



Curriculum vitae
General information

■ **Personal data**

- Magini Giulia
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■ **Education**

Master's Degree in 'Medicine of Solid Organ Transplantation'

Title of the thesis 'TIPS in the post-transplant setting'
Bicocca University. Milano. Italy [2010]

Internal Medicine Specialist Degree summa cum laude

Title of the thesis 'The value of [¹¹ C]-acetate PET and [¹⁸ F]-FDG PET in diagnosis of benign hepatic focal lesions'
University of Bologna. Italy [2008]

Board Approval for Medical Practice

University of Bologna. Italy [2002]

Medical Doctor's Degree summa cum laude

Title of the thesis 'Future perspectives for advanced melanoma'
University of Bologna. Italy [2002]

Additional relevant training

Course of abdominal ultrasound with SIUMB certification

Bologna. Italy [2005]

■ **Past and present positions**

[01/10/2019 – Current]

Cheffe de Clinique (employment rate 100%)

Division of Gastroenterology and Hepatology (50%), Division of Transplantation (50%). HUG
Geneva (Switzerland)

[16/04/2018 – 30/09/2019]

Cheffe de Clinique (employment rate 80%)

Division of Endocrinology. Clinical Nutrition Unit. CHUV

Lausanne (Switzerland)

[16/03/2013 – 26/11/2018]

Internal Medicine Physician

Gastroenterology, Hepatology and Transplantation Unit. ASST Papa Giovanni XXIII

Bergamo (Italy)

[2008 – 2013]

Independent Contractor, Internal medicine physician

Gastroenterology, Hepatology and Transplantation Unit. Ospedali Riuniti

Bergamo (Italy)

[2003 – 2008]

Internal Medicine Residency

Division of Internal Medicine, Department of Internal Medicine, Cardiology, Hepatology University of Bologna.

Bologna (Italy)

■ Academic age

14

Thanks to the high volume of transplants performed in the Bergamo, despite not being a teaching hospital, I learned to work under pressure, to quickly make the hierarchy of problems and the teamwork. Shifts in Internal Medicine Division exposed me to a wide variety of diseases and cultivated my clinical sense.

■ Language skills

Italian Mother tongue

French C1

English B2

Curriculum vitae

Research

■ Self-evaluation

I had the opportunity to be an active part in a cornerstone research project on the use of human albumin in decompensated cirrhosis who contributed to definition of international guidelines and bring new insight on the pathogenesis of decompensation and acute on chronic liver failure.

Thanks to different research projects on hepatocellular carcinoma, cirrhosis, and transplantation I achieved solid skills for optimization of post-transplant outcome by a careful care and selection of recipients, donor-recipient match and management of immediate and long-term post-transplant complications.

■ Research outputs

1. *Protective role of tacrolimus, deleterious role of age and comorbidities in liver transplant recipients with Covid-19: results from the ELITA/ELTR multi-center European study.* Belli LS, et al. ELITA-ELTR COVID-19 Registry. Gastroenterology. 2020;160:1151-1163

Short description: Twenty-five percent of 243 cirrhotic patients listed for liver transplantation and requiring hospitalization for COVID-19 died, the risk being higher in patients older than 70 and with medical comorbidities, such as impaired renal function and diabetes. Conversely, the use of TAC was associated with a better survival thus encouraging clinicians to keep TAC at the usual dose.

2. *Long-term albumin administration in decompensated cirrhosis: an open-label randomised trial.* Caraceni P, et al. ANSWER Study Investigators. Lancet. 2018;391:2417-2429

Short description: long-term HA administration prolongs overall survival and might act as a disease modifying treatment in patients with decompensated cirrhosis.

3. *Consensus conference on TIPS management: Techniques, indications, contraindications.* Fagioli S, et al. AISF TIPS Special Conference. Dig Liver Dis. 2017;49:121-137

Short description: guidelines for TIPS insertion for common and controversial indications.

4. *Validation of the AFP model as a predictor of HCC recurrence in patients with viral hepatitis-related cirrhosis who had received a liver transplant for HCC.* Notarpaolo A, et al. J Hepatol. 2017;66:552-559

Short description: The AFP model identifies HCC candidates at low risk of recurrence, otherwise excluded by Milan criteria in a population with a predominance of post-hepatitic-related HCC. The AFP score can be proposed for selection of HCC candidates in programs with a high proportion of viral/HCV-related cirrhosis.

5. *Impact of etiology of cirrhosis on the survival of patients diagnosed with hepatocellular carcinoma during surveillance.* Trevisani F, Magini G, et al. Italian Liver Cancer (ITA.LI.CA) Group. Am J Gastroenterol. 2007

Short description: In patients with HCC diagnosed during surveillance: (a) single nodules are less common in multietiology cases and (b) prognosis is independent of etiology, being dictated by liver function, oncologic features, and treatment.

5. *C-11 acetate does not enhance usefulness of F-18 FDG PET/CT in differentiating between focal nodular hyperplasia and hepatic adenoma.* Magini G, et al. Clin Nucl Med. 2009;34:659-65

Short description: when the goal is differentiating FNH from liver neoplasms, AC PET offered no additional diagnostic advantage over what is achieved with FDG PET.

■ Scientific planning

To carry out multicentric studies on transplantation and advanced cirrhosis.

At national level, I want to take part in the reflection on the current system of allocation and prioritization of recipients the waiting list. A revision of this system is necessary in view of the epidemiological changes (the near disappearance of post-viral cirrhosis and the increase in Acute on Chronic Liver Failure) and the new oncological indications for liver transplantation.

I have been designated as the contact person for autoimmune liver diseases and for transition of pediatric liver transplant patients to adult care. I will take advantage of this opportunity to deepen my knowledge of rare diseases that hide the origin of less manifest diseases of adulthood.

Main fields of research are vascular diseases of the liver, hepatic senescence and ischemic and autoimmune cholangiopathies on which a project using Nanostring Technologies is currently being drafted.

■ Research collaborations

Ongoing collaborative projects

1. ***Estimation of mortality and graft lost risk after liver transplantation in patients with rPBC.***

I've realized the data collection for a multicenter European study that aim to explore the usefulness of the Global PBC and UK-PBC risk scores in predicting graft loss in PBC patients who developed recurrence post-liver transplantation.

Results: ongoing data analysis.

2. ***Expert Recommendations from the Swiss Amyloidosis Network (SAN) for ATTR. Data collection and document review.***

Results: this collaborative work made it possible to define guidelines for the diagnosis and management of patients suffering from this rare disease and to establish a common database for collaborative studies at European level.

3. ***ELITA/ELTR multicenter European study on the impact of Covid-19 on patients awaiting liver transplantation or already transplanted.***

Data collection and paper review (2 papers in press).

4. ***Donation-after-circulatory death liver transplantation. Outcome and risk factors for ischemic cholangiopathy in the Swiss setting.***

Principal investigator of a Swiss multicentre collaborative project aimed at revising the present allocation policy of marginal livers in order to optimize results. Data retrieved from Swiss Transplant Cohort Study.

Results: ongoing data analysis.

5. ***Incidence of acute and chronic renal failure after DCD liver transplantation.***

Principal investigator of a Swiss multicentre collaborative project aimed at identifying risk factors for chronic renal insufficiency in transplant recipients. Data retrieved from Swiss Transplant Cohort Study.

Results: ongoing data analysis.

■ Research funding and grants

Under approval with minor revisions

Name of Funding Organization: Swiss Transplant Cohort Study (STCS)

Amount Awarded : 11.500 CHF

Title of Project: Donation-after-circulatory death liver transplantation. Outcome and risk factors for ischemic cholangiopathy in the Swiss setting

■ Research supervision and mentoring

Role of supervisor of a MD thesis on ***Incidence of acute and chronic renal failure after DCD liver transplantation.***

Dre Daina Sapovalova

Role of supervisor for the collaborative study on ***Donation-after-circulatory death liver transplantation.***

Outcome and risk factors for ischemic cholangiopathy in the Swiss setting. Dre Antonia Shafer, a young MD-PhD student in transplant immunology, as co-investigator.

■ Other scientific activities

EASL and ESOT/ELITA active member

Reviewer for *Liver Transplantation*

Invited Speaker in many national conferences on the topic of liver transplantation and advanced liver disease.

■ Contributions to Open Science

I am persuaded of the need to share reliable data at national and international level to compare and standardize practices. I collected data for the aforementioned collaborative studies and participated in the drafting of the resulting articles and guidelines.

■ Scientific outreach

Invited writer for scientific divulgation on liver transplantation for *Leading Opinion Médecine Interne*

■ **Teaching experience**

I take advantage of the daily practice with inpatients and outpatients to teach the interns the basics of clinical assessment, the hierarchy of problems and the principles of treatment, with a particular focus on hepatology and post-transplant complications. I guide their learning with targeted scientific articles and selected teaching materials. I participate in the training of residents with lectures and courses. In favor of their autonomy but always available to discuss clinical cases, being responsible for their acts. Strict only in case of overt negligence. Enthusiastic about working with young people who are a source of daily learning.

■ **Development of teaching tools and activities**

With the help of students and residents we are drafting and publishing internal guidelines for post-transplant management, available to students in rotation to promote their autonomy, transmission of skills and accelerate the learning curve.

■ **Management skills**

Not applicable

■ **Institutional involvement**

Not applicable

Consultant in French-speaking Switzerland and Ticino to guide referral of patients to liver transplantation and management of complex cases before and after transplantation.

Emerging figure in transplant hepatology in Switzerland and ripe to undertake multicenter clinical trials thanks to a strong network of collaborations.

Great clinical sense acquired through intensive work in two high-volume transplant centre with few resources and thanks to a great commitment to work and passion for medicine.

Peer reviewed publications

1. *Management of Acute Wilsonian Hepatitis with Severe Hemolysis: A Successful Combination of Chelation and MARS Dialysis.* Hassoun J, Hammer N, **Magini G**, Ponte B, Ongaro M, Rougemont A-L, Goossens N, Frossard J-L, Spahr L. *Case Reports in Hepatology* 2021(6):1-6
2. *NAFLD and MAFLD as emerging causes of HCC: A populational study.* Myers S, Neyroud-Caspar I, Spahr L, Gkouvatsos K, Fournier E, Giostra E, **Magini G**, Frossard J-L, Bascaron M-E, Vernaz N, Zampaglione I, Negro F, Goossens N. *J Hep Rep* 2021;3:100231
3. *Comparison of Prognostic Scores in Patients With Hepatocellular Carcinoma Treated With Sorafenib.* Sansone V, Tovoli F, Casadei-Gardini A, Di Costanzo GG, **Magini G**, Sacco R, Pressiani T, Trevisani F, Rimini M, Tortora R, Nardi E, Ielasi L, Piscaglia F, Granito A. *Clin Transl Gastroenterol* 2021 Jan 14;12(1)
4. *Protective role of tacrolimus, deleterious role of age and comorbidities in liver transplant recipients with Covid-19: results from the ELITA/ELTR multi-center European study.* Belli LS, Fondevila C, Cortesi PA, Conti S, Karam V, Adam R, Coilly A, Ericzon BG, Loinaz C, Cuervas-Mons V, Zambelli Z, Llado I, Diaz-Fontenla F, Invernizzi F, Patrono D, Faitot F, Bhoori S, Pirenne J, Perricone G, **Magini G**, Morelli C, De Carlis LG, Duvoux C et al, ELITA-ELTR COVID-19 Registry ELITA-ELTR COVID-19 Registry. *Gastroenterology*. 2020 Dec
5. *Third-party bone marrow-derived mesenchymal stromal cell infusion before liver transplantation: A randomized controlled trial.* Casiraghi F, Perico N, Podestà MA, Todeschini M, Zambelli M, Colledan M, Camagni S, Fagioli S, Pinna AD, Cescon M, Bertuzzo V, Maroni L, Inrona M, Capelli C, Golay JT, Buzzi M, Mister M, Ordonez PYR, Breno M, Mele C, Villa A, Remuzzi G; **MSC-LIVER Study Group**. *Am J Transplant* 2020 Dec
6. *On-treatment serum albumin level can guide long-term treatment in patients with cirrhosis and uncomplicated ascites.* Caraceni P et al. **ANSWER Study Investigators**. *Journal of Hepatology* 2021;74:340-349
7. *Long-term albumin administration in decompensated cirrhosis: an open-label randomised trial.* Caraceni P, et al. **ANSWER Study Investigators**. *Lancet* 2018;391:2417-2429
8. *The conundrum of covered versus bare stents for transjugular intrahepatic portosystemic shunt: should we adopt the parachute approach?* **Magini G**, et al. *AME Med J*. 2017
9. Consensus conference on TIPS management: Techniques, indications, contraindications. Fagioli S, et al. AISF TIPS Special Conference. *Dig Liver Dis* 2017 Mar;66:552-559
10. *Validation of the AFP model as a predictor of HCC recurrence in patients with viral hepatitis-related cirrhosis who had received a liver transplant for HCC.* Notarpaolo A, Layese R, Magistri P, Gambato M, Colledan m, **Magini G**, Miglioresi I, Vitale A, Vennarecci g, D Ambrosio C, Burra P, Di Benedetto F, Fagioli S, Colasanti M, Ettorre GM, Andreoli A, Cillo U, Laurent A, Katsahian S, Audureau E, Roudot-Thoraval f, Duvoux C et al. *J Hepatol*. 2017;66:552-559

11. *Therapeutic decisions and treatment with sorafenib in hepatocellular carcinoma: final analysis of GIDEON study in Italy.* D'Angelo S, Germano D, Zolfino T, Sansonno D, Giannitrapani L, Benedetti A, Montesarchio V, Attili A, Buonadonna A, Barni S, Gasbarrini A, Burlone ME, Cillo M, Marengo S, Villa E, Giovanis P, **Magini G**, Cengarle R et al. *Recenti Prog Med.* 2015;106:217-26.
12. *Randomised controlled trial of doxorubicin-eluting beads vs conventional chemoembolisation for hepatocellular carcinoma.* R Golfieri, E Giampalma, M Renzulli, R Cioni, I Bargellini, C Bartolozzi, A D Breatta, G Gandini, R Nani, D Gasparini, A Cucchetti, L Bolondi, F Trevisani, **PRECISION ITALIA STUDY GROUP** *Br J Cancer* 2014;111:255-64
13. *C-11 acetate does not enhance usefulness of F-18 FDG PET/CT in differentiating between focal nodular hyperplasia and hepatic adenoma.* **Magini G**, Farsad M, Frigerio M, Serra C, Colecchia A, Jovine E, Vivarelli M, Feletti V, Golfieri R, Fanti S, Franchi R, Bernardi M, Trevisani F. *Clin Nucl Med* 2009;34:659-65
14. *Daily profile of circulating C-type natriuretic peptide in pre-ascitic cirrhosis and in normal subjects: relationship with renal function.* Zambruni A, Trevisani F, Gülberg V, Caraceni P, Domenicali M, Cantarini MC, Mirici Cappa F, Di Micoli A, **Magini G**, Labate-Morselli AM, Gerbes AL, Bernardi M. *Scand J Gastroenterol* 2007;42:642-7
15. *Impact of etiology of cirrhosis on the survival of patients diagnosed with hepatocellular carcinoma during surveillance.* F Trevisani, **G Magini**, V Santi, AM Morselli-Labate, MC Cantarini, MA Di Nolfo, P Del Poggio, L Benvegnù, G Rapaccini, F Farinati, M Zoli, F Borzio, E Caturelli, M Bernardi. Italian Liver Cancer (ITA.LI.CA) Group *Am J Gastroenterol* 2007;102:1022-31
16. *Effects of the combined treatment with thalidomide, megestrol and interleukine-2 in cirrhotic patients with advanced hepatocellular carcinoma: A pilot study.* F. Mirici Cappa, **Magini G** et al. *Digestive and Liver Disease.* 2005;37:254-9