



WORKSHOP

Purification Therapies

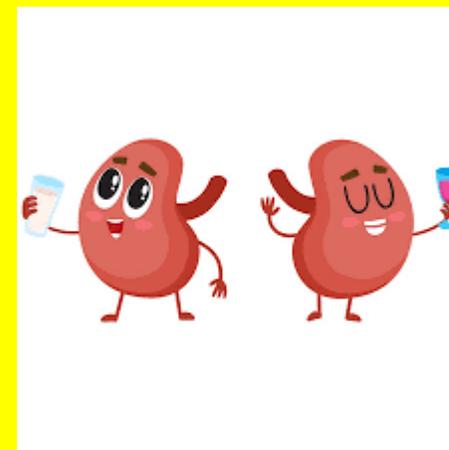
FROM RESEARCH TO CLINICAL EVIDENCE

SEPTEMBER 30TH/OCTOBER 1ST 2022

Milano, Centro Congressi Cariplo



EX VIVO PERFUSION AND INFLAMMATORY MEDIATORS The Kidney

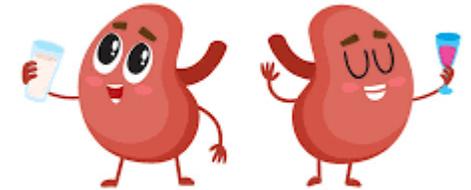


Vincenzo Cantaluppi

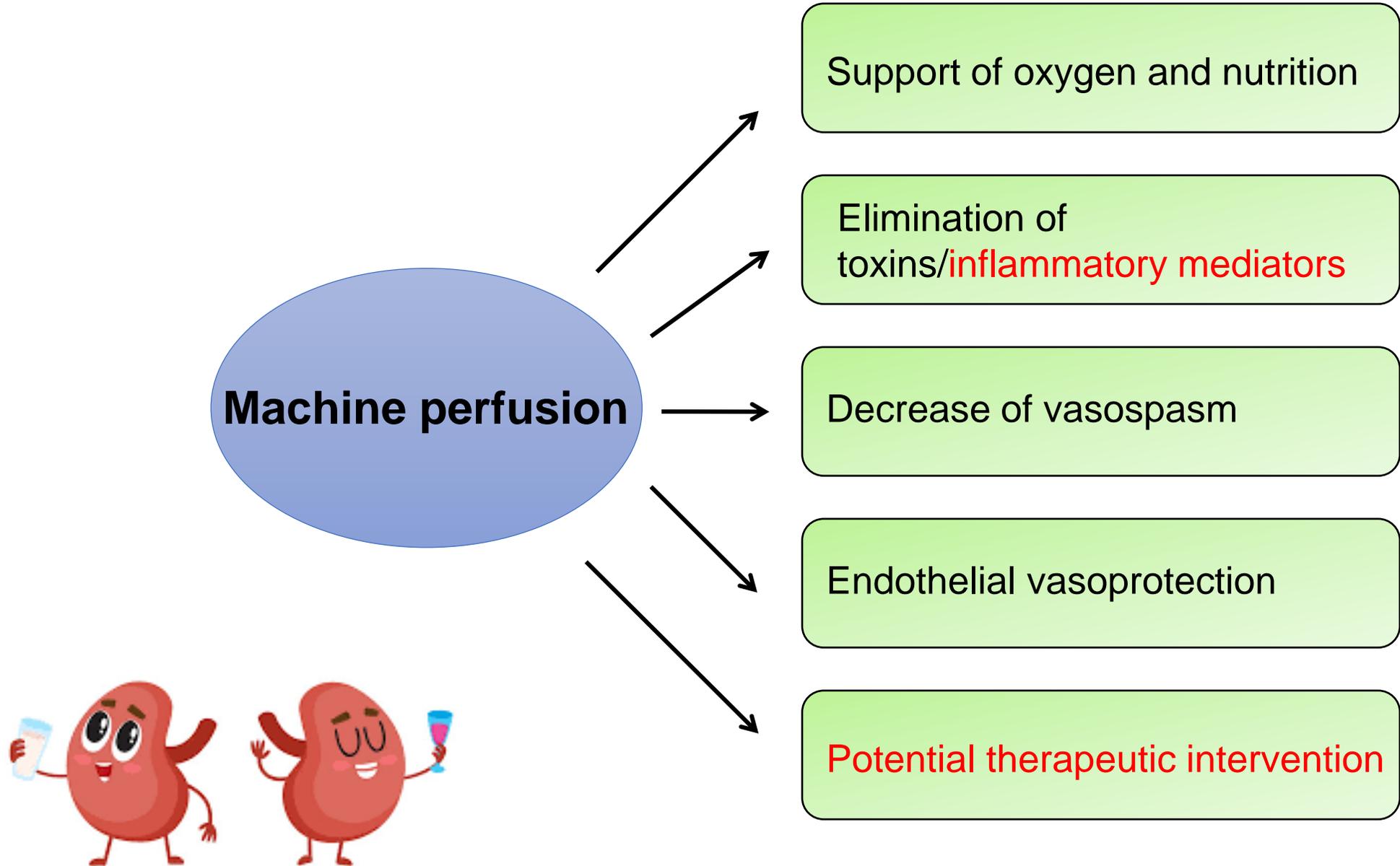
Nephrology and Kidney Transplantation Unit,
University of Piemonte Orientale (UPO),
“Maggiore della Carità” University Hospital,
Novara- ITALY

OUTLINE

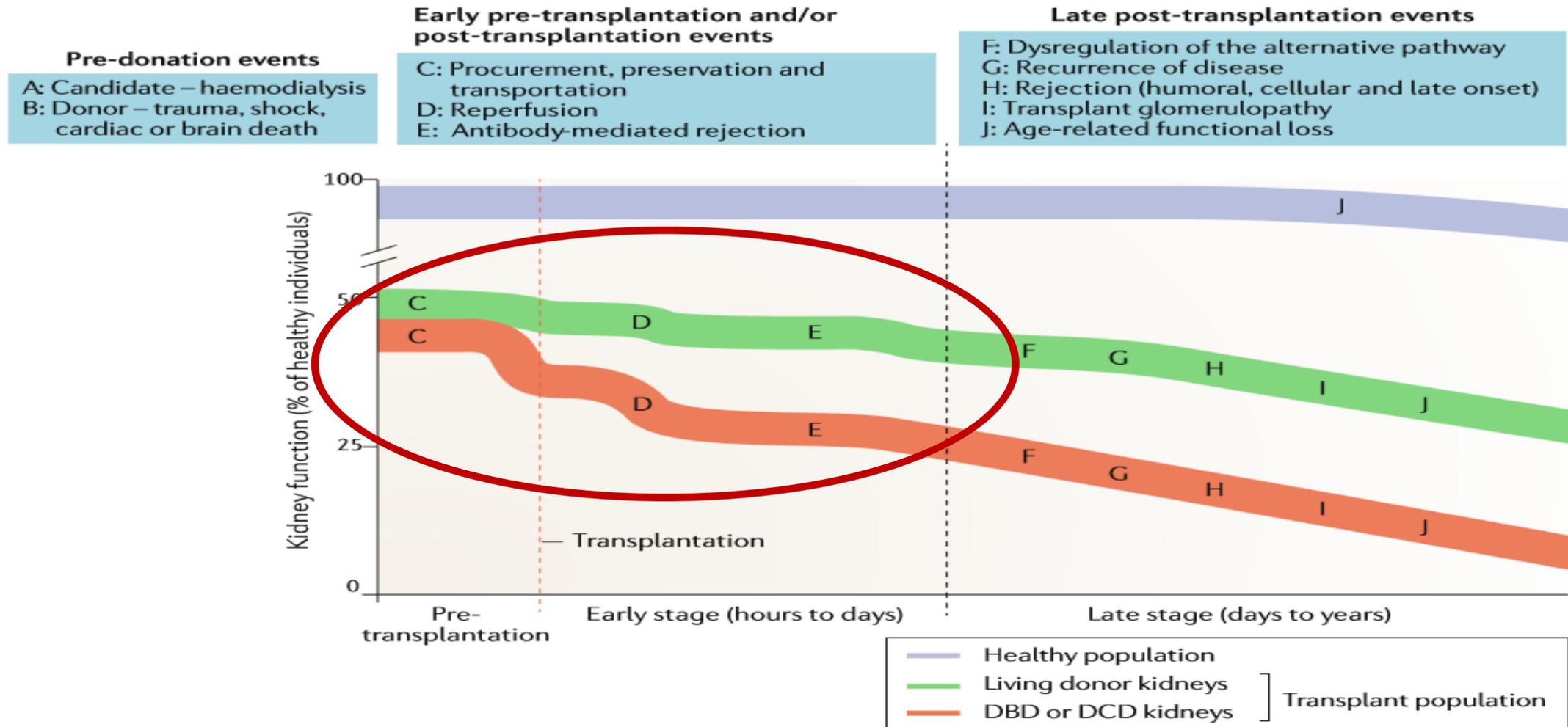
Ex vivo Perfusion and Inflammatory Mediators: the Kidney



1. What are the aims of ex vivo perfusion?
2. What happens to inflammatory mediators during organ perfusion?
3. Inflammatory mediator removal during ex vivo perfusion: what are the impacts on perfusion and transplant outcomes?



Hypothetical model of time-course deterioration of kidney graft function



Kidney Ex Vivo Perfusion – Why?

Recover all the organs available for transplantation
 Extension of selection criteria:



ECD and DCD organs for transplantation

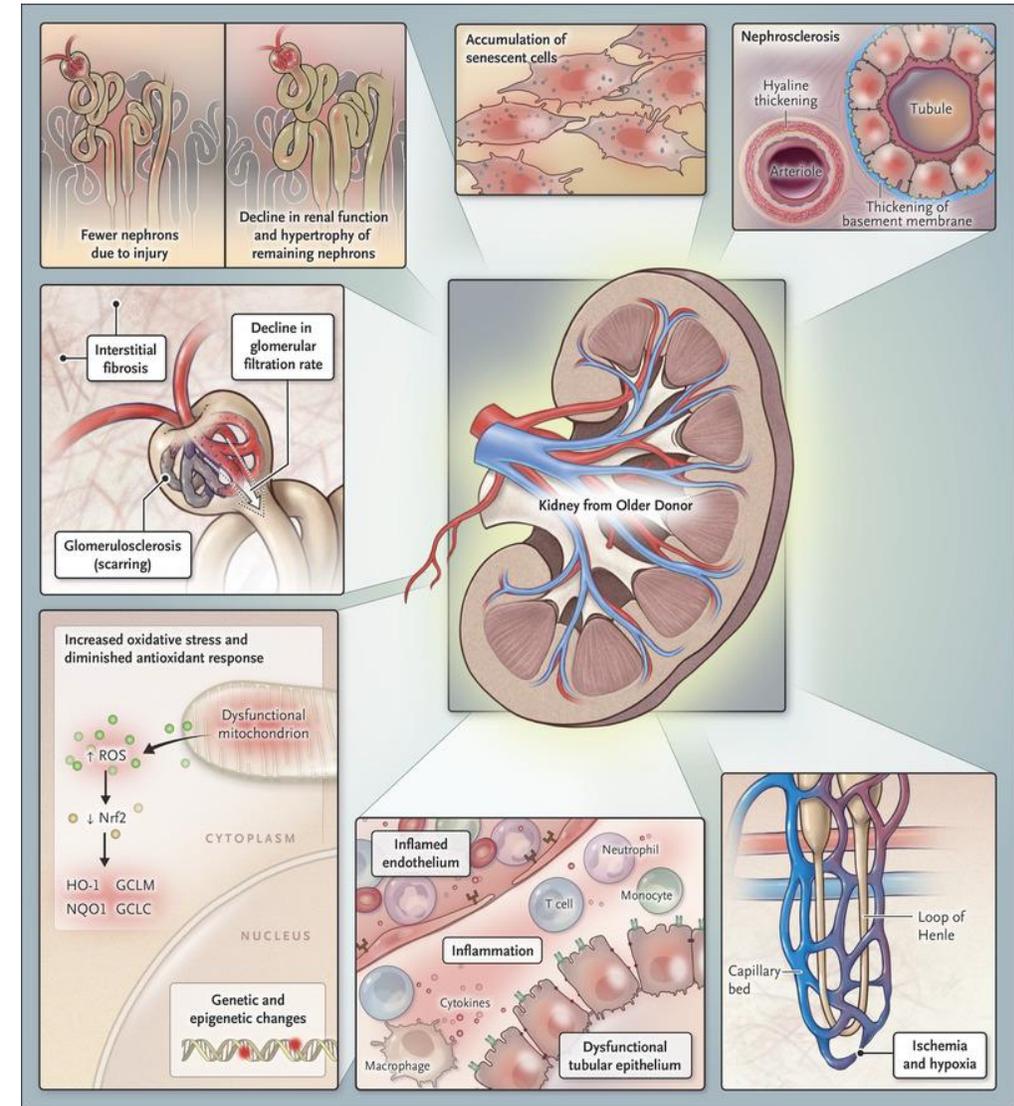
Outcomes of kidney transplantation from different donor types (% range)

Donor type	DGF rate (%)	Graft survival at 1 y (%)	Graft survival at 5 y (%)	Patient survival at 1 y (%)	Patient survival at 5 y (%)
Living	2-19	96-98	85-92	98-99	93-95
DBD	10-28	89-97	80-85	96-99	82-89
ECD	28-38	82-92	49-80	90-96	70-93
DCD	23-58	85-92	77-87	95-99	82-89
uDCD	42-93	85-100	60-87	83-98	78-94

DBD, donation after brain death; DCD, donation after circulatory death; DGF, delayed graft function; ECD, extended criteria donor; uDCD, uncontrolled DCD

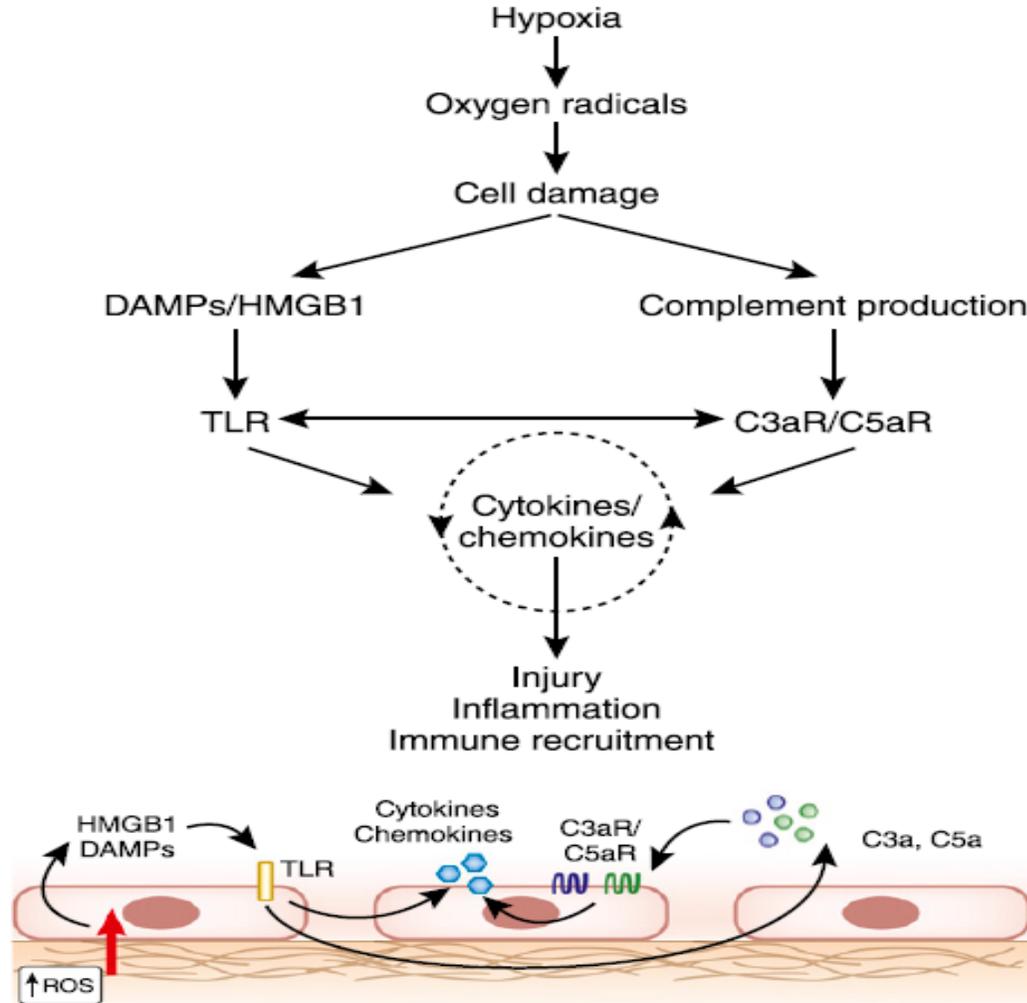


Higher complication rates and lower graft and patient survival



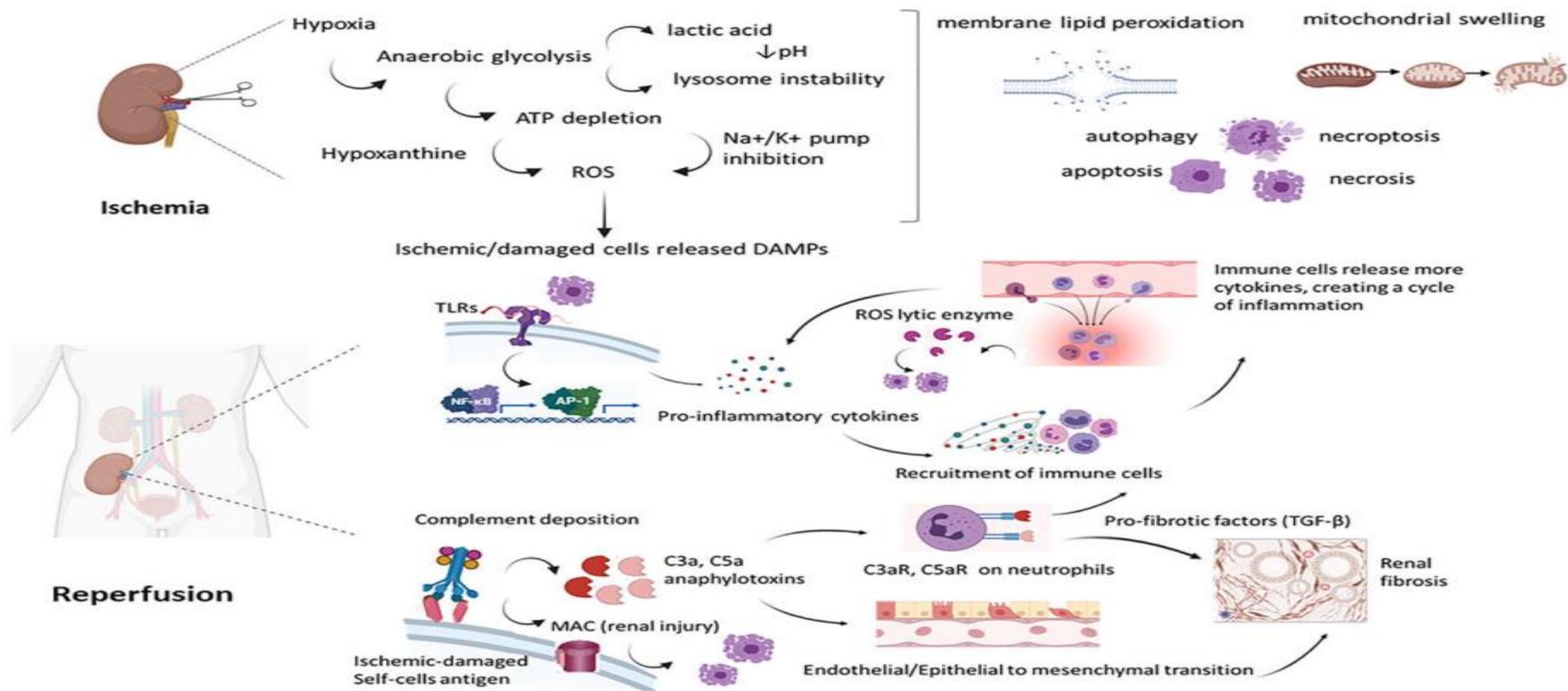
Renal Functional Reserve (RFR) decrease

The pathophysiology of Renal IRI



- IRI arises from a combination of **tissue hypoxia**, **mitochondrial damage**, **ATP depletion** and **ROS generation**, leading to damage of the endothelium and epithelium and enhanced **senescence**.
- Activation of neutrophils, release of ROS and other inflammatory mediators including adhesion molecules and a variety of cytokines are also involved.

Hypoxia, DAMPs, Pro-inflammatory Cytokines, Complement among the main responsables of IRI mechanisms



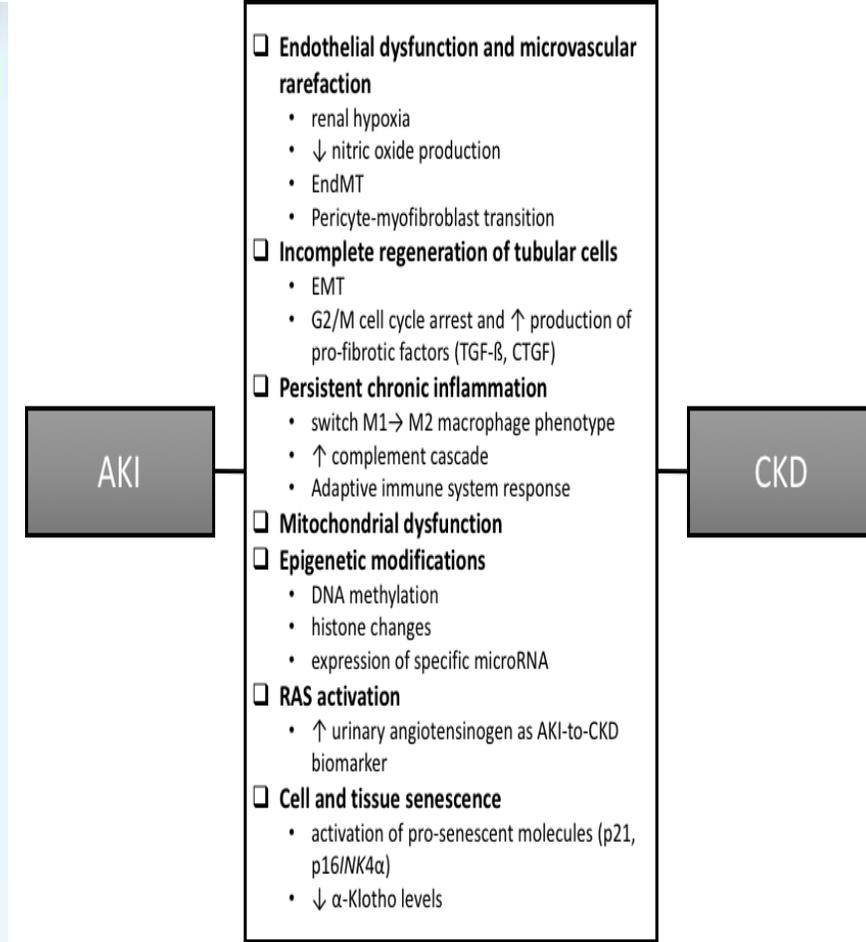
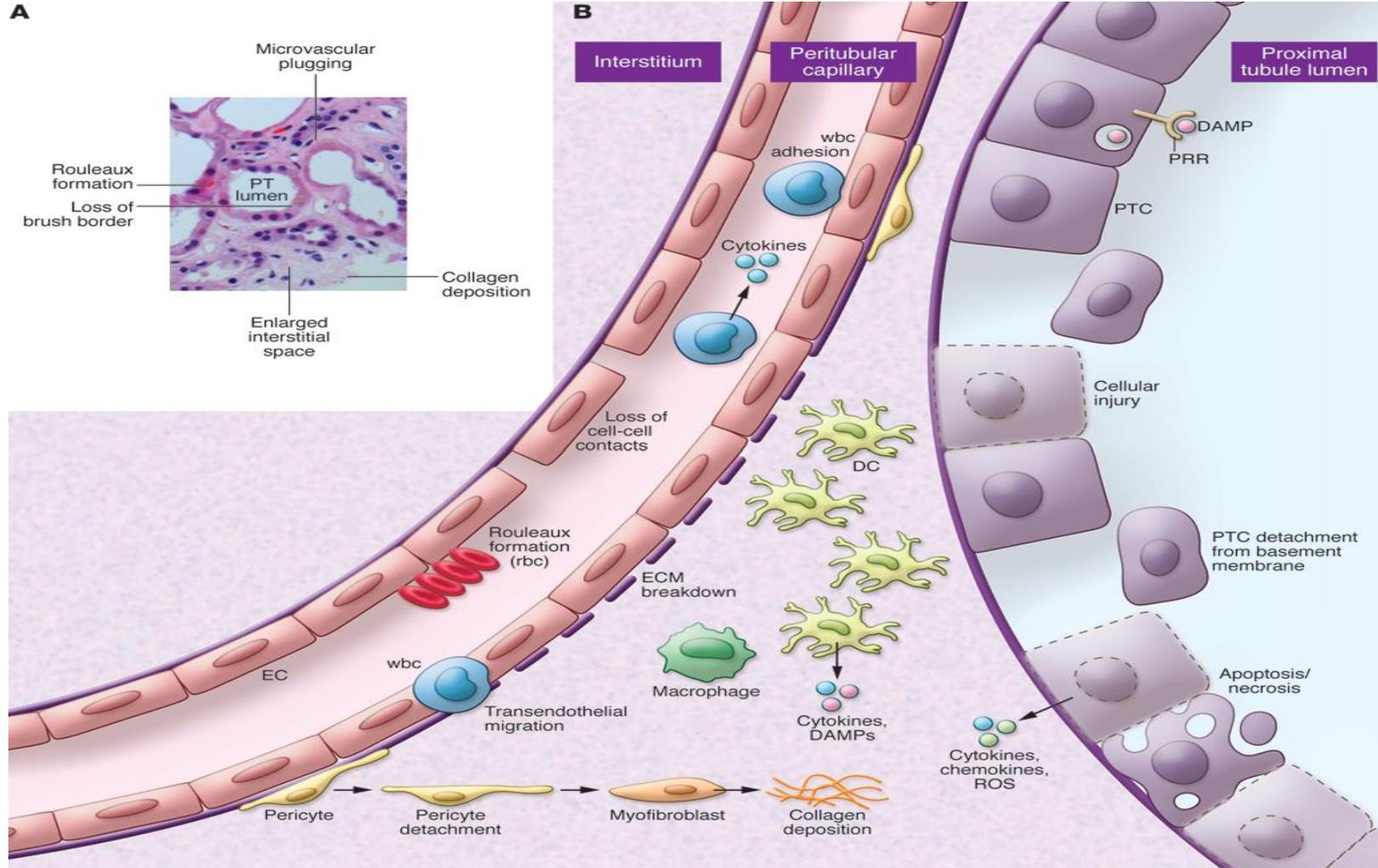
Machine Perfusion Therapy Delivery to Prevent IRI

Therapeutic translation in acute kidney injury: the epithelial/endothelial axis

Bruce A. Molitoris

JCI The Journal of Clinical Investigation
Published by The American Society for Clinical Investigation | Founded 1908

Alterations in the epithelial/endothelial axis during AKI



Inflammatory cytokines.....



Biomarkers or mediators?

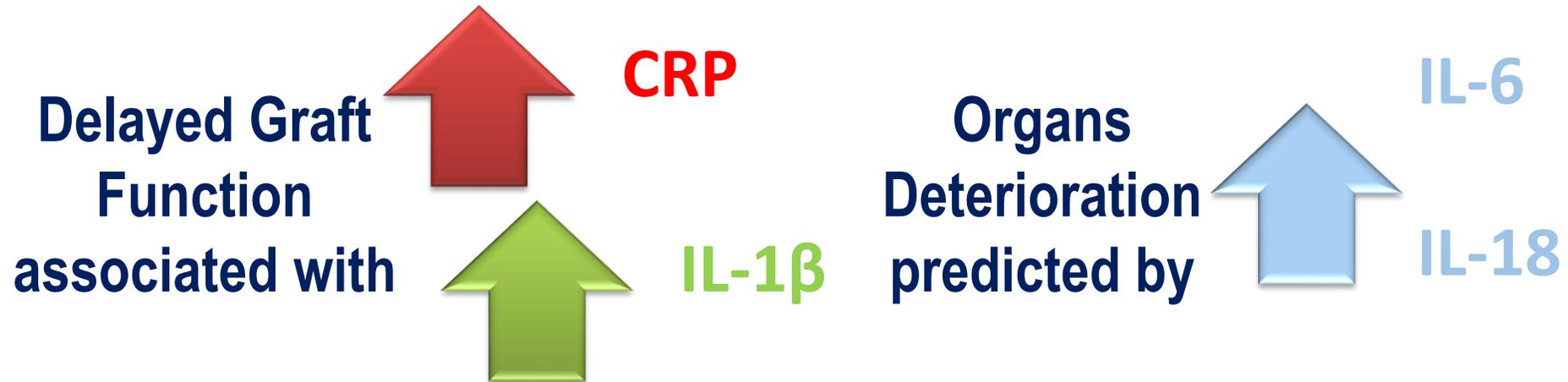
Role of Inflammatory Cytokines in Kidney DGF

Original Paper

Ann Transplant, 2009; 14(4): 12-15

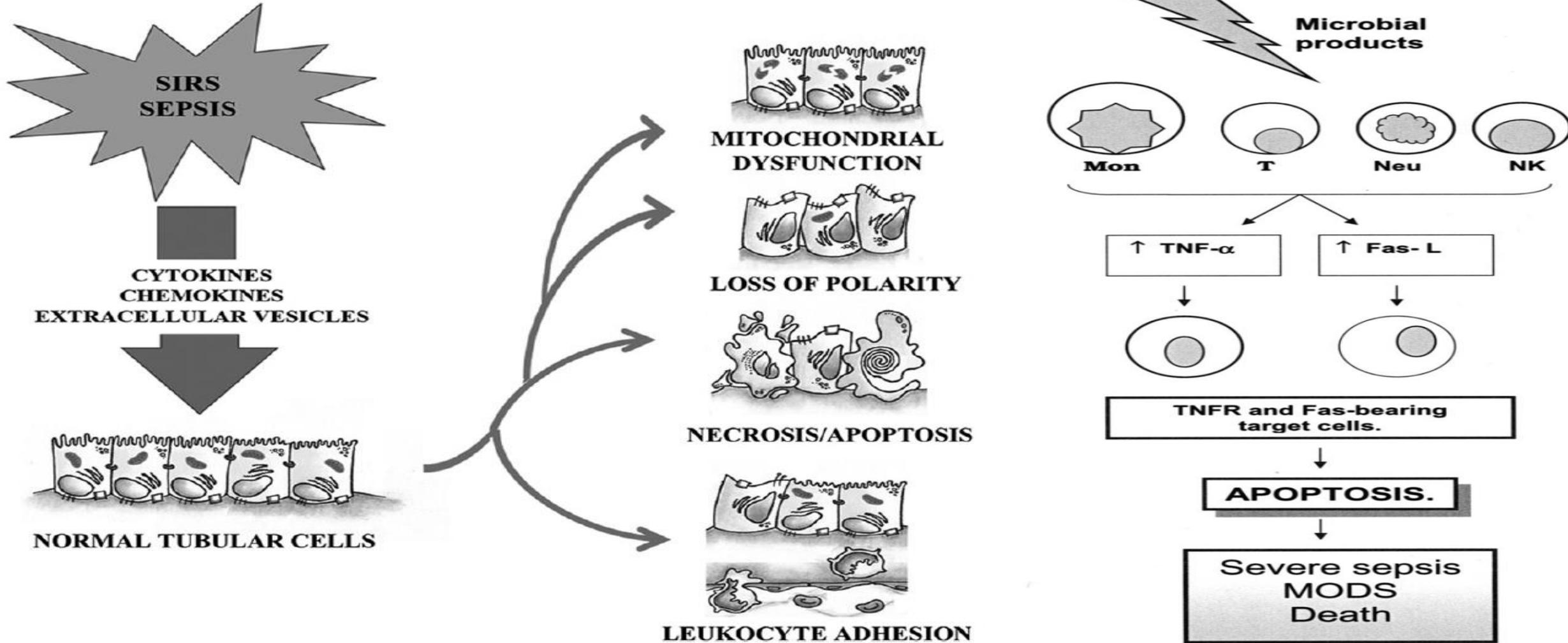
Table 1. Results in particular time intervals and depending on taking up function by the grafted organ (GGF, DGF, Sum.-summary), presented as mean \pm standard deviation (SD).

	CRP ($\mu\text{g/ml}$)			IL-1b (pg/ml)			TNFa (pg/ml)			IL-6 (pg/ml)		
	GGF	DGF	Sum.	GGF	DGF	Sum.	GGF	DGF	Sum.	GGF	DGF	Sum.
P0	5.04 \pm 3.3	14.71 \pm 6.6	10.28 \pm 9.3	9.98 \pm 4.8	7.88 \pm 3.7	8.84 \pm 5.2	46.97 \pm 19.1	65.6 \pm 26.7	57.07 \pm 24	10 \pm 3.6	13.5 \pm 2.9	11.9 \pm 3.2
P1	10.06 \pm 7.6	15.45 \pm 9.1	12.98 \pm 5.4	13.05 \pm 3.6	8.58 \pm 3.9	10.63 \pm 4.1	22.96 \pm 16.3	51.28 \pm 21.4	38.3 \pm 19.2	83.7 \pm 23.3	60.9 \pm 26.3	71.4 \pm 28.4
P2	10.37 \pm 6.9	11.32 \pm 3.8	10.89 \pm 4.7	7.65 \pm 2.7	9.67 \pm 4.6	8.74 \pm 6.1	25.69 \pm 14.2	19.44 \pm 16.5	22.3 \pm 15.1	12.9 \pm 3.8	7.8 \pm 2.1	10.2 \pm 2.7



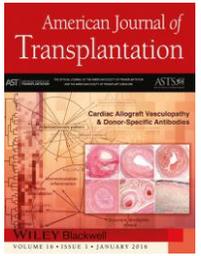
Interaction between systemic inflammation and renal tubular epithelial cells

Vincenzo Cantaluppi, Alessandro Domenico Quercia, Sergio Dellepiane, Silvia Ferrario, Giovanni Camussi and Luigi Biancone

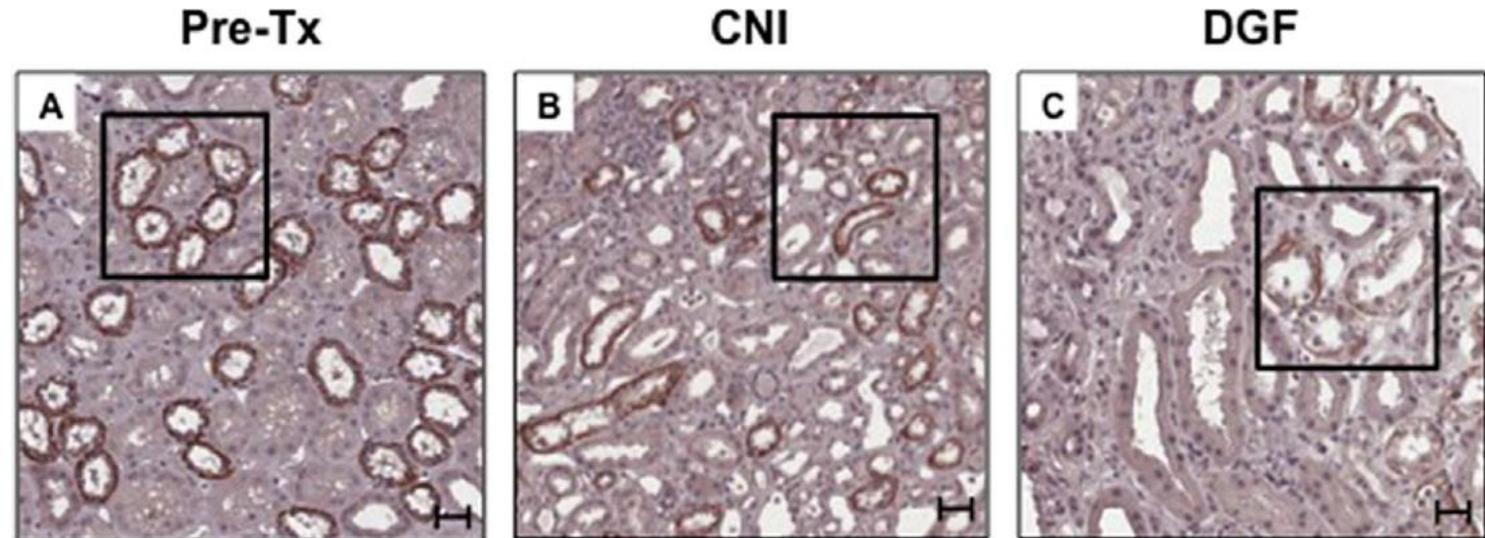
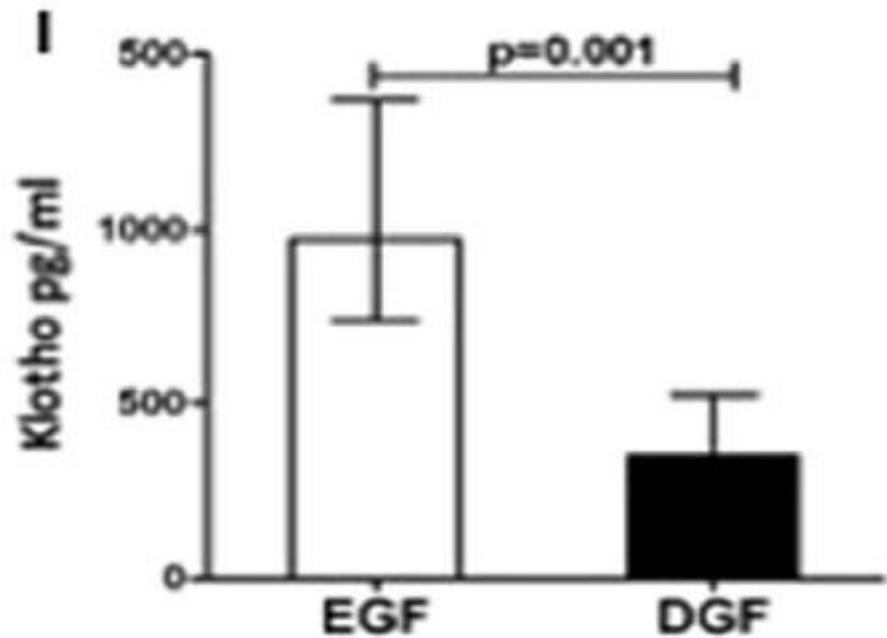


Complement Modulation of Anti-Aging Factor Klotho in Ischemia/Reperfusion Injury and Delayed Graft Function

G. Castellano^{1,*†}, A. Intini^{1†}, A. Stasi¹,
C. Divella¹, M. Gigante¹, P. Pontrelli¹,



Klotho down-regulation in kidney transplant recipients with DGF



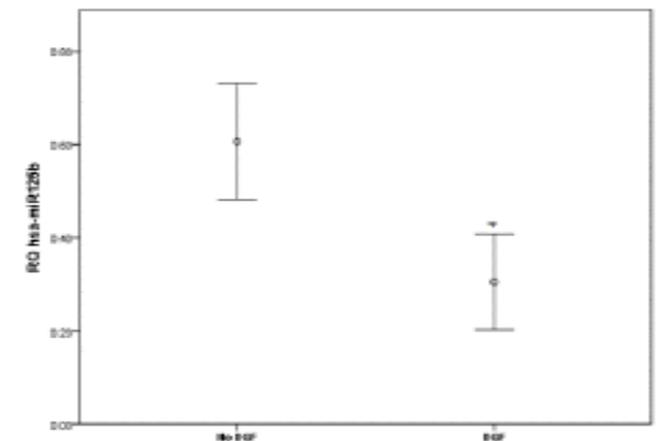
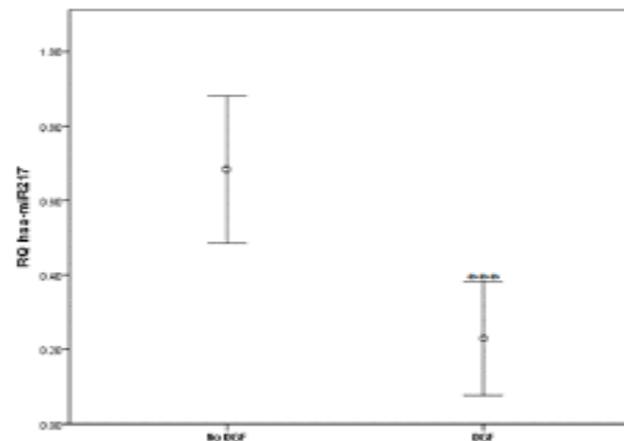
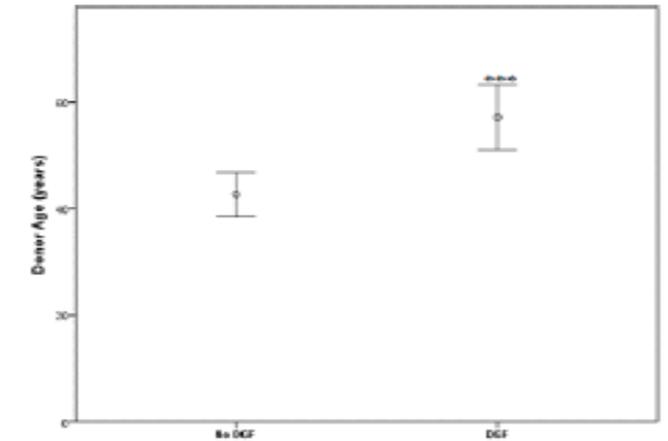
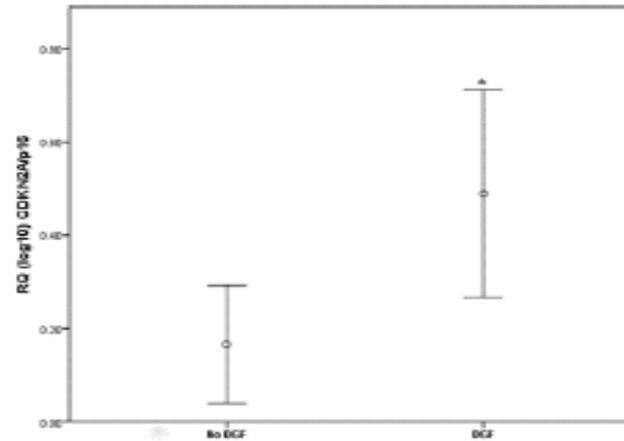
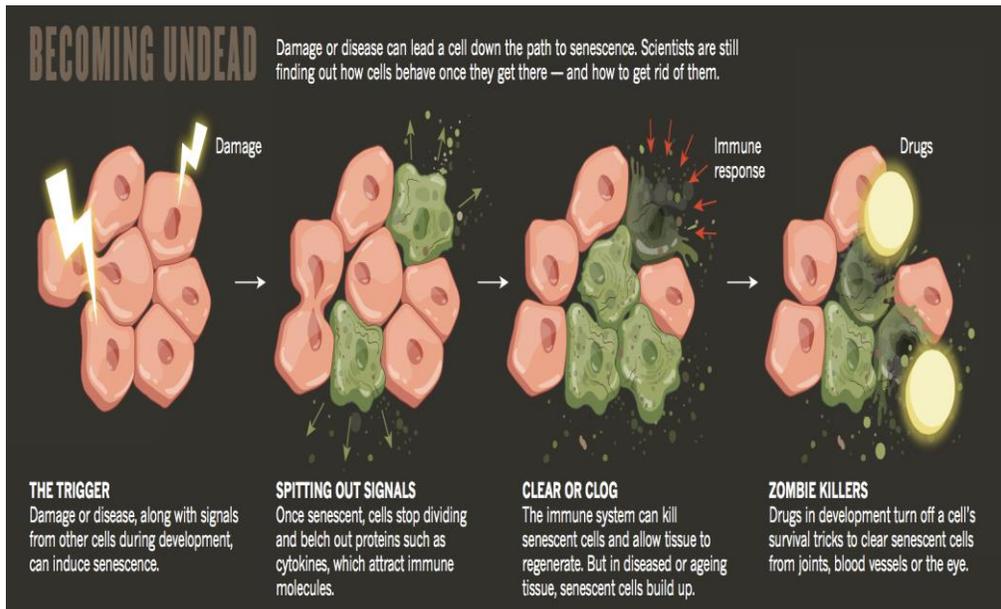
Inflammaging and Complement System: A Link Between Acute Kidney Injury and Chronic Graft Damage

Rossana Franzin^{1,2*}, Alessandra Stasi¹, Marco Fiorentino¹, Giovanni Stallone³,
Vincenzo Cantaluppi², Loreto Gesualdo¹ and Giuseppe Castellano^{1,3*}

Identification of Molecular Markers of Delayed Graft Function Based on the Regulation of Biological Ageing

Dagmara McGuinness¹, Johannes Leierer⁴, Olivier Shapter¹, Suhaib Mohammed¹, Marc Gingell-Littlejohn¹, David B. Kingsmore², Ann-Margaret Little³, Julia Kerschbaum⁴,

Delayed graft function is related to donor age, CDKN2A/p16 and the expression of hsa-miR-217 and hsa-miR-125b.



Senescent cells: an emerging target for diseases of ageing

Bennett G. Childs¹, Martina Gluscevic¹, Darren J. Baker^{1,2}, Remi-Martin Laberge³, Dan Marquess³, Jamie Dananberg³ and Jan M. van Deursen^{1,2}

1968 – Belzer’s Transportable renal perfusion unit and first characterizations



Volume 168 Number 3 RISING PERFUSION PRESSURE IN ISOLATED ORGAN PERFUSION 387

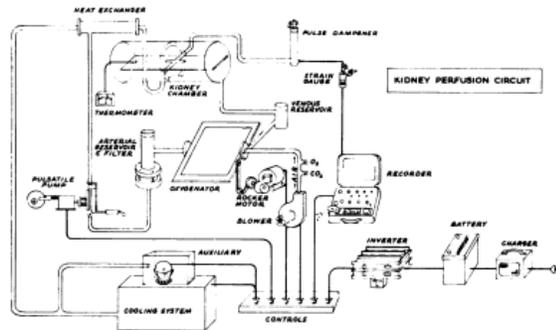
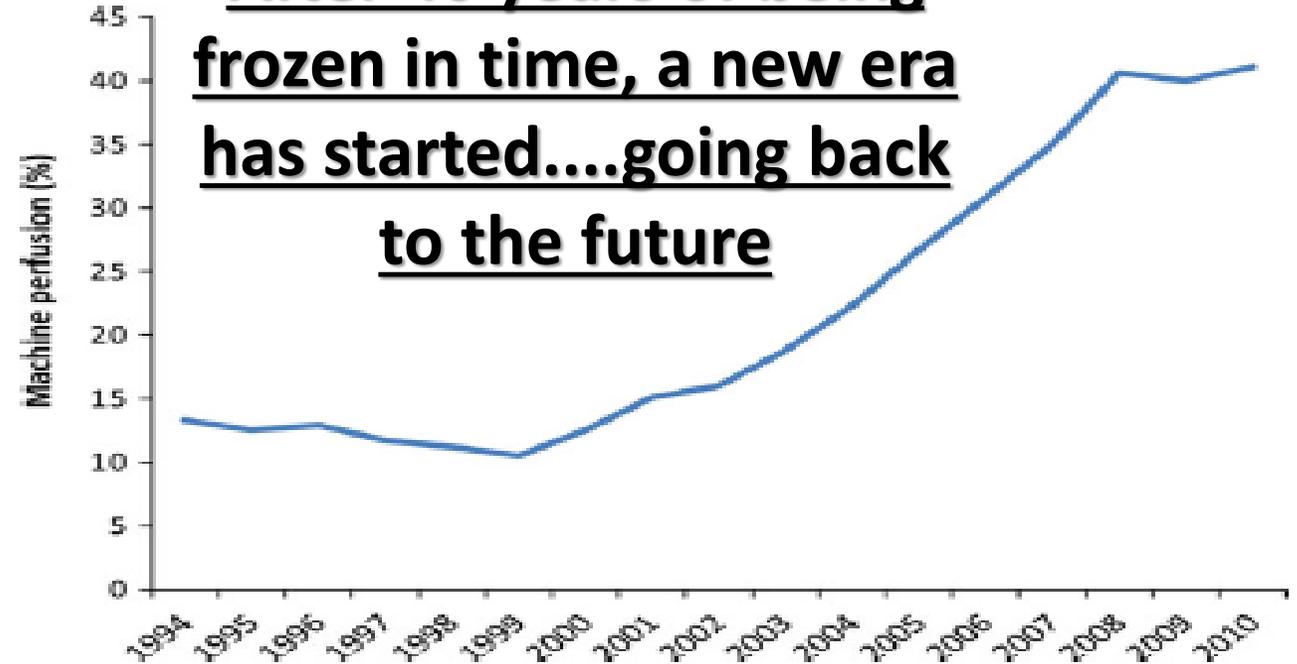


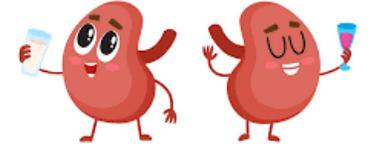
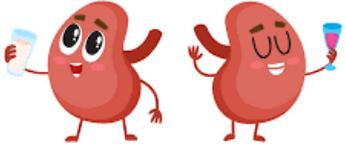
FIG. 4. Diagram of transportable renal preservation unit.

After 40 years of being frozen in time, a new era has started...going back to the future



A transportable perfusion circuit, which utilizes a membrane oxygenator, pulsatile pump, and hypothermia has been used successfully in human cadaver transplants as well as in animal experiments.

Machine Perfusion Therapy Delivery for Organ Resuscitation, Repair, Rejuvenation, Regeneration



THE ROLE OF OXYGENATION

THE ROLE OF TEMPERATURE

THE ROLE OF IMMUNOMODULATION

The role of Oxygenation: Is It Time to take a Breath?

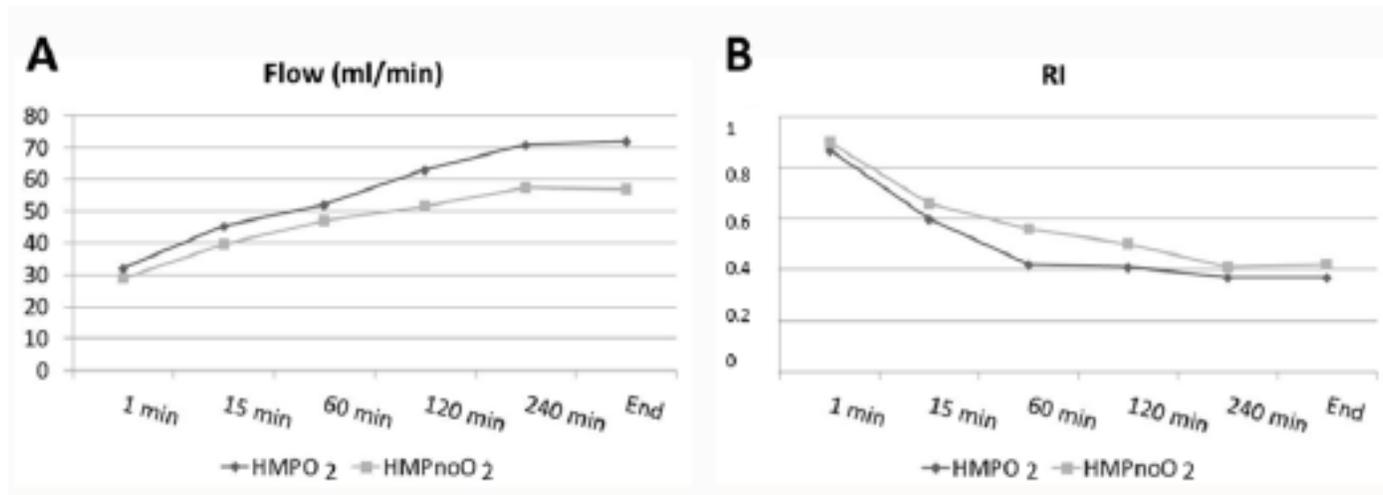
MicroRNAs as Potential Markers for Advantageous Perfusion in a Preclinical Donation after Cardiac Death Animal Model of Oxygenated Hypothermic Machine Perfusion (HOPE)

Randomized not blinded prospective cohort study

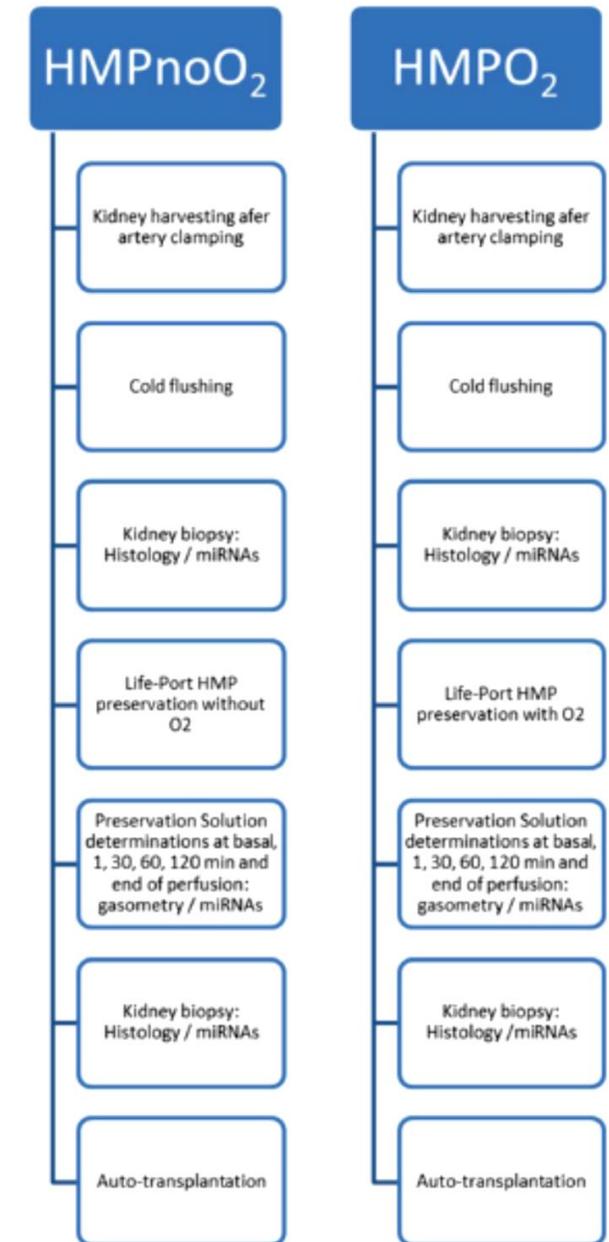
Pig model

Maastricht type III DCD

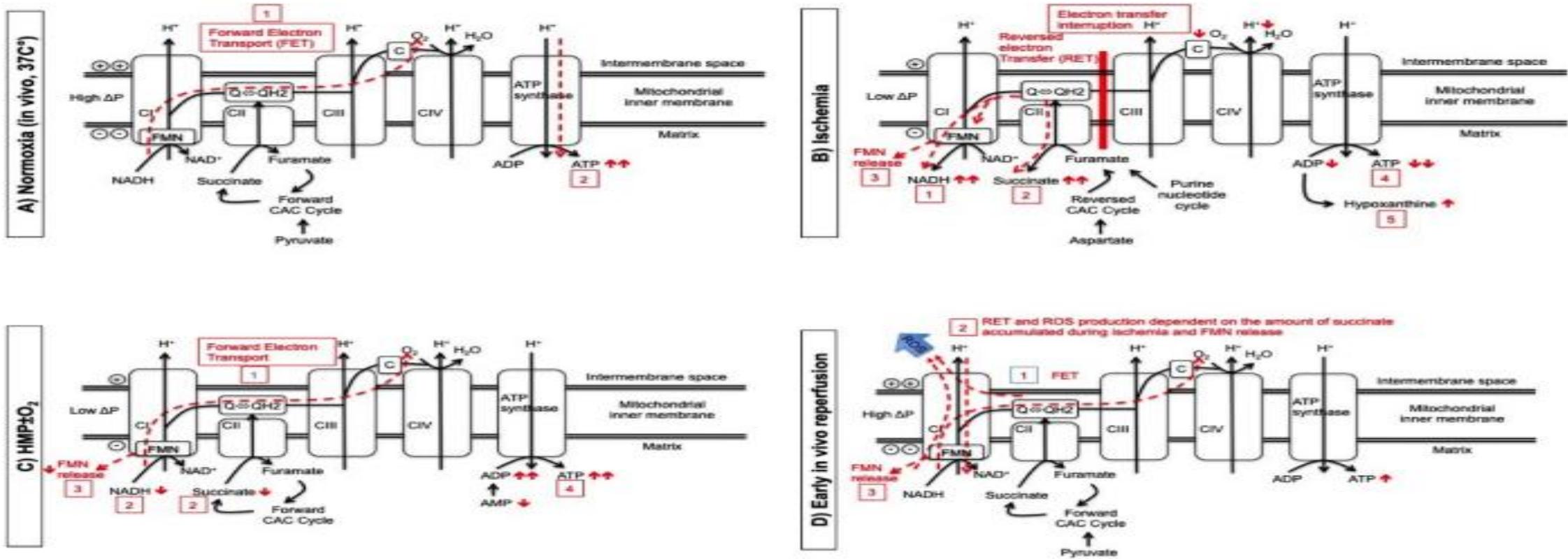
5 HMPO₂ VS 7 HMPnoO₂



A trend of increasing graft function and survival in O₂ group was observed



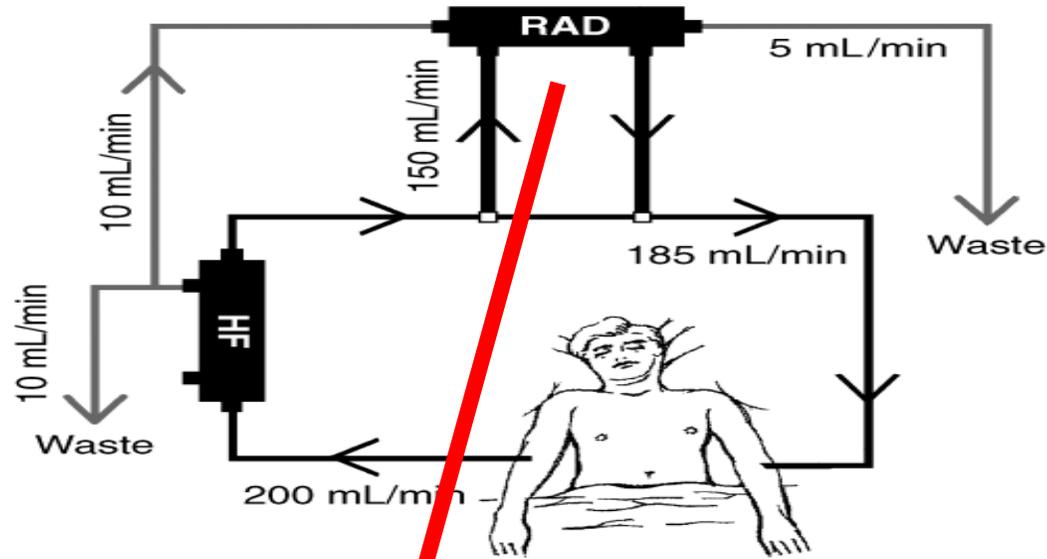
Basic Parameters – The role of Oxygenation: Is It Time to take a Breath? Active Oxygenation to Reduce IRI



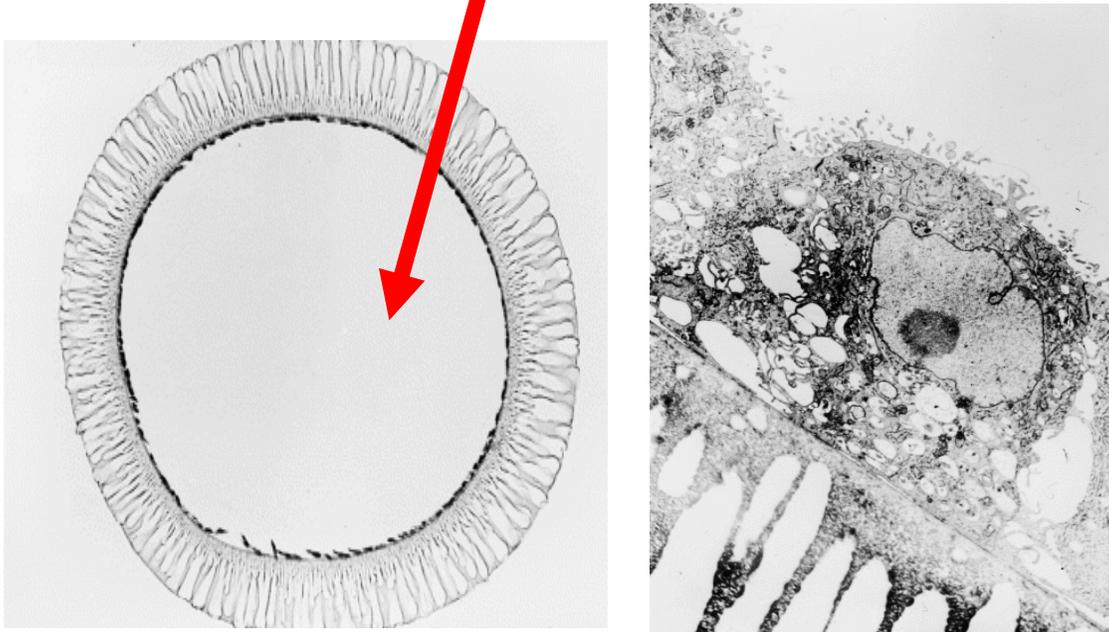
Under oxygen supplemented conditions, the diffusion of oxygen into the HMP perfusion fluid promotes physiological mitochondrial processes with evidence of FET activity

RAD: Renal Assist Device

H.D. Humes, University of Michigan



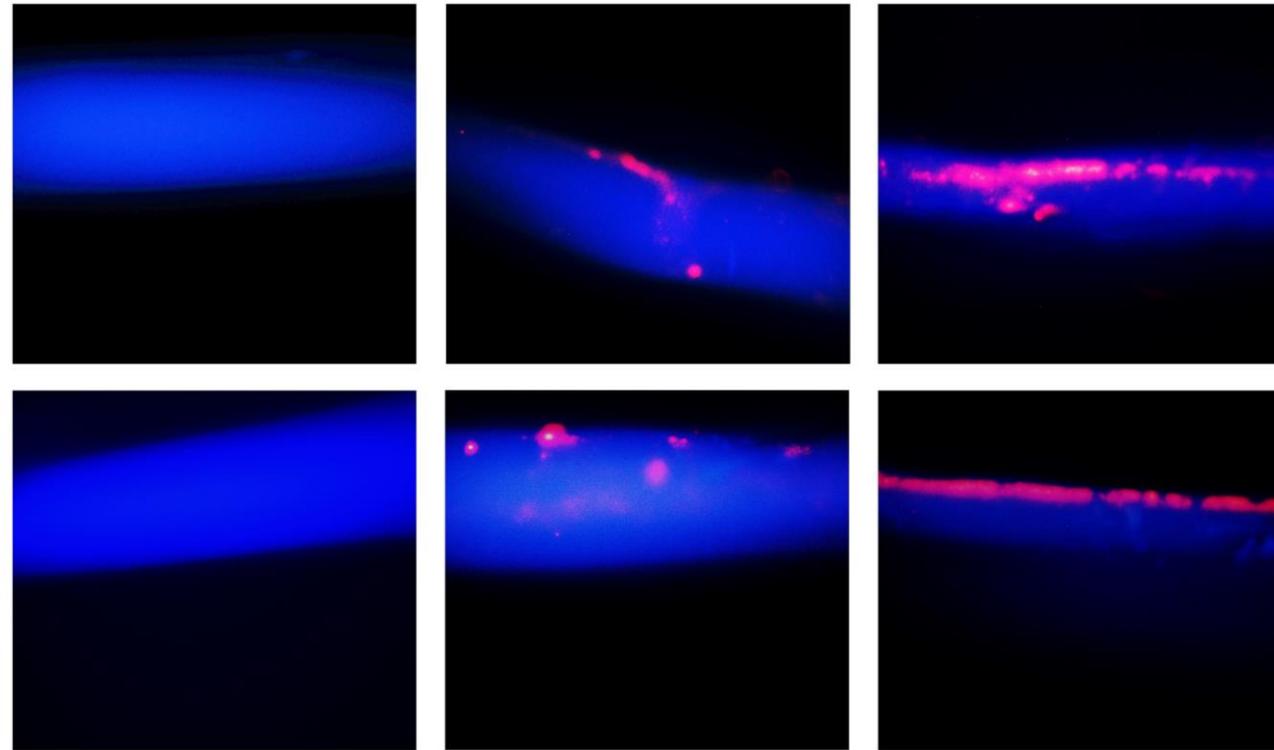
Perfluorocarbon solutions limit tubular epithelial cell injury and promote CD133+ kidney progenitor differentiation: potential use in renal assist devices for sepsis-associated acute kidney injury and multiple organ failure



Vehicle

TEC

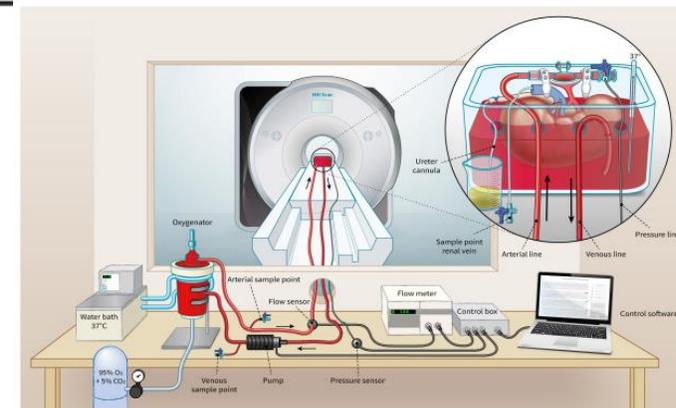
TEC + PFC



Cantaluppi V., Marengo M, Dellepiane S, Medica D, Quercia AD, Castellano G, Gesualdo L, Camussi G, Ronco C. et al., NDT 2018

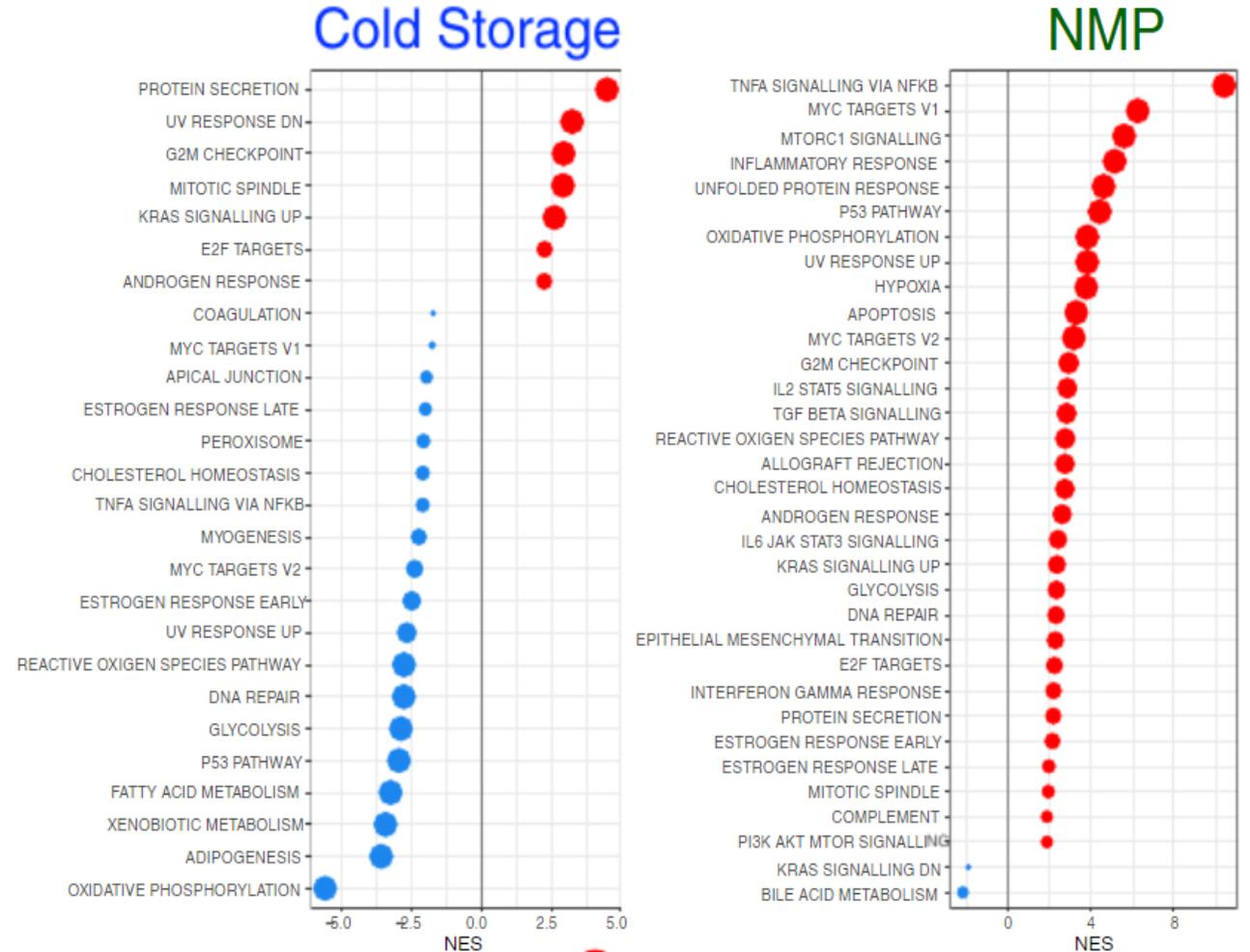
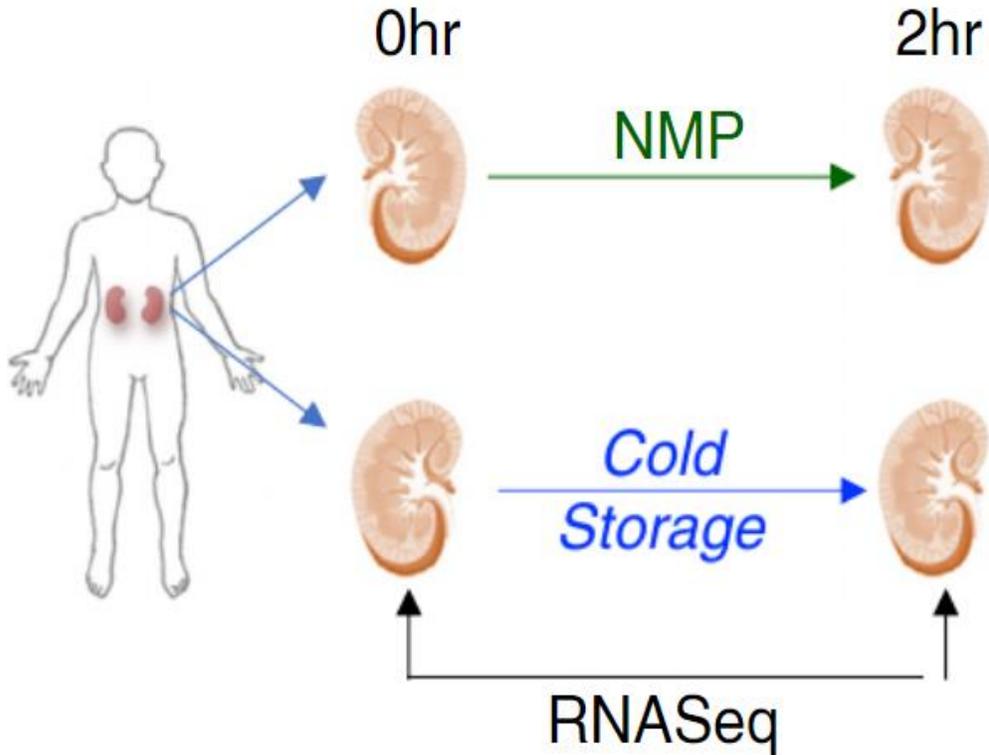
The main Kidney Ex vivo Perfusion Protocols: Keep it Cool?

	Preclinical studies	Clinical studies
Hypothermic machine perfusion (HMP)	Mechanism, metabolomics [1–3,4 [■]] Ex-vivo graft treatment [5,6] Stem cell therapy, gene modification [7,8] Gradual rewarming [9 [■]] Oxygenated machine perfusion [4 [■]]	Benefit of HMP on different donor types [10–15] -Optimization of pumping time, reconditioning, or continuous perfusion [16–18,19 [■]] Assessment, biomarkers [11,20–22] Ex-vivo graft treatment [23]
Normothermic machine perfusion (NMP)	Development of prolonged normothermic perfusion [25 [■] ,26 [■] ,27,28 [■] ,29] Optimization, ex-vivo treatment [31–34,43] Assessment [28 [■]] Comparison of normothermic and hypothermic machine perfusion [4 [■] ,35]	First clinical experiences [36–41] Assessment [38,39]



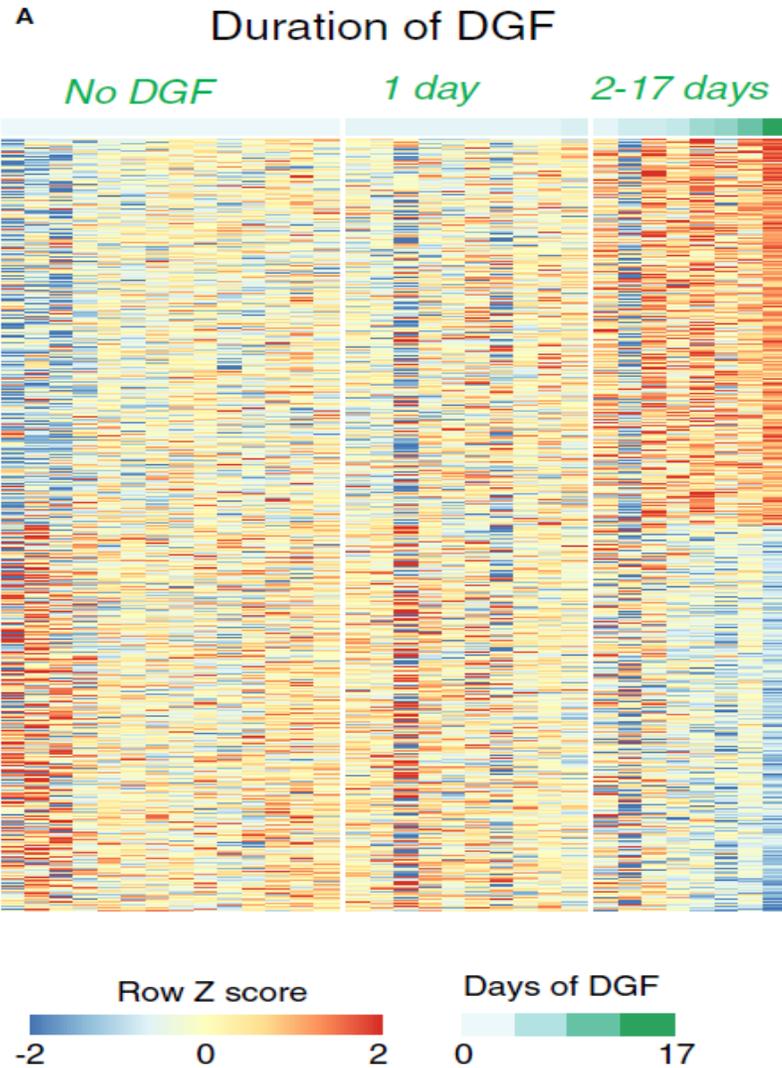
Cold Storage vs. Normothermic Machine Perfusion

5 pairs of kidneys per group

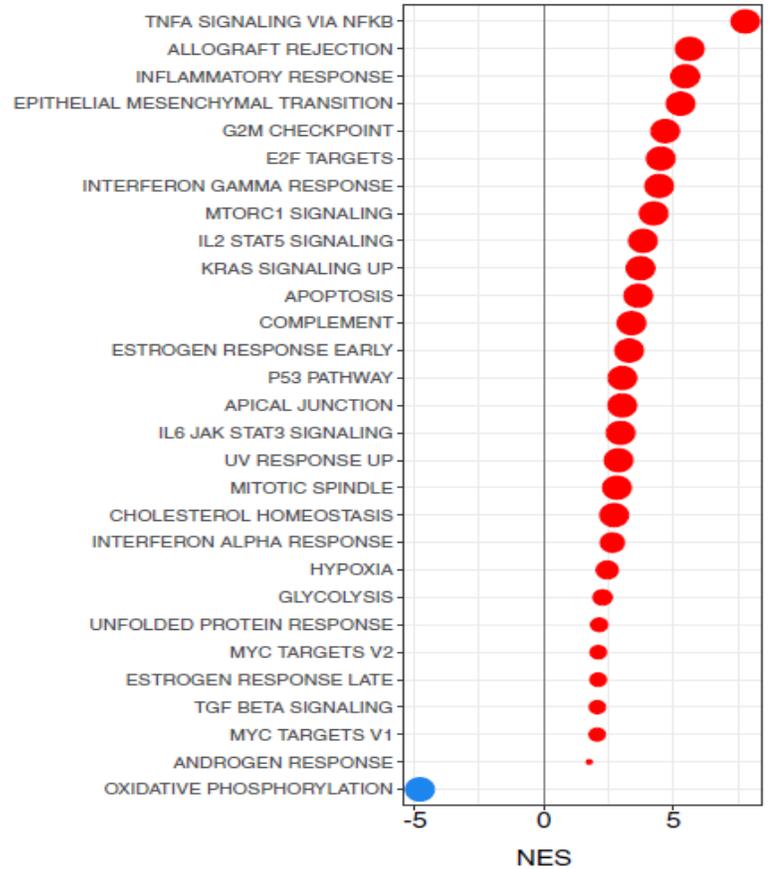


Ferdinand JR, Hosgood SA, Moore T, Ferro A, Ward CJ, Castro-Dopico T, Nicholson ML, Clatworthy MR. Cytokine absorption during human kidney perfusion reduces delayed graft function-associated inflammatory gene signature. Am J Transplant. 2021 Jun;21(6):2188-2199.

Delayed Graft Function (DGF)

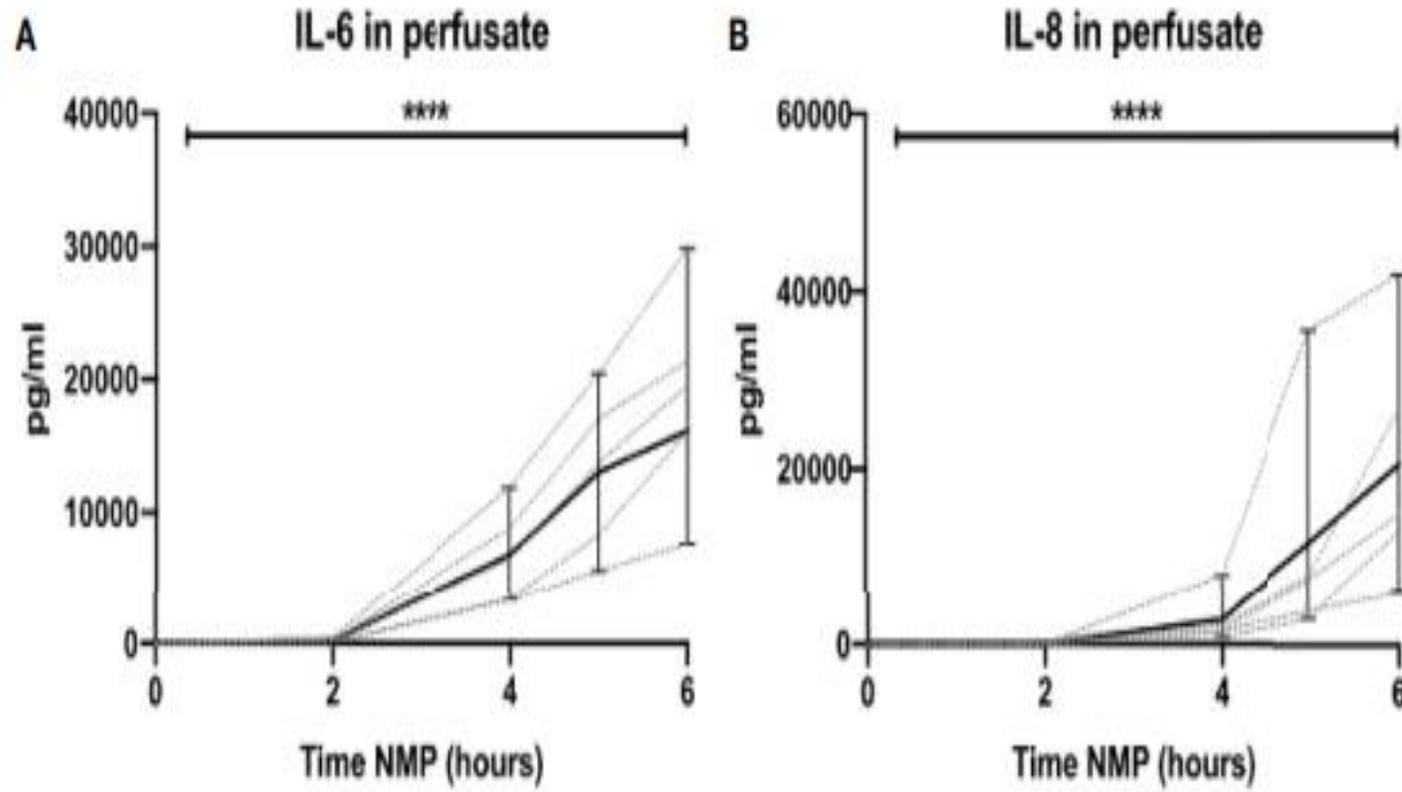


B DGF-correlated pathways



Correlation between inflammatory pathways genes and TNF-alpha/NF-kB signalling and DGF.

High Levels of Pro-Inflammatory Cytokines Are Released Normothermic Machine Perfusion



Pro-inflammatory Cytokines' can be a target for therapy delivery.

Different cytokine and immune cell patterns can offer an important target to investigate for therapeutic interventions.

	Kidneys with urine recirculation (n = 8)		Kidneys without urine recirculation (n = 4)		p-value*** 1 h	p-value*** 6 h
	1 h**	6 h**	1 h**	6 h**		
GM-CSF	420.6, 9,993	53.5, 2,300	10,000, 0	12.6, 27.7	0.11	0.21
IFN- γ	10,000, 0	10,000, 9,982	10,000, 0	10,000, 0	>0.9	0.42
IL-10	2,160, 8196	1,890, 3,727	5,023, 9,988	1,214, 3,607	>0.9	>0.9
IL-12p40	10,000, 0	10,000, 7,481	10,000, 0	10,000, 7,499	>0.9	0.83
IL-12p70	10,000, 0	10,000, 0	10,000, 0	10,000, 7,493	>0.9	>0.9
IL-1RA	1,214, 2,229	1,933, 2,710	453.7, 419.7	192.6, 969	0.68	0.26
IL-1 α	10,000, 0	10,000, 9,935	5,010, 9,986	10,000, 0	0.09	0.42
IL-1 β	5,082, 9,986	113.7, 7,534	10,000, 7,499	1.2, 3	0.67	0.02
IL-2	10,000, 9,998	19.7, 7,518	10,000, 0	5,001, 9,999	0.42	0.53
IL-4	10,000, 0	10,000, 0	10,000, 0	10,000, 0	>0.9	>0.9
IL-6	4,493, 9,040	8,496, 4,829	19.6, 47.7	5,224, 14,384	0.11	0.68
IL-8	66.1, 10,943	16,501, 35,438	23.9, 55.5	17,625, 9,744	0.77	0.89
TNF- α	18.4, 560.8	459.7, 1,277	8.9, 9.4	354.7, 221.3	0.46	0.37

*Number of cells in pg/ml; overall perfusate volume = 500 ml.

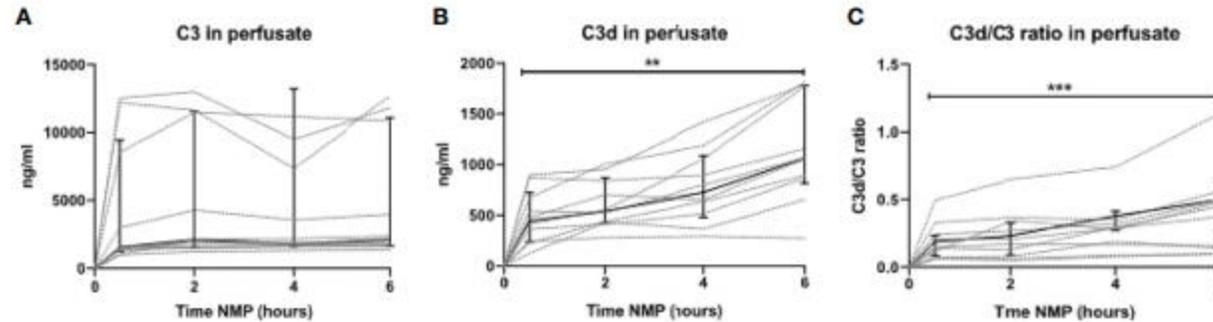
**Time after start of NMP; values in median and IQR (interquartile range).

***P-value result of comparison with and without urine recirculation.

GM-CSF, granulocyte-macrophage colony-stimulating factor; IFN, interferon; IL, interleukin; TNF, tumor necrosis factor.

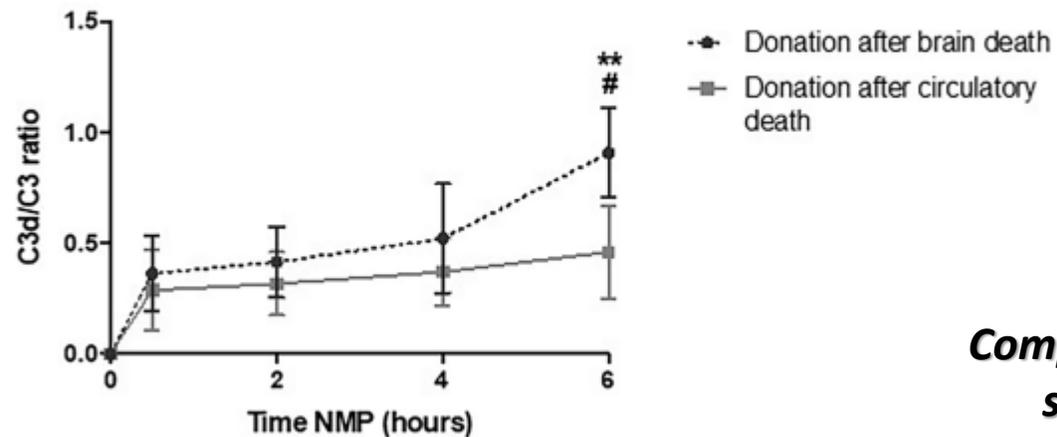
**IL-1 β was higher in perfusates with higher content of NGAL.
Higher NGAL perfusates have higher GM-CSF.
Arterial Flow was higher in kidneys with lower TNF α .**

Normothermic kidney machine perfusion induces complement activation



Perfusate C3d/C3 ratio of human kidneys retrieved from brain-dead donors is significantly higher after 6 h of normothermic machine perfusion.

C3d/C3 ratio per donortype



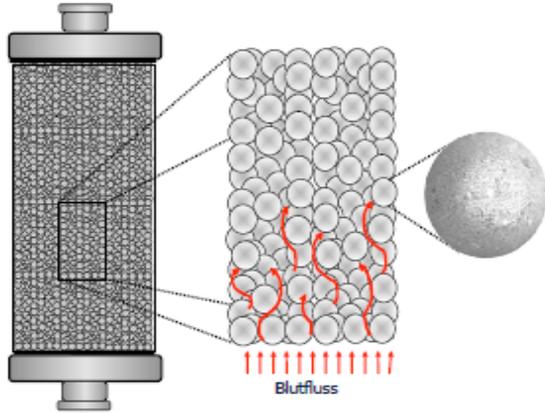
Kidneys retrieved from brain-dead donors showed significantly higher C3d/C3 ratio after 6 h of normothermic machine perfusion than kidneys retrieved after circulatory death.

Complement inhibition during NMP might thus be a promising strategy to reduce renal injury and improve renal graft function prior to transplantation

Adsorption to Modulate the Inflammatory Response

CytoSorb adsorption spectrum

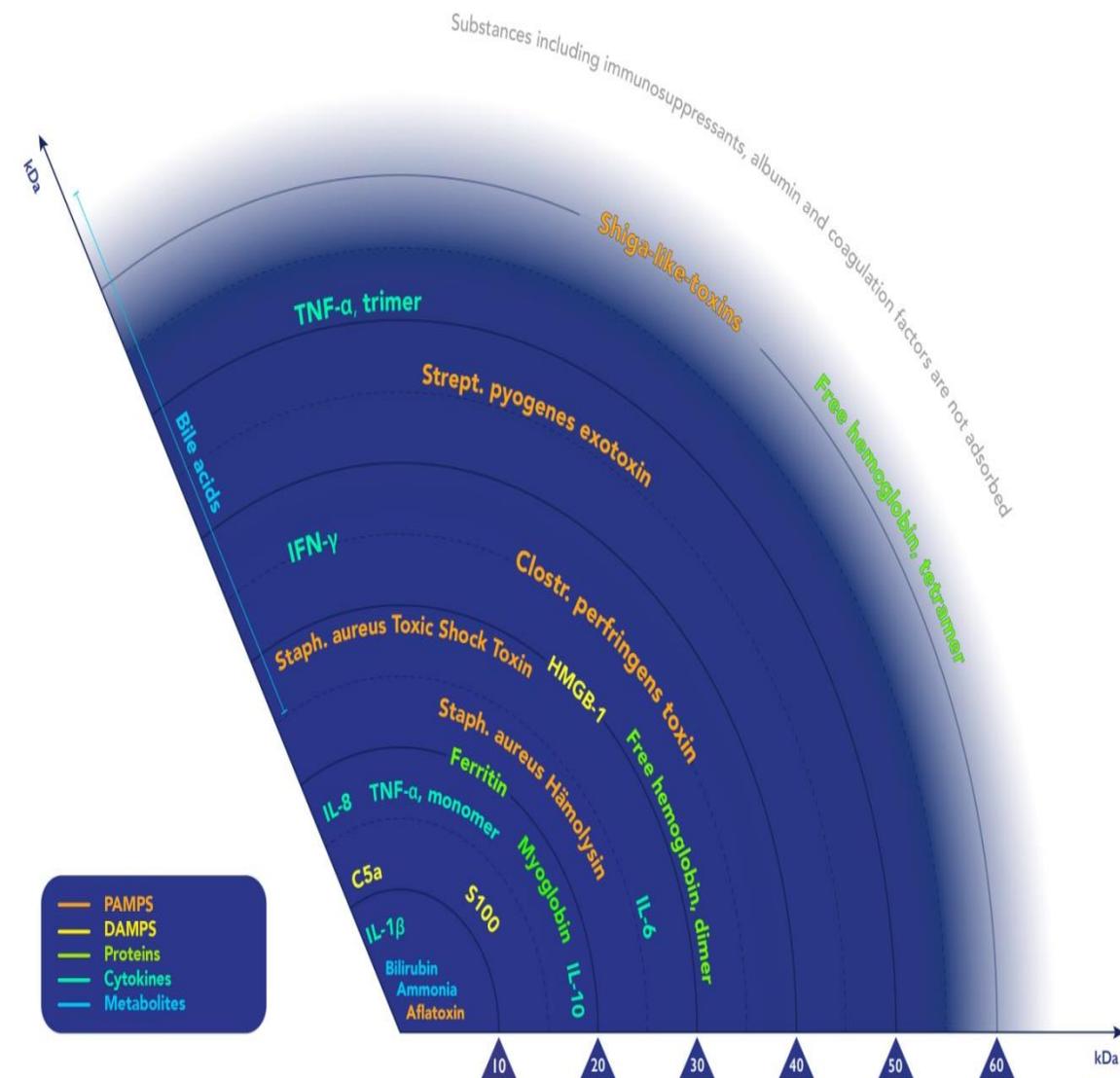
Polymer-Technology



- 300ml filter with a „bead“-design
- Hightech-polymer
- Size selection < 55kD
- Low flow resistance
- 120ml bloodvolume / filling volume
- Pre-filled with sodium-chlorid
- Gamma-steril, 3 year storage

PAMPs (Pathogen Associated Molecular Patterns)

DAMPs (Damage Associated Molecular Patterns):
Complement Factors C3a,
C5a, inflammatory cytokines

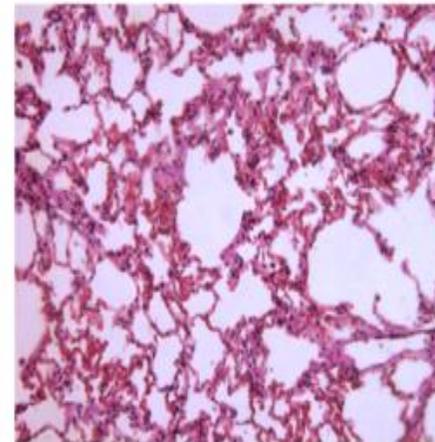
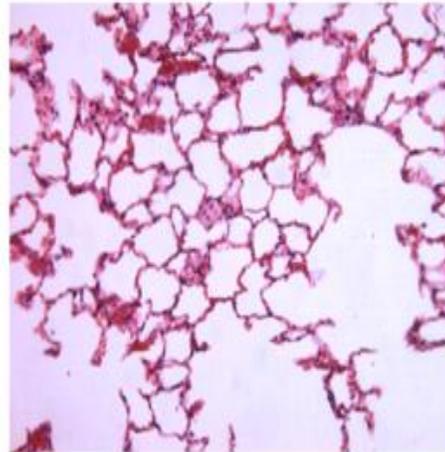
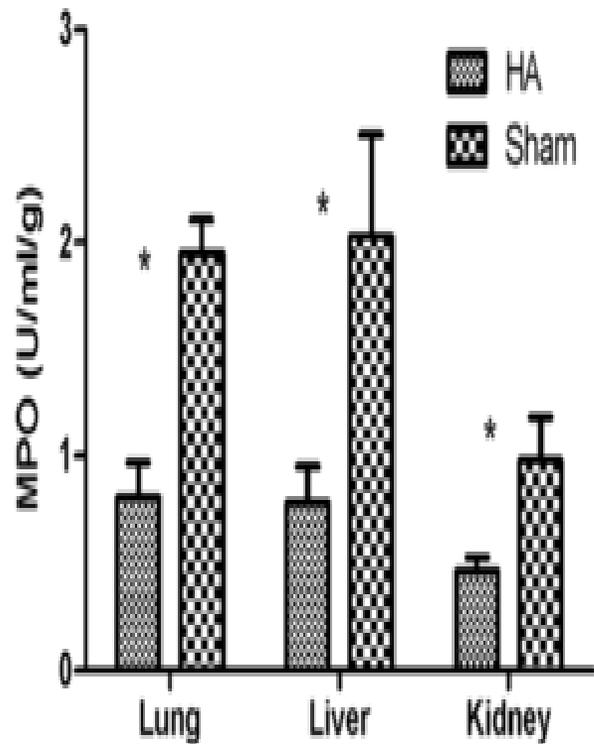


Modulation of chemokine gradients by apheresis redirects leukocyte trafficking to different compartments during sepsis, studies in a rat model

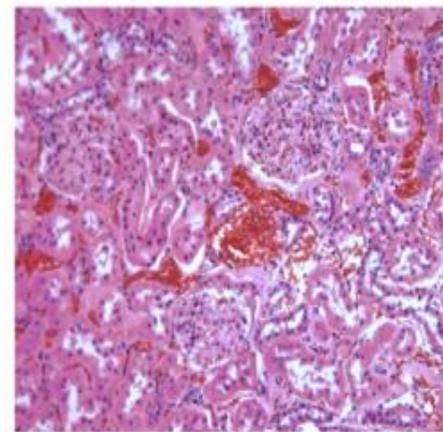
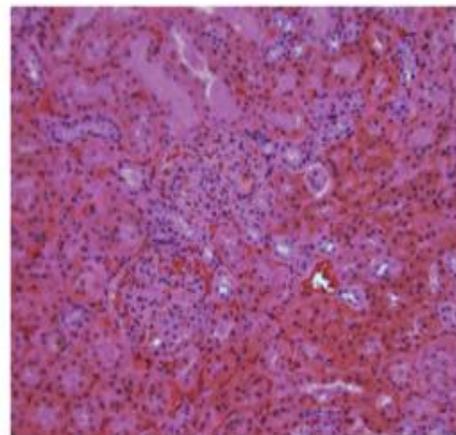
Zhi-Yong Peng^{1,2}, Jeffrey V Bishop², Xiao-Yan Wen^{1,2}, Michele M Elder^{1,2}, Feihu Zhou^{1,2}, Anan Chuasuwan^{1,2}, Melinda J Carter², Jason E Devlin³, A Murat Kaynar^{1,2}, Kai Singbartl^{1,2}, Francis Pike^{1,2}, Robert S Parker^{1,2,5,6}, Gilles Clermont^{1,2,5,6}, William J Federspiel^{1,2,4,6} and John A Kellum^{1,2,4,6,7*}



Effects of apheresis on the bacterial clearance, neutrophil infiltration, and histopathology



C: lung



E: kidney

HA

Sham

Animals treated with apheresis also exhibited significantly attenuated MPO activity in the lungs and kidney

The severity of histopathology (lung, liver, and kidney), although mild overall, was consistent with the MPO results



Ischemia-reperfusion Kidney injury.....

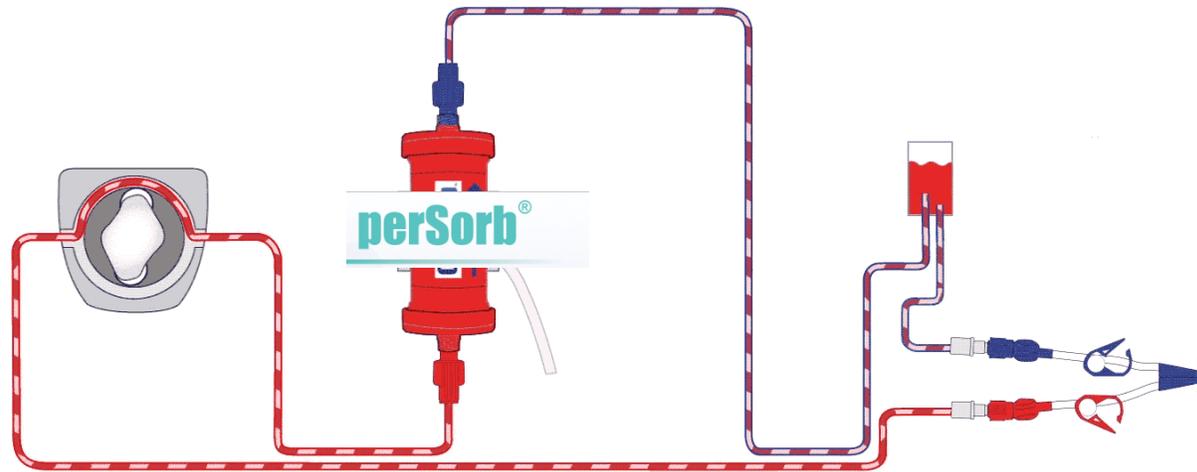
Inflammatory
mediator
adsorption?



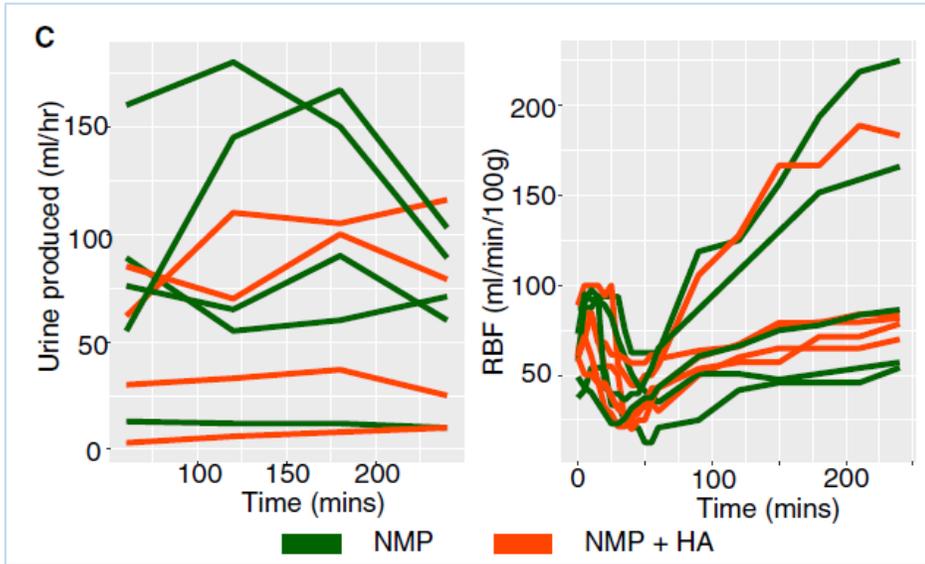
Removal of inflammatory mediators: a new opportunity?

Control of inflammatory mediators to reduce organ damage

Perfusion liquid Purification
Adsorption of toxic molecules and
inflammatory mediators



Addition of CytoSorb to reduce inflammatory mediators

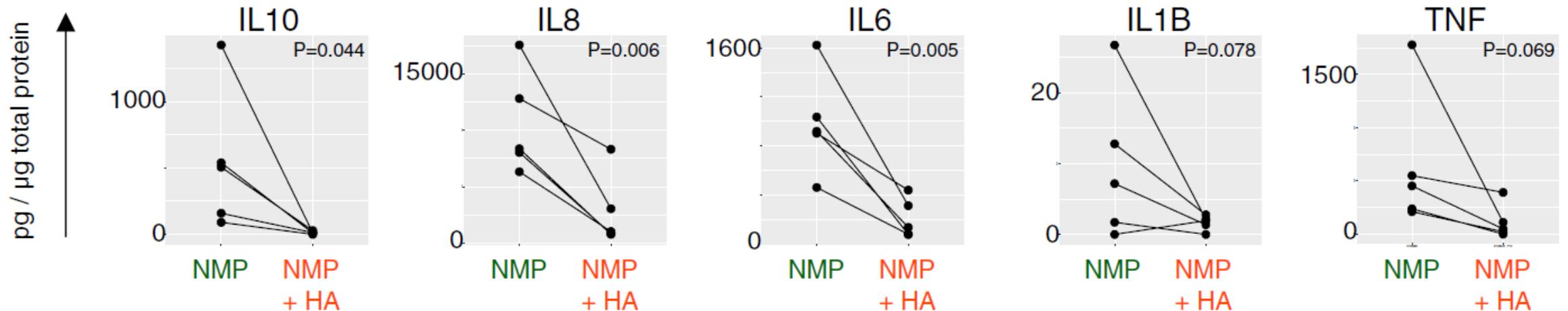


During NMP the organ releases pro-inflammatory mediators that recirculate and stimulate further exacerbation of inflammation.

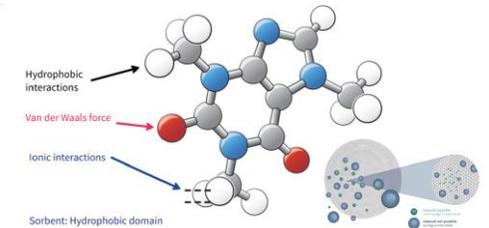
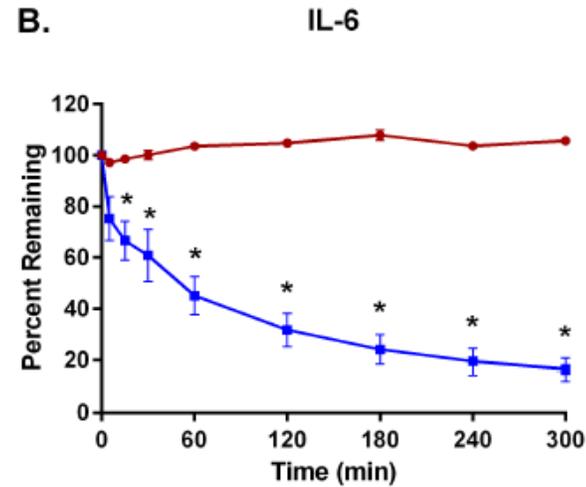
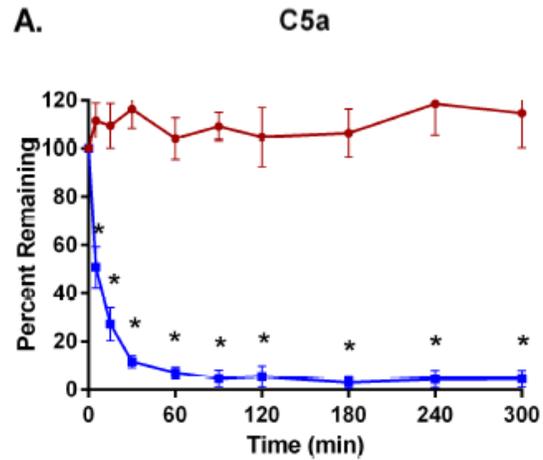
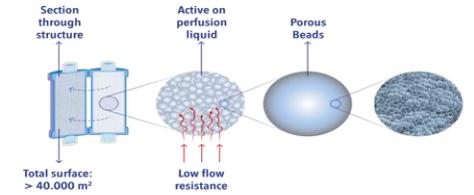
This inflammation could be improved with adsorption systems.

CytoSorb does not change perfusion parameters (flux and urine output), but attenuates inflammatory gene expression and has potentially clinically important effects in reducing the expression of a DGF-associated gene signature

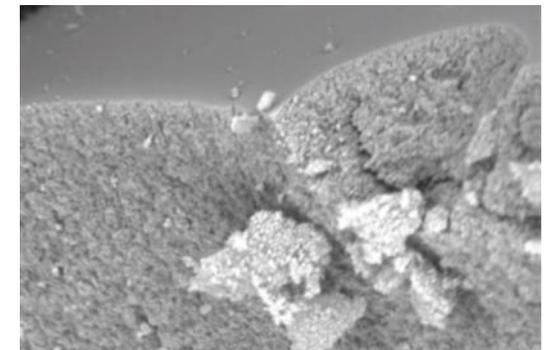
B



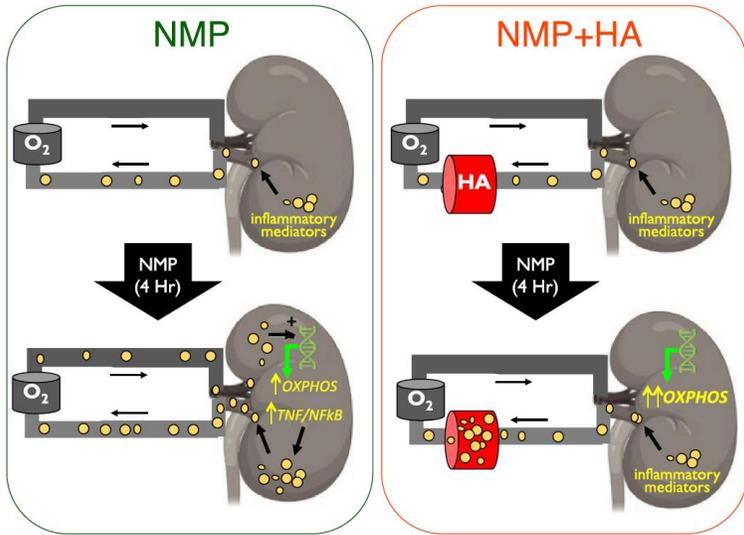
Perfusion liquid purification in kidney ex vivo perfusion can be an immunomodulatory strategy



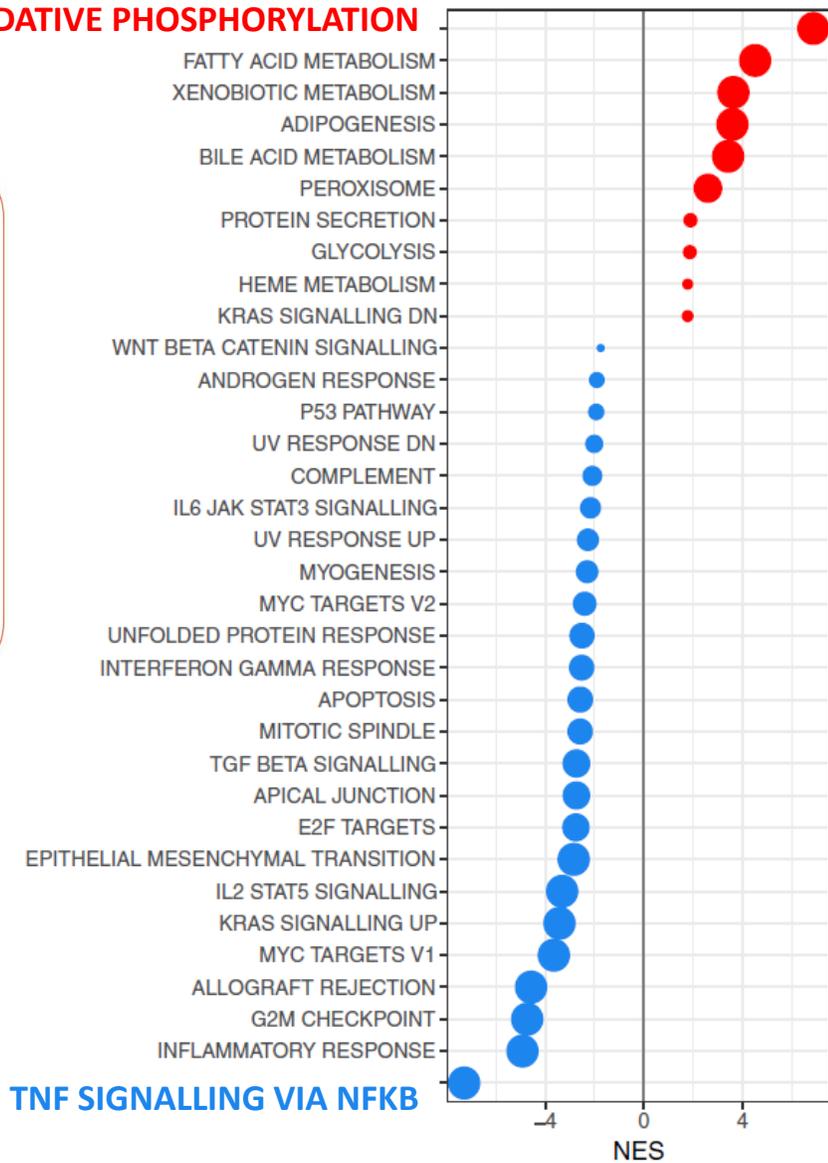
Adsorption for Complement, PAMPs and DAMPs modulation in perfusate to mitigate IRI



Effects of CytoSorb on gene expression



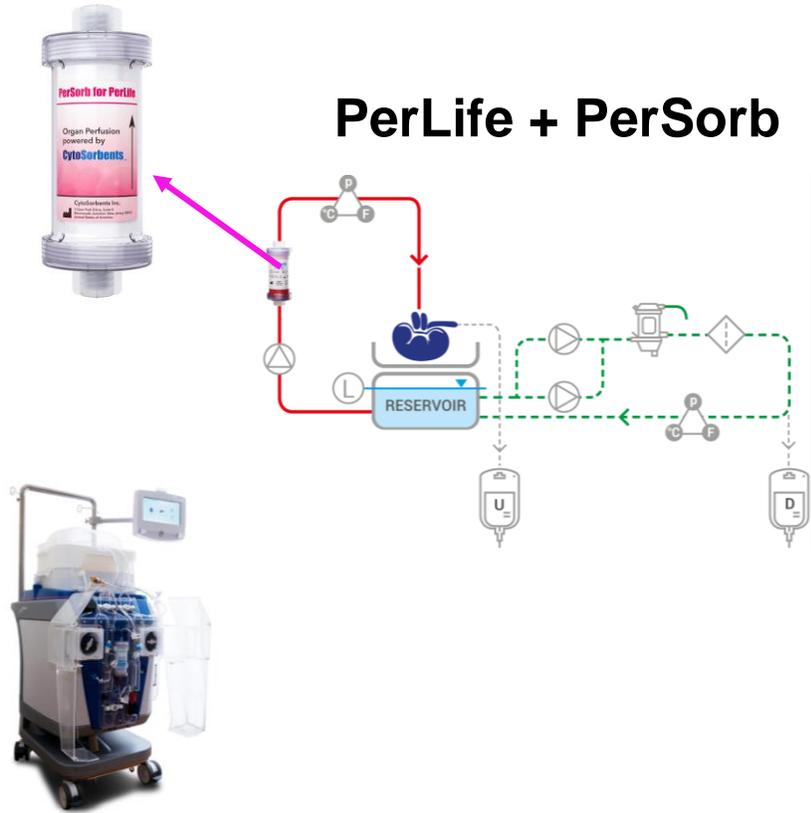
OXIDATIVE PHOSPHORYLATION



CytoSorb attenuates inflammatory gene expression and has potentially clinically important effects in reducing the expression of a DGF-associated gene signature

Ferdinand JR, Hosgood SA, Moore T, et al. Cytokine absorption during human kidney perfusion reduces delayed graft function-associated inflammatory gene signature. *Am J Transplant.* 2021;21(6):2188-2199.

PerSorb inflammatory mediators adsorption limits IRI: pre Clinical results



Mitochondrial dysfunction

mit TBARS (p<0,05)



mitROS (p<0,05)



JC1



mPTP (p<0,05)



■ np
■ p

OXPHOS

ETC (p<0,05)



ATP (p<0,05)



■ np
■ p

TCA cycle enzymes

Succinate DH nmol FADH₂/min/mg prot (p<0,05)



Malate DH nmol NADH/min/mg prot (p<0,05)



citrate synthase (mIU/mg prot) (p<0,05)



alfaKglutarate DH nMol NADH/min/mg prot (p<0,05)



■ np
■ p

Machine Perfusion, in particular Machine perfusion integrating PerSorb, significantly restored the homeostasis of the mitochondrial network with a possible limitation of IRI and promoting tubular regeneration.

Effectors

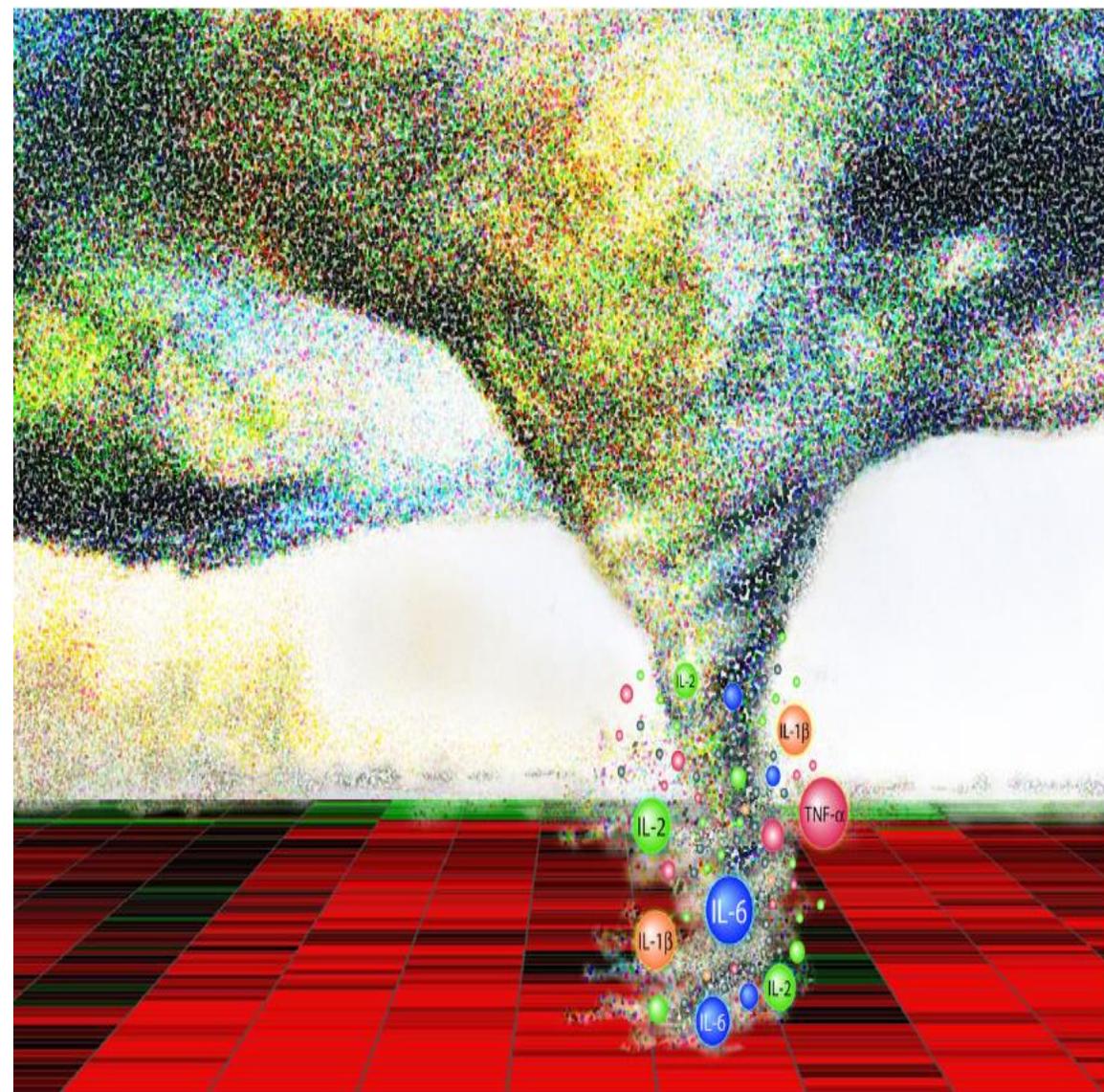


(Partly adapted from Reinhart et al. 2012)

Into the Eye of the Cytokine Storm



Jennifer R. Tisoncik,^a Marcus J. Korth,^a Cameron P. Simmons,^b Jeremy Farrar,^b Thomas R. Martin,^c and Michael G. Katze^a



Kidney perfusion: the next future....

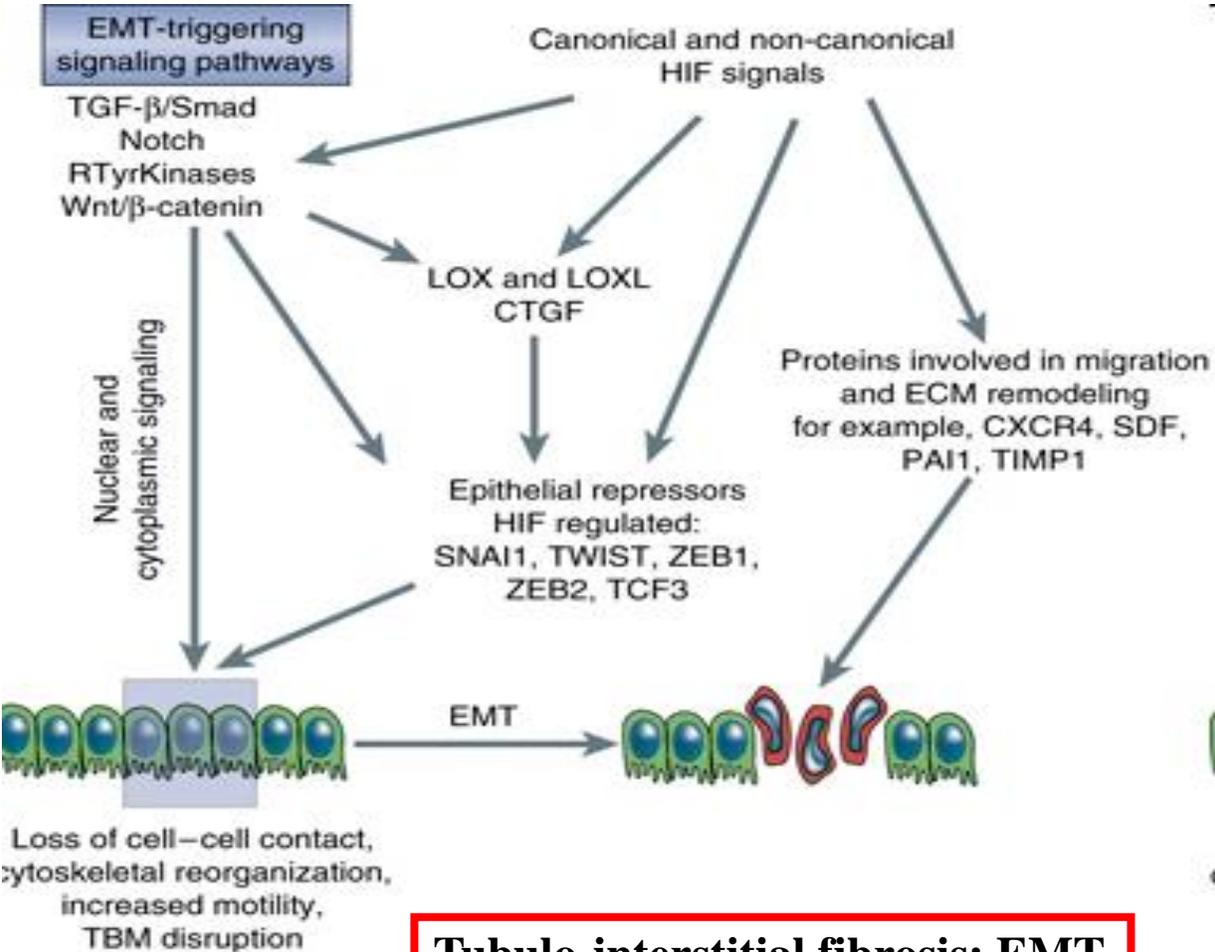


Courtesy by Kellum J.A.

- New biomarkers of cell injury/dysfunction
- Administration of drugs (growth factors, complement inhibitors, siRNAs, senolytics...)
- Combination of adsorption devices and cell therapy (e.g. tubular epithelial/stem cells). Administration of stem cell-derived products such as EVs (“secretome”)

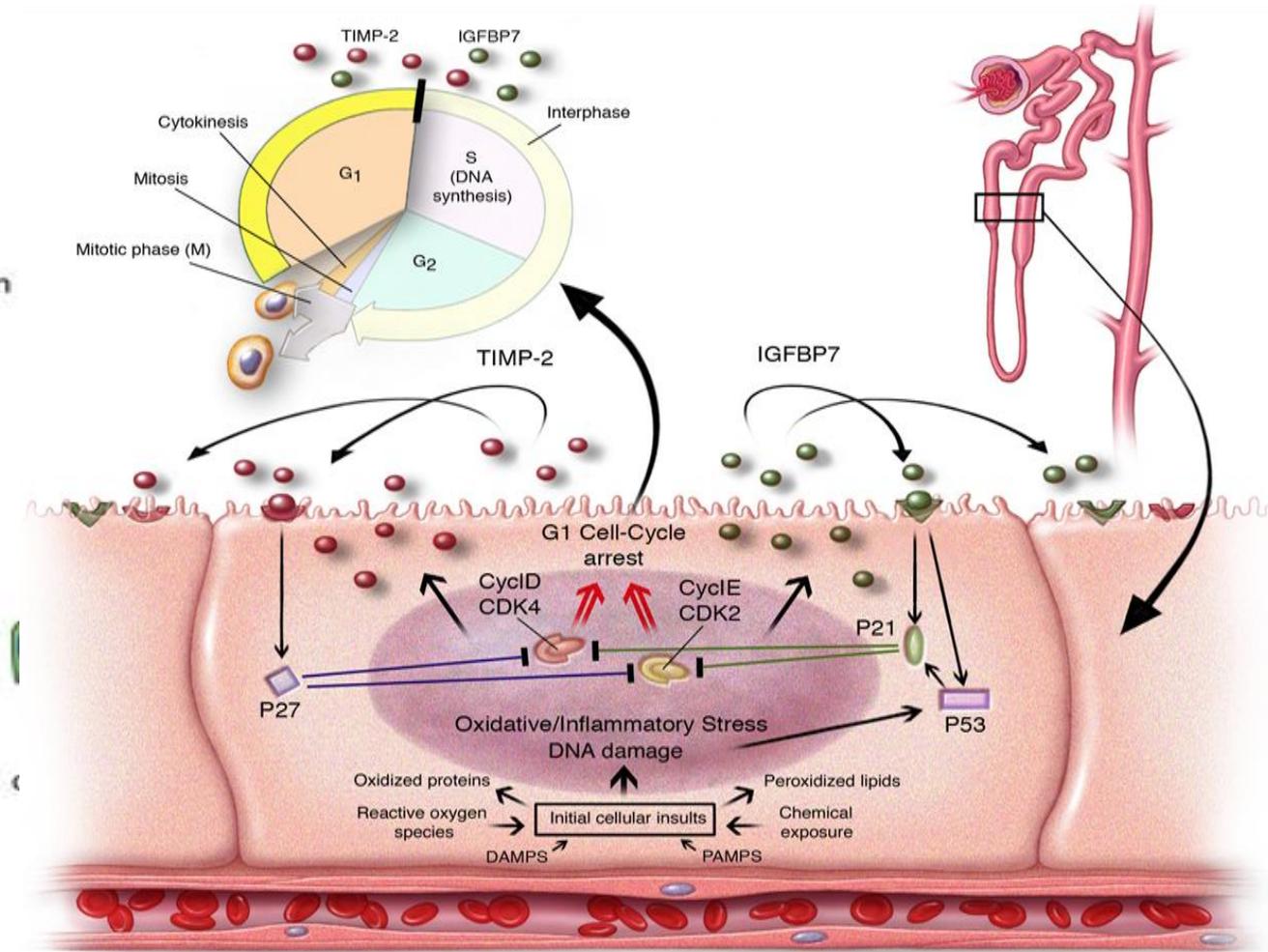
Lipocalin 2 is essential for chronic kidney disease progression in mice and humans

Amandine Viau,¹ Khalil El Karoui,¹ Denise Laouari,¹ Martine Burtin,¹ Clément Nguyen,¹ Kiyoshi Mori,² Evangéline Pillebout,¹ Thorsten Berger,³ Tak Wah Mak,³ Bertrand Knebelmann,¹ Gérard Friedlander,¹ Jonathan Barasch,² and Fabiola Terzi¹



Discovery and validation of cell cycle arrest biomarkers in human acute kidney injury

Kianoush Kashani¹, Ali Al-Khafaji², Thomas Ardiles³, Antonio Artigas⁴, Sean M Bagshaw⁵, Max Bell⁶, Azra Bihorac⁷, Robert Birkhahn⁸, Cynthia M Cely⁹, Lakhmir S Chawla¹⁰, Danielle L Davison¹⁰, Thorsten Feldkamp¹¹, Lui G Forni¹², Michelle Ng Gong¹³, Kyle J Gunnerson¹⁴, Michael Haase¹⁵, James Hackett¹⁶, Patrick M Honore¹⁷, Eric AJ Hoste¹⁸, Olivier Joannes-Boyau¹⁹, Michael Joannidis²⁰, Patrick Kim²¹, Jay L Koyner²², Daniel T Laskowitz²³, Matthew E Lissauer²⁴, Gernot Marx²⁵, Peter A McCullough²⁶, Scott Mullaney²⁷, Marlies Ostermann²⁸, Thomas Rimmelé²⁹, Nathan I Shapiro³⁰, Andrew D Shaw³¹, Jing Shi³², Amy M Sprague³³, Jean-Louis Vincent³⁴, Christophe Vinsonneau³⁵, Ludwig Wagner³⁶, Michael G Walker³², R Gentry Wilkerson³⁷, Kai Zacharowski³⁸ and John A Kellum³⁹

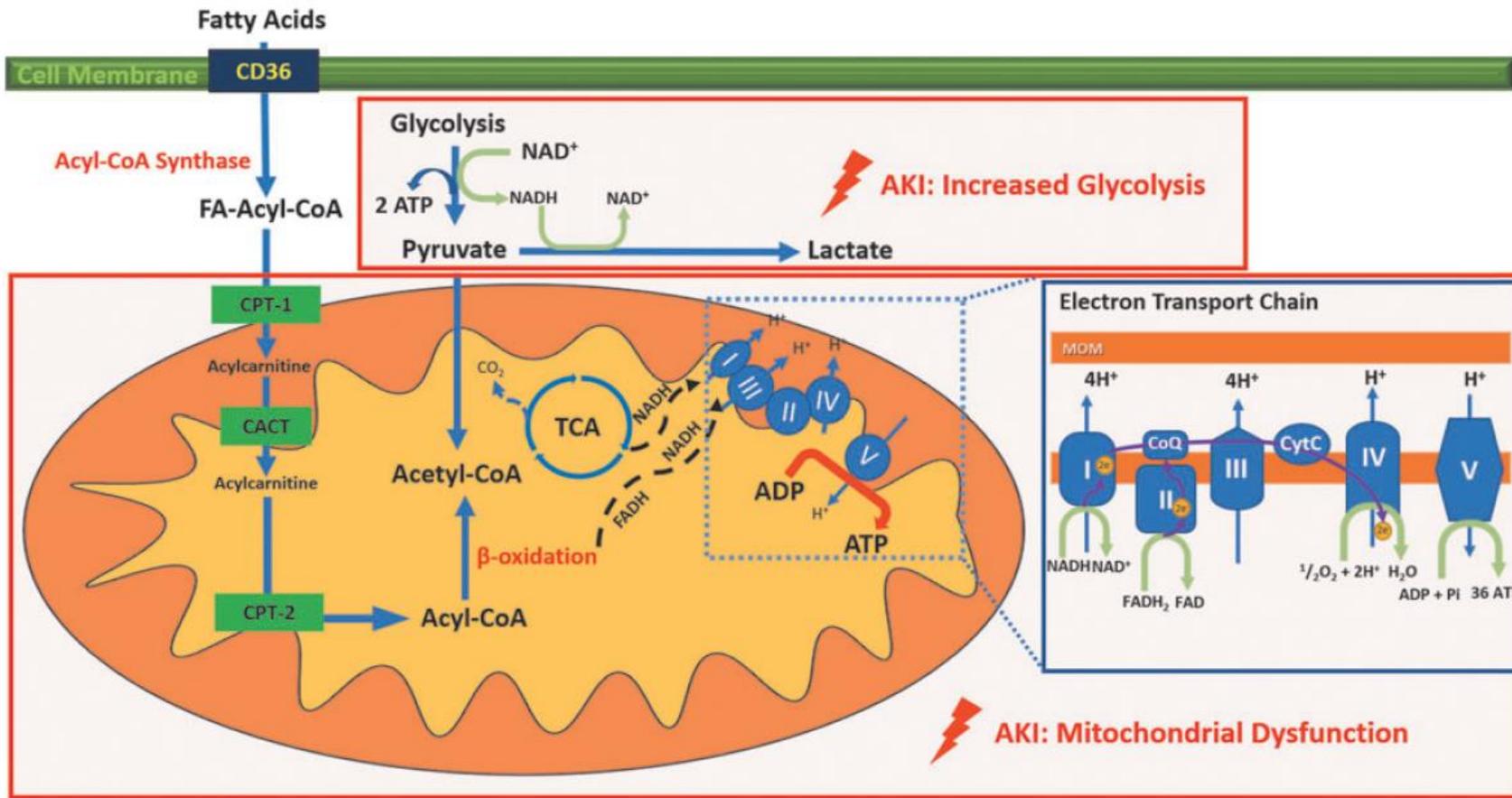


Innovations and Emerging Therapies to Combat Renal Cell Damage: NAD⁺ As a Drug Target

Carlos L. Manrique-Caballero,^{1,2} John A. Kellum,^{1,2} Hernando Gómez,^{1,2} Francesca De Franco,³ Nicola Giacchè,³ and Roberto Pellicciari³



Fatty acid oxidation, electron transport chain and glycolysis



Renal function deterioration has been associated with mitochondrial dysfunction and NAD⁺ depletion. Therapies aiming to restore mitochondrial function and increase NAD⁺ availability have gained special attention in the last two decades.

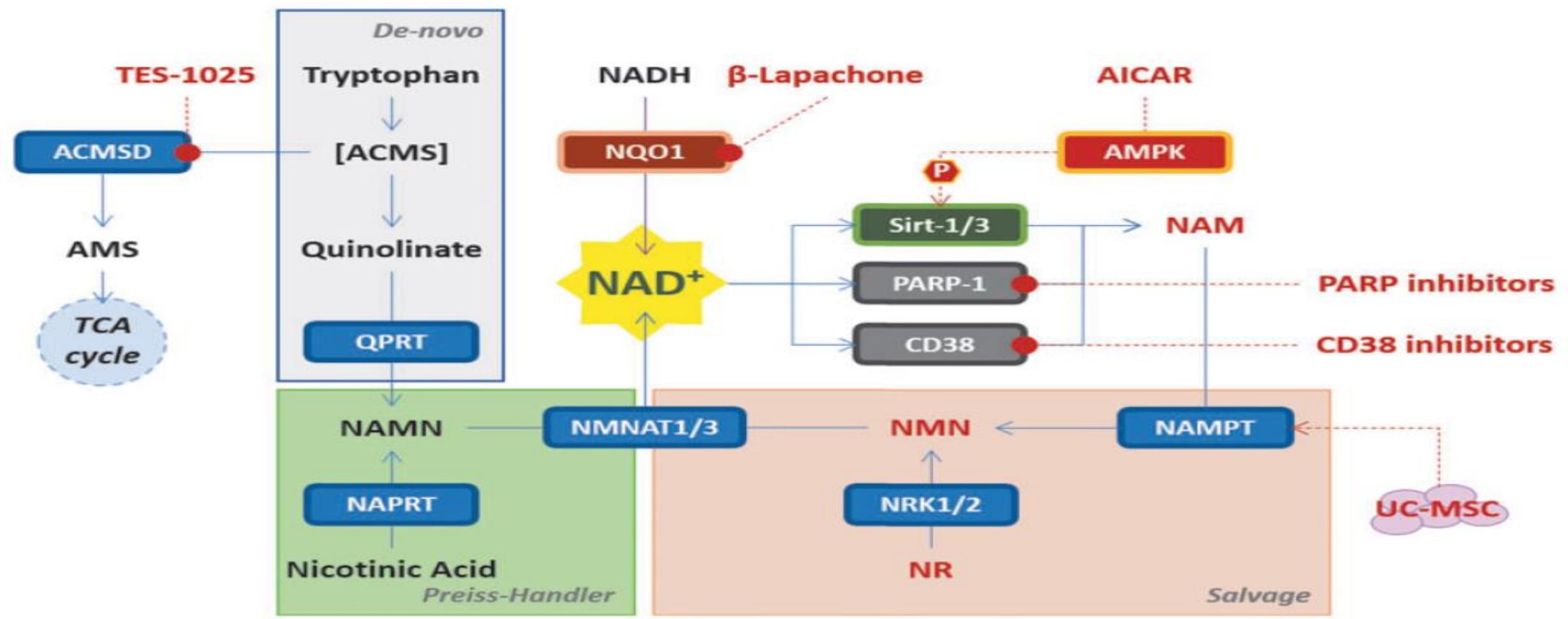
Experimental and clinical studies have shown that by restoring mitochondrial homeostasis and increasing renal tubulo-epithelial cells, NAD⁺ availability, AKI incidence, and chronic long-term complications are significantly decreased.

Innovations and Emerging Therapies to Combat Renal Cell Damage: NAD⁺ As a Drug Target



Carlos L. Manrique-Caballero,^{1,2} John A. Kellum,^{1,2} Hernando Gómez,^{1,2} Francesca De Franco,³ Nicola Giacchè,³ and Roberto Pellicciari³

NAD⁺ as a drug target for AKI

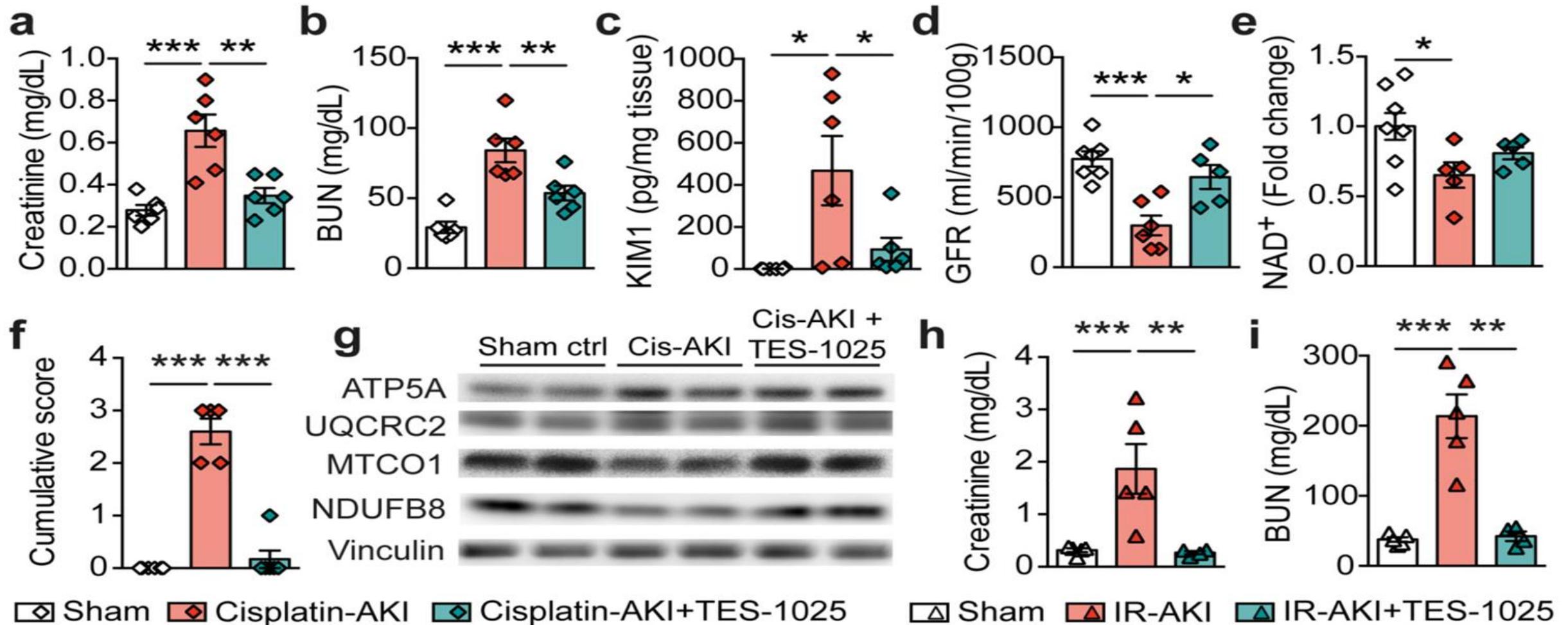


De novo NAD⁺ synthesis enhances mitochondrial function and improves health

Elena Katsyuba¹, Adrienne Mottis¹, Marika Zietak^{2,3}, Francesca De Franco⁴, Vera van der Velpen⁵, Karim Gariani¹, Dongryeol Ryu¹, Lucia Cialabrini⁶, Olli Matilainen¹, Paride Liscio⁴,



ACMSD inhibitors protect renal function in two different models of AKI



Rationale of Mesenchymal Stem Cell Therapy in Kidney Injury

Vincenzo Cantaluppi, MD, Luigi Biancone, MD, Alessandro Quercia, MD,
 Maria Chiara Deregibus, MD, Giuseppe Segoloni, MD, and Giovanni Camussi, MD

AJKD

1. Migration to the site of injury

SDF-1-CXCR
 HGF-cmet

MSCs

2. Recruitment

Adhesion to endothelium
 VLA-4/VCAM-1

CD44-dependent
 hyaluronic acid interaction

MSCs

Exosomes/microvesicles
 proteins
 mRNA
 microRNA

3. Tissue repair Paracrine action

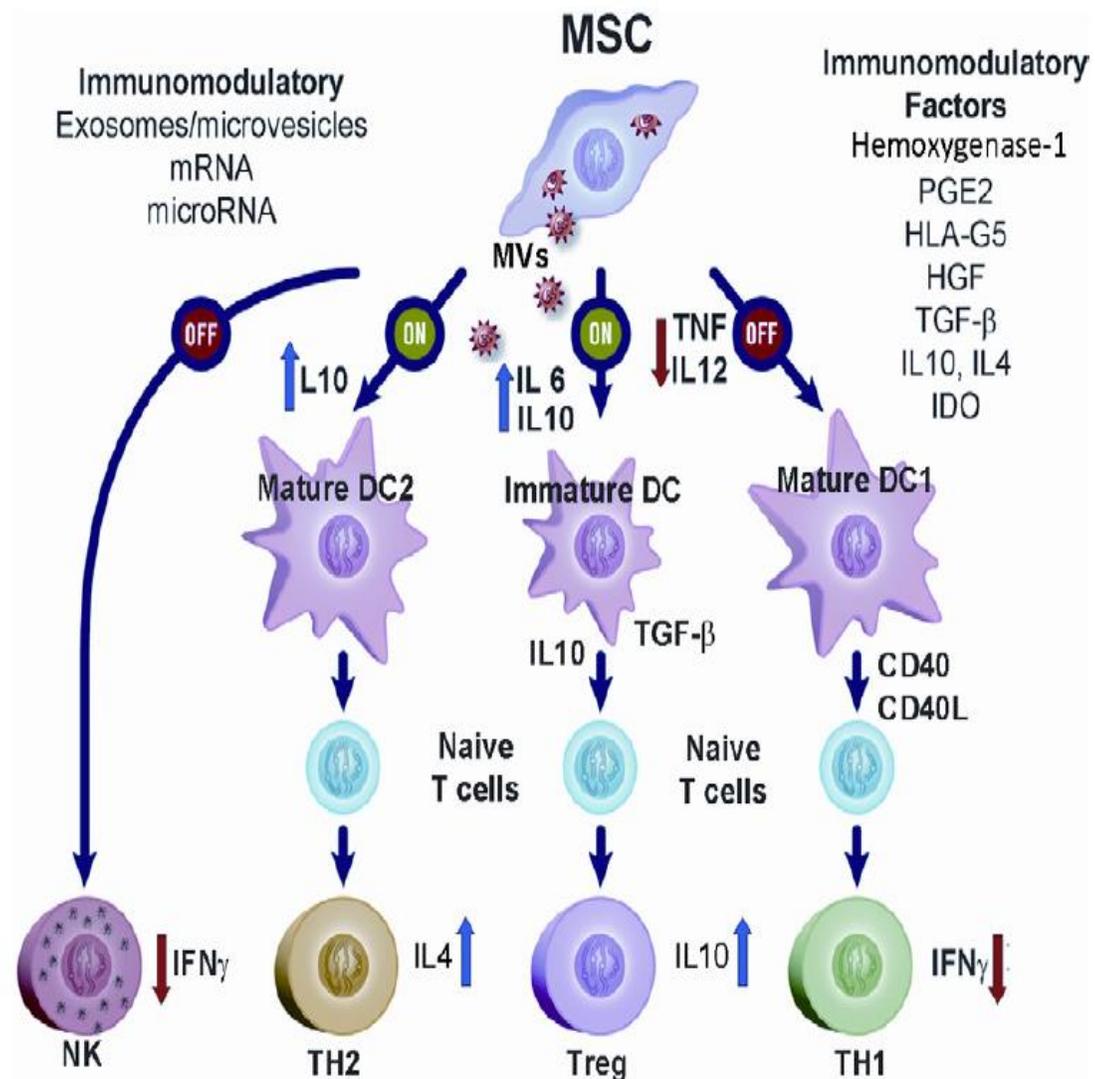
de-differentiation
 proliferation
 re-differentiation

Inhibition of
 apoptosis
 inflammation
 immune reaction

Trophic factors:

VEGF
 HGF
 EGF
 bFGF
 IL-6
 TGF- β
 MCP-1
 IGF
 SDF-1

Angiopoietin-1
 Erythropoietin

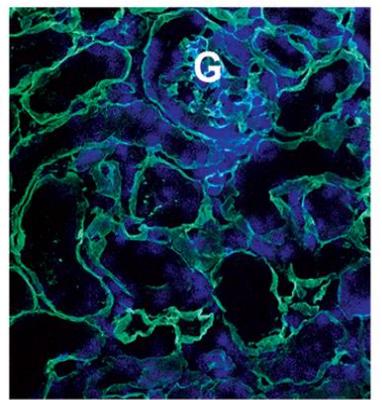
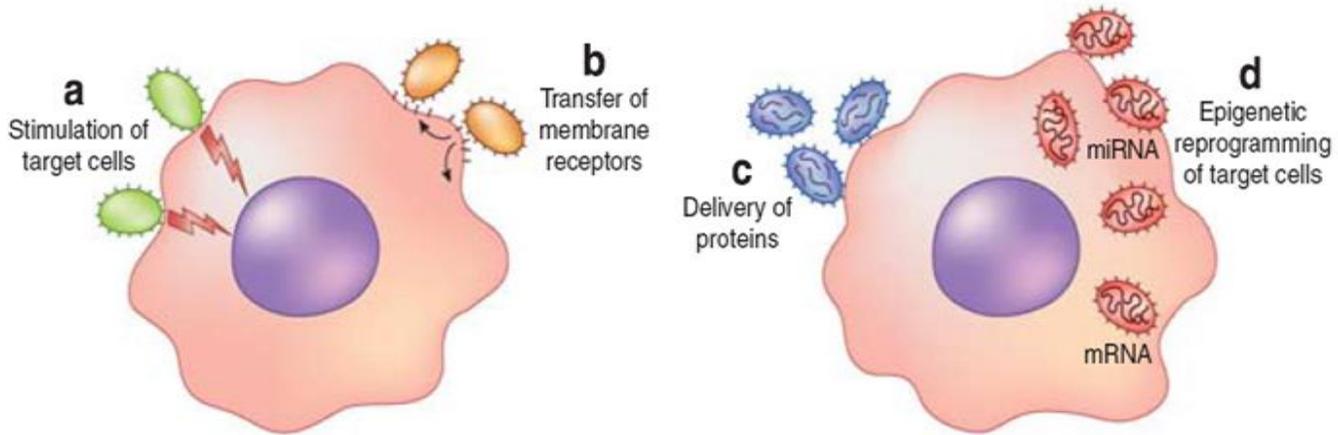
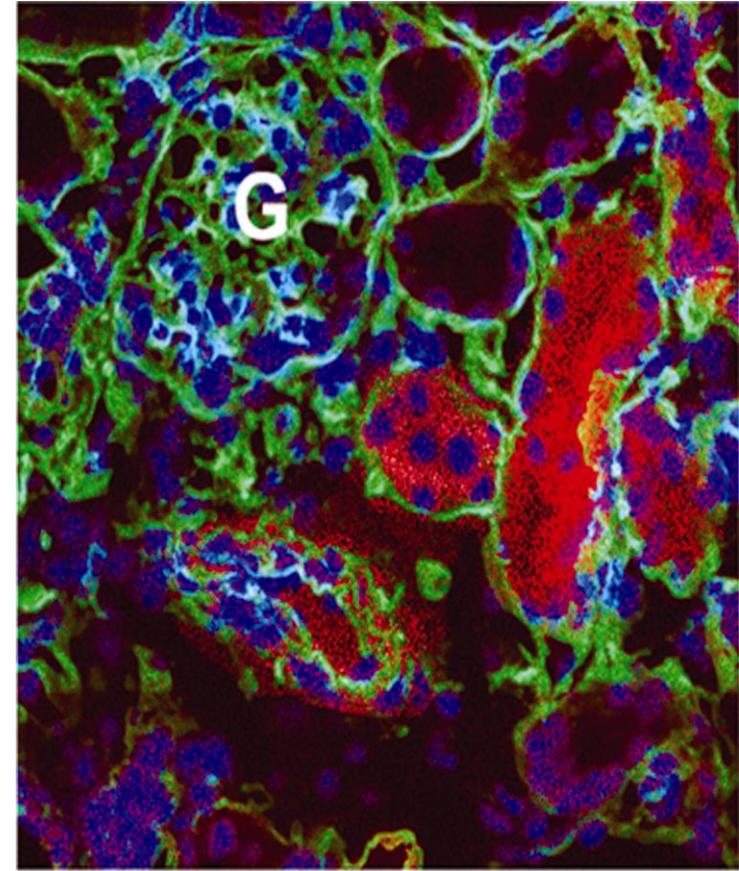
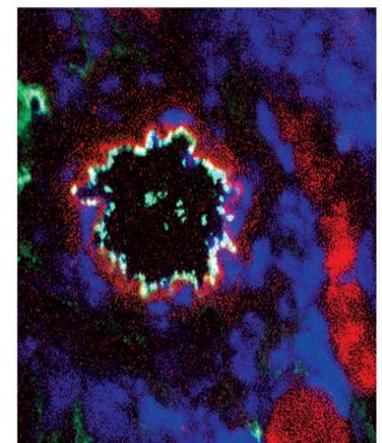
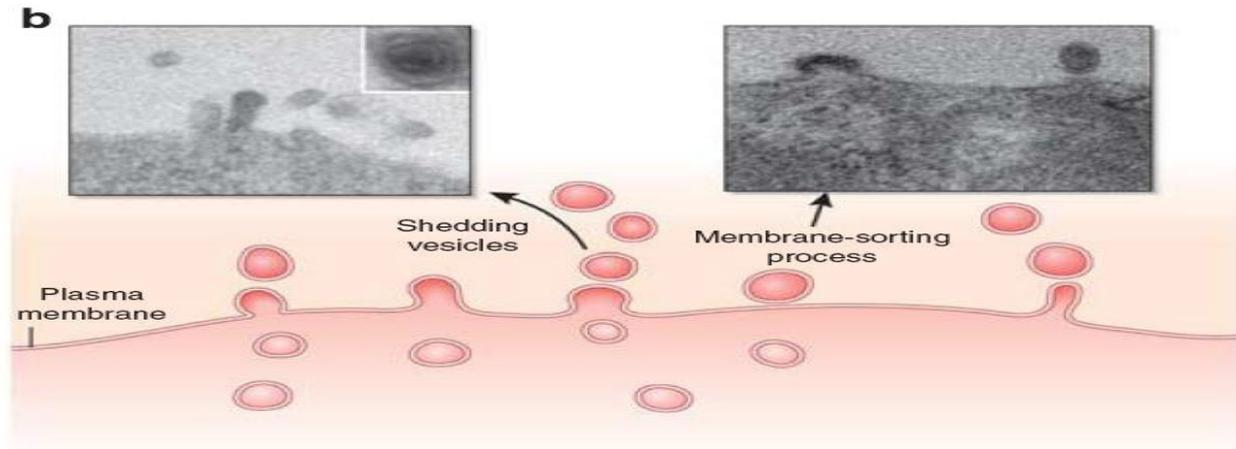


Mesenchymal Stem Cell-Derived Microvesicles Protect Against Acute Tubular Injury

Stefania Bruno,* Cristina Grange,* Maria Chiara Deregibus,* Raffaele A. Calogero,†
 Silvia Saviozzi,† Federica Collino,* Laura Morando,* Alessandro Busca,‡ Michele Falda,‡
 Benedetta Bussolati,* Ciro Tetta,§ and Giovanni Camussi*



Mesenchymal Stem Cell-Derived MVs Localize within the Injured Kidney

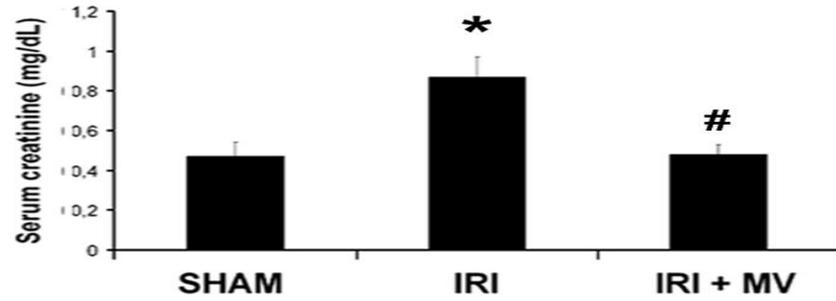


Microvesicles derived from endothelial progenitor cells protect the kidney from ischemia-reperfusion injury by microRNA-dependent reprogramming of resident renal cells

Vincenzo Cantaluppi¹, Stefano Gatti², Davide Medica¹, Federico Figliolini¹, Stefania Bruno¹,
 Maria C. Deregibus¹, Andrea Sordi², Luigi Biancone¹, Ciro Tetta^{3,4} and Giovanni Camussi¹

EPC EVs inhibit capillary rarefaction and progression toward CKD

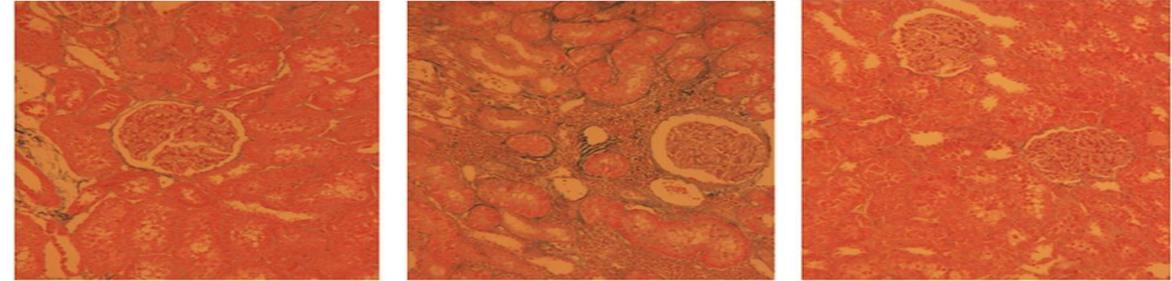
a



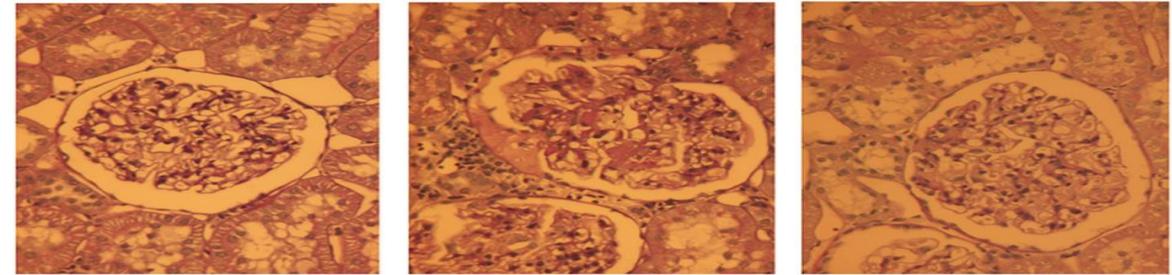
SHAM

IRI

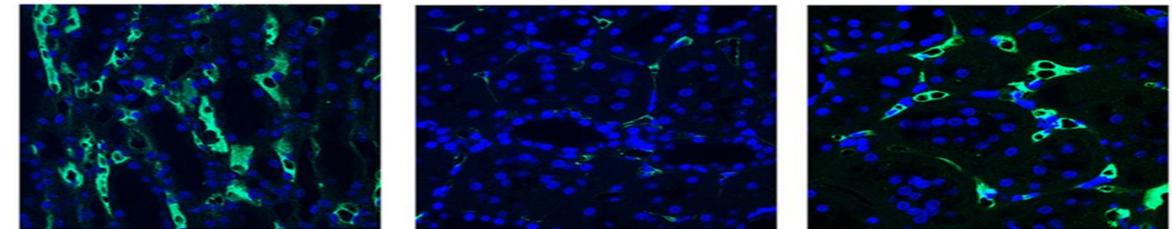
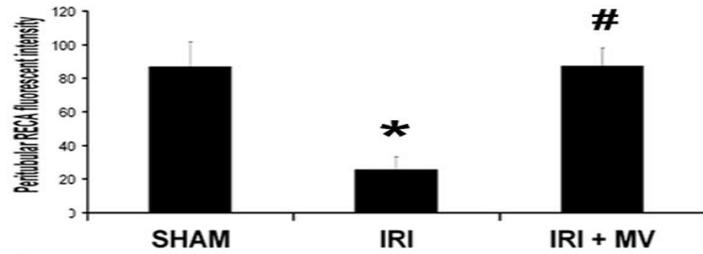
IRI + MV



b

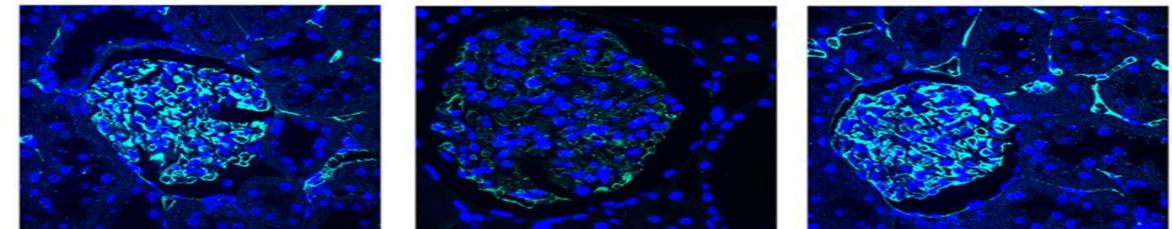
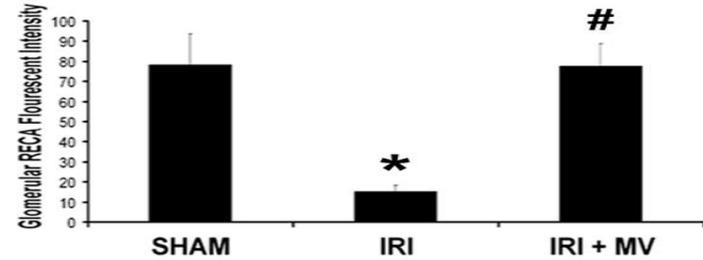


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d

e



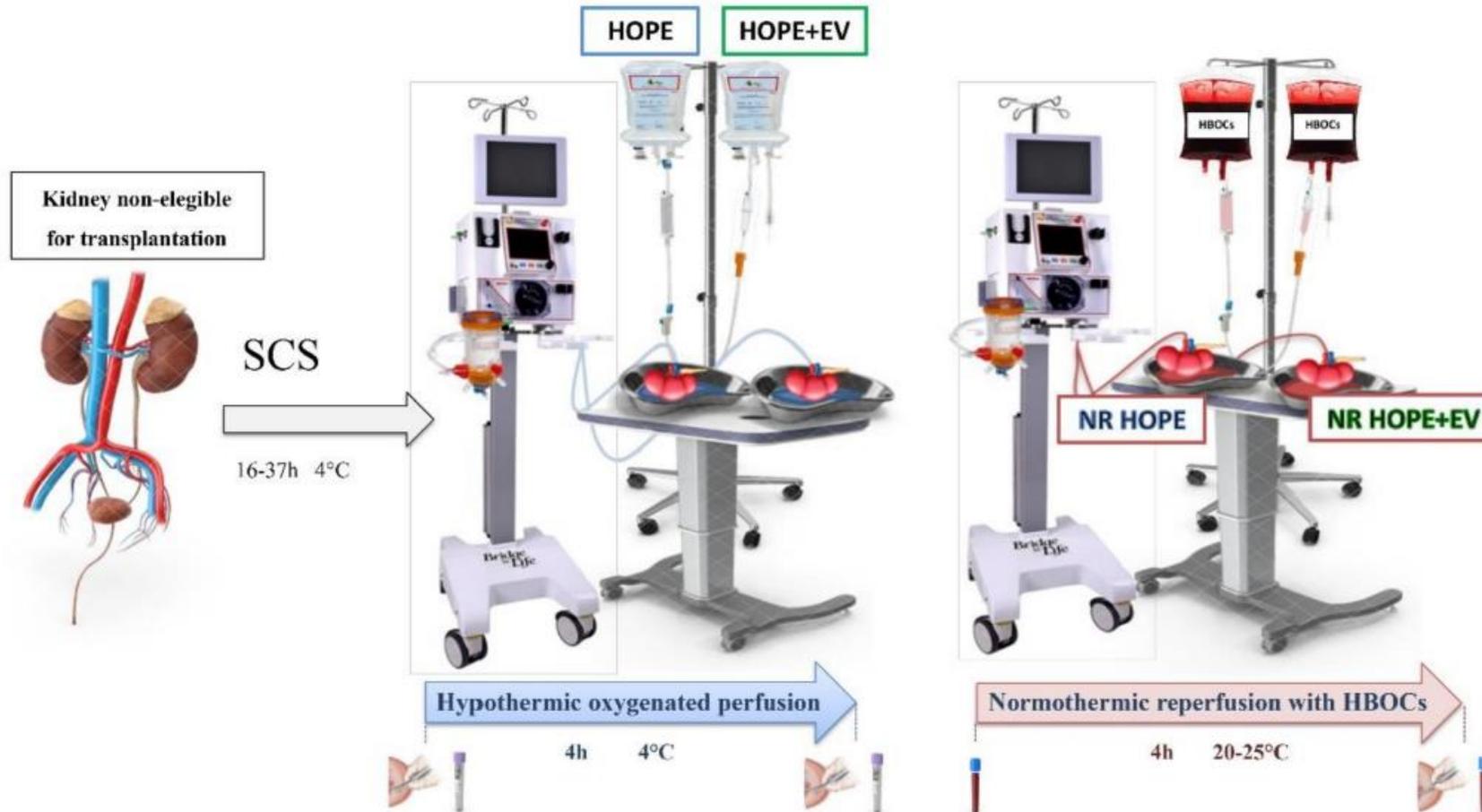
f

Extracellular Vesicles Derived from Mesenchymal Stromal Cells Delivered during Hypothermic Oxygenated Machine Perfusion Repair Ischemic/Reperfusion Damage of Kidneys from Extended Criteria Donors



Teresa Rampino¹, Marilena Gregorini^{1,2,*}, Giuliana Germinario^{3,4}, Eleonora Francesca Pattonieri¹,

Trial design. Samples of effluent were collected at the beginning and end of HOPE and normothermic reperfusion. Biopsies were performed at the end of hypothermic and normothermic preservations.



Explored an innovative tool for organ preservation aimed at preventing IRI damage in vulnerable marginal kidneys. EV delivery during HOPE significantly reduces IRI damage in ECD kidneys. Therefore, it can be considered a new organ preservation strategy for increasing the donor pool and improving transplant outcomes.

This is the first report on conditioning human kidneys with MSC-derived EV.

Conclusions

- **Organ shortage** is a major challenge and several strategies have been employed to increase the number of kidneys available, including the use of **DCD donors and ECD**, both associated with **enhanced susceptibility to IRI, higher rates of DGF and premature graft failure**.

In the complex **pathophysiology of IRI**, inflammatory mediators (**Cytokines, Chemokines, Complement Factors**, etc) play an important role.

Therapeutic strategies for IRI limitation could be implemented also **during ex vivo perfusion**.

Among the therapeutic strategies for ex vivo perfusion, **the modulation of inflammatory mediators in the perfusate** could be a useful tool. The use of **inflammatory mediator adsorption** have shown **promising** results as an **immunomodulation strategy in ex vivo perfusion**.

- Combination of new therapeutic interventions such as **adsorption of inflammatory mediators by PerSorb, new drugs and stem cell-based therapies** should be explored in this clinical setting.



WORKSHOP

Purification Therapies

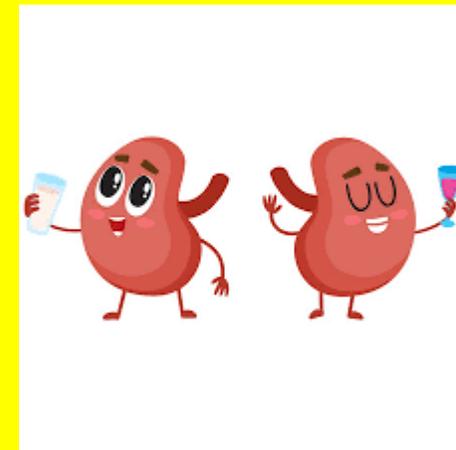
FROM RESEARCH TO CLINICAL EVIDENCE

SEPTEMBER 30TH/OCTOBER 1ST 2022

Milano, Centro Congressi Cariplo



vincenzo.cantaluppi@med.uniupo.it



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