



clariane Innovation Days 2025

En collaboration avec Le Département Innovation Digitale et Partenariats, la Direction Médicale Korian Italia, la Fondation Borghi, le Comité Clinique Européen de Réhabilitation, le Conseil Européen de l'Innovation,

La Direction de la Stratégie Médicale et de l'Innovation Santé réunit de nombreuses équipes Clariane, des acteurs de santé de territoires, des experts internationaux et des entreprises innovantes pour évoquer la...

Neuromodulation cérébrale et neuro-réadaptation...

...de la science à la pratique

25 & 26 septembre 2025
Brescia, Italie

Chaque année, les Clariane Innovation Days rassemblent des représentants de la communauté Clariane, des experts académiques, des entreprises : l'objectif est d'embrasser un sujet émergent et d'imaginer notre chemin d'innovation pour demain.

La philosophie de ces journées repose sur 3 piliers principaux :

- **Proposer une immersion dans un établissement dynamique** : la Fondation Gaetano e Piera Borghi nous accueillera le 25/09/2025 après-midi.



25 septembre 2025

Fondazione Gaetano e Piera Borghi

Via Petrarca Francesco, 33,
21020 Brebbia VA,
Italie

- **Proposer une session scientifique académique**, regroupant des experts européens d'une thématique innovante. Cette année, la neuromodulation cérébrale en neuro-réadaptation va être explorée,
- **Proposer des rencontres avec des entreprises innovantes concernées par la thématique. Présentation de start-ups et table ronde** organisée en collaboration avec l'équipe Innovation Digitale et Partenariats et le Conseil Européen de l'Innovation



26 septembre 2025

Hôtel Villa Malpensa

Via Don Andrea Sacconago, 1,
21010 Vizzola Ticino VA,
Italie

- 2:00 pm Accueil des participants
- 2:30 pm Présentation de la Fondation Borghi et son projet : Rosa Santillo, Fabio Vassalli.
- 3:00 pm Visites guidées (6 ateliers).
- 5:00 pm La réhabilitation en Italie et dans nos cliniques : Simone Lazzaretti, Luca Munari.
- 5:30 pm Discussion ouverte : Quel chemin d'innovation pour la réadaptation ? Michel Bégué et assemblée
- 6:00 pm Présentation de la Direction de la Stratégie Médicale et Innovation Santé : Antoine Piau, Nicolas Jurado

Présentation du Comité Clinique Européen clariane (France, Italie, Espagne) Michel Bégué et Comité clinique européen,
- 6.30 pm Projection du film OREKA, soutenu par la Fondation Clariane « Aimer Soigner », en présence de Maxime Cabanne, Michel Garcia et Emmanuelle Potin

OREKA retrace l'histoire vraie d'un jeune homme, Maxime Cabanne, victime d'un accident qui l'a laissé paraplégique à l'âge de 18 ans et de l'équipe soignante de la clinique Inicea Marienia qui l'a accompagné dès ses premiers jours jusqu'à son ascension fulgurante dans le domaine du sport. Il montre comment l'engagement, le courage et la volonté de Maxime, accompagné par Michel Garcia, enseignant d'activité physique adaptée de la clinique, les ont conduits au bout du monde au-delà de leurs limites en sol arctique.

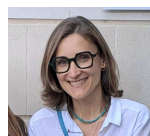
La force de ce documentaire réalisé par notre collègue Michel Garcia, qui retrace 14 années, réside tant dans son histoire que dans la grande qualité de sa réalisation et l'ensemble des messages qu'il porte : valorisation des soignants et de la pluridisciplinarité des compétences mobilisées, dépassement de soi, relation soignant-soigné, inclusion, changement de regard vis-à-vis du handicap.



Maxime Cabanne
Athlète



Michel Garcia
Réalisateur et enseignant
d'activité physique adaptée



Emmanuelle Potin
Déléguee Générale



- 7.30 pm Départ pour le dîner

8.00 am	Accueil	Dr. Michel Bégué
8.30 am	Ouverture	Sophie Boissard
8.45 am	Introduction Générale	Pr. Antoine Piau, Dr. Fariba Kabirian, Dr. Luca Munari. Dr Antoni Grau, Dr Miguel Simon
9.00 am 20 min	Introduction à la neuromodulation	Dr. Maria Angeles Idiazabal Alecha (Barcelone)
9.30 am 20 min	rTMS et les troubles du langage post-AVC	Pr. Bertrand Glize (Bordeaux)
10.00 am 20 min	tDCS post-AVC / lésions cérébrales	Dr. Maria Angeles Idiazabal Alecha (Barcelone)
10.30 am	Pause-café et visite des stands	
11.00 am 20 min	Amélioration de la fonction motrice et Neuroplasticité induite par entraînement mental	Pr. Charalambos Papaxanthis (Dijon)
11.30 am 20 min	Neuromodulation périphérique, AVC et Spasticité	Dr. Sophie Julliand (Dijon)
12.00 am 20 min	Neurones miroirs et action observation thérapie	Pr. Luciano Fadiga (Ferrara)
12.30 pm 20 min	Rééducation cognitive post-lésion cérébrale	Pr. Gabriella Bottini (Milan)
1:00 pm	Déjeuner et visite des stands	
2.00 pm 20 min	Synthèse de la matinée et perspectives	Comité clinique international Clariane
2.20 pm	Ouverture de la session innovation	Anne-Charlotte Dymny & Federico Guidoni
2.30 pm	Startups : 7 minutes pour convaincre	<ul style="list-style-type: none"> o Brain&care o Corticale o Dessintey o Mirroneurocare o NeuronUp o Sooma o Wearable Robotics
3.15 pm 30 min	Table ronde : « Intégration des nouvelles technologies : comment évaluer l'acceptabilité des utilisateurs (soignants/patients) et son impact organisationnel sur les soins »	Penelope Stathoyannis – European Innovation Council Dr. Luca Munari Nicolas Jurado
3.45 pm	Cloture	Dr. Michel Bégué, Dr. Luca Munari



Introduction to neuromodulation

Dra Mª Angeles Idiazabal

Instituto neurocognitivo INCIA. Barcelona, Spain.

Neuromodulation has emerged as a rapidly expanding field in clinical neurophysiology, providing novel therapeutic strategies for neurological and psychiatric disorders. Among non-invasive brain stimulation techniques, repetitive transcranial magnetic stimulation (rTMS) and transcranial direct current stimulation (tDCS) are the most widely investigated and applied. Both approaches modulate brain activity and functional connectivity, enhancing brain plasticity.

From a neurophysiological perspective, rTMS induces neuronal depolarization through rapidly changing magnetic fields, whereas tDCS delivers low-intensity electrical currents that shift membrane potentials and alter cortical excitability in a polarity-dependent manner. These mechanisms lead to long-lasting modifications in synaptic plasticity.

These are safe and painless techniques, with only mild and temporary side effects such as slight scalp discomfort tingling, or transient headache. They are not recommended in cases of uncontrolled epilepsy, metallic implants, or certain medical conditions. Contraindications include uncontrolled epilepsy, metallic implants, and specific medical conditions.

Clinically, neuromodulation has shown efficacy in a wide range of conditions. In psychiatry, evidence supports their efficacy in major depressive disorder, anxiety, and other mood disorders. In neurology, they have shown benefits in post-stroke motor recovery, chronic pain syndromes, migraine, fibromyalgia, cognitive rehabilitation and neurodegenerative diseases. By modulating cortical excitability and enhancing brain plasticity, these interventions provide valuable complementary tools to conventional rehabilitation and pharmacological strategies improving functional outcomes and quality of life.



Interest of non-invasive neuromodulation in language restoration after stroke.

Professor Bertrand Glize

University of Bordeaux, France.

Aphasia is a common post-stroke language disorder and has a major impact on quality of life. Its management is based on speech therapy, which remains the reference treatment. However, neuromodulation techniques offer new hope in the management of aphasia, especially when combined with speech therapy. These neuromodulation methods are even part of the recommendations for the management of aphasia in France.

In this presentation, we will conduct a systematic review of the literature regarding the effects of rTMS or tDCS in the rehabilitation of aphasia. We will then address the pathophysiological mechanisms involved in language recovery, discuss the effects of speech therapy on brain neuroplasticity and the mechanisms of action of tDCS and rTMS to enhance their effects. Indeed, numerous randomized studies as well as meta-analyses testify to the effectiveness of non-invasive neuromodulations, particularly in combination with speech therapy, and particularly in the chronic phase.

The most encouraging results are, in tDCS, anodal stimulation on the left frontal structures, and in rTMS, contralateral inhibitory stimulation.

However, there are still some grey areas and in particular some recent studies do not find the effect of tDCS in the sub-acute post-stroke phase, testifying to a still limited knowledge of the mechanisms of reorganization of language networks during this phase. In addition, the effects of the lesion on modulation are still poorly understood.





tDCS post-stroke and brain damage

Dra Mª Angeles Idiazabal

Instituto neurocognitivo INCIA. Barcelona, Spain.

Stroke is a serious global health problem, responsible for significant physical and cognitive sequelae in approximately 50% of survivors. Stroke can cause various functional deficits, such as dysphagia, cognitive impairment, dyskinesia, post-stroke pain, and depression, which further affect activities of daily living.

Recovery after stroke is highly dependent on neuroplasticity, especially during the initial period, which represents a critical time for effective intervention. Noninvasive brain stimulation techniques, such as transcranial direct current stimulation (tDCS), have emerged as promising complementary tools for post-stroke rehabilitation, given their ability to modulate cortical excitability and enhance neuroplasticity.

This conference will provide an overview of the fundamentals of noninvasive brain stimulation, focusing on the neurophysiological mechanisms, safety, and clinical applications of tDCS in post-stroke neurorehabilitation. tDCS combined with physical therapy has shown promising results in improving motor function, tDCS also displaying analgesic properties, especially when applied to the motor cortex and dorsolateral prefrontal cortex, reducing post-stroke pain by modulating central pain pathways and cognitive-emotional pain processing. Furthermore, stimulation of the left dorsolateral prefrontal cortex has been associated with beneficial effects on mood regulation, contributing to the management of post-stroke depression.

These findings highlight tDCS as a safe, cost-effective, and versatile neuromodulatory tool that can address multiple disabling sequelae of stroke, thereby enhancing overall rehabilitation outcomes.



Improved Motor Function and Neuroplasticity Induced by Mental Training

Professor Charalambos Papaxanthis

University of Bourgogne Europe, CAPS Laboratory (Cognition, Action and Sensorimotor Plasticity) UMR INSERM 1093, Dijon, France.

A notable feature of our brain is its ability to generate mental images of past and future events. Part of this mental process is motor imagery, which consists of the internal simulation of movements without actual execution. The concept of internal predictive models provides the theoretical basis for understanding the process of mental practice and the associated changes in motor behavior. The predictive model is a neural network that predicts future sensorimotor state (such as position and speed) based on the purpose of movement, efference copy, and current state. Both real and imagined movements use this process. To test the neuroplasticity induced by mental training, we used single and double coil transcranial magnetic stimulations to probe the level of corticospinal excitability and cerebellocerebral inhibition (CBI), respectively, before and after a mental practice session. Motor performance (i.e., accuracy and speed) was measured using a sequential finger task. We found that mental practice improved both speed and accuracy. At the same time, the functional connectivity between the cerebellum and the primary motor cortex changed, with a decrease in inhibition from the former to the latter. These results reveal the existence of neuroplastic changes within the cerebellum, supporting the involvement of internal patterns after mental practice.





Peripheral neuromodulation, Stroke & Spasticity

Sophie Julliand, PT, PhD

Technological Investigation Platform, Dijon University Hospital; INSERM U1093 CAPS, University of Bourgogne Europe, France.

Neuromodulation techniques, whether central or peripheral, are increasingly integrated into clinical practice to support neurorehabilitation. They aim to enhance motor recovery and mitigate maladaptive plasticity, such as post-stroke spasticity. Among these approaches, local muscle vibration (LMV) has shown particular promise. Evidence from fundamental studies in healthy participants highlights its acute effects along the corticospinal tract, yet its mechanisms remain only partly understood, especially in individuals with neurological disorders.

Recent research explores the benefits of repeated LMV applications and seek to identify optimal conditions for maximizing recovery. My talk will first present current knowledge on LMV-induced neuromodulation in healthy populations, before turning to its potential role in stroke rehabilitation. I will present preliminary findings from an ongoing clinical study in Dijon, illustrating both the challenges and opportunities of integrating LMV into therapeutic strategies for spasticity and functional recovery.





Mirror neurons and action observation therapy

Luciano Fadiga,

University of Ferrara and Italian Institute of Technology, Italy.

The discovery of mirror neurons has shown that simply observing the actions performed by other individuals can activate the observer's motor system. This has led to the idea, put into practice by several clinical research groups, of using observation of actions as a support for post-stroke rehabilitation. However, the results reported in the literature vary. In our experience, the determining factors for the effectiveness of mirror neuron activation are the severity of the stroke (because we need a residual mirror activity) and the degree of motor activation induced by observing actions, measured by EEG desynchronization of the high alpha (μ) rhythm in the central derivations. We have therefore developed a protocol that involves two sessions per day for one month with weekly checks of the degree of recovery. The checks consist of clinical analyses using standard tests (e.g., Fugl-Meyer, Box-and-Block, etc.), verification of the degree of EEG desynchronization, and markerless kinematic study of the patient's motor performance. Thanks to our approach, we were able to document significant functional recovery in the study group compared to two control groups: additional intensive rehabilitation therapy and robotic rehabilitation with functional electrical stimulation. From a translational point of view, these results now allow us to move on to a larger-scale clinical application, with the hope of contributing significantly to improving the quality of life of post-stroke patients.





Rééducation cognitive post-lésion cérébrale

Professor Gabriella Bottini Neuropsychology & Cognitive Neuroscience; MD, PhD, MAE

Department of Brain and Behavioral Sciences -- University of Pavia -- 27100 Pavia, Italy.

Director of the Center for Cognitive Neuropsychology - Grande Ospedale Metropolitano Niguarda - 20162 Milano, Italy.

I will focus on the cognitive alterations provoked by stroke and will concentrate on the bottom up and top down modulation of brain activities.

The perception, exploration and representation of space competences will mainly be considered and the different alterations of the personal, peripersonal and extra personal space. Rehabilitative interventions on both negative and productive symptoms will be discussed. Amongst others the mechanisms underlying vestibular stimulation and prismatic treatment will be illustrated in their behavioral and anatomical correlates.

Finally some preliminary results concerning the robotic approaches as a tool to rehabilitate sensorimotor disorders in stroke will be also presented.



Personalized Neuromodulation: Bridging Innovation and Care in Brain Health

Brain&Care Group is a pioneering clinical network dedicated to advancing brain and mental health through innovation, science and a deeply human-centered approach. Founded under the scientific leadership of Prof. Antonello Bonci, internationally recognized neurologist and neuroscientist, Brain&Care emerged from groundbreaking research on stress mechanisms and addiction treatment.

At the core of our approach lies **Transcranial Magnetic Stimulation (TMS)**, a non-invasive, safe, and painless brain stimulation technology. TMS is FDA-approved for conditions such as depression, anxiety, obsessive-compulsive disorder, and addictions, and is increasingly applied to neurological disorders including chronic pain, insomnia, neurodegenerative diseases and motor and cognitive recovery after stroke. By modulating specific neural circuits, TMS promotes neuroplasticity and restores impaired brain function, leading to measurable improvements in cognition, functional recovery, emotional regulation, and quality of life.

Our methodology integrates **multidisciplinary expertise** - neurology, psychiatry, psychology, nutrition, and rehabilitation - into personalized therapeutic pathways. Each patient undergoes a comprehensive assessment using validated screening tools, followed by tailored treatment protocols that combine neuromodulation with psychotherapy, lifestyle interventions, and digital health solutions for monitoring and support.

With centers in Milan, Rimini, Turin, and strategic national partnerships, Brain&Care is expanding its impact across Italy and Europe. We are committed not only to delivering cutting-edge therapies but also to advancing scientific knowledge through research initiatives and scientific education programs.

By positioning **brain health as a cornerstone of global health**, Brain&Care contributes to a healthcare transformation where innovation, integration, and personalization drive better outcomes for patients, families, and communities.



BRAIN&CARE
PROF. BONCI & PARTNERS BY GIA.MIAMI



Thierry Pozzo



MIRROR
NEURONS

Today, there is no pharmacological solution to compensate for the sensorimotor effects of a stroke. Only motor rehabilitation and active stimulation of brain reserves can improve the patient's quality of life. However, to take full advantage of neuroplasticity (the mechanism at the origin of the functional recovery), it is necessary to intervene early (even at a period when the limb is still paretic) and according to an intense stimulation program while avoiding motor and cognitive fatigue. To meet this challenge, **MirrorNeuroCare develop a Digital Medical Device (DMD) aimed at improving the post-stroke neuromotor rehabilitation and compatible with mass-distribution.**

The approach of MNC is based on **action observation**, assisted by artificial intelligence to create an adaptive system tuned on individual patient's responses and their needs. MNC takes advantage of the cortical activation produced by mirror neurons. Used early after injury, and following an intensive dosage compatible with putative patient's attention disorders, the DMD promotes an optimal mobilization of the brain reserve to maximize motor recovery.

Thanks to innovative metrology and the recording of **3 biomarkers** (cortical/EEG, kinematic and cognitive), our DMD ensures quantitative patient monitoring as well as individual adjustment of the training program. 90% of the treatment is self-administered at home and the rest in the hospital so that treatment can be continued even after conventional therapies have ended, into which our solution can be easily integrated.



Corticale is an IIT spin-off founded in Genoa in 2021 as the first neurotech company for the production of ultra-high-resolution active implantable neural probes, targeting the scientific and pharmaceutical research market on animal models.

Today, the company develops, manufactures, and distributes its own components (SiNAPS neural probes – Simultaneous Neural recording Active Pixel Sensor) to multiple industrial clients, mainly North American companies already operating as leading and established global distributors in this field.

Building on this technological platform, Corticale SRL's goal is to bring invasive BCIs from research to clinical practice, providing reliable and scalable systems for the recovery of motor and communication functions in patients with spinal cord injuries, ALS, and other neurological conditions.

Thanks to the superior capability of its minimally invasive, high-density neural interfaces based on SiNAPS technology, Corticale's next-generation BCI will ensure enhanced and personalized decoding performance that can adapt over time, significantly improving the quality of life for thousands of patients worldwide.



Fabio Boi



At Dessintey, we believe rehabilitation is more than restoring movement — it starts in the mind and empowers the whole person. **Our mission is to transform rehabilitation by combining neuroscience, advanced technology, and patient-centered care to help individuals regain lasting autonomy.**

Unlike conventional therapies that focus mainly on mechanics, Dessintey addresses the cognitive, perceptual, and emotional processes that precede and support every movement.

By activating the brain's full potential, our solutions create a powerful dialogue between body and mind, accelerating recovery and strengthening patient engagement.

Developed with therapists and medical experts, our easy-to-use technologies, such as **IVS** (Intensive Visual Simulation), **STIIMP** (Implicit Induced Stimulation) and **SRT** (Self-Rehabilitation Technology) are designed for seamless adoption in clinical practice.

They adapt to a wide range of conditions — from stroke and traumatic brain injury to neurodegenerative diseases or chronic pain — enabling highly personalized and progressive rehabilitation programs.

By fostering active participation from patients and involving families and caregivers, Dessintey empowers individuals to become key players in their recovery.

Our goal is simple: **accelerate patients' recovery to ensure better autonomy and quality of life.**

@Dessintey

Davy Luneau





A Professional Tool for Cognitive Assessment and Neurorehabilitation

NeuronUP is the leading platform in neurorehabilitation, designed to serve as a key support tool for professionals involved in cognitive assessment and rehabilitation processes.

With a presence in over 50 countries and trusted by more than 5,000 specialists across 2,500 hospitals and clinics, NeuronUP offers thousands of cognitive stimulation resources tailored to individuals with brain injuries, neurodegenerative diseases (such as Alzheimer's, multiple sclerosis, and Parkinson's), neurodevelopmental disorders (including ADHD and ASD), mental illness, intellectual disabilities, and normal aging, among others.

Its activities are categorized by area of intervention, age group, and type of exercise, allowing professionals to create personalized sessions in minutes and deliver therapy both in person and remotely.

Thanks to its patient management and progress tracking system, NeuronUP enables real-time therapy adjustments for over 130,000 active users, enhancing outcomes and solidifying its position as the number one platform in Spain and Latin America.



Tuomas Neuvonen

Who we are :

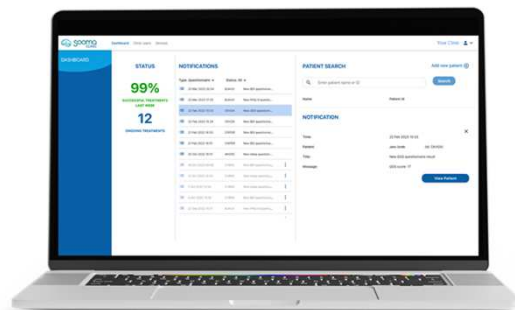
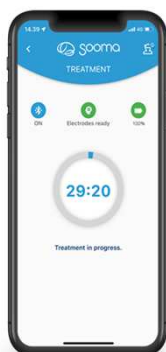
Sooma is a Finnish medical technology company developing safe, effective, and accessible therapies for mental health and neurological rehabilitation. Our mission is to improve outcomes for patients who do not find sufficient relief from existing treatments.

Our product

The Sooma tDCS Therapy is a CE-certified, non-invasive brain stimulation treatment for **major depressive disorder** and **neurological conditions**. It consists of a lightweight stimulator, patient-friendly accessories, and a secure clinician portal for remote monitoring.

Multiple random controlled trials have confirmed effectiveness in mood and functional recovery. More than 30.000 patients have been treated in over 250 clinics world-wide.

Sooma therapy provides clinicians with a **new evidence-based tool to** improve patient outcomes in both psychiatry and neurorehabilitation. It integrates seamlessly into existing care pathways, empowering staff to deliver higher quality treatment and helping patients regain independence and quality of life,





Fabio Piazza



Arm Light Exoskeleton Rehab
Station rev. 3.1

Intended use. Neuro
rehabilitation for upper limb

TECHNICAL SPECIFICATIONS:
Range of motion for each GdL:
Shoulder adduction/abduction [0°; +110°]
External/Internal Shoulder Rotation [-60°
; +40°]
Shoulder Flexion/Extension [-10° ; +155°]
Elbow Flexion/Extension [-90° ; +70°]
Forearm Pronation-Supination [-80° ;
+80°]
Wrist Flexion/Extension [-50° ; +50°]
MAX. peak force at the End Effector
(each direction with arm extended): 70 N
MAX. continuous force at the End
Effector (each direction with arm
extended): 50 N

Wearable Robotics (WR) was founded in 2014 as a **spin-off of the Sant'Anna School of Advanced Studies (SSSA)**, having won the prestigious Marzotto Prize (€250,000) in 2014, awarded to the startup with the best industrial project.

The company originated from the PERCRO (PERCeptual ROBo tics) laboratory at SSSA, a leading research institute of international renown in the field of haptic interfaces, wearable robotics, active exoskeletons, and virtual reality, with the aim of exploiting the knowledge and expertise acquired in over 25 years of research and transferring the technologies developed to the market. Over €13 million in public investment (Italian and EU), used by PERCRO in RST on exoskeletons (€8.4 million) and virtual reality systems (€4.5 million), has been capitalized as a strategic asset of Wearable Robotics. In 2015, the company signed an agreement with SSSA for the licensing of six patents relating to exoskeletons, advanced motion tracking technologies, and innovative actuation solutions for commercial exploitation. In the same year, WR developed two prototype rehabilitation products, the ALEX RS exoskeleton and the ALEX S device, and began the process of obtaining CE marking as medical devices. To this end, in 2017, the company launched a multicenter clinical study for the medical evaluation of its products for the motor rehabilitation of stroke survivors in collaboration with the Ecole Polytechnique Federale de Lausanne (EPFL), the Geneva University Hospital, and the Pisa University Hospital. In 2018, the company launched a project funded by the Tuscany Region to design and develop the first prototype of an exoskeleton for the lower limbs for the elderly and disabled. The project culminated in the release of the Wearable Walker prototype in October 2019. WR has now acquired ISO 13485 certification and CE compliance for both ALEX RS and ALEX S.

WR has also recently signed an agreement with the Sant'Anna School of Advanced Studies to definitively acquire a family of six industrial patents, which, together with the one already owned, represent one of the company's most important assets as they cover the entire technological platform that finds its practical application in the development of EXOS in the medical and industrial fields. Today, WR focuses on the design and development, production, and marketing of advanced wearable robotic devices, possibly integrated with virtual reality systems, for neuromotor rehabilitation, motor assistance, and strength enhancement for medical and industrial applications. WR's vision is to become the market leader in wearable robotics, providing advanced robotic solutions for sensorimotor assistance that can change the current paradigms of physical rehabilitation and assistance for individuals with cerebrovascular injuries

ARM LIGHT EXOSKELETON REHAB SYSTEM. ALEX RS Medical division has focused primarily on upper limb rehabilitation, given that in this market segment, robotic devices offer several advantages over traditional physical therapy. Motor rehabilitation can be performed with higher intensity, resulting in better and faster motor recovery, and can lead to a quantitative assessment of motor skills during treatment, and providing greater motivation for patients to perform therapy thanks to an innovative and proprietary gaming section.

The flagship product, ALEX RS, is a bilateral exoskeleton capable of covering up to 92% of the workspace for an able-bodied individual. It is a device integrated with a VR system for unilateral and bilateral serious games.

Orateurs Scientifiques



Dr. Maria Angeles
Idiazabal Alecha



Pr. Bertrand
Glize



Pr. Charalambos
Papaxanthis



Dr. Sophie
Julliard



Pr. Luciano
Fadiga



Pr. Gabriella
Bottini

Start-ups



Prendre **soin** de **l'humanité** de chacun
dans les moments de **fragilité**.



Innover pour le meilleur du **soin**, de la **santé** et de l'**hospitalité**.