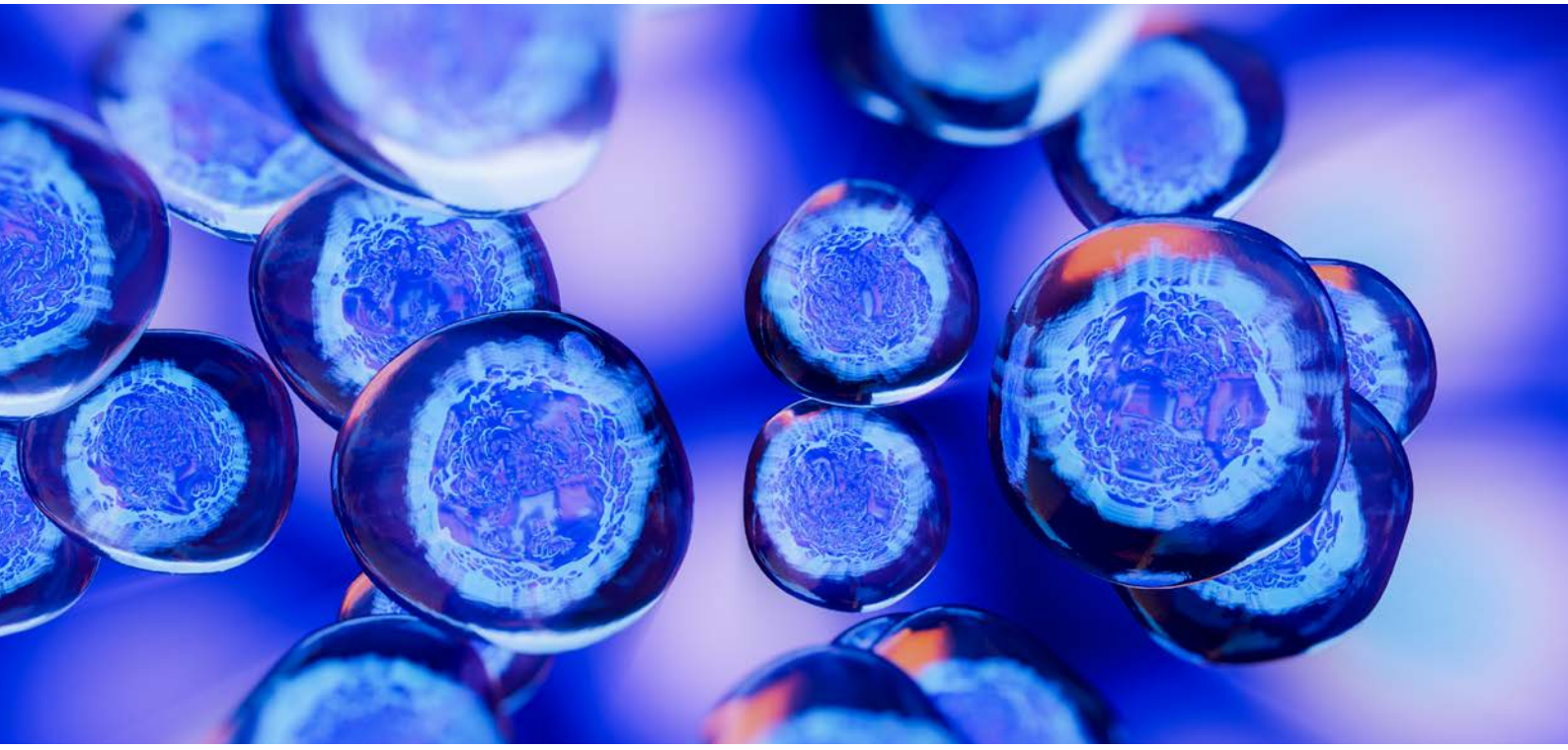
SWISS MEDICAL
NETWORK

SCIENTIFIC REPORT 2025
SWISS MEDICAL NETWORK



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1. FOREWORD

SCIENCE AND INNOVATION: EMBEDDING INNOVATION AT THE HEART OF CLINICAL PRACTICE

Swiss Medical Network pursued its research activities in 2025 with a strong sense of continuity, consolidating and expanding its existing scientific programs in oncology, imaging, minimally invasive interventions and data-driven care. At the same time, the year marked a decisive step change with the creation of the new Unit of Clinical and Translational Research at the Genolier Campus and the implementation of a strategic collaboration with Mayo Clinic Care Network (MCCN) in the domains of Executive Health & Check-up, Ophthalmology, Oncology and Research, opening new avenues for joint projects, exchanges of expertise and benchmarking against international best practices.

Anchored at the Genolier Campus, the Unit of Clinical and Translational Research is designed as a central interface between laboratory discoveries, clinical practice and external collaborators. In parallel, the Mayo Clinic Care Network collaboration provides access to complementary know-how, reinforcing Swiss Medical Network's capacity to design, conduct and implement high-impact clinical and translational studies across its twenty-one sites.

These developments allowed Swiss Medical Network to increasingly embed external innovation into its own research roadmap, while maintaining high ethical and quality standards via the Genolier Innovation Network framework.

In parallel, the Science and Innovation platform increasingly explored collaborations that facilitate secure use of clinical, imaging, and molecular data for research – particularly in oncology and chronic disease management – while adhering to evolving Swiss frameworks for responsible data processing.

The convergence of clinical expertise, advanced sequencing and biomarker technologies, and federated or privacy-preserving data approaches is expected to further enhance Swiss Medical Network's ability to design complex, multicenter studies and accelerate the translation of innovation «from bench to bedside» across the network in the coming years.

In 2025, Swiss Medical Network further leveraged this platform to deepen collaboration across its clinics and centers of excellence, positioning the group more visibly within Switzerland's «Health Valley» ecosystem. The Genolier Innovation Hub, now in its first full year of operation, acted as a physical and intellectual nexus for interactions between clinicians, academic partners, start-ups, and industry players in MedTech, digital health, pharmacology, and biosciences.

Dr. Jacques Bernier
Chief Science Officer
Swiss Medical Network

2. KEY MESSAGES AND FIGURES

The year 2025 continued to emphasize innovation, collaboration, and impact across numerous domains of research.

The following key messages summarize the main pillars of Science and Innovation.

INNOVATION

Science and Innovation serves as a catalyst to move new solutions rapidly into clinical use, with a clear emphasis on personalized and precision medicine. In this context, the critical role of the Genolier Innovation Hub is to ensure that innovation is effectively translated into real-world clinical impact – aligning research, implementation, and adoption across the care pathway. Priority is given to integrating advanced diagnostics, personalized therapies, and AI-supported decision tools directly into everyday practice.

COLLABORATIONS

Research programs are amplified through strategic collaborations with leading academic and clinical institutions (Mayo Clinic Care Network, EPFL, ETHZ, SAKK, EORTC, IEO-Milan and others). These collaborations enable joint trials, shared platforms, and access to high-level expertise in oncology, engineering, and data science.

RESEARCH PROGRAMS

Swiss Medical Network conducts translational, clinical, and technology-driven research across key specialties, with oncology as a major focus. Outcome-based projects and real-world evidence initiatives underpin value-based medicine and support integrated care pathways across the Network.

STRUCTURES

Bench-to-bedside ecosystems are strengthened at Swiss Medical Network sites through dedicated research units and the rapid rollout of innovative protocols. Centralized and harmonized databases provide the backbone for data-driven insights, enabling advanced analytics and precision approaches.

OPERATIONAL ASPECTS

Swiss Medical Network actively participates in regulated clinical trials and expands into digital health, genomics, and data science–driven projects. Anticipation of researchers' needs, innovation-focused events, and targeted training programs ensure that teams are equipped to deliver high-quality, innovation-oriented research.

SCIENCE AND INNOVATION: KEY FIGURES

16

Clinics with active research programs

21

Research programs

5

Main research areas:

Oncology
Ophthalmology
Orthopedic Surgery
Surgery
Translational and clinical research

121

Authored/co-authored publications

83

Impact Factor 2-10

13

Impact Factor 11-50

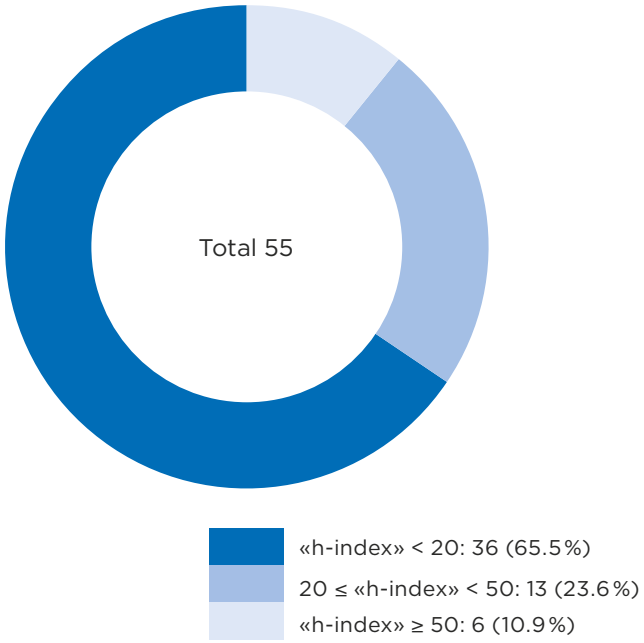
5

Impact factor >50

SCIENCE AND INNOVATION: «H-INDEX»

The «h-index» is an additional metric used to measure both the productivity and citation impact of a scholar's publications. It is calculated based on the number of an author's published papers and the number of citations those papers have received, as indexed in the Scopus database, which is a large abstract and citation database covering peer-reviewed literature. The following figure shows the «h-index» of the 55 researchers active within Swiss Medical Network.

Distribution of authors by «h-index» category



We can observe that 23.60% of these 55 researchers have an «h-index» between 20 and 50, a threshold that indicates a significant scientific contribution and consistent recognition in the academic community. Additionally, 10.9% of these researchers achieved an «h-index» equal to or exceeding 50, placing them among the most prominent contributors in their respective fields, at the international level.

These numbers highlight the outstanding scientific caliber of Swiss Medical Networks' research teams. The high concentration of researchers with elevated h-indices reflects the institution's strong emphasis on impactful research, innovation, and leadership in medical science. This distribution underscores Swiss Medical Network's role as a reference pole for advancing knowledge and improving healthcare outcomes through cutting-edge studies and collaborations.

3. ALIGNING RESEARCH WITH REAL-WORLD IMPACT

Biomedical research advances through the rigorous and systematic observation of pre-clinical and clinical outcomes, applying methodologies that extend from the laboratory to real-world patient care. Within Swiss Medical Network, strategic choices are shaped by the dual realities of increasing economic pressures on healthcare systems and the growing opportunities presented by reforms toward value-based care. In 2025, this requires both producing robust, high-quality evidence and ensuring that every research initiative has a clear route to improving outcomes, operational efficiency, or patient experience.

In such a context, Swiss Medical Network must make carefully targeted decisions to maximize impact. The strategizing of research is not limited to scientific advances alone, but also encompasses organizational and regulatory frameworks, patient-centered priorities, and the imperative of sustainability. By combining academic rigor with pragmatic innovation, and by leveraging scientific platforms such as the Genolier Innovation Hub, Swiss Medical Network ensures that its programs remain aligned with the evolving needs of patients, professionals, and healthcare systems.

The five strategic directions reaffirmed for 2025 are:

1. **Use of robust, evidence-based preclinical and clinical models** to validate research outcomes, strengthen reproducibility, and support regulatory acceptance.
2. **Adoption and integration of innovative medical technologies** to enhance treatment strategies, including minimally invasive procedures, digital tools, and advanced diagnostics.
3. **Development of efficient, clinically relevant educational and training tools** for medical teams, ensuring that new knowledge and protocols are rapidly translated into daily practice.
4. **Focus on patient-centered regulatory compliance** to ensure safety, ethical integrity, and transparency, while facilitating responsible access to innovative therapies.
5. **Active involvement of patients in translational studies**, reinforcing engagement, shared decision-making, and the collection of meaningful patient-reported outcomes.

These strategic axes are designed to accelerate the effective transfer of innovations from discovery into clinical practice, particularly in the areas of new drug development, precision oncology, and integrated care models for complex and chronic diseases.

4. RESEARCH

RESEARCH STRATEGY

Science and Innovation at Swiss Medical Network spans the entire continuum of care, from prevention and early diagnosis to treatment and long-term follow-up. Consolidated under the dedicated «Science and Innovation» platform, research activities are structured around four main pillars: a) the development of clinical and translational research programs; b) strategic partnerships with academic and research institutions in Switzerland and abroad; c) targeted fundraising; and d) advanced education and training. This framework, underpinned by systematic evidence generation and real-world data, supports the transition toward value-based, outcomes-focused medicine while ensuring that diagnostic and therapeutic approaches remain both innovative and safe.

Last year, Swiss Medical Network has further structured its clinical and translational research capabilities. Under the leadership of Prof. Lana E. Kandalaft, Chief of Clinical and Translational Research, a dedicated center with a Phase I trial unit is being developed at the Genolier Campus to accelerate the safe transfer of innovations from laboratory to bedside. The Translational Research Unit now coordinates an oncology-focused clinical trials platform across the Swiss Medical Network, a sponsor office that helps physicians transform ideas into investigator-initiated studies, and a personalized cancer vaccination program at Clinique de Genolier, complementing standard therapies with innovative immunopreventive and immunotherapeutic strategies.

Today, Swiss Medical Network conducts numerous scientific programs along several priority axes, with a particular focus on orthopedics, oncology and ophthalmology, while also expanding into additional disciplines through its hospital network and the Genolier Campus ecosystem. These activities are embedded in a dense network of collaborations with leading partners such as CHUV, HUG, ETH Zürich, the Swiss Cancer Clinical Research Group (SAKK), the European Institute of Oncology and the European Organization for Research and Treatment of Cancer (EORTC), and are further reinforced by membership in the Mayo Clinic Care Network, which promotes networked medicine and international knowledge sharing.

All research is designed and conducted in strict compliance with applicable national and international regulations and directives, including Good Clinical Practice (GCP), Good Manufacturing Practice (GMP), quality assurance processes and audits, thereby ensuring methodological robustness, patient safety and regulatory reliability across the Network's scientific endeavors.

Research Targets Overview in 2025

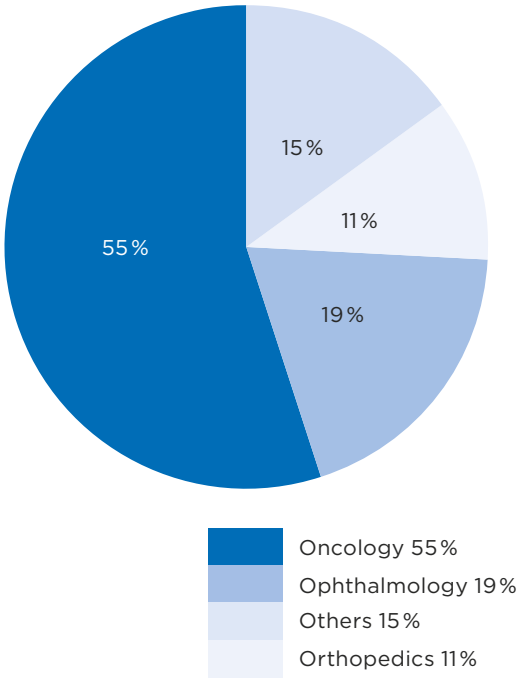
CLINICAL	TRANSLATIONAL	TECHNOLOGY-DRIVEN
– Clinical Phase II – III studies – New Techniques: Radiology, Microsurgery	– Genomic-driven Therapies – Stem Cells Technology – Regenerative Medicine	– High-Precision Radiotherapy – Theranostics – Ophthalmology (Glaucoma, Retina)

As a general policy, Science and Innovation adheres to the roadmap outlined by the Swiss Academy of Medical Sciences in their recent White Paper Action Plan for Patient-Center Clinical Research, by M. Tapernoux and C.L.A. Bassetti. Published in the *Bulletin des médecins suisses* in 2022 (Volume 103, Pages 179–180) this document presents a seven-objective action plan to advance patient-centered clinical research.

1	Create a national platform to coordinate publicly funded stakeholders in clinical research
2	Establish strong partnerships with society, citizens, and patients
3	Promote a healthcare system that systematically integrates clinical research: good care comes with – and from – good science
4	Invest in the development of innovative and dynamic clinical research approaches, designs, and technologies enabled by digital tools
5	Strengthen translational, multidisciplinary, and integrated clinical research teams
6	Ensure an environment that is attractive to clinical and health researchers and support them at all career levels
7	Increase efficiency and accelerate the delivery of clinical research by reducing the complexity of regulatory and data-related processes

The chart here below illustrates the strategic focus of Swiss Medical Network's 2025 scientific production across key specialties. As in the previous years, more than half (55%) of our publications are in oncology – encompassing cancer surgery, radiotherapy and medical oncology – confirming it as a flagship domain for Swiss Medical Network. Ophthalmology (19%) and orthopedics (11%) also account for a substantial share of the output, reflecting our ambition to consolidate these areas as centers of excellence. Together, this distribution underlines our deliberate investment in high-impact specialties that are central to our clinical mission and future development.

Distribution of 2025 Publications by Domain



RESEARCH ORGANIZATION AND STRUCTURE

Throughout 2025 the governance of research at Swiss Medical Network continued to be organized across three main committees, each with complementary roles and responsibilities (Figure on next page).

SCIENTIFIC EXECUTIVE COMMITTEE

Acts as a governing body with advisory and supervisory responsibilities, reporting directly to the Board of Directors. It provides direction and supports research across all sites of the Network.

SWISS MEDICAL NETWORK SCIENTIFIC COMMITTEE

Coordinates research policies and programs, facilitates collaboration across the Network, and fosters partnerships with external research institutions. It also oversees the creation of research units, supports fundraising efforts via the Genolier Foundation, and advises on the financing of scientific projects.

PROJECT STEERING COMMITTEE

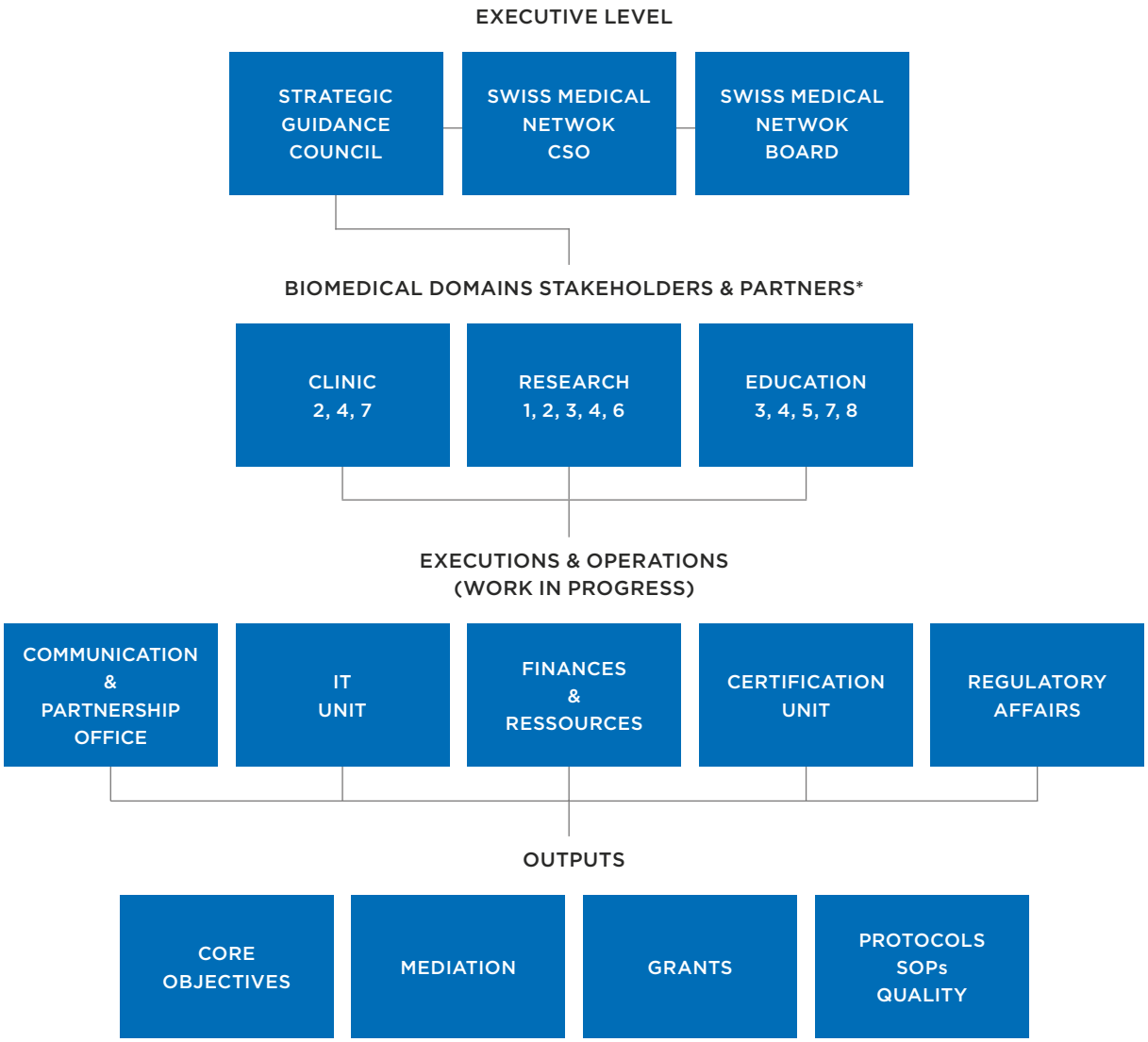
Composed of physicians from multiple specialties (oncology, orthopedics, ophthalmology, cardiology, among others), the committee enhances Swiss Medical Network's biomedical research capacity through its multidisciplinary approach. Its main objectives are to promote innovation through participatory processes, to strengthen links between Swiss Medical Network and national or international partners, and to integrate the Genolier Innovation Hub more closely with the wider Swiss Medical Network scientific platform.

All research actions within Swiss Medical Network comply with the recommendations of the Swiss Academy of Medical Sciences, as well as cantonal bioethical authorities, ensuring the highest standards of quality and ethics.

The framework, on the following page, illustrates Swiss Medical Network's evolving approach to strengthening clinical quality, operational alignment, and strategic collaboration across the organization. Developed over the past year and continuing to mature throughout the next two years, it defines how executive leadership, biomedical domains, and operational units work together with key stakeholders to support excellence in patient care, research, education, and resource stewardship.

The model is intentionally dynamic – designed to guide ongoing integration, improve processes, and ensure that the network remains agile, innovative, and consistently focused on delivering high-value healthcare – while also supporting our efforts and vocation to promote the progressive academization of our research activities.

Swiss Medical Network Health Care Framework and Stewardship: Projection



*** Strategic Stakeholders & Collaborators**

1. Clinical and Translational Research Unit
2. Science & Innovation
3. Genolier Innovation Hub
4. Mayo Clinic Care Network
5. ETHZ
6. IEO
7. IRCAD
8. Genolier Innovation Network
9. Genolier Foundation

In addition, the creation and development of a dedicated Translational and Clinical Trial Unit will further reinforce the Network's commitment to cutting-edge research, facilitating the transfer of laboratory discoveries into real-world clinical applications. This transformation will be complemented by an expansion of external partnerships, fostering collaborations with leading academic and research institutions in Switzerland and abroad. Together, these initiatives will position Swiss Medical Network as a key player in advancing innovative, patient-centered research and in accelerating the translation of scientific breakthroughs into clinical practice.

RESEARCH GOVERNANCE

EXECUTIVE COMMITTEE

(In alphabetical order)

Dr. Jacques Bernier
Chief Science Officer
Swiss Medical Network

Specialist in Radio-Oncology and Nuclear Medicine from the University of Liege in Belgium, Jacques Bernier is the Chief Science Officer of Genolier Innovation Network. From 2006 until 2019, he was Head of the Radiation Oncology Department at Clinique de Genolier and Medical Director of Centre d'Oncologie des Eaux-Vives. He is the author / co-author of more than 140 scientific publications in peer-reviewed journals and more than 200 communications in national and international meetings.

Stanley Hautdidier
Regional director
Arc lémanique

An engineer by training and holding a master's degree in management, Stanley Hautdidier began his career with the world leader in endoscopy and operative integration as sales manager for integrated operating rooms on behalf of the Belgian, Luxembourg and Swiss subsidiaries. Subsequently, he was CEO of an orthopedic company in Switzerland, in parallel with a consultant activity in the health sector.

Antoine Hubert
Member of the Board
of Directors
Swiss Medical Network

Prior to acquiring a stake in Clinique de Genolier in 2002 and founding Swiss Medical Network in 2004, Antoine Hubert was mainly active in the property and real estate industry, has set up businesses and served as a director to several companies in various industries.

Dr. Michael Montemurro
Representative member
of the medical oncologists,
Clinique de Genolier
(Swiss Multidisciplinary
Cancer Network)

Specialized in internal medicine, hematology and medical oncology, Dr. Michael Montemurro held the position of Deputy Physician at CHUV Lausanne from 2016 to 2020 and is the consultant medical oncologist at University College London Hospitals since 2021. He has a noteworthy academic and professional background. His expertise and research contributions, particularly in the field of gastrointestinal cancers and sarcomas, are internationally recognized.

SWISS MEDICAL NETWORK SCIENTIFIC COMMITTEE

(In alphabetical order)

Dr. Matti Aapro
Clinique de Genolier

Prof. Guido Garavaglia
Clinica Ars Medica

Dr. Jacques Bernier
Swiss Medical Network

Dr. Philippe Glasson
President of the
Swiss Medical Network
Scientific Committee

Dr. Daniel Christen
Privatklinik Bethanien

Prof. Oscar Matzinger
Clinique de Genolier

Dr. Christophe Cordier
Sonic Suisse

PROJECT STEERING COMMITTEE

(In alphabetical order)

Coordinators

Dr. Jacques Bernier
Chief Science Officer
Swiss Medical Network

Prof. Walter Weder
Thoracic surgery
Privatklinik Bethanien

Members

Prof. Guido Garavaglia
Orthopedic surgery
Clinica Ars Medica

Dr. Volker Kirchner
Medical oncology
Clinique de Genolier

Dr. Antoine Leimgruber
Nuclear medicine
Clinique de Genolier

Dr. Kaweh Mansouri
Ophthalmology
Swiss Visio Network

Prof. Oscar Matzinger
Chief Medical Officer
Swiss Medical Network

5. ONGOING RESEARCH DOMAINS

THE FOLLOWING SECTION COVERS THE VARIOUS ONGOING RESEARCH PROGRAMS ACROSS MEDICAL SPECIALTIES

ANESTHESIOLOGY

Dr. Eva Koetsier (Pain Center, Clinica Ars Medica, Gravesano)

The Pain Center at Clinica Ars Medica is actively engaged in advanced clinical research with an international scope, focusing on prospective multicenter randomized controlled trials as well as systematic reviews and meta-analyses. The overarching objective of these activities is to improve outcomes in chronic pain management through rigorously evaluated, minimally invasive interventions. Particular emphasis is also placed on the role of psychological factors as modifiers of treatment response in persistent pain conditions.

Current research activities primarily address chronic spinal pain syndromes that are refractory to standard conservative therapies. In parallel, the Center evaluates and refines neuromodulation strategies, including dorsal root ganglion stimulation and spinal cord stimulation, for indications such as chronic back pain, painful polyneuropathy, and, more recently, restless legs syndrome.

Research at the Center is conducted within a strongly collaborative framework. Ongoing projects involve close cooperation with specialists in neurosurgery, neuroradiology, orthopedics, anesthesiology, and neurology, ensuring a multidisciplinary approach. The Center is firmly integrated into an academic network, with established collaborations with the Institute of Clinical Neuroscience of Southern Switzerland (EOC), the Università della Svizzera Italiana, Maastricht University in collaboration with Prof. Sander van Kuijk, and SUPSI together with Prof. Marco Barbero.

It should be noted that Eva Koetsier clinical and research activity at Clinica Ars Medica commenced in June 2025 following an institutional transition. Consequently, several research projects and publications are currently in an active start-up or submission phase, after an initial period dedicated to organizational and structural implementation.

CELL THERAPIES

Dr. Gianni Soldati; Dr. Matteo Gallazzi; Tommaso Tramonte
(Swiss Stem Cell Foundation, Lugano)

SUMMARY OF SWISS STEM CELL FOUNDATION R&D ACTIVITIES IN 2025

Founded in 2006, the Swiss Stem Cell Foundation (SSCF) has established itself as a cornerstone in the field of non-profit scientific research, driven by a clear mission: to bridge the gap between laboratory discoveries and real-world medical applications. For nearly two decades, the Foundation has dedicated its efforts to applied and clinical research, striving to develop innovative methods that directly improve patient care.

The year 2025 marked a significant turning point in the Foundation's history, characterized by a major strategic reorganization aimed at strengthening this mission. This evolution was spearheaded by the appointment of a new CEO and the inclusion of a dedicated Regulatory Affairs Specialist within the core team. These key leadership changes have injected a renewed energy into the SSCF, fostering a dynamic environment focused on concrete results.

This fresh executive structure has provided the necessary impulse to further evolve the Foundation's approach to funding and grant submissions. This strategic capability had already been robustly established following the arrival of a specialized Postdoctoral researcher in 2024, whose expertise laid the groundwork for high-level scientific writing. By combining this existing strength with the new regulatory and executive vision, the Foundation is now uniquely positioned to champion translational research – ensuring that scientific breakthroughs do not remain in the lab, but are efficiently transformed into approved, safe, and effective therapies for patients.

The new Regenerative Medicine Institute of Lugano

The new SSCF Institute of Regenerative Medicine is a cutting-edge applied research center focusing primarily on stem cell-based therapies. The building is in the hospital district of Lugano and serves as a hub for the development of applied research and training in the field of stem cells, which is one of the SSCF's key activities.

The applied research laboratory within the institute aims to make it the centerpiece of a global vision in biomedicine, where researchers, doctors and engineers can develop projects in the field of stem cells.

The new institute is spread over four floors, covering a total of 3,500 square meters. The first floor houses the laboratories and clean rooms to produce regenerative medicine treatments and the new cryobank. The second level houses the SSCF's research laboratories and offices. The third level is dedicated to biotechnology start-ups, and the fourth level houses medical offices and clinics for the direct application of treatments. The facility is completed by two 50-seat meeting rooms and a 100-seat conference room with a view of the city of Lugano.

Rendering of the new Institute of Regenerative Medicine in Lugano

Grant writing: the eligibility to Swiss National Science Foundation and to Innosuisse

2025 marked a significant milestone in SSCF's grant writing endeavors. Our researchers successfully secured accreditation from the Swiss National Science Foundation (SNSF) and Innosuisse as research partners. This recognition will enable the full financial support of its project by both entities. The findings from this project will significantly enhance the foundation's research activities, facilitating the collection of data for the development of new processes and products.

Furthermore, the Helvetic Confederation has signed an agreement with the European Union, granting Swiss entities the opportunity to participate in the Horizon project proposal. Lastly, SSCF is actively engaged in discussions with private corporations to secure the provision of validation services and GMP consulting. SSCF welcomes new collaborations to finalize the submission of grant proposals. This initiative aims to enhance scientific research in the field of regenerative medicine.

Following, a list of the project presented during 2025. For each project the founding entities and the period of submission are indicated:

1. **CD38 studies (SNSF)**
   Starting Grant (January 2025), Bridge Proof of concept (March 2025).

Those projects investigate the behavior of CD38 in adipose-derived stem cells (ASCs) under varying temperatures, with the objective of comprehending how cells endure freezing and preserve their regenerative capabilities. The ultimate aim is to pinpoint the pathways that facilitate cell survival and functionality post-cryopreservation.

2. **SUST-STAM (Interreg – June 2025)**

This 30-month project aims to establish a cross-border ecosystem for stem cell-based regenerative medicine. It supports startups and involves researchers, clinicians, and businesses to foster local innovation and achieve GMP-compliant results. The project provides access to labs, bioreactors, clean rooms, shared spaces, validation support, and guidance on business models and investments. Additionally, the network promotes shared infrastructure, stable cooperation, and advanced staff training.

The project envisions a network comprising SSCF (Switzerland), SUPSI (Switzerland), EOC (Switzerland), Università degli Studi dell'Insubria (Italy), Università del Piemonte Orientale (Italy), Fondazione Istituto Insubrico di Ricerca per la Vita – FIIRV (Italy), and HETA RES SRL (Italy). Decision about financing will be made by end of 2025.

3. **Amniotic membrane studies (SNSF Bridge Proof of Concept – June 2025)**

This project seeks to develop a standardized, cell-free therapeutic product derived from human amniotic membrane, specifically for chronic wound care and ocular surface regeneration. By employing an innovative stabilization process and automated tissue preparation, the product maintains the membrane's inherent regenerative properties while ensuring consistency, scalability, and the ability to be stored at room temperature.

4. **AutoMATeD (Horizon – September 2025)**

This Horizon project, spearheaded by P.B.L. SRL, an Italian company that developed the device at the heart of the project, aims to fully automate the GMP preparation process. Although the device, an automated isolator, represents a significant investment, it is considered a long-term strategic project. Its high level of automation will minimize manual labor, and SSCF could install the system in their new Regenerative Medicine Institute in Lugano.

The project envisions a collaborative network involving SSCF (Switzerland), P.B.L. SRL (Italy), Hemera Srl (Italy), Établissement Français du Sang (France), and Istituto Romagnolo per lo Studio dei Tumori Dino Amadori – IRST S.r.l. (Italy). Decision about financing will be in the first trimester of 2026.

5. The Dual Role of Peripheral Prostate Adipose Tissue (PPAT) in Urological Malignancies
Johnson & Johnson Foundation (Oct 2025); Swiss Cancer Research (Dec 2025)

The foundation's objective is to establish a novel therapeutic platform that enhances the treatment of prostate and bladder cancer, two prevalent and clinically intricate urological malignancies. The methodology employs cells derived from PPAT as biologically active carriers for anticancer drugs, thereby transforming previously inert adipose tissue into an active therapeutic agent.

6. AcTivita (Innosuisse – November 2025)

The project's objective is to minimize costs and production time by developing a closed-loop platform for GMP-compliant CAR T cell manufacturing. In this process, a patient's leukapheresis bag is connected to the AcTivita platform, which facilitates cell growth, CAR insertion, and quality assessment. Subsequently, a second bag collects the ready-to-use CAR-T cells for the patient. The project envisions a network comprising SSCF, SUPSI, SSCB, and AxCellerate Sagl. Information about the results will be disclosed by the end of the year.

Corporate and Contract Development and Manufacturing Organization – CDMO activities

SSCF also offers CDMO services and is open to collaboration with private companies. The SSCF is specifically equipped to provide comprehensive services related to the validation and design of new drug products and Advanced Therapy Medicinal Products (ATMPs).

Our core capabilities in validation ensure that all processes and products meet stringent regulatory and quality standards. Our design expertise focuses on establishing efficient and robust development pathways for these complex and innovative therapies. Furthermore, the SSCF provides expert consultation on related subjects, leveraging deep industry knowledge to support partners and clients through strategic guidance, technical problem-solving, and efficient project execution across the entire development lifecycle.

Below are two actual examples of the collaboration SSCF was able to establish.

1. Stem Sel® (Corporate – 2024/2025)

The STEMSEL project, starting January 2026 and lasting for 18 months, centers on the utilization of Celector, a microfluidics-based device engineered for label-free cell separation, live cell imaging, and cell collection. The system effectively separates cells based on their physical attributes, including size, shape, and density, while maintaining their physiological state and regenerative potential, owing to the absence of immunolabeling. The role of the Foundation will be to upgrade the Stemsel protocol to a GMP lever in order to deliver cells directly to patients from a controlled medical environment. Following the successful biological validation completed in 2023, which demonstrated the device's ability to effectively separate cells without manipulating them, the collaboration between Stem Sel® S.r.l. and the Swiss Stem Cell Foundation is now advancing toward its most critical milestone: clinical translation. We have officially received the mandate

to execute the comprehensive Good Manufacturing Practice (GMP) validation of the Celector® device, a rigorous process scheduled to span from January 2026 to June 2027. This new phase marks the transition of the technology from a purely experimental tool into a medical-grade instrument capable of producing safe, high-quality cells for human therapy. While the initial research focused on stem cells derived from adipose tissue (the Stromal Vascular Fraction), this upgrading program has been significantly expanded to also include the validation of cells extracted from the placenta. This addition represents a crucial development, as it widens the potential therapeutic applications of the device. Over the course of these eighteen months, our team will work to establish strict sterility protocols and simulate the entire separation process within our certified clean rooms. The ultimate goal is to demonstrate to the regulatory body, Swissmedic, that the device can isolate these fragile cells based solely on their physical properties, preserving their natural regenerative potential while guaranteeing the absolute safety and sterility required for patient treatment.

2. White Nest (Corporate – 2025)

The project aims to produce allogeneic platelet-rich plasma (PRP) from batches of human cord blood. The industrial partner is an Italian company (White Nest) and the project should start at the beginning of 2026. A non-GMP protocol transfer is planned from a Spanish company to our Foundation in the next 6 months of 2026. This will not be a fully industrial upgrade but already represents a scale-up level and the Foundation will develop all the GMP protocols allowing this scale-up.

Congress and Events participation

Over the past year, SSCF has significantly strengthened its footprint within the Swiss scientific landscape through an intensified program of participation in key congresses and industry symposia. A cornerstone of this strategic expansion has been the formalization of our membership with the Swiss MedTech Association, a move that aligns SSCF with the leading regulatory and industrial standards in the country.

During the autumn and winter of 2025, the Foundation maintained a robust presence at a diverse array of national forums. Our engagement went beyond mere attendance; SSCF actively contributed to the scientific discourse through the dissemination of our latest research findings, utilizing both poster sessions and oral presentations to showcase data on stem cell cryopreservation and regulatory advancements.

Key events attended by SSCF in late 2025 included:

1. Lac Leman Regenerative Medicine Symposium (Lausanne, September 2025). The SSCF act as sponsor of the symposium. Presented a scientific poster titled: «Adipose Derived Stem Cells resist better to cryopreservation than whole stromal vascular cells: Highlighting CD38 implication.»
2. Roundtable: «Trends and Critical Issues in the MedTech Regulatory Sector» (Lugano, September 2025). Participated in a high-level discussion organized by the Swiss MedTech Ticino chapter, focusing on the evolving regulatory landscape.

3. National Regulatory Conference 2025 (Bern, October 2025). Attended the flagship regulatory event organized by Swiss MedTech, ensuring alignment with national, European and international compliance standards.
4. Regenerative Medicine Day 2025. (Genolier, November 2025) Represented the Foundation at the specialized gathering hosted by the Swiss Medical Network.

The STEM-Restore T dossier

In the context of the regulatory pathway for the STEM-Restore T Dossier, the Foundation has dedicated significant resources to meticulously address the inquiries raised by Swissmedic regarding the market authorization of this new Advanced Therapy Medicinal Product (ATMP). To fully align with the authority's stringent requirements, we successfully coordinated and executed a comprehensive validation campaign.

This effort included the drafting of new protocols and the execution of extensive process validations to demonstrate manufacturing consistency, as well as rigorous analytical method validations to ensure the robustness of our testing procedures. Having incorporated the resulting data into a formal response package, we have submitted the necessary amendments and are currently awaiting Swissmedic's official feedback regarding the evaluation of these corrective measures. The above-described tests are intended as one step forward the complete authorization of the ATMP, that was fully developed by SSCF.

Tommaso Tramonte and Dr. Luca Mariotta

SUMMARY OF SWISS STEM CELLS BIOTECH AG R&D ACTIVITIES IN 2024

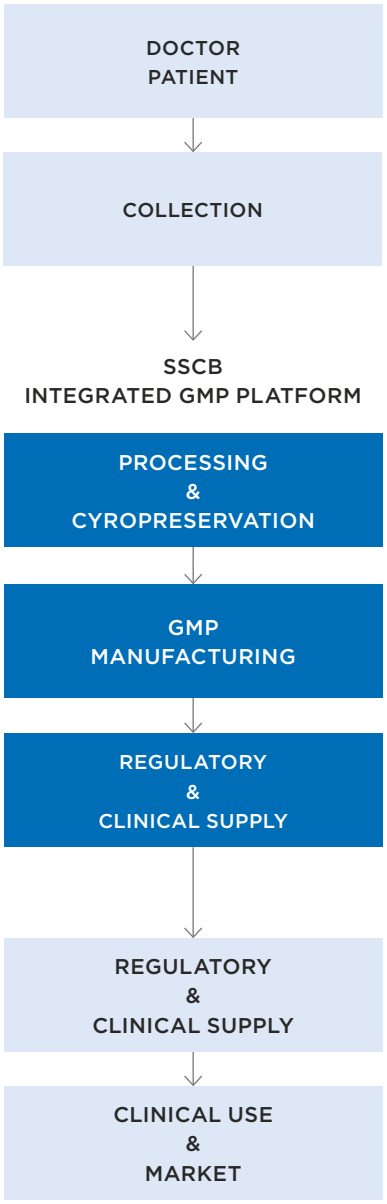
Institutional Overview

Founded in 2005, Swiss Stem Cells Biotech AG (SSCB) operates as a European platform for cell banking, translational research, and GMP-compliant manufacturing in regenerative medicine. As Switzerland's first private umbilical cord blood bank, SSCB provides integrated services for the collection, processing, cryopreservation, and long-term storage of human cells and tissues.

Through its GMP- and GDP-certified infrastructure, FACT–NetCord–accredited biobank, and cleanroom facilities authorized by Swissmedic, SSCB supports the development and manufacturing of advanced therapy medicinal products (ATMPs), medical devices, and innovative cell-based solutions, both for internal projects and as a Contract Development and Manufacturing Organization – CDMO.

In 2025, SSCB's R&D activities further strengthened its translational pipelines and clinical and regulatory readiness.

SSCB positioning within the advanced therapy medicinal products (ATMPs) Supply chain



SSCB operates as an integrated platform bridging collection, GMP-compliant manufacturing and clinical supply.

Main Research and Development Activities Conducted in 2025

1. Peripheral Blood Banking and iPSC Reprogramming

In 2025, the project on adult peripheral blood storage and reprogramming into induced pluripotent stem cells (iPSCs), developed in collaboration with Eternacell, entered its active operational phase. Sample collection was initiated in Italy and Switzerland, alongside process optimization activities. Peripheral blood mononuclear cells (PBMCs) are isolated and cryopreserved at ≤ −150°C under GMP-compliant conditions to ensure long-term viability. Reprogramming protocols have been implemented to enable efficient conversion of stored PBMCs into iPSCs, supporting future applications in neurodegenerative and age-related diseases.

2. Cryopreservation of Intermediate Products for CAR-T Therapies

In partnership with Enable Biotech, SSCB is developing a GMP-compliant process for the cryopreservation of intermediate cell products intended for future CAR-T therapies. The project aims to preserve high-quality T cells collected from healthy donors prior to immune system impairment. Activities include blood collection, T-cell isolation and selection, controlled cryopreservation, and long-term storage in liquid nitrogen vapor phase, supporting faster and more effective personalized CAR-T treatments.

3. Advanced Therapy for Pressure Ulcers

SSCB continued in 2025 its collaboration with HMG Biologics Srl to develop an innovative therapy for pressure ulcers based on allogeneic chemotactic factors derived from fibroblasts. A proprietary GMP-compliant process for fibroblast isolation and culture from surgical skin tissue has been established, resulting in a hyaluronic acid–based gel for local delivery at the wound site. Validation manufacturing has been completed, and the full Investigational Medicinal Product Dossier (IMPD) finalized. The clinical study has been submitted to AIFA, the Italian Medicines Agency, with patient recruitment expected in 2026.

4. Medical Device Manufacturing: RegenoGel™

In collaboration with ProCore Ltd, SSCB is implementing the GMP-compliant manufacturing of RegenoGel™, a hyaluronic acid–fibrinogen conjugated gel for the treatment of joint disorders. During 2025, product validation activities were completed, and SSCB successfully passed the first stage of the ISO 13485:2016 audit. The next phase includes the production of RegenoGel™ batches for foreign markets where the device is already commercially available.

5. Public Funding and Cross-Border Research (InterReg Italia–Svizzera)

In 2025, SSCB secured funding under the InterReg Italia–Svizzera program as part of a cross-border Swiss-Italian consortium. The project focuses on the development of 3D-printed biomaterials functionalized with antimicrobial natural products for bone regeneration and orthopedic infection management. The project started in January 2025, with the first Work Packages underway. SSCB acts as consortium coordinator and contributes to data generation and harmonization, supporting the groundwork for a future IMPD and potential clinical translation.

6. Hybrid Cord Blood Banking Model

The hybrid cord blood banking project, launched in 2020, integrates private storage with potential inclusion in public donation registries, establishing a private–public partnership model aligned with clinical and transplant standards. In 2025, the clinical network expanded with new collection centers at Ente Cantonale Ospedaliero (EOC) and Universitätsspital Basel. Further expansion is planned for 2026 with Clinica Sant'Anna in Lugano, which would become the first private, non-university center to join the model. Ref: Laue J, Mariotta L, Fluri M, et al., Transfusion, 2025.

7. Pilot Clinical Study on Autologous Adipose Tissue for Chronic Epicondylitis

SSCB is supporting a pilot clinical study, expected to start in the first quarter of 2026 and led by Dr. Ivan Tami in collaboration with the Swiss Stem Cell Foundation, investigating the use of autologous adipose tissue for chronic lateral and medial epicondylitis. Twelve adult patients will be enrolled and treated following minimally invasive adipose tissue collection, processing, and ultrasound-guided injection. The study primarily evaluates feasibility and safety, while also exploring early signs of clinical benefit.

Conclusion and Perspectives

In 2025, Swiss Stem Cells Biotech AG further consolidated its role as a reference platform for cell banking, translational research, and GMP-compliant manufacturing in the field of regenerative medicine. The research and development activities carried out during the year enabled concrete progress across multiple projects, spanning process optimization, manufacturing validation, regulatory submissions, and preparation for clinical translation.

Looking ahead, the projects currently underway and the collaborations established during 2025 provide a solid foundation for continued clinical development, expanded international cooperation, and the progressive translation of innovative cell-based and biomaterial-based solutions into clinical practice. Through continued investment in quality systems, regulatory expertise, and cross-border partnerships, SSCB is well positioned to support future therapeutic innovation and sustainable growth in advanced therapies and regenerative medicine.

CLINICAL AND TRANSLATIONAL RESEARCH

Prof. Lana E. Kandalaft (Chief of Clinical and Translational Research, Swiss Medical Network)

Establishment of the Clinical and Translational Research Center and Clinical Trial Unit (CTU)

In January 2025, the Clinical and Translational Research Center at Swiss Medical Network was formally established at the Clinique de Genolier with the creation of a dedicated Clinical Trial Unit (CTU), under the leadership of Prof. Lana E. Kandalaft as Chief of Clinical and Translational Research. Dr. Michele Graciotti was appointed Director of Clinical Development, overseeing the design and clinical translation of novel therapeutic strategies, and Dr. Laetitia Rossier was appointed Director of the CTU, responsible for regulatory oversight, quality systems, and operational implementation of clinical trials. In early 2025, Miriam Hernandez joined the team as Head of Clinical Operations, bringing extensive experience in operational management and the conduct of clinical trials within the clinic, underscoring continuity with existing research activities, while Dr. Tiia Snäkä joined as Clinical Trial Coordinator, supporting protocol development and trial coordination across ongoing and planned studies. Together, the translational research team leverages diverse professional backgrounds, including biology, chemistry, clinical medicine, nursing, research, and project management, to support the development and execution of high-quality clinical and translational research activities.

The mission of the CTU is to bridge the gap between basic scientific discovery and clinical innovation by transforming impactful research findings into tangible medical solutions. In 2025, major efforts were dedicated to establishing a robust organizational and quality framework enabling the conduct of both investigator-initiated and industry-sponsored clinical trials spanning from Phase I to Phase III studies, both at the Clinique de Genolier and Clinique Générale-Beaulieu. Significant progress was also made toward the development of dedicated infrastructure to support innovative therapies. A laboratory project was launched to convert existing areas into P1-class laboratories dedicated to clinical trial activities at both clinical sites. These laboratories will provide the necessary infrastructure to conduct sample collection and translational activities in the context of the clinical trials run in the two clinics run by Swiss Medical Network or in collaboration with external pharmaceutical companies. In parallel, the implementation of a quality system has ensured regulatory compliance and full operational readiness of both sites. In this context, members of the team published a perspective article in the *Journal of Translational Medicine* (DOI: 10.1186/s12967-025-07542-8, awaiting publication) discussing the establishment of clinical research infrastructure within private hospital settings and highlighting how such environments can complement academic institutions by enabling efficient, high-quality, and patient-centered clinical research.

Most notably, 2025 marked the launch of the development and initiation of a personalized cancer vaccine program at the Clinique de Genolier. This pioneering initiative aims to provide patients with personalized peptide vaccines derived from their individual tumor

profiles, as an innovative complement to standard-of-care therapies. The study is designed as a multicenter Phase I/II basket trial evaluating the safety, feasibility, and immunogenicity of a personalized peptide vaccine in patients with solid tumors across multiple cancer types. The program involves international collaborations to ensure product quality, safety, and timely delivery, and will be conducted in close collaboration with Clinique Générale-Beaulieu and possibly other partner sites. Regulatory and ethics submissions were completed in 2025 and are currently under review, with approval and trial initiation expected for 2026. In parallel, members of the team, together with the two principal investigators, Dr. Volker Kirchner (Clinique de Genolier) and Dr. Alex Friedlaender (Clinique Générale-Beaulieu), submitted a comprehensive review to *Cancer Treatment Reviews* entitled «Personalized Cancer Vaccines and their Integration with Standard of Care Modalities» (currently under review). The review examines recent advances in cancer vaccine development and highlights emerging evidence supporting their strategic integration with standard-of-care treatments thus providing a scientific framework underpinning the Center's approach to integrating personalized vaccines into oncology care.

Expansion of Clinical Research Activity and Strategic Collaborations

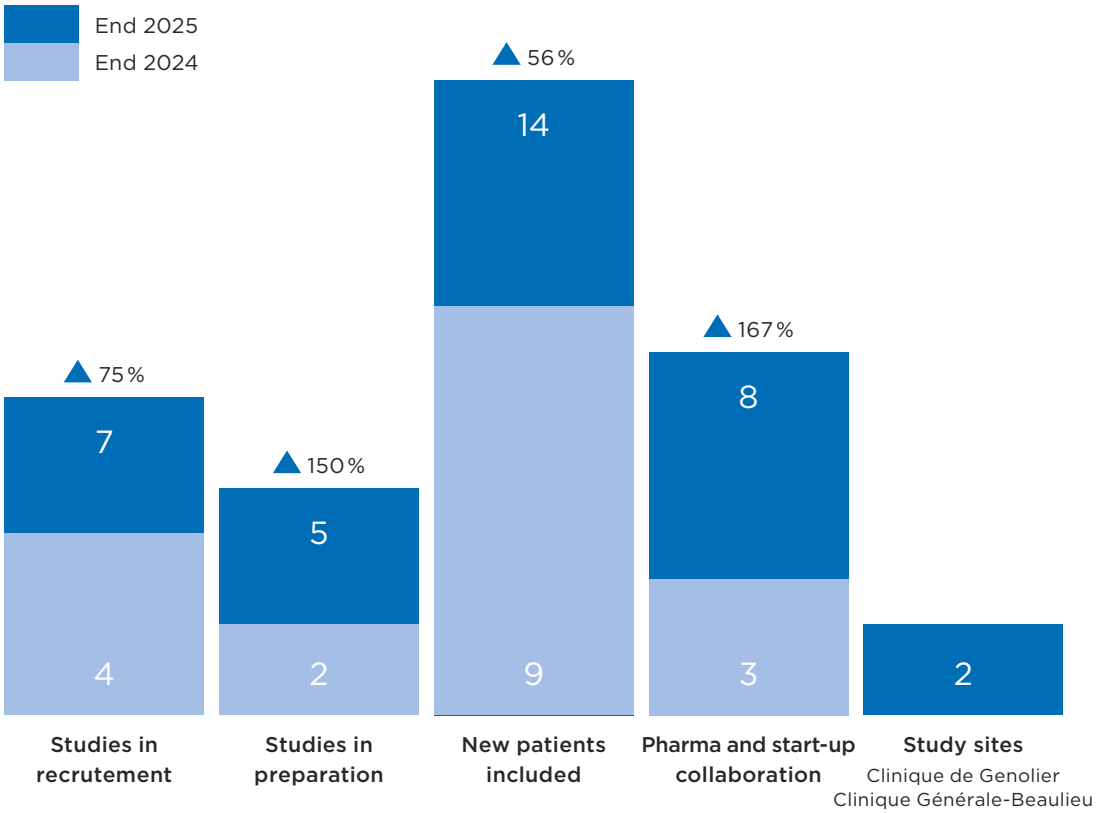
Throughout 2025, the Clinical Trial Unit at the Clinique de Genolier and Clinique Générale-Beaulieu experienced a substantial increase in clinical research activity, reflecting the progressive consolidation of the CTU and its operational capabilities. The number of clinical studies opened, initiated, or actively prepared increased compared with 2024, alongside a rise in patient inclusions and overall trial complexity (Figure). This growth was driven by strengthened collaborations with physicians across multiple clinical disciplines within the network, particularly in oncology, nuclear medicine, and precision medicine. In parallel, the Center expanded its external partnerships, engaging with a broad spectrum of stakeholders ranging from early-stage start-ups to established international pharmaceutical companies. These collaborations supported the initiation of increasingly complex clinical protocols, including early-phase and biomarker-driven studies, while adhering to rigorous regulatory, ethical, and quality standards. Collectively, these developments illustrate the CTU's evolving role as a central hub for high-quality, multidisciplinary clinical research within Swiss Medical Network.

Scientific Dissemination, Education, and Training Activities

In parallel with the expansion of clinical research activities, the Clinical and Translational Research Center actively contributed to scientific dissemination, professional education, and leadership training throughout 2025. Members of the team participated in the Swiss Oncology and Hematology Congress (SOHC) 2025 in Basel, reinforcing the Center's engagement with the national oncology and hematology research community. Prof. Lana E. Kandalaft delivered a presentation at the 4th edition of the Swiss Medical Network Onco Day 2025, entitled «Development of a Phase I Research Unit», addressing the framework and challenges of establishing a CTU and strategies for developing a successful clinical research program, including very early-phase and first-in-human studies. She also participated in the Swiss Medical Network Management Day, taking part in an interview and innovation exchange session with the Director-General of CERN, Dr. Fabiola Gianotti, focusing

on leadership, innovation, and translational excellence. In addition, the CTU contributed to structured teaching activities in clinical research and leadership, including sessions within the CAS Leadership Hospitalier program at the University of Neuchâtel and educational activities for IMD Lausanne alumni, hosted at the Genolier Innovation Hub. Prof. Kandalaft further contributed to academic training through teaching activities at ETH Zurich and continued her research leadership and mentoring activities at the University of Lausanne, ensuring sustained integration of academic research, education, and clinical translation.

Growth in clinical research activity between the end of 2024 and the end of 2025 following the establishment of the CTU



Key indicators include increases in studies in recruitment, studies in preparation, new patient inclusions, and pharmaceutical and start-up collaborations, with continued progress expected in 2026.

Reference

Rossier L, Snäkä T, Graciotti M, Hernandez M, Matzinger O, Bernier J, Kandalaft LE. Clinical Research in Private Hospitals: A Perspective. *Journal of Translational Medicine* (accepted December 2025, awaiting publication).

DIGITAL HEALTH AND DATA SCIENCE

Patrick Bizeau (CIO, IT Team, Swiss Medical Network)

Advancements in Data Intelligence and AI

In 2025, the utilization of the data lake infrastructure reached a new level of maturity with the launch of «StatJ.» While initially deployed to optimize administrative and financial reporting, the strategic focus has now shifted toward extending these data capabilities into the medical domain. This expansion aims to leverage clinical data more effectively to support medical decision-making and quality management.

A significant emphasis was placed on artificial intelligence to alleviate the administrative burden on clinical staff. After an extensive survey of the market and dialogue with numerous innovative startups, Swiss Medical Network successfully piloted an ambient scribe solution provided by Heidi Health. Following the success of this pilot, the solution is currently being rolled out, marking a tangible step towards AI-supported clinical workflows.

However, this selection process highlighted the complexity of the current regulatory environment. The intersection of AI and the Medical Device Regulation (MDR) has proven to be a minefield; many vendors in the market are neither fully aware of nor capable of meeting the stringent certification requirements, particularly for Class IIa medical devices. Consequently, rigorous compliance vetting has become a central pillar of our innovation strategy to ensure patient safety and legal conformity.

Interoperability and Strategic Partnerships

Interoperability efforts in 2025 were heavily influenced by Swiss Medical Network's accession to the Mayo Clinic Care Network. To support this collaboration, the IT team established the necessary data exchange frameworks, with a specific focus on integrating PACS systems. This seamless connection now facilitates the efficient sharing of medical imaging and data, enabling easier access to second opinions and international expertise.

INTEGRATED CARE

Unité d'épidémiologie et de recherche clinique (UERC), Réseau de l'Arc – Jura bernois
UERC Team composition (2025): Dr. Alain Kenfak; Morgane Ramsheyi; Karima Aouadi; Dr. Andrea Bernasconi; Muriel Maeder

In 2025, the Unité d'épidémiologie et de recherche clinique (UERC) of the Réseau de l'Arc pursued its mission to develop clinical and population-based research within Swiss Medical Network, with a strong link to VIVA – the health plan at the focus of integrated care. The unit is positioned at the interface between clinical practice, clinical epidemiology and population health, and focuses on real-world data rather than basic or early-phase drug development.

Scientifically, 2025 was marked by three main axes:

1. Research Infrastructure & Methods

UERC finalized a general research consent for patients in the Réseau de l'Arc, to be implemented from January 2026. This will enable systematic secondary use of clinical, laboratory, imaging and care-pathway data for research and quality monitoring. In parallel, the unit consolidated tools for protocol writing, information/consent templates, project tracking, and data governance (ethics and regulatory support), thereby laying the methodological and organizational foundations for a sustainable Swiss Medical Network clinical research platform.

2. Methodological Training and Capacity-Building

During the first half of 2025, UERC delivered six structured workshops on key methodological topics: research question formulation, study design, «Good Clinical Practice», information and consent, critical appraisal of the literature, and operational aspects of conducting clinical studies. These sessions targeted clinicians and health professionals and contributed directly to raising methodological standards and improving the quality and feasibility of research projects emerging from the Réseau de l'Arc.

3. Research Projects and Collaborations

The 2025 portfolio comprised internal projects, multicenter collaborations and university-linked work within VIVA:

- Internal clinical and organizational studies included:
  - Evaluation of a psychiatric emergency care pathway (before–after design, analyses in progress).
  - Prehabilitation before prosthetic surgery, with data collection completed and one article accepted with revisions.
  - SYNERGIC, an interprofessional intervention to reduce inappropriate medication in elderly patients.
  - Implementation projects in clinical pharmacy (discharge and medication reconciliation).
  - Studies on pediatric psychiatry organization (including pediatric emergencies), SGLT2 inhibitor use in internal medicine/cardiology, and physiotherapy during chemotherapy, several of which are paused but methodologically ready for relaunch.
  - An institutional survey on interest in clinical research, with analyses nearing completion and a manuscript in preparation.

- External and multicenter collaborations included participation in the STREAM trial (statins in primary prevention in multimorbid elderly patients, led by Insel Group) and pilots on remote monitoring in heart failure and post-ICU telemonitoring (WARD). While some of these projects faced operational or funding interruptions, they generated valuable methodological and implementation insights for digital health and acute care monitoring.

- Within VIVA, UERC contributes to university-driven projects (Basel and Neuchâtel) analyzing economic efficiency, quality of care, implementation factors and acceptability of integrated care for patients and general practitioners. The VIVA open cohort, a longitudinal cohort of insured patients in the Réseau de l'Arc, is being prepared for first pilot analyses, which will support future population-based research on outcomes and health service utilization.

Despite a reduction in resources during the second half of the year, UERC maintained progress on core studies, prepared several publications, and consolidated a robust scientific infrastructure. This positions Swiss Medical Network to expand its clinical and epidemiological research capacity and to generate high-quality evidence in support of integrated, patient-centered care in the coming years.

Prof. Christoph A. Meier serves as Chief Medical Officer of VIVA Health Swiss. He is also affiliated with the University of Geneva and serves on the Board of the Novartis Venture Fund, Newsweeks Best Hospitals of the World and InnoPulse of the Greater Zurich Area. In addition, his is CMO of SensTek (USA) and CEO of C MED CONSULT Ltd (CH).

Across 2025, the VIVA quality circles contributed to the integrated care agenda through three targeted medical conferences, organized at Clinica Sant'Anna (Sorengo-Lugano) and designed to strengthen shared clinical pathways between primary care and specialist settings.

The first meeting (May 19) focused on the management of the metabolic patient for family doctors, promoting coordinated approaches for early identification of risk factors, harmonized therapeutic goals, and structured follow-up across care levels. This initiative supported continuity of care by reinforcing practical tools for screening, risk stratification, and referral criteria aligned with comprehensive metabolic management.

The second meeting (September 15) addressed steatotic liver disease, emphasizing the growing relevance of hepatic involvement within the metabolic spectrum. The discussion encouraged proactive detection in primary care, integration of liver assessment within cardiometabolic reviews, and timely collaboration with specialist services to prevent progression and complications. This topic reinforced the importance of viewing liver disease as part of a broader, multidimensional chronic care model.

The third meeting (November 10) was dedicated to chronic obstructive pulmonary disease – COPD for family doctors, highlighting standardized diagnostic and monitoring strategies, optimization of pharmacological and non-pharmacological management, and the role of primary care in prevention, smoking cessation, and long-term follow-up. The session further supported integrated respiratory care by aligning shared management frameworks and improving communication along the patient journey.

Collectively, these initiatives strengthened multidisciplinary collaboration, enhanced clinical consistency across settings, and promoted a holistic, patient-centered model for chronic disease management, with a clear focus on practical implementation in everyday primary care.

INTERNAL MEDICINE

Dr. Pierre Olivier Lang (Clinique de Genolier)

Pierre-Olivier Lang contributed as a co-author on the International Society of Geriatric Oncology (SIOG) task force consensus review, helping develop expert, evidence-informed recommendations on the use of corticosteroids – and corticosteroid-sparing approaches – in older adults with cancer. His input supported practical guidance that explicitly weighs benefit against toxicity risks in a population characterized by comorbidities and polypharmacy.

MEDICAL ONCOLOGY

Dr. Matti Aapro (Clinique de Genolier)

Matti Aapro has continued to make significant contributions to oncology, focusing on geriatric cancer care, supportive treatments, and access to treatment. Corticosteroid therapy in older adults with cancer has thus been reviewed recently in work from Expert SIOG (International Society of Geriatric Oncology) (J Geriatr Oncol). He co-authored a ground-breaking work demonstrating prospectively how to improve antiemetic control by factoring in patient characteristics (MyRisk trial Annals of Oncology). The recent changes in European Health Technology Assessment rules prompted a group in which he has worked for several years (RWE4Decisions) to publish some comments on the use of real world evidence (Int J Technol Assess Health Care). In pursuit of his involvement with bone health in cancer patients he participated in a joint position paper of many Societies on the management of aromatase inhibitor-associated bone loss (AIBL) in women with hormone-sensitive breast cancer (J Bone Oncol) and was first author of a review of denosumab (Expert Opin Biol Ther) A crucial topic with the rapid development of new agents for cancer therapy is the integration of better guidance for side-effect management early in phase I development, a work reported in ESMO open. Guidelines tend to concentrate on the work in rich countries and with patients treated in centers of excellence. Yet the majority of patients is elsewhere. Thus, Matti Aapro and colleagues have evaluated geriatric assessment recommendations on a global perspective, in an ASCO supported collaborative effort (JCO Glob Oncol) and discussed MASCC antiemetic consensus recommendations in resource-limited settings (Support Care Cancer) and underserved patient populations with metastatic breast cancer (Breast J). Further recent work on antiemetics also comprises of a joint paper on nausea and vomiting related to

antibody-drug conjugates (Future Oncol). Trilaciclib is a CDK4/6 inhibitor which showed some promising activity to decrease drug-related neuropenia, an area of long-standing interest for Aapro (JNCI Cancer Spectr).

In educational efforts, Aapro co-directed a course on «Improving cancer outcomes through enhanced leadership and strategy training for cancer healthcare professionals – with European School of Oncology (ESO), the European Cancer Organization (ECO) and Sharing Progress in Cancer Care (SPCC). (J Cancer Policy. 2025)». Furthermore, he is President of SPCC and directed its educational efforts (see SPCC.net and Oncocorner.net). He is head of the Oncodaily medical journal.

Matti Aapro was appointed in 2025 as permanent Board member of All. Can international, launched by him and colleagues in December 2016 as multi-stakeholder initiative, acquired legal status as a non-profit organization (ASBL) in Belgium in May 2020 and whose purpose is to improve patients' pathways using existing resources more efficiently. He remains Board member of the Union for International Cancer Control (UICC) and participates in the European Cancer Organization (ECO) International Committee.

Dr. Michael Montemurro (Clinique de Genolier)

Talks/Congress

European Colorectal Congress 2025 – Invited Speaker

1. Update on Gastrointestinal Stromal Tumors
2. Immunotherapy for metastatic and non-metastatic disease

Conferences

On April 25, Michael Montemurro hosted and chaired the 22nd Annual Meeting of the Swiss GIST (www.gist.ch – GIST – GastroIntestinaleStromaleTumeur). This oncology-focused day, held at the Genolier Innovation Hub, was open to the general public, patients, healthcare professionals, and researchers. It highlighted recent scientific and technological advances in cancer care, expanding beyond gastrointestinal stromal tumors (GIST) to address current and emerging topics in oncology. The program brought together leading experts from oncology, artificial intelligence and digital health, academic research, patient advocacy, and the cultural sector. Discussions addressed both scientific progress and the broader human and societal challenges associated with cancer, with particular attention to issues of vulnerability, social isolation, and patient support, in line with the mission of the Swiss GIST Group. A roundtable discussion and film screening further enriched the event, fostering dialogue between specialists, patients, and the wider public. More than 150 participants attended this well-received event, reflecting strong engagement with these important themes.

On November 15, Montemurro also chaired a public conference entitled «Parlons Santé», organized by the GIST Group from Romandie and the Clinique de Montchoisi, Lausanne.

Welcome addressed by Stanley Hautdidier Directeur régional Arc lémanique and Valerie Favez Groupe GIST romande). The topics covered during this conference were as follows:

- GIST! Le b.a.-ba des tumeurs gastrointestinales stromales – M. Montemurro
- Métastases (du foie)! Peut on guérir?, N. Halkic
- Cancer du sein! Un survol – A. Eniu
- Douleurs du dos – C. Tuleasca
- Ouff! Douleurs de l'epaule – A. Cikes

Guidelines

Gastrointestinal Oncology Standards – 3rd edition of the guidelines of the Zurich Digestive Tumors Network. M. Montemurro contributed to the drafting of these guidelines, which have now been published in their 3rd edition.

Volunteering

Montemurro took part in two charity half-marathons, for which reason he was nominated for the 2025 Excellence Awards of University College London Hospital.

Dr. Alex Friedlaender (Clinique Générale-Beaulieu, Geneva)

In 2025, Alex Friedlaender co-authored three high-impact, peer-reviewed publications that reinforced Swiss Medical Network's scientific contribution to thoracic oncology and precision immuno-oncology, with a strong focus on real-world outcomes research and molecularly targeted strategies in lung cancer.

Two flagship papers from the Pembro-real 5-year global registry investigated advanced NSCLC with PD-L1 ≥ 50 % treated with first-line pembrolizumab outside clinical trials. One study identified key determinants of 5-year survival, providing clinically actionable insight into long-term prognosis in real-world practice. A companion publication leveraged a transformer-based AI model to capture time-dependent prognostic complexity, illustrating how advanced analytics can refine risk stratification and outcome prediction in immunotherapy-treated populations. Complementing these registry analyses, a comprehensive review on BRAF targeting across solid tumors summarized molecular mechanisms and clinical applications, supporting therapy selection and development of targeted approaches across oncology indications.

Dr. Alexandru Eniu (Clinique de Montchoisi, Lausanne; Clinique de Genolier)

Scientific outputs (research, reviews, policy)

In 2025, Alexandru Eniu's publications formed a coherent arc from system-level access and leadership to clinic-level affordability and genetics: (1) a global call-to-action in *Breast* on equitable access to comprehensive ABC care (2025–2035); (2) an *ASCO Educational Book chapter* on financial toxicity – who is at risk and how to intervene; (3) a *Journal of Cancer Policy* article detailing the ESO/ECO/SPCC leadership and strategy course; and (4) a *Diseases* retrospective study clarifying the relationship between BRCA status and reproductive outcomes in Romania (see full articles references in the «Publications» section).

(1) **Eniu A**, et al. Breast. 2025 Dec;84:104612. doi: 10.1016/j.breast.2025.104612. Epub 2025 Oct 14. PMID: 41298015; PMCID: PMC12683140.
(2) Lee KL, **Eniu A**, et al. Am Soc Clin Oncol Educ Book. 2025 Jun;45(3):e473450. doi: 10.1200/EDBK-25-473450. Epub 2025 May 2. PMID: 40315376.
(3) Popescu RA, Sullivan R, Aggarwal A, Lopes David BB, Valciņa O, Al Sendi M, Lawler M, Charalambous A, Aapro M, Hall C, **Eniu A**, Selby P. J Cancer Policy. 2025 Mar;43:100517. doi: 10.1016/j.jcpo.2024.100517. Epub 2024 Nov 5. PMID: 39510379.
(4) Tanase-Damian C, Paun DL, Antone NZ, **Eniu A**, et al. Diseases. 2025 Sep 8;13(9):297. doi: 10.3390/diseases13090297. PMID: 41002733; PMCID: PMC12468309.

Clinical Research

Eniu served as Principal Investigator for the successful activation of the TROPION phase III breast cancer clinical trial at the Genolier Campus. He led site coordination with the sponsor and CRO, oversaw regulatory and contractual processes, and worked closely with pharmacy, research, and clinical teams, resulting in timely site initiation and readiness for patient enrollment.

Invited talks, faculty roles & moderation

- March 5–7 – SSS Diploma, Module 1A – Lausanne, Switzerland – Hotel Aquatis – Faculty, Medical Oncology («Follow-up of Breast Cancer» and «Treatment of DCIS»).
- May 30 – ASCO Annual Meeting (panel) – Chicago, USA – Invited Faculty, Chair and Speaker («Financial Toxicity of Breast Cancer Care: What It Is, Who Is Impacted, and Should I Care About It?»).
- ABC8 – Lisbon (Nov 6–8, 2025): Consensus Panelist and Invited Faculty/Speaker («Learnings from the Global Decade Report 2015-2025 (*Goal 9)») November 15, 2025: Public conference (Clinique de Montchoisi & GIST Romande Group): «Breast Cancer: An Overview.», Lausanne.
- European Cancer Summit 2025 – Brussels (Nov 19–20, 2025): co chair/moderator for the Digital Health Network session («Artificial Intelligence and Cancer Care: A Paradigm Shift in Progress»).
- European School Of Oncology (ESO) courses (Chairman and Faculty): contributed to several events: Improving Cancer Outcomes & Leadership, Masterclass in Clinical Oncology – Summer Edition, Basic Principles in Oncology, ESO College Convention, ESO Breast Refresher as part of programme mapping and delivery.

NEUROSURGERY

Dr. Frédéric Schils (Clinique Générale-Beaulieu, Geneva)

Clinical studies

- Juliet Ti Study conducted with the support of the Spineart Company/Completed, results analyzed (ongoing publication). A study about a new material used for achieving bone fusion during spinal procedures. 32 patients included at Clinique Générale-Beaulieu by Schils. Prospective study in 2 Swiss centers (HUG and Clinique Générale-Beaulieu). Schils investigator on the Beaulieu site.
- Enrollement completed for the Hexanium Study conducted with the support of the Spinevision company. Multi-centric study about more than 240 adult patients undergoing spine surgery with a new inter body device in titanium designed to promote spine fusion in degenerative spine disease. 50 patients included on the site of Geneva (42 for Schils and 8 for Dr. Gondar). Schils Principal Investigator for Switzerland. Five sites in France.

Scientific Events

- January 2025: Full day training and Faculty at the Annual Neo Medical Meeting, Marrakech, Morocco.
- January 2025: In collaboration with Genolier Patient Services, hosting of a delegation led by the President of the Association of Neurosurgeons of Azerbaijan and visit to the Clinique Générale-Beaulieu, Geneva.
- February 2025: Speaker at the Swiss Medical Network Research day at the Genolier Innovation Hub.
- May 2025: Global Spine Congress Rio de Janeiro, Brazil. Oral presentation and poster presentation of two abstracts.
- September 2025: Scientific visit to Clinique Privée Lyon: spinal endoscopy.
- November 2025: North American Spine Society Annual Meeting Denver, USA.
- December 2025: Congress New-York, USA Minimal Invasive Spine Surgery

International Presentations

Frédéric Schils also presented two contributions at the 2025 Global Spine Congress, Rio de Janeiro May 28-31, 2025.

- Basivertebral nerve ablation as the most effective treatment for discogenic low back pain: prospective case series and feasibility study. Gondar R, **Schils F**, Martin J-B. Global Spine Journal 2025, Vol 15(2S) 216S-4/25, Global Spine Congress2025, Rio de Janeiro, Brazil (oral presentation).
- Clinical and radiological results up to 2 years of follow up with a novel 3D printed TLIF titanium cage: an ambispective, multi center international study about 187 patients. **Schils F**, Gondar R, Favreul E, Mansouri N, Troquart A, Obeid I, Graziani N. Global Spine Journal 2025, Vol 15, Issue 2_suppl, May 2025, p413S-792S.
  (poster presentation).

NUCLEAR MEDICINE

Dr. Antoine Leimgruber (Director of Nuclear Medicine Development, Swiss Medical Network)

Swiss Medical Network's Nuclear Medicine operates on two sites: Clinique Générale-Beaulieu and Clinique de Genolier.

The Clinique Générale-Beaulieu Nuclear Medicine department moved to a new state-of-the-art facility within the clinic in 2025. At Clinique de Genolier, the department was relocated in 2024 within the Genolier Campus, in close proximity to the Radiation Oncology Department and the GE Healthcare education and research facility.

The year 2025 marks the first year of the Swiss Medical Network's Nuclear Medicine Research Initiative, based at Clinique de Genolier.

Partnerships and organization

Clinique de Genolier is one of two GE Healthcare Centers of Excellence in Molecular Imaging and Theranostics in Europe, and both companies announced a research framework agreement in March 2025.

The Genolier research site is a co-founding member of a global network of fewer than 10 GE Healthcare Centers of Excellence, including major KOLs in the field.

Clinique de Genolier also has a research agreement with Luzern University and State Hospital (LUKS), with joint institutional appointments for Dr. Antoine Leimgruber, MD, Medical Director, Swiss Medical Netwok Nuclear Medicine, and Dr. Thiago Lima, PhD, Head of Physics Research, Swiss Medical Network's Nuclear Medicine.

In 2025, the joint research team between Clinique de Genolier and LUKS welcomed one BS medical student from the University of Lausanne and two MS students from École Polytechnique Fédérale de Lausanne. The team includes an advanced researcher and a PhD student.

A research agreement with RaySearch Laboratories is also in place, and the department is part of its clinical advisory board.

Applied Physics Research

The team's research focuses on advanced hardware and software tools aimed at improving data quality for clinical trials in dosimetry, multimodal dosimetry, modality simulation, and image pre-/post-processing.

In 2025, the newly formed group produced its first publication and successfully submitted several abstracts, including one for the 2025 European Association of Nuclear Medicine – EANM Congress. An additional piece of work has been submitted for publication, along with the completion of its first master's thesis.

Clinical Research

Swiss Medical Network considers the development of clinical research a key strategic area in which nuclear medecine is one of its assets, both in molecular imaging and in theranostics (facility to be opened in 2026), together with the establishment of Swiss Medical Network's clinical trial unit located at Clinique de Genolier. Key research areas currently being initiated are:

- Multimodal external and internal radiation delivery
- Onco-urology
- Early-phase sponsored clinical trials

ONCO-SURGERY

Prof. Pierre-Alain Clavien (Privatklinik Bethanien, Zurich)

2025 was a very special year with the creation of the Hub for Translational Research and Liver/GI health. This new hub involved research groups at the University of Zurich (UZH), Federal Institute of Technology (ETH Zurich) and University of Fribourg (UniFr) with the headquarter at Privatklinik Bethanien, Swiss Medical Network. The unique feature of this new hub was a focus on surgical innovations, outcome research offering a PhD program at UZH as well as some research laboratories on liver perfusion, liver regeneration and cancer. The topics on surgical innovation as well as on outcome research (how to incorporate patient values in the assessment of novel a procedure) were published at the highest levels with press releases from Swiss Medical Network.

Surgical innovation and patient safety

Surgical innovation is a key driver of medical progress. While new surgical techniques can save lives, they also carry risks if used prematurely or without sufficient scientific testing. An international research group led by Pierre-Alain Clavien from the Hub for Translational Research and Liver/GI Health looked at the assessment of a complex liver surgery for cancer requiring 2 subsequent surgeries, named ALPPS (Associating Liver Partition with Portal vein occlusion for Staged Hepatectomy). This two-step surgical procedure enables operations to be performed on patients with extensive liver tumors that were previously considered inoperable, by stimulating rapid growth of healthy liver tissue in the first step, followed by tumor removal in the second step.

This procedure developed about 15 years ago by a small group of surgeons from Germany was refined by the group of Clavien at the University Hospital of Zurich in close collaboration with a few international surgeons. A special lecture and article was presented at the European Surgical Association on this specific topic and the recent development of robotic surgery and was considered as a highlight of the meeting (https://pubmed.ncbi.nlm.nih.gov/40772712).

Outcome research and patient safety

The groups of Clavien and Prof. Milo Puhan (Head of the Department of epidemiology and statistic at the University of Zurich) have contributed much to the development and implementation of novel outcome metrics over the last decades, and this innovative work has been further developed as part of the Hub for Translational Research and Liver/GI Health. Most notable developments included the developments of the Clavien-Dindo classification, which is currently the standard metric used worldwide to classify postoperative complications, as well as the Comprehensive Complication Index (CCI®), which summarizes the entire postoperative burden from complications in a single number ranging from 0 for no complication to 100 meaning death. More than 45'000 publications have cited these two measures, which are currently used in thousands of studies. A key recommendation of the international Outcome4Medicine conference (reported in Nature Medicine in 2021) was a consensus-based recommendation for the routine use of the Clavien-Dindo classification and the CCI® in research and practice to improve the quality of surgical research and care. The Surgical Outcome Research group from the hub made substantial contribution in the year 2025 with the introduction of the concept of the «minimal important difference» relevant to patients showing that a difference of 12 points in the CCI® indicate a significant relevance for the patient. When comparing 2 procedures, statistically relevant difference like a p value <0.05 are irrelevant when the difference in CCI® remains < 12 points (https://pubmed.ncbi.nlm.nih.gov/40793921/; https://doi.org/10.1007/s13304-025-02114-3).

Surgical Quality and Benchmarking

The need for benchmarking in the evaluation of a surgical procedure at various centers has also intensified. Quality assessment, a well-established concept in business and production, involves benchmarking – the measurement of performance to enable comparisons and improvements in a specific area. New benchmark cut-offs are calculated using data from many patients who have undergone surgery at specialized centers. These cut-offs serve as reference values for the quality of the operation and the long-term outcome. To date, several benchmark projects have been successfully completed and published in leading journals. In 2025, large benchmark conferences and studies were led by the hub for translational research and Swiss Medical Network including the 1st benchmark study in robotic hepato-pancreatic surgeries (https://doi.org/10.1097/SLA.0000000000006365), on robotic pancreatic head resection (Whipple), on robotic liver resection (https://doi.org/10.1097/SLA.0000000000006759), on living donor liver transplantation (LDLT) in children (https://doi.org/10.1097/TP.0000000000005331, as well as on the dismal disease of cholangiocarcinoma (https://doi.org/10.1097/SLA.0000000000006773).

The group has initiated a large consensus conference on colorectal cancer, one of the most frequent cancers in Western countries, with a focus on liver metastases from a colonic origin. The conference, co-organized doctors from the MD Anderson cancer center in Houston, USA, will take place in February 2026 in Houston, Texas, USA.

Laboratory research

The research group at ETH Zurich and University of Fribourg have concentrated their efforts in 2025 on liver perfusion, liver regeneration and cancer. As example, they pursued research with the normothermic machine device for human and non-human liver grafts with the goal in providing advance therapeutic strategies in many areas of liver diseases (https://pubmed.ncbi.nlm.nih.gov/41016394/; https://pubmed.ncbi.nlm.nih.gov/40772946/; https://doi.org/10.1016/j.jhep.2025.03.020; https://doi.org/10.1016/j.jhep.2024.08.030).

An important achievement was the approval in September from the Swiss Transplant Foundation to receive discarded human grafts for perfusion studies in their Wyss machine. One discarded human liver perfusion was carried out in September and another in November. Both livers were viable throughout the planned perfusion time.

Another focus has remained on liver regeneration; a key feature in liver surgery for cancer and transplantation. This research is now carried out at the University of Fribourg with the novel concept of metabolic regeneration, which appears to have significant implication in the clinical practice (https://pubmed.ncbi.nlm.nih.gov/40990682/).

Dr. Daniel Christen (President of the Interdisciplinary Gastroenterological Surgical Team, Interdigest, Zurich; Privatklinik Bethanien, Zurich)

At Privatklinik Bethanien, Daniel Christen, President of the Interdisciplinary Gastro-Enterological Surgical Team (Interdigest), continued to develop a regional network of surgeons, oncologists, and gastroenterologists, working closely with pathologists, radiologists and other experts on specific issues. Their main objective is a real-time implementation of the of the most recent scientific advances in the domain of the digestive tract malignancies.

OPHTHALMOLOGY

Dr. Kaweh Mansouri and Dr. André Mermoud (Swiss Visio Network; Clinique de Montchoisi, Lausanne; Swiss Glaucoma Research Foundation, Lausanne)

In 2025, Kaweh Mansouri and André Mermoud contributed 12 peer-reviewed publications that strengthened Swiss Medical Network's scientific visibility in glaucoma diagnosis, monitoring, and surgical innovation.

A major research axis led by Mansouri focused on continuous intraocular pressure (IOP) assessment with implantable telemetry, including characterization of 24-hour IOP rhythms, evaluation of measurement frequency, and documentation of nyctohemeral drug effects using telemetric sensors. Several multicenter trial publications (EYEMATE-IO and EYEMATE-SC) highlighted the clinical value of long-term pressure monitoring to detect structural glaucoma progression, confirm device safety/performance, and describe postoperative IOP fluctuations after nonpenetrating surgery. Complementary work addressed surgical decision-making and techniques, including a review of combined cataract–glaucoma procedures, anterior-segment OCT imaging in supraciliary drainage device implantation, and outcomes research comparing XEN45 gel stent with trabeculectomy. Additional high-impact reviews explored emerging therapeutic strategies such as lowering episcleral venous pressure (including Rho kinase inhibitors), and advanced imaging studies linked optical microangiography to progressive RNFL loss.

Mermoud co-authored a systematic review/meta-analysis comparing PreserFlo MicroShunt with trabeculectomy and contributed to a large multicenter comparative study of deep sclerectomy, canaloplasty, and viscocanaloplasty – supporting evidence-based selection of surgical options across diverse clinical settings.

Dr. Aude Ambresin (Swiss Visio Retina Research Center)

In 2025, Swiss Visio Network Retina Research Center not only advanced research and clinical innovation but also reinforced its role as an educational leader by organizing training events for healthcare professionals.

The Swiss Visio Retina Research Center (SVRRC) continued its mission of expanding knowledge of retinal pathologies and contributing to therapeutic innovation. In 2025, our research center continued to advance ophthalmic research and clinical innovation through a robust portfolio of 8 investigator-initiated projects, participation in 7 multicentric studies, and a strong presence at major international conferences featuring 20 invited talks, 14 oral presentations, and 18 posters. The center expanded its leadership in imaging by integrating wide-field OCT-A and adaptive optics, organizing hands-on imaging workshops, and producing 4 educational videos on AMD. Clinical care progressed with the continued integration of AI tools with RetinAI Discovery, and the implementation

of the Streamlined Macular Assessment & Response Treatment (SMART) patient pathway complemented by a quality-of-care survey. Swiss Visio Network also reinforced its public health mission through a diabetic screening week and a public conference on type 2 diabetes at the Genolier Innovation Hub to foster prevention and treatment of diabetes-related retinal diseases such as diabetic retinopathy and DME. Collaborations flourished across the Swiss Retina Research Network (SRRN), and the RetinAI Consortium. Under the leadership of Dr. Aude Ambresin, the team authored or co-authored 10 peer-reviewed publications, further strengthening its impact and visibility in the global ophthalmology scientific community. Below is a detailed summary of all research activities undertaken in 2025.

Investigator-initiated studies

- Real-word observational data on the use of aflibercept 8 mg intravitreal injection in patients treated for exudative age-related macular degeneration and diabetic macular edema.
- Switch From Aflibercept to Faricimab in Patients With Neovascular Age-related Macular Degeneration.
- Efficacy and Durability of Faricimab Intravitreal Injections in Naïve Patients With Wet Age-related Macular Degeneration.
- Intravitreal Faricimab in Patients Treated for Refractory Diabetic Macular Edema.
- Evaluation of geographic atrophy (GA) lesion size and growth rates measurements using semiautomated and artificial intelligence (AI) software.
- Retrospective observational study of patients with early to intermediate dry age-related macular degeneration treated with photobiomodulation therapy.
- Adaptive Optics-Flood Illumination (AO-FI) study of chronic retinal diseases: dry age-related macular degeneration (AMD), central serous chorioretinopathy (CSCR) and non-proliferative diabetic retinopathy (NPDR).
- Noninvasive ultrawide field choroidal imaging using swept source OCT to assess macular and peripheral choroidal vasculature: additional value to standard imaging.

Multicentric studies

- SANDCAT (Roche) - A Phase III, Multicenter, Randomized, Double Masked, Sham-controlled Study to Investigate the Efficacy, Safety, Pharmacokinetics, and Pharmacodynamics of Anti-IL6 in Adult Patients with Uveitic Macular Edema. PI. Ongoing.
- QUASAR (Bayer) - Randomized, Double-Masked, Active-Controlled, Phase 3 Study of the Efficacy and Safety of Aflibercept 8 mg in Macular Edema Secondary to Retinal Vein Occlusion. PI. 2023-2025.
- VOYAGER (Roche) - Real-world, Long-term Data Collection to Gain Clinical Insights into Roche Oph-thalmology Products. PI. Ongoing.
- SPECTRUM (Bayer) - An Observational Study Program to Investigate the Effectiveness of Aflibercept 8mg Used in nDME and nAMD in a Real-world Setting. PI. Ongoing.
- Real-Life Outcomes in Diabetic Macular Edema and Exudative Age-Related Macular Degeneration treated with Faricimab and/or Aflibercept 8mg. PI. Ongoing.
- AI-based Analysis of Retinal Imaging Data of Real-World Evidence in Switzerland. PI. Ongoing.

Collaborations

- Brain Mind Institute, EPFL, Lausanne, Switzerland.
- Centre de Recherche des Cordeliers, Ophthalmopole Cochin University Hospital; Paris, France.
- DREAM OCT, Intalight; Shanghai, China.
- EarlySight; Geneva, Switzerland.
- OpenEye project: Diagnosis of diabetic retinopathy using retinal scans. EPFL/ETHZ; Lausanne/Zurich, Switzerland.
- RetinAI; Bern, Switzerland.
- RetinAI Consortium; Switzerland.
- Swiss Clinical Trial Centers Ophthalmology (ASTriCo); Switzerland.
- Swiss Retina Research Network (SRRN); Switzerland.

ORTHOPEDIC SURGERY

Dr. Victor Valderrabano (Chairman of Swiss Ortho Center, Schmerzklinik Basel)

In 2025, Victor Valderrabano authored/co-authored five peer-reviewed publications reinforcing Swiss Medical Network's scientific leadership in foot and ankle surgery, with a strong emphasis on evidence synthesis, surgical technique optimization, and advanced imaging for complex pathology.

Two major contributions were state-of-the-art reviews and meta-analyses that consolidated best available evidence for key procedures and indications: a contemporary review of the lateral calcaneal lengthening osteotomy (LCLOT), and a systematic review/meta-analysis reporting mid- to long-term outcomes of ankle arthroscopy in chronic ankle conditions – both supporting more standardized, evidence-based decision-making. Diagnostic innovation was addressed through a comparative study evaluating MRI versus SPECT-CT for fracture-related talar osteochondral lesions, clarifying the role of imaging modalities in challenging post-traumatic cases. Clinical and technical expertise was further illustrated by a detailed case report and literature review on bilateral total ankle arthroplasty in a hemophiliac patient, and a surgical technique article describing a modified lateral approach for insertional achilles tendinopathy and haglund deformity. Collectively, these outputs highlight a balanced portfolio spanning systematic evidence generation, diagnostic strategy, and operative refinement in high-impact foot-and-ankle care.

Academic Nominations / Awards

- President of the International Bone Research Association IBRA (www.ibra.net)
- President of the EFAS Research Foundation, European Foot & Ankle Society

Dr. Grégoire Chick (Clinique de Genolier)

Scientific Publications

Publication in the *Journal of Hand Surgery – European Volume*, a leading reference journal in hand surgery, of an original article devoted to total wrist arthrodesis, published within a thematic issue dedicated to wrist osteoarthritis. The objective of this article was to provide an up-to-date overview of current techniques for performing total wrist arthrodesis, considered the ultimate surgical option for severe and disabling wrist osteoarthritis. It also included a comparative analysis with existing alternatives, particularly total wrist arthroplasty.

Scientific Presentations and International Meetings

Active participation in major international hand surgery congresses, including scientific attendance, academic exchanges, and involvement in educational sessions.

Presentation of scientific communications at:

- The triennial International Federation of Societies for Surgery of the Hand – IFFSH Congress in Washington,
- Major European and American hand surgery congresses.

These presentations primarily focused on thumb prosthetic arthroplasty, wrist arthroplasty and wrist arthrodesis, as well as educational workshops developed in collaboration with industry partners, aimed at the training of young surgeons, including cadaveric laboratories.

Editorial Activities and Scientific Expertise

Active reviewer for several international scientific journals in hand surgery and musculoskeletal surgery.

Dr. Thomas Giesen (Clinica Ars Medica, Gravesano)

Thomas Giesen contributed to the international reference textbook *Current Practice in Hand Surgery* (Elsevier) through two authored book chapters on secondary flexor tendon surgery and neuropathic pain of the upper extremity, as well as two educational surgical videos covering scaphoid fracture management and acute flexor tendon surgery, supporting advanced training and knowledge dissemination in hand surgery.

Dr. Guido Garavaglia (Clinica Ars Medica, Lugano)

Guido Garavaglia co-authored a peer-reviewed publication in *International Orthopedics* reporting long-term registry-based outcomes comparing small head metal-on-metal versus ceramic-on-polyethylene total hip arthroplasty, contributing to evidence-based evaluation of implant performance and long-term patient outcomes in orthopedic surgery.

OSTEOARTICULAR PATHOLOGIES

Dr. Adrien Schwitzguébel (Hôpital de La Providence, Neuchâtel)

Adrien Schwitzguébel continued to significantly advance the field of musculoskeletal medicine through three key research initiatives, underscoring his commitment to evidence-based practice and innovation in patient care.

Optimizing Platelet-Rich Plasma (PRP) Therapy for Osteoarthritis

Schwitzguébel led a retrospective study involving 252 patients with large joint osteoarthritis, assessing the efficacy of PRP injections combined with rehabilitation. The study demonstrated notable improvements in pain and function at both 6 and 12 months post-treatment. Notably, patients receiving multiple PRP injections spaced 3–4 weeks apart, particularly those engaged in competitive sports, experienced enhanced outcomes. These findings suggest a viable treatment protocol for sustained joint stimulation using adequate platelet dosing. This first, particularly impactful study paves the way for a research protocol for a randomized clinical trial on the use of stromal vascular fraction.
https://pubmed.ncbi.nlm.nih.gov/40275191/

Enhancing Diagnostic Accuracy with Digital Health Tools

In collaboration with colleagues, he evaluated the impact of DIANNA, a digital health history device, on differential diagnosis accuracy in ambulatory care. The pseudo-randomized study revealed that incorporating DIANNA into clinical assessments improved diagnostic accuracy, especially in cases of intermediate complexity. Physicians reported that DIANNA contributed to establishing correct differential diagnoses in a significant proportion of cases, highlighting its potential as a supportive tool in clinical decision-making. This is a confirmatory pseudo-randomized study evaluating a structured self-anamnesis tool, allowing patients to provide detailed clinical information upstream. This tool generates a synthetic, actionable summary for emergency physician assistants, improving the quality of the initial history and differential diagnosis, with a positive impact on clinical decision-making.
https://pubmed.ncbi.nlm.nih.gov/40205939/

Pioneering Combined Stromal Vascular Fraction (SVF) and Platelet-Rich Plasma (PRP) Therapy in Knee Osteoarthritis

Adrien Schwitzguébel also co-authored the protocol for the SPOST Study, a Phase 3, multi-center, randomized controlled trial investigating the combined use of Stromal Vascular Fraction (SVF) and PRP in treating knee osteoarthritis. This innovative approach aims to assess the synergistic effects of SVF and PRP on cartilage regeneration and symptom relief, potentially offering a novel therapeutic avenue for patients with degenerative joint conditions. The third work is the result of a long-term project: a retrospective study of more than 250 patients followed in the clinic, evaluating the effects of platelet-rich plasma injections in the large joints at 3, 6 and 12 months. The study also analyzes the prognostic factors of response to treatment, showing in particular better efficacy in sports patients, especially at competitive levels. Overall, patients report satisfaction with the treatment, with a lasting reduction in symptomatology of around 40 to 50% over the long term.
https://pubmed.ncbi.nlm.nih.gov/40198111/

Finally, the fourth publication is a narrative review devoted to **myositis ossificans and its therapeutic options**, produced for the Swiss Medical Journal in collaboration with one of his assistant physicians, with the aim of both didactic and updating clinical practices.
https://doi.org/10.53738/REVMED.2025.21.926.47510

Collectively, these studies reflect Dr. Schwitzguébel's dedication to advancing musculoskeletal medicine through rigorous research and the integration of emerging technologies, ultimately aiming to enhance patient outcomes in osteoarthritis management.

OUTCOME RESEARCH – VALUE-BASED MEDICINE

Dr. Jacques Bernier (Chief Science Officer, Swiss Medical Network)

Jacques Bernier's role in value-based medicine and outcome research is primarily that of a senior strategist and promoter within the Swiss Medical Network. A co-author on methodological work on health-outcome descriptors and outcome assessment in health care. In parallel, Bernier continued to contribute pieces aimed at operationalizing value-based care inside Swiss Medical Network: his essay on the «Genolier 8Ps Value Proposition» proposes an integrated framework that aligns predictive, preventive, participative and personalized care with population health, performance measurement and resource pooling, and announces a clinical study within Swiss Medical Network's integrated-care system to evaluate this model in practice.

He has also authored an essay for Swiss Medical Network on the expanding role of Real-World Evidence (https://www.swissmedical.net/en/blog/20241003_smn_blog_si_real_world_evidence), describing how real-life outcome data from electronic records, registries and other sources can complement randomized trials and inform policy and clinical decisions.

Taken together, Bernier's current contribution to value-based and outcome-oriented medicine lies in shaping the research agenda, promoting outcome-based projects across Swiss Medical Network, and articulating frameworks (8Ps, Real-World Evidence-driven evaluation) intended to make patient outcomes and value central pillars of the network's future care models.

PLASTIC AND RECONSTRUCTIVE, LYMPHATIC, MICRO AND SUPER MICROSURGERY

Dr. Mario Scaglioni (Plastic Surgery Pyramide – PSP, Haus zur Pyramide, Zurich)

Over the past year, our research activity at Medizinisches Zentrum Haus zur Pyramide has focused on advancing reconstructive microsurgery, with particular emphasis on complex soft-tissue reconstruction, refinement of autologous breast reconstruction techniques and optimization of perforator flap design.

Building on our clinical expertise, we have reported challenging reconstructive cases involving the larynx, knee and sacrococcygeal region, highlighting tailored flap combinations and innovative use of perforator territories to restore form and function in anatomically demanding areas. At the same time, we have contributed to expanding the anatomical and clinical understanding of the superficial circumflex iliac artery perforator (SCIP) flap, supporting a safer and more versatile harvest with potentially reduced donor-site morbidity.

Breast reconstruction remains a central pillar of our clinical activity and scientific work. We have published both overviews, and detailed case reports focused on minimally invasive techniques for bilateral autologous breast reconstruction. This approach highlights our commitment to maximize oncologic safety while improving aesthetic outcomes and patient satisfaction.

Furthermore, our participation in the international LYMPH trial confirms our engagement in collaborative, high-impact clinical research. This pragmatic randomized study comparing microsurgical and conservative treatment for chronic breast cancer-associated lymphedema aims to generate evidence to guide long-term management of this debilitating condition. Collectively, these activities reflect a coherent strategy combining anatomical research, innovation in surgical technique and participation in multicenter trials to improve reconstructive options and quality of life for our patients.

QUALITY ASSURANCE AND MANAGEMENT

Noëlle Moser-Van der Geest (Swiss Medical Network)

Quality Management Achievements and Objectives 2025/26

In 2025, our quality management and hygiene initiatives were further consolidated and expanded through a series of structured, group-wide measures. In the field of infection prevention, a comprehensive group-wide hygiene concept was developed, defining standardized hygiene processes under consulting evidenced based practice across all clinics. Structured hand hygiene audits were conducted in every hospital, complemented by a group-wide Hand Hygiene Day and the launch of an influenza vaccination campaign, reinforcing awareness and compliance at all organizational levels.

Within quality management, the successful pilot implementation of Patient-Reported Outcome Measures (PROMs) for hip and knee implants across four clinics enabled the initiation of systematic integration into internal systems, supporting scalable and routine outcome measurement. The annually conducted Patient Safety Week, themed «Patient Safety from the Start», and the Quality Management Day dedicated to Just Culture contributed to strengthening proactive safety behaviors, interdisciplinary learning, and a shared understanding of error management across the organization, highlighting patient safety and outcome measurement as key drivers of high-quality patient care.

Transparency and responsiveness in quality indicators were strengthened through the development and rollout of an internal quality dashboard, enabling structured and timely monitoring of key performance metrics across our network. To support earlier detection of trends and deviations, selected national quality indicators, including SIRIS (Swiss Implant Register) data, are now requested and analyzed at three-month intervals, enabling more proactive and timely management responses. These data are reviewed on a regular basis in collaborative, results-oriented discussions with administrative and medical clinic leadership, reinforcing shared accountability and targeted improvement measures.

Objectives for 2026 include the introduction of a dynamic Surgical Site Infection (SSI) dashboard to support earlier detection of deviations in infection-related indicators, the expansion of the standardized outpatient satisfaction survey to remaining outpatient areas, and the full operational rollout of PROMs for hip and knee implants across all clinics, with planned extensions to spine and shoulder interventions. Furthermore, the standardized recording and documentation of falls and pressure ulcers will be implemented group-wide. Finally, closer collaboration with the quality management team of Mayo Clinic is envisaged to further strengthen methodological robustness and international benchmarking, and continuous quality improvement across the organization.

Myriam Geissmann (Clinique de Genolier)

Continuous improvement and the PDCA cycle: pillars of quality management in health

In the context of increasingly complex healthcare systems, with changes in pricing systems requiring a high degree of agility in their implementation, high patient safety requirements and increasing patient expectations, quality management cannot be limited to the ad hoc application of measures or procedures. Continuous improvement is an essential foundation of quality of care and is based on structured approaches to evaluate, adjust and sustain the actions taken. Among these, the PDCA (Plan-Do-Check-Act) cycle represents a central methodological framework, widely recognized and used in the field of health. The PDCA cycle describes an iterative approach in four stages: Plan, Implement, Check and Act. While the planning and implementation phases are often well mastered, the verification and adjustment stages are often underexploited, even though they are decisive for the real and sustainable effectiveness of quality measures. The check phase aims to systematically assess whether the actions implemented are producing the expected results, based on predefined indicators, audits or data reported by patients (patient satisfaction survey, implementation of Patient-Reported Outcome Measures (PROMs), etc.). This step is an essential moment of critical analysis to identify gaps between the defined objectives and actual practice, as well as to detect any undesirable effects or process deviations at an early stage. For example, the Swiss Medical Network Group carries out annual audits of the surgical safety checklist, followed by interclinical benchmarking. This allows for a comparison and analysis of practices, promotes the sharing of experiences between institutions and supports the implementation of targeted corrective and preventive measures when deviations from the recommendations of Patient Safety Switzerland or the WHO are identified. In addition, the audit for the renewal of the operating permit, conducted every five years by the HPCI (Hygiene, Prevention and Infection Control) department of the General Directorate of Health of the Canton of Vaud, is a major lever for continuous improvement. The preparation phase for this audit allowed the implementation of corrective actions, aimed in particular at ensuring compliance with good practices, strengthening the continuous training of employees and ensuring regular awareness raising through the approach of various themes. This audit illustrates that any external evaluation represents an opportunity for improvement; as such, the Clinique de Genolier has successfully completed this step.

The act phase aims to translate the lessons learned from the evaluation into concrete corrective or preventive actions. It is not only a question of correcting dysfunctions, but also of adapting processes to changes in the context, feedback from professionals and the needs of patients. Without this adjustment phase, quality actions risk remaining static, ineffective or inadequate, thus compromising the objective of continuous improvement.

Continuous improvement should not be seen as a succession of isolated projects, but as an organizational dynamic integrated into the institutional culture. It involves a regular questioning of practices, based on objective and shared data, as well as a sustained

commitment from all stakeholders. In this context, the PDCA makes it possible to structure organizational learning, to capitalize on past experiences and to promote a proactive approach to the quality and safety of care.

Continuous improvement should not be seen as a succession of isolated projects, but as a long-term organizational dynamic, fully integrated into the institutional culture. It is based on a regular and collective questioning of practices, based on objective, reliable and shared data, as well as on a long-term commitment of all stakeholders involved throughout the patient journey. From this perspective, the promotion of a Just Culture is essential in order to foster a climate of trust, encouraging the reporting of adverse events, the systemic analysis of dysfunctions and learning by error. Regular and structured exchanges with field employees are a fundamental lever in this regard, making it possible to compare strategic orientations with the reality of practices, to identify emerging risks and to co-construct pragmatic and adapted solutions. The PDCA cycle therefore constitutes a structuring framework for organisational learning, making it possible to capitalise on past experiences, to actively involve the stakeholders concerned and to support a proactive, coordinated and sustainable approach to the quality and safety of care with the aim of achieving a high level of quality in the long term.

Stéphanie Cortin (Hygiène, Prévention et Contrôle de l'infection (HPCI) Nurse, Clinique de Genolier)

INFECTION HYGIENE, PREVENTION AND CONTROL

The public health nurse: a strategic role still unknown

Healthcare-associated infections (HAIs) remain a major patient safety issue. Despite often short hospital stays and mostly scheduled care, healthcare establishments are not immune to the risks of infection linked to technical procedures, invasive devices and the circulation of microorganisms. The Clinique de Genolier is also characterized by high patient expectations for quality, safety and care experience. In this demanding context, the prevention of the risk of infection cannot be considered as a simple application of rules, but as a structured, transversal approach integrated into the organization. At the heart of this dynamic, the public health nurse – or HPCI manager – occupies a strategic position that is still often unknown. At the interface of care, organization and prevention, they act on a daily basis to secure practices, support teams and support a sustainable culture of quality.

Essential fundamentals as a basis for prevention

Any strategy for preventing the risk of infection is based above all on essential fundamentals. Among them, hand hygiene remains the most effective measure to prevent the cross-transmission of microorganisms. While its principle is widely known, its constant application requires a long-term commitment and local support. The role of the public health nurse is to promote and support this practice through compliance audits, field

observations, individualized feedback and regular reminders. These actions not only make it possible to measure practices, but also to understand the constraints of the field and to adapt messages accordingly. In line with this approach, the dissemination and updating of standard precautions is another essential pillar. Their appropriation by all professionals is a prerequisite for guaranteeing effective and homogeneous prevention, regardless of the service or type of care.

Clinical expertise at the service of controlled risk situations

Beyond the general principles, some situations require specific expertise, in particular the management of patients requiring isolation measures. The early identification of these patients, the implementation of proportionate isolation and their follow-up throughout the stay are an integral part of the missions of the public health nurse. The management of multidrug-resistant bacteria (MDR) is a particular example of this expertise. It is based on epidemiological surveillance, data collection and analysis, as well as close collaboration with doctors, health care teams and laboratories. The objective is twofold: to limit the spread of microorganisms while guaranteeing a healthy dose of microorganisms.

Prevention together: the place of vaccination for professionals

The prevention of the risk of infection does not only concern patients. It is also part of a logic of collective protection, including health professionals. Influenza vaccination is therefore an essential lever for reducing the transmission of the virus in healthcare settings and ensuring continuity of care. The public health nurse plays a central role in the organization and coordination of vaccination campaigns: planning, logistics, communication and monitoring of coverage rates. Beyond these practical aspects, its role is also to raise awareness, inform and answer employees' questions, in an approach based on listening and education. By being a prevention referent, she contributes to promoting shared responsibility and a culture of public health within the clinic.

Training, supporting and anchoring good practices in daily life

Training is a major lever for making prevention sustainable. It concerns both the onboarding of new employees and the ongoing training of existing teams. The themes addressed – hand hygiene, professional clothing, personal protective equipment or good care practices – are part of a logic of global safety of practices. The repetition of messages, their adaptation to contexts and audiences, as well as regular presence in the field are essential to anchor behavior. The public health nurse favors a benevolent and non-punitive approach, encouraging team support and the expression of the difficulties encountered. This local work makes it possible to transform the rules into practices that are truly integrated into daily life.

Securing the healthcare environment: an often invisible mission

The prevention of the risk of infection also involves controlling the healthcare environment, an area that is often less visible but essential. During renovation or construction work, the public health nurse assesses the risks of infection and participates in the implementation of appropriate protective measures, in conjunction with the technical teams and

service providers. They are also involved in securing the use of medical devices, particularly invasive ones, by participating in the development and updating of procedures, in collaboration with the care and biomedical teams. The monitoring of the legionella risk is part of this same environmental logic. It is based on working closely with technical services, analyzing the results and implementing corrective measures, thus contributing to the overall safety of patients and professionals.

A cross-functional service of quality and continuous improvement

All of these missions illustrate the transversal dimension of the role of the public health nurse. As an interface between caregivers, doctors, technical teams, hotels and management, it actively contributes to the quality and safety of care, regulatory compliance and the image of the clinic. Its action is fully in line with a continuous improvement approach, based on the analysis of practices, the sharing of data and the involvement of the actors concerned. In this way, it participates in the construction of a sustainable prevention culture, adapted to the specificities of private clinics.

RADIOLOGY

Dr. Anne-Lise Hachulla (Clinique de Genolier)

In the report *The forgotten bullet: a rare coronary-CT image discovery* (Int J Cardiovasc Imaging, 2025), Anne-Lise Hachulla's key contribution was the initial expert interpretation of the coronary CT scanner images: she recognized and assessed the atypical hyper-attenuated mediastinal structure seen on native and contrast-enhanced acquisitions, helping frame the early differential diagnosis and prompting the targeted clinical re-questioning that ultimately linked the finding to a long-standing retained bullet near the great vessels – an incidental but clinically crucial discovery because it contraindicated any future MRI in this patient.

RADIO-ONCOLOGY

Prof. Oscar Matzinger (Chief Medical Officer, Swiss Medical Network)

SWISS MEDICAL NETWORK RADIOTHERAPY 2025

Clinique de Genolier, Clinique Générale-Beaulieu (Geneva) and Privatklinik Bethanien (Zurich)

In 2025, the radiotherapy departments at Clinique de Genolier (within the Genolier Innovation Hub), Clinique Générale-Beaulieu and Privatklinik Bethanien continued to strengthen a shared, network-wide approach aimed at advancing clinical excellence and differentiated treatment programs, accelerating technology-enabled innovation with a strong medical physics component, and scaling digital, interoperable and increasingly

automated workflows. This strategic trajectory resulted in peer-reviewed scientific output, sustained visibility at national and international conferences, and a series of structured academic and industrial collaborations in treatment delivery, imaging, quality assurance, and oncology information systems. In parallel, Genolier and Beaulieu confirmed their role as key training sites, contributing to long-term medical attractiveness and skills transfer within the network.

Peer-reviewed publications (2025)

A major scientific milestone of the year was the publication in *Frontiers in Oncology* of a refined Swiss protocol for organ preservation in rectal cancer using contact X-ray brachytherapy (Papillon). The paper formalizes a pragmatic, real-world implementation approach and describes the organizational and technical adaptations required to secure patient selection, standardize procedures, integrate the technique into a multimodal care pathway, and support routine adoption in a multi-site context within Swiss Medical Network.

Reference

Picardi C, Caparrotti F, Brunner-Schaub N, Christen D, Fargier-Voiron M, Drepper M, Von Laufen A, Montemurro M, Ris F, Matzinger O. *Front Oncol*. 2025;15:1608427. DOI: 10.3389/fonc.2025.1608427.

Scientific communications at conferences (oral presentations, posters, invited talks)

Medical and medical physics teams maintained a strong presence across key forums (SFPM, SSRMP, SASRO, ESTRO, ASTRO, AAPM, ISRS), reflecting the maturity of multiple technical programs and an explicit focus on evidence-based implementation, robustness, reproducibility, and transferability across sites.

Prone breast radiotherapy on Radixact: dosimetric benefit and delivery robustness

«Prone breast» was a recurring theme in 2025. Several communications focused on the dosimetric value of prone positioning (notably for right breast), delivery robustness in tomotherapy (TomoDirect and TomoHelical), and the practical prerequisites for safe clinical adoption (immobilization, reproducibility, and quality assurance). These presentations supported the progressive standardization of workflows.

Personalized immobilization and clinical or dosimetric impact (3D printing)

International contributions highlighted the potential of personalized 3D-printed immobilization devices in breast radiotherapy, including evaluation of skin dose in prone breast radiotherapy (ESTRO 2025) and comparative analyses of radiation-induced side effects when such devices are integrated into clinical treatments (ASTRO 2025). These works align with a broader convergence between device innovation, dosimetric optimization, and strengthened QA.

Advanced QA and precision: tracking strategies, measurement systems, modality comparisons

QA-focused workstreams and comparative evaluations were disseminated through posters and invited sessions, including (i) prostate plan comparisons between CyberKnife and Radixact (Precision and RayStation) and (ii) the impact of «Tracking by Jaws» versus MLC on Synchrony accuracy in a tomohelical context. Presence at highly specialized meetings (AAPM, ISRS) supported the strategic goal of robustly documenting clinical and physics performance across the network's technology platforms.

Digital transformation: OIS migration, clinical experience and scaling

Several presentations addressed the migration to a new oncology information system (RayCare), change management, operational benefits, and the integration challenges and opportunities with treatment delivery systems and planning software. The overarching objective was to standardize processes, strengthen traceability, and enable structured data readiness for future value creation.

Technology programs and clinical innovation (implementation and commissioning)

Across 2025, sites continued active commissioning and evaluation of new modalities through structured risk assessments, phantom validations, continuous improvement of SOPs, and documentation to support safe routine use.

Clinique de Genolier: expansion of the technical platform and new indications (XStrahl)

Clinical go-live of superficial low-energy X-ray treatments (40 to 100 kV) took place on March 10, 2025 followed in September by intermediate-energy (120 to 220 kV) anti-inflammatory treatments. These modalities complement the technology platform of the new radiotherapy service at the Genolier Innovation Hub. In parallel, a national intercomparison project was initiated with the CHUV Institute of Radiation Physics using TLD dosimeters to support quality assurance and metrological harmonization for medium-energy X-ray therapy beams.

Clinique Générale-Beaulieu, Geneva: benign and functional radiosurgery (CyberKnife®)

From June 2025, a collaboration with Dr. Constantin Tuleasca (neurosurgery) enabled initiation of benign and functional radiosurgery cases on the Beaulieu CyberKnife®, including first treatments for trigeminal neuralgia. This program represents a significant step in expanding radiosurgery beyond oncology, with a strong emphasis on interdisciplinary organization, protocol rigor, and dedicated QA.

Advanced automation: «end-to-end» segmentation and planning (GE and RaySearch collaboration)

A major highlight of 2025 was the acceleration of automation across key treatment preparation steps, notably contour segmentation and treatment planning, within a structured collaboration between Swiss Medical Network teams, GE and RaySearch. For selected indications and well-defined workflows, these developments enabled the generation of clinically acceptable plans in minutes rather than days, without any human intervention.

Beyond efficiency gains, this automation program supports a broader industrialization of radiotherapy processes, including reduced inter-operator variability, improved reproducibility, and greater scalability. It also establishes a strategic foundation for a more standardized, traceable and auditable radiotherapy pathway, aligned with data-driven ambitions and cross-site comparability.

STRATEGIC COLLABORATIONS (INDUSTRY, ACADEMIC PARTNERS, PROFESSIONAL SOCIETIES)

RaySearch: OIS, interoperability, product governance and co-development

2025 included multiple key interactions: dedicated visits from RayCare development teams (Genolier) and RaySearch France, structured discussions on ARIA to RayCare transition and clinical deployment, participation in international RaySearch advisory boards (Miami, Stockholm), software upgrades to address anomalies, IT infrastructure migration (Swisscom data center in Bern to Inginia data center in Zurich), and the start of interoperability testing between iDMS, Radixact, CyberKnife and RaySearch applications. The team also achieved 2nd prize in RaySearch's annual dosimetry competition, reflecting advanced expertise and adoption of the platform.

VisionRT and Accuray: AlignRT in-bore on Radixact, clinical deployment and pathway to DIBH breast

Collaboration with VisionRT continued around the development and clinical implementation of AlignRT in-bore surface monitoring on Radixact. Following upgrades, progressive deployment, risk analyses, training and phantom testing, a new prototype installation improved cable management in collaboration with Accuray. This evolution supports the near-term pathway toward breast treatments with deep inspiration breath hold, combining immobilization, surface monitoring and delivery robustness.

GE: advanced imaging and integration into the radiotherapy workflow

Collaboration with GE included expert visits and the signature of a collaboration framework to evaluate clinical implementation of VUE and VMI images within the radiotherapy workflow, as well as the assessment of dual-energy CT software solutions. These projects aim to improve imaging data quality for delineation and dose calculation, and to strengthen integration across imaging, planning and treatment.

IBA Dosimetry: CyberKnife® QA

The medical physics group continued collaboration with IBA Dosimetry focused on the evaluation and development of the MyQA SRS array for patient-specific and machine QA on CyberKnife, supported by long-term equipment loan and academic integration (master-level work).

Other collaborations and cross-institution exchange

- HeroSupport: volunteer testing of repositioning shells, and RTT training for surface scanning acquisition to produce 3D-printed shells for prone breast treatments.
- Regular exchanges with CHUV teams, notably around RayCare experience and operational workflows.

EDUCATION, TRAINING AND SCIENTIFIC CULTURE

Postgraduate medical training (ISFM accreditation)

The radiotherapy services continued their activity as an ISFM-accredited postgraduate medical training site in Category B. In 2025, this mission was embodied by two dedicated training positions, one at Clinique Générale-Beaulieu and one at Clinique de Genolier. This accreditation and structured training capacity strengthen the network's attractiveness, support skills transfer, and ensure alignment with national standards for specialist education.

Academic teaching and ETH Zurich contribution (Professor of Practice)

In parallel with clinical and governance responsibilities, Prof. Oscar Matzinger continued his academic activities as Professor of Practice at ETH Zurich. In 2025, this included:

- Teaching in nutrition physiology for D-HEST students, emphasizing integrated physiological and metabolic concepts relevant to clinical practice;
- Contribution to the clinical research module for Bachelor medical students, focused on methodology, critical appraisal, protocol design, and translation into clinical projects.

These academic commitments reinforce the service's academic footprint and foster a continuum between clinical practice, innovation and the training of the next generation.

Journal Club and internal scientific governance

From September 2025, journal clubs were launched to share recent publications, present service R&D projects, and facilitate interdisciplinary discussion. Within this framework, a comprehensive review and update of clinical protocols was performed, strengthening harmonization and continuous improvement across sites.

Human resources and hands-on training

2025 combined targeted team consolidation with a strong commitment to practical training. This included medical physics reinforcement (fixed-term positions), integration of trainees (medical physics master-level internship, EPFL internship), RTT recruitment (permanent and fixed-term), and structured hosting of RTT students (HES-SO and HESAV) as well as MSSA students. The human resources strategy supports operational capacity, skill transmission, and a strong quality culture.

Conclusion and outlook

In 2025, the three sites further reinforced their group-level coherence while continuing to develop site-specific expertise. A balanced portfolio was maintained across technology innovation, high-value clinical programs (organ preservation, functional radiosurgery), digital workflow structuring, and a step-change in automation capability.

The end-to-end automation of segmentation and planning, developed in collaboration with GE and RaySearch, represents a strategic milestone with both operational and clinical implications, supporting standardization, auditability and scalability.

ISFM Category B accreditation, with dedicated training posts in Clinique de Genolier and Clinique Générale-Beaulieu, further confirms the network's role as an excellent clinical and educational environment, ultimately benefiting quality of care and long-term medical attractiveness.

REGENERATIVE MEDICINE

Dr. Sophie Menkes (Clinique Nescens, Medical Director of Aesthetic and Regenerative Medicine, Clinique de Genolier)

Below is a brief overview of the scientific activities over the past year, as well as a list of publications and presentations related to her work in 2025:

- Publication of an article in the *Aesthetic Surgery Journal*, ranked #1 among specialized journals in aesthetic/plastic surgery, on Erbium:YAG laser combined with plant-derived exosomes (ASCEplus IRLV) for genital rejuvenation.
- Results of a study comparing PRP with exosomes derived from Damask rose cells (ASCE plus HRLV) in the treatment of androgenetic alopecia. Statistical analysis is currently underway and will be the subject of a forthcoming publication.
- A study on «smart combinations» associating nanofat with the Endolift laser is in progress, with very encouraging preliminary results. Endolift is a minimally invasive medical procedure for interstitial laser liporemodeling, using a very small-diameter optical fiber inserted into the hypodermis and deep dermis. Endolift acts in depth through mechanical and thermal effects, inducing localized lipolysis, tissue tightening, and collagen stimulation, while nanofat – rich in stromal cells and regenerative factors – improves skin quality through a biological effect. This synergy makes it possible to achieve both tissue tightening and a progressive improvement in skin texture, elasticity, and radiance.
- We are testing the MCT (Meta Cell Technology) laser, which works through cellular photobiomodulation. Its value, when treatment with nanofat, PRP, or exosomes has already been performed, lies in potentiating their biological effects. By improving cellular metabolic activity, microcirculation, and tissue repair mechanisms, it optimizes the local environment in which these regenerative treatments act. MCT does not replace biological approaches but can help strengthen and prolong their clinical benefits.

- Two clinical research studies are planned and awaiting approval: one on a heterologous secretome based on exosomes from human stem cells, and another on a new filler that can be injected in liquid form and then cross-link with body heat, without the addition of BDDE.
- Successful launch of Morphiyia exosomes, derived from embryonic calf umbilical cord cells and stabilized with a liposome (Hybrosome), for skin and hair rejuvenation and post-laser care. The initial results are very promising, particularly in androgenetic alopecia.
- Implementation of the ExoMine procedure, which aims to obtain, from the patient's blood, a plasma enriched with platelet-derived exosomes. Compared with standard PRP, the objective is to increase the density of platelet exosomes (CD63/CD81/CD9+) and thus enhance pro-reparative paracrine signaling toward keratinocytes, fibroblasts, and skin appendages. The standard procedure is as follows:
  - Blood sampling and PRP preparation using the dedicated kit.
  - Platelet activation/micro-lysis via a micro-device (controlled shear stress) to release vesicles in large quantities.
  - Centrifugation to obtain a final volume of plasma rich in autologous exosomes.
  - Local administration according to the aesthetic indication, most often intradermally, in a meshing technique, either alone or as an adjunct to light procedures (microneedling, superficial fractional laser, etc.).

REHABILITATION

Claude Spicher (Somatosensory Pain Rehabilitation Center, Clinique Générale Ste-Anne, Fribourg)

In three 2025 articles in Somatosensoryadrie Pain Rehabilitation, Claude Spicher explored chronic neuropathic pain as a therapy to be co-created with patients and reflects on communication as a bridge between conversation and genuine connection in sensory rehabilitation. The series also offers an open synthesis – moving «toward an inhabited silence» – while marking the 21-year milestone of the «Centre de rééducation sensitive du corps humain». In this, Spicher strengthened Swiss Medical Network's scientific output through several contributions focusing on the rehabilitation of complex pain conditions and the development of patient-centered therapeutic frameworks. His article on chronic neuropathic pain emphasizes a therapy that is co-created with the patient, aligning clinical decision-making with shared goals and individualized rehabilitation pathways.

He also highlighted the maturation and identity of the field through a collaborative publication marking the 21st anniversary of the «Centre de rééducation sensitive du corps humain», exploring how communication evolves from simple conversation to meaningful therapeutic connection.

Finally, his «open synthesis» piece proposes a reflective, integrative perspective – moving toward an «inhabited silence» – that supports deeper clinical listening and a more nuanced understanding of the patient experience within sensory and pain rehabilitation.

SENOLOGY

Dr. Magdalena Kholik (Centre du Sein, Clinique de Genolier; Clinique Générale-Beaulieu, Geneva)

Magdalena Kholik continued her clinical research on the therapeutic management of mammary carcinomas. The first scientific axis studies the use of neoadjuvant systemic therapy in patients with clinically node-positive breast cancer in Europe in the framework of the prospective TAXIS study (OPBC-03, SAKK23/16, IBCSG 57-18, ABCSG-53, GBG 101). The main objective of the second trial (VISION I) is to determine the diagnostic accuracy of the post-NAC VAB in determining pCR compared to open surgery.

SUPPORTIVE CARE

Nurse Team of the Centre de Soins de Support (Clinique de Genolier)

The Centre de Soins de Support at the Clinique de Genolier is dedicated to supporting patients living with cancer, a journey often marked by significant physical, emotional, and social challenges. This initiative is designed to help individuals navigate the impact of their illness, alleviate treatment side effects, improve their overall quality of life, and ease a smooth transition back to everyday routines and professional life. Supportive care embodies a holistic approach, addressing the needs of both patients and their families throughout the management of serious and chronic diseases. Beyond specific anti-cancer treatments, this comprehensive approach fosters multidisciplinary collaboration and coordination among healthcare professionals.

The Centre's aim is to empower patients to take an active role in their care journey, instill confidence as they confront new challenges, guide them toward the best available resources, and equip them with the tools to overcome obstacles. By integrating medical expertise with compassionate care, the Centre ensures that every step of the journey is met with the support needed to thrive.

Support care is structured around the four axes of oncological rehabilitation:

1. **Psychological Support**
   Psycho-oncology, onco-sexology, medical hypnosis, sophrology, NLP (Neuro-Linguistic Programming), coaching for returning to employment, social worker from the Cancer League, Café Rencontre (Meetup Café), meeting for caregivers, and art therapy.
2. **Nutrition**
   Dietetic workshops, personalized nutritional follow-up.
3. **Well-being**
   Therapeutic massages, energetic care and massages, sound therapy, makeup/facial care workshops, socio-aesthetic nail care, and self-image coaching.

4. **Physical Activity**
   Adapted physical activity, hatha yoga, Qi Gong, fencing, physiotherapy, lymphatic drainage, occupational therapy, snowshoe hiking, nautical activities on Lake Geneva.

Furthermore, in line with its mission to support patients and their families in navigating the challenges of cancer, the Centre de Soins de Support also established at the Clinique de Genolier a network of dedicated volunteers, working closely with both staff and patients.

THORACIC SURGERY

Dr. Loïc Lang-Lazdunski (Clinique de Genolier; Clinique Générale-Beaulieu, Geneva)

Loïc Lang-Lazdunski continued his research in the field of pleural mesothelioma, in particular on the important role of cytoreductive surgery and patient selection. He is currently collaborating with pathologist colleagues at the Royal Brompton and Harefield hospital/Imperial College London as well as with colleagues from the University of Hawaii and the University of Leicester on the search for germline mutations in young patients with pleural mesothelioma (BRCA1, BRCA2, BAP1, ATM, etc.) and their implications for treatments and long-term survival.

He contributed to advancing the surgical management of pleural mesothelioma through a critical analysis of cytoreductive surgery outcomes from recent major trials (https://doi.org/10.1016/j.ejso.2025.109628) and a large retrospective cohort study reporting long-term results of multimodality therapy including pleurectomy/decortication in 152 consecutive patients (https://doi.org/10.1016/j.ejso.2025.109628).

UROLOGY

Dr. Eric Allaire (Clinique de Genolier)

Eric Allaire Allaire co-authored two peer-reviewed clinical studies highlighting Swiss Medical Network's contribution to innovative endovascular–surgical management of drug-resistant erectile dysfunction caused by cavernovenous leakage.

Published in a leading vascular surgery journal, the first paper reported outcomes of a combined, single-session strategy integrating simultaneous ligation and embolisation to treat cavernovenous leaks, emphasizing procedural feasibility and therapeutic potential in carefully selected patients. The second publication provided one of the larger clinical experiences to date, describing ligation and embolization performed in one procedure in 171 patients, thereby strengthening the evidence base on effectiveness, safety, and scalability of this combined approach for men with erectile dysfunction refractory to

medical therapy. Collectively, these works support the role of hybrid, minimally invasive vascular techniques as a structured treatment option for complex venogenic erectile dysfunction.

Eric Allaire also collected data from patients (semiology, biology, hemodynamic, CT imaging, surgery, control and follow-up) under legal regulation. He is building-up a transdisciplinary consortium for data analysis and publication on suicidal ideas among patients operated-on for venous leakage.

In terms of scientific communication, Eric Allaire gave a Lecture on «Fuite veineuse : controverses diagnostiques, profils de patients, résultats de la chirurgie et de l'embolisation combinés», as invited speaker at the Académie Suisse de Médecine Sexuelle, on November 6, 2025 in Lausanne.

Dr. Georges-Antoine de Boccard (Centre d'Urologie, Clinique Générale-Beaulieu, Geneva)

Georges-Antoine de Boccard contributed to the scientific community by delivering international presentations in 2025 on the history and evolution of robotic (robot-assisted) microsurgery, including urology's pioneering role (WSRM, Barcelona) and broader historical perspectives (RAMSES, Kagoshima). He also highlighted early visionary concepts by revisiting what robotic-assisted microsurgery looked like as far back as 2003 (RAMSES 2025).

6. SCIENTIFIC PARTNERSHIPS AND COMPLEMENTARY ACTIONS

SCIENTIFIC PARTNERSHIPS

PARTNERSHIP WITH THE SWISS FOUNDATION FOR INNOVATION AND TRAINING IN SURGERY (SFITS) – GENEVA

In 2025, we pursued the collaboration with the Swiss Foundation for Innovation and Training in Surgery (SFITS) to enhance medical research, training, and technological innovation. This partnership integrates the strengths of both institutions to accelerate the development and application of new medical technologies.

Key aspects of the collaboration:

Research and Development

Our objective is to serve as a central platform for translational research, focusing on MedTech, pharma, and bioscience. It facilitates the progression of experimental developments to clinical applications, fostering strategic interactions between scientists and clinicians.

SFITS, known for its state-of-the-art surgical training facilities, complements this goal by providing a hands-on environment where new surgical techniques and technologies can be tested and refined.

Training and education

SFITS specializes in the training of surgeons and operating room professionals, utilizing modern infrastructure that includes fully equipped wet labs and auditoriums. This partnership allows for the incorporation of our innovative research into SFITS's training programs, ensuring that healthcare professionals are adept in the latest medical advancements.

The collaboration also supports the development of e-learning modules, hybrid events, and live-streamed surgical procedures, enhancing the educational experience for medical professionals globally.

Innovation and technology

By leveraging SFITS's expertise in managing high-tech biomedical equipment and instructional video production, the partnership enhances the ability to develop and disseminate new medical technologies effectively.

This integrated approach ensures that innovative solutions are not only developed but also effectively taught and implemented in clinical settings. This collaboration aims to create a synergistic environment where medical research and clinical practice can advance rapidly, ultimately improving patient care and outcomes.

ONGOING CORPORATE PARTNERSHIP WITH BIOPÔLE SA – LAUSANNE

This ongoing corporate partnership outlines a collaborative framework designed to leverage Biopôle's innovation programs and Swiss Medical Network's healthcare expertise. This partnership is aimed at fostering innovation in the life sciences sector and enhancing the visibility and networking opportunities for both parties. Our scientific team regularly took part in the scientific events organized by the Biopôle in Lausanne. In addition, monthly videoconferences allowed to identify and select research programs started at Biopôle and likely to be integrated in a second phase into one of the entities of the Swiss Medical Network and Genolier Innovation Hub.

Key components of the agreement:

Scope and contributions

Both Biopôle and Swiss Medical Network benefit from enhanced visibility on each other's marketing platforms, access to meeting rooms, and opportunities for on-site meetings and collaborations.

Coordination

An account manager to oversee and coordinate the partnership activities, ensuring regular communication and updates on developments that may affect the collaboration.

Networking and innovation support

Swiss Medical Network has the opportunity to participate in Biopôle's networking events, deal flows, and scouting activities, allowing them to connect with startups and projects in the life sciences field. Dedicated opportunities for Swiss Medical Network to collaborate with companies in Biopôle's StartLab and Digital Health Hub (DH2) for potential business and investment ventures are included.

Event Hosting and joint activities

Both parties can host events of mutual interest at each other's facilities, promoting further collaboration and engagement within the life sciences community.

The agreement facilitates the development of seminars and events on specific topics of interest to both parties, enhancing their collaborative efforts in innovation and business development. In addition, this partnership creates a synergistic relationship between Biopôle's innovation programs and Swiss Medical Network's clinical and operational expertise, driving forward the life sciences sector through joint efforts in research, development, and networking.

COLLABORATION WITH MAYO CLINIC THROUGH THE MAYO CLINIC CARE NETWORK

The collaboration between Mayo Clinic Care Network and Swiss Medical Network's Clinique de Genolier, Privatklinik Bethanien, Clinica Sant'Anna and Swiss Visio Network (Montchoisi, Bellinzona, Zürich, Genolier) aims to provide us with access to Mayo Clinic Care Network's extensive medical expertise and resources. The collaboration is designed to enhance patient care through various clinical, educational, and research initiatives, ultimately benefiting both organizations and their patients.

Core offerings and services:

Knowledge extension

- **AskMayoExpert (AME)**: This is a comprehensive database that provides quick access to standardized protocols and algorithms for hundreds of medical conditions. It is intended to support clinical decision-making at the point of care.
- **Patient education materials**: Clinique de Genolier, Privatklinik Bethanien, Clinica Sant'Anna and Swiss Visio Network will have access to over 2'500 educational materials to inform and empower patients about treatments, conditions, and healthy living.
- **Health information library**: Mayo Clinic's library of health and wellness content can be used to engage patients and the community.

eHealth services

- **Multidisciplinary eBoards/Tumor Boards**: Live video conferences that connect providers with Mayo Clinic specialists to discuss complex cases, facilitating access to second opinions from Mayo Clinic's experts.
- **Health care consulting**: Tailored engagement to help Clinique de Genolier, Privatklinik Bethanien, Clinica Sant'Anna and Swiss Visio Network achieve clinical, operational, and business goals through expert guidance.

Education and research

Beyond the access to Mayo Clinic's educational courses and conferences, including Continuing Medical Education (CME) opportunities, this collaboration will help us develop mutual research programs and access to Mayo Clinic's database of investigator profiles to foster innovation and scientific advancement.

ONGOING PARTNERSHIP WITH ISTITUTO EUROPEO DI ONCOLOGIA (IEO) – MILANO

Swiss Medical Network and the European Institute of Oncology (IEO) in Milan are strengthening their strategic partnership to leverage complementary expertise in clinical and translational oncology research. By uniting strengths in radiation oncology, theranostics and medical oncology, the collaboration aims to accelerate the translation of cutting-edge scientific advances into routine care.

A key component of this alliance is the development of Swiss Medical Network's new Clinical and Translational Research Unit, including an Early Phase I Unit, which will serve as a shared platform for innovative clinical trials and novel therapeutic approaches. Prof. Roberto Orecchia, Scientific Director of IEO, contributes as a Visiting Professor, further reinforcing synergies across oncology disciplines.

Both institutions are committed to deepening this collaboration, with intensified interactions between their research teams expected to drive impactful progress in oncology for patients across both networks.

COMPLEMENTARY ACTIONS

DEVELOPMENT OF THE GENOLIER INNOVATION NETWORK

The Genolier Innovation Network (GIN) was further developed as part of the Swiss Medical Network's broader initiative to foster research and innovation in the medical field. The network is designed to integrate various stakeholders, including scientists, physicians, companies, and academic institutions, to accelerate the development and implementation of advanced medical technologies and treatments.

Content and objectives of the Genolier Innovation Network:

Collaborative research

- **Translational research**: The GIN focuses on bridging the gap between laboratory research and clinical application. This involves developing new medical technologies and therapies that can be quickly and effectively translated into patient care.
- **Clinical trials and studies**: The network supports clinical trials and studies to test new medical interventions and gather data on their efficacy and safety (Genolier Innovation Hub) (Swiss Medical Network).

Innovation and development

- **MedTech and pharma collaboration**: By bringing together key players in MedTech, pharmaceuticals, and biosciences, the network aims to foster strategic interactions that accelerate the transfer of innovative solutions from research to bedside.
- **Digital health initiatives**: The GIN supports the development of digital health tools and telemedicine solutions to enhance patient care and healthcare delivery.

Educational Programs

- **Training and workshops**: The network organizes workshops, seminars, and training programs to educate healthcare professionals about the latest advancements in medical technology and treatments. These events are held in state-of-the-art facilities, including a 260-seat auditorium equipped with advanced videoconferencing capabilities.
- **Knowledge Exchange**: The GIN promotes the exchange of knowledge and best practices among its members, fostering a collaborative environment that encourages continuous learning and improvement (Swiss Medical Network).

Key Goals

- **Accelerate innovation**: To speed up the development and implementation of innovative medical solutions.
- **Improve patient care**: To enhance the quality and effectiveness of patient care through advanced medical technologies and therapies.
- **Foster collaboration**: To create a collaborative ecosystem where different stakeholders can work together to solve complex health issues.

- **Educational advancement**: To provide continuous education and training to healthcare professionals, ensuring they are equipped with the latest knowledge and skills.

The Genolier Innovation Network serves as a critical platform for driving medical innovation and improving healthcare outcomes globally, aligning with Swiss Medical Network's commitment to excellence in medical research and patient care.

CLINICAL NURSING PLATFORM, SWISS MEDICAL NETWORK

Under the leadership of Drissia El Archi, the Swiss Medical Network's nurse clinician platform advances several key initiatives, fostering the modernization and the quality of nursing practices across hospital sites.

- **Swiss Medical Network's Nurse Days 2025**, held at the Genolier Innovation Hub, brought together more than 160 healthcare professionals, with the exceptional participation of nurses from Mayo Clinic. Structured around international conferences, clinical feedback, workshops and a poster competition, the event addressed current issues in nursing practice: interactions between innovation, digital transformation, ethics and professional development. Contributions from the clinical field and the academic world highlighted how AI and innovation can support nursing practice, ensuring quality care.
  Thanks to its scientific richness, the diversity of expertise mobilized and the quality of the exchanges, this event had a major impact within the Swiss Medical Network healthcare community.
- **Outlook for 2026:** structured collaboration is planned between the Champion Nurses of the three Mayo Clinic Care Network clinics and experts from Mayo Clinic, focusing on two priority areas: medication safety and optimizing the patient journey in orthopedics.

The aim is to analyze and adapt Mayo Clinic's best practices in order to consolidate the quality and safety of care and the patient experience

D-HEST DAY, ETH MAIN BUILDING, ZURICH, FEBRUARY 3RD

The D-HEST Day at ETH Zurich provided a platform for scientific exchange and interdisciplinary collaboration in health sciences and technology. Researchers, clinicians, and industry leaders gathered to explore emerging trends, translational research opportunities, and strategic partnerships in healthcare innovation.

Discussions focused on bridging academic research with clinical applications, emphasizing key areas such as biomedical engineering, digital health, and personalized medicine. Experts shared insights on cutting-edge advancements in AI-driven diagnostics, orthopedic technology, and neuroscience, highlighting ETH Zurich's role as a leader in health

technology innovation. Additionally, the event fostered dialogue between academic institutions, medical networks, and industry stakeholders, reinforcing the importance of collaborative research and translational impact.

The event concluded with a forward-looking discussion on the future of health sciences, emphasizing the need for sustainable funding models, interdisciplinary education, and innovative healthcare solutions. During this session, Oscar Matzinger and Lana E. Kandalaft, in collaboration with Jacques Bernier as co-author, delivered a lecture titled «A Private Network of Hospitals in Switzerland: Bridging Clinical Practice with Health Science and Technology.» Their presentation explored the integration of cutting-edge scientific advancements and technological innovations within a private hospital network, emphasizing strategies to enhance patient care, research collaboration, and medical innovation.

SCIENTIFIC RESEARCH AT SWISS MEDICAL NETWORK: GOVERNANCE, FUNDING, AND STRATEGIC PRIORITIES, GENOLIER INNOVATION HUB, FEBRUARY 6TH

The Genolier Innovation Hub hosted a high-level scientific meeting focused on research governance, strategic priorities, and funding opportunities within Swiss Medical Network. This event brought together key stakeholders to clarify the roles of various research actors and outline future directions.

The session opened with Dino Cauzza and Fabrice Zumbrunnen, followed by a historical overview of four decades of research at Swiss Medical Network presented by Antoine Hubert and Jacques Bernier. The core discussions covered ongoing scientific advancements and projects, including contributions from Réseau de l'Arc and VIVA (Alain Kenfak), F-Z Healthcare Foundation (Pierre-Alain Clavien), multi-disciplinary oncology (Oscar Matzinger), and neurosurgery at Clinique Générale-Beaulieu (Frederic Schils), among others. Collaborations with external entities, including IEO (Michael Montemurro), were also highlighted.

The second half of the event focused on future trajectories, with Philippe Glasson and Jacques Bernier discussing Swiss Medical Network's role in shaping research domains. Jacques Bernier and Oscar Matzinger addressed governance and financing challenges, while Lana E. Kandalaft emphasized the importance of a Translational and Clinical Research Center. The meeting concluded with an open discussion, closing remarks, and a networking lunch, reinforcing Swiss Medical Network's commitment to strengthening research excellence and interdisciplinary collaboration.

SWISS VISIO NETWORK 360° OPHTHALMOLOGY SYMPOSIUM, GENOLIER INNOVATION HUB, MARCH 20TH

Organized by Swiss Visio Network, this symposium, titled «Different Perspectives: Innovations and Advances in Ophthalmology», brought together experts to discuss cutting-edge developments across various ophthalmic subspecialties.

The scientific program featured, among others:

- **Cornea**: Advances in endothelial decompensation management and lamellar keratoplasties.
- **Refractive Surgery**: Evolution of SMILE procedures, presbyopia correction techniques, and patient satisfaction with IOLs.
- **Oculoplastic Surgery**: Innovative approaches in multilevel blepharoplasty.
- **Uveitis & Immunology**: Novel insights into ocular inflammation and monitoring techniques.
- **Strabismus**: Challenges and advancements in oculomotor surgery.
- **Surgical Retina**: Management of retinal detachment in Marfan syndrome and surgical indications for macular pathologies.
- **Medical Retina:** New metrics for atrophic AMD and automated OCT-based fluid quantification.
- **Glaucoma**: The role of IOP, corneal biomechanics, and new surgical alternatives.
- **Neuro-Ophthalmology**: Emerging research on visual snow syndrome.

The event also incorporated interactive mystery cases, industry-sponsored sessions, and a visit to the Genolier Innovation Hub, fostering discussions on translational research and technological advancements. The symposium underscored the importance of multidisciplinary collaboration, precision diagnostics, and innovative therapeutic approaches in optimizing patient outcomes in ophthalmology.

LAUNCH EVENT, MAYO CLINIC CARE NETWORK, GENOLIER INNOVATION HUB, MAY 6TH

At the inaugural event of the Mayo Clinic Care Network and Swiss Medical Network collaboration in May 2025, Swiss Medical Network's Clinique de Genolier, Privatklinik Bethanien, Clinica Sant'Anna and Swiss Visio Network's sites Montchoisi, Bellinzona, Zürich and Genolier joined the Mayo Clinic Care Network, gaining direct access to Mayo Clinic's clinical expertise, educational resources, and research capabilities. Through tools such as AskMayoExpert, extensive patient education materials, and a comprehensive online health information library, our physicians will be able to draw on standardized protocols and the latest evidence to support clinical decision-making and better inform patients. The collaboration also includes multidisciplinary eBoards and tumor boards for complex case discussions with Mayo Clinic specialists, and broad access to Mayo Clinic's educational courses, conferences, and CME activities. Together, these clinical, eHealth, and research initiatives are designed to foster joint innovation, strengthen quality of care, and enhance the overall delivery of healthcare for patients served by both organizations.

SWISS MEDICAL NETWORK MEDICAL DAYS, GENOLIER INNOVATION HUB, MAY 16TH & 17TH

The 2025 edition of the Swiss Medical Network Medical Days brought together national and international experts around the central theme of quality in healthcare, drawing parallels with high-reliability domains such as aviation, and extending the discussion into surgical standards, clinical outcomes, and human relations in care.

The highlights of the program were as follows:

- **Cross-disciplinary insights from aviation**: Pierre de Goumoëns and Daniele Tamburini (Swiss Armed Forces) opened the event by sharing best practices in aviation safety and quality assurance, offering valuable parallels for the medical field.
- **Spine surgery and surgical excellence**: Pierre-Alain Clavien (Privatklinik Bethanien) addressed key indicators of surgical quality in visceral surgery, followed by Emin Aghayev (EUROSPINE) who presented the current landscape and future directions of quality assurance in spine care.
- **PROMs and international perspectives on quality measurement**: Christoph Meier (UZH/UNIGE) explored the growing importance of Patient-Reported Outcome Measures (PROMs), while Eric C. Schneider (NCQA, USA) discussed initiatives to refine quality metrics in the United States.
- **Human relationships and innovation**: Vincent Pointillart (CHU Bordeaux) highlighted the critical role of human connection in care quality, and Alexandre Pauchard (CSEM) concluded with a session.

ORTHO-SPORT DAY, GENOLIER INNOVATION HUB, MAY 16TH

This symposium brought together experts in orthopedics, sports medicine, physiotherapy, and biomedical innovation to explore the latest advancements in treating athletic injuries and preserving joint function.

The Key Highlights:

- **Upper Limb Pathologies**: Alec Cikes focused on sports-related elbow conditions, particularly epicondylitis, emphasizing diagnosis and modern treatment strategies.
- **Knee Prosthetics & High-Performance Demands**: Cristina Bassi discussed personalized approaches to knee prosthetics for athletic patients.
- **Innovations in Physiotherapy**: Nathan Darbellay highlighted the integration of AI in sports physiotherapy across clubs and clinics, showcasing digital tools for injury prevention and recovery.
- **Foot & Ankle Injuries in Soccer**: Victor Valderrabano provided a comprehensive review of lesion management in elite soccer players, combining surgical and conservative approaches.

- **Hip Preservation**: Moritz Tannast presented state-of-the-art surgical techniques aiming to delay or avoid hip replacement in young and active individuals.
- **Future of Orthopedic Surgery with AI**: Douglas Franco (Zimmer Biomet) explored the role of artificial intelligence in surgical planning and patient-specific implant technologies.
- **Hand Trauma in High-Demand Athletes**: Andreas Schweizer addressed treatment of complex metacarpal and phalangeal fractures in professional athletes.
- **Common Elbow Complaints in Sports**: Michael Glanzmann shared practical case-based insights on frequently encountered elbow issues in athletic populations.
- **Athlete Voices**: Skicross champion Romain Détraz and other elite athletes provided first-hand accounts of injury management, rehabilitation journeys, and the physician-athlete partnership.

The event featured lectures, clinical insights, and athlete testimonials, reflecting the interdisciplinary commitment of Swiss Medical Network to sports medicine excellence.

SWISS MEDICAL NETWORK SUSTAINABILITY DAY, GENOLIER INNOVATION HUB, JUNE 5TH

On the 5th of June 2025, on the occasion of World Earth Day, Swiss Medical Network organized the 3rd edition of Sustainability Day, in the inspiring setting of the Genolier Innovation Hub. Under the slogan «From vision to realization», the day brought together our management, sustainability leaders, external experts and partners around a common goal: to actively advance sustainable healthcare.

The interventions laid the strategic foundations of the day. Chitra Subramaniam, patron of the event, delivered a striking message about our collective responsibility in the face of environmental issues.

The program continued with thematic interventions:

- Overview of regulations by Olivier Epelly; Cross-sector perspectives on sustainability in business with Alexandra Fabbro; and Saype's artistic performance, symbolizing the fragility of our planet.

In the afternoon, four workshops allowed collective practice:

- From vision to concrete actions – Charlotte Vivet; Sustainable in the field! – Guillaume Rottet (Clinique de Valère; Optimization of glass and plastic bottles – Elodie Frémont (Swiss Medical Network): Sustainable mobility 2026: «Tour de Suisse» by bike – Pierre-Alain Gschwend (Clinique Générale Ste-Anne)

THE 3RD «LE CLUB» MEETING – GENOLIER INNOVATION HUB, JUNE 18TH

The third edition of «Le Club» took place at the Genolier Innovation Hub and brought together key healthcare innovators, researchers, and institutional leaders from within and beyond Swiss Medical Network. The event opened with welcoming remarks by Lan Zuo Gillet, followed by a strategic overview of clinical research at Swiss Medical Network presented by Jacques Bernier, and an update on the Genolier Innovation Hub's vision and trajectory by Isabelle Magnin.

The first thematic focus addressed current challenges in advancing home-based care, introduced by Nicolas Loeillot under the banner «Health@Home: Supporting the Shift Together». Participants then engaged in small-group breakout sessions to brainstorm practical solutions, later summarized in a plenary discussion.

The second session explored the evolution of digital mental health. Florence von Gunten presented «Ylah», a digital therapy platform for blended psychotherapy. This was followed by interactive working groups contributing feedback and development ideas for the platform's future.

Finally, Fabrice Leclerc introduced the «Be Well, Together» initiative under the new Symbiosis Foundation, focused on fostering holistic well-being. This session also included group-based ideation to support its strategic development.

Throughout the afternoon, the meeting fostered a collaborative spirit and generated actionable insights aimed at accelerating patient-centered innovation across care settings and technologies within the Swiss Medical Network ecosystem.

CERTIFICATE OF ADVANCED STUDIES IN HEALTHCARE LEADER EXCELLENCE (CAS HLE MIG UNIBE), GENOLIER INNOVATION HUB, JULY 10TH

As part of its ongoing commitment to promoting leadership and innovation in healthcare, Swiss Medical Network actively participated in the 2025 edition of the Certificate of Advanced Studies in Healthcare Leader Excellence (CAS HLE), organized by the University of Bern's Management in Healthcare (MiG) program (June 30 – July 11). This two-week summer school brought together healthcare executives and senior leaders from across Switzerland and beyond, offering a high-level platform for strategic exchange and interdisciplinary learning.

Jacques Bernier, Chief Science Officer of Swiss Medical Network, delivered a keynote lecture on July 10 at the Genolier Innovation Hub, where he presented the Group's institutional vision. His talk provided an in-depth overview of Swiss Medical Network's integrated care approach, scientific strategy, and its alliance with international institutions such as Mayo Clinic Care Network. The lecture stimulated rich discussions on how

forward-looking healthcare networks can align innovation, clinical excellence, and sustainable governance to shape the future of medicine.

This CAS program, taught in both English and German, targets experienced leaders with a university degree and substantial executive-level experience. While prior healthcare sector experience is advantageous, it is not required. The course is designed to strengthen leadership capabilities in the rapidly evolving healthcare landscape.

4TH SYMPOSIUM ON SUSTAINABLE HEALTHCARE, LOCARNO, AUGUST 9TH

This 4th Symposium on Sustainable Healthcare, organized by Swiss Medical Network, addressed key issues shaping the future of the Swiss healthcare system, with a focus on sustainability, cross-sector collaboration, and innovative care models.

The event brought together leading figures from politics, healthcare, science, research, business, and culture to foster intersectoral dialogue and explore concrete solutions to structural healthcare challenges.

Around 200 participants attended a rich program featuring expert presentations on digitalization, care models, and prevention, as well as showcases of innovative field projects (e.g., VIVA, PID HUG, Swiss KIS). Two panel discussions gathered representatives from Visana, comparis.ch, SWICA, Cantonal Hospital of Baden, Valais Hospital, Well, and others. Last but not least, an overview of Swiss Medical Network's current research activities, including the development of personalized cancer vaccines.

The key takeaways were of four orders: a) sustainable healthcare requires networked collaboration beyond sector boundaries; b) digital solutions are essential for efficiency and patient-centered care; c) health literacy and education are decisive levers for long-term system relief; and d) research and foundations such as the Genolier Foundation make valuable contributions to healthcare development.

ANESTH DAY 2025 – INNOVATION IN ANESTHESIOLOGY AND BEYOND, GENOLIER INNOVATION HUB, AUGUST 30TH

The 2025 edition of «Anesth Day» brought together leading clinicians, researchers, and innovators to explore the future of anesthesiology through the lens of biomedical innovation, artificial intelligence, and clinical practice. In his opening keynote, Antoine Hubert outlined a strategic vision for innovation in Swiss healthcare, from biotechnology to system-wide transformation. Gerald Seematter and Mayeul van den Broek then offered an interdisciplinary session connecting creative engineering (SP80) with unexpected parallels in clinical thinking. Gabriele Casso presented on the integration of 3D printing and virtual bronchoscopy in airway management. Alexandre Joosten (UCLA) addressed

the potential of closed-loop systems in outperforming human decision-making in anesthesia. Frédéric Michard highlighted AI-based approaches to hemodynamic evaluation and monitoring.

The afternoon focused on practical clinical innovation, including the application of the Eleveld model for target-controlled infusion (TCI) (Nicolas Milliet) and the clinical prospects of remimazolam for procedural sedation (Amir Rouche). The day concluded with a critical dialogue on the integration of AI into clinical workflows, led by Mina Bjelogrlic (HUG), emphasizing the balance between technological promise and frontline complexity. Philippe Glasson closed the event with reflections on the evolving role of anesthesiology in an increasingly data-driven and interdisciplinary clinical environment.

NURSE DAYS 2025 – NURSING EXCELLENCE AND KNOWLEDGE TRANSFER WITH MAYO CLINIC, GENOLIER INNOVATION HUB, SEPTEMBER 25TH & 26TH

Over the years, the Nurse Days have become a flagship continuing-education and professional-exchange event across our network. The 2025 meeting brought together our nursing teams for an intensive, practice-oriented program.

This year highlighted our collaboration with Mayo Clinic through the Mayo Clinic Care Network. The Swiss Medical Network's caregivers learned alongside international experts, explored innovative models of care, and translated best practices directly into day-to-day clinical work for immediate patient benefit.

Gyuriga Perez Teresa, Cantonal Nurse, delivered a strong message to our teams. Inspiring presentations by our colleagues, including home-care best practices from Clinique Générale-Beaulieu. Two key-note lectures, the first one by April Bursiek from Mayo Clinic on the role of the nurses in adopting tomorrow's technologies, and the second one by Jennifer Matoush, from the same institution, on innovative care models and patient therapeutic education were among the milestones of the meeting.

The agenda combined interactive workshops (AI, ethics and innovation) with a radiology focus led by Section Romande – ASTRM, plus an exclusive session for Mayo Clinic Care Network members, hands-on workshops, specialized lectures, roundtables, and networking, accelerating skills development, practice harmonization, and rapid knowledge dissemination. Through the Mayo Clinic Care Network, structured and continuous knowledge transfer strengthens the quality and safety of our care delivery.

TECH & DOC – FOSTERING DIALOGUE BETWEEN TECHNOLOGY AND CLINICAL PRACTICE GENOLIER INNOVATION HUB, OCTOBER 9TH

The Tech & Doc session held at the Genolier Innovation Hub gathered physicians, scientists, and innovation partners from across Swiss Medical Network for a morning of focused exchange at the crossroads of technology and clinical medicine.

This first edition of Tech & Doc was designed as a platform for dialogue between innovators and clinicians, reflecting the Network's commitment to translating technological advances into measurable clinical value. The program format combined concise expert presentations with open discussion, emphasizing the practical integration of new tools and methods in daily medical practice.

The session opened with an introduction by Jacques Bernier, who underlined the event's objective: to connect medical insight and technological creativity, transforming innovation into improved patient outcomes. He highlighted the dual purpose of Tech & Doc – **to translate innovation into clinical relevance** and **to build bridges between disciplines and sites within the Network**.

Speakers presented examples of applied innovation in imaging, digital health, and data-assisted decision-making, illustrating how these technologies can enhance diagnostic precision, surgical planning, and treatment monitoring. Discussions centered on the clinical usability of emerging solutions, the role of multidisciplinary collaboration, and the conditions needed for safe and effective technology transfer in hospital environments.

The session benefited from the participation of three Swiss start-ups – Novigenix, Thera-Me, and PariThera – whose founders presented their respective approaches to functional and molecular precision oncology. Novigenix showcased blood-based transcriptomic assays for early cancer detection and immune monitoring; Thera-Me introduced its microfluidic platform enabling ex vivo drug screening on live tumor cells; and PariThera demonstrated its patient-derived assay to predict therapeutic response in solid tumors. Together, these presentations exemplified the vitality of Swiss innovation ecosystems and their potential to accelerate translational oncology within Swiss Medical Network's clinical network.

By fostering open, cross-site exchanges and highlighting real-world use cases, Tech & Doc has begun to establish itself as a living expression of Swiss Medical Network's innovation culture – one where **clinical excellence is nourished by innovation, and innovation is guided by clinical sense**.

The success of this inaugural session paves the way for a recurring series of thematic meetings, each dedicated to a specific field where technology and medicine converge. The initiative will continue to serve as a catalyst for collaboration, feeding into Swiss Medical Network s broader strategy of harmonized practice, translational research, and continuous improvement across its institutions.

INTEGRATED CARE IN THE SEELAND: CARE NETWORKS, ORGANIZATIONAL MODELS AND PERSPECTIVES. HOTEL COURTYARD BY MARRIOTT, BIENNE, OCTOBER 16TH

On the 16th of October 2025, Swiss Medical Network hosted a regional medical symposium in Biel titled «Integrated Care in the Seeland: care networks, organizational models and perspectives». Bringing together healthcare professionals, institutional representatives and domain experts, the event provided a structured overview of integrated care today and tomorrow. The first section, «Expert perspectives on integrated care,» featured Prof. Dr. med. Omar Kherad (Head of General Internal Medicine, Hôpital de La Tour) presenting on «Smarter medicine» in primary care, followed by Prof. Christoph Meier addressing how to place patients and general practitioners at the center of the healthcare system. The second part highlighted practical regional models, their advantages and limitations, and the evening concluded with a roundtable discussion and audience exchange , reinforcing Swiss Medical Network's commitment to sustainable, patient-centered care pathways across the Seeland.

SWISS BRIDGE FOUNDATION – ZURICH, OCTOBER 28TH

As Board member of the Swiss Bridge Foundation (Zurich), Jacques Bernier continued to participate in the activities of this Foundation, which aim is to support cancer research. Since 2000, the Swiss Bridge Award has been granted to support high-quality cancer research projects across Europe and has become one of the continent's most important cancer research awards.

This year, the Swiss Bridge Award went to two young scientists who are opening new avenues in the field of precision oncology: Andreas Moor from the Swiss Federal Institute of Technology in Zurich - ETHZ (Targeting proteins in liver metastases), and Inmaculada Martínez Reyes from the German Cancer Research Center - DKFZ and Charité in Berlin (Dormant cell killing) shared the prize, endowed with half a million Swiss francs.

ONCO DAY, GENOLIER INNOVATION HUB, OCTOBER 31ST

Swiss Medical Network's Onco Day 2025 gathered specialists from across the network (and beyond) for a full-day program. Participants included experts in medical oncology, radiation oncology, nuclear medicine, surgery, and pathology, reflecting the event's truly multidisciplinary scope. The day featured a rich schedule of lectures and scientific exchanges, offering a comprehensive overview of the current state and future prospects of cancer treatment. This format was designed to share expertise, strengthen cross-disciplinary practice, and foster alignment of oncology care standards across all Swiss Medical Network clinics.

Participants were able to explore a wide range of cutting-edge topics in cancer care. Theranostics and innovations in nuclear medicine, the latest advances in liquid biopsy techniques, novel approaches in radiosurgery, and updates in breast cancer surgery were among the featured subjects. A highlight from the Swiss Medical Network team was Prof. Lana E. Kandalaft's presentation on developing the new Phase I Clinical Research Unit and lessons learned from personalized cancer vaccines – an update that underscored Swiss Medical Network's commitment to early-phase research and innovation. The faculty included both Swiss Medical Network experts and renowned international speakers. For example, Prof. Anne-Laure Giraudet (Léon Bérard Centre, Lyon) shared insights on radioligand therapy in theranostics, while Prof. Philip Poortmans (University of Antwerp) discussed modern radiotherapy for breast cancer, and Prof. Michael Gnant (University of Vienna) led a case-based session on surgical management of the axilla. These, along with contributions from other experts from Milan, Zurich, Lisbon, and Geneva, enriched the discussions with global perspectives.

These forums allowed teams to compare practices and learn from each other's experiences in real time, helping to identify best practices and areas for improvement. Beyond the scientific content, the event provided valuable opportunities for networking and team-building. Clinicians and researchers could forge new connections and generate ideas for clinical practice enhancements and research collaborations across the network.

By convening the oncology community in one concentrated event, Onco Day 2025 has accelerated the harmonization of practices and strengthened multidisciplinary teamwork within Swiss Medical Network. Insights gained are expected to be translated into more standardized routines, common quality benchmarks, and coordinated follow-up protocols for patient care across Swiss Medical Network. The momentum and ideas from this day will feed into Swiss Medical Network's 2026 oncology workplan, guiding continuous improvement initiatives. In summary, Onco Day 2025 confirmed Swiss Medical Network's position as a center of excellence for innovation and knowledge transfer.

SWISS MEDICAL NETWORK QUALITY DAY – FRIBOURG, NOVEMBER 11TH

On 11 November 2025, experts from Swiss Medical Network gathered at Privatklinik Obach in Solothurn for their annual Quality Day. The event focused on the concept of «Just Culture» – a forward-looking approach that promotes trust, transparency and continuous learning as key drivers for sustainable improvement in the quality and safety of care.

Inspiring presentations by Patient Safety Switzerland, Gaëlle Moos and Philippe Ammann illustrated how a just culture can be translated into daily practice and highlighted its positive impact on team dynamics, innovation capacity and patient safety. Interactive group sessions were followed by hands-on workshops on the prospective dashboard, led by Christine Reutlinger and Sylvie Larenaudie. These sessions placed particular emphasis

on connecting quality strategies with concrete improvement actions, using data and predictive indicators to steer change proactively rather than reactively. To close the day, participants shared their results and reflected together on how Swiss Medical Network can further develop and scale its quality and learning culture in a targeted, innovative way across all sites.

With Quality Day 2025, Swiss Medical Network reaffirms its commitment to excellence, safety and an open learning culture – actively integrating innovation, data and teamwork at the heart of quality management in all its clinics.

VIVA & GP DAY, BELLEVUE PALACE HOTEL, BERN, NOVEMBER 20TH

This symposium brought together leading minds in Swiss healthcare to explore the evolution of integrated care models and underscored Swiss Medical Network's commitment to research-driven transformation and collaboration across disciplines.

The day emphasized the importance of rethinking care delivery – «why and how integrated care matters» – as introduced by Christoph A. Meier (« Soins intégrés : pourquoi et comment ? »). Innovation was a recurring theme, exemplified by presentations on TARDOC, the Hospital@Home initiative, and the integration of advanced practice nurses (IPA) and telemedicine to alleviate pressure on primary care. The program also highlighted digital and organizational innovations – from health management systems to cross-professional collaboration involving pharmacists, nurses, and general practitioners – demonstrating a holistic approach to patient-centered care. Interactive sessions, including a «Speed Dating Start-up» lunch, encouraged dialogue between healthcare professionals and innovators, reinforcing the Network's role as a platform for translational innovation. The event concluded with a roundtable on acculturation to integrated care, tackling the cultural and systemic challenges of implementing new models of care across regions.

Overall, VIVA & GP Day 2025 captured the dynamic spirit of the Swiss Medical Network: bridging research, innovation, and practice to shape the next generation of healthcare delivery in Switzerland.

REGENERATIVE MEDICINE DAY, GENOLIER INNOVATION HUB, NOVEMBER 21ST

Swiss Medical Network hosted its first Regenerative Medicine Day, bringing together leading experts to discuss the current state and future of regenerative medicine in orthopedics and beyond.

Victor Valderrabano first outlined the role of orthobiologics in orthopedics, followed by Benedetta S. Galetti who provided an overview of the evolving legal and regulatory framework around these therapies. The next session II focused on clinical applications

in orthopedics: Daniel Saris, from Mayo Clinic, addressed the integration of regenerative medicine into academic practice and its development trajectory, while Philip Schoettle presented on the use of stromal vascular fraction (SVF) from intra-articular to peri-articular regeneration. Victor Valderrabano then highlighted Autologous Matrix-Induced Chondrogenesis (AMIC) techniques for ankle cartilage repair, and Mathieu Sailly discussed the use of orthobiologics in professional athletes.

In the afternoon, Swiss Medical Network' s CEO Dino Cauzza shared the Group's strategic perspective on regenerative medicine, followed by Robert Soler Rich, who presented breakthroughs in tendon regeneration using cultured mesenchymal stem cells.

Session III broadened the scope to clinical perspectives beyond joints: Giorgio Pietramaggiori covered regenerative approaches for peripheral neuropathic pain, and Daniel Saris reviewed further applications of adipose-derived stem cells. The symposium concludes with a dedicated block by Swiss Stem Cells Biotech, with Claudio Massa, Luca Mariotta and Gabriela Villalba outlining their «from research to applications» concept, the medical value of biobanking, and new possibilities such as adipose tissue biobanking.

7. MAIN SCIENTIFIC PROGRAMS AND RESEARCH SITES

(In alphabetical order)

1. **ANESTHESIOLOGY**
   Clinica Ars Medica

2. **CELL THERAPIES**
   Swiss Stem Cell Foundation
   Swiss Stem Cells Biotech

3. **TRANSLATIONAL AND CLINICAL RESEARCH**
   Clinique Générale-Beaulieu
   Clinique de Genolier

4. **DIGITAL HEALTH/DATA SCIENCE**
   Swiss Medical Network

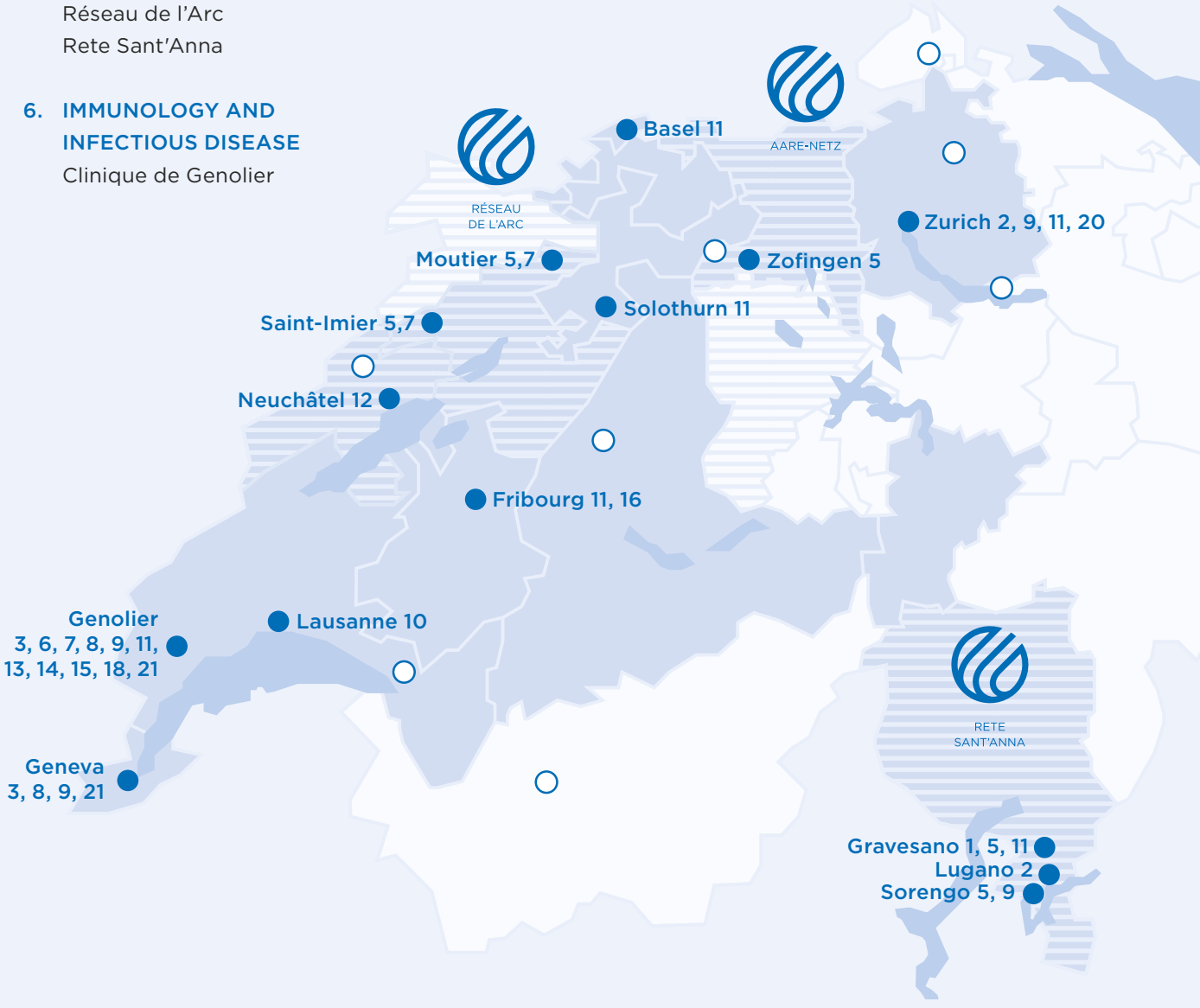
5. **INTEGRATED CARE**
   Aare-Netz
   Réseau de l'Arc
   Rete Sant'Anna

6. **IMMUNOLOGY AND INFECTIOUS DISEASE**
   Clinique de Genolier

7. **INTERNAL MEDICINE**
   Clinique de Genolier
   Réseau de l'Arc – Jura Bernois

8. **NEUROSURGERY**
   Clinique Générale-Beaulieu
   Clinique de Genolier

9. **ONCOLOGY**
   Clinica Sant'Anna
   Clinique Générale-Beaulieu
   Clinique de Genolier
   Privatklinik Bethanien



10. OPHTHALMOLOGY
Clinique de Montchoisi
Swiss Visio Network

11. ORTHOPEDIC SURGERY
Clinica Ars Medica
Clinique Générale Ste-Anne
Clinique de Genolier
Privatklinik Bethanien
Privatklinik Obach
Schmerzklinik Basel

12. OSTEOARTICULAR PATHOLOGY
Hôpital de La Providence

13. OUTCOME RESEARCH
Clinique de Genolier

14. PREVENTIVE AND DIAGNOSTIC MEDICINE
Clinique Nescens

15. REGENERATIVE MEDICINE
Clinique de Genolier
Clinique Nescens

16. REHABILITATION
Clinique Générale Ste-Anne

17. QUALITY ASSURANCE
Swiss Medical Network

18. RADIOLOGY
Clinique de Genolier

19. SUPPORTIVE CARE
Swiss Medical Network

20. SURGERY
Privatklinik Bethanien

21. UROLOGY
Clinique Générale-Beaulieu
Clinique de Genolier

SWISS MEDICAL NETWORK SITES WITH ONGOING RESEARCH PROJECTS

BASEL
Schmerzklinik Basel

FRIBOURG
Clinique Générale Ste-Anne

GENEVA
Clinique Générale-Beaulieu

GENOLIER
Clinique de Genolier
Clinique Nescens

LAUSANNE
Clinique de Montchoisi
Swiss Visio Network

NEUCHÂTEL
Hôpital de La Providence

SOLOTHURN
Privatklinik Obach

RÉSEAU DE L'ARC – ARC JURASSIEN
Hôpital de Moutier
Hôpital de Saint-Imier

RETE SANT'ANNA – TICINO
Clinica Ars Medica, Gravesano
Clinica Sant'Anna, Sorengo

Swiss Stem Cell Foundation, Lugano

AARE-NETZ – MITTELLAND REGION
Spital Zofingen

ZURICH
Privatklinik Bethanien
Swiss Stem Cells Biotech

○ Other Swiss Medical Network sites.

8. ONGOING CLINICAL RESEARCH: COOPERATIVE STUDIES PROTOCOLS

DESTINY BREAST RESPOND HER2-LOW EUROPE: TRIAL OVERVIEW

BREAST CANCER

- Patients entered into this trial are those presenting with unresectable or metastatic HER2-low breast cancer who have received prior chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy.
- About half of all breast cancer patients show low levels of HER2 hence this protein is currently under investigation as a promising new target for antibody-drug conjugates.
- In a previous trial, trastuzumab deruxtecan (T-DXd) was shown to significantly benefit progression-free survival and overall survival compared to standard-of-care treatment. However, there is no real-world clinical data on effectiveness, safety, and tolerability of T-DXd in patients in the respective HER2-low unresectable and/or metastatic breast cancer setting.
- The main objective of this study is therefore to assess the effectiveness, safety, and tolerability of T-DXd.

Trial title
DESTINY Breast Respond HER2-low Europe.
A prospective, non-interventional study (NIS) with trastuzumab deruxtecan for patients with HER2-low expressing unresectable and/or metastatic breast cancer accompanied by a disease registry of patients treated with conventional chemotherapy.

Clinical type
Multi-center, multi-country, observational, prospective, non-interventional study.

Sponsor
Daiichi Sankyo Europe GmBH

Coordinating investigator
P. Laeis,
Daiichi Sankyo Europe GmBH

Patient population
Adult patients (age ≥ 18 years) with unresectable or metastatic HER2-low breast cancer who have received prior chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy.

Background and rationale
About half of all breast cancer patients show a low-level expression of HER2 (HER2-low) hence the HER2-low expression is a promising new target for antibody–drug conjugates such as trastuzumab deruxtecan (T-DXd). A recent clinical trial showed that compared to the physician's choice of chemotherapy, patients who received T-DXd showed a statistically significant and clinically meaningful benefit in progression-free survival and overall survival. However, there is no real-world data on effectiveness, safety and tolerability of T-DXd in patients in the respective HER2-low unresectable and/or metastatic breast cancer setting. This trial will therefore aim at describing the effectiveness of T-DXd on real world Time to Next Treatment (rwTTNT1), describing treatment patterns and patient's demographic and clinical characteristics, assess T-DXd safety and tolerability through the collection of physician-reported Safety Events of Interest (SEIs), characterize the management of physician-reported SEIs, evaluate real-world time to permanent treatment discontinuation (rwTTD1) and patient-reported tolerability.

Objective(s)
The primary objective is to describe the effectiveness of T-DXd based on real world Time to Next Treatment in patients with HER2-low expressing unresectable and/or metastatic breast cancer.

SAKK 23/16 (TAXIS): TRIAL OVERVIEW

BREAST CANCER

- Patients entered into this trial are those presenting with breast cancer, with positive axillary nodes.
- This clinical study investigates the role of a new surgical approach, called tailored axillary surgery (TAS), an innovative technique that aims at selectively removing the positive lymph nodes.
- The study compares this new surgical approach, which is likely to reduce the surgery side effects, to conventional axillary dissection.
- Should TAS be as efficacious as conventional surgery in terms of disease control, the use of this innovative approach would then improve the quality of life of a significant number of breast cancer patients with positive nodes in the axilla.

Trial title
OPBC-03/SAKK 23/16/IBCSG 57-18/ABCSG-53/CBG-101. Tailored AXIllary Surgery with or without axillary lymph node dissection followed by radiotherapy in patients with clinically node-positive breast cancer (TAXIS).

Clinical type
Clinical trial phase III.

Sponsor
University Hospital Basel

Coordinating investigator
W.P. Weber, Basel

Patient population
The TAXIS trial will evaluate the optimal treatment for breast cancer patients with confirmed nodal disease at first diagnosis in terms of surgery and radiotherapy.

Background and rationale
The removal of all lymph nodes in the armpit through conventional axillary dissection has been standard care for all patients with breast cancer for almost a century. In the nineties, the sentinel lymph node (SLN) procedure, which involves the selective removal of the first few lymph nodes in the lymphatic drainage system, was introduced in clinical practice. Today, conventional axillary dissection is still performed on many women with breast cancer that has spread to the nodes. It is the cause for relevant morbidity in the form of lymphedema, impairment of shoulder mobility, sensation disorders and chronic pain in as much as one third of all women undergoing the procedure. The TAXIS trial will evaluate the optimal treatment for breast cancer patients with confirmed nodal disease at first diagnosis in terms of surgery and radiotherapy.

Objective(s)
TAXIS will investigate the value of tailored axillary surgery (TAS), a new technique that aims at selectively removing the positive lymph nodes. TAS is a promising procedure that may significantly decrease morbidity in breast cancer patients by avoiding surgical overtreatment.
The main objective of the trial is to show that tailored axillary surgery (TAS) and axillary radiotherapy (RT) is non-inferior to axillary lymph node dissection (ALND) in terms of disease-free survival of breast cancer patients with positive nodes.

MK-2870: TRIAL OVERVIEW

BREAST CANCER

- Patients entered into this trial are those presenting with an unresectable locally advanced or metastatic centrally confirmed HR+/HER-2 breast cancer.
- The purpose of this study is to compare sacituzumab tirumotecan (MK-2870) as a single agent, and in combination with pembrolizumab (MK-3475), versus Treatment of Physician's Choice (TPC).
- The primary hypotheses are that MK-2870 as a single agent, and in combination with pembrolizumab (MK-3475) are superior to TPC with respect to progression-free survival (PFS) per Response Evaluation Criteria in Solid Tumors version 1.1 (RECIST 1.1) by blind independent central review (BICR) in all participants.
- In terms of innovation, this clinical study moves beyond standard endocrine or chemotherapy-based strategies by testing a next-generation antibody–drug conjugate, sacituzumab tirumotecan (MK-2870), alone and in combination with immunotherapy (pembrolizumab), against the heterogeneous «Treatment of Physician's Choice.» By combining targeted drug delivery with immune modulation in unresectable locally advanced or metastatic HR+/HER2- breast cancer, the trial aims to achieve deeper and more durable disease control than current options, as measured by centrally reviewed progression-free survival.

Trial title
An Open-label, Randomized Phase III Study of MK-2870 as a Single Agent and in Combination with Pembrolizumab Versus Treatment of Physician's Choice in Participants With HR+/HER2- Unresectable Locally Advanced or Metastatic Breast Cancer.

Clinical type and phase
Interventional, open-label, multi-center, phase III.

Sponsor
Merck Sharp & Dohme LLC

Coordinating investigator
M. Chevallier, MD,
Clinique Générale-Beaulieu

Patient population
The study will enroll 1'200 adult patients (age ≥ 18 years) presenting an unresectable locally advanced or metastatic centrally confirmed HR+/HER-2 breast cancer.

Background and rationale
The rationale for this investigation derives from the unmet clinical need for effective therapeutic strategies in HR+/HER2- breast cancer, particularly for patients with disease progression after standard treatments. MK-2870 is an antibody-drug conjugate engineered to deliver a cytotoxic payload selectively to tumor cells via the Trop-2 receptor, which is frequently overexpressed in breast cancers. MK-3475 augments T-cell-mediated immune responses by blocking the PD-1/PD-L1 axis, thus poten-tially overcoming tumor-induced immune suppression. Combining these mechanisms offers a dual modality: direct tumor cytotoxicity and immune activation.

Objective(s)
The primary objective is to measure and compare the Progression-Free Survival (PFS) of patients under MK-2870 versus TPC; and under MK-2870 in combination with MK-3475 versus TPC.

RIB-ELLE: TRIAL OVERVIEW

BREAST CANCER

- The patients entered into this study are post-menopausal female patients (≥ 18 years old), with a diagnosis of HR+/HER2-negative advanced breast cancer.
- Endocrine (hormonal) therapy has been the backbone of HR+/HER2- negative advanced breast cancer treatment, nevertheless its efficacy is limited.
- The primary objective is to analyze the potential advantages of the addition of ribociclib – a CDK4/6 inhibitor – to an aromatase inhibitor in these patients in comparison with the endocrine therapy alone.
- In terms of innovation, this clinical study evaluates the shift from purely endocrine therapy to a biology-driven combination that targets both hormone signaling and cell-cycle control, by adding the CDK4/6 inhibitor ribociclib to an aromatase inhibitor. This approach aims to overcome endocrine resistance, prolong disease control and improve outcomes in HR+/HER2-negative advanced breast cancer compared with endocrine therapy alone.

Study title
RIB-ELLE: A non-interventional study to assess the safety and efficacy of RIBociclib in combination with an aromatase inhibitor (letrozole, anastrozole, exemestane) in the swiss advanced breast cancer population.

Clinical type
Clinical non-interventional study.

Sponsor – Investigator
N. Pasche,
Novartis Pharma Schweiz AG

Patient population
The study will enroll 200 adult post-menopausal female patients (≥ 18 years old), with a diagnosis of HR+/HER2-negative advanced breast cancer that will be treated with ribociclib and an aromatase inhibitor.

Background and rationale
Endocrine (hormonal) therapy has been the backbone of HR+/HER2- negative advanced breast cancer treatment, nevertheless its efficacy is limited.
Nonetheless, a recent clinical study showed that, in postmenopausal women with HR+/HER2-negative advanced breast cancer who had received ribociclib, a CDK4/6 inhibitor, plus letrozole versus placebo plus letrozole, showed that a 44% relative risk reduction was evident in the hazard rate of progression/death in favor of ribociclib plus letrozole.

Objective(s)
The primary objective is to analyze time to treatment failure (TTF) for the initial endocrine based treatment with ribociclib plus an aromatase inhibitor in patients with HR+/HER2-negative advanced breast cancer in a real-world patient population (Switzerland).

SAKK 23/18 (VISION I): TRIAL OVERVIEW

BREAST CANCER

- Patients entered into this trial are those presenting with luminal B, ER<10 %, cT1c-cT2c breast cancer, with (near) complete radiological response after neo-adjuvant chemotherapy (NAC).
- As NAC induces different response patterns, radiologic imaging is not sufficiently accurate in predicting residual disease. This clinical study investigates the sensitivity of vacuum-assisted biopsy (VAB) through the possibility of obtaining tissue of the former tumor center that could contribute more reliably to detect any residual tumor or respectively, rule out residual disease.
- The main objective of the trial is to determine the diagnostic accuracy of the post-NAC VAB in determining pCR, compared to open surgery.
- Should vacuum-assisted biopsy be more sensitive than open surgery to detect pCR after neo-adjuvant chemotherapy, this former technique should be considered as standard approach in the patient population mentioned above.

Trial title
Vacuum assisted Biopsy Immediately before Surgery as an Intra- or Pre-OperativeSurrogate for Patient Response to Neoadjuvant Chemotherapy for Breast Cancer (VISION I).

Clinical type
A multicenter prospective feasibility trial. Clinical trial with other health interventions.

Sponsor
Swiss Group for Clinical Cancer Research (SAKK)

Coordinating investigator
C. Tausch, Zurich

Patient population
Patients with unifocal, histologically confirmed invasive breast cancer with immunohistochemistry luminal B type (with or without overexpression or amplification of the HER2 receptor) and all ER negative (ER < 10 %) breast cancers. Initial tumor size larger than 1 and less than 5 cm (cT1c to cT2), any N, M0. Following neoadjuvant chemotherapy resulting in a radiological complete response or near complete response on radiologic imaging.

Background and rationale
Neoadjuvant chemotherapy (NAC) has lately become common practice in the primary treatment of breast cancer. The use of modern NAC regimens lead to a complete pathologic remission (pCR) of the tumor in more than 50 % in aggressive tumor types. As NAC induces different response patterns, radiologic imaging is not sufficiently accurate in predicting residual disease. Because of this uncertainty, surgery (and the standardized assessment of resected tissue) is so far the only valid option to either ascertain complete response or to remove the complete residual disease.

Vacuum-assisted biopsy (VAB) with the possibility of obtaining tissue of the former tumor center could contribute more reliably to detect any residual tumor or respectively, rule out residual disease. Ultrasound (US) or mammographically (MG) guided VAB will be used in this trial to detect residual tumor lesions in patients with radiological complete response (rCR) after NAC.

Objective(s)
The main objective of the trial is to determine the diagnostic accuracy of the post-NAC VAB in determining pCR compared to open surgery.

SAKK 21/23: TRIAL OVERVIEW

BREAST CANCER

- Patients entered into this study are those with early-stage, ER-positive/HER2-negative breast cancer receiving standard neoadjuvant chemotherapy.
- Background: These tumors have low pCR rates (<15%), partly due to cancer stem cells (CSCs) that drive initiation, metastasis, relapse and resistance to conventional therapies.
- The objective of this study is to evaluate whether adding Doxycycline to standard neoadjuvant chemotherapy can improve outcomes by specifically targeting the CSC component in ER+/HER2- breast cancer.
- In terms of innovation, this study repurposes Doxycycline – an established, safe antibiotic with effects on mitochondrial metabolism and CSC biology – as a targeted anti-CSC therapy combined with standard chemotherapy, without known drug–drug interactions.

Trial title
NEODOXy: Targeting cancer stem cells with NEOadjuvant DOXYcycline in patients with early ER+/HER2- breast cancer.

Clinical phase
A prospective, multicenter, single arm, open label phase II trial

Sponsor
SAKK, Bern

Coordinating investigator
L. Lelièvre, Centre Hospitalier Universitaire Vaudois, Lausanne
M. Kohlik, Clinique de Genolier

Patient population
Patients with histologically confirmed ER+/HER2- primary invasive breast cancer, who are candidate for curative surgery and with a tumor size of at least 2 cm and nodal classification cN0-3.

Background and rationale
Neoadjuvant chemotherapy (NAC) has lately become common. Patients with early-stage ER+/HER2- breast cancer obtain a low pCR rate, inferior to 15%. During the last 20 years, studies have identified a subset of cancer cells with tumorigenic and stem cell properties, called CSCs, involved in tumor initiation, metastasis, relapse and resistance to treatment. CRCs' plasticity and resistance to traditional anti-cancer treatments requires research for new anticancer targeted therapies. It is now becoming more and more evident that effective anti-cancer therapy must also target the stemness of cancer cells to achieve lasting cures. Out of all the marketed drugs interfering with mitochondrial biogenesis, an antibiotic, Doxycycline, has shown to be one of the most promising because of its pharmacokinetic properties and its safety for long term treatment in patients with infectious diseases. In addition to interfering with mitochondrial metabolism, numerous other effects of Doxycycline have been reported that are likely to interfere with cancer development. As for drug-drug interactions, there is no known drug-drug interaction between Doxycycline and standard chemotherapy currently used for breast cancer, including Epirubicin, Cyclophosphamide and Paclitaxel. In this clinical trial, Doxycycline is added to neoadjuvant chemotherapy in patients with ER+/HER2- breast cancer in order to specifically target the CSC component.

Objective(s)
The primary objective is to assess if adding Doxycycline to neoadjuvant chemotherapy in ER+/HER2- primary breast cancer patients can decrease the breast cancer stem cell burden and improve the pCR rate. The secondary objectives are: 1) To study the cancer stem cell component in ER+/HER2- primary breast cancer, in terms of quantification, and further related gene expression before and after neoadjuvant treatment (translational research); 2) To study the feasibility, compliance, tolerance and safety of Doxycycline given in concomitance with standard neoadjuvant chemotherapy.

TROPION BREAST 04: TRIAL OVERVIEW

BREAST CANCER

- Patients entered into this study are adults with histologically confirmed stage II or III, unilateral or bilateral, primary invasive triple-negative breast cancer (TNBC) or hormone receptor-low/HER2-negative breast cancer.
- Background: In KEYNOTE-522, ~37% of patients treated with neoadjuvant pembrolizumab plus multi-agent chemotherapy had residual disease at surgery, and tolerability of the 5-drug regimen was an issue due to treatment-related discontinuations. There is an unmet need for less toxic regimens and for better options in hormone receptor-low/HER2-negative disease, which biologically resembles triple-negative breast cancers but is frequently excluded from both triple-negative breast cancer and HR-positive trials.
- The objective of this study is to show the superiority of the Dato-DXd + durvalumab strategy over the pembrolizumab + chemotherapy strategy in terms of investigator-assessed event-free survival.
- In terms of innovation, this clinical study replaces an intensive 5-drug cytotoxic backbone with a more biology-driven, chemotherapy-sparing strategy based on a TROP2-directed antibody–drug conjugate (Dato-DXd) combined with immunotherapy (durvalumab), and deliberately includes the often underrepresented hormone receptor-low/HER2-negative subgroup – aiming to improve efficacy and tolerability while extending precision immuno-oncology to a broader patient population.

Trial title
TROPION Breast04: a phase III, open-label, randomised study of neoadjuvant Datopotamab Deruxtecan (Dato DXd) plus Durvalumab followed by adjuvant Durvalumab with or without chemotherapy versus neoadjuvant Pembrolizumab plus chemotherapy followed by adjuvant Pembrolizumab with or without chemotherapy for the treatment of adult patients with untreated triple-negative or hormone receptor low/HER2- breast cancer.

Clinical phase
Phase III trial

Sponsor
Astra Zeneca

Coordinating investigator
H. McArthur, The University of Texas Southwestern Medical Center, USA
A. Eniu, Clinique de Genolier

Patient population
Patients with histologically confirmed stage II or III unilateral or bilateral primary invasive triple-negative breast cancer or hormone receptor-low/HER2- breast cancer.

Background and rationale
Approximately 37% of participants receiving Pembrolizumab plus chemotherapy as part of the KEYNOTE-522 study had residual disease at the time of surgery, and tolerability was a concern with the 5-drug neoadjuvant regimen with discontinuation due to drug-related AEs. While the KEYNOTE-522 regimen is now considered a standard of care, a treatment approach with fewer chemotherapy agents may reduce toxicity and improve the therapeutic index. There is also an unmet need for improving the standard of care for patients with hormone receptor-low, HER2-negative breast cancer, which may be more similar to triple-negative breast cancer than hormone receptor-positive breast cancers. Patients with hormone receptor-low/HER2- negative breast cancer are often excluded from clinical studies of both triple-negative breast cancer and hormone receptor-positive breast cancer. This study is designed to improve these unmet medical needs by investigating the efficacy and safety of the 2-drug neoadjuvant regimen of Dato-DXd plus Durvalumab followed by adjuvant Durvalumab with or without chemotherapy, versus the 5-drug KEYNOTE 522 regimen of neoadjuvant Pembrolizumab plus chemotherapy followed by adjuvant Pembrolizumab with or without chemotherapy for adult patients with previously untreated triple-negative breast cancer or hormone receptor-low/HER2- negative breast cancer.

Objective(s)
The primary objective is to demonstrate the superiority of neoadjuvant Dato-DXd plus Durvalumab followed by adjuvant Durvalumab with or without chemotherapy relative to neoadjuvant Pembrolizumab plus chemotherapy followed by adjuvant Pembrolizumab with or without chemotherapy in participants with previously untreated triple-negative breast cancer or hormone receptor-low/HER2- breast cancer, by investigator assessment of event-free survival. The secondary objective is to demonstrate the superiority of neoadjuvant Dato-DXd plus Durvalumab followed by adjuvant Durvalumab with or without chemotherapy relative to neoadjuvant Pembrolizumab plus chemotherapy followed by adjuvant Pembrolizumab with or without chemotherapy in participants with previously untreated triple-negative breast cancer or hormone receptor-low/HER2- breast cancer, by central assessment of pCR, by assessment of overall survival, and by assessment of distant disease-free survival.

SAKK 89/24: TRIAL OVERVIEW

GASTRO-ESOPHAGEAL CANCER

- The patients entered in this study are those with newly diagnosed, localized gastric or esophageal cancer (<6 weeks from diagnosis) eligible for surgery with or without neoadjuvant therapy (chemotherapy, chemoradiotherapy, or radiotherapy).
- Treatment planning in upper gastrointestinal cancers involves complex choices between quality of life (QoL) and length of life (LoL). Misaligned expectations regarding prognosis or treatment outcomes can lead to decisional regret and suboptimal patient satisfaction.
- The objective of this study is to analyze how patients and physicians perceive, prioritize, and communicate about QoL–LoL trade-offs, and to identify psychological and clinical factors influencing decision-making in curative-intent therapy.
- In terms of innovation, this study introduces a structured, evidence-based approach to shared decision-making in oncology, integrating behavioral science and communication research to enhance personalized care in gastric and esophageal cancer management.

Trial title
Protocol SAKK 89/24: Assessing physicians and cancer patients' preferences for quality of life (QoL) and length of life (LoL) in oncology: a study in gastric and esophageal cancer.

Clinical phase
A non-interventional study

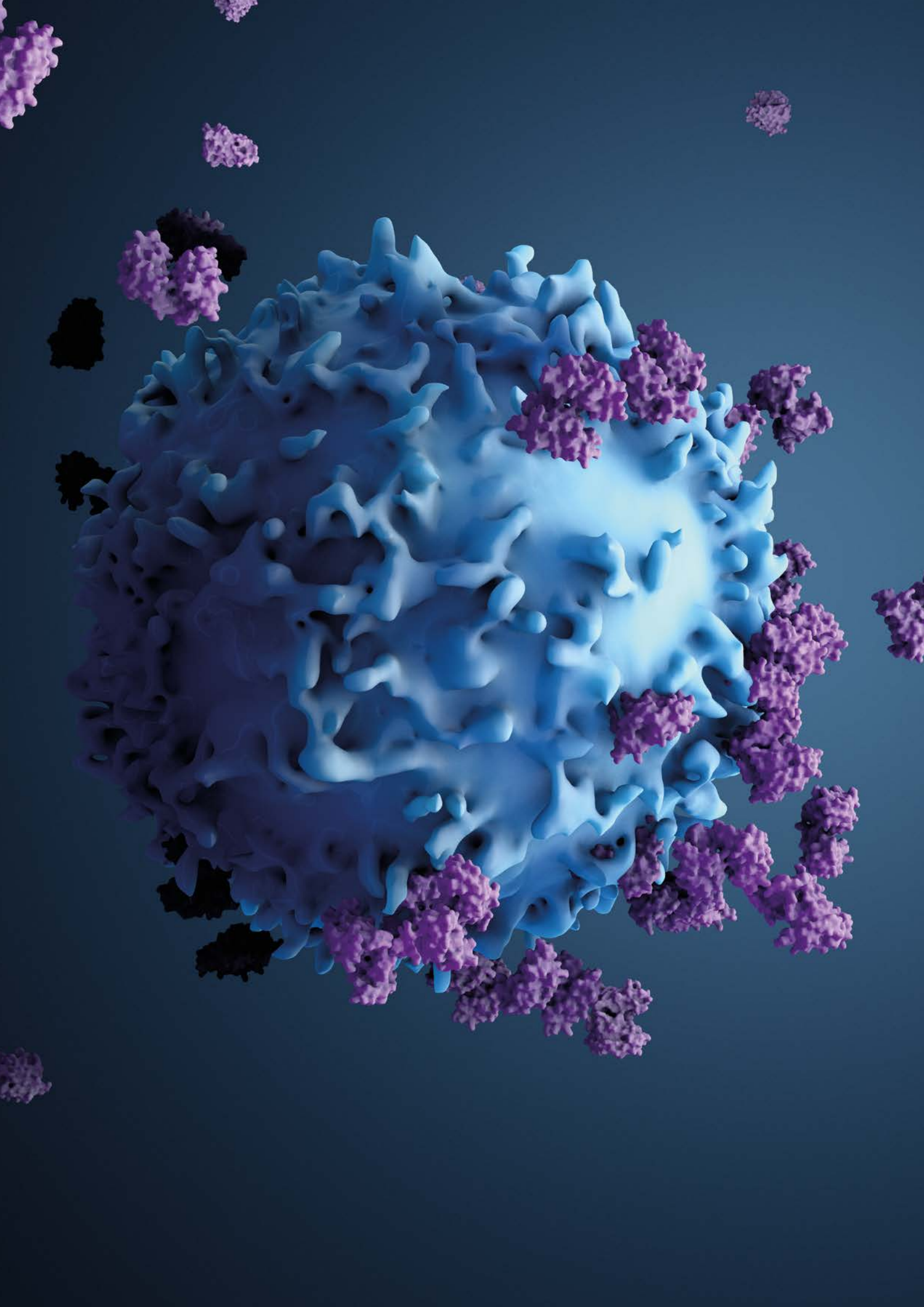
Sponsor
SAKK, Bern

Coordinating investigator
M. Chevallay, Hôpitaux Universitaires de Genève
E. Fuhrmann, Clinique de Genolier and Clinique Gernérale-Beaulieu

Patient population
Patients with localized gastric and esophageal cancer; the diagnosis must have been established less than 6 weeks before being contacted for this study. Patients must have been offered the choice between surgery with or without neo-adjuvant treatment, such as radio-therapy, chemoradiotherapy and chemotherapy.

Background and rationale
Patients with gastric and esophageal cancer face difficult decisions when discussing their treatment options, because their choice may involve trade-offs between QoL and LoL. If patients have unrealistic expectations about the treatment, such as curation or complete pain relieve, then they may wrongly prefer LoL over QoL and regret their treatment decision later. For this reason, it is important to assess expectations regarding their cancer prognosis and treatment process. Furthermore, as pa-tients' preference for QoL and LoL is associated with their communication preference with the physician, it is also important to assess what physicians think their patients prefer. This study aims to determine the complex trade-offs and underpinning factors that physicians and cancer patients face in their treatment decisions.

Objective(s)
The primary endpoint is patients' preferences for QoL and LoL. Individual preferences will be categorized into one of these three groups: «quality of life is more important», «both are equally important», and «length of life is more important». The secondary endpoints are: 1) treating physicians' belief about their patients' preferences for QoL and LoL; 2) Patients' preferred communication; 3) Patients' expectations about cancer progress.



9. IMPACT OF RESEARCH PROGRAMS ON PATIENT PATHWAYS: EXAMPLE

SURGERY

Assessing Surgical Innovation: ALPPS: An IDEAL Example of Disruptive Innovation.

This article examines ALPPS (Associating Liver Partition and Portal Vein Ligation for Staged Hepatectomy) as a model for how disruptive surgical innovations can be evaluated safely and systematically using the IDEAL framework (Innovation, Development, Exploration, Assessment, Long-term). Initially introduced in 2012 for patients with primarily unresectable liver tumors, ALPPS was associated with very high morbidity and mortality. To address this, early adopters created an international registry that eventually included 1,349 cases from 146 centers in 46 countries, enabling detailed analysis of risk factors, refinement of indications and technical modifications such as partial or «mini» ALPPS. Over time, these efforts reduced 90-day mortality from >15% to around 4–6% in experienced centers, bringing outcomes close to those of conventional major liver surgery.

The authors show how ALPPS progressed stepwise through the IDEAL stages: from initial case reports, to a prospective international registry, to an early consensus conference that harmonized terminology and indications, and finally to a randomized controlled trial (LIGRO) comparing ALPPS with portal vein embolization/ligation in patients with colorectal liver metastases. ALPPS achieved higher resectability rates (92% vs 57%) with comparable perioperative risk, and long-term data from the registry and the trial now document meaningful overall and cancer-specific survival in this high-risk population. Benchmark outcome values have been established (for example target mortality ≤5% and defined limits for complications and length of stay), providing concrete quality targets for centers performing the procedure.

To put ALPPS in context, the article compares its trajectory with two other disruptive innovations: laparoscopic cholecystectomy, which spread rapidly and somewhat chaotically before robust evaluation, and robotic hepatopancreatobiliary surgery, which is expanding under strong industrial influence but still lacks comprehensive registries and agreed benchmarks. The authors argue that early international registries, independent consensus conferences, randomized trials where feasible and benchmarking of best achievable results are critical ingredients for responsible surgical innovation. ALPPS, once one of the most controversial liver procedures, is now presented as a mature, guideline-supported option and a template for how future surgical technologies should be assessed, especially in an era increasingly shaped by big data, artificial intelligence and global collaboration.

Reference: Linecker M, Pfister M, Kambakamba P, Lang H, de Santibañes E, Barkun J, **Clavien PA**. Assessing Surgical Innovation: ALPPS: An IDEAL Example of Disruptive Innovation. Ann Surg. 2025; 282(5): 678-689.
https://pubmed.ncbi.nlm.nih.gov/40772712/

CANCER VACCINES

Vaccines for cancer prevention: exploring opportunities and navigating challenges.

Improved understanding of cancer immunology has gradually brought increasing attention towards cancer-preventive vaccines as an important tool in the fight against cancer. The aim of this approach is to reduce cancer occurrence by inducing a specific immune response targeting tumors at an early stage before they can fully develop. The great advantage of preventive cancer vaccines lies in the potential to harness a less-compromised immune system in vaccine recipients before their immune responses become affected by the advanced status of the disease itself or by aggressive treatments such as chemotherapy. Successful implementation of immunoprevention against oncogenic viruses such as hepatitis B and papillomavirus has led to a dramatic decrease in virally induced cancers. Extending this approach to other cancers holds great promise but remains a major challenge. Here, we provide a comprehensive review of preclinical evidence supporting this approach, encouraging results from pioneering clinical studies as well as a discussion on the key aspects and open questions to address in order to design potent prophylactic cancer vaccines in the near future.

Reference: Graciotti M, **Kandalaft L E** Vaccines for cancer prevention: exploring opportunities and navigating challenges. Nat Rev Drug Discov 24, 134–150 (2025). https://doi.org/10.1038/s41573-024-01081-5

MULTIDISCIPLINARY ONCOLOGY

A phase III randomized trial on the addition of a contact X-ray brachytherapy boost to standard neoadjuvant chemo-radiotherapy for organ preservation in early rectal adenocarcinoma: 5 year results of the OPERA trial.

The OPERA trial is a multicenter phase III study that evaluated whether adding a high-dose contact X-ray brachytherapy (CXB, 50 kV) boost to standard neoadjuvant chemo-radiotherapy could improve organ preservation in patients with operable, early rectal adenocarcinoma of the low to mid rectum. All patients received external beam radiotherapy (EBRT) 45 Gy with concurrent capecitabine and were randomized to either a modest EBRT boost (group A) or a CXB boost (group B). Among the 141 eligible patients, clinical complete or near-complete response between weeks 14 and 24 was significantly higher with CXB (92 % vs 64 %), translating into a superior 3-year organ preservation rate (81% vs 59 %).

With a median follow-up of just over 5 years, the benefit of CXB in organ preservation remained robust: 5-year organ preservation was 79 % in the CXB group versus 56 % in the EBRT-only boost group, with an even more striking effect in small tumors <3 cm (93 % vs 54 %).

Local regrowth occurred in 28 patients overall, including a few cases beyond 3 years, underscoring the need for close surveillance over the full 5-year period. Importantly, the CXB dose escalation did not worsen bowel function, and the most frequent toxicity – mild to moderate rectal bleeding – largely resolved after three years. Overall, OPERA shows that CXB dose escalation significantly increases long-term organ preservation in early rectal cancer, with acceptable late toxicity.

Reference: Baron D, Pace Loscos T, Schiappa R, Barbet N, Dost E, Ben Dhia S, Soltani S, Mineur L, Martel I, Horn S, **Picardi C**, Stewart A, Cotte E, Coquard R, Baudin G, Evesque L, Dhadda A, Sun Myint A, Gérard JP, Doyen J; ICONE group. A phase III randomised trial on the addition of a contact X-ray brachytherapy boost to standard neoadjuvant chemo-radiotherapy for organ preservation in early rectal adenocarcinoma: 5 year results of the OPERA trial. Ann Oncol. 2025 Feb;36(2):208-215. doi: 10.1016/j.annonc.2024.10.827 https://pubmed.ncbi.nlm.nih.gov/39532203/

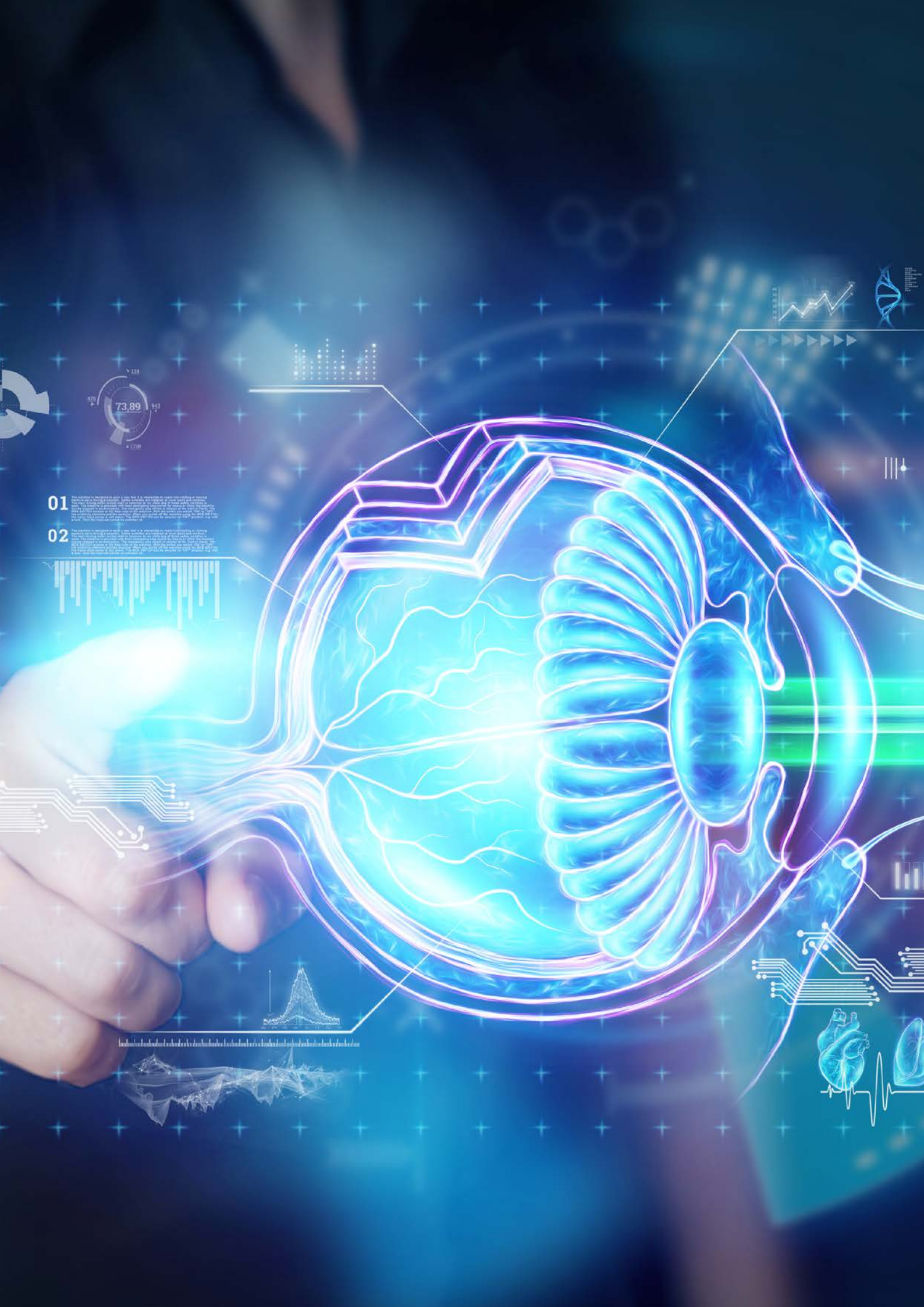
OPHTHALMOLOGY

Intraocular Pressure Monitoring Using an Implantable Sensor Detects Structural Glaucoma Progression in the EYEMATE-IO Trial.

The authors report the long-term follow-up of the EYEMATE-SC suprachoroidal intraocular pressure (IOP) sensor system in patients with open-angle glaucoma. This follow-up enrolled 22 of 24 eligible prior-trial participants and observed them for a mean of 2.7 ± 0.6 years (range 1.0–3.4 years). Over the multi-year follow-up, the authors found no serious adverse events attributable to the EYEMATE-SC system, and the device was reported as well tolerated without «detrimental device malfunctions» over the study duration. In terms of performance and accuracy Sensor IOP readings were compared with Goldmann applanation tonometry (GAT). Agreement was within commonly accepted ranges for IOP methods, with limits of agreement −6.2 to +5.7 mmHg and a mean absolute difference of 2.3 mmHg. Concordance was strongest at later visits (e.g., concordance correlation coefficient ~0.80 at 12 months and ~0.85 at 18 months, in available paired measurements).

Clinical relevance: Glaucoma decisions are often made from sparse clinic IOP «snapshots», even though many patients experience meaningful diurnal and episodic IOP fluctuations that can be missed between visits. A safe, durable, and reasonably accurate implanted sensor that supports frequent self-measurement at home could change clinical care by enabling more individualized treatment, earlier recognition of uncontrolled IOP patterns, and more actionable data for medication/surgery titration – potentially improving outcomes while reducing reliance on in-office measurements alone.

Reference: Micheletti E, Rao H, Weinreb RN, **Mansouri K**; EYEMATE-IO study group. Intraocular Pressure Monitoring Using an Implantable Sensor Detects Structural Glaucoma Progression in the EYEMATE-IO Trial. Am J Ophthalmol. 2025 Sep;277:112-119. doi: 10.1016/j.ajo.2025.05.010. Epub 2025 May 12. PMID: 40368079.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10. EDUCATION

IN 2025, SEVERAL MEDICAL AND SCIENTIFIC EVENTS WERE ORGANIZED EITHER IN PRESENTIAL OR HYBRID MODE IN THE VARIOUS ESTABLISHMENTS OF SWISS MEDICAL NETWORK

(In alphabetical order)

CLINICA ARS MEDICA

Update ortopedia per medici di famiglia malcantone/vedeggio 11-04
Medical Conference
M. Brongo, F. Bidoglio, D. Giunchi, L. Jaberg, A. Sinigaglia, I. Tami

Chirurgia Robotica in Ortopedia per medici di famiglia e ortopedici 08-05
Medical Conference
G. Garavaglia, D. Giunchi, R. Mazzucchelli, M. Molina, D. Togninalli

CLINIQUE GÉNÉRALE-BEAULIEU

Prise en charge palliative en oncologie: ce qu'il faut savoir (partie 1) 20-01
Specialized Lecture
L. Hentsch

Mise à jour du cancer du poumon 06-02
Specialized Lectures
M. Pérol, I. Letovanec, S. Chucri, L. Lang, A. Relecom, M-L. Amram, B. Deletang

Prise en charge palliative en oncologie: ce qu'il faut savoir (partie 2) 10-02
Specialized Lecture
L. Hentsch

Tout savoir sur la prise en charge du cancer colorectal 17-03
Specialized Lectures
A. Potric, V. Dombre, A. Dupuis, G. Puppa, F. Caparrotti, L. Thouvenin, J. Ngeow Yuen Yie

Quatrième Journée de cancérologie 12-05
Ce que le médecin installé doit savoir en oncologie.
De l'annonce à la rémission: un défi médicale partagé
Specialized Lectures
D. Eigenmann, A. Friedlaender, S. Bernard, M. Chevallier, O. Choron, J. Magnin

Octobre Rose – L'importance d'un accompagnement global 02-10
Specialized Lectures
S. Taban, M. Chevallier, M. Met-Domestici

Prise en charge de la douleur 20-11
Specialized Lectures
B. Deletang, I. Coin, D. Frisone, T. Perles, R. Luchetta, F. Arango, M. Padilla, S. Singovski

Soirée d'oncologie pulmonaire 11-12
Specialized Lectures
A. Friedelaender, M. Wespiser, C. Di Vito, F. Caparrotti, S. Federici, M-L. Amram, S. Fertani, A. Relecom

CLINIQUE DE GENOLIER

Prévention des blessures dans le foot 13-02
Partnership Conference

GIST – 22e réunion annuelle du Groupe GIST Suisse & Journée Oncologie 25-04
Public Conference

Ménopause: brisons le tabou. La ménopause autrement 19-06
Public Conference

Diabète de type 2: comment prévenir, comment traiter? 11-11
Public Conference
(Joint organization with Clinique Valmont and Swiss Visio Network)
Moderator: H. Delgado

International medicine: opportunities beyond medical tourism 14-11
Mayo Clinic's Grand Round Lecture

Movember – Parlons-en Messieurs: santé mentale, prévention, sexualité 20-11
Public Conference

Conférence sur la douleur persistante et chronique 25-11
Internal event for Vaud therapists

CLINIQUE DE MONTCHOISI

Et si votre mode de vie déterminait votre longévité? 03-05
Public Conference
Moderator: D. Teterycz

Diabète de type 2: comment prévenir, comment traiter 11-11
Public Conference (Joint organization with Clinique Valmont and Swiss Visio Network)
Moderator: H. Delgado

Parlons santé, ensemble sous les couleurs de l'automne 15-11
Public Conference
Moderator: M. Montemurro

CLINICA SANT'ANNA

World Linfedema Day 06-03
Medical Conference
C. Campisi

Circolo qualità VIVA: paziente metabolico per medici di famiglia VIVA 19-05
Medical Conference
M. Paltenghi, D.Riva, F. Volonté

Circolo qualità VIVA: malattia steatosica epatica 15-09
Medical Conference
S. Hacker, N.Ikonomou, D. Riva, F. Volonté

Circolo qualità VIVA: BPCO per medici di famiglia 10-11
Medical Conference
A. Azzola, M. Ghegai, F. Volonté

CLINIQUE DE VALÈRE

Et si l'on se projetait dans le Valais de 2050? Le grand débat! 21-10
Public Lecture
S. Sierro, C. Métrailler, J. Cerutti, D. Savioz

Table ronde – Comment optimiser la prise en charge de l'obésité? 06-11
Medical Practice Assistant-Event
D. Savioz , M. Gianadda, C. Moulin-Roh , M. Pepe, R. Morard Passera, K. Schreiter

Entre médicaments et chirurgie: quelles solutions pour l'obésité? 08-11
Public Lecture
R. Morard Passera, P. Morel

CLINIQUE VALMONT

Symposium de neurologie –Les troubles neurologiques fonctionnels 06-03
Symposium (Venue: Musée Olympique, Lausanne)
J. Bogousslavki, A. Carota, S. Aybek , L. Michaud-Vionnet, L. Jeanrichard

Diabète de type 2: comment prévenir, comment traiter? 11-11
Public Conference (Joint organization with Clinique de Genolier and Swiss Visio Network)
Moderator: H. Delgado

PRIVATKLINIK BETHANIEN

Breast Cancer Education 1 12-06
Specialized Lectures
Breast Care Center

Summer Symposium 03-07
Specialized Lectures
C. Templin, E.W. Holy

Prostate Cancer 28-08
Specialized Lectures
G. Tenti

Check-Ups – Mayo Clinic 02-10
Specialized Lectures
D. Dougan

Sono Dialog – Focus on Reflux (PKL) 27-10
Specialized Lectures
S. Weiler

Ultrasound Dialogue 21-11
Specialized Lectures
B. Tutschek

Medical Practice Assistant Event 28-05
Suturing Wounds
Training Event

Interdigest Event 16-05
02-10

PRIVATKLINIK OBACH

Continuing education courses 30-01
AIM/MIG accredited courses 15-05
18-09

SCHMERZKLINIK BASEL

Gelenksprothesen bei Rheumatischen Patienten 14-01
Medical Training
V. Valderrabano

Kristallarthritiden – ein Update 11-02
Medical Training
T. Manigold

Das Therapeutische Dilemma – Wirkungen und Nebenwirkungen 11-03
Von Psychoaktiven Medikamenten und deren Auswirkungen auf die Fahrfähigkeit
Medical Training
C. Rossi

Schmerzen und Adipositas 08-04
Medical Training
H. Al Tokmachi

Sekundäre Osteoporose – wann dran Denken? 13-05
Medical Training
L. Sewing

Prävention Chronischer Schmerzen 10-06
Medical Training
K. Streitberger

KI und Telemonitoring in der Rheumatologie 08-07
Medical Training.
Th. Hügle

Komplex Regionales Schmerzsyndrom – eine Multidisziplinäre Challenge 12-08
Medical Training
FA Faris Gameel

Rückenschmerzen und Spondylodese – wann Versteifen? 09-09
Medical Training
C. Netzer

Chronic pain and fibromyalgia – what can be done 16-09
Public Lecture
M. Falk

New Insight on Pain Mechanism Novelty 07-10
Medical Training
M. Suter

Fatigue und Arbeitsfähigkeit 11-11
Medical Training
D. Winkler

Post COVID und ME/CFS: Klinik, Mechanismen und Therapie (via Teams) 09-12
Medical Training
C. Scheibenbogen

SWISS MEDICAL NETWORK

Research Day 06-02
Medical Conference

Medical Days 16/17-05
Medical Conference

Ortho-Sport Day 16-05
Medical Conference

Launch Event: Mayo Clinic Care Network 06-05
Medical Conference

Fourth Sustainable Healthcare Symposium 09-08
Symposium

Anesth Day 30-08
Medical Conference

Nurse Days 25/26-09
Medical Conference

Onco Day 31-10
Medical Conference

Quality Day 11-11
Medical Conference

Regenerative Medicine Day 21-11
Medical Conference

SWISS VISIO NETWORK

Chirurgie réfractive, pour une vision sans lunettes 17-01
Public lecture (Venue: Swiss Visio Eaux-Vives)
A. Chiou

DryLab cataracte 28-02
Workshop (Venue: Genolier Innovation Hub)

Speakertour Bayer 26-02
Medical conference (Venue: Lausanne)

Symposium d'ophtalmologie 20-03
Medical Conference (Venue: Genolier Innovation Hub)

Sécheresse oculaire 03-04
Public Conference (Venue: Swiss Visio Eaux-Vives)
A. Spinelli

Nouveauté dans la compréhension et la gestion de la maculopathie atrophique, exsudative et chorio-rétinite séreuse centrale 07-04
Public Conference (Venue: Swiss Visio Eaux-Vives)
J. Guidotti

L'examen de vue chez l'enfant 04-05
Public Conference (Venue: Swiss Visio Eaux-Vives)

Glaucoma on the Lake Lugano 23-05
Medical Conference
K. Mansouri

9th Swiss International Glaucoma Symposium 05-06
Medical Conference (Venue: IMD, Lausanne)
K. Mansouri

VIVA Bus 14-06
Free Eye Screenings (Venue: Péry-La Heutte)

VIVA Bus 19-06
Free Eye Screenings (Venue: La Ferrière)

Chirurgie de la cataracte, pour une vision et une qualité de vie optimales 20-06
Public Conference (Venue: Swiss Visio Eaux-Vives)
A. Chiou

SOG/SSO Swiss Society of Ophtalmology Annual Congress Angiography [Workshop] 27/29-08
Medical Conference (Venue: Basel)
A. Ambresin

VIVA Bus 11-09
Free Eye Screenings (Venue: Loveresse)

ONU Health Day [Booth] 16-09
Free Eye Screenings (Venue: Geneva)

Le diabète : un caméléon silencieux, qui peut aussi toucher les yeux 24.09
Public Conference (Venue : Swiss Visio Eaux-Vives)
C. Jonescu

Atelier pratique en imagerie oculaire (APIO) 06-11
Medical Conference (Venue: Lausanne)
A. Ambresin, I. Mantel

Diabète de type 2 : comment prévenir, comment traiter ? 11-11
Public Conference
(Joint organization with Clinique de Genolier and Clinique Valmont)
Moderator: H. Delgado

DryLab Théa Pharma 06-12
Workshop (Venue: Genolier Innovation Hub)

Glaucoma on the Lake Lausanne 11-12
Medical Conference
K. Mansouri

INTEGRATED CARE

Austausch zu Integrierter Versorgung 11-11
Medical Conference (Venue: Ostermundigen)
C. Meier

Soins intégrés : pourquoi et comment ? 20-11
Medical Conference (Venue: VIVA & GP Day, Hotel Bellevue, Bern)
C. Meier

Circolo qualità VIVA: paziente metabolico per medici di famiglia VIVA 19-05
Medical Conference (Venue: Clinica Sant'Anna, Sorengo)
M. Paltenghi, D. Riva, F. Volonté

Circolo qualità VIVA: malattia steatosica epatica 15-09
Medical Conference (Venue: Clinica Sant'Anna, Sorengo)
S. Hacker , N. Ikonomou, D. Riva, F.Volonté

Circolo qualità VIVA: BPCO per medici di famiglia 10-11
Medical Conference (Venue: Clinica Sant'Anna, Sorengo)
A. Azzola, M. Ghegai, F. Volonté

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11. CONCLUSION

CONSOLIDATING STRENGTHS, ACCELERATING INNOVATION

In 2025, Swiss Medical Network strengthened its research foundations while fast-tracking innovation from bench to bedside, ensuring that scientific progress translates into tangible value for patients and the healthcare system. The 2025 Scientific Report of Swiss Medical Network highlights a year of consolidation and acceleration for Science and Innovation. Building on previous years, the Network has strengthened its position within Switzerland's «Health Valley», with the Genolier Innovation Hub acting as a catalyst for collaboration between clinicians, researchers, academic partners, industry, and start-ups. Research has become firmly embedded in the identity of Swiss Medical Network, with projects spanning oncology, ophthalmology, orthopedics, surgery, genomics, and other key disciplines, and with scientific output increasingly visible at national and international levels.

Strategically, research activities are now closely aligned with value-based, patient-centered care. The strong focus on translational research, theranostics, regenerative medicine, high-precision radiotherapy, and genomic-driven therapies underscores a clear shift toward precision and 4Ps medicine (predictive, preventive, personalized, participatory). In parallel, digital health, telemedicine, hybrid care pathways, and data-driven outcome measurement support continuous, personalized follow-up and more efficient use of resources, ensuring that innovation is measured by its real impact on patients' lives and system sustainability.

These advances have been enabled by a steady evolution of research structures and governance. Clarified roles for scientific committees, the integration of new research units, and the strengthening of clinical and translational trial capabilities have improved coordination, decision-making, and multidisciplinary collaboration. All activities are conducted under strict regulatory and ethical frameworks, in line with national and international standards and the recommendations of the Swiss Academy of Medical Sciences and cantonal bioethical authorities. Taken together, these elements position Swiss Medical Network as a key contributor to innovative, patient-centered research and to the rapid translation of scientific breakthroughs into everyday clinical practice.

12. SCIENTIFIC PUBLICATIONS

This bibliography is a compilation of scientific publications authored or co-authored by physicians from Swiss Medical Network in 2025. These works, organized according to the alphabetical order of biomedical specialties, stem from in-house research programs and/or collaborative efforts.

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CLINICAL AND TRANSLATIONAL RESEARCH

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OUTCOME RESEARCH – VALUE-BASED MEDICINE

- **Bernier J**. Beyond emergence: the expanding role of Real-World Evidence in healthcare https://www.swissmedical.net/en/blog/20241003_smn_blog_si_real_world_evidence. IF: N.A.

PLASTIC AND RECONSTRUCTIVE, LYMPHATIC, MICRO AND SUPER MICROSURGERY

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RADIOLOGY

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RADIO-ONCOLOGY

- **Picardi C**, **Caparrotti F**, Brunner-Schaub N, Christen D, **Fargier-Voiron M**, Drepper M, Von Laufen A, Montemurro M, Ris F, **Matzinger O**. Organ preservation in rectal cancer with contact x-ray brachytherapy (Papillon): a refined Swiss protocol to improve real-world feasibility. Front Oncol. 2025 Jul 9;15:1608427. https://doi.org/10.3389/fonc.2025.1608427. PMID: 40703557; PMCID: PMC12284823. IF: 65.4.
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REGENERATIVE MEDICINE

- **Menkes S**. Médecine régénérative et alopécie. Journal de Médecine Esthétique. 2025; 206. IF: N.A.

REHABILITATION

- **Hoang MA**. Clinical Evaluation and Therapeutic Choices based on Evidence-Based Practice. Somatosens Pain Rehab, 2025 ; 22(1), 11-22. https://www.somatosenspainrehab.com/ IF: 1.3.
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SURGERY

- Arunthavanathan D, Liu R, **Inan I**, Oztoprak M, Nielsen MF. Shorter operative times following robotic-assisted transabdominal preperitoneal inguinal hernia repair (TAPP) compared to laparoscopic TAPP: the Danish Inguinal Randomized Controlled Trial (DIRECT). Hernia. 2025 Jul 9;29(1):227. https://pubmed.ncbi.nlm.nih.gov/40632168/ doi: 10.1007/s10029-025-03402-y. PMID: 40632168; PMCID: PMC12241199. IF: 2.4.
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THORACIC SURGERY

- Ripley RT, Adusumilli PS, Bograd AJ, Bölükbas S, Bueno R, Cameron RB, de Perrot M, Flores RM, Groth SG, **Lang-Lazdunski L**, Harpole DH, Pass HI, Patel M, Schmitt-Opitz I, Ugalde Figueroa PA, Wolf AS. Going to MARS may shorten our patient's survival. J Thorac Cardiovasc Surg. 2025 Jun;169(6):1597-1603. https://doi.org/10.1016/j.jtcvs.2024.12.006. IF: 4.4.
- **Lang-Lazdunski L**. Cytoreductive surgery in diffuse pleural mesothelioma. What have we learnt from MARS2, EORTC-L1205 and other recent studies? Eur J Surg Oncol. 2025 Aug;51(8):109628. https://doi.org/10.1016/j.ejso.2025.109628 Epub 2025 Jan 21. PMID: 39855955. IF: 2.9.
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UROLOGY

- **Allaire E**, Sussman H, Hauet P, Floresco J, Crul C, Virag R. Combination of Simultaneous Ligation and Embolisation for Cavernovenous Leaks in Patients with Erectile Dysfunction. Eur J Vasc Endovasc Surg. 2025 Jun 30:S1078-5884(25)00644-6. https://doi.org/10.1016/j.ejvs.2025.06.073. PMID: 40602597. IF: 6.8.
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13. SCIENTIFIC COMMUNICATIONS AND ACTIVITIES

ANESTHESIOLOGY

Eva Koetsier (Clinica Ars Medica, Gravesano)

- Speaker, Swiss Pain Congress 2025; «Gender Inequality in Pain Medicine»; December 5, 2025; Lausanne, Switzerland.
- Speaker, 5th Convegno di Dolore Cronico – Filo di Speranza; «Dolore cronico e ultime novità»; October 11, 2025; Muralto, Switzerland.
- Speaker, BPW Ticino; «Dolore e genere: il divario nascosto» and «Dolore cronico: quando inviare il paziente allo Specialista della Terapia del Dolore Interventistica?»; October 6, 2025; Lamone, Switzerland.
- Speaker, Swissinfomed; «Gender Inequality in Pain Medicine» and «Dolore cronico: quando inviare il paziente allo Specialista della Terapia del Dolore Interventistica?»; September 25, 2025.
- Speaker, Benelux Pain Forum; «Gender Inequality in Pain Medicine»; June 12–13, 2025; Eindhoven, The Netherlands.
- Speaker, Cadaver Lab Faculty, WIPM 5th Annual Conference; «Cervical Medial Branch Blocks and Cervical Epidurals»; June 6–8, 2025; Scottsdale, United States.
- Speaker, WIPM 5th Annual Conference; «Challenges for Women in Pain Medicine Worldwide»; June 6–8, 2025; Scottsdale, United States.
- Speaker, WIPM 5th Annual Conference; «Female Principal Investigators in Pain Research: Pathways and Challenges»; June 6–8, 2025; Scottsdale, United States.
- Organizer, Speaker, and Moderator, Simposio Terapia del Dolore; May 15, 2025; Switzerland.
- Speaker, Pain Forum; «Gender Inequality in Pain Medicine»; February 13–14, 2025; Kerpen, Germany.
- Speaker and Cadaver Lab Faculty, SCS New Implanter Course; February 6, 2025; University of Bern, Switzerland.

NEUROSURGERY

Frederic Schils (Clinique Générale-Beaulieu, Geneva)

- **Schils F**, Gondar R, Favreul E, Mansouri N, Toquart A, Obed I, Graziani N. Clinical and radiological results up to 2 years of follow up with a novel 3D printed TLIF Titanium Cage: An ambispective, multi center international study about 187 patients. Global Spine Congress, E-poster P234 Abstract 816; Rio de Janeiro, June 19, 2025.

OPHTHALMOLOGY

Aude Ambresin (Swiss Visio Network)

CONFERENCES

As Organiser

In 2025, Swiss Visio Network not only advanced research and clinical innovation but also reinforced its role as an educational leader by organizing training events for healthcare professionals.

Swiss Visio Retina Research Center organized events:

- **Ambresin A**, Mantel I. Organisers of: Atelier pratique en imagerie oculaire (APIO) [Practical workshop in ocular imaging]. 2025 Nov 6; Lausanne, Switzerland.
- **Ambresin A**. Organiser of: Angiography [Workshop]. SOG/SSO Swiss Society of Ophtalmology Annual Congress; Aug 27-29; Basel, Switzerland.

As Invited Speaker

- **Ambresin A**, Bekiroglu S, Chitoroaga M. Dégénérescence maculaire liée à l'âge: la cécité est elle une fatalité ? Presented at: Connaissance 3, Université des seniors; 2025 Jan 1; La Tour de Peilz, Switzerland.
- **Ambresin A**, Gurbaxani A. Chairs for: Speakers' Corner. Chairs for: 25th European Society of Retina Specialists (EURETINA) Congress; 2025 Sep 4-7 Sep; Paris, France.
- Lai TY, Singer MA, Zhang X, Machewit T, **Ambresin A**, Wong DT, Korobelnik JF, Zarranz-Ventura J, Leal S. Pigment Epithelial Detachment Outcomes with Aflibercept 8 mg Versus Aflibercept 2 mg in the PUL-SAR Trial: a 96-Week Post Hoc Analysis. Speaker for: 25th European Society of Retina Specialists (EURETINA) Congress; 2025 Sep 4-7 Sep; Paris, France.
- Hasler P, Maloca P, Feltgen N, **Ambresin A**, Zweifel S, Blaser F. Chairs for: Plenary Symposium: SOG | SSO Case Series. SOG/SSO Swiss Society of Ophtalmology Annual Congress; 2025 Aug 27-29; Basel, Switzerland.
- **Ambresin A**, Menghini M. Chairs for: Rapid Fire | Poster Flash Session I – Retina Vitreous. SOG/SSO Swiss Society of Ophtalmology Annual Congress; 2025 Aug 27-29; Basel, Switzerland.
- **Ambresin A**. Indirect comparison of the relative effectiveness of faricimab vs aflibercept 8 mg in diabetic macular edema (DME) and neovascular age-related macular degeneration (nAMD). Speaker for: SOG/SSO Swiss Society of Ophtalmology 118th Annual Congress; 2025 Aug 29; Basel, Switzerland.
- **Ambresin A**. Chair for: Workshop: Understanding the basics and clinical applications of intravenous dye angiography: a must to be a fully trained ophthalmologist! SOG/SSO Swiss Society of Ophtalmology 118th Annual Congress; 2025 Aug 27; Basel, Switzerland.
- **Ambresin A**. Color pictures, filters and autofluorescence imaging [Workshop]. Speaker for: SOG/SSO Swiss Society of Ophthalmology 118th Annual Congress; 2025 Aug 27; Basel, Switzerland.
- **Ambresin A**. Angiography cases MCQ [Workshop]. Speaker for: SOG/SSO Swiss Society of Ophthalmology 118th Annual Congress; 2025 Aug 27; Basel, Switzerland.

- **Ambresin A**. Recommendations for intravitreal injections & safety [Course]. In: Intravitreal Injection (IVI) Course – Theoretical & Practical Part. Speaker for: SOG/SSO Swiss Society of Ophthalmology 118th Annual Congress; 2025 Aug 27; Basel, Switzerland.
- **Ambresin A**, Bekiroglu S, Kowalczuk L, Chitoroaga M, Behar-Cohen F. Adaptive Optics Flood Illumination (AO-FI) Study of Drusen Patterns. 11th Annual Pacific Retina Club & 12th Annual International Retinal Imaging Symposium (IntRIS) Meeting; 2025 Jun 5-7; Los Angeles, United States of America.
- **Ambresin A**, Pannatier-Schuetz Y, Gallo Castro D, Nascimbeni AC, Barry PM, Bekiroglu S, Kitsos-Kalyvi-anakis K, Crozat B, Bartolomeo N. AI integration in research, clinical setting and medical education: A pilot experience towards age related macular degeneration (AMD) management. Delegation of Roche Pharma Switzerland at the Genolier Innovation Hub; 2025 May 21; Genolier, Suisse.
- **Ambresin A**. ICG verstehen und interpretieren. Ophthalmology Update Refresher of the Forum Medizin Fortbildung (FOMF); 2025 May 24; Zurich, Switzerland. [Evaluation by participants available on request]
- Chitoroaga M, **Ambresin A**. La DMLA, une thérapie personnalisée. Speaker for: Retina Suisse Annual Public Conference; 2025 May 24; Lausanne, Switzerland.
- **Ambresin A**. Introduire l'IA dans les consultations en rétine: un leurre ou un réel bénéfice? 14e Rencontre ophtalmologique Neuchâtel-Fribourg par le Centre Neuchâtelois d'Opthtalmologie (CNO) et l'Hôpital Fribourgeois (HFR); 2025 Mai 8; Morat, Switzerland.
- **Ambresin A**. Recent therapeutic advances in nAMD and DME: Real world evidence from Switzerland. Key Invited International Speaker for: Retinal Diseases: Towards New Horizons. Roche; 2025 May 03; Tunis, Tunisia.
- **Ambresin A**. Comparison of Geographic Atrophy (GA) Lesion Measurements and Growth Rates Using Semi-automated and Artificial Intelligence (AI) Software. Speaker for: Ophthalmic Artificial Intelligence Summit 2025. 2025, May 31 2025; Online.
- Chitoroaga M, **Ambresin A**. Speaker for: ABC; 2025 May 24; Lausanne, Switzerland.
- Bartolomeo N, **Ambresin A**. Les complications oculaires du diabète. Speaker for: 'diabètevaud'; 2025 Apr 3; Lausanne, Switzerland.
- **Ambresin A**. Pegcetacoplan: «breakthrough» ou «fake news»? La rétine en pratique: ce qu'il faut savoir en 2025; Centre Ophtalmologique de la Colline; 2025 Fev 20; Geneva, Switzerland.

As Free Paper Speaker

- Bekiroglu S, **Ambresin A**, Kowalczuk L, Chitoroaga M, Behar-Cohen F. Adaptive Optics Transscleral Flood Illumination (AO-TFI) Study of Drusen Patterns. Free paper presented at: FLORETINA; 4-7 Dec 2025; Florence, Italy.
- Bartolomeo N, **Ambresin A**. Functional and Structural Outcomes of Photobiomodulation (PBM) Therapy in Early and Intermediate Age-related Macular Degeneration (AMD). Free paper presented at: FLORETINA; 4-7 Dec 2025; Florence, Italy.
- Bartolomeo N, Schuetz YP, Nascimbeni AC, Castro DG, Crozat B, Barry MP, **Ambresin A**. Early Out-come Analysis of Intravitreal Aflibercept 8 mg Treatment in Naïve Patients with Neovascular Age-Related Macular Degeneration Using Artificial Intelligence. Free paper presented at: FLORETINA; 4-7 Dec 2025; Florence, Italy.

- Lange C, Bailey C, Konidaris V, Stahl A, Chaudhary V, Lanzetta P, Oubraham H, Kirchner M, Machewitz T, Allmeier H, Zhang X, Hasanbasic Z, Munk M, **Ambresin A**. SPECTRUM: Ergebnisse nach 8 Wochen aus der ersten globalen Real-World-Studie zu Aflibercept 8 mg bei Patienten mit behandlungsnaiver und zuvor behandelter neovaskulärer altersbedingter Makuladegeneration. Free paper presented at: DOG (German Society of Ophthalmology) Annual Congress; 2025 Sep 25-28; Berlin, Germany.
- Liegl R, **Ambresin A**, Wong TY, Lanzetta P, Korobelnik JF, Holz FG, Sakamoto T, Sivaprasad S, Patel PJ, Stewart M, Gale R, Zarranz-Ventura J, Schulze A, Machewitz T, Schmidt-Ott UM, Zhang X, Berliner AJ, Chu K, Leal S, Munk M. PULSAR-Extensionsstudie: 156 Wochen-Ergebnisse bei Patienten mit ne-ovaskulärer altersabhängiger Makuladegeneration (nAMD), die eine Behandlung mit Aflibercept 8 mg erhielten und die von Aflibercept 2 mg auf 8 mg umgestellt wurden. Free paper presented at: DOG (Ger-man Society of Ophthalmology) Annual Congress; 2025 Sep 25-28; Berlin, Germany.
- **Ambresin A**, Munk MR, Peyla A, Artemiev D, Spitznagel T, Kitay A, Gabathuler F, Eandi C, Garweg JG. Early Real-World Outcomes of Aflibercept 8 mg in Treatment-naïve Age-Related Macular Degeneration: A Swiss Retina Research Network Report. Free paper presented at: 25th European Society of Retina Specialists (EURETINA) Congress; 2025 Sep 4-7 Sep; Paris, France.
- **Ambresin A**, Wong TY, Lanzetta P, Korobelnik JF, Holz FG, Sakamoto T, Sivaprasad S, Patel P, Gale R, Stewart M, Zarranz-Ventura J, Berliner A, Chu K, Munk M. PULSAR Extension: Clinical improvements sustained over 156 weeks with aflibercept 8 mg in patients with neovascular age-related macular degen-eration. Free paper presented at: 25th European Society of Retina Specialists (EURETINA) Congress; 2025 Sep 4-7 Sep; Paris, France.
- Garweg JG, Tillmann A, Zweifel S, Grimaldi G, Artemiev D, Spitznagel T, **Bartolomeo N**, Weinberger A, Kitay A, Heck K, Somfai GM, Hatz K, Eandi C, Munk MR. Early Real-Life Experience with Aflibercept 8mg in Diabetic Macular Edema – a Swiss Retina Research Network Report. Free paper presented at: 25th European Society of Retina Specialists (EURETINA) Congress; 2025 Sep 4-7 Sep; Paris, France.
- Klufas MA, Gerendas BS, **Ambresin A**, Arevalo JF, Gibson K, Sim D, Yang M. Predictors of Extended Treatment Intervals in Patients With DME Treated With Faricimab in the Phase 3 YOSEMITE/RHINE Trials. Free paper presented at: 25th European Society of Retina Specialists (EURETINA) Congress; 2025 Sep 4-7 Sep; Paris, France.
- Plasencia C, Saad A, Garweg JG, Pfister IB, Munk MR, Eandi CM, Zweifel S, Grimaldi G, Bartolomeo N, Stillenmunkes R, Schild C, Cattaneo J, Gabathuler F, Menghini M, **Ambresin A**, Froehlich J, Artemiev D, Weinberger A, Mohamed H, Somfai GM, Hatz K. First-Year Real-World Outcomes of Faricimab in Clinically Significant Diabetic Macular Edema: A Swiss Retina Research Network Report. Free paper presented at: SOG/SSO Swiss Society of Ophthalmology.
- Gale R, **Ambresin A**, Munk M, Patel PJ, Lanzetta P, Korobelnik J-F, Sivaprasad S, Leal S, Machewitz T, Zhang X. Higher Fluid Control with Aflibercept 8 mg vs Aflibercept 2 mg During Matched Dosing Period Abstract. Free paper submitted at: lt Lake City, United States of America. Association for Research in Vision and Ophthalmology (ARVO) Annual Meeting; 2025 May 4-8; Salty Lake, United States of America.

- **Ambresin A**, Chitoroaga M, Bartolomeo N, Barry Mamadou P, Pannatier YA, Gallo DA, Nascimbeni AA. Comparison of geographic atrophy (GA) lesion measurements and growth rates using semiautomated and artificial intelligence (AI) software. Free paper presented at: The Macula Society 48th Annual Meet-ing; 2025 Feb 12-15; Charlotte Harbor, United States of America.
- **Ambresin A**. Étude comparative de l'atrophie géographique mesurée semi manuellement et par intelli-gence artificielle dans la DMLA atrophique. pper presented at: Journées nationales de la Rétine; 2025 Jan 25-26; Paris, France.
- Hashimoto R, **Ambresin A**, Gibson K, Hill L, Sim DA. Predictors of Faricimab Treatment Interval for Dia-betic Macular Edema. Presented at: The Japanese Society of Ophthalmic Diabetology Congress; 2025 Jan 25–26; Naha, Japan.

As Poster Presenter

- Garweg J, **Ambresin A**, et al. Early real-life experience with aflibercept 8mg in diabetic macular edema – a Swiss Retina Research Network report. e-Poster presented at: 25th European Society of Retina Specialists (EURETINA) Congress; 2025 Sep 4-7; Paris, France.
- Benchimol A, **Ambresin A**, et al. Surgical outcomes of vitrectomy with gas or silicone oil tamponade for giant retinal tears. e-Poster presented at: 25th European Society of Retina Specialists (EURETINA) Con-gress; 2025 Sep 4-7; Paris, France.
- Bekiroglu S, **Ambresin A**, Kowalczuk L, Chitoroaga M, Behar-Cohen F. Adaptive Optics Transscleral Flood Illumination (AO-TFI) Study of Drusen Patterns. e-Poster presented at: 25th European Society of Retina Specialists (EURETINA) Congress; 2025 Sep 4-7; Paris, France.
- Bekiroglu S, **Ambresin A**, et al. Evaluation of geographic atrophy (GA) lesion measurements and growth rates using semi-automated and artificial intelligence (AI) software. e-Poster presented at: 25th European Society of Retina Specialists (EURETINA) Congress; 2025 Sep 4-7; Paris, France.
- Bartolomeo N, **Ambresin A**, et al. Early outcome analysis of intravitreal aflibercept 8mg injections in naïve patients with neovascular age-related macular degeneration using artificial intelligence. e-Poster pre-sented at: 25th European Society of Retina Specialists (EURETINA) Congress; 2025 Sep 4-7; Paris, France.
- Hatz K, **Ambresin A**, et al. First-year real-world outcomes of faricimab in clinically significant diabetic macular edema: a Swiss Retina Research Network report. e-Poster presented at: 25th European Society of Retina Specialists (EURETINA) Congress; 2025 Sep 4-7; Paris, France.
- Stahl A, **Ambresin A**, et al. SPECTRUM: month 6 results from the first global real-world study of afliber-cept 8 mg in patients with previously treated neovascular age-related macular degeneration. e-Poster presented at: 25th European Society of Retina Specialists (EURETINA) Congress; 2025 Sep 4-7; Paris, France.
- Kitsos-Kalyvianakis K, Bartolomeo N, Pannatier-Schuetz Y, Gallo Castro D, Nascimbeni A, **Ambresin A**. Early anatomical outcomes of intravitreal aflibercept 8mg in patients with treatment-resistant neovascular age-related macular degeneration using artificial intelligence. Poster presented at: SOG/SSO Swiss Society of Ophtalmology Annual Congress; 2025 Aug 27-29; Basel, Switzerland.

- **Ambresin A**, Wells JA, Lupidi M, Keane P, Holekamp N, Leng T, Siedlecki J, Mar F, Gibson K, Margaron P, Paulo T, Buehrer C, Tabano D. Indirect comparison of the relative effectiveness of faricimab vs afliber-cept 8 mg in diabetic macular edema (DME) and neovascular age-related macular degeneration (nAMD). Poster presented at: SOG/SSO Swiss Society of Ophtalmology Annual Congress; 2025 Aug 27-29; Basel, Switzerland.
- **Ambresin A**, Lally DR, Almeida DR, Lu F, Desai A, Chichili G, Petkova-Vamvaka T, Iannaccone A, Moreno-Leon L, Afanaseva A, Khanna H, Jaffe GJ. Post-marketing data supports a differentiated safety profile of avacincaptad pegol (ACP) for geographic atrophy (GA) secondary to AMD. Poster presented at: SOG/SSO Swiss Society of Ophtalmology Annual Congress; 2025 Aug 27-29; Basel, Switzerland.
- Bekiroglu S, Chitoroaga M, Nascimbeni A, Pannatier-Schuetz Y, Gallo Castro D, **Ambresin A**. Evaluation of geographic atrophy (GA) lesion measurements and growth rates using semi-automated and artificial intelligence (AI) software. Poster presented at: SOG/SSO Swiss Society of Ophthalmology Annual Congress; 2025 Aug 27-29; Basel, Switzerland.
- Combet J, **Ambresin A**, Gallo Castro D, Chevalley G. SD-OCT description of an acute and resolution phase of outer retinal layers edema secondary to per-operative intracameral cefuroxime injection during cataract surgery. ePoster presented at: SOG/SSO Swiss Society of Ophthalmology Annual Congress; 2025 Aug 27-29; Basel, Switzerland.
- Spitznagel T, Eandi C, De Oliveira Figueiredo EC, Garweg J, Grimaldi G, **Ambresin A**, Somfai GM. Deep learning-based longitudinal analysis of microstructural changes in chronic CSCR: a multicenter pilot study. ePoster presented at: SOG/SSO Swiss Society of Ophthalmology Annual Congress; 2025 Aug 27-29; Basel, Switzerland.
- Arfaoui G, **Ambresin A**. Two-year treatment outcomes of faricimab in naïve neovascular age-related macular degeneration patients using artificial intelligence. ePoster presented at: SOG/SSO Swiss Society of Ophthalmology Annual Congress; 2025 Aug 27-29; Basel, Switzerland.
- Gerendas BS, **Ambresin A**, Arevalo JF, Gibson K, Sim D, Yang M. Predictors of injection numbers in patients with Diabetic Macular Edema (DME) treated with faricimab personalized T&E in the phase 3 YOSEMITE/RHINE trials. Poster presented at: Retina Society 58th Annual Meeting; 2025 Sep 13; Chi-cago, United-States of America.
- Saad A, Somfai GM, **Ambresin A**, Ebneter A, Eandi C, Feltgen N, Hatz K, Menghini M, Munk MR, Wein-berger A, Zweifel SA, Schild C, Isabel I, Garweg JG, Grimaldi G. One-year outcomes after switching to faricimab in eyes with pre-treated neovascular age-related macular degeneration: a report from the Swiss Retina Research Network. Poster presented at: Association for Research in Vision and Ophthalmology (ARVO) Annual Meeting; 2025 May 4–8, 2025; Salt Lake City, USA.
- Gale R, **Ambresin A**, Munk M, Patel PJ, Lanzetta P, Korobelnik JF, Sivaprasad S, Leal S, Machewitz T, Zhang X. Greater and more durable fluid resolution with aflibercept 8 mg versus aflibercept 2 mg in the PULSAR trial: A 96-week post-hoc analysis. Poster presented at: Association for Research in Vision and Ophthalmology (ARVO) Annual Meeting; 2025 May 4–8, 2025; Salt Lake City, USA.
- Gerendas BS, **Ambresin A**, Arevalo JF, Gibson K, Sim D, Yang M. Predictors of extended treatment intervals in patients with DME treated with faricimab in the phase 3 YOSEMITE/RHINE trials. Poster presented at: Association for Research in Vision and Ophthalmology (ARVO) Annual Meeting; 2025 May 4–8, 2025; Salt Lake City, USA.

ORTHOPEDICS

Victor Valderrabano (Schmerzklinik Basel)

- Chairman: 4th Basel International Ankle Osteoarthritis Course, IBRA Orthopaedic Foot & Ankle Master Course, International Bone Research Association IBRA, Basel, April 4 – 5.
- Co-Chairman: Swiss Medical Network Ortho-Sport Day 2025, Genolier Innovation Hub, May 16.
- Chairman: EFAS-IBRA Orthopaedic Foot & Ankle Master Course, Complex Deformities & Complications in Foot & Ankle Surgery, International Bone Research Association IBRA, Basel, June 13-14.
- Chairman: IBRA Orthopaedic Foot & Ankle Master Course, International Bone Research Association IBRA, Basel, November 7 – 8.
- Co-Chairman: Swiss Medical Network Regenerative Day 2025, Genolier Innovation Hub, November 21.

Presentations, Moderations, Workshops in Conferences

- Many presentations on national and international conferences and webinars.

Gregory Chick (Clinique de Genolier)

- Chick GN, De Lambilly N. Trapeziometacarpal Prosthesis And Thumb Metacarpophalangeal Joint Fusion: Is It Compatible? IFSSH/IFSHT (International Federation of Societies for Surgery of the Hand/ International Federation of Societies for Hand Therapy) Washington DC, March 24-28.
- Chick GN, Tchurukdichian A. The Dual Mobility Touch® KERIMEDICAL Trapeziometacarpal Prosthesis For Basal Thumb Osteoarthritis. Outcomes And Complications At Minimum Five-Year Follow-Up. IFSSH/IFSHT (International Federation of Societies for Surgery of the Hand/ International Federation of Societies for Hand Therapy) Washington DC, March 24-28.
- Chick GN, Niederhauser L. Posttraumatic Metacarpal Fractures After Uncemented Motec® Total Wrist Arthroplasty: A Case Report. IFSSH/IFSHT (International Federation of Societies for Surgery of the Hand/ International Federation of Societies for Hand Therapy) Washington DC, March 24-28.

Thomas Giesen (Clinica Ars Medica, Gravesano)

- Secondary Flexor Tendon Surgery Elliot D, **Giesen T**, Xing SG. Secondary Flexor Tendon Surgery. In: Tang JB, Elliot D, Meals R, editors. Current Practice in Hand Surgery. 1st ed. London: Elsevier Health Sciences; 2025. p. 299.
- Neuropathic Pain of the Upper Extremity Elliot D, **Giesen T**. Neuropathic Pain of the Upper Extremity. In: Tang JB, Elliot D, Meals R, editors. Current Practice in Hand Surgery. 1st ed. London: Elsevier Health Sciences; 2025. p. 741.

- **Giesen T**. Scaphoid fracture video. In: Tang JB, Elliot D, Meals R, editors. Current Practice in Hand Surgery. London: Elsevier Health Sciences; 2025. Video.
- **Giesen T**. Acute flexor tendon surgery video. In: Tang JB, Elliot D, Meals R, editors. Current Practice in Hand Surgery. London: Elsevier Health Sciences; 2025. Video.

REHABILITATION

Claude Spicher (Clinique Générale Ste-Anne, Fribourg)

Communications

- Spicher C. Keynote lecture: Method of Somatosensory Pain rehabilitation (SPR): Why, How & When? 8th Triennal Congress of IFSSH/IFSHT, (International Federation of Societies for Surgery of the Hand/ International Federation of Societies for Hand Therapy) Washington DC, April 3.
- **Spicher C**. Since January 2020, Superviseur du stage d'ergothérapie pour l'obtention du MSc (A) OT de McGill University (Montreal). October – November, 2025.

Courses

- **Spicher C**. 150e cours – Formation re-certifiante de rééducateur·trice sensitif·tive de la douleur certifié·e (RSDC®) Module Niveau 4, https://www.neuropain.ch/fr/accueil en partenariat avec Pain Rehab formation https://www.painrehabformation.com/, Clinique Générale Ste-Anne, February 3-5.
- **Spicher C**. Anamnèse, examen clinique et diagnostic des douleurs neuropathiques, Fribourg, cours de 3e année de médecine, April 03.
- **Spicher C**. 151e cours – Certificat en rééducation sensitive de la douleur (J3 & J4) Montpellier Formation organisée par Pain Rehab https://www.painrehabformation.com/. April 04.
- **Spicher C**. 153rd course – Certified Somatosensory Rehabilitation of Pain (D3 & D4) PART I. Montreal Cours organisé par le Somatosensory Rehabilitation of Pain Network www.neuropain.ch. September 15-18.
- **Spicher C**. 154e cours – Certificat en rééducation sensitive de la douleur (J5, J6, J7 & J4) Montréal, Réseau de Rééducation Sensitive de la Douleur https://www.neuropain.ch/fr/accueil. October 22-23.
- **Spicher C**. 155e cours – Certificat en rééducation sensitive de la douleur (J3 & J4) Montpellier Formation organisée par Pain Rehab https://www.painrehabformation.com/. October 22-23.

Book

- **Spicher C**, Murray, E., Chapdelaine, S. & de Andrade Melo Knaut, S. Méthode de rééducation sensitive de la douleur: un nouveau mode de penser la complexité bio-psycho-sociale (1ère édition) – Préface: Pierre Sprumont. Montpellier, Paris: Sauramps Médical, 396 pages, January 21.

UROLOGY

Eric Allaire (Clinique de Genolier)

- **Allaire E**. Fuite veineuse: controverses diagnostiques, profils de patients, résultats de la chirurgie et de l'embolisation combines. Académie Suisse de Médecine Sexuelle, November 6, Lausanne.

George-Antoine De Boccard (Clinique Générale-Beaulieu, Geneva)

- **De Boccard G**. History of robotic microsurgery, Urology has shown the way. WSRM 2025. XIII Congress of the World Society of Reconstructive Microsurgery. April 23- 26, 2025, Barcelona, Spain.
- **De Boccard G**. History of robotic assisted microsurgery. The 13th Robotic-Assisted Microsurgical and Endoscopic Society (RAMSES). October 14-15, 2025. Kagoshima City, Japan.
- **De Boccard G**. Imagine Robotic assisted microsurgery in 2003. The 13th Robotic-Assisted Microsurgical and Endoscopic Society (RAMSES). October 14-15, 2025. Kagoshima City, Japan.

SCIENTIFIC REPORT 2025

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