

Are You Ready to Tackle the Troll? New Guidelines for the Management of Post-transplant Cytomegalovirus Infection

Program Overview

Cytomegalovirus (CMV) has been called the “troll of transplantation” for good reason: it can emerge after an otherwise uneventful recovery, when immunity is weakest, and threaten a transplant a patient may have waited years to receive. Beyond tissue-invasive disease, CMV can affect graft function, immune control, survival, hospitalization, and health care costs. The management landscape has evolved substantially. Updated international consensus guidelines for solid organ transplantation and new American Society for Transplantation and Cellular Therapy recommendations have changed how clinicians monitor CMV-QNAT, define refractory and resistant infection, use genotypic resistance testing, and sequence therapy. Newer oral therapies have accumulated pivotal-trial and real-world evidence that is influencing treatment selection. Transplant clinicians must be prepared to stratify patients’ infectious risk, interpret viral kinetics, recognize the shift toward resistance, and individualize therapy around efficacy, toxicity, route of administration, and the realities of each patient’s life. This activity addresses these needs through a 2-part, comic-illustrated case study led by an expert in transplant infectious diseases, interwoven with video reflections from a transplant recipient who lived through resistant CMV.

Learning Goal/Purpose

The goal of this activity is to equip learners with practical strategies to recognize the full clinical and human burden of post-transplant CMV infection; proactively identify patients at risk for infection and for progression to refractory/resistant disease; apply the latest guideline recommendations for diagnosis, monitoring, and treatment; and individualize antiviral therapy using contemporary real-world evidence and each patient’s needs.

Target Audience

This activity is intended for physicians, advanced practice providers (eg, NPs, PAs), and pharmacists who specialize in SOT or HCT. Secondly, this activity is designed for hematologists/oncologists, nephrologists, pulmonologists, cardiologists, gastroenterologists, infectious disease specialists, primary care providers, and other medical professionals involved in the care of transplant recipients.

Learning Objectives

- Recognize the full range of outcomes associated with post-transplant CMV infection, including the burden of refractory/resistant disease and its impact on the patient experience.
- Proactively identify patients who are at risk for post-transplant CMV infection and for progression to refractory/resistant CMV in routine clinical practice.
- Differentiate approved therapies for CMV infection in the post-transplant setting using contemporary real-world evidence to optimize outcomes.
- Develop strategies to treat CMV infection, including refractory/resistant infection, based on the latest consensus guidelines.

Accredited Provider(s)



In support of improving patient care, this activity has been planned and implemented by Medical Education Resources (MER) and CMEology. MER is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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Providership Statement

- This activity is provided by Medical Education Resources (MER) and CMEology.



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Instructions

In order to receive CME/CE credits, participants must complete the pre-assessment questions, post-assessment, and program evaluation. Participants must also score at least 70% on the post-assessment. Certificates will be distributed online at the conclusion of the activity.

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