



3rd ERA-EDTA CME COURSE

Long-Term Post Transplantation Care

**Pathogenesis and Management of Long Term Cardiovascular and
Metabolic Complications in Renal Transplantation**

What the Non Transplant-Nephrologists Should Know ?

President of ERA EDTA 2010: Dr Gérard London

1st April 2010 – Bordeaux, France

Scientific Committee and Speakers :

Dr G. London (France); Pr Y. Lebranchu (France); Pr C. Combe (France);
Dr J-L. Bouchet (France); Dr S. Lepreux (France) ; Pr M. Hourmant (France);
Dr M. Essig (France) ; Pr L. Rostaing (France); Dr A. Torres (Spain) ; Pr P. Lang (France);
Pr E. Cassuto (France); Dr H. Vacher-Coponat (France); Pr P. Merville (France);
Pr D. Glotz (France); Pr E. Thervet (France); Dr D. Abramowicz (Belgium);
Pr C. Wanner (Germany); Dr N. Kamar (France); Dr D. Ducloux (France);

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EUROPEAN RENAL ASSOCIATION

EUROPEAN DIALYSIS AND TRANSPLANT ASSOCIATION

Registered Charity n° 1060134

On behalf of the Scientific Committee, we are pleased to announce the organisation of the **the 3rd ERA-EDTA CME Course** in France on **April 1st 2010** in Bordeaux.

The Scientific Committee has taken great care to prepare a **high-quality and varied programme** that will incorporate the latest developments and idea in basic science, transitional and clinical science, to be presented in the form of lectures followed by roundtable.

Although short-term kidney graft survival has improved in recent years, the focus has **shifted to the challenge of improving long-term graft survival**. Acute rejection, chronic allograft nephropathy, and cardiovascular disease are associated with graft loss and patient death. **Reducing the potential for such post-transplantation complications may improve long-term graft survival**.

In addition, gaining a **better understanding of the role that various immunosuppressive therapies** have in decreasing the risk for graft injury will help clinicians make better-informed decisions about appropriate treatment regimens for individual kidney transplant recipients.

Improvements in transplantation practices, immunosuppressive agents, and management of comorbid conditions have led to better outcomes for kidney transplant recipients. Transplantation has become the treatment of choice for patients with end-stage renal disease (ESRD). This has resulted in continued growth in the number of patients living with a functioning kidney allograft as a percentage of the total ESRD population. **Community nephrologists are the logical choice to assume responsibility for the post transplantation care** of these patients after discharge from transplant centers when they are stabilized. These patients require long-term follow-up care, which already is straining the limited resources of transplant centers.

Optimal management of kidney transplant recipients depends on regular interactive communication between the patient's community nephrologists and the transplant center. Open communication will not only facilitate the initial transition of care, it also will decrease the frequency of referrals back to the transplant center.

In an ideal situation, the transplant center and community nephrologists would develop and discuss plans for discharge and transition of care for the individual patient before the actual kidney transplantation. **Important issues for effective communication include** exchanges in laboratory results and kidney function, pretransplantation and posttransplantation comorbid conditions, surgical complications, or adverse effects of medications, modifications to immunosuppressive therapy or other medications, recurrent hospitalizations or emergency care, and exchanges in biopsy results.

Last but not the least, **the surrogate anatomopathologic** marker of long term complications, i.e the - Interstitial Fibrosis/Tubular Atrophy (IF/AT), the new definition of Chronic Allograft Nephropathy (C.A.N.) will be the driver of this 3th French CME course.

We aim to target this medical event to young nephrologists, nephrologists involved in the long term follow up of renal transplant patients in coordination with the renal transplant center.

The aims of ERA-EDTA CME COURSE are to :

- Provide an update related to **long term cardiovascular and metabolic complications in Renal Transplantation**
- Gather the key opinion leaders in the field of **“long term cardiovascular and metabolic complications in Renal Transplantation”**
- Give the opportunity to participant to share experience (1) between nephrologists from renal transplant patients and community nephrologists and (2) between nephrologists from different european countries

During this congress we will mainly discuss on the controversies, recent advances and last recommendations given by international invited speakers. Please find bellow the program of this CME.

Dr Gerard London
ERA-EDTA III Congress President

SCIENTIFIC PROGRAM



ERA-EDTA Chairmen : Dr G. London , Pr Y. Lebranchu

Coordinators : Pr P. Lang, Dr J-L. Bouchet

8h30 : Registration

9h00 : Opening Lecture

Long term complication in RT versus short term complications

Dr M. Essig, PU-PH Service de Néphrologie, Hémodialyse, Transplantations du CHU de Limoges, France

9h20 : **Contribution of the new histologic classification (IF/TA, Interstitial Fibrosis/Tubular Atrophy) :**

What the non Renal transplantation nephrologists should know ?

Dr S. Lepreux, Service d'Anatomie Pathologique, Hôpital Pellegrin-Enfants, CHU Bordeaux, Bordeaux, France

9h40 : **Risk Factors of IF/TA (Interstitial Fibrosis/Tubular Atrophy) ?**

Dr H. Vacher-Coponat, Chef de Service Néphrologie et Transplantation , Hôpital de la Conception, Marseille, France

10h00 : **Insight on humoral chronic rejection with anti-donor antibodies**

Pr P. Merville, Transplantation, Service of Nephrology, Hôpital Pellegrin - UMR-CNRS 5164, CHU de Bordeaux, Bordeaux, France

10H30: COFFEE BREAK

Coordinators : Pr C. Combe

11h00 : **Epithelial-mesenchymatosis transition and renal fibrosis**

Pr D. Glotz, Service of Nephrology and Transplantation, Hôpital Saint-Louis, Paris, France

11h30 : **Gene polymorphisms and chronic allograft nephropathy (CAN) : Myth or reality?**

Pr E. Thervet, CHU Paris-Necker, Paris, France

12h00 : **How to manage long-term immunosuppression in 2010?**

Dr D. Abramowicz, Nephrology Department, Hopital Erasme, Université Libre de Bruxelles, Brussels, Belgium

12H30 : LUNCH

Coordinators : Pr D. Glotz, Dr G. London

14h00 : **Metabolic Syndrome and Coronary Arterial Disease**

Pr C. Wanner, Department of Medicine, Division of Nephrology, University Hospital Wuerzburg, Germany

14h30 : **Infections after kidney transplantation**

Dr N. Kamar, Dr Nassim Kamar, Maître de Conférences des Universités-Praticien Hospitalier, Department of Nephrology, Dialysis and Organ Transplantation, CHU Rangueil, Toulouse, France

15H00 : COFFEE BREAK

Coordinators : Pr L. Rostaing , Pr E. Cassuto

15h30 : **Atherome and Immunogenicity : myth or reality?**

Dr D. Ducloux, Service of Nephrology, Centre Hospitalier Universitaire Saint Jacques, Besançon, France

16h00 : **What should be an optimal CV check up for the donor and the recipient ?**

Dr A. Torres, Service of Nephrology, Hospital Universitario de Canarias, Tenerife, Spain.

16h30 : Conclusion and Perspectives

For more information :

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