts Spital Zürich

University of Zurich[UZH]

Transplantation Center

Organ Recovery, Assessment and Repair – Current Status and Future Perspectives

18th Annual Symposium for Referring Physicians and Employees
Friday, 22nd of November 2024, 1.30 – 6.00 pm
University Hospital Zurich, Grosser Hörsaal OST

Find our detailed program and registration here:

Organ recovery, assessment, and repair are key to optimizing outcomes and increasing availability. This symposium focuses on the future and explores the current state and progress at the USZ.

Organisation and contact

University Hospital Zurich
Transplantation Center
Rämistrasse 100
8091 Zurich

transplantationszentrum@usz.ch
www.usz.ch/transplantation

Registration

Please register by November 22nd.

Costs

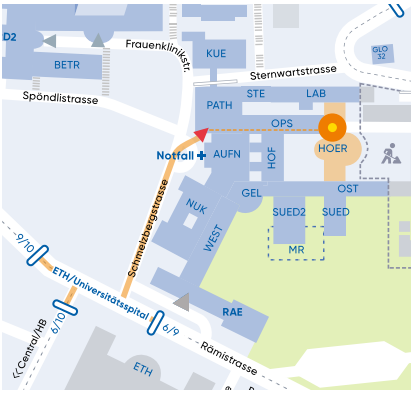
Participation is free of cost.

Venue

University Hospital Zurich
Grosser Hörsaal OST
Via entrance PATH:
Schmelzberstrasse 12
8091 Zurich

Directions

Tram 6, 9, 10 to stop
ETH/Universitätsspital



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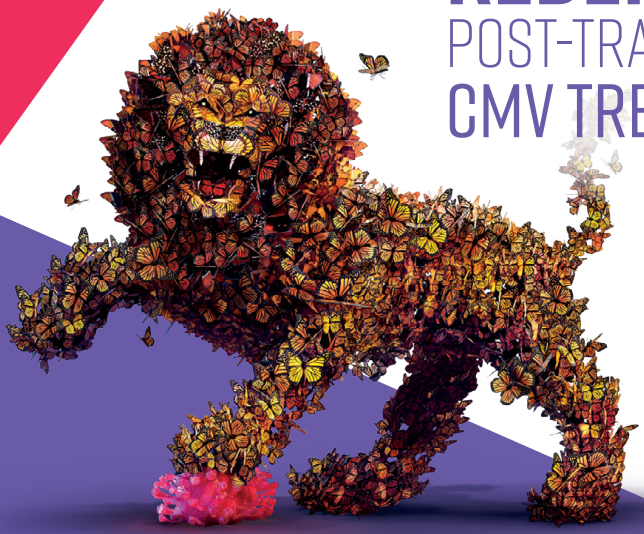
10.24

THE ONLY APPROVED TREATMENT FOR REFRACTORY CMV INFECTION POST-TRANSPLANT[1]

LIVTENCITY®
(maribavir) film-coated tablets 200 mg

REDEFINING POST-TRANSPLANT CMV TREATMENT



LIVTENCITY® (maribavir) is superior to conventional treatments for refractory CMV infection post-transplant in adults:[2]

- **Low neutropenia**
  treatment-related neutropenia ocurred in **1.7 %** of LIVTENCITY® treated patients and in **25 %** of valganciclovir/ganciclovir treated patients.[2]
- **Low nephrotoxicity**
  treatment-related nephrotoxicity ocurred in **1.7 %** of LIVTENCITY® treated patients and in **19.1 %** of foscarnet treated patients.[2]
- **2× the efficacy**
  55.7 % of transplant recipients receiving LIVTENCITY® had confirmed CMV viremia clearance at week 8 (vs 23.9 % receiving conventional treatments; p<0.001).[2]

LIVTENCITY® is indicated for the treatment of cytomegalovirus (CMV) infection and/or disease that are refractory (with or without resistance) to one or more prior therapies, including ganciclovir, valganciclovir, cidofovir or foscarnet in adult patients who have undergone a hematopoietic stem cell transplant (HSCT) or solid organ transplant (SOT).[1]

CMV viremia clearance = plasma CMV DNA < lower limit of quantification (i.e. <137 IU/mL) in two consecutive tests ≥5 days apart; conventional treatments = one or a combination of ganciclovir, valganciclovir, foscarnet or cidofovir.

Healthcare professionals may request a complete copy of the cited literature from the pharmaceutical company. **References: 1.** Product Information LIVTENCITY®, available at www.swissmedicinfo.ch. **2.** Avery RK, et al. Maribavir for Refractory Cytomegalovirus Infections With or Without Resistance Post-Transplant: Results From a Phase 3 Randomized Clinical Trial. Clin Infect Dis 2022;75(4):690–701.

LIVTENCITY® 200 mg (maribavir). GF: film-coated tablets. **I:** For the treatment of cytomegalovirus (CMV) infection and/or disease refractory (with or without resistance) to one or more prior therapies, including ganciclovir, valganciclovir, cidofovir, or foscarnet in adult patients who have undergone hematopoietic stem cell transplantation (HSCT) or solid organ transplantation (SOT). **D**: The recommended dose is 400 mg (two 200 mg tablets) twice daily, equivalent to a daily dose of 800 mg for 8 weeks. Treatment duration should be individualized based on each patient's clinical and virologic characteristics. **CI:** concomitant use with ganciclovir or valganciclovir. Hypersensitivity to the active ingredient or any of the excipients. **W&P:** CMV disease with CNS involvement, virologic failure during treatment and relapse after treatment, risk of adverse reactions or decreased therapeutic effect due to drug-drug interactions, use with immunosuppressive agents. **IA**: *Effect of other drugs on LIVTENCITY:* Avoid concomitant use with strong CYP3A inducers (rifampicin, rifabutin, and St. John's wort). Dose increase is recommended with concomitant use with carbamazepine, phenobarbital, and phenytoin. No dose adjustment is required for concomitant use with CYP3A inhibitors. *Effect of LIVTENCITY on other drugs*: Do not use concomitantly with valganciclovir/ganciclovir. Use with caution when used concomitantly with immunosuppressants (tacrolimus, ciclosporin, everolimus, and sirolimus), sensitive P-gp substrates (digoxin), and rosuvastatin. **P**: The use of LIVTENCITY during pregnancy and in women of childbearing potential who are not using contraception is not recommended. Breastfeeding should be discontinued during treatment with LIVTENCITY. **ADR**: Very common (≥ 1/10): Taste disturbance, nausea, diarrhea, vomiting, fatigue. **P**: Packs of 28 or 56 film-coated tablets. **Sales Category**: A. **Marketing Authorization Holder:** Takeda Pharma AG, 8152 Opfikon, Switzerland. **Detailed information:** www.swissmedicinfo.ch. C-APROM/CH/LIV/0011

▼ This drug product is subject to additional monitoring. For more information, see the LIVTENCITY® Product Information/Patient Information at www.swissmedicinfo.ch.

Takeda Pharma AG, Thurgauerstrasse 130, 8152 Glattpark (Opfikon), www.takeda.ch

Takeda

C-APROM/CH/LIV/0040 08/2024

WIRKSAM BEI INVASIVER ASPERGILLOSE UND MUKORMYKOSE[3]

- Vorteilhaftes Verträglichkeitsprofil im Vergleich zu Voriconazol und Amphotericin B[1,2]
- 1 × tägliche Anwendung* – oral oder i. v. mit 98% Bioverfügbarkeit[3]

CRESEMBA® (ISAVUCONAZOLE)

* in der Erhaltungsdosis
i. v. intravenös

Referenzen
1. Maertens JA, et al. Isavuconazole versus voriconazole for primary treatment of invasive mould disease caused by Aspergillus and other filamentous fungi (SECURE): a phase 3, randomised-controlled, non-inferiority trial. Lancet. 2016;387(10020):760–769. **2.** Marty FM, et al. Isavuconazole treatment for mucormycosis: a single-arm open-label trial and case-control analysis. Lancet Infect Dis. 2016;16:828–837. **3.** Aktuelle Fachinformation CRESEMBA®, www.swissmedicinfo.ch. Referenzen sind auf Anfrage erhältlich.

Cresemba® (Isavuconazol). **Indikationen:** Invasive Aspergillose bei erwachsenen Patienten; Mukormykose bei erwachsenen Patienten mit Therapieresistenz oder Unverträglichkeit gegenüber Amphotericin B sowie bei moderater bis schwerer Niereninsuffizienz. **Dosierung:** Initialdosis: 200 mg Isavuconazol alle 8 Stunden in den ersten 48 Stunden (insgesamt 6 Anwendungen); Erhaltungsdosis: 200 mg Isavuconazol einmal täglich. Die Anwendung muss 12 bis 24 Stunden nach der letzten Initialdosis beginnen. **Kontraindikationen:** Familiäres Short-QT-Syndrom; gleichzeitige Anwendung mit starken CYP3A4-Inhibitoren, starken sowie mässig starken CYP3A4/5-Induktoren oder Indinavir; Überempfindlichkeit gegenüber Isavuconazoniumsulfat oder einem der sonstigen Bestandteile von Cresemba; Stillzeit. **Warnhinweise/Vorsichtsmassnahmen:** Limitierte Daten für eine Therapiedauer von mehr als 6 Monaten, längere Anwendung nur nach sorgfältiger Nutzen-Risiko-Abwägung; Überempfindlichkeit gegenüber Isavuconazol (z.B. anaphylaktische Reaktion, Exanthem, Pruritus, Hypotonie, Dyspnoe, respiratorische Insuffizienz); Überempfindlichkeit gegenüber anderen Azol-Antimykotika; Infusionsreaktionen (z.B. Hypotonie, Dyspnoe, Schwindel, Parästhesien, Übelkeit, Kopfschmerzen); vorbestehende Lebererkrankungen; Transaminasenerhöhung; Arzneimittel, die das QT-Intervall verkürzen; schwere Hautreaktionen; Pankreatitis; moderate oder schwache CYP3A4-Inhibitoren; Proteaseinhibitoren; Arzneimittel, die durch CYP3A4/5, UGT oder CYP2B6 metabolisiert oder durch P-gp, OCT2 oder BCRP transportiert werden; keine Anwendung während der Schwangerschaft, ausser wenn der erwartete Nutzen gegenüber den möglichen Risiken für den Föten überwiegt. **Interaktionen:** Carbamazepin, Phenobarbital, Phenytoin, Rifampicin, Rifabutin, Clarithromycin, Ketoconazol, Johanniskrautpräparate, Ciclosporin, Sirolimus, Tacrolimus, Mycophenolat-Mofetil, Prednison, kurz wirksame Opiate, Methadon, Vincaalkaloide, Cyclophosphamid, Methotrexat, Daunorubicin, Doxorubicin, Imatinib, Irinotecan, Lapatinib, Mitoxantron, Topotecan, Metformin, Repaglinid, Dabigatranetexilat, Warfarin, Lopinavir, Ritonavir, Efavirenz, Etravirin, Indinavir, Saquinavir, andere Proteaseinhibitoren, sonstige NNRTI, Esomeprazol, Omeprazol, Statine, Digoxin, kombinierte hormonale Kontrazeptiva, Dextromethorphan, Midazolam, Colchicin, Coffein, Bupropion. **Unerwünschte Wirkungen:** Anstieg der Serumamylase bzw. Serumlipase, Hypokaliämie, verminderter Appetit, Delirium, Kopfschmerzen, Somnolenz, Schwindel, Tachykardie, Thrombophlebitis, Dyspnoe, akute respiratorische Insuffizienz, Übelkeit, Erbrechen, Abdominalschmerzen, Diarrhoe, erhöhte Leberwerte, Ausschlag, Niereninsuffizienz, Reaktionen an der Injektionsstelle, Müdigkeit, thorakale Schmerzen, anaphylaktische Reaktion u.a. **Packungen:** Pulver für ein Konzentrat zur Herstellung einer Infusionslösung: 1 Durchstechflasche mit 200 mg Isavuconazol; Hartkapseln à 100 mg Isavuconazol: 14. Verkaufskategorie A. **Zulassungsinhaberin:** Basilea Pharmaceutica International AG, Allschwil, Hegenheimermattweg 167b, 4123 Allschwil (Auslieferung: Pfizer AG, Schärenmoosstrasse 99, 8052 Zürich). Ausführliche Informationen siehe Arzneimittel-Fachinformation unter www.swissmedicinfo.ch. (LLD V017)

PP-CRB-CHE-0265 April 2023

PREVYMIS®
Letermovir

For your adult D+/R– kidney transplant recipients,

CMV management is challenging to navigate[1]

Begin the prophylaxis journey

with PREVYMIS®

NOW INDICATED

CMV prophylaxis with PREVYMIS® for high-risk adult D+/R– kidney transplant recipients[3]

PREVYMIS® helps keep your appropriate patients protected following kidney transplantation.[2]

- Proven efficacy[2]
- Good safety profile[2,3]
- 1x Once-daily dosing[3]
- Low risk of cross resistance[2,3]

CMV prophylaxis with PREVYMIS® should be started on day 0 of transplantation and no later than day 7 after kidney transplantation and continued until week 28 (approx. 200 days) after transplantation.[3]

References: 1. Kotton CN, Kumar D, Caliendo AM, et al. The third international consensus guidelines on the management of cytomegalovirus in solid-organ transplantation. Transplantation. 2018;102(6):900–931. doi:10.1097/TP.0000000000002191. **2.** Limaye AP, Budde K, Humar A, et al. Letermovir vs valganciclovir for prophylaxis of cytomegalovirus in high-risk kidney transplant recipients: a randomized clinical trial. JAMA. 2023;330(1):33–42. doi:10.1001/jama.2023.9106. **3.** Prescribing information PREVYMIS® (letermovir), www.swissmedicinfo.ch. Copies of the study publications can be requested on demand at dpoc.switzerland@msd.com.

MSD

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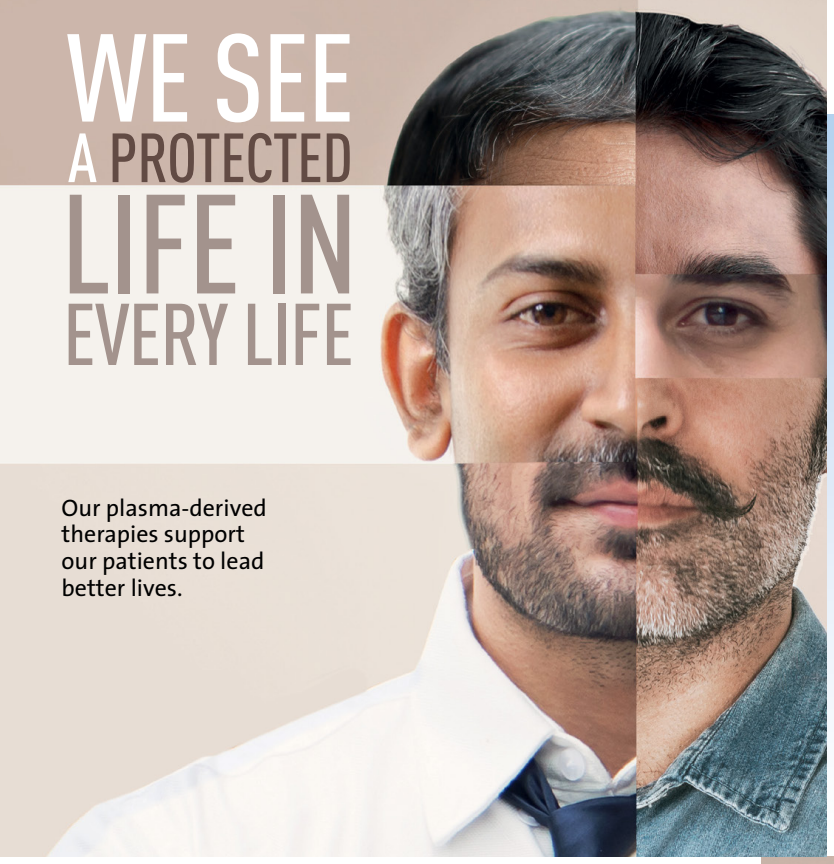
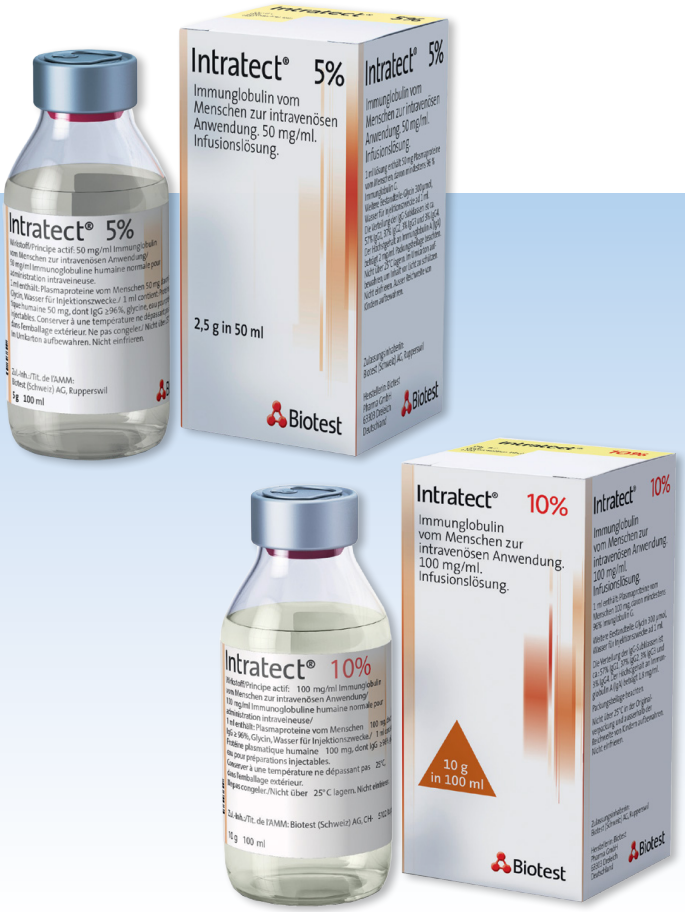
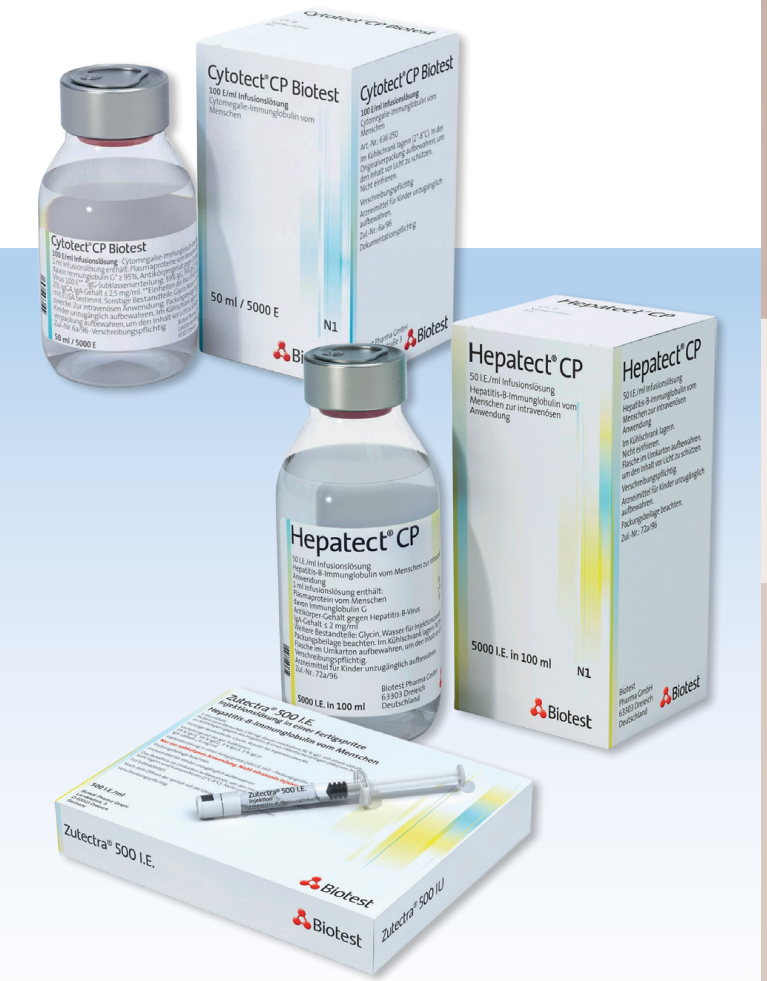
HEMOPHILIA | IMMUNOLOGY | TRANSPLANTATION | INTENSIVE CARE

WE SEE A PROTECTED LIFE IN EVERY LIFE



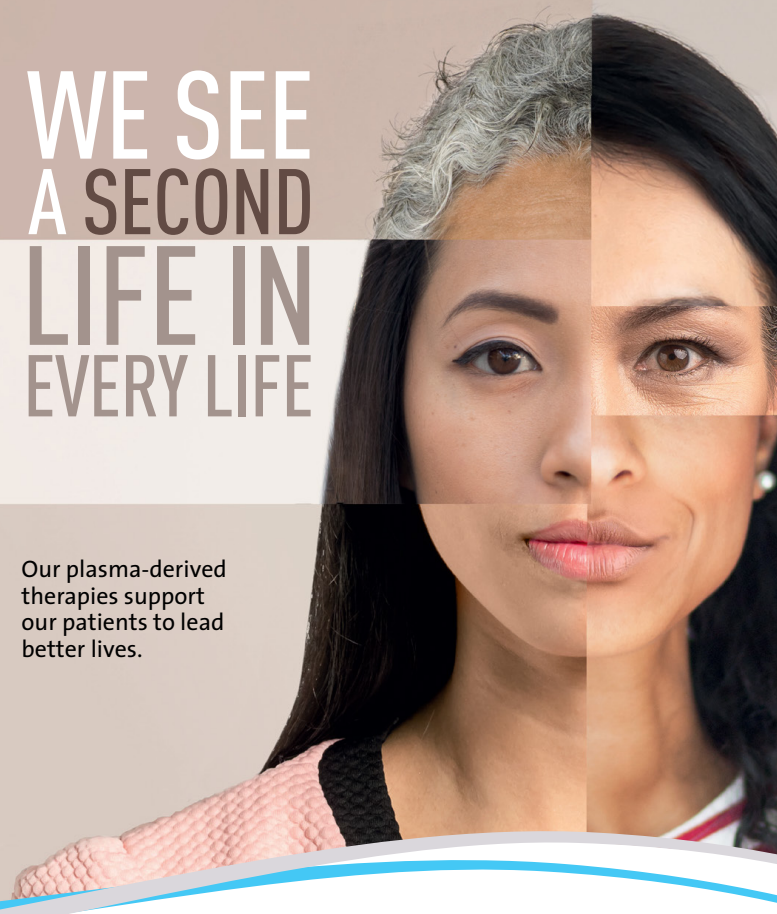
Our plasma-derived therapies support our patients to lead better lives.





HEMOPHILIA | IMMUNOLOGY | TRANSPLANTATION | INTENSIVE CARE

WE SEE A SECOND LIFE IN EVERY LIFE



Our plasma-derived therapies support our patients to lead better lives.

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www.biotest.ch

Biotest

From Nature for Life

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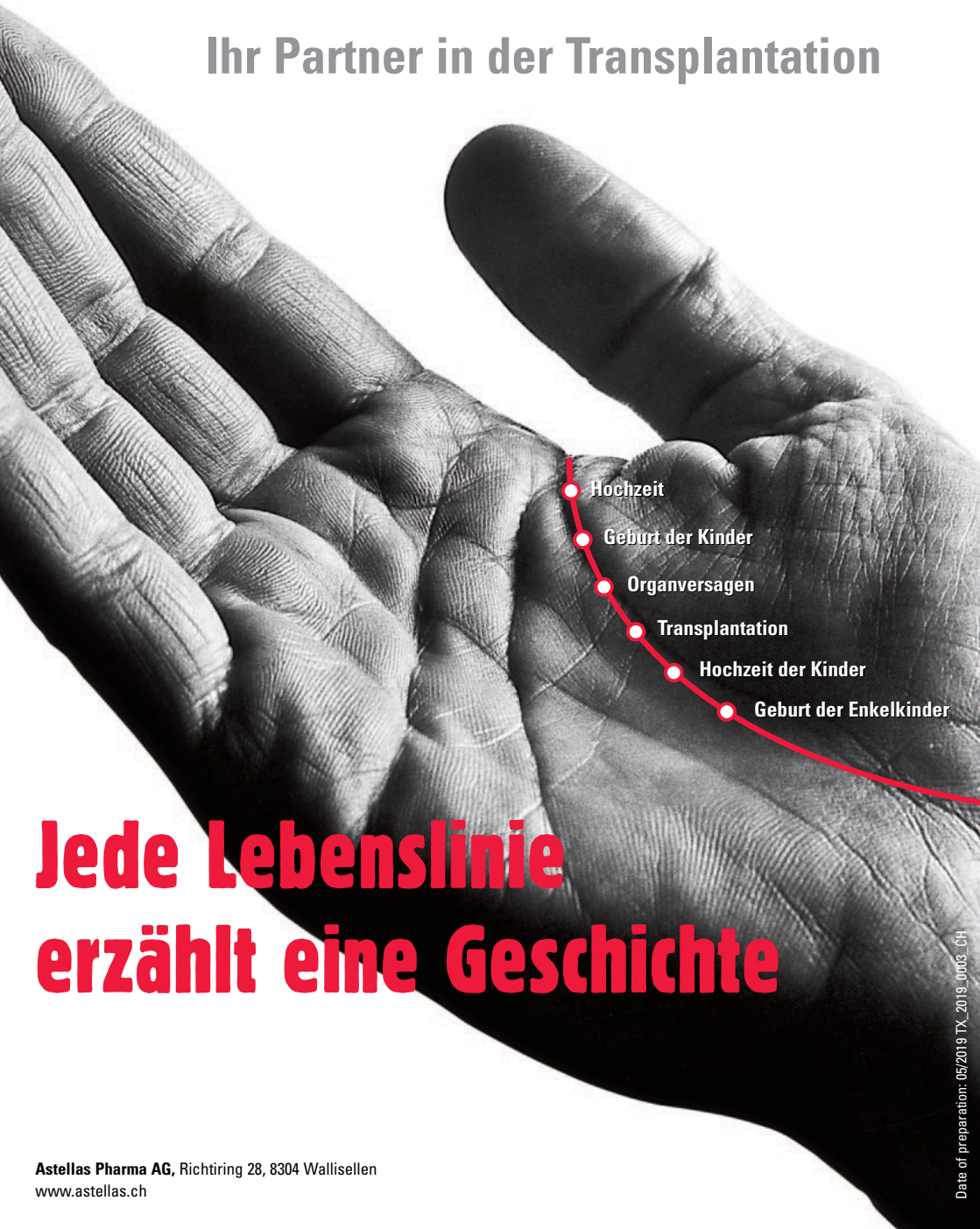
Ihr Partner in der Transplantation



Jede Lebenslinie erzählt eine Geschichte

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www.astellas.ch

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