WORLD HEALTH SUMMIT REGIONAL MEETING 2022
SCIENCE – INNOVATION – POLICIES
ITALY, ROME & DIGITAL

SAPIENZA UNIVERSITY OF ROME
JUNE 15-17, 2022
WORLD HEALTH SUMMIT
REGIONAL MEETING
ITALY, ROME
JUNE 15-17, 2022

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Welcome to the 2022 World Health Summit Regional Meeting hosted in Rome by Sapienza University!

As you know, the World Health Summit Regional Meeting takes place every year in different parts of the world in addition to the annual World Health Summit in Berlin and brings regional topics to the forefront.

Each Regional Meeting is hosted by the M8 Alliance member holding the World Health Summit International Presidency, which rotates every year.

The M8 Alliance of Academic Health Centers, Universities and National Academies is a growing network and currently consists of 30 members in 20 countries, including the InterAcademy Partnership (IAP), which represents the national academies of medicine and science in 130 countries.

Sapienza University has been an M8 Alliance member since 2015 and is very honored and proud to organize for the first time the Summit in Italy.

The COVID-19 pandemic has shown how we are interconnected as a global community, so in this summit more than 100 speakers will debate the improvement of global health and the development of scientific solutions to health challenges in more than 20 sessions, discussing these important topics:

- Vaccine Development and Policies: Challenges and Strategies
- Healthcare Systems
- Metabolic Syndrome and Chronic Diseases
- New Technologies and Personalized Therapies
- New Frontiers in Healthcare Promotion

So, we are sure that during the Summit scientific interactions and networking possibilities can create opportunities for future health problems solutions and research collaborations; we want to be proactive in investing in scientific research and education, supporting technological innovations and promoting the wellbeing of humanity.

On behalf of the WHS Regional Meeting Organizing Committee, I welcome you all to Rome:

I hope you will have a remarkable scientific experience during the Summit and I am sure that you can also taste the magical atmosphere of Rome, the eternal City.

Eugenio Gaudio
President of the Organizing Committee
World Health Summit Regional Meeting 2022
We announce that the World Health Summit Regional Meeting 2022, Italy, Rome will take place in Sapienza University of Rome on June 15-17, 2022. Each year, the Regional Meeting integrates the program of the prestigious World Health Summit which takes place at the end of October in Berlin. The Regional Meeting is held in late spring, and is hosted by a member of the M8 Alliance of Academic Health Centres, Universities and National Academies, that holds the World Health Summit International Presidency for that year. The past eight meetings were in Singapore (2013), Sao Paulo-Brazil (2014), Kyoto-Japan (2015), Geneva-Switzerland (2016), Montreal-Canada (2017) Coimbra-Portugal (2018), Kish Island-Iran (2019), Kampala-Uganda (2021).

The Program is structured in more than 20 expert sessions where 2 chairpersons and 4/5 experts through their contributions will offer the starting point for a debate, to which ample space will be given. The sessions and the structure of the entire event are intended to offer points for discussion and debate that, in addition to scientists, involve stakeholders such as legislators / politicians, innovators, pharmaceutical industries, NGOs. Plenary sessions are also planned which, in addition to the Opening Ceremony and the Closing Ceremony, include four Keynote Lectures and which will take place in the prestigious Aula Magna at Sapienza Rectorate. The Regional Meeting 2022, Italy, Rome through an intense scientific program and an ambitious work schedule, completely fits the wake of the objectives of the World Health Summit, which are the improvement of global health and the development of scientific solutions to health challenges.

Sapienza University of Rome will be the appropriate venue for scientific discussion and sharing of knowledge and technological advances in the field of human health. The intent is to point the spotlights for two and a half days on global and public health, an even more meaningful debate after the long months of the COVID-19 pandemic. For 2022 the International Presidency of the World Health Summit is assigned to Sapienza University of Rome which is the only Italian institution member of the M8 Alliance.
**RECTORATE**

Aula Magna
Registration
Lunch and Coffee Point

**FACULTY OF LAW**

Aula Calasso
Aula 101

**FACULTY OF HUMANITIES**

Aula Archeologia
Lunch and Coffee Point

**VENUE**

Sapienza University of Rome
Piazzale Aldo Moro, 5
00185 Roma RM

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**WEDNESDAY, JUNE 15**

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Session Type</th>
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<tbody>
<tr>
<td>2:00 PM – 4:30 PM</td>
<td>Sala Organi Aula Calasso</td>
<td>MB Assembly For M8 Members Only</td>
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<tr>
<td>2:30 PM – 5:30 PM</td>
<td>Sala Calasso Aula 101</td>
<td>M8 Assembly For M8 Members Only</td>
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| 3:00 PM – 4:30 PM  | Sala Calasso Aula 101              | New Frontiers in Healthcare Promotion | A look into the future of the COVID-19 pandemic: the experience of Italy
| 3:00 PM – 4:30 PM  | Sala Calasso Aula 101              | New Frontiers in Healthcare Promotion | Digitalization and secondary use of health data, in terms of impact on public health, on planning/sustainability of the Health Care System and on the proximity of care

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**Keynote Sessions**

1. Digital track

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**Digital Track**

1. New Frontiers in Healthcare Promotion
2. New Frontiers in Healthcare Promotion

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**Online Access**

For Digital Track access, please register online.
THURSDAY, JUNE 16

7:45 AM – 8:45 AM
Onsite Registration

8:45 AM – 9:45 AM
Opening Ceremony

9:45 AM – 10:30 AM
Vaccine Development and Policies: Challenges and Strategies
Building Social Cooperation and Cohesion: The Next Big Global Health Challenge

10:30 AM – 11:00 AM
Coffee/tea break

11:00 AM – 12:30 PM
KEY 01
Vaccine Development and Policies: Challenges and Strategies
Building Societal Cooperation and Cohesion: The next Big Global Health Challenge

12:30 PM – 1:30 PM
Lunch

1:30 PM – 2:45 PM
SESSION 2A
Vaccine Development and Policies: Challenges and Strategies
From Polio to Measles and Rubella: Eradication Strategies

SESSION 2B
Healthcare Systems
Healthcare Coverage in Developing Countries

SESSION 2C
Metabolic Syndrome and Chronic Diseases
Neurodegenerative Diseases: New Frontiers in Research and Healthcare

SESSION 2D
New Technologies and Personalized Therapies
The Information Technology, Artificial Intelligence and Digital Health Revolution

2:45 PM – 3:15 PM
Coffee/tea break

3:15 PM – 4:00 PM
SESSION 2E
Vaccine Development and Policies: Challenges and Strategies
Vaccines for Neglected Diseases: Malaria

SESSION 2F
Healthcare Systems
Implications of Climate Changes on Health

SESSION 2G
Metabolic Syndrome and Chronic Diseases
Lifestyles and Health Promotion

SESSION 2H
New Technologies and Personalized Therapies
Precision Oncology

4:00 PM – 4:45 PM
Closing Ceremony

FRIDAY, JUNE 17

9:15 AM – 10:00 AM
KEY 03
New Technologies and Personalised Therapies
Personalised health: evidence, prediction, ethics, and reproducibility

10:00 AM – 10:45 AM
SESSION 3A
Vaccine Development and Policies: Challenges and Strategies
Vaccinology in the Post-COVID-19 Era

SESSION 3B
Healthcare Systems
Biomedical Education

SESSION 3C
Metabolic Syndrome and Chronic Diseases
Cardiovascular Health Surveillance in the Post-COVID-19 Era

SESSION 3D
New Technologies and Personalized Therapies
Robotic Applications in Medicine

10:45 AM – 11:30 AM
Coffee/tea break

11:30 AM – 12:15 PM
Lunch

12:15 PM – 1:45 PM
SESSION 3E
Vaccine Development and Policies: Challenges and Strategies
Vaccines for Neglected Diseases: Malaria

SESSION 3F
Healthcare Systems
Implications of Climate Changes on Health

SESSION 3G
Metabolic Syndrome and Chronic Diseases
Lifestyles and Health Promotion

SESSION 3H
New Technologies and Personalized Therapies
Precision Oncology

1:45 PM – 2:30 PM
Coffee/tea break

2:30 PM – 3:15 PM
KEY 04
Healthcare Systems
Closing the Gap: Global Health Learning from Exemplary Health Systems

3:15 PM – 4:00 PM
SESSION 3I
Vaccine Development and Policies: Challenges and Strategies
Vaccines for Neglected Diseases: Malaria

SESSION 3J
Healthcare Systems
Implications of Climate Changes on Health

SESSION 3K
Metabolic Syndrome and Chronic Diseases
Lifestyles and Health Promotion

SESSION 3L
New Technologies and Personalized Therapies
Precision Oncology

4:00 PM – 4:45 PM
Closing Ceremony

Social Programme
World Health Summit
Regional Meeting
Italy, Rome
June 15-17, 2022

Inaugural Welcome
“Overture” performed by MuSa
Conducted by Maestro Francesco Vizioli

Opening Remarks
Eugenio Gaudio
WHS International President 2022

Welcome Addresses by the authorities:
Ewa Kopacz (Video message)
Vice-President EU Parliament
Antonella Polimeni
Rectress Sapienza University of Rome
Roberto Speranza
Minister of Health
Maria Cristina Messa
Minister of University and Research
Axel Radlach Pries
President World Health Summit

Closing Remarks
Luciano Saso
WHS International President 2022
Musical “Intermezzo” performed by MuSa
conducted by Maestro Francesco Vizioli
The 2022 Risk Report of the World Economic Forum identified the erosion of social cohesion as the risk which worsened the most dramatically during the Covid Pandemic. They measured an almost 30% decline in societal cohesion – including fracturing of social networks, persistent public anger, distrust, divisiveness, lack of empathy, marginalization and political polarization – at a time when global health has depended more than ever on societies cooperating in the face of the worst pandemic in a century.

What went wrong? Why are scientists facing such high levels of verbal and physical attacks at the same time as we are witnessing some of the most fantastic scientific advances and managed to achieve over 10 billion people vaccinated around the world with vaccines that were not even available three years ago?

One report identified 360 incidents against health staff across 56 countries in the first 6 months of 2020 – most were members of the public, patients and families.

While there have undoubtedly been a number of achievements and successes in the context of the pandemic, we cannot move ahead towards achieving other local and global health goals without recognizing the changed environment we are living in.

Prof Heidi Larson will map out some of the changed features in the public and its relationship with scientists and health professionals, scientific and health institutions, and government more broadly and propose strategies to consider for the way forward.

Heidi Larson
Director, The Vaccine Confidence Project,
Professor of Anthropology,
Risk and Decision Science,
London School of Hygiene and Tropical Medicine, UK
and University of Antwerp, Belgium
Vaccine hesitancy has been defined by the Strategic Advisory Group of Experts on Immunization (SAGE) as a “delay in acceptance or refusal of vaccines despite the availability of vaccine services” and it is a phenomenon so troubling that, already in the pre-pandemic era, it was listed by the World Health Organization as one of the ten main threats to global health. The COVID-19 pandemic has reinforced the call for implementing public health interventions aimed at addressing vaccine hesitancy. To guide public health policies through evidence-based strategies, monitoring the trend of the phenomenon and analyzing its determinants, which could be different in different countries, is a strategic action recognized at the international level. In this session speakers authoritative in the field will discuss vaccine hesitancy, building on the experience of the Vaccine Confidence Project to implement actions in response to misinformation about vaccines and analyzing some of the key characteristics of the pandemic era: introduction of novel vaccines, incentives and mandates, vaccination policies. Finally, modeling the impact of vaccination decisions on the spread of infections will be discussed.
The world’s population continues to grow, age, and urbanize. Inequities in the global burden of disease remain, and are worsening in some areas. Health spending has been increasing over the last decades. Current challenges faced by health systems – including the Covid-19 pandemic and the climate crisis - pose additional concerns regarding whether societies can sustain continuous health spending growth. Health workforces are stressed.

This context raises three major issues:

- To recognize the "critical challenge...to increase the proportion of [health] finance...and govern it [more effectively]" (WHO Council).
- The need for a holistic health approach (often mentioned but largely neglected), to meet the goal of health for all.
- The call for policymakers to prioritize health and invest in strong and well-governed health systems and strong social safety nets that leave no one behind.

These lessons are not new but have not been acted upon sufficiently. Now is an inflection point. Our mandate is to fuel debate, widen participation, collect and connect perspectives, globally, to identify solutions that we all need.
The twin epidemic of obesity and diabetes is a major crisis globally. Several epidemiologic studies reveal a parallel escalation of these two conditions. Around 592 million people will be living with the diabetes in another 25 years’ time and obesity currently affects more than 600 million people worldwide with high prevalence mainly in the middle-income countries. The profound changes in the quality, quantity and sources of food consumed, compounded by decreased physical activity underlie these increases. Obesity and diabetes are associated with several comorbidities, among which atherosclerotic cardiovascular diseases stand out. Moreover, obesity and diabetes are pathophysiologically linked to each other by defects of insulin action. The scope of this workshop is to present the most updated description of the burden of obesity and diabetes as well as of associated comorbidities worldwide and to describe the environmental factors that are at the root of their increase. Some proposed metabolic defects unifying diabetes and obesity to their vascular complications will be discussed and the current and future strategies to prevent and manage these two conditions will be highlighted.
Artificial Intelligence and Big Data Analytics represent an unprecedented opportunity for progress in the global Health sector, for healthcare practitioners, policymakers, administrators, and service users alike. To name some main areas of application:

- Machine Learning can support the prediction of health risks and personalized therapies for various populations of people, based on heterogeneous data types such as electronic health records, medical imaging, and biological data; it can also help sustainable financing and smart surveillance;
- Robotics helps surgeons achieve greater speed and accuracy, as well as aids in other tasks such as cleaning and disinfecting, moving beds and patients;
- Internet of Medical Things, the Internet of Connected Medical Devices, supports seamless remote monitoring of patients with chronic or long-term conditions.

These opportunities also come with many challenges, such as:

- Preserving privacy, a fundamental requirement for eHealth systems;
- Defining standards for data integration and exchange; and
- Ensuring the quality, trustfulness, and fairness of AI-based decision support systems.

This session will present the experiences of users and solution providers in areas such as digital pathology, digital therapeutics, and personalized diagnosis in radiology, analyzing benefits and open issues.
Eradication and elimination of infectious diseases are increasingly a part of the global health agenda. The Global Polio Eradication Initiative is more than a global health program focused on the elimination of a single disease. It is a multifaceted and sophisticated global public health partnership that applies the expertise and experience of its workforce and infrastructure to identify and respond to outbreaks of disease, strengthen health systems, build public confidence in vaccines, strengthen health systems, and reach the world’s most vulnerable populations with polio vaccine and other essential health interventions.

While the measures used to mitigate COVID-19 have reduced the spread of the measles virus, countries and global health partners must prioritize finding and vaccinating children against measles as well as rubella in order to reduce the risk of explosive outbreaks. Global elimination of HCV requires a multipronged and multifaceted approach as indicated by the WHO. Thus, there is an urgent need for each country to formulate a locally relevant health care policy targeting not only the key population but also the general population to stop HCV transmission.
Healthcare systems must be efficient in population, service and financial coverage to achieve Universal Health Coverage (UHC). While great emphasis has been put on strategies to achieve the 2030 Sustainable Development Agenda essential for achieving UHC. It is essential to have the right tools for improving health and well-being in the coming years. Many low and middle income countries still face difficulties in progress towards UHC with lack of strategic plans for achieving it. The situation is exacerbated by low funding, poor healthcare systems, and lack of collaboration between private and government sectors among other key impediments. Our panel of experts will lead joint discussions on how to achieve health for all while embracing technology and innovations.
Neurodegenerative diseases represent a challenge for our health systems. Defined by pathological findings of aggregation and misfolding of α-synuclein in neurons or glial cells, Parkinson’s Disease, Multiple System Atrophy and Dementia with Lewy Bodies belong to the family of α-synucleinopathies. On the other hand, Progressive Supranuclear Palsy, another form of atypical parkinsonism, is considered a tauopathy. Alzheimer’s disease leads to a deterioration in everyday functioning. Markers of neurodegeneration have been recently introduced and this condition can now be defined according to pathophysiological markers, even in the preclinical phase. Smart digital assistive technologies can support the daily activities of people with dementia. Currently available and future smart digital technologies, user centered design (UCD), and UCD helping smart digital technologies are now useful for people with dementia and their family caregivers. Challenges and opportunities in drug development in neurodegenerative diseases are now present, including conditions like spinal muscle atrophy.
Among the currently available genome editing technologies, the CRISPR-Cas9 system is the most rapidly developing. Its widespread adoption is related with the simplicity with which this system can be designed and assembled. In July 2021, the WHO’s Expert Advisory Committee on Developing Global Standards for Governance and Oversight of Human Genome Editing released its findings in the form of two reports. The reports intentionally go beyond human germline genome editing to also cover somatic genome editing. In this Session, the basic principles underlying the use of CRISPR-Cas9 as a genome editing tool and key considerations and obstacles for clinical translation with respect to its potential applications, including in the context of brain disorders, will be presented. A summary of the WHO Committee’s outputs, as well as the challenges and opportunities associated with implementing these reports will be also reported. Furthermore, it will be discussed how the revolutionary potential of the CRISPR-Cas9 genome editing technology has created a resurgence in enthusiasm and concern in genetic research perhaps not seen since the mapping of the human genome at the turn of the century.
Historically, scientific reductionism has served as the basis for our understanding of the causes of and treatments for disease. While this approach has led to many successes, the great majority of diseases are complex and reflect a multiplicity of molecular interactions and responses defined by genetic context and environmental exposures. Given this complexity, the field of network medicine was developed, the fundamental principle of which is that a true understanding of disease definition, etiology, prognosis, and therapy requires a holistic understanding of these complex molecular systems. As a basis for this approach, we build and utilize comprehensive, unbiased, (macro)molecular interaction networks. These networks are analyzed statically and dynamically, and variations within them can be used to characterize functional consequences for disease susceptibility or expression. Using the comprehensive network of all ascertainable protein-protein interactions, or interactome, we first demonstrated that the great majority of diseases are characterized by discrete subnetworks, or disease modules, within the interactome. In recent work, we showed that genetic variants associated with disease, both germline and somatic, are significantly enriched in sequences encoding protein-protein interaction interfaces compared to variants not associated with disease. These observations lent support for our work on exploring the network basis for different manifestations of the same disease (individualized disease phenotypes) within a cohort of patients with that disease. We developed the concept of individualized interactomes, or unique ‘reticulotypes,’ that reflect differential gene (and protein) expression for a given disease. For example, we used myectomy specimens from hypertrophic cardiomyopathy patients and found that the reticulotypes were quite variable in complexity and enriched for several different endophenotypes. Select endophenotypes were associated with distinct cardiac phenotypes (such as principally fibrotic), and also suggested unique drug targets that could be used for precision therapeutics.

Thus, patient-specific reticulotypes may serve as the basis for characterizing the pathobiology of a disease phenotype in an individual patient, for identifying specific pathway or protein targets for drug development, for constructing unique biomarkers for disease prognosis, and for repurposing approved drugs whose targets may be proximal to the disease sub-network of interest. In these ways, network medicine offers a novel path toward (re)defining and treating human disease in the modern era, and facilitates the trajectory of true precision medicine.
SESSION SPINE 20

SPINE 20, A G20 ADV CACY GROUP FOR THE PREVENTION AND CARE OF THE GLOBAL BURDEN OF SPINAL DISEASES

A study done about the Global Burden of Disease, published on The Lancet 2018, demonstrate that Low Back pain and Neck pain are ranking no 5 after Ischemic heart disease, Cerebrovascular disease, Diabetes and Tuberculosis. Back illness can lead to invalidating pain, inability and subsequently job loss. Spine 20 is an advocacy Group founded in the 2019 by Eurospine, North American Spine Society, Saudi Spine Society and German Spine Society in an effort to improve spine care on a Global level trough recommending policies, in the G20 countries and beyond, that help them alleviate the burden of Spine disease through improving spine care and treatment trough policies and support from governments. Today, more than 25 leading society for the study and care of spine illness in the five continents are contributing to organize a Spine 20 meeting that every year provide up-to-date recommendations for the Sherpas, Health ministers and Governments of the G20 regarding the best value-based spine care based on best available evidence while controlling the help care cost.

PROGRAM

THURSDAY, JUNE 16

SESSION SPINE 20
FACULTY OF LAW
aula calasso
3:15 PM – 4:30 PM

CHAIRS
Giuseppe Costanzo
Past president, Italian Spine Society SICV&GIS

Edward Dohring
President of North American Spine Society/ Clinical Professor, Arizona College of Medicine, USA

SPEAKERS
Sami Aleissa
Associate Professor, King Abdulaziz Medical City, Riyadh, Saudi Arabia

Thomas Blattert
Professor and Medical Director, Orthopaedische Fachklinik Schwarzach, Germany

Margareta Nordin
Professor at Grossman School of Medicine, New York University, USA

Koji Tamai
Lecturer, Osaka Metropolitan University, Osaka, Japan

Edward Dohring
President of North American Spine Society/ Clinical Professor, Arizona College of Medicine, USA
PROGRAM

FRIDAY, JUNE 17
Personalized health has been a top priority of both research and clinical and public health practice for many years now. Important advances in technology, data science, data availability, and interventions have fueled hopes for a major transformation of medicine and public health for both prevention and therapeutic applications.

The keynote will examine the current state of the evidence on personalized health; the challenges in moving from traditional prediction to efficient personalized prediction; the ethical questions and opportunities that arise with the advent of these new approaches; and issues surrounding the transparency and reproducibility of personalized health, including data and code sharing, conflicts of interest, protocol registration, and the wider meaning of replication when the target sample size is n=1.
One of the main achievements that arose from the global response to the COVID-19 pandemic is the rapid development of COVID-19 vaccines. This success is the result of years of research efforts specifically focused on novel vaccine strategies and technologies. At the same time, the above achievement may represent the keystones to consolidate new technologies and address novel strategies to develop new effective vaccines, to accelerate the timeline of their development and to give new insights into the still unresolved issue of identification of accurate correlates of protection. During this Session experts working in different Institutions will meet to discuss challenges and strategies in vaccine research and development after two years of COVID pandemic looking at the vaccine issues from several different points of view including the public health perspectives. Among the issues that will be covered there are the new opportunities in vaccine development against new and old “enemies”.

**SESSION A**

**VACCINE DEVELOPMENT AND POLICIES: CHALLENGES AND STRATEGIES**

VACCINOLOGY IN THE POST-COVID-19 ERA

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**CHAIRS**

Guido Antonelli  
Full Professor of Microbiology and Virology, Sapienza University of Rome, Italy

Maria Rosaria Capobianchi  
Scientific Advisor, Department of Infectious Tropical Diseases and Microbiology, Sacro Cuore Don Calabria Hospital IRCCS, Verona, Italy

**SPEAKERS**

Andrea Carfi  
Head of Research for Infectious Disease, Moderna, Cambridge, USA

Stefania Di Marco  
Scientific Director and Qualified Person, Advent S.r.l., Pomezia, Italy

Jeffrey V. Lazarus  
Head of the Health systems team, ISGlobal, and Associate Professor, Faculty of Medicine, University of Barcelona, Spain

Rino Rappuoli  
Global Head R&D Vaccines, GSK
Methodological innovation, together with the continuous updating of the contents, is crucial for the progress of biomedical education. Moreover, it helps increasing the adequacy of the preparation of health professionals, to face the future challenges of the Health Systems of individual countries. The Covid 19 pandemic has further demonstrated how every health problem is or can become a global health problem. It has also shown how rapid the response can be in terms of behavioral, technological, and scientific adaptation. This response, however, would not have been effective if it had not been conveyed by well-trained professionals. In this session, qualified speakers with real experience in the field will discuss the current problems of medical and nursing training also in terms of possible innovations both related to organizational models and the use of methodologies, even technologically advanced ones. Finally, the problematic of inclusion in the curricula of issues relevant to global health will be addressed.
The last two years have been predominantly characterized by the unprecedented planetary wave of COVID-19 which has caused millions of hospitalizations and deaths and a dramatic impact on healthcare systems and on lifestyle habits of the population. The major direct consequences of the disease developed after SARS-COV 2 infections have been identified in cardiovascular and respiratory acute and chronic manifestations. The presentations of this session will reflect these aspects highlighting the pathophysiological, clinical and therapeutic implications of COVID-19. In addition, the consequences of the burden of cardiovascular and respiratory injuries on the long-term sequelae of COVID-19 will be discussed, focusing on the new mechanisms discovered, the need for a tight follow up program of patients from both diagnostic and therapeutic point of views and the urgent reorganization of healthcare systems (including a broader use of Telemedicine). This is highly necessary to afford the huge number of missed clinical activities indirectly linked to the pandemic, a necessary reassessment of the central role of prevention in cardio-respiratory illnesses and the development of programs to prevent or limit a wave of cardiovascular events that might be the unavoidable consequence of reduced surveillance.

**SESSION C**

**METABOLIC SYNDROME AND CHRONIC DISEASES**

**CARDIOVASCULAR HEALTH SURVEILLANCE IN THE POST-COVID-19 ERA**

**CHAIRS**

Massimo Volpe  
Full Professor of Cardiology, Sapienza University of Rome, Italy

Axel Radlach Pries  
President World Health Summit and Dean of the Charité, Berlin, Germany

**SPEAKERS**

Chiara Buccarelli-Ducci  
Associate Professor of Cardiology, King’s College London, UK

Gianluca Condorelli  
Full Professor of Cardiology and Head, Department of Cardiovascular Medicine, Humanitas Research Hospital, Milan, Italy

Xavier Jeunemaitre  
Dean, Faculty of Health, Université Paris Cité, France

Carlos Robalo Cordeiro  
Dean, Coimbra Medical School, Portugal
The application of robotics in medicine is growing impetuously and its applications in various fields of health can no longer be considered the future. Its integration with advanced automation, augmented and virtual reality up to artificial intelligence systems represent the next challenge in areas such as general and specialist surgery, prosthetic limb replacement and the automation and standardization of laboratory procedures only to cite a few examples. In this session, qualified speakers with real experience in the field will discuss the state of the art of robotic application in some specific fields along with the possible next technological development of interest.

**SESSION D**

**NEW TECHNOLOGIES AND PERSONALIZED THERAPIES**

**ROBOTIC APPLICATIONS IN MEDICINE**

**CHAIRS**
- Hélène Boisjoly
  - Past Dean, Faculty of Medicine, University of Montreal, Canada
- Maria Chiara Carrozza
  - President of the National Research Council (CNR) and Full Professor at the BioRobotics Institute, Scuola Superiore Sant’Anna, Pisa, Italy

**SPEAKERS**
- Max Ortiz Catalan
  - Director of the Center for Bionics and Pain Research, and Professor of Bionics at Chalmers University of Technology, Sweden
- Muhammad Zaman
  - Professor Biomedical Engineering and Global Health, Howard Hughes Medical Institute, Boston University, USA
- Antonio Carbone
  - Full Professor of Urology, Sapienza University of Rome
Neglected diseases (NDs) are a diverse group of infectious diseases that are mainly prevalent in tropical areas, where they affect more than one billion people mostly from impoverished communities, with the highest burden on women and children. Malaria is not considered a Neglected Tropical Disease but disproportionately affects the same communities.

Vaccine development and implementation of immunization programs are envisaged as important strategies for prevention and control of malaria and NDs. This symposium focuses on challenges and perspectives in the long path towards development of vaccines against NDs, with particular reference to the need of international mobilization and the direct experience of scientists involved in the development of vaccines against Plasmodium parasites and arboviruses.
SESSION B
HEALTHCARE SYSTEMS
IMPLICATIONS OF CLIMATE CHANGES ON HEALTH

Climate change is affecting world health. This session is meant to share recent evidence of the adverse impacts of climate change on health and the opportunities for turning to a healthy, greener society. Climate change is proved to have direct and indirect health effects. Adaptation is essential to reduce not preventable impacts of climate change, whereas mitigation actions to cut emissions are imperative to reduce health risks. The importance of systems and capacity to understand (monitor and quantify health impacts of climate change) has emerged. The Lancet Countdown in Europe will monitor progress on health and climate change in Europe, while the InterAcademy Partnership (IAP) is currently conducting an inter-regional project, focusing on Mediterranean region issues, as food security, forced displacement, and water shortages. Scientists are working to respond to the need for identifying the variables that contribute to food security under climate change and to highlight pattern and relationships between themselves. The effects of the restrictions imposed during the COVID-19 pandemic can positively act as a catalyst for global commitment to a healthier and greener model of global growth.

CHAIRS
Bruno Botta
Full Professor of Chemistry and Deputy Provost for International Affairs, Sapienza University of Rome, Italy

Volker ter Meulen
IAP Past President, Co-Chair of the IAP-Project: Climate Change and Health and University of Wuerzburg, Germany

SPEAKERS
Chang-Chuan Chan
Distinguished Professor, College of Public Health, National Taiwan University

Maria Nilsson
Professor of Public Health - orientation climate change and health, Umeå University, Sweden

Robin Fears
Science Policy Consultant

Amirhossein Takian
Professor and Vice Dean, School of Public Health, Tehran University of Medical Sciences, Iran

Sir Andy Haines
Professor of Environmental Change and Public Health, Centre on Climate Change and Planetary Health, London School of Hygiene and Tropical Medicine, UK
The need for health promotion approaches that reach out to communities to empower the vulnerable and increase levels of health literacy, has been highlighted during the COVID-19 pandemic. Analysing risks, reducing risks and ensuring risk containment approaches is an undertaking for the whole of society and for all governance bodies. Future health actions and policies require a One Health approach, which includes lifestyles and health promotion. This Session will cover some important initiatives in Lifestyles and Health Promotion. WHO, for example, has recently called for a strong focus on health promotion based on the concept of "wellbeing societies". Global public-private partnership programmes such as Cities Changing Diabetes also have an important role in promoting local interventions to address the social and cultural factors that can increase diabetes risk. However, behaviour changes are notoriously hard to achieve, and health and nutrition professionals are not routinely trained in the skills needed to support such change. To fill this gap, FAO developed the Education for Effective Nutrition in Action (ENACT) undergraduate course to build capacities in Food and Nutrition Education.
SESSION D
NEW TECHNOLOGIES AND PERSONALIZED THERAPIES
PRECISION ONCOLOGY

The diffusion of NGS tests for comprehensive genomic profiling, the development of new drugs matching specific genetic alterations and the recent “agnostic approval” processes of anti-cancer agents represent an important innovation favoring the development of Precision Oncology. The new “mutational model” integrates the traditional approach to cancer therapy based on “histology model” and “agnostic model”. These technological advances must be accompanied by new organizational and management processes, i.e., molecular tumor boards in the decisional pathway. Precision oncology cannot and mustn't be reduced to the mere identification of a molecular target to associate a drug. It must be based on the collection of as much information as possible, integrating genomic with transcriptomic, epigenetic, lipidomic and metabolic, to mention just a few. The evolving clinical scenario makes current information handling systems insufficient. It will be necessary to set up platforms capable of integrating the ever increasing biological information with clinical ones (i.e., data warehouse). This session will explore the opportunities and the difficulties of such a complex and revolutionary approach, to transform informations into knowledge and clinical wisdom.

CHAIRS
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Professor of Medicine, National University of Singapore and Chief Executive of the National University Health System, Singapore

SPEAKERS
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Senior Professor, Charité University Hospital Berlin, Germany

Maria Elena Guadagno
Business and Technology Transfer Director, BSP Pharmaceuticals
Investing in health systems is critical to sustaining and maintaining improvements in global health. Yet, while strong cases for investment are frequently made in specific disease areas, the case for health systems financing is more challenging. This keynote will examine how evidence can be generated and used to inform investment in health systems. The talk will address the limitations of current approaches and explore alternatives, based on country experiences.

Disease specific programmes such as those to improve HIV or tuberculosis (TB), may struggle to achieve full roll-out of essential services, if those services are not supported by appropriate human resources or supply systems. The speaker will first discuss how these programmes have explored the impact of wider health system constraints, and defined the investment required to remove them.

Many countries are also critically reviewing their health care priorities, and service packages, in order to achieve Universal Health Coverage (UHC) goals. These review processes often fail to include comprehensive assessments of health system requirements of new essential service packages, and understand the systemic drivers of service improvement. The Exemplars project in Primary Health Care provides an example of how evidence on these systemic drivers of service improvement can be identified. The speaker will present evidence from Exemplars project and conclude by reflecting on how such analyses can be improved to inform UHC policy.
PROGRAM DIGITAL TRACK

WEDNESDAY, JUNE 15
THURSDAY, JUNE 16
FRIDAY, JUNE 17
The COVID-19 pandemic has challenged governments worldwide and required an unprecedented strong response from health systems. Italy was the first country to experience a widespread epidemic in the western hemisphere and was also the first country outside of Asia to impose a generalized lockdown allowing its citizens to leave their homes only in selected circumstances, with subsequent reopening decisions based on the epidemiological situation, the level of pressure on hospitals and the trend of the vaccination campaign. In this session, using also an international perspective, Italian academics, experts of government agencies and professionals of the Ministry of Health will discuss the public health approach to COVID-19 pandemic in Italy, the response of the Health Care System, the surveillance systems and the vaccination campaign, the strategies of institutional communication and the role of the pharmaceutical industries. Possible future scenarios, in terms of both society and health care, to guarantee a “new normal” of living with COVID-19 will be discussed.

DIGITAL TRACK

NEW FRONTIERS IN HEALTHCARE PROMOTION

A LOOK INTO THE FUTURE OF THE COVID-19 PANDEMIC: THE EXPERIENCE OF ITALY

The COVID-19 pandemic has challenged governments worldwide and required an unprecedented strong response from health systems. Italy was the first country to experience a widespread epidemic in the western hemisphere and was also the first country outside of Asia to impose a generalized lockdown allowing its citizens to leave their homes only in selected circumstances, with subsequent reopening decisions based on the epidemiological situation, the level of pressure on hospitals and the trend of the vaccination campaign. In this session, using also an international perspective, Italian academics, experts of government agencies and professionals of the Ministry of Health will discuss the public health approach to COVID-19 pandemic in Italy, the response of the Health Care System, the surveillance systems and the vaccination campaign, the strategies of institutional communication and the role of the pharmaceutical industries. Possible future scenarios, in terms of both society and health care, to guarantee a “new normal” of living with COVID-19 will be discussed.
The first two decades of the 21st century have seen a fast development of the healthcare sector digitalization. What emerged from the coronavirus pandemic was a European Health Union vision. Concurrently, there is an increased awareness of the danger of potential cyberattacks directed at medical facilities and the importance of protecting critical infrastructures and health data. Additionally, digitalization may have unforeseen impacts on public health, affecting health inequalities and putting patients at risk of harm through technological exploitation. In this session the speakers will highlight the benefits of using and storing the health data, within a common framework to promote a better-functioning health system. This is why the European Health Data Space initiative was recently launched, i.e. to have health data organized in such a way to become accessible, easily and safely shared. Further, the significant increase of cyberattacks directed against critical infrastructure, most notably in healthcare, should mobilize political will and resources at an international level to take concrete action. To tackle this growing concern, the CyberPeace Institute is engaging various stakeholders to increase the resilience of the sector and accountability for malicious cyber acts.
Changes in climate constitute a reality which has observable effects on respiratory health. Extreme climate events, forest fires, dust storms, increased level of circulating aeroallergens as well as poor air quality represent a massive threat to respiratory health. Respiratory health issues are exacerbated by the climate crisis which is putting vulnerable people at most risk and is set to further worsen inequality in our society. Protecting respiratory health is becoming an urgent public health and sustainability priority and it goes far beyond air pollution. A call for action is, therefore, needed not only to treat the symptoms of the crisis through products, but also when addressing the root causes. Governments, regulators, the scientific community and patients along with the biopharmaceutical industry can and should focus efforts on increasing awareness while triggering urgent action on climate change.
This session will focus on the critical role of nutrition in the Global Health agenda. Nutrition is a cornerstone of improving health outcomes globally. Addressing malnutrition in all its forms is foundational to making progress toward achievement of the 2030 UN Sustainable Development Goals. Building capacity to prevent malnutrition and identify it early is a priority. This session will examine emerging data in the intersection between malnutrition and the COVID pandemic response and recovery, from acute care to the community setting. It will also focus on implementation data for innovative tools and evidence-based approaches that expedite accurate, early identification of malnutrition across the continuum of care.
For decades scientists have studied the causes of disease; the interplay between genes, molecular drivers and the environment. Precision medicines – targeting the right medicine to the right patient at the right time – have revolutionised the treatment of some cancers and rare genetic diseases, yet precision medicines for chronic diseases are far less common. The challenge we face is that chronic diseases are biologically complex and driven by multiple mechanisms. They are heterogenous with an array of different symptoms and co-morbidities. Today, diagnosis relies on clinical symptoms and standard body fluid biomarkers, with tests often limited, imprecise and late in disease progression. To improve patient outcomes, we must move beyond the current standard of care in which many patients are treated the same and towards the possibility of targeting treatments to specific and earlier disease states.

Hear from industry, biotech, EFPIA and clinical experts on the potential for precision medicines to transform care in complex chronic diseases and what initiatives could be implemented across regulatory, financing and clinical pathways to embed these into daily care for people with chronic diseases.
Antimicrobial resistance is a problem involving medicine, clinical microbiology but also molecular biology and bioinformatics. The complexity and scale of AMR needs implementation of research, including molecular tracing of AMR genetic determinants and description of the dynamic spread of resistance genes among bacteria. Phylogenetic analysis of bacterial genomes, combined with epidemiological data clarified the circulation and spread of specific clinically relevant genetic determinants such as those conferring resistance to carbapenems and new generation antibiotics. The description of the molecular properties of resistant bacteria, focusing in details on Enterobacterales spreading within hospitals, will help to understand and describe the evolutive trajectories of resistant bacteria. This aspects have great clinical implication, especially when the management of gram-negative bacteria infections is considered. In this respect, for each carbapenem resistant Gram-negative pathogen, it is important to know the details of the recommendations provided in the guidelines, and explore the evidence behind these recommendations. Finally, methodological limitations of studies evaluating combination vs monotherapy are discussed, as well as gaps between clinical and pre-clinical data on combination therapy effectiveness.
The Young Physician Leaders programme was launched in 2011 by the International Academy Partnership (IAP) in conjunction with the World Health Summit and the M8 Alliance of Academic Health Centres and Medical Universities. Since then it has trained physicians under the age of 40, equipping them with the leadership skills they will require to navigate their professional future. To date, the YPL network of alumni includes more than 200 leading young medical professionals who were nominated by their national academies. This year’s cohort includes 20+ physicians with different professional backgrounds in 20+ different countries.

Immediately prior to this Regional WHS, members of the cohort were convened to reflect on the challenges faced when leading inprofessional situations and the very nature of what it takes to be an effective leader in the world of today.

The cohort has been mentored by some of the great minds at ESMT Berlin and IAP but perhaps most uniquely they had the chance to share and learn from each other’s experiences.

During this session, a subset of the cohort will convey some of the insights they have gathered over the last couple of days, presenting leadership challenges that are relatable and must be addressed.

There will be a designated time for contributions from the audience during which we encourage you to participate.
The challenges of our present growingly compel us to rethink and reassess the value of religious pluralism and its impact on everyday life. Globalization affects cultures and traditional approaches to a variety of issues all over the world, touching every field of knowledge and practice. Care and healing are relevant aspects of life that religious behaviours and thoughts have been influencing throughout the entire history of humankind. Western medicine has developed and improved its efficacy thanks also to the interaction with theories, knowledge and practices belonging to other medical traditions. Healthcare, however – regardless of whether it is modern or traditional, mainstream, or alternative – is strictly connected to the idea of the body and its management, which are peculiar to specific cultures and religions. Such entanglements between local and global forces imply the necessity of considering interreligious dialectics and religious pluralism also in the framework of global health. This panel will deal with a selection of topics related to this issue, drawing inspiration from the experiences and consequences of the recent Covid-19 pandemic, but also highlighting the relevance of specific scenarios and case studies.
To access Sapienza University of Rome, participants and speakers are required to complete the COVID-19 self-certification on health status. The self-certification is used to indicate during access in Sapienza that you know the procedures for COVID-19, have no symptoms attributable to COVID-19, and are not on isolation for COVID-19. Participants and speakers are required to pick up their badges at the registration desk. Badges should be worn at all times and are required to enter all session and food&beverage areas.

www.regionalmeetingwhs2022.com/covid-19-information/

The capacity of session rooms and the venues as a whole is limited. The organizers reserve the right to refuse access to the venue or to session rooms if the maximum capacity has been reached. We follow the “first come–first served” principle throughout the conference and in all sessions.

Food and beverage distribution during break times follows the COVID-19 hygiene guidelines. Please note: to access the food&beverage area badges must be showed. Catering areas: Terrace Rectorate | Faculty of Humanities.

You are kindly invited to take part digitally: the whole Program of the World Health Summit Regional Meeting is available online with Q&A opportunities for participants. All entry links for the sessions can be found registering here:

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At present, it is not required to show the EU Digital Covid-19 Certificate (OR non-EU equivalent) to access Sapienza University of Rome. For information about travel to Italy from EU and non-EU countries, we suggest you visit the Government website.

We invite you to check from time to time the Regional Meeting website because Government guidelines and therefore the procedures to access Sapienza campus can be subject to changes.

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Ambulance 118
Fire 115
Police 112

The program is subject to changes due to unforeseen circumstances. Please check the online program on our website for regular updates.

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The registration desk is opening during the following times:

Wednesday, June 15
2.30 PM – 5.30 PM

Thursday, June 16
7.45 AM – 4.00 PM

Friday, 17 June
8.30 AM – 5.00 PM
What’s the weather like in Rome in June?
In the middle of June, the weather in Rome is beautiful and mild. The average temperature is 24°C, it rarely falls below 20°C or goes above 28°C, in the central hours of the day. The days are long and sunny, which gives you more time to explore the city and take in all of the fantastic sights and historical buildings that Rome is known for. Rome is the capital of Italy and sits in the central-western region. It incorporates Vatican City, which is known as the smallest state in the world.

GETTING AROUND ROME

The best way to get around Rome is on foot. Many of the most famous attractions are clustered in traffic-free zones.

A non-stop express train (Leonardo Express) takes you from the Leonardo da Vinci-Fiumicino Airport (FCO) to Rome Termini railway station in 32 minutes; the one-way ticket costs 14 euros. Buses are also available.

Metro: in Rome there are three metro lines. You will find stations scattered throughout the city marked by signs with a big red “M” on them.

You can buy tickets (one-way) for 1.50 euros at the metro stations and convenience stores throughout the city. Alternatively, if you plan to rely on public transportation for most of your trip to Rome, you might want to purchase a 24-hour card for 7 euros; a 48-hour card for 12.50 euros; or a 72-hour card for 18 euros. If you purchased a Roma Pass, your public transportation fares are covered by the pass.

WHAT TO EAT IN ROME

Rome is full of restaurants, from trattorias that cook up family recipes spanning generations to fusion restaurants that plate up the latest culinary trend. Don’t miss out on Roman specialties – such as artichokes, which are so beloved they have a protected status from the European Union. Try them at the Jewish district “Ghetto”. Cacio e Pepe is a simple pasta dish flavored with Pecorino Romano cheese and black pepper, and it originated in Rome. If you add smoked pork jowl and egg, you get another Roman pasta dish, carbonara. Any Roman will agree, the best way to whet your appetite before sinking your teeth into a pizza is with fritti: deep-fried goodies that are tasty, comforting and oh-so-satisfying. A classic choice is the supplì, a fried rice-ball mixed with ragù and mozzarella and cooked to perfection.

Coffee is an art in Rome, and to enjoy one of the best espresso drinks, try out the Caffe Sant’Eustachio, established in 1938, or the Antigua Tazza d’Oro near the Pantheon.

Register Desk

The registration desk is opening during the following times:

- Wednesday, June 15: 1.00 PM – 5.00 PM
- Thursday, June 16: 7.45 AM – 4.00 PM
- Friday, June 17: 8.30 AM – 5.00 PM

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# WORLD HEALTH SUMMIT REGIONAL MEETING LEADERSHIP

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<td>2022</td>
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<td></td>
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ABx: Antibiotics.
LOS: Length of stay.
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ASCOTANDO IL CUORE CONTINUIAMO A COSTRUIRE LA STRADA.

Le emozioni e i sentimenti che muovono ogni essere umano risuonano dentro di noi, da oltre 120 anni. Il cammino di ricerca e sperimentazione, che ci ha portato ad alcune delle più importanti scoperte della medicina moderna, è sempre più illuminato da una condivisione ampia e aperta delle conoscenze. E indirizzato verso un obiettivo ambizioso: raddoppiare la disponibilità dei trattamenti per molte malattie, dimezzando i costi per i pazienti e per la società. Includendo opinioni e esperienze diverse, ampliamo il nostro potenziale di competenze, per trovare risposte individuali, verso percorsi terapeutici sempre più personalizzati. Perché sono le persone a ispirare il nostro impegno quotidiano. Ed è il loro diritto che condividiamo. a guidarci verso nuovi orizzonti.
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