



Annual Report 2025

**University Hospital of
Zurich Transplant Center**

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1 The Transplant Center in its 19th Year

Prof. Dr. med. Nicolas Müller, Head of the Transplant Center

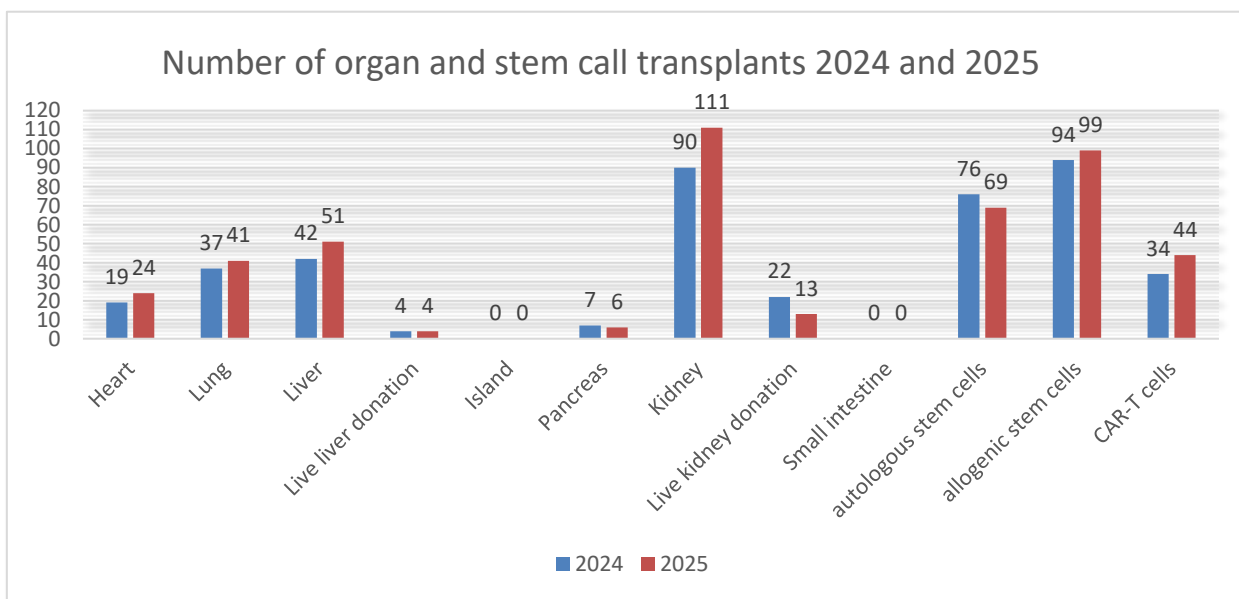


Figure 1: Case numbers depicting the change compared to the previous year

Summary

In 2025, a total of 250 solid organ transplants were performed (2024: 221); 25 patients on the organ transplant waiting list passed away (2024: 27). In 2025, 99 allogeneic transplants, 69 autologous transplants, and 44 CAR-T cell therapies were performed.

Transplant Center Highlights

With 2024 being another “normal” year for our transplant center in terms of the number of transplants, the record set in 2023 was broken again in 2025, with 250 transplants being performed. Given that our overall resources remained unchanged, this is an impressive achievement that was made possible only by the personal dedication of many individuals.

The first meeting with the completely renewed International Advisory Board was held prior to the symposium. We would like to take this opportunity to extend our heartfelt thanks to all previous advisors for their loyalty and support in all matters. We are very much looking forward to working with the new Board, which once again includes world experts from abroad.

The center successfully passed the regular inspection by the BAG/Swissmedic, and all licenses were renewed in 2025.

The establishment of the Organ Recovery/Repair/Assessment Center has received the necessary boost with the approval of a major USZ grant.

Research and training

With 74 publications, the center was once again highly successful in the academic sphere.

The Transplant Center’s 19th annual symposium, held during the reporting year, was themed “Current Challenges in Solid Organ and Hematopoietic Stem Cell Transplantation: A Tour d’Horizon Through Europe and Canada,” and once again drew considerable interest. During the event, the new International Advisors introduced themselves and shared insights from their wealth of experience.

Targets for 2026

- First implementation of the normothermic regional perfusion (aNRP) organ retrieval procedure and consolidation through 2026
- Establishment of the organ recovery center
- Contractual agreement with Geneva regarding islet cell transplantation

- Contractual agreement with the Children's Hospital Zurich regarding heart transplantation

2 Transplant-specific services

2.1 Transplant Coordination

Stefanie Schiess, Head of Transplant Coordination

Introduction

The year 2025 was marked by significant structural, staffing, and organizational developments for the Transplant Coordination Department at the University Hospital of Zurich. In addition to ensuring the smooth day-to-day operation of the department, particular focus was placed on adjusting the team structure, setting a strategic course in the area of living donation, and further developing data and quality processes.

Personnel Development and Team Structure

Throughout 2025, several personnel and organizational adjustments were made to strengthen the future direction of the Transplant Coordination Office in a sustainable manner.

The composition of the leadership team was further refined, and the 2025 annual goals were defined collaboratively. These served as substantive and strategic guidelines for future collaboration.

A key structural decision concerned the organization of living donations. During 2025, it was decided to separate Living Donation organizationally from Transplant Coordination and transfer it to the Department of Visceral and Transplant Surgery. Effective January 1, 2026, Nathalie Bodri will assume responsibility as Living Donation Coordinator. She had already been trained in the existing processes in December 2025. These adjustments led to internal team realignments. These changes were made with the goal of strategically leveraging professional expertise and clearly aligning the team structure with the organ-specific areas.

Technical and Organizational Priorities for 2025

Organizational and Process Adjustments

In February 2025, comprehensive changes were made to the liver transplant waiting list. At the same time, the liver colloquium was further developed to structure decision-making processes and further strengthen interdisciplinary coordination.

Data Management and Quality

In April 2025, the kick-off meeting for the development of a new database took place. The goal of this project is to achieve sustainable improvements in data quality, process traceability, and analytical capabilities.

Considering individual feedback regarding the perceived quality of the work performed by the Transplant Coordination Team, it was decided to evaluate this aspect systematically and based on facts. To this end, questionnaires were developed to assess organ offers and the associated procedures. The goal was to conduct a transparent analysis of the processes and to identify potential improvement measures.

At the same time, the Federal Office of Public Health (BAG) is working on a new release of the Swiss Organ Allocation System (SOAS). Several months ago, a national working group was established, in which a staff member from the Transplant Coordination Team actively participates on an ongoing basis — at least once a week. Together with experts in transplant and donor management from across Switzerland, requirements, processes, and user needs are being incorporated. The goal is to design the new release to be practical, high-quality, and forward-looking.

Further Education and Congress Participation 2025

In 2025, the Transplant Coordination Office continued to maintain its professional presence both nationally and internationally:

- January: Participation in the STS Congress.
- March: Participation in the SWTP winter symposium.
- June: Participation in the Oncology Transplant Congress.
- June: Participation in the Annual DCA Symposium.
- June: Participation in ESOT Congress.

In addition, three employees completed the Swisstransplant/CNDO Organ Donation Process training course and are now authorized to use the title "Swiss Expert in the Swisstransplant/CNDO Organ Donation Process."

The professional exchange that took place during these events provided important impetus for the further development of Transplantation Coordination and for aligning our work with national and international standards.

Key Figures 2025

In 2025, the Transplant Coordination Team carried out 179 evaluations and added 283 patients to the national waiting list.

Live Donations:

- Live kidney donation Stage 1: 31
- Live kidney donation Stage 2: 22
- Live liver donation Stage 1: 7
- Live liver donation Stage 2: 4

At the end of December 2025, 11 employees were working in Transplant Coordination with a total workload of 9.1 FTEs.

Strategic Context and Outlook

The year 2025 was a transitional year marked by both consolidation and targeted realignments. The Transplant Coordination Team continued to reliably fulfill its role as the central point of contact within the Transplant Center, while also laying important groundwork for future developments.

For the coming years, particular focus will be placed on further professionalizing data structures, stabilizing the new team structure, and fostering close interdisciplinary collaboration with all participating departments.

2.2 Transplant Immunology Laboratory

Dr. med. PhD. Jakob Nilsson, Head Physician, Dr. med. Dr. sc. Lukas Frischknecht, Senior Physician, Transplant Immunology and Zehra Gündüz, Head Biomedical Analyst HF (BMA), HLA Typing Laboratory

Performed Analyses

In 2025, the Transplantation Immunology Laboratory continued to provide the USZ Transplant Center with laboratory analyses in transplantation immunology that met the highest international standards. Of the 9,288 clinical samples received by the laboratory, 2,786 HLA typing tests and 8,471 bead-based analyses of anti-HLA antibodies were performed. The laboratory maintains a 24-hour on-call service to ensure rapid HLA typing of organ donors and thereby facilitate the allocation of donated organs within the Swiss Organ Allocation System (SOAS). In 2025, we performed HLA typing on 58 deceased organ donors. We also contributed to the cross-matching of an additional 147 deceased organ donors. We supported the stem cell transplantation program by conducting transplant immunological testing on 120 potential stem cell recipients and HLA typing of 190 potential donors.

Waiting List for Organ Transplantation

The Transplant Immunology Laboratory continuously conducts transplant immunology tests to ensure that the waiting lists for organ transplants are always kept up to date. As of January 1, 2026, there were 290 patients on the waiting list for a donor kidney at USZ, of whom 92 were registered in 2025 alone. During the same period, 125 patients at USZ received a new kidney (including 13 from living donors). Regarding lung transplants, we conducted 74 transplant immunological evaluations of potential recipients in 2025, and 41 patients received a new lung at USZ. As of January 1, 2026, 22 patients were on the waiting list for a lung transplant. Finally, we also performed immunological characterization of 23 potential candidates for heart transplantation, whereby a total of 24 patients underwent transplantation at the USZ in 2025. As of January 1, 2026, 11 patients remained on the waiting list.

Important Changes to the Laboratory Tests

In 2025, several changes were made to our laboratory procedures. We now perform anti-HLA antibody testing using two methods for all new patients on the waiting list. This allows us to formulate a more detailed immunological transplantation strategy and improves the assessment of virtual crossmatches in the context of organ allocation. Furthermore, we have validated a multiplex approach for sequencing the 11 HLA genes using Oxford Nanopore technology. This will enable us to standardize our HLA sequencing in the future and streamline our workflow.

Additional Information

There were no new hires in the Transplant Immunology Laboratory in 2025, while two medical laboratory technicians (Nicole Teutsch and Ladina Strimer) left the team. The European Federation for Immunogenetics (EFI) also conducted an accreditation process for the laboratory, and the laboratory's EFI accreditation was successfully renewed with no nonconformities identified and with positive comments on the laboratory's high standards. The laboratory continued to support the ongoing Swiss Transplant Cohort Study (STCS) by processing 304 clinical samples from transplant patients in 2025 and by collecting and dispatching aliquots from stored samples for STCS-approved clinical trials.

2.3 Awards

Awards/Distinctions the TPLZ has received or that clinics have received in connection with organ transplantation:

Clinical Study Award 2025 of the Transplant Center Zurich

- **Dr. Sc. med. Anne-Laure Leblond and Dr. med. Birgit Maria Helmchen** for their work on " HEV ORF2 protein-antibody complex deposits are associated with glomerulonephritis in hepatitis E with reduced immune status."

Laboratory Experimental Study Award 2025 of the Transplant Center Zurich

- **Dr. med. Carolin Steinack** for her work on " Transbronchial cryobiopsy alone versus combined with traditional forceps biopsy for acute cellular rejection in lung transplant recipients. A diagnostic randomized trial."

Merit Award 2025 of the Transplant Center Zurich

- The dedicated liver transplant recipients who volunteer to assist patients awaiting scheduled liver transplants through a peer-to-peer system were honored with the "2025 Award of Merit" for their contributions in advising and supporting their fellow patients.



Figure 2: Two of the Liver Transplant Peers accept the 2025 Merit Award

2.4 Involvement of TPLZ Members nationally and internationally

Andreas Flammer

Board Member of the “Heart Failure Association (HFA)” of the European Society of Cardiology (ESC)
Co-Chair HFA Committee on Digital Health (2024-2026)
President (2025-2027) Swiss Transplant Working Group “Herz” (STAH)
Member of the Comité Médical Swisstransplant
Member of the Scientific Committee of the STCS
Member of the Swiss Transplantation Society
Member of the Swiss Society of Cardiology (SSC)
Nucleus Member of the SSC Working Group Heart Failure (President 2020-2022)

Lukas Frischknecht

Member Transplantation Society
Member European Federation of Immunogenetics
Member of the Swiss Transplant Society

René Hage

Since 09/2025 European Respiratory Society (ERS) Secretary Assembly 8 (Thoracic Surgery & Transplantation)
Associate Editor for the Journal of Heart and Lung Transplantation Open (ISHLT)
Associate Editor for Breathe (ERS)
Committee Member ISHLT Guideline ALAD
Committee Member ISHLT Guideline Transition Pediatric to Adult

Wesley Hayes

Member of the Swisstransplant Kidney Working Group (STAN)
Member of the Swisstransplant Kidney Paired Donation Group (KPD)

Sven Hillinger

Scientific Committee: Swiss Transplant Cohort Study
Member Ethics-Committee of the University Hospital Zürich

Kerstin Hübel

Member of the Board: STAPS
Member of the Swiss Kidney Paired Donation Group (KPD)
Member of the Swiss Transplant Society
Fellow of the European Board of Surgical Qualification - Transplant Medicine

Stephanie Klinzing

SGUM: Member of the Continuing Education Committee POCUS
Swisstransplant: Member CNDO (Representative SGI)

Andreas Kremer

Council Member and Program Committee of Swiss Association for the Study of the Liver (SASL)
Scientific Committee of Swiss Transplant Cohort Study (STCS)
Board Member of Swiss Transplantation Society (STS)
Council Member of Swiss Transplant Audit Group Liver (STAL)
Member of the American Association for the Study of Liver Disease (AASLD)
Steering Committee (2013-2021) and Member of German Pruritus Research Society (AGP)
Member of the German Liver Foundation (Dt. Leberstiftung)
Member of the German Society for Internal Medicine (DGIM)
Member of the European Association for the Study of the Liver (EASL)
Member of the International Society for the Study of Itch (IFSI) and Council Member of the Special Interest Group for Systemic Itch at IFSI
Member of the Dutch Society of Hepatology (NVH)
Member of the Swiss Society of Gastroenterology (SGG)
Steering Committee of Swiss HePa
Member of the International Liver Transplantation Society (ITLS)

György Lang

Member of the LAS Review Board, Eurotransplant Foundation
President of the ÖÄK examination board for thoracic surgery specialists
Member STALU Swisstransplant

Nicolas Müller

Board member, Past president, Swiss Society of Infectious Diseases
Member, IVHSM specialized body
PI and Chairman of Scientific Committee, Swiss Transplant Cohort Study
Member of the Board, and Head Scientific Committee, Swiss Society of Transplantation
Editorial Board Xenotransplantation; Transplant Infectious Diseases, Transplantation
Member, Comité Médical, Swisstransplant
Council member-at-large, Immunocompromised host society ICHS

Mirjam Nägeli

Board member and academic secretary SCOPE (Skin Care in Organ Transplant Patients Europe)
Member Scientific Committee Swiss Transplant Cohort Study (STCS)
Member ITSCC (International Transplant Skin Cancer Collaborative)
President Working group Organ transplantation SGDV (part of Swiss society of Dermatology and Venerology)

Fabian Rössler

Member of the Swiss Transplant Kidney working group (STAN)
Member of the Swiss Transplant Pancreas working group (STAPS)
Member Scientific Committee (STCS, Swiss Transplant Cohort Study)
Member of the Swiss Transplant Society
Fellow of the European Board of Surgical Qualification - Transplantation
Board Member of the European Pancreas Transplant Research Consortium

Thomas Schachtner

Member of the Swiss Transplant Kidney working group (STAN)
Member Scientific Committee (STCS, Swiss Transplant Cohort Study)

Stefanie Schiess

Swisstransplant: Member of a CNDO working group
 Member Comité Medical Working Group

Martin Schmiady

Member European Association for Cardio-Thoracic Surgery (EACTS)
Board Member Swisstransplant working group Procurement and Transport (STAPT)

Isabelle Schmitt-Opitz

SAKK Thoracic Surgery Representative for the Lung Cancer Group
Chair Lung Cancer Center Zurich
Robotic Board, University Hospital Zurich
Transplant Center Board, University Hospital Zurich
University of Zurich, Filling the Gap and Stierlin Prize UZH evaluation committees
International Mesothelioma interest group (iMig) board member
Board of Trustees Schulthessklinik
Medizinischer Beirat Kliniken Valens
Comprehensive Center for Chest Diseases (CCCCD) Advisory Board Med Uni Wien
American Association of Thoracic Surgeons (AATS) Member of Thoracic Clinical Practice Standards Committee, Membership Committee, and Thoracic Education Committee
Swiss Society for Thoracic Surgeons (SGT), Board Member
European Society of Thoracic Surgeons (ESTS) Past President, Member of Learning Affair Committee, organizer of ESTS Congress 2027 in Zurich
International Association of the Study of Lung Cancer (IASLC), Board Member, 10th TNM edition: SPFG
Steering Committee member and Chair of the Meso Domain
International Society of Heart and Lung Transplantation (ISHLT) representative of the Advanced Lung Failure and Transplantation Interdisciplinary Network Steering Committee

Journal of Thoracic and Cardiovascular Surgery (JTCVS) Associate Editor
JAMA Surgery Editorial Board Member
European Lung Cancer Conference (ELCC) program committee, scientific committee 2026
European Society for Medical Oncology (ESMO) program committee and scientific committee 2026

Dominik Schneidawind

Vice President of Swiss Blood Stem Cell Transplantation (SBST)
President of the Commission Allogeneic Transplantation (KAT) of SBST
Vice President Swiss Group for Clinical Cancer Research (SAKK) Cellular Therapies Working Group
Scientific Committee Member of the Swiss Transplant Cohort Study (STCS)
European Society for Blood and Marrow Transplantation (EBMT)
JACIE Inspector for EBMT
Swiss Society for Hematology (SGH)
German Society of Medical Oncology and Hematology (DGHO)
German Working Group for Hematopoietic Cell Transplantation and Cellular Therapy (DAG-HSCT)
European Organization for Research and Treatment of Cancer (EORTC)
Consortium for iNKT Research and Therapy (CiRT) Advisory Board Member

Rolf Schüpbach

Member Swiss Society of Anesthesiology and Perioperative Medicine (SSAPM)
Swiss Transplant Society
Diplomate of the European Society of Anaesthesiology and Intensive Care (DESAIC)
Invited Faculty, Walter Brendel Kolleg, Berlin. A recurrently invited contributor to the academic programme of the Walter Brendel Kolleg (Berlin), a well-established and selectively attended forum for advanced scholarship in transplantation medicine. Contributions comprise the delivery of specialist lectures—primarily in anesthesia for liver transplantation and perioperative coagulation management—and participation in the characteristically exacting interdisciplinary discourse among an invited international cohort of senior clinicians and academic peers.

Igor Tudorache

Member of the International Society of Heart and Lung Transplantation (ISHLT)
Member of the European Association for Cardio-Thoracic Surgery (EACTS)
Board Member of the Swiss Transplant Working Group "Heart" (STAH)

2.5 Continuous Education

Prof. Dr. med. Nicolas Müller, Member of the TNT Organizing Committee

The Transplantation Center's **19th Annual Symposium** was dedicated to the topic: **"The Current Challenges in Solid Organ and Hematopoietic Stem Cell Transplantation: A Tour d'Horizon through Europe and Canada,"** during which our new International Advisors had the opportunity to introduce themselves and address important current issues in transplantation from their perspective.

The **2025 TNT Seminar** focused on both specific and overarching topics, and in addition to speakers from the USZ, we were able to secure renowned international speakers (see page 60 for the detailed program).

We would like to take this opportunity to extend our heartfelt thanks to our sponsors; without them, these events could not take place on this scale. Our latest appeal for support was met with great generosity, which delighted us and enables us to continue our work on the same scale. The program can be found in the appendix.

2.6 Swiss Transplant Cohort Study (STCS)

Prof. Dr. med. Nicolas Müller, President Scientific Committee STCS

Under its new structure as an association whose members comprise the six transplant centers, the process of transforming the organization into a Data Infrastructure and Services Organization — dedicated entirely to research and quality assurance — has continued to progress successfully. In collaboration with the SNFS, Key Performance Indicators (KPIs) were developed to enable targeted management and monitoring of activities.

With over 9,775 transplants performed on 9,169 patients since its inception in 2008, the cohort has grown to a considerable size. Of these, approximately one-third of all patients are in Zurich, underscoring the importance of our center to the STCS.

3 Organ Donation Network

Donor Care Association (DCA)

The following information is taken from the 2025 annual report of the Donor Care Association (DCA; www.dca.ch). Organ donation medicine comprises the specialist hospital-based processes relating to organ donation. The employees of the DCA are affiliated with the University Hospital Zurich (USZ).

In 2025, 32 organ donations were carried out within the DCA network — a steady number compared to the previous year.

A further shift from DBD to DCD donations was observed, which is also in line with overall Swiss trends.

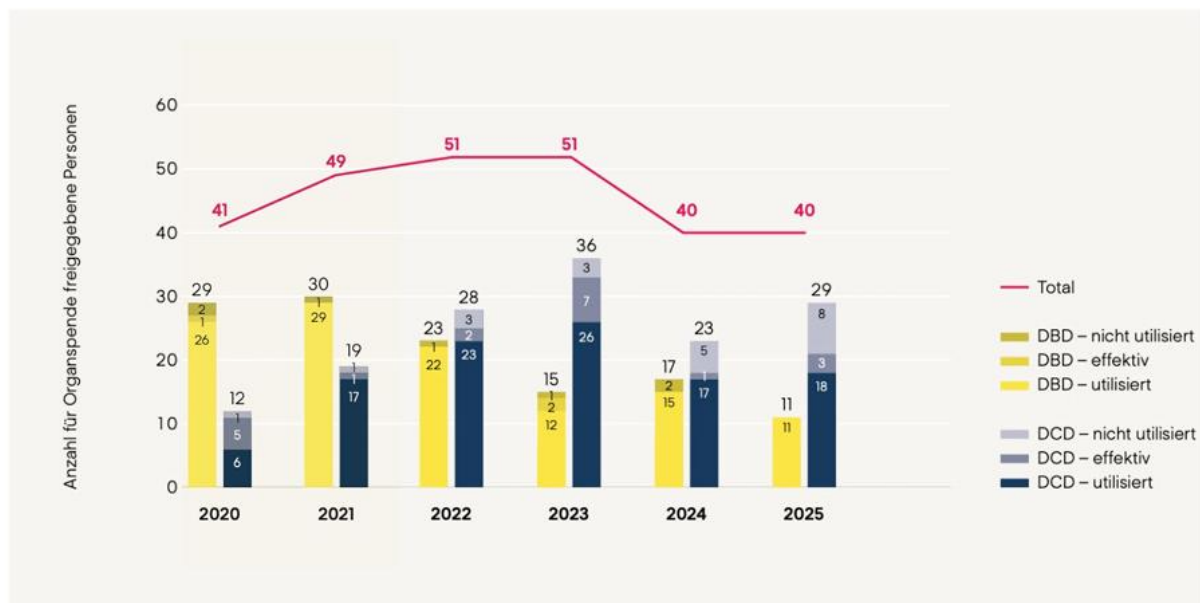


Figure 3: Trend over time in the number of donors approved for organ donation in the DBD and DCD protocols of the Donor Care Association, 2020–2025

4 General Care of Transplant Recipients at the Transplant Center

4.1 Anesthesiological Aspects of Transplantation

Dr. med. Rolf Schüpbach, Senior Consultant, Institute of Anesthesiology and Perioperative Medicine

Dr. Myrtha Kohler has joined the anesthesia team. Dr. Sandra Guzzella has completed her two-year rotation in cardiac anesthesia and is returning to the TPL team. She is succeeded by PD Dr. Christian Schaer, who is expected to spend one year specializing in cardiac surgery anesthesia.

The number of consultations conducted regarding placement on the waiting list for lung or liver transplants once again reached a high of 179 (183 in the previous year); the number of patients on the waiting list is based on figures from the Transplant Coordination Office.

With a team of 10 specialized anesthesiologists, the department managed 41 lung transplants and 53 liver transplants, including four patients for living-donor liver transplants. Of the 125 kidney transplants, 13 were living-donor kidney transplants, for which organ retrieval is now exclusively robot-assisted; implantation is also increasingly being performed using robotic technology.

Preparations for the introduction of the abdominal NRP were made during various meetings; the anesthesiology department's involvement is limited to coordination tasks within the FOP.

4.2 Nursing Care in the Transplant Center

Helen Ziegler, MScN, nursing expert area C

Nursing Transplant Department E Ost III

Ost E III is a highly specialized, interdisciplinary inpatient unit that provides comprehensive care for transplant patients. It has a capacity of 15 beds. Approximately 23 nurses work in shifts to ensure continuous care 365 days a year.

When patients are offered an organ, they are usually admitted to Ost E III and receive specific preparation for the upcoming surgery.

Following a lung, liver, kidney, pancreas, or islet transplant, patients in this unit receive specialized care and comprehensive support tailored to their individual needs.

The diverse scope of responsibilities also includes structured patient education on safe and timely use of immunosuppressants, as well as planning for discharge, whether to a rehabilitation clinic or their own home.

The focus has continued to be on process optimization to ensure that the demanding educational sessions are conducted in a patient-centered manner and with the best possible outcomes, despite occasionally short stays.

APN Care Consultations

At the Transplant Center of the University Hospital of Zurich (USZ), three Advanced Practice Nurses (APNs) provide specialized nursing consultations for patients before and after a kidney, liver, or heart transplant. These nursing consultations are an integral part of interdisciplinary care and play a central role in the clinical and psychosocial support of patients before and after an organ transplant. Their work spans all phases of the treatment process. Consultations are provided in-patient, outpatient, as well as by phone or electronically.

Through their specialized expertise, APNs make a significant contribution to the quality and safety of transplant-specific care. The number of consultations has also continued to increase in 2025.

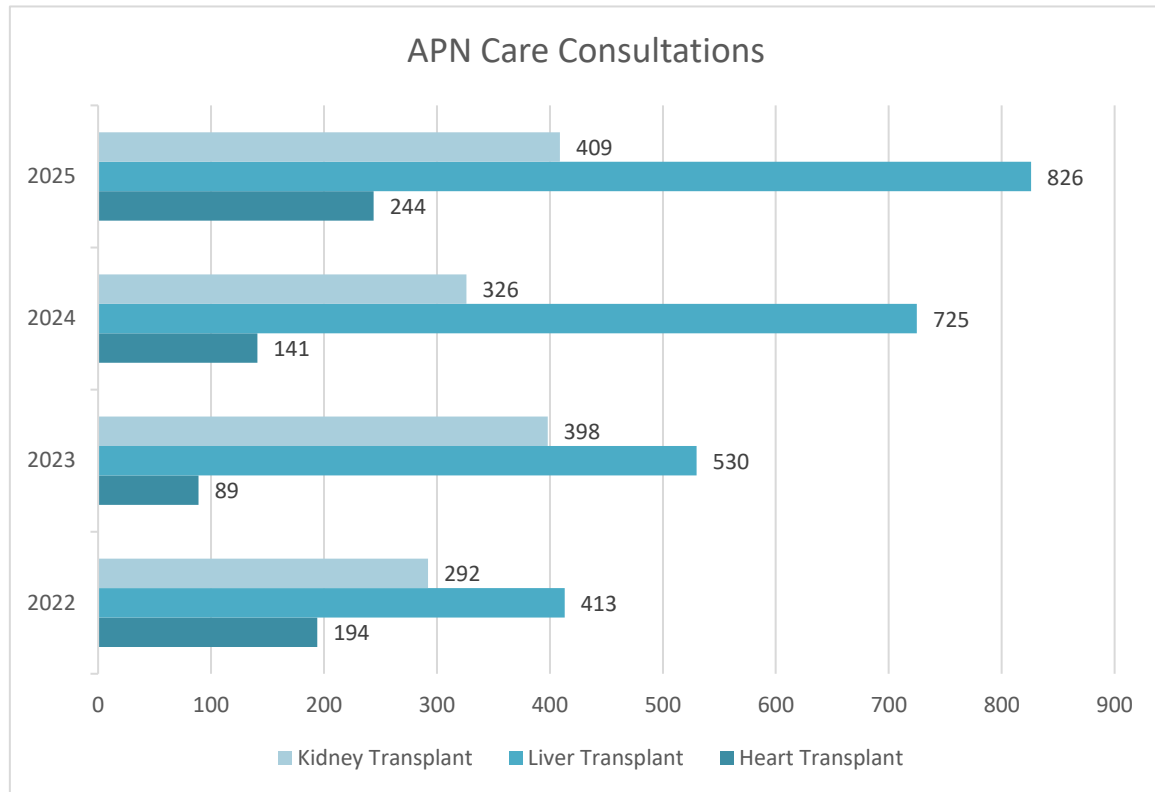


Figure 4: Number of APN Care Consults 2025

In the pre-transplant setting, APNs support patients as they prepare for transplantation. This includes symptom management, guidance on the waiting list process, promoting a health-conscious lifestyle, and coping with psychological stress. When necessary, contact is established with transplant recipients to facilitate the exchange of experiences.

After transplantation, the focus is on education regarding medication management, the prevention of infections and complications, and promoting self-monitoring. APNs also support patients during the transition to rehabilitation and their reintegration into daily life.

APNs work closely with various interprofessional partners, including physicians, nurses, physical therapists, consulting psychiatrists, nutritionists, social services, and transplant coordinators. There is also an established collaboration with external institutions such as home care services, rehabilitation clinics, primary care physicians, and other hospitals. There are also structured transition programs that support young adults as they transition from pediatric to adult care.

These networks ensure seamless care and support continuity of care across institutions.

4.3 Infectious Disease Care for Transplant Patients

Prof. Dr. med. Nicolas Müller, Head Physician, Clinic for Infectiology

Care is provided at various levels. The proportion of consultations with a transplant-specific focus remains at approximately 20% of all requested infectious diseases consultations, which represents a large number. Our weekly interdisciplinary rounds are well established: Joint discussions from both surgical and medical specialist perspectives, supplemented by insights from infectious disease and pharmacology — and, for part of the rounds, with the participation of specialized nursing staff — enable optimal care for these complex patients. Our specialized vaccination and immunosuppression clinics are also being used ever more frequently for specialized preparation, including bringing vaccination status up to date. And last but not least, our patients benefit from our Outpatient Parenteral Antimicrobial Therapy (OPAT) program when it comes to the outpatient treatment of complicated infections.

4.4 The Care of Organ Transplant Patients in Dermatology

Dr. med. Mirjam Nägeli, Dermatology Clinic

Recipients of solid organs as well as bone marrow and stem cells are seen collectively at the specialized Immunosuppressed Patients Clinic (ISS) within the Department of Dermatology. The ISS is the only outpatient clinic in dermatology that remains on the campus of the University Hospital of Zurich (USZ) and has not been relocated to the Circle. In 2025, we recorded over 2,800 consultations with more than 2,000 patients. The primary focus is on the prevention, early detection, and treatment of non-melanoma skin cancer (squamous cell carcinoma of the skin), which is the most common malignant tumor resulting from long-term immunosuppression. On the one hand, existing tumors are identified and removed as part of the pre-transplant evaluation. On the other hand, transplant patients are made aware of the risks associated with non-melanoma skin cancer and are educated on prevention through appropriate behavior, clothing, and the use of sunscreen, as well as on early detection. In an inpatient setting, we offer extracorporeal photopheresis for patients with chronic lung rejection (bronchiolitis obliterans) following lung transplantation and chronic graft-versus-host disease following stem cell transplantation (in addition to dermatology patients with Sézary-type cutaneous T-cell lymphoma).

Information Brochures

In addition to the consultation, new patients receive the brochure "The Skin with Suppressed Body Defenses."

Studies

We document patients in Switzerland who, following an organ transplant, receive immunotherapy with checkpoint inhibitors to treat advanced cancer.

4.5 Special Transplant Psychiatry Consultation at the Clinic for Consultative Psychiatry and Psychosomatics

KD Dr. med. Katja-Daniela Jordan, Clinic for Consultative Psychiatry and Psychosomatics

All organ recipients are offered high-quality psychosocial assessment and care. This is provided — from the initial assessment and counseling session, through the waiting period, the postoperative hospital stay, and into the long-term follow-up — by the same specialist whenever possible. Family members are also involved in the treatment as needed. In addition, psychosocial assessments and counseling are provided to individuals prior to living donation. Our care is provided on the wards as part of inpatient stays, as well as through outpatient or telemedicine consultations. In addition, team members participate in ward rounds, interdisciplinary case conferences, and listing colloquia. In our outpatient clinic, care can also be continued over a longer period of time.

Despite a modest staffing budget and several personnel changes, this was achieved thanks to excellent collaboration with numerous specialists and clinics at the University Hospital of Zurich (USZ) and involved external agencies, as well as integration into the Consultation and Emergency Psychiatry Department under the direction of PD Dr. med. Sebastian Euler. By 2025, all psychology positions had been restaffed and the onboarding phase for our two new psychologists, Luana Donadio and Joana Stefaniak, has been completed. Fortunately, we were able to reestablish our joint meetings with the newly assigned psychologist, Alea Sutter, from the Nephrology Department at the Children's Hospital Zurich. During these meetings, we discuss upcoming patient transitions from the Children's Hospital to the USZ, as well as psychosocial assessments of living donors and recipients, as part of our professional exchange.

Staff members are deeply committed to teaching and continued education. In collaboration with the Department of Nephrology, led by Prof. Dr. med. Britta George, and numerous dialysis centers in and around Zurich, all 430 first-year students in medicine, dentistry, and chiropractic at the University of Zurich were once again able to complete communication training at a dialysis center. This allowed the students to interact with patients on the waiting list for a kidney transplant and heightened their awareness of psychosocial issues and their broader context.

As part of the training program for dialysis nursing professionals in German-speaking Switzerland, the one-day course "Psychosocial Aspects in Patients with Chronic Kidney Disease, Including Transplant-Specific Issues" was once again held at the Waid City Hospital in Zurich.

5 The Individual Transplant Programs

5.1 Center for Stem and Immune Cell Therapy

Dominik Schneidawind

5.1.1 Allogeneic Stem Cell Transplantation

The total number of allogeneic stem cell transplants in 2025 amounted to 99 procedures, marking another slight increase from the previous year (n=94). The median age of patients across all entities was 61 years. Myeloid neoplasms (n=79) continue to be the primary indication. Thirty-two allogeneic stem cell transplants were performed using related donors, with half of the grafts coming from haploidentical relatives. The number of unrelated donors was 67.

Most allogeneic stem cell transplants were performed using G-CSF-mobilized peripheral blood stem cells. Two of our patients received bone marrow in 2025. Consistent with the age distribution of our cohort, 4 out of 5 patients underwent reduced-intensity conditioning.

The screening and provision of grafts from healthy, voluntary donors for other centers in Switzerland and worldwide increased slightly to 61 compared to the previous year (2024: n=57).

5.1.2 Autologous Stem Cell Transplantation

The total number of autologous stem cell transplants in 2025 was 69 procedures, marking another slight decrease from the previous year (n=76). This is due to the new role of CAR-T cell therapy in diffuse large B-cell lymphoma and multiple myeloma. The median age of patients across all entities was 62 years. As expected, multiple myeloma remains the most common indication among malignancies (n=45), followed by non-Hodgkin lymphomas (n=10).

5.1.3 CAR-T cell therapy

In the field of CAR-T cell therapy, the number of procedures increased by 10 as compared to last year, bringing the total number of retransfusions to 44 last year.

5.1.4 Miscellaneous News from the Center for Stem and Immune Cell Therapy

Fortunately, staff turnover at the Center for Stem and Immune Cell Therapy remained low again in 2025. Continuity and experience are essential for the quality of care provided to patients with complex medical conditions requiring intensive therapies.

Since 2024, all high-dose chemotherapy protocols have been managed in eChemo3.0 thanks to excellent collaboration with the USZ Pharma Service.

In November 2025, the Swissmedic inspection of the Stem Cell Laboratory and the Apheresis Unit took place and was successfully completed. Several internal audits were conducted in the areas of employee support, maintenance and validation of apheresis equipment, and specific procedures.

In 2025, a total of 17 registered nurses from the Center for Stem and Immune Cell Therapy successfully completed the postgraduate course in hematology-oncology nursing.

Furthermore, we look back on a very successful international hematology conference organized by the Hematology Nurses & Healthcare Professionals Group (HNHCP), which was held on November 6 and 7, 2025, at the University Hospital of Zurich.

Over the course of the two-day congress, a total of 400 nurses and colleagues from various professional groups at numerous hematology centers worldwide attended and observed the diverse presentations. For nursing staff, complex treatment procedures such as stem cell transplantation — particularly in cases of severe complications like pronounced graft-versus-host disease — as well as CAR-T cell therapy with its potentially severe acute side effects, pose an increasingly significant challenge. Against this backdrop, the continuous training and continued education of nursing staff are of central importance to ensure high-quality and safe patient care.

Outlook: On October 31, 2026, the USZ will host a diverse and exciting Patient Day to mark the anniversary of “50 Years of Allogeneic Hematopoietic Stem Cell Transplantation in Zurich” — for stem cell transplant recipients, their family members, and other caregivers.

5.2 Lung Transplantation

Prof. Dr. med. György Lang; Prof. Dr. med. Isabelle Schmitt-Opitz; Thoracic Surgery, PD. Dr. med. Ömer Senbakkavaci
Dr. med. René Hage, PhD; PD Dr. med. Macé Schuurmans, Pneumology

Transplant Activity

In 2025, our transplant team successfully performed a total of 41 lung transplants. This is both the highest number ever performed at our center since the lung transplant program began in 1992, and the highest number ever achieved at any single center in Switzerland.

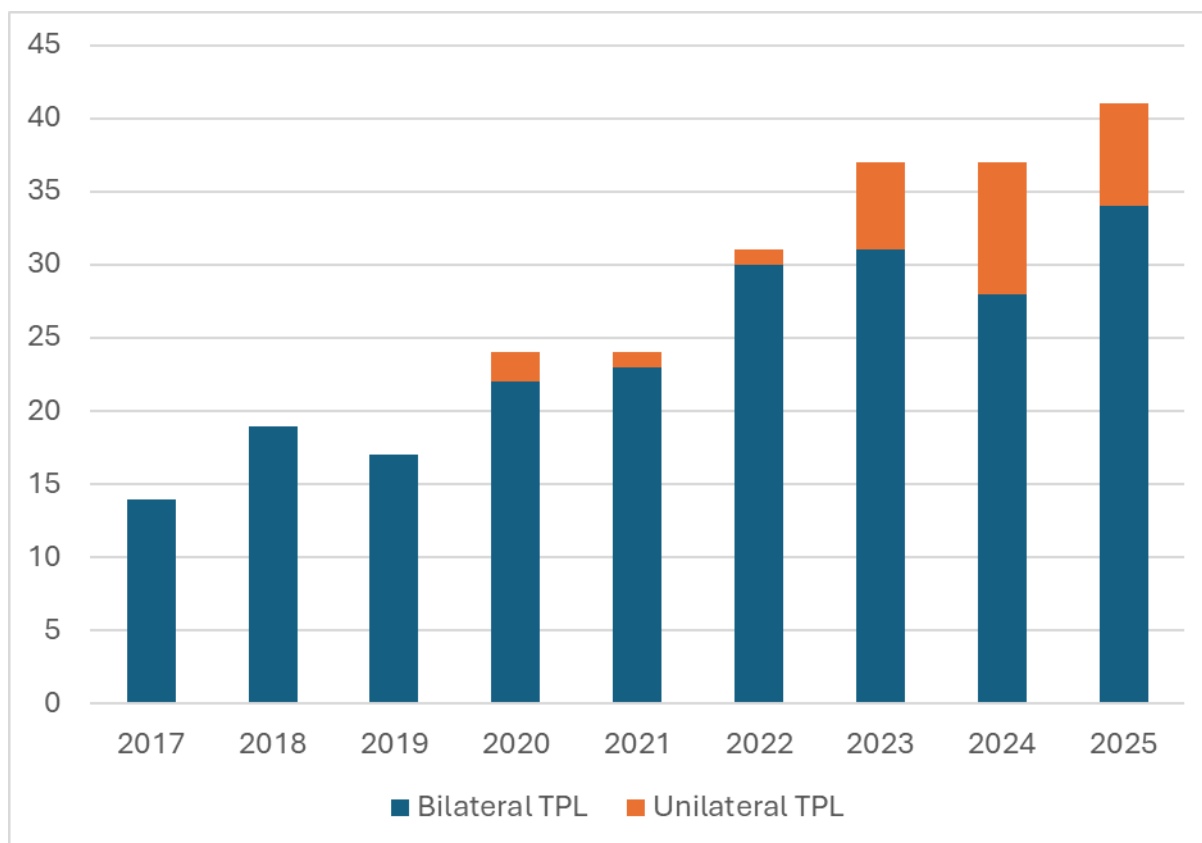


Figure 5: Number of lung transplants at USZ 2017 - 2025

In keeping with the principles of personalized medicine, we were able to successfully perform additional transplants on patients over the age of 70. This required a very careful evaluation and selection process but is also in line with international best practices. Whenever possible, we specifically used less invasive, unilateral surgical procedures. The use of the new EVONE ventilation technique during unilateral lung transplantation allowed our patients to undergo anesthesia that was particularly gentle on the lungs and safe during these procedures.

Certain particularly complex cases also remain etched in our memory, such as the case of a young woman who was successfully transplanted 37 days after VA-ECMO bridging (see also Publications), or the patient who first received a lung transplant at the USZ 32 years ago and has now been living happily and in good health for over 32 years with “new” lungs following a successful re-transplant.

Personnel

With the addition of PD Dr. med. Ömer Senbakkavaci, we have successfully recruited an experienced transplant surgeon for our program. This brings the total number of experienced transplant surgeons on our team to three, including Prof. Dr. med. Isabelle Schmitt-Opitz and Prof. Dr. med. György Lang.

Dr. Ilker Iskender began a one-year fellowship in February 2025 at the Vienna General Hospital (AKH), part of the Vienna Health Network, one of Europe’s leading lung transplant centers, and will rejoin our team in

April 2026.

Dr. Levente Fazekas left our department and pursued a fellowship in the lung transplantation program at Toronto General Hospital until summer 2025.

Dr. Olivia Theissen Lauk completed a training fellowship in Vancouver through October 2025 and returned with valuable experience that will also benefit our program.

Dr. Raphael Werner, M.S.C., Dr. Bianca Battilana, and Dr. Gian-Marco Monsch successfully completed the EVLP courses and are now available for EVLP on-call duties.

Starting in 2025, we were able to welcome Prof. Dr. med. Shaf Keshavjee from the world's leading lung transplant center in Toronto as a new member of the IAB. He has already been able to support us — and the entire transplant center — in, among other things, continuing our efforts to establish an Organ Recovery Center. Through his involvement in our program, we now have a connection to the most experienced and innovative lung transplantation program in the world.

The Department of Pulmonology oversaw the Transplantation and Cystic Fibrosis units with three part-time senior physicians: Dr. med. René Hage, PhD (80%), and Barbara Bahrampoori, MD. (70%). Due to the tight staffing situation in early 2025, Dr. Dominik Damm, MD, a senior attending physician in the inpatient unit, supported the team on a 30% basis until April 2025. Starting in May 2025, the team was joined by Dr. med. Zsofia Rosselli (relocating from Vienna), working 80% in lung transplantation at the USZ and 20% at the St. Gallen Cantonal Hospital (KSSG, HoCH), and Dr. med. Dr. sc. nat. Irina Léa Dubach, with 60% in lung transplantation and 20% in the General Pulmonology Outpatient Clinic (Circle).

Barbara Bahrampoori, MD, left the USZ in August 2025. We would like to thank her for her outstanding dedication to lung transplant recipients and for her teaching work.

Due to the significant increase in the number of transplants, as well as the fact that patients undergoing transplants are significantly older and have multiple comorbidities, the unchanged staffing levels continue to pose a challenge. Further measures to optimize post-transplant care have been implemented, which should also contribute to improving the quality of care, e.g., improved patient education using video, optimized dosing guidance for immunosuppression, a simplified treatment protocol for respiratory infections, and a reduction in antibiotic use through stricter indications.

Cooperation with External Hospitals

The collaboration with the Pulmonology Department at KSSG has been in place since 2021. Partial inpatient evaluations for lung transplantation are conducted at KSSG over a period of one week, with supplementary examinations taking place at USZ for one week. In 2025, two transplant recipients from Eastern Switzerland were transferred to KSSG for outpatient follow-up care. Starting in May 2025, the previous on-site consultative care was replaced by weekly—and later biweekly—on-site care provided by Dr. Zsofia Rosselli. An annual follow-up examination for these lung transplant recipients continues to be conducted at the USZ. The contractual framework for this collaboration was finalized in 2025.

The intensified collaboration with the Department of Pulmonology at Lucerne Cantonal Hospital (LUKS) and Inselspital Bern regarding transplant follow-up care was prepared in 2022 and partially implemented starting in 2023, with full implementation beginning in 2025. A contractual agreement is still pending.

Ex-Vivo-Lung-Perfusion / EVLP

The availability of XVIVO XPS — currently the only commercially available EVLP platform accredited by Swissmedic — was secured over the past year solely through the support of the USZ Innovation Pool. Cost-covering refinancing through Swisstransplant is currently not guaranteed. This issue has been repeatedly raised with Swisstransplant's STALU; as a result, both lung transplant centers (CHUV and USZ) have jointly urged for a sustainable renegotiation of the fee schedules, in writing.

Nevertheless, it was important to us to continue conducting our EVLP evaluations even within our limited financial means, so as not to lose our existing expertise. As a result, since the restart of this process, we have been able to perform a total of 24 EVLP evaluations, and 13 organs were approved for

transplantation, corresponding to an organ recovery rate of 53%.

10°C Degree Technique / RCT

The new storage technique for donor lungs at 10°C has emerged as a game-changer worldwide. Experimental and clinical studies confirmed that this method enables significantly longer cold ischemia periods of up to 16 hours or more for donor lungs. In 2025, our center contributed to an international, multicenter RCT to further evaluate the procedure; the results will be presented in April 2026 at the ISHLT Annual Congress in Toronto.

Quality Assurance

Currently, data related to the lung transplantation process is recorded in various traditionally managed datasets, such as Excel spreadsheets. While these datasets exhibit a remarkably high level of granularity, a systematic review of said datasets revealed that — due to the manual data entry methods used in Kisim, SOAS, etc. — an unacceptable error rate is evident. For quality assurance purposes, we are therefore aiming to implement a standardized, RedCap-based data collection system that prioritizes automated data entry.

International Deployments: Lung Procurement

The large number of international donor lung procurements has been of particular note. In 2025, we procured a total of 20 donor lungs from abroad for our 41 patients: 6 from Lithuania, 5 from the United Kingdom, 4 from France, and one each from Germany, Latvia, Sweden, Poland, and the Czech Republic. These so-called “Foreign Offer” (FO) opportunities are facilitated for us by Swisstransplant via the FOEDUS online platform. FOEDUS (Facilitating Exchange of Organs Donated in EU Member States) enables the efficient and safe exchange of donor organs among 25 member states and covers a region with over 400 million people. The offers are highly competitive; the transplant program must be able to evaluate them and make decisions within minutes, around the clock. Additionally, this requires a high level of readiness from the explantation team.

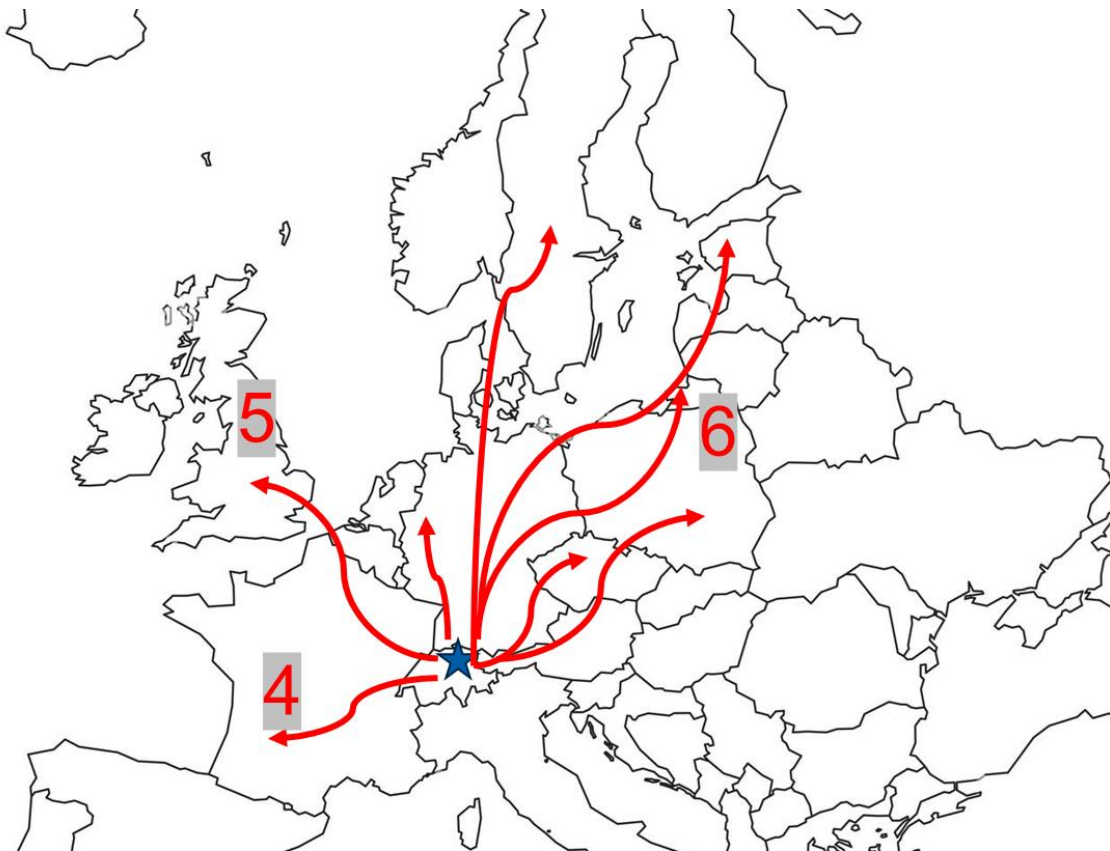


Figure 6: International missions by the Thoracic Surgery Explantation Team for lung procurement in 2025

Cooperation Riga / Latvia

In early March, we were visited by six colleagues from the Pauls Stradins Clinical University Hospital in Riga, Latvia: Dr. Artjoms Spaks, a thoracic surgeon; Dr. Aleksandrs Malcevs, a transplant specialist; Dr. Krista Grigorovica, a thoracic surgeon, Dr. Rūdolfs Vilde, a pulmonologist, Dr. Edgars Prozorovskis, an intensive care physician, and Dr. Eva Steina, also an intensive care physician and head of the Transplant Coordination Service in Latvia.

The purpose of their visit was to support the establishment of a national lung transplantation program in Latvia as part of an international collaboration. The lectures and interactive case discussions prepared by the clinics at the USZ Transplant Center and presented during the week-long course were very well received by the colleagues from Latvia and provide a solid foundation for further developing this collaboration.



Figure 7: Colleagues from Riga after the training week at the USZ Transplant Center, together with Professors Isabelle Schmitt-Opitz and Georg Lang, as well as PD Dr. Macé Schuurmans

Quality Assurance

For quality assurance, we were able to largely complete the RedCap-based data collection. Requests for automated data entry procedures from SOAS and STCS remain unresolved; we are continuing to work with the Federal Office of Public Health (BAG) to find solutions. A particular focus is the systematic collection of donor data.

Allocation System

As already noted in the 2023 international audit, the current allocation system for donor lungs cannot be considered up to date. In both programs, prospective data collection was used to assess the urgency of waiting-list patients, including through the Lung Allocation Score (LAS), in order to evaluate the divergent allocation patterns.

Following an evaluation of this process and further discussion within STALU, an expert group was formed, which in November 2025 submitted proposals to the BAG for adapting and modernizing the existing allocation rules; implementation should take place in 2026.

We received invaluable support from Prof. Dr. Jens Gottlieb, one of the world's most recognized experts in the field of allocation systems. His presentation at the TNT seminar in October 2025 played a major role in accelerating this process.

Organ Assessment Center (OAC)

Since the beginning of the year, the USZ has been working intensively to establish an Organ Recovery Center (ORC) or Organ Assessment Center (OAC) in collaboration with all transplant programs. As a first step, a pilot project is scheduled to begin in April 2026 in the F-OPS area of the USZ.

Research Activities

Currently running research projects:

- Continuation of the ETH cooperation for the development of artificial lungs using 3D silicone printing
- Development of a new organ chamber for long-term EVLP applications
- Further evaluation (in collaboration with the Institute of Anesthesiology) of the use of a novel ventilation technique (circulatory ventilation / EVONE) in unilateral lung transplants
- Establishment and management of an international research group within the framework of the ESTS (European Society of Thoracic Surgeons) for the evaluation of different retransplantation strategies
- Outcome analysis PGD (Primary Graft Dysfunction) after a priori use of VA ECMO in bilateral lung transplantation
- Outcome analysis emergency lung transplantation according to SOAS criteria
- Outcome analysis of a restrictive transfusion strategy in lung transplantation
- Survival and CLAD analysis of the entire cohort, including a breakdown of risk factors and subgroup analyses (Quality assurance project).
- Optimization and individualization of standard immunosuppression with a particular focus on Tacrolimus and Everolimus, including improvement of prescribing practices through appropriate tools (quality assurance project)
- Various outcome analyses, including descriptions of complications and side effects from diagnostic procedures and various treatments, e.g., bronchoscopy outcome analysis, early diagnosis of acute and chronic rejection using various methods, subgroup analyses of cohorts to describe pre-transplant diagnoses in the context of outcome research (e.g., pulmonary fibrosis), single-drug analyses (e.g., iron infusions), and polypharmacy evaluation (retrospective)

5.3 Liver Transplantation

Prof. Dr. med. José Oberholzer, PD Dr. med. Pascale Tinguely, Dr. med. Richard Xavier Sousa Da Silva,
Department of Visceral and Transplant Surgery
Prof. Dr. med. Andreas Kremer, Dr. med. Ansgar Deibel, Clinic for Gastroenterology and Hepatology

Transplant activity

In 2025, 55 liver transplants were performed in Zurich. This represents 41.4% of the total 133 liver transplants performed in Switzerland. Nationwide, this represents a slight increase of 3%, while the University Hospital of Zurich (USZ) recorded a more significant increase of 19.6% compared to the previous year (46 transplants in 2024).

The most common underlying conditions that necessitated a liver transplant were hepatocellular carcinoma (15 cases), metabolic dysfunction-associated fatty liver disease (9), alcohol-related cirrhosis (8), and — with equal frequency — hepatitis B-associated cirrhosis and primary sclerosing cholangitis (4 each). Other indications included re-transplants (5), acute liver failure (3), cholangiocellular carcinoma (2), and one case each of alpha-1-antitrypsin deficiency, Budd-Chiari syndrome, congenital hepatic fibrosis, autoimmune hepatitis, and portopulmonary hypertension. Fortunately, only one of the five re-transplants was necessary due to primary non-function (PNF) or delayed graft function (DGF).

Four of the 55 liver transplants were performed as part of the Living Donor Liver Transplant (LDLT) program, which is on par with the previous year's figure (also 4 in 2024). It is worth noting that the USZ is currently the only facility in Switzerland offering this program. The vast majority of transplants (51 cases; 92.7%) were performed using organs donated by deceased donors. Just over half of these donations (27; 52.9%) were from donors who had suffered brain death (DBD) — two of which were split livers — while the remaining 24 (47.1%) were from donors who had suffered circulatory death (DCD). This means the proportion of DCD donations is significantly above the national average (21 out of 82; 25.6%) — nearly twice as high. A total of 19 urgent liver transplants were performed, with one-quarter of these organs (5 out of 19; 26.3%) sourced from abroad.

All DCD livers, as well as selected marginal DBD livers — particularly those with prolonged cold ischemia time and/or excessively high fat content — continued to be routinely optimized and evaluated using *ex situ* liver perfusion (Hypothermic Oxygenated Perfusion, HOPE). During this process, the organs were perfused with oxygenated solution until implantation — thereby reducing the additional cold ischemia time — and hepatocyte viability was assessed by measuring flavin mononucleotide (FMN) in the perfusion solution. Of a total of 35 HOPE-perfused livers, 28 (80%) were successfully transplanted, while 7 (20%) were classified as non-transplantable and discarded. All medical-legal, financial, and technical prerequisites for the introduction of Normothermic Regional Perfusion (NRP) during abdominal organ retrieval were successfully established through interdisciplinary collaboration with the Donor Care Association (DCA), the anesthesia team, and the mechanical perfusionists. This included, among other things, the certification of transplant surgeons through an NRP course in Edinburgh, Scotland. As an important step toward further improving the quality of marginal donor organs and clinical outcomes, NRP is set to become the standard procedure for DCD organ retrieval in the future. The program is scheduled to launch on January 1, 2026.

Personnel

Two new HPB and Transplant Fellows joined the Transplant Surgery team in February 2025: Dr. Gioia Pozza and Dr. Christoph Eckharter. Dr. Pozza previously completed a fellowship in minimally invasive and robotic surgery at the University of Illinois in Chicago, and Dr. Eckharter had previously served as a senior resident at our clinic. After completing a two-year HPB and Transplant Fellowship at the USZ (2023–2025), Dr. Richard Xavier Sousa Da Silva joined the team as a senior physician in Transplant Surgery and HPB. His further training to become an independent liver transplant surgeon is taking place under the supervision of Prof. José Oberholzer, Prof. Henrik Petrowsky, and PD Dr. Pascale Tinguely.

The Liver Transplantation Team has also been specifically strengthened: on the one hand, by Nicola Cristin Häffner in the role of Process Manager for Quality and Continuous Improvement, and on the other hand, by Nathalie Bodri, who has joined as a specialized Transplantation Coordinator for Live Donation. In the inpatient setting, the treatment team has been further expanded to include Maria Bieri, an Advanced Practice Nurse (APN).

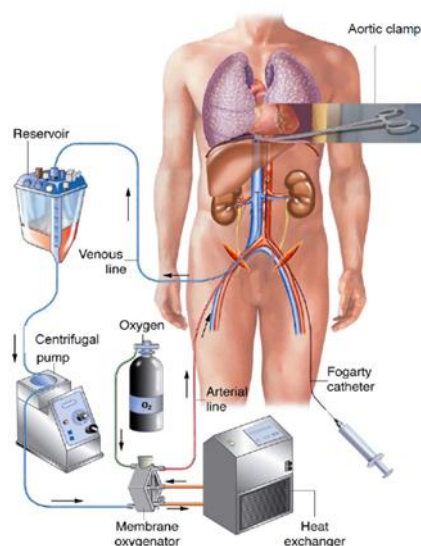
On the hepatology side, Dr. Ansgar Deibel was appointed deputy to Prof. Dr. med. Andreas Kremer. In outpatient care, APNs and clinical nurses from the Department of Hepatology have been increasingly integrated into the team; they provide crucial support to the interdisciplinary team in both the pre- and post-transplant settings.

Organ Assessment by Machine Perfusion

Thanks to the continuity of the team, we have been able to successfully build on our many years of experience in evaluating marginal livers using *ex situ* machine perfusion (Hypothermic Oxygenated Perfusion, HOPE). In total, 38 livers were evaluated and optimized during HOPE perfusion last year, the majority of which were DCD livers (29; 76.3%) or marginal DBD livers (9; 23.7%).

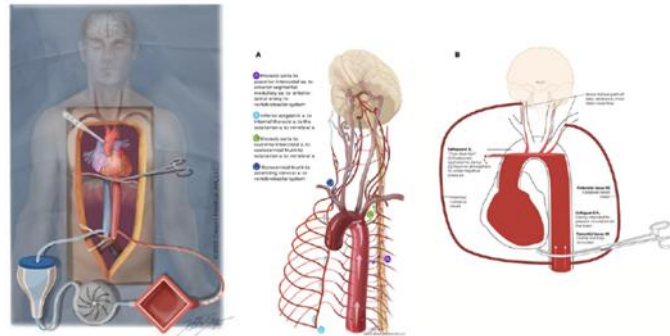
HOPE machine perfusion already enables a significantly improved assessment of whether a marginal liver will reliably begin functioning after transplantation. This allows the occurrence of the dreaded Primary Non-Function (PNF) and Delayed Graft Function (DGF) — which are associated with high morbidity and mortality — to be largely prevented. Nevertheless, isolated cases of PNF or DGF continue to occur. Despite HOPE, another serious complication of liver transplantation with marginal organs remains only partially predictable: ischemic post-transplant cholangiopathies, which typically do not manifest until several months to a year after transplantation.

Growing evidence shows that, for DCD organs retrieved using normothermic regional perfusion (NRP) — a form of *in situ* mechanical perfusion — the initial ischemic damage to the bile ducts can be immediately reversed in many cases. This can reduce the rate of ischemic post-transplant cholangiopathies to a level comparable to that seen with DBD organs. Ischemic post-transplant cholangiopathies are clinically highly relevant, as they are associated with significant morbidity. These include, among other things, repeated ERCPs over the course of years, cholangitis that is difficult to control, cholangitic abscesses, secondary biliary transplant cirrhosis, and, ultimately, the frequent need for re-transplantation.



**Schematic Diagram i: Procedure for aNRP
(Abdominal NRP) Organ Retrieval**

In situ perfusion of the abdominal organs with oxygenated whole blood via a VA-ECMO-like circuit without perfusion of the legs or supradiaphragmatic regions. (Reprint from Fondevilla C et al., Am J Transplantation, 2007)



Schematic Diagram ii: Surgical stabilization of absent cerebral perfusion during aNRP

By surgically implanting an aortic cannula open to the atmosphere, it is possible to ensure that the brain is not perfused again during aNRP — neither directly nor indirectly via collaterals — which is an advantage over balloon occlusion. (Reprint from Manara A et al., Am J Transplantation, 2019)

In light of this, we worked closely in an interdisciplinary setting with the Donor Care Association (DCA), the anesthesia team, and the machine perfusionists in 2025 to lay the groundwork for the launch of an NRP program in 2026. This will be one of the central focuses of our liver transplantation program in 2026 – alongside the LDLT program and the Switzerland-wide realignment and re-regulation in the field of transplant oncology. Normothermic Regional Perfusion (NRP) represents a fundamental approach for the future. Given the continuing relevance of waiting-list mortality, which stood at 11.5% (13 out of 113) for liver transplants at the USZ in 2025, it remains essential to take every marginal organ with an acceptable risk into consideration.

Promoting Live Liver Donation at USZ

Given the ongoing significant discrepancy between the number of patients on the liver transplant waiting list and the number of available organs, living donor liver transplantation (LDLT) in particular serves as an important complement. This is especially true for patients with time-critical malignant diseases that, unlike hepatocellular carcinoma (HCC), often cannot be effectively controlled locally, such as cholangiocarcinoma or colorectal liver metastases.

Compared to Asian countries, living donor liver transplantation is still in an early stage of development in Central Europe. In addition to excellent organ quality, the time factor is particularly crucial: the average waiting time of over 1.3 years can be significantly shortened, thereby reducing the risk of tumor progression and potential exclusion from transplantation.

Our team's stated goal is to establish LDLT as a routine procedure with a standardized protocol. The current rate of approximately four LDLTs per year is to be gradually increased to one transplant every four to six weeks (corresponding to 8–12 procedures per year). This is also being done with the goal of further optimizing peri- and postoperative outcomes, as well as long-term outcomes, in international comparison through the increased number of cases.

At the same time, our expanded team – consisting of Nicola Cristin Häffner (Process Manager for Quality and Continuous Improvement) and Nathalie Bodri (specialized Transplant Coordinator for Live Donation) – is working on revising processes, harmonizing documentation, and standardizing donor evaluation.

In the field of transplant surgery, Dr. Richard Xavier Sousa Da Silva is scheduled to complete a two-week observational fellowship at South Korea's largest liver transplant center in late 2026. One of the goals is to further expand and strengthen the existing international network in the field of LDLT, which currently includes Prof. Seung Duk Lee, Director of Liver Transplantation at VCU Medical Center in Richmond, Virginia.

USZ Transplant Oncology Symposium 2025

On June 21, 2025, the Transplant Oncology Symposium was held at the USZ with great success. The event was aimed at private practitioners, referring hospitals, specialists, and the USZ's interdisciplinary audience.

The symposium focused on numerous cutting-edge topics that were presented and discussed in depth during the plenary sessions. These included, among others: "Transplant Oncology – Current Status in Switzerland," "Advances in the Multidisciplinary Management of HCC," "Liver Transplantation for

Colorectal Liver Metastases," "Liver Transplantation for NET," "Liver Transplant for Metastatic Disease – The Oncologist's Perspective," "Living Donor Liver Transplantation in Transplant Oncology," "Robotic Living Donor Liver Transplantation," "The Role of Machine Perfusion in the Transplant Oncology Era," and "Liver Transplantation for Biliary Tract Cancers."

A particular highlight was the participation of internationally renowned speakers, including Prof. Deniz Balci, Prof. Pål-Dag Line, Prof. Vincenzo Mazzaferro, Prof. Nico Goldaracena, Prof. Dieter Broering, Prof. Stefan Schnee, and Prof. Gregory J. Gores. Their contributions significantly enhanced the high technical quality of the event and left a lasting impression on the participants, providing them with valuable insights.

Reorientation of Transplant Oncology

A central topic within the emerging field of Transplant Oncology is liver transplantation for colorectal liver metastases (CRLM) and Klatskin tumors, which require complex neoadjuvant pretreatment (the so-called Mayo Protocol).

The shortage of organs and the high time pressure remain problematic issues. Unlike with hepatocellular carcinomas, there are currently no guidelines providing for additional prioritization points (Standard Exception MELD—Model for End-Stage Liver Disease).

In 2025, this issue was discussed for the first time at a meeting of the STAL (Swiss Liver Transplantation Working Group). These discussions are scheduled to continue at subsequent STAL meetings in 2026. Possible solutions, such as MELD-based bonus points or urgent prioritization following successful pre-treatment, will be revisited at that time.

Our team's position is clear: There is a need for a Switzerland-wide regulation, particularly since transplant oncology cases do not currently occur with the same frequency at all transplant centers or lead to listing in equal numbers. In addition, we advocate for greater centralization of pre-transplant treatment for Klatskin tumors, as well as early referral of potential CRLM patients to transplant centers. Such cases should be mandatorily presented at the interdisciplinary tumor boards of the three liver transplant centers.

Further Education

A key mission of our Liver Transplant Center is to provide training and further education to medical colleagues in the care of liver transplant patients, as well as to offer in-depth surgical training to dedicated young professionals in the field of liver transplantation.

In hepatology, resident physicians rotate for six months at a time into the gastroenterology pre-transplant consulting hours as well as into post-transplant care, which is jointly managed by Gastroenterology and Visceral Surgery. In addition, they regularly participate in the weekly interdisciplinary transplant colloquia.

Within the Visceral and Transplant Surgery team, two young surgeons are systematically guided toward independence in multivisceral organ retrieval at a time, as well as in the surgical steps of kidney transplantation and serving as first assistants during liver transplants, as part of a two-year fellowship. This training is supported by Advanced Practice Nurses (APNs), who play an important role in both pre- and post-transplant consultations.

This structured training program ensures that trainees comprehensively acquire both the necessary medical knowledge for managing patients on the waiting list and those undergoing transplantation, as well as the complex surgical and perioperative procedures involved in liver transplantation.

Cooperation with External Hospitals

The excellent collaboration with referring hospitals that had been established to date successfully continued in 2025. These include, in particular, the St. Gallen Cantonal Hospital and the University Hospital of Basel, which conduct inpatient evaluations independently, as well as the cantonal hospitals in Aarau, Baden, Chur, Frauenfeld, Lucerne, Münsterlingen, and Winterthur.

To further promote close collaboration and an efficient exchange of information, Prof. Dr. med. Andreas Kremer regularly attends the monthly liver colloquia at most of the aforementioned hospitals in person.

Activities of the Research Group

- As part of the retrospective multicenter cohort study "Characterization of the Geographic Influence on Liver-Disease-Associated Mortality and Liver Transplantation," Dr. Ansgar Deibel is investigating geographic differences in liver-disease-associated mortality in Switzerland as well as in liver transplant placement on the waiting list. The aim of the study is to identify potential geographically-driven disparities in care.

- In a retrospective, multicenter cohort study titled “Etiologies and Outcomes of Patients with Acute Liver Failure Listed for Urgent Liver Transplantation in Switzerland,” Dr. Ansgar Deibel analyzes the causes of acute liver failure in Switzerland, predictive parameters at the time of listing, and survival following transplantation.
- In the field of ex situ normothermic machine perfusion (NMP) using a large-animal model, Dr. Richard Sousa Da Silva is investigating, as part of the “eSUPPORT” project, the cellular mechanisms as well as the potential for extracorporeal stimulation of liver growth prior to partial liver transplantation. The goal is to generate functionally viable grafts from smaller liver segments and thereby develop a potential alternative to whole-organ transplantation, particularly for oncological indications.
- In 2025, the first seven LDLT cases since 2024 were recorded via the “LDLTregistry.org” registry by Dr. Richard Xavier Sousa Da Silva and Dr. Michael Frey. This provides access to the international LDLT study group, which meets 1–2 times per day to jointly address research questions. This took place as part of the collaboration with this internationally leading, multicenter registry database for the analysis of outcomes and predictive factors in living donors and recipients.
- In 2025, the terms and conditions for participation in the Switzerland-wide prospective “RAPIT Trial” to evaluate the benefits of prehabilitation prior to liver transplantation were also established and signed (Lead: Inselspital Bern). Enrollment begins in 2026.
- Also in 2025, an application was submitted (decision pending) for the international research grant “HORIZON-MISS-CANCER-03” on the topic “Liver Transplantation for Colorectal Liver Metastases: An International Real-Life Analysis of Post-Transplant Outcomes (LiT-Met)” (Lead: University of Bologna).
- In the field of innovation research, the direct, “continuous measurement of FMN” in the perfusion solution during HOPE perfusion using fluorospectrometry is being further developed under the leadership of Prof. José Oberholzer and Dr. Yong Wang. The goal is to enable a dynamic and user-friendly evaluation of the functionality of marginal donor organs.
- In the “Personalized Precision Medicine & Liver Prediction Modeling” area, AI-based, multivariable predictive models are being developed in collaboration with data engineers from ETH Zurich under the leadership of Prof. José Oberholzer to support decision-making regarding organ acceptance for individual recipients.
- Dr. Fries evaluated survival and quality of life after liver transplantation in patients with alcoholic liver disease: “Survival and quality of life after liver transplantation in patients with or without pre-transplant alcohol abstinence: a retrospective cohort study.” *Swiss Med Wkly.* 2025 Dec 23;155:4381.

5.4 Kidney Transplantation

Prof. Dr. med. José Oberholzer, Department of Visceral and Transplant Surgery

Prof. Dr. med. Britta George, Department of Nephrology

Dr. med. Fabian Rössler, Department of Visceral and Transplant Surgery

Dr. med. Kerstin Hübel, Department of Nephrology and Department of Visceral and Transplant Surgery

With 124 kidney transplants, the Kidney Transplant Center at the University Hospital of Zurich (USZ) once again achieved the highest transplant volume of any Swiss center last year. This is also the highest number of kidney transplants ever performed at a Swiss transplant center. Specifically, 111 transplants were performed using postmortem donations and 13 using living donor donations. We have thus continued the very strong results of previous years (2023: 117, 2024: 112) and clearly underscore our position as the largest kidney transplant center in Switzerland.

We are the only center in Switzerland to offer the full spectrum of kidney transplant services. In addition to traditional postmortem kidney transplantation (DBD and DCD), we also perform living donor kidney transplantation (ABO-compatible and ABO-incompatible), combined multiorgan transplants (pancreas-kidney, liver-kidney, islet cells-kidney), dual and en-bloc transplants (two kidneys into one recipient), and kidney transplants for children. As a major innovation—and as the only center in Switzerland to do so, we have also been performing minimally invasive (robot-assisted) kidney transplants for about two years. These procedures have yielded very good results and offer significant advantages in terms of wound healing, particularly for overweight patients.

At the same time, we have added a large number of new patients to the kidney transplant waiting list, which underscores the steady influx of patients to our institution and the strong collaboration with our referring physicians.

This success is the result of outstanding teamwork in an interdisciplinary setting and invaluable collaboration with our referring physicians, particularly in the areas of waiting list assessment and post-transplant care. Post-transplant care following kidney transplants remains a key focus of our work.

Despite the high volume of transplants, we continue to prioritize individualized and comprehensive care that meets the specific needs of our patients. Together with our referring physicians, we cared for over 1,500 patients in the long-term follow-up phase after a kidney transplant last year. Our outpatient clinics at the Campus and Circle locations provide the ideal conditions for ensuring both high-quality follow-up care and personalized support.

Our Kidney Transplantation Center has continued to actively participate in research aimed at improving the care of our patients. Over the past year, we have participated in several clinical trials focusing on new immunosuppressive drugs, the diagnosis of rejection, and long-term outcomes following kidney transplantation. These research activities have not only helped provide our patients with access to innovative diagnostic and treatment methods, but have also expanded our own expertise and strengthened our reputation as a leading transplant center. The results of our work have been presented at numerous national (including the Swiss Society of Nephrology [SGN], the Swiss Transplant Society [STS], and the Swiss College of Surgeons) and international conferences and meetings (the German Society of Nephrology [DGfN], the European Renal Association [ERA], and the American Transplant Congress [ATC]).

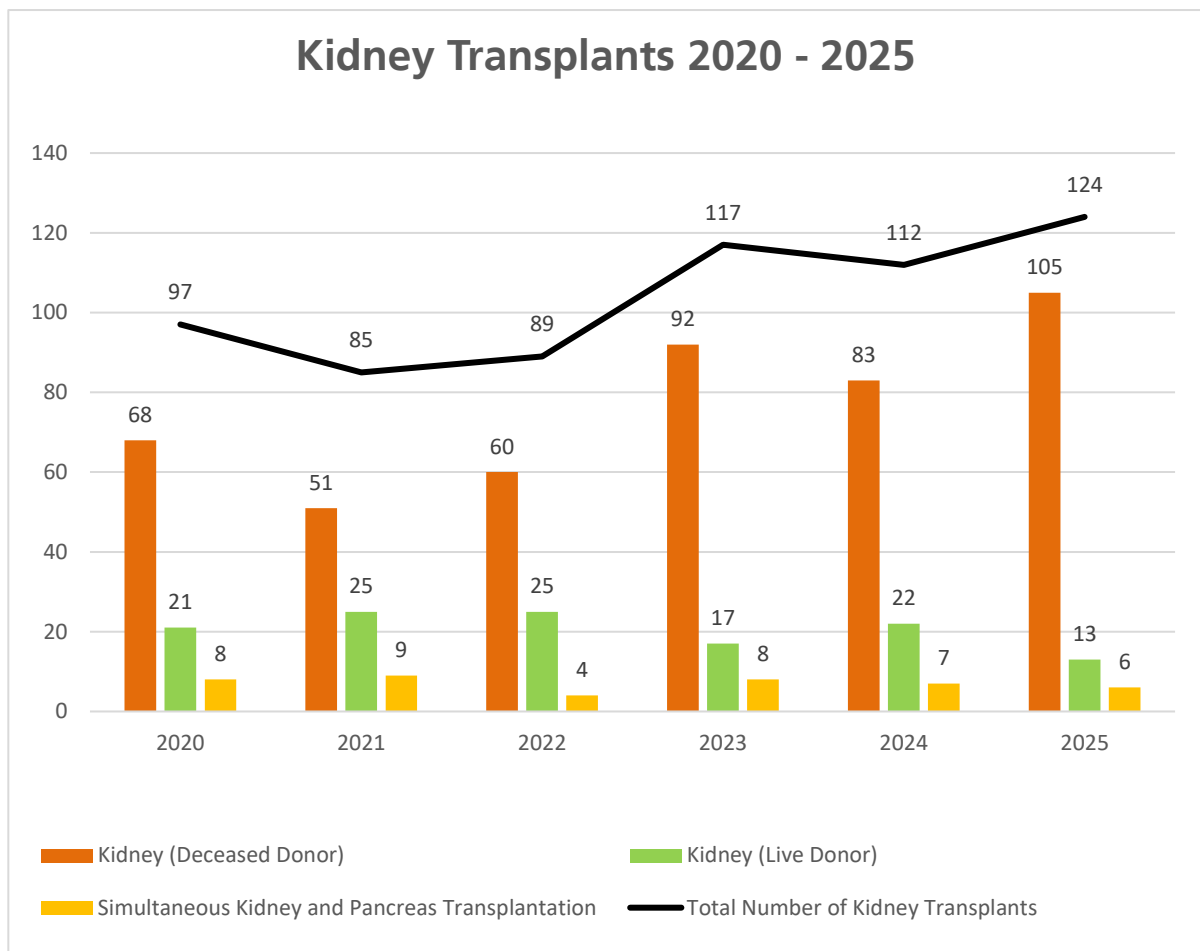


Figure 8: Number of kidney transplants 2020 - 2025

Selected Research Group Activities

- "PROTEKT – PROtective end-ischemic TECHniques in Kidney Transplantation: A Randomized Controlled Trial in DCD Kidney Transplantation Comparing HMP, HOPE, and HOPE & NMP."
- Prospective study: "Evaluating the Impact of Machine Perfusion on Liver and Kidney Transplantation"
- "Real-Time Multi-Depth Bioimpedance Monitoring of Renal Ischemia-Reperfusion Injury".
- Conducting the investigator-initiated study "The role of early postoperative procalcitonin levels in the prediction of complications and graft function after deceased-donor kidney transplantation."
- Conducting the investigator-initiated study "The DD-cfDNA/PIRCHE-II Study: Calibrating the donor-derived cell-free DNA (DD-cfDNA) baseline in the first year after kidney transplantation to the Predicted Indirectly Recognizable HLA-Epitopes (PIRCHE-II) scores and assessing the risk for rejection and the development of de novo DSA."
- Study as part of the Swiss Transplant Cohort Study (STCS): Differences between the Observed and Expected Serum Creatinine Range after Kidney Transplantation.
- Study on "Robotic-assisted Kidney Transplantation in Switzerland."
- Swisstolerance.ch study: Induction of immunological tolerance through combined kidney and stem cell transplantation.
- Various Master's theses and dissertation projects.

5.5 USZ - Zurich Children's Hospital Pediatric Kidney Transplantation

Transplant Activity

Following a previous hiatus in pediatric kidney transplants in Zurich, the pediatric kidney transplant guidelines and protocols were updated, and six kidney transplants for children were successfully performed in 2025:

- March 2025: Postmortem TPL donation for a 15-year-old girl, preemptive
- March 2025: Postmortem TPL donation for a 4-year-old girl, preemptive
- April 2025: Postmortem TPL donation for a 5-year-old boy on peritoneal dialysis
- September 2025: Postmortem TPL donation for an 11-year-old girl on hemodialysis
- September 2025: Postmortem TPL donation for a 13-year-old boy on hemodialysis
- November 2025: Postmortem TPL donation for a 15-year-old boy, preemptive

Research Activities

Wesley Hayes is the principal investigator for the multicenter, randomized controlled transplant study "LIMITS," which is being conducted in England with a grant from the National Institute for Health and Care Research. This study compares postoperative recovery in children treated with traditional high-volume fluid therapy versus conservative fluid therapy. Currently, 8 transplant centers in the UK are participating in the study, and 10% of the participants have been randomized so far.

As part of the STCS, Dr. Katharina Evers is conducting an analysis of clinical outcomes in children and adolescents who have switched from CNI to Belatacept.

5.6 Pancreas Transplantation

PD Dr. med. Fabian Rössler, Visceral and Transplant Surgery

In 2025, 6 pancreas transplants were performed. All of these were simultaneous pancreas and kidney transplants (SPK) in recipients with long-standing type 1 diabetes and chronic kidney disease. All 6 SPKs were first-time transplants, 4 of which were from DBD donors and 2 from DCD donors. This represents a stable trend in numbers compared to the previous year and underscores our position as the largest center for pancreas transplants in Switzerland. The outcomes of these combined pancreas and kidney transplants were excellent, with sustained function of both organs in all patients. The potential for an increase in the number of pancreas transplant cases in the coming years lies primarily in the increased use of DCD pancreas donors, particularly DCD following normothermic regional perfusion.

5.7 Islet Transplantation

Islet cell transplantation is undergoing significant changes. Due to regulatory requirements, islet cell extractions cannot currently be performed at the USZ. Efforts are currently underway to work with Geneva to develop a process that would allow extractions to be performed in Geneva but administered in Zurich.

5.8 Heart Transplantation

Dr. med. Igor Tudorache, Head Physician, Clinic for Cardiac Surgery
Prof. Dr. med. Andreas Flammer, Head Physician, Clinic for Cardiology

Heart Transplantation and Mechanical Circulatory Support

The year 2025 was an exceptionally successful one for our “advanced” and “acute” heart failure program. A total of 24 heart transplants were performed at the USZ. This is the highest number in over 30 years and marks a new milestone in the development of our transplant program. It is particularly encouraging that this continues the steady upward trend of recent years. While 11 heart transplants were performed in 2022, that number rose to 14 in 2023 and 19 in 2024. With 24 transplants in 2025, this positive trend has once again significantly increased.

One reason for this trend is the use of modern organ preservation and transport technologies. In particular, the Organ Care System (OCS), which has been in use at our center since 2022, has significantly expanded the possibilities for utilizing donor hearts. Mechanical perfusion of the donor heart allows for longer transport distances and preserves organs under controlled conditions. This enables a broader selection of donors, which has contributed significantly to the increase in the number of transplants. In addition, DCD hearts, or hearts from “Donation after Circulatory Death,” were again transplanted in 2025.

It is important to note that the increase in heart transplants did not come at the expense of implanting long-term mechanical circulatory support systems. On the contrary: LVAD implantation has become well established at our center and remains a central component of treatment for advanced heart failure. LVAD systems are used both as a bridge to transplantation and as a long-term treatment option. The consistently high level of activity in this area demonstrates that heart transplantation and LVAD therapy are not competing but rather complementary treatment options within a comprehensive program for advanced heart failure.

In addition to these long-term therapies, the treatment of acute severe heart failure and cardiogenic shock is also playing an increasingly important role. In this area, short-term mechanical circulatory support systems such as ECMO (extracorporeal membrane oxygenation) and Impella are regularly used. The Impella 5.5, in particular, is gaining importance. This surgically implanted support system can be used for several weeks and allows for longer-term stabilization in selected patients, whether as a “bridge to decision,” “bridge to recovery,” or “bridge to transplantation.” This further expands the therapeutic spectrum in the field of acute mechanical circulatory support.

Overall, this reflects a very active and comprehensive program for advanced and acute heart failure. The combination of heart transplantation, LVAD therapy, and short-term mechanical circulatory support enables a tailored and individualized approach to treating highly complex patients.

The care of these patients is highly interdisciplinary. Heart transplantation, LVAD therapy, and temporary mechanical circulatory support require close collaboration between cardiology, cardiac surgery, intensive care medicine, anesthesiology, nursing, coordination, rehabilitation, infectious diseases, nephrology, hematology, immunology, and other relevant disciplines. The encouraging increase in activity is therefore accompanied by a substantial additional workload for the departments involved. The program’s success is only possible thanks to the extraordinary dedication of all teams involved.

In summary, 2025 was a record year for heart transplants at our center. At the same time, the continued high volume of LVAD implantations and temporary mechanical circulatory support confirms the particular strength of the USZ’s comprehensive program for advanced and acute heart failure.



Figure 9: The «Organ Care System» (OCS) (TransMedics, Inc., Andover, MA, USA)

6 Attachments

6.1 Personnel Composition of the Transplant Center 2025

	Board of Directors	Board of Trustees
Management	Manager Prof. Dr. med. Nicolas Müller	Chairman Prof. Dr. med. Frank Ruschitzka
Heart	Prof. Dr. med. Andreas Flammer Dr. med. Igor Tudorache	Prof. Dr. med. Frank Ruschitzka Prof. Dr. med. Omer Dzemali
Lung	Dr. med. Dr. sc. Nat. Irina Dubach Prof. Dr. med. György Lang / Prof. Dr. med. Isabelle Schmitt-Opitz	PD Dr. med. Macé Schuurmans Prof. Dr. med. Isabelle Schmitt-Opitz / Prof. Dr. med. György Lang
Liver	PD Dr. med. Pascale Tinguely Prof. Dr. med. Andreas Kremer	Prof. Dr. med. Beat Müllhaupt Prof. Dr. med. José Oberholzer
Kidney	Prof. Dr. med. Thomas Schachtner Dr. med. Fabian Rössler	Prof. Dr. med. Britta George Prof. Dr. med. José Oberholzer
Pancreas and islet cells	Prof. Dr. med. Roger Lehmann Dr. med. Fabian Rössler Dr. med. Kerstin Hübel	Prof. Dr. med. Felix Beuschlein Prof. Dr. med. José Oberholzer
Small bowel and multivisceral transplantation	PD. Dr. med. Pascale Tinguely	Prof. Dr. med. José Oberholzer
Stem cells	Prof. Dr. med. Dr. phil. Dominik Schneidawind	Prof. Dr. med. Markus Manz
Consultation services	Prof. Dr. med. Nicolas Müller, Infectiology Dr. med. Mirjam Nägeli, Dermatology KD Katja-Daniela Jordan, Consultant psychiatry and psychosomatics	Prof. Dr. med. Michael Weller
Anesthesiology	Dr. med. Rolf Schüpbach	Prof. Dr. med. Marco Zalunardo
Transplantation immunology laboratory	Dr. med. Dr. sc. Lukas Frischknecht	Prof. Dr. med. Onur Boyman
Care	Helen Ziegler	Stephan Schärer
Intensive care medicine	PD Dr. med. Stephanie Klinzing	Prof. Dr. med. Reto Schüpbach
Homograft	Dr. med. Martin Schmiady	
Transplantation Coordination	Stefanie Schiess	
Transplant station E OST III	Dr. med. Kerstin Hübel	
Research	Ph. D. Lucia Bautista Borrego	
Quality management	Ursula Schäfer	
Clinic manager	Alexandra Stettler / Matthias Josef	
DCA (seat without voting rights)	PD Dr. med. Matthias Hilty / Dr. med. Anisa Hana	
Dean		Prof. Dr. med. Dr. Frank J. Rühli

International Advisory Board from 2025	
Heart	Prof. Dr. med. Maria G. Crespo Leiro, Spain
Lung	Prof. Dr. med. Shaf Keshavjee, Canada
Liver	Prof. Dr. med. Vincenzo Maria Mazzaferro, Italy
Kidney	Prof. Dr. med. Georg Böhmig, Austria
Pancreas and Islet Cells	Prof. Dr. med. Lucrezia Furian, Italy
Stem Cells	Prof. Dr. med. Jürgen Finke, Germany
Anesthesiology	Prof. Dr. med. Vera von Dossow, Germany
Intensive Care Medicine	Prof. Dr. med. Hasse Møller-Sørensen, Denmark

Referring physicians of the transplant center		
Aarau	KS Aarau	Prof. Dr. med. Stephan Segerer
Baden	Cantonal Hospital Baden	PD Dr. med. Harald Seeger
Bellinzona	Ospedale San Giovanni	Dr. med. Lorenzo Berwert
Chiasso	MedQualitas	Dr. med. Claudio Cereghetti
Chur	Cantonal Hospital Chur	Dr. med. Reto Venzin
Davos		Dr. med. Christina Venzin
Frauenfeld		Dr. med. Stefan Flury
Glarus	Nephrology Glarus	Dr. med. Georgalis
Hochfelden	Dialyse-Praxis	Dr. med. Nasser Dhayat
Horgen	Lakeside hospital	Dr. med. Matheis
Lachen	Lachen Hospital	Dr. med. Kneubühl
Lugano		Dr. Med. Antonio Bellasi
Lucerne	Lucerne Cantonal Hospital	Dr. med. Odermatt
Muri	Muri Hospital	Dr. med. Rahel Pfammatter
Schaffhausen	Cantonal Hospital Schaffhausen	Dr. med. Marco Miozzari
Schlieren	NephroLimmat	Dr. med. Ulrike Raff
St. Gallen	Cantonal Hospital	Dr. Dr. med. David Semela
Urdorf	Dialysis Center	Dr. med. Martin Sachs
Uster		Dr. med. Alf Corsenca
Uznach	Hospital	Dr. med. Matthias Neusser
Wetzikon	Wetzikon Hospital	Dr. med. Etter
Winterthur	Winterthur Cantonal Hospital	Dr. med. Thomas Kistler
Zollikerberg	Zollikerberg Hospital	Dr. med. Robert Schorn
Zug		Dr. med. Varga
Zurich	City Dialysis	Dr. med. Cicvara / Dr. med. Küper / Prof. Dr. med. Nilufar Mohebbi
Zurich	Waid City Hospital	Dr. med. Johannes Trachsler
Zurich	Zurich Children's Hospital	Prof. Dr. med. Wesley Hayes

6.2 Transplant Activities 2016 - 2025

Organ	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Herz total	10	17	16	11	11	11	14	19	19	24
DD	0	0	0	0	0	0	0	5	2	8
Lunge total	23	14	19	17	24	24	31	37	37	41
DD	3	2	3	4	5	7	9	15	8	7
Leber total	52	64	54	64	52	60	52	65	46	55
Leichenleber einzeln	34	37	37	61	49	58	49		42	51
DD	6 + 1 Domino	21	12	22	9	22	26	28	22	24
Lebendleber	7	5	4	1	3	2	3	0	4	4
Leber und Niere	4	1	1	2	2	0	0	0	0	0
Leber und Dünndarm / Multiszeral	0	0	0	0	0	1	0	0	0	0
Niere total	88	104	100	91	97	85	89	117	112	124
Leichenniere einzeln	48	54	58	60	76	60	64		90	111
DD	9	19	4	23	21	14	19	44	48	46
Lebendniere	22	23	30	20	21	25	25	17	22	13
Niere und Pankreas	4	4	5	8	8	7	4	8	7	6
Niere und Inselzellen	1	3	2	1	0	0	0	0	0	0
Niere und Herz	0	1	0	0	0	0	0	0	0	0
Niere und Leber	4	1	1	2	2	0	0	0	0	0
Pankreas total	4	4	5	8	8	9	4	8	7	6
Pankreas allein	0	0	0	0	0	1	0	0	0	0
Pankreas und Niere	4	4	5	8	8	7	4	8	7	6
Pankreas / Multiszeral	0	2	0	0	0	1	0	0	0	0
Inseln total	6	5	2	1	0	0	0	0	0	0
Inseln allein	4	2	0	0	0	0	0	0	0	0
Inseln und Niere	1	3	2	1	0	0	0	0	0	0
Inseln und Leber	1	0	0	0	0	0	0	0	0	0
Dünndarm / Multiszeral	0	0	0	0	0	1	0	0	0	0
Stammzellen total	150	148	174	168	170	159	162	171	170	168
autolog	94	93	107	100	88	90	95	88	76	69
allogen	56	55	67	68	82	70	67	85	94	99
CAR-T-Zelltherapie	-	-	-	14	19	12	32	29	34	44

Für Organspende: freigegebene spendende Personen in der Donor Care Association 2020 - 2025

	2020	2021	2022	2023	2024	2025
Spender DCD effektiv	29	30	23	15	17	11
utilisiert	26	29	22	12	15	11
Spender DCD effektiv	12	19	28	38	23	21
utilisiert	6	17	23	26	17	18
Total effektiv	41	49	51	51	40	32
utilisiert	32	36	45	38	32	29

6.3 Outcome of Organ Transplants

Since 2013, results have been published for all centers throughout Switzerland. This is done in accordance with the Transplantation Act and the associated ordinance. The "STCS Annual Report" is available to the public at www.stcs.ch.

6.4 International Advisory Board (IAB) Meeting 2025

Prof. Dr. med. Nicolas Müller, Head of the Transplant Center

Agenda of the International Advisory Board Meeting

21.11.2025 09:00 AM – 11.45 AM, Zurich time

In person and via ZOOM

Seminar Room HOER OST B 15

University Hospital Zürich

Zoom link:

<https://uzh.zoom.us/j/65965407334?pwd=DNBqnsa0krPyBN96jno0MMom4eKQWg.1>

Time	Item	Responsible (Kuratorium)	Advisor
09:00	Welcome	F. Ruschitzka, Head of the Kuratorium	All
09:05	Donor development 2024 (DCA report)	N. Müller (Head, Transplant Center)	All
09:20	Annual report, Swiss Transplant Cohort Study	N. Müller	All
09:30 – 11:30	The transplant Center in 2024 and 2025	Input: Highlights & challenges	Feedback
	09.30 Heart	O. Dzemali / F. Ruschitzka	M. Crespo
	09.45 Lung	I. Opitz / M. Schuurmans	S. Keshavjee
	10.00 Liver	J. Oberholzer / B. Müllhaupt	V. Mazzaferro (tbc)
	10.15 Kidney	B. George / J. Oberholzer	G. Böhmig
	10.30 Pancreas / Islets	J. Oberholzer	L. Furian
	10.45 HSCT	M. Manz	J. Finke
	11.00 Anesthesiology	S. Coldwey	V. v. Dossow
	11.15 ICU	R. Schüpbach	H. Møller-Sørensen
11:30	Varia	All / N. Müller	
11.45	Closure	N. Müller	

Zürich, 27.10.25 / nm

Working lunch with the respective program, followed by the Annual symposium in the afternoon.

6.5 Scientific Publications 2025

6.5.1 Heart

1. Ruschitzka F, Duru F, Saguner AM.
Inflammatory Features in Homozygous DSG2 Cardiomyopathy Mimicking Cardiac Sarcoidosis.
JACC Case Rep. 2025 Oct 15;30(32):105345. doi: 10.1016/j.jaccas.2025.105345. Epub 2025 Sep 15. PMID: 40956261 Free article.
2. Rossi VA, Nebunu D, Nägele MP, Barthelmes J, Haider T, Laptseva N, Bitos K, Kreysing L, Frank M, Enseleit F, Wilhelm MJ, Dzembali O, Ruschitzka F, Sudano I, Flammer AJ.
Vascular function in patients with advanced heart failure and continuous-flow or pulsatile ventricular assist devices.
Clin Res Cardiol. 2025 Oct;114(10):1290-1299. doi: 10.1007/s00392-024-02519-x. Epub 2024 Aug 21. PMID: 39167193 Free PMC article.
3. Cikes M, Brugts JJ, Claggett B, Jorde UP, Milicic D, Planinc I, Ruschitzka F, Uriel N, Kulac I, Jakus N, Loncaric F, Puskaric F, Sipus D, Gasparovic H, Rubis P, van Laake LW, Rudez I, Hegarova M, Sestan G, Wisniowska-Smialek S, Wierzbicki K, Mehra MR, Solomon SD.
Angiotensin-Neprilysin Inhibition and Left Ventricular Assist Device Therapy: Primary Results of the ENVAD-HF Trial.
JACC Heart Fail. 2025 Nov;13(11):102657. doi: 10.1016/j.jchf.2025.102657. Epub 2025 Aug 31. PMID: 40892548 Free article. Clinical Trial.
4. Cikes M, Planinc I, Brugts JJ, Claggett B, Jorde UP, Milicic D, Ruschitzka F, Uriel N, Jakus N, Loncaric F, Puskaric F, Rubis P, van Laake LW, Rudez I, Hegarova M, Mehra M, Solomon SD.
Rationale, design, and baseline characteristics of the multicENTER, randomized, open-label, parallel group, study to evaluate the use of sacubitril/valsartan in HeartMate 3 left ventricular assist device recipients (ENVAD-HF).
J Card Fail. 2025 Aug 14:S1071-9164(25)00336-7. doi: 10.1016/j.cardfail.2025.07.015. Online ahead of print.
5. Chioncel O, Mebazaa A, Farmakis D, Abdelhamid M, Lund LH, Harjola VP, Anker S, Filippatos G, Ben-Gal T, Damman K, Skouri H, Antohi L, Collins SP, Adamo M, Miro O, Hill L, Parissis J, Moura B, Mueller C, Jankowska E, Lopatin Y, Dunlap M, Volterrani M, Fudim M, Flammer AJ, Mullens W, Pang PS, Tica O, Ponikowski P, Ristic A, Butler J, Savarese G, Cicoira M, Thum T, Bayes Genis A, Polyzogopoulou E, Seferovic P, Yilmaz MB, Rosano G, Coats AJS, Metra M.
Pathophysiology and clinical use of agents with vasodilator properties in acute heart failure. A scientific statement of the Heart Failure Association (HFA) of the European Society of Cardiology (ESC).
Eur J Heart Fail. 2025 Jun;27(6):1067-1088. doi: 10.1002/ejhf.3673. Epub 2025 May 4. PMID: 40320261 Review.
6. Alyaydin E, Gotschy A, Parianos D, Nägele MP, Tudorache I, Flammer AJ, Stehli J.
Tricuspid regurgitation after heart transplantation: where innovation and intervention are in hibernation.
Heart Fail Rev. 2025 May;30(3):619-625. doi: 10.1007/s10741-025-10494-2. Epub 2025 Feb 13. PMID: 39945978 Free PMC article. Review.
7. Alyaydin E, Parianos D, Hermes-Laufer J, Nägele MP, Castro L, Papathanasiou M, Reinecke H, Flammer AJ.
Sodium-glucose co-transporter 2 inhibitors in left ventricular assist device and heart transplant recipients: a mini-review.
Heart Fail Rev. 2025 Mar;30(2):327-335. doi: 10.1007/s10741-024-10465-z. Epub 2024 Nov 8.
8. Lim HS, Damman K, Baudry G, Cikes M, Adamopoulos S, Ben-Gal T, Girerd N, Zuckermann A, Masetti M, Nalbantgil S, Tops L, Ponikowski P, Crespo-Leiro M, Ruschitzka F, Metra M, Gustafsson F.
Donor heart allocation systems in Europe. A scientific statement of the Heart Failure Association of the ESC.
Eur J Heart Fail. 2025 Jun;27(6):1089-1102. doi: 10.1002/ejhf.3681. Epub 2025 May 7. PMID:

9. Amir O, Adamopoulos S, Burri H, Bayes-Genis A, Leclercq C, Cikes M, Egorova A, Peichl P, Fudim M, Rao A, Gustafsson F, Richter S, Pagnesi M, Rosano G, Ruschitzka F, Nielsen JC.
Cardiac implantable electronic and other monitoring devices in continuous-flow left ventricular assist device patients. A clinical consensus statement of the Heart Failure Association and the European Heart Rhythm Association of the ESC.
Eur J Heart Fail. 2025 May;27(5):808-821. doi: 10.1002/ejhf.3635. Epub 2025 Apr 1.
10. Baudry G, Girerd N, Cikes M, Crespo-Leiro MG, Damman K, Delmas C, Adamopoulos S, Nalbantgil S, Lim HS, Ruschitzka F, Metra M, Gustafsson F.
Knowledge and application of ESC/HFA guidelines in the management of advanced heart failure.
Eur J Heart Fail. 2025 Jun;27(6):1126-1135. doi: 10.1002/ejhf.3530. Epub 2024 Nov 19. PMID: 39563177 Free PMC article.

6.5.2 Immunology (HLA laboratory)

11. Harmacek D, Weidmann L, Rho E, Castrezana Lopez K, Westphal F, Nilsson J, George B, Hübel K, von Moos S, Schachtner T.
Non-human leukocyte antigen autoantibodies-anti-angiotensin II type 1 receptor and endothelin type A receptor antibodies-in the diagnosis of antibody-mediated rejection: Biopsy-based transcript diagnostics perspective.
Am J Transplant. 2025 Nov;25(11):2320-2328. doi: 10.1016/j.ajt.2025.07.2476. Epub 2025 Jul 28.
12. Tian Y, Frischknecht L, Rössler F, Schachtner T, Nilsson J.
De novo donor-specific HLA antibody development after kidney transplantation is impacted by PIRCHE II score and recipient age.
Front Immunol. 2025 Apr 1;16:1508586. doi: 10.3389/fimmu.2025.1508586. eCollection 2025.
13. Tian Y, Frischknecht L, Mallone A, Rössler F, Schachtner T, Nilsson J.
Evaluation of de novo donor specific antibodies after kidney transplantation in the era of donor-derived cell-free DNA.
Front Immunol. 2025 Jan 16;15:1530065. doi: 10.3389/fimmu.2024.1530065.

6.5.3 Infectiology

14. van den Bogaart L, Fernandez-Ruiz M, Hoessly LD, Hullin R, Kirsch M, Schneider A, Mueller NJ, Wilhelm MJ, Flammer AJ, Martinelli M, Bloch A, Reineke D, Neofytos D, Lamothe F, Hirzel C, Walti LN, Manuel O, Swiss Transplant Cohort S.
Incidence and Risk Factors for Infection in Heart Transplant Recipients on Posttransplant Extracorporeal Membrane Oxygenation (ECMO).
Transplant Direct. 2025;11(12):e1873. doi: 10.1097/TXD.0000000000001873.
15. van Delden C, Manuel O, Hirzel C, Walti LN, Khanna N, Hirsch HH, Dionyios N, Kohler P, Abela IA, Mueller NJ, Swiss Transplant Cohort S.
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6.6 Transplant Awards 2024

At the Fall Symposium in November 2025, the Zurich Transplant Center Awards were presented for the 15th time.

The awards were once again generously sponsored by Astellas Pharma and presented by Dr. Kerstin Hübeler, a member of the Executive Board's Awards Committee. Awards were given for a laboratory-based experimental study, a clinical study, and the Merit Award.

Clinical Study Award

Dr. Sc. med. Anne-Laure Leblond and Dr. med. Birgit Maria Helmchen:

"HEV ORF2 protein-antibody complex deposits are associated with glomerulonephritis in hepatitis E with reduced immune status."



Figure 10: Presentation of the award to Dr. sc. med. Anne-Laure Leblond and Dr. med. Birgit Maria Helmchen

Laboratory Experimental Study Award

Dr. med. Carolin Steinack:

"Transbronchial cryobiopsy alone versus combined with traditional forceps biopsy for acute cellular rejection in lung transplant recipients. A diagnostic randomized trial."



Figure 11: Presentation of the award to Dr. med. Carolin Steinack

Merit Award

Dedicated liver transplant recipients who volunteer to support patients scheduled for liver transplants through a peer-to-peer system.



Figure 12: Award Presentation to Tanja Schöler and Amodeo Vergés on behalf of all their peers

6.7 Further Education 2025

19th Annual Symposium of the Zurich Transplant Center 2025



USZ Universitäts
Spital Zürich

 University of
Zurich ^{UZH}

Hybrid Event

Transplantation Center

**The current challenges in solid organ and
hematopoietic stem cell transplantation:
A Tour d'Horizon through Europe and Canda**

19th Annual Symposium for Referring Physicians and Employees

Friday, 21st of November 2025, 1.30 – 6.00 p.m.
University Hospital Zurich
Grosser Hörsaal OST and webstream

Link to flyer: [19th Annual Symposium Transplant Center, University Hospital, Zurich – SGH SSH](#)

**The current challenges in solid organ and hematopoietic stem cell transplantation: A
Tour d'Horizon through Europe and Canda**

19th Annual Symposium Transplant Center, University Hospital, Zurich

Zeit		
13.30	Welcome and opening address	Monika Jänicke
13.40	Opening remarks	Nicolas Müller
13.45	Annual report	Nicolas Müller
Tour d'Horizon: Spain, Canada, Germany, Italy		Chair: Andreas Flammer
14.05	Heart: "Heart Transplantation in Spain: Expanding the Donor Pool Through Higher Age Limits and Donation After Circulatory Death"	Marisa G. Crespo Leiro
14.25	Lung: "A.I. in Lung Transplantation"	Shaf Keshavjee
14.45	Anesthesiology: "Update of Anesthesia for Organ Transplantation "	Vera von Dossow
15.05	Pancreas and Islets: "Challenges in Pancreas and Islet Transplantation in Italy"	Lucrezia Furian
15.25	Transplantation Awards Zurich Transplantation Center	Kerstin Hübel
16.00 – 16.30 Coffee break		
The Tour d'Horizon continues: Austria, Italy, Denmark		Chair: Thomas Schachtner
16.30	Cellular therapies: "Allogeneic hematopoietic cell transplantation: the role of prospective randomized trials"	Jürgen Finke
16.50	Kidney: "Navigating Rejection"	Georg Böhmig
17.10	Intensive care medicine: " Copenhagen Heart and Lung Transplantation Program: A Short Introduction"	Hasse Møller-Sørensen
17.30	Closing remarks	Nicolas Müller
	Apéro	

Monthly Seminar "Hot Topics in Transplantation" (TNT) 2025



TNT-Seminar, Programm 2026: am Montag jeweils um 17.15 bis 18.00, gefolgt von einem Apéro
 Eine separate Einladung mit Link für die virtuelle Teilnahme folgt jeweils in der Woche davor

Datum	Thema	Referent	Affiliation	Host	Raum
23.02.2026	Endoskopische Bariatrie rund um Transplantationen	Alex Herner	USZ	Andreas Kremer	HOER B 5
30.03.2026	Checkpoint Inhibitoren: Immuntherapie bei organtransplantierten Patient*innen – Zukunft?	Mirjam Nägeli und Adrian Bachofner	USZ	Nicolas Müller	HOER B 5
27.04.2026	Current State of Xenotransplantation	Dr. med. Léo Bühler	Kantonsspital Fribourg	Nicolas Müller	HOER B5
22.06.2026	Organhandel und Transplantationstourismus	Thomas Müller und Salome Ryf	Swisstransplant BAG	Kerstin Hübel	HOER B 10
31.08.2026	Belatacept: Erfahrungen über die Niere hinaus	Lukas Weidmann	USZ	Kerstin Hübel	HOER B 5
28.09.2026	Evaluation of the implementation of a CMV cell-mediated immune assay in the routine clinical practice for the prevention of CMV infection in CMV-seropositive kidney transplant recipients	Seydoux Sophie und Oriol Manuel	CHUV	Nicolas Müller	HOER B 5
26.10.2026	TBD	Nicholas Bechet	USZ	György Lang	HOER B 5

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