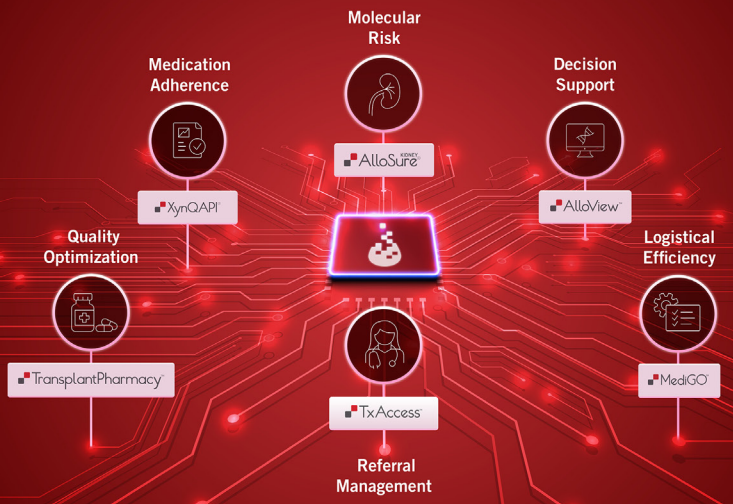
Join CareDx at ASTS 2025

January 16-19, Phoenix, Arizona



REGISTER

https://bit.ly/CareDxASTS25

Thursday Event January 16, 2025

Educational Program: Understanding Patient Risk in the Evolving Transplant Landscape

7:30 – 9:30 PM
Ko'Sin, 5594 W. Wild Horse Pass Blvd Phoenix, AZ, 85226

Join a discussion-based event around the evolving considerations for patient risk assessment in a changing transplant landscape. Dinner will be served.

Friday Event January 17, 2025

CareDx Sponsored Lunch Symposium*: Molecular Surveillance Enhances Care for Kidney and SPK Transplant Recipients

11:30 AM – 12:30 PM MST
Komatke E/F

Learn about new landmark and evolving data demonstrating the benefits of longitudinal surveillance and the impact to care of transplant recipients, including populations like Simultaneous Pancreas-Kidney Transplants, Delayed Graft Function, and in various rejection scenarios. Lunch will be served.

Ty Dunn, MD, MS
Surgical Director of Kidney and Pancreas Programs at Medical College of Wisconsin

Sandesh Parajuli, MBBS
Associate Professor at University of Wisconsin

Anthony Watkins, MD
Surgical Director of Kidney and Pancreas at Tampa General Hospital

CareDx®

TransMedics®

Please join us for a lunch symposium

National OCS Program (NOP)

Setting the Standards for Organ Management to Achieve Excellent Clinical Outcomes

Saturday, January 18th
11:30 am – 12:30 pm

Sheraton Grand at Wild Horse Pass
Phoenix, Arizona
Kave 2/3

Moderators

Dr Amit Mathur, Mayo Clinic, AZ
Dr Andrew Barbas, Duke University, NC

Agenda

11:30 – 11:35 AM
Introduction – Dr Waleed Hassanein, CEO of TransMedics, Andover, MA

11:35 – 11:50 AM
Re-writing the rules: DCD donation in the era of OCS Liver – Kristopher Croome, MD, Mayo Clinic Florida, Jacksonville, FL

11:50 – 12:05 PM
OCS with DBD livers; benefits the mainstream and not just the extreme – Madhukar Patel, MD, UT Southwestern Medical Center, Dallas, TX

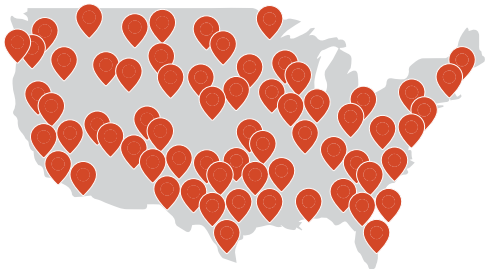
12:05 – 12:20 PM
Lessons learned from 5,000 OCS Liver Transplants using the NOP – Magdy Attia, MD, TransMedics, Andover, MA

12:20-12:30
Q&A

Once-daily
Envarsus XR®
(tacrolimus extended-release tablets)

Adoption of once-daily ENVARSUS XR in the US

99% of US transplant centers have used ENVARSUS XR for kidney transplant immunosuppression[1]



53% of US kidney transplant centers have added ENVARSUS XR to protocol[2]

36% of US centers have a de novo protocol for ENVARSUS XR[1]

INDICATIONS AND USAGE

ENVARSUS XR is indicated for the prophylaxis of organ rejection in de novo kidney transplant patients in combination with other immunosuppressants.

ENVARSUS XR is also indicated for the prophylaxis of organ rejection in kidney transplant patients converted from tacrolimus immediate-release formulations in combination with other immunosuppressants.

IMPORTANT SAFETY INFORMATION

WARNING: MALIGNANCIES AND SERIOUS INFECTIONS

Increased risk for developing serious infections and malignancies with ENVARSUS XR or other immunosuppressants that may lead to hospitalization or death

Please see additional Important Safety Information on the following page and accompanying full Prescribing Information, including Boxed Warning, and updated Warnings and Precautions.

IMPORTANT SAFETY INFORMATION *(cont'd)*

CONTRAINDICATIONS

ENVARSUS XR is contraindicated in patients with known hypersensitivity to tacrolimus or to any of the ingredients in ENVARSUS XR.

WARNINGS AND PRECAUTIONS

Lymphoma and Other Malignancies: Immunosuppressants, including ENVARSUS XR, increase the risk of developing lymphomas and other malignancies, particularly of the skin. Post-transplant lymphoproliferative disorder (PTLD), associated with Epstein-Barr Virus (EBV), has been reported in immunosuppressed organ transplant patients.

Serious Infections: Immunosuppressants, including ENVARSUS XR, increase the risk of developing bacterial, viral, fungal, and protozoal infections, including opportunistic infections. These infections may lead to serious, including fatal, outcomes.

Not Interchangeable with Other Tacrolimus Products - Medication Errors: Medication errors, including substitution and dispensing errors, between tacrolimus capsules and tacrolimus extended-release capsules were reported outside the U.S. in some cases leading to adverse reactions. ENVARSUS XR is not interchangeable or substitutable with tacrolimus extended-release capsules, tacrolimus capsules or tacrolimus for oral suspension.

New Onset Diabetes after Transplant: ENVARSUS XR caused new onset diabetes after transplant (NODAT) in kidney transplant patients, which may be reversible in some patients. African-American and Hispanic kidney transplant patients are at an increased risk.

Nephrotoxicity due to ENVARSUS XR and Drug Interactions: ENVARSUS XR, like other calcineurin-inhibitors, can cause acute or chronic nephrotoxicity. In patients with elevated serum creatinine and tacrolimus whole blood trough concentrations greater than the recommended range, consider dosage reduction or temporary interruption of tacrolimus administration. The risk for nephrotoxicity may increase when ENVARSUS XR is concomitantly administered with CYP3A inhibitors (by increasing tacrolimus whole blood concentrations) or drugs associated with nephrotoxicity. When tacrolimus is used concurrently with CYP3A inhibitors or other known nephrotoxic drugs, monitor renal function and tacrolimus blood concentrations, and adjust dose of both tacrolimus and/or concomitant medications during concurrent use.

Neurotoxicity: ENVARSUS XR may cause a spectrum of neurotoxicities. The most severe neurotoxicities include posterior reversible encephalopathy syndrome (PRES), delirium, seizure, and coma; others include tremors, paresthesias, headache, mental status changes, and changes in motor and sensory functions.

Hyperkalemia: Mild to severe hyperkalemia, which may require treatment, has been reported with tacrolimus including ENVARSUS XR. Concomitant use of agents associated with hyperkalemia may increase the risk for hyperkalemia.

Hypertension: Hypertension is a common adverse reaction of ENVARSUS XR therapy and may require antihypertensive therapy.

Risk of Rejection with Strong CYP3A Inducers and Risk of Serious Adverse Reactions with Strong CYP3A Inhibitors: The concomitant use of strong CYP3A inducers may increase the metabolism of tacrolimus, leading to lower whole blood trough concentrations and greater risk of rejection. In contrast, the concomitant use of strong CYP3A inhibitors may decrease the metabolism of tacrolimus, leading to higher whole blood trough concentrations and greater risk of serious adverse reactions. Therefore, adjust ENVARSUS XR dose and monitor tacrolimus whole blood trough concentrations when co-administering ENVARSUS XR with strong CYP3A inhibitors or strong CYP3A inducers. A rapid, sharp rise in tacrolimus levels has been reported after co-administration with strong CYP3A4 inhibitors despite an initial reduction of tacrolimus dose. Early and frequent monitoring of tacrolimus whole blood trough levels is recommended.

QT Prolongation: ENVARSUS XR may prolong the QT/QTc interval and cause Torsade de pointes. Avoid ENVARSUS XR in patients with congenital long QT syndrome. Consider obtaining electrocardiograms and monitoring electrolytes periodically during treatment in patients with congestive heart failure, bradyarrhythmias, those taking certain antiarrhythmic medications or other products that lead to QT prolongation, and those with electrolyte disturbances. When co-administering ENVARSUS XR with other substrates and/or inhibitors of CYP3A, especially those that also have the potential to prolong the QT interval, a reduction in ENVARSUS XR dosage, monitoring of tacrolimus whole blood concentrations, and monitoring for QT prolongation is recommended.

Immunizations: Whenever possible, administer the complete complement of vaccines before transplantation and treatment with ENVARSUS XR. Avoid the use of live attenuated vaccines during treatment with ENVARSUS XR. Inactivated vaccines noted to be safe for administration after transplantation may not be sufficiently immunogenic during treatment with ENVARSUS XR.

Pure Red Cell Aplasia: Cases of pure red cell aplasia (PRCA) have been reported in patients treated with tacrolimus. If PRCA is diagnosed, consider discontinuation of ENVARSUS XR.

Cannabidiol Drug Interactions: When cannabidiol and ENVARSUS XR are co-administered, closely monitor for an increase in tacrolimus blood levels and for adverse reactions suggestive of tacrolimus toxicity. A dose reduction of ENVARSUS XR should be considered as needed when ENVARSUS XR is co-administered with cannabidiol.

Thrombotic Microangiopathy (TMA) Including Hemolytic Uremic Syndrome and Thrombotic Thrombocytopenic Purpura: Cases of thrombotic microangiopathy (TMA), including hemolytic uremic syndrome (HUS) and thrombotic thrombocytopenic purpura (TTP), have been reported in patients treated with ENVARSUS XR. Transplant patients may have other risk factors which contribute to the risk of TMA. In patients with signs and symptoms of TMA, consider ENVARSUS XR as a risk factor. Concurrent use of ENVARSUS XR and mammalian target of rapamycin (mTOR) inhibitors may contribute to the risk of TMA.

ADVERSE REACTIONS

De Novo kidney transplant patients: Most common adverse reactions (incidence ≥15%) reported with ENVARSUS XR are diarrhea, anemia, urinary tract infection, hypertension, tremor, constipation, diabetes mellitus, peripheral edema, hyperkalemia and headache.

Conversion of kidney transplant patients from immediate-release tacrolimus: Most common adverse reactions (incidence ≥10%) reported with ENVARSUS XR include: diarrhea and blood creatinine increased.

USE IN SPECIFIC POPULATIONS

Pregnancy: Based on postmarketing surveillance, registry and animal data may cause fetal harm. Advise pregnant women of the potential risk to the fetus.

Nursing Mothers: Tacrolimus is present in human milk. Discontinue drug or nursing, taking into account the importance of drug to the mother.

Females and Males of Reproductive Potential: Advise female and male patients of reproductive potential to speak with their healthcare provider on family planning options including appropriate contraception prior to starting treatment with ENVARSUS XR. Based on animal studies, ENVARSUS XR may affect fertility in males and females.

Pediatric Use: The safety and efficacy of ENVARSUS XR in pediatric patients have not been established.

Geriatric Use: Clinical studies of ENVARSUS XR did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients.

Renal Impairment: Frequent monitoring of renal function is recommended. Lower doses may be required.

Hepatic Impairment: Frequent monitoring of tacrolimus trough concentrations is recommended. With greater tacrolimus whole blood trough concentrations in patients with severe hepatic impairment, there is a greater risk of adverse reactions and dosage reduction is recommended.

Race: African-American patients may require higher doses to attain comparable trough concentrations compared to Caucasian patients. African-American and Hispanic kidney transplant patients are at an increased risk for new onset diabetes after transplant. Monitor blood glucose concentrations and treat appropriately.

To report SUSPECTED ADVERSE REACTIONS, contact Veloxis Pharmaceuticals, Inc., at 1-844-VELOXIS (835-6947) or FDA at 1-800-FDA-1088 or visit www.fda.gov/medwatch.

References: 1. Combined Symphony Health, 867, 3PL data, 10/2024. **2.** Data on File. Veloxis Pharmaceuticals, Inc.; 2024.

Please see full Prescribing Information, including Boxed Warning, and updated Warnings and Precautions.

Veloxis PHARMACEUTICALS an Asahi Kasei company

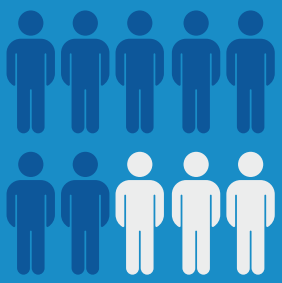
Once-daily Envarsus XR® (tacrolimus extended-release tablets)

LEAD WITH

Thymoglobulin®

Anti-thymocyte Globulin (Rabbit)

FIND OUT WHY 7 out of 10



Patients received Thymoglobulin® [anti-thymocyte globulin (rabbit)] induction prior to kidney transplant.[1]

25+ YEARS commitment in the field of transplant

To learn more, please visit [https://www.thymoglobulin.com/]

Indication:

Thymoglobulin® (anti-thymocyte globulin (rabbit)) is indicated for the prophylaxis and treatment of acute rejection in patients receiving a kidney transplant. Thymoglobulin is to be used in conjunction with concomitant immunosuppression.

Important Safety Information for Thymoglobulin [Anti-thymocyte Globulin (Rabbit)]:

WARNING: IMMUNOSUPPRESSION.

THYMOGLOBULIN should only be used by physicians experienced in immunosuppressive therapy in transplantation.

Please see additional Important Safety Information on the back and accompanying full Prescribing Information including Boxed WARNING.

Thymoglobulin®
Anti-thymocyte Globulin (Rabbit)

Important Safety Information (cont)

- **Contraindications.** Thymoglobulin is contraindicated in patients with a history of allergy or anaphylaxis to rabbit proteins or to any product excipients, or who have active acute or chronic infections which contraindicate any additional immunosuppression.
- **Management of Immunosuppression.** To prevent over-immunosuppression, physicians may wish to decrease the dose of the maintenance immunosuppression regimen during the period of Thymoglobulin use. Dosing for Thymoglobulin is different from dosing for other ATG products, because protein composition and concentrations vary depending on the source of ATG. Thymoglobulin should be used under strict medical supervision in a hospital setting, and patients should be carefully monitored during the infusion.
- **Immune Mediated Reactions.** Serious immune-mediated reactions, including anaphylaxis or severe cytokine release syndrome (CRS), have been reported with the use of Thymoglobulin. Fatal anaphylaxis has been reported. If an anaphylactic reaction occurs, the infusion should be terminated immediately.
- **Infusion-Associated Reactions.** Cases consistent with cytokine release syndrome (CRS) have been reported with rapid infusion rates. CRS is attributed to the release of cytokines by activated monocytes and lymphocytes. Severe acute CRS can cause serious cardiorespiratory events and/or death. Close compliance with the recommended dosage and infusion time may reduce the incidence and severity of infusion-associated reactions (IARs). Slowing the infusion rate may minimize many of these IARs. Reactions at the infusion site may include pain, swelling, and redness of the skin.
- **Hematologic Effects.** Low counts of platelets and white blood cells (including low counts of lymphocytes and neutrophils) have been identified and are reversible following dose adjustments. Total white blood cell and platelet counts should be monitored.
- **Infection and Malignancy.** Infections, reactivation of infection, febrile neutropenia, sepsis, malignancies including lymphoproliferative disorders (LPD) and other lymphomas as well as solid tumors have been reported after Thymoglobulin administration in combination with multiple immunosuppressive agents. These events can be fatal.
- **Immunization.** The safety of immunization with attenuated live vaccines following Thymoglobulin therapy has not been studied; therefore, immunization with attenuated live vaccines is not recommended for patients who have recently received Thymoglobulin.
- **Overdosage.** Thymoglobulin overdosage may result in leukopenia (including lymphopenia and neutropenia) and/or thrombocytopenia, which can be managed with dose reduction.
- **Adverse Reactions.** The most common adverse reactions and laboratory abnormalities (incidence >5% higher than comparator) are urinary tract infection, abdominal pain, hypertension, nausea, shortness of breath, fever, headache, anxiety, chills, increased potassium levels in the blood, and low counts of platelets and white blood cells.
- During post-marketing surveillance, arthralgia/myalgia, lymphadenopathy, proteinuria, and decreased oxygen saturation tend to occur 5 to 15 days after Thymoglobulin infusion and are consistent with serum sickness. Symptoms are manageable with corticosteroid treatment.

Please see accompanying full Prescribing Information including, Boxed WARNING.

Reference:

1. UNOS. Historic data on US kidney transplant patients, 2010-2024.

MAT-US-2412073-v1.0-12/2024.

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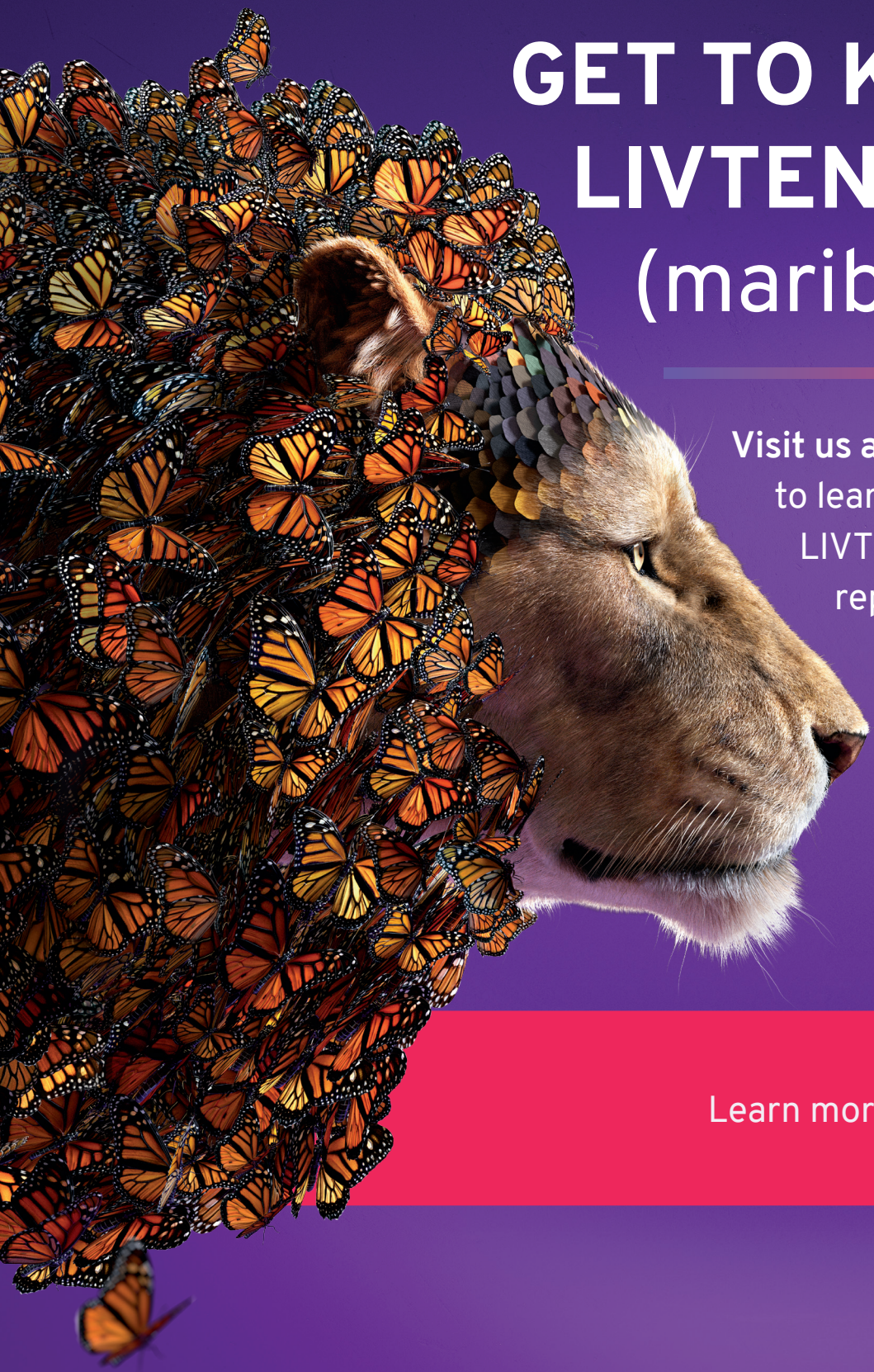

GET TO KNOW LIVTENCITY®
(maribavir)

Visit us at our booth
to learn about
LIVTENCITY from a Takeda
representative

Learn more at ***LIVTENCITY.com***

Transplant Surgeon

Solid-Organ Transplant Program

Lebanon, New Hampshire

Dartmouth Hitchcock Medical Center in Lebanon, NH is seeking a BC/BE transplant surgeon for **the Solid-Organ Transplant Program.** The transplant surgeon is responsible for the coordination, organization, and growth of the kidney transplant program at Dartmouth Hitchcock Medical Center.

This position will supervise all kidney transplant care from pre-transplant evaluations, transplant surgery, and post-surgical care, rendered by other faculty, advanced practice providers, Nephrology fellows, and surgical residents. The transplant surgeon will collaborate with the department, surgical section, hospital, and community on initiatives to expand the scope of services provided by the transplant program.

Candidates must be **New Hampshire State Medical License eligible** with a minimum of **two years of transplant fellowship required.**

If you would like to discuss this role while at the ASTS Conference, please reach out to:

Michael Daily, MD | Chief of Transplant
Email: Michael.F.Daily@hitchcock.org
Mobile: 603-359-4920

Or contact:
Jessica M. Kaczorowski
Physician & Provider Recruiter
Jessica.M.Kaczorowski@Hitchcock.org
Phone: (603) 650-3093
DHProviders.org/careers

What Dartmouth Health has to offer you:

- Market-leading, highly competitive salaries
- Up to $15,000 in relocation assistance (amount based on the distance of the move)
- Generous retirement programs with institutional contributions (above and beyond salary) and a matching program
- Fully benefited position including malpractice insurance with tail coverage, life insurance, disability insurance, as well as affordable family medical, dental, and vision insurance plans, and an available HSA account
- Generous vacation and CME time away policies with dedicated CME funding
- No income or sales tax in New Hampshire

Our Region:

- Quintessential New England living - Four beautiful seasons and an outdoor lifestyle
- Congestion-free commuting
- Wonderful settings for community and family life
- Vibrant collegiate environments with associated cultural amenities
- Active arts, theater, and culinary scene

Dartmouth Health

Going Strong and Growing Stronger

We're continuing to build new facilities to improve our level of care.

- Alice Peck Day Memorial Hospital
- Cheshire Medical Center
- Dartmouth Hitchcock Clinics
- Dartmouth Hitchcock Medical Center
- Mt. Ascutney Hospital and Health Center
- New London Hospital
- Southwestern Vermont Medical Center
- Visiting Nurse and Hospice for Vermont and New Hampshire

Dartmouth Health includes:

- Dartmouth Hitchcock Medical Center (DHMC), the academic medical center in Lebanon, New Hampshire
- Dartmouth Cancer Center, one of only 51-NCI designated comprehensive cancer centers in the nation
- Dartmouth Health Children's including the state's only children's hospital
- 5 member community hospitals and outpatient clinics across New Hampshire and Vermont
- Visiting Nurse and Hospice for New Hampshire and Vermont

Through its historical partnership with Dartmouth College and the Geisel School of Medicine, Dartmouth Health performs cutting-edge research and clinical trials, and trains nearly 400 medical residents and fellows annually.

Inside the numbers:

Total Beds = 802

• DHMC	458
• Alice Peck Day	25
• Cheshire Medical Center	160
• New London	25
• Mount Ascutney	35
• Southwestern VT Medical Center	99
• Outpatient visits	3,073,804
• Home visits	141,259
• Births	2148
• Employees	15,008
• Employed providers	2389
• Charity care	$16,011,000
• Community benefit contributions	$345,264,000