



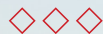
ANNUAL
REPORT

2025



**AN INNOVATIVE
HOSPITAL**

DEDICATED TO PATIENT EXPERIENCE







January 2026

Palais de Monaco

The hospital plays an essential role at the heart of our society which is facing with an aging population, an increase in chronic diseases and the growing complexity of care pathways. It is through close relationships with patients and their families that the main trust of health policy truly takes shape: ensuring that every individual has access to excellent, accessible, safe and deeply humane healthcare. In 2025, the Princess Grace Hospital fully embraced this responsibility, combining daily demands, adaptability and long-term vision for the benefit of the public health service sector and the trust placed in it by the community.

The year 2025 was marked by a major recognition. On July 16, the Princess Grace Hospital was certified with the “High Quality of Care” label by the French National Authority for Health achieving the maximum score of 100%. This result highlights the collective dedication of the medical, nursing, administrative, and technical teams. It embodies a culture of high standards, rigor, and continuous improvement, for the benefit of the patient safety, quality, and experience. I would like to commend each and every one for this achievement, which honors the institution far beyond its walls.

The past year has also been one of significant human changes. Several department heads have exercised their right to a well-deserved retirement after exemplary careers devoted to patient care, knowledge transfer, and medical excellence. May they herewith be warmly thanked for their commitment and the legacy to the hospital. Concurrently, a new generation of medical leaders has taken over. Their dynamism, skills, and vision are a valuable asset in meeting the scientific, organizational, and human challenges of contemporary medicine.

Finally, 2025 is fully in line with the momentum of the major project to rebuild the hospital and develop its healthcare services offer. The New CHPG project has entered a decisive phase: the implementation one. The new building is already assenting its presence in the landscape, embodying the ambition that drives it. The first phase, due to completion in 2026, will welcome the first patients into a resolutely modern building, designed to be welcoming, functional, and innovative. It will provide optimal conditions for both care and professional practice, in perfect accordance with the highest standards and the legitimate expectations of patients, their loved ones, and the healthcare professionals who support them.

True to its original vocation, the Princess Grace Hospital pursues its mission: to care, innovate, and serve, in respect with the values that guided its creation. It is my sincere wish that, thanks to the commitment of everyone involved, this institution will remain a place of medical excellence, trust, and humanity, today and for the future.

This annual report is dedicated to the memory of:



Dr Jean-Joseph Pastor, passed away on 3rd April 2025.

He joined the CHPG in December 1961, where he founded the Cardiology Unit and became Head of Department in 1965. He remained in this position until his retirement in May 1997.

A committed physician, he also served as President of the Hospital's Board of Directors from 2002 to 2011.

«Dr Jean-Joseph Pastor led the CHPG Cardiology Department for several decades. During this time, he left a profound mark on its history through the creation of the department, his dedication to patients, and his strong team-building skills. Under his leadership, the department expanded with the creation of a Cardiac Intensive Care Unit, significantly enhancing the quality and safety of patient care.»

Dr Khelil Yaici, Associate Head of the Cardiology Department



Dr Michel-Yves Mourou, passed away on 6th May 2025

He joined the CHPG in 1986 as Head of the CT Scanner Unit, where he oversaw the installation of the hospital's very first CT scanner. He played a pivotal role in transforming Medical Imaging at the CHPG, tirelessly ensuring that the department remained at the forefront of technological advancements for the benefit of both patients and staff.

In 1992, he became Head of the Radiology Department and developed the interventional radiology service, placing the CHPG among the very first institutions to offer this type of care. This initiative reflected his unwavering commitment to excellence and innovation.

He later served as Head of the Medical Imaging Department from 2004 to 2009.

«Kind, inspiring, he profoundly influenced my professional and personal journey. It is with immense gratitude and deep admiration that I pay tribute to a leader, a visionary, a man of strong convictions, and above all, an unforgettable mentor.»

Yann Malgherini, General healthcare coordination



THE NEW SOUTH PROMENADE

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INTERVIEW

WITH



BENOÎTE ROUSSEAU DE SEVELINGES
CHPG Director

“What stays with me most, is the strength of the collective”

How would you characterise 2025?

The year 2025 was a pivotal one for the Princess Grace Hospital. It was demanding and intense, marked by very strong results, achieved in an increasingly complex hospital environment, but above all by an extraordinary team effort.

What stays with me the most, is the strength of the collective. The women and men of the CHPG – doctors, healthcare professionals, technical and administrative staff – are the daily architects of these results. My role is to create the conditions for their commitment, to provide a clear and coherent direction, and to ensure a working environment that is meaningful.

Notwithstanding human, organisational, and financial pressures facing the hospital today, we have remained steadfast in our approach: never compromising on the quality and safety of care, while implementing the necessary changes with method, judgement, and responsibility.

The year 2025 has also allowed us to strengthen our fundamentals: our medical project, our managerial governance, and our shared ambition to make the CHPG a hospital of reference, efficient, innovative, but above all, profoundly humane. The institutional project we are driving is the result of a dedicated team effort, which has been fully embraced by the hospital community.

CHPG was awarded the certification ‘Haute Qualité des Soins’ with the maximum score of 100%. What does this recognition mean for you and for the hospital?

Receiving this certification with the maximum score of 100% is a source of collective pride. It recognises a high level of organisational maturity, a deeply rooted safety culture and a constant commitment to the quality of care.

Although the CHPG had already achieved strong results in previous inspections, this certification carries particular significance: fewer than 1% of hospitals, both public and private, achieved this result during this campaign. It is a testament to the exceptional dedication of our teams and the coherence of our approach.

That having being said, certification is not an end in to itself. It reflects the daily work of professionals who are willing to question their practices and continually improve, always for the benefit of patients.

Finally, it sends a clear message to our patients, to our regulatory authorities, and to our partners: the CHPG is a reliable, rigorous and responsible hospital, committed to a sustained culture of excellence.

How did the teams mobilise around this initiative, and how can this momentum be sustained over time?

The success of this certification relies on a genuine, transversal collective effort. It involved all members of the hospital – frontline teams, managers, the medical community, and support functions – working together in a spirit of cooperation and trust.

As with the hospital's institutional project, I wanted this voluntary initiative to be fully participative. We focused on ownership of the requirements rather than mere application, encouraging best practice sharing, along with feedback and recognition of initiatives from the field.

Our ambition now is to make the certification a part of everyday life, through attentive and exacting management, the development of a feedback culture, and the ongoing involvement of patients. Today, continuous improvement is a shared mindset at the Princess Grace Hospital.

What are the main priorities for the coming year?

The year 2026 will be future-focused, without ever losing sight of the demands of the present. Three priorities will structure our actions:

- Continuing responsible medical and economic management, essential to sustaining our model and preserving our capacity for investment and innovation;
- Strengthening the attractiveness of the Princess Grace Hospital, for both professionals and patients, through more streamlined organisations, optimised care pathways, and constant attention to work life quality;
- Preparing the move to the new hospital building, a major and unifying challenge for the whole establishment.

The move to the new hospital is scheduled for this year.

What are the main challenges?

The move to the New Hospital represents a historic moment for the Princess Grace Hospital. It is a major transformation that goes far beyond a simple change of location, offering a unique opportunity to rethink our organisation, care pathways, and modes of collaboration.

The primary challenge is to ensure that at each stage the continuity and the safety of care. This requirement is accompanied by attentive support for the professionals as they adapt to new spaces, new technologies, and new ways of working.



The new building should act as a catalyst for improving patient experience and organisational efficiency, while also allowing us to adapt and expand our range of healthcare services.

Teams are fully involved in this preparation, which is being carried out in a spirit of co-construction and dialogue. My ambition is for this move to be experienced as a unifying project, one that carries meaning and collective pride.

“Teamwork produces results”

How would you assess 2025?

The year was particularly intense and formative for the hospital. Above all, it was defined by the certification, which had been prepared over several years and involved all professionals, whether they be medical, nursing, paramedical or administrative.

The team effort has paid off, and the results achieved confirmed the quality of patient care at the Princess Grace Hospital. This milestone remained central to our activity throughout the year.

The year was also marked by a significant turnover among department heads. What were the challenges?

Indeed, around a dozen department heads retired, which represented a major challenge. The key issue was to recruit profiles that align with the identity of the CHPG, a centre of excellence, clinically at the forefront.

Some of the departments concerned play a driving role in the hospital's attractiveness and have a direct impact on care networks.

The appointments made in internal medicine, cardiology, and pulmonology are strategic choices to maintain and strengthen the hospital's momentum, both locally, nationally, and internationally.

What are the main prospects for the coming years?

The year 2026 is expected to be calmer in terms of retirements, with only one departure planned. However, the major focus will be preparing for the move to the new Princess Grace Hospital. This project will profoundly transform the organisation of departments, with consolidated technical platforms, modern facilities, and enhanced comfort for patients.

This new showcase at the hospital is expected to increase activity, and it is important to anticipate this growth to ensure the



DR MATHIEU LIBERATORE

President of the Medical Executive Committee

continued high quality and safety of care.

Is the new Princess Grace Hospital also a driver of innovation?

Yes, absolutely. The move is an opportunity to modernise equipment and integrate the most innovative technologies.

Princess Grace Hospital is already recognised for certain areas of expertise, such as robotic surgery, and must continue to build on these strengths. The introduction of artificial intelligence tools, designed to assist professionals without ever replacing them, will help optimise organisation and free up more medical and nursing time for the benefit of patients.

Any final message?

We are very fortunate to experience this unique moment in the life of a hospital and in the careers of the professionals who work here. Despite the challenges posed by the construction project, the teams are highly committed, driven by real pride and great hope.

Everything is in place to make this project a lasting success, serving patients and supporting excellence in care throughout the Principality.



100% CERTIFIED ◇

Quality commitment that is delivering results

The highest rating awarded by HAS

Princess Grace Hospital (CHPG) has been awarded the highest level of certification granted by the French National Authority for Health (HAS), thereby confirming the excellence of the quality and safety of care provided to its patients.

This distinction, received on 16 July, follows the audit visit that took place from 24 to 28 March 2025

These outstanding results are reflected in a perfect score of 100% across each of the three main chapters of the HAS framework:

- The patient
- The care teams
- The institution

Among all public and private healthcare facilities evaluated, CHPG stands out by achieving the highest possible level of recognition.

HAS wished to congratulate CHPG for "these excellent results, the fruit of a commitment shared by the entire hospital community," highlighting the exemplary dedication of the teams and their involvement in a continuous improvement process."



Laure Santori, Deputy Director in charge of Quality, Risk Management and Litigation

"From this visit, what I will remember most is the remarkable commitment of the entire hospital community, united and proud to showcase our work in relation to the key priorities: patient engagement, teamwork, and a daily quality and safety culture."

The HAS certification visit: before, during and after!

Before the visit: a remarkable collective commitment

The HAS certification process was fully integrated into the Princess Grace Hospital's overall Quality and Safety of Care roadmap, with close co-leadership from the Director, the President of the Medical Executive Committee, and the Quality & Safety Task Force. From strategy to operational implementation, everyone played their part!

Targeted training sessions, method rehearsals, and mock audits enabled professionals to become familiar with the approaches used by the visiting experts.

CHPG relied on highly skilled internal professional resources, very competent and with in-depth knowledge of organising these numerous on-site trainings and method rehearsals.

Several mock visits also punctuated the months of preparation, providing opportunities to experience real-life scenarios under external, objective scrutiny. In addition, several "in-house tools" were created to support teams using playful and engaging methods (pocket memos, escape games...) and by sharing numerous resources via our intranet (audit grids, educational sheets, quality minutes, safety flashes...).

Furthermore, twelve conferences on transversal themes, led by recognised internal and external experts, were held throughout the preparation period, offering opportunities for discussion and exchange, which were also subsequently made available online.

All these measures would have been in vain without the remarkable mobilisation of department heads, senior nurses, and their teams.

The 'Soins Quali Boost' (SQB) Initiative

The SQB initiative was one of the main pillars of preparation for the 2025 HAS certification.

Rooted in the field and fully supported by Management, it was based on a strong managerial approach: trusting professionals to take an active role in quality. This dynamic aimed to make quality and safety of care more accessible, concrete, and motivating for healthcare teams, complementing the institutional approach led by the Quality and Risk Management Department and the Medical Executive Committee (MEC).

It relied on a voluntary collective of head nurses and quality engineers, committed to a process of collective intelligence designed to disseminate

HAS requirements through innovative, practice-based educational formats.

Hands-on learning methods, in-house tools, innovative formats, and integrated into daily clinical practice transformed requirements that were sometimes perceived as theoretical into shared, fully adopted practices embodied by the teams.

Beyond certification, this dynamic continues today in a phase of expansion, with the ambition of engaging all hospital professionals (doctors, technicians, and administrative staff) to durably embed a culture of quality and safety into the daily life of everyone. It has thus evolved into "Quali Boost."

During the Certification Visit: Maximum Engagement and Showcasing of Our Expertise

Throughout the visit, numerous professionals were able to engage openly and authentically with the visiting experts. It was an opportunity to share our practices and know-how, and to highlight everything we do to ensure quality, patient safety, and the overall patient experience at the hospital. Over the four-day visit, the eight HAS experts used 76 investigative methods across all CHPG departments: audits, professional interviews by day and night, and meetings with patients. All professionals were present, fully engaged, and more than up to the mark!



After the ‘Haute Qualité des Soins’ Distinction: A sustainable dynamic that underpins the CHPG’s strength

We were keen to recognise the work of the teams, because this 100% result belongs to them. These exceptional results reflect the unwavering commitment, mobilisation, and dedication of everyone involved.

CHPG increasingly relies on external evaluation, whether through COFRAC accreditation within laboratories or through other labelling processes, including in non-clinical areas. At the end of 2025, the hospital nursery team received the ‘Certicrèche’ label from AFNOR. The teams at Résidence A Qietüdine also successfully renewed their Gault & Millau accreditation.

This is a source of pride for the hospital community and a shared commitment for all of us, clinical and non-clinical staff alike, looking to the future and dedicated to the health of the population.

Security culture at the CHPG

*Dr Véronique Binet-Decamps,
Care Risk and Quality Management Coordinator*

Patient and staff safety is a fundamental priority at our hospital, built on a shared culture of safety that extends from governance to teams on the ground. Its goal is to prevent risks, learn from our practices, and continuously improve the quality of care.

This culture is grounded in strong values—respect, trust, transparency, and collective responsibility—and encourages the reporting of unexpected situations and adverse events without fear of sanction. Professionals make full use of the institutional FEINIX tool, fostering collective learning.

This dynamic is reflected in an increasing number of team analyses, with more than 30 CREX (Experience Feedback Committees) and RMM (Morbidity and Mortality Reviews) conducted in 2025, as well as practical actions that directly benefit clinical practice: marking the surgical site by the patient, changing units of measurement for blood glucose, or raising awareness of cognitive biases such as tunnel vision in the operating theatre. These lessons are shared with teams via Flash Security bulletins.

A highlight of the year was a session led by an airline pilot, emphasising the importance of teamwork, communication, and coordination in managing complex situations.

Through these actions, our hospital demonstrates that safety is a collective achievement, serving both patients and their families.



HAS Certification sends a strong signal to our patients: association partners share their views

The HAS certification, High Quality of Care, obtained with the highest possible rating, represents far more than institutional recognition; it sends a strong message to our patients. It is a mark of trust, confirming that every aspect of care is grounded in practices that are evaluated, shared, and continuously improved, with an unwavering commitment to safety and the humanisation of care.

Within this dynamic, the involvement of our association partners proved decisive throughout the certification process. Committed collaborators working alongside the institution, they actively contributed to strengthening the voice of our users thus embedding continuous improvement within a co-construction approach. Their active collaboration helped transform feedback from patients and their families into concrete areas for improvement, closely aligned with their expectations.

Their shared experience and perspective below on the benefits of this initiative for patients.

ÉCOUTE CANCER RÉCONFORT

Through their commitment, the representatives of the association Écoute Cancer Réconfort actively took part in the certification process, advocating the patients' voice. Their contribution illustrates the importance of partnerships with associations for the continuous improvement of practices.

« As Association Partners, we are fully committed to the certification process in order to ensure that the voice of service users was heard and to actively contribute to improving practices in the service of patients. In collaboration with the NCHPG, our commitment has made it possible to turn patient feedback into genuine tools for improvement. »



Valérie Barilaro, **President** & Katia Gagnol, **Volunteer**

ENTRE PARENTS

As a committed partner alongside the CHPG, the association Entre Parents actively participated in the certification process to highlight the initiatives undertaken and to represent the voices of families. This testimony demonstrates the tangible impact of the certification on the quality and safety of care.

« Supporting the CHPG in its certification process felt like a natural step, in line with my ongoing commitment as a partner association. I was honoured to be able to highlight the many positive initiatives we carry out. This involvement also allowed me to advocate for the voices of service users, particularly those of parents and families in our community. In my view, the certification reflects the CHPG's determination to deliver excellence at every level: healthcare safety, quality of care, engagement throughout the care pathway, all within a framework of transparency and compassionate treatment. »



Johanna Damar, **President**

JATALV

As a dedicated partner association, JATALV took part in the certification process by providing the patient perspective and contributing to the continuous improvement of practices.

« As a volunteer in an association dedicated to supporting people who are ill or at the end of life, it felt natural for me to take on the role of "User Representative" at the CHPG and to contribute my humanistic perspective to the certification process.

Participating in the certification process gave me the opportunity to explore the inner workings of the CHPG, to engage in a collective dynamic, to strengthen relationships and collaboration with professionals, and jointly establish priorities, such as empowering patients to take an increasingly active role in their care. The participatory approach that connected professionals and the patient association throughout the 2025 certification cycle proved its effectiveness in working for the benefit of healthcare users ».



Marie-Hélène Gamba, **President**

Patient–Professional: a win–win partnership

Praised by visiting experts, the numerous initiatives implemented to enhance patient experience reflect the **CHPG's strong commitment** to delivering care that is increasingly high-quality and human-centred.

From an early stage, the CHPG recognised the importance of enabling patients to actively engage in their care journey and of acknowledging them as full participants in their care, alongside all the professionals supporting them.

A first major step in measuring the patient experience came with the creation of diverse and complementary feedback systems, providing a true **“360-degree” view** of the patient experience and giving everyone the opportunity to express their feelings, expectations, and needs. These results are **available to all professionals in real time on the intranet**, promoting same data visibility, collective ownership, and the ability to take immediate action close to the point of care.

Understanding, analysing, and valuing this feedback has thus become the backbone of the institution's commitment; it allows for the adjustment, and even correction of every intervention throughout the care process.

Based on this active listening, enriched by the analysis of past experiences and the expertise of healthcare professionals in the field, numerous concrete initiatives have been launched, all with a common goal: to improve patients' everyday care and enhance the quality of their experience throughout their care journey.



Interactive Library

- **Relaxation space** separate from care areas
- **Based** on the principle: **“I borrow a book, I exchange a book, I leave a book”**
- **Enhances patients' well-being and supports QLWC** (Quality of Life and Working Conditions) for professionals
- **Encourages interactions** between patients and healthcare professionals



Wrapped bath

Care technique designed for patients with cognitive impairments who resist personal hygiene care

- **Objective:** reduce anxiety and promote acceptance of care while respecting the patient's well-being
- **Principle:** gently wrap the patient, gradually exposing areas to be washed using warm, soapy towels
- **Benefits:** decreased negative reactions and improved comfort

They translate into simple yet impactful actions, such as the creation of an interactive library in the Hepato-Gastroenterology and Internal Medicine–Haemato-Oncology departments, promoting well-being and social connection; the wrapped bath in the Long-Term Care Units, improving comfort and dignity for the most vulnerable patients; and the use of instant translation devices, facilitating communication with non-French-speaking patients.

In response to the wealth of initiatives emerging from the field, a dedicated space for collecting and supporting these projects was created in December 2025, the “Lab’ des ID” (Idea Lab) It now provides a solid structure to sustainably strengthen the engagement of both professionals and patients.

Together, these initiatives have allowed us to achieve **a patient recommendation rate of 92%**, a constant level for the past three years, reflecting the trust patients place in us. In a spirit of continuous progress, the hospital’s strategic plan now aims to take the next step: placing **co-construction with and by patients** at the heart of its strategy. Requesting patient opinions, involving them in the design of sustainable projects, and building with them the hospital of tomorrow, that is the CHPG’s ambition.

Led by the hospital’s management, this commitment reflects a focus on **symmetrical attention**, with the conviction that the quality of a patients’ experience is inseparable from that of a healthcare professionals’.

It is this **patient–professional partnership** that guides our actions and shapes the hospital of tomorrow.



Blood saving

A joint initiative between the laboratory and the sustainable development team

- **Use of new haematology tubes with decreased volume** (from 4 ml to 3 ml)
- **Objective:** limit the volume of blood drawn from patients while encouraging suppliers to provide more eco-friendly containers
- **Key figures:** over 100 litres of blood saved, equivalent to nearly 200 transfusion bags, thanks to the use of 102,341 tubes



Idea Lab

Creation of a space dedicated to participatory innovation, bringing together patients, families, and professionals

- **Principle:** a catalyst for ideas
- **Talent pool**
- **Guidance** to turn proposals into concrete projects
- **Serving the hospital of tomorrow**



HEALTHCARE ACCESS FOR PEOPLE WITH DISABILITIES

The CHPG's commitment

Aware of the challenges faced by people with disabilities in accessing healthcare, the CHPG has made this issue a priority.

Bringing together doctors, nurses, nursing managers, medical secretaries, an ergonomist, a rehabilitation therapist, a speech therapist, administrative staff, hospital leadership, and association representatives, this committed multidisciplinary group, led by Dr. Alvado, *Head of the Physical Medicine and Rehabilitation Department* and institutional disability referent, has the mission of making the reception and care of patients with disabilities more humane, smoother, and better adapted.

This initiative aligns with the national Handipact policy for the inclusion of people with disabilities, launched in December 2023 by the Princely Government.

In close collaboration with associations in the Principality, and following an assessment of existing reception and accessibility practices at the CHPG, the group has already implemented concrete measures:

- A single phone number and an online form to anticipate patients' needs before their hospital visit;
- A personalized reception and care pathway, designed on a case-by-case basis;
- "Quick reference guides" distributed to all staff to help them in welcoming patients with disabilities;
- A dedicated reception and care charter, formalising the hospital's commitment to respectful and inclusive care.

These advances mark the beginning of a lasting transformation: towards a hospital that is more open, attentive, and impartial. They lay the groundwork for ongoing thought on disability and access to care.



AT THE CHPG...

WE SPEAK YOUR LANGUAGE ◇

In a distinctly international hospital environment, mastering foreign languages has become an essential tool to ensure smooth, safe, and inclusive care.

The CHPG teams have fully committed to this initiative by implementing an ambitious language plan, benefiting both patients and professionals.

Facilitating communication with innovative tools

To effectively address communication with non-French-speaking patients, all CHPG departments are now equipped with Pocket Talk instant translators.

These tools, specifically adapted to medical vocabulary, allow for fast and reliable exchanges during consultations, enhancing patient-caregiver dialogue quality.

At the same time, automatic translation software has been integrated into the electronic patient record software enabling immediate translation of medical documents (*prescriptions, reports, letters*) into multiple foreign languages (*English, Spanish, Italian, Portuguese, and Russian*). This advancement improves patient understanding of their care and strengthens adherence to their treatment.

Mobilising internal language skills to better serve patients

The CHPG also harnesses the linguistic diversity

of its teams. An internal network of 207 volunteer staff members, proficient in one or more foreign languages, has been established to support healthcare teams. Identified by a pin on their professional attire, these internal interpreters actively help streamline communication and ensure safe care at every stage of the patient journey.

Sustainably training professionals

Developing the teams language skills is a key priority. Since 2021, an English teacher has assisted professionals through personalised training programmes tailored to real-world clinical situations. Each year, nearly 150 staff members strengthen their language proficiency.

This initiative is complemented by an e-learning platform and dedicated training in other strategic languages, such as Italian and Russian, attended annually by around fifty professionals.

Multilingual communication at the heart of quality care

By combining innovative tools, mobilisation of staffs language skills, and a structured training programme, the CHPG places multilingual communication at the core of quality care.

This collective effort helps reinforce inclusion, patient safety and satisfaction, while also recognising team skills.

CHPG organisational chart



BOARD OF DIRECTORS



Mme Caroline ROUGAIGNON-VERNIN

Chair of the Board of Directors

M. Robert CHANAS

Vice-Chair of the Board of Directors

Dr Jean-Michel CUCCHI

President of the 'Ordre des Médecins'

Dr Mathieu LIBERATORE

Chair of the Medical Commission

Mme Kristel MALGHERINI

Executive Director, representing the Ministry of Health and Social Affairs

M. Sébastien ESTRADE

Head of Section, representing the Ministry of Health and Social Affairs

Mme Bettina FILC

Technical Advisor, representing the Ministry of Finance and Economy

M. Rodolphe BERLIN

M. Gérard BLANCHY

Members appointed by the Minister of State

Mme Marie-Noëlle GIBELLI

M. Franck LOBONO

Members appointed by the National Council

Mme Camille SVARA

Member appointed by the Council of the Commune

Pr Bruno CARBONNE

Associate Professor put forward by the Medical Commission

Dr Gilles CHIRONI

Elected representative of the hospital's doctors

M. Olivier CIQUET

Mme Françoise MELI-SGRO

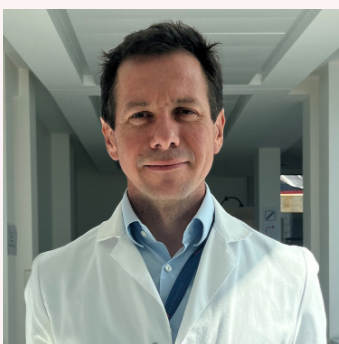
Elected representative of permanent staff at the hospital

Mme Céline BERDUGO

Secretary of the hospital's Technical Committee

CME

MEDICAL COMMISSION OF THE ESTABLISHMENT



Dr Mathieu LIBERATORE

Chair



Dr Gilles CHIRONI

Vice-Chair

KEY FIGURES

With a total capacity of 857 beds and care spaces, the institution is spread across three sites: the CHPG and two nursing homes, the Résidences du Cap Fleuri and A Quietüdine.

BEDS & PLACES

on 31st DECEMBER 2025

Total MCO 356

including :

Internal Medicine: 155

Surgery: 103

Obstetrics and Paediatrics: 34

Critical Care : 12

Daycare hospital : 52

Psychiatry: 58

Geriatric Care: 358

Home hospital, nursing and hygiene care: 85

TOTAL
857

Human resources

MEDICAL
excluding attending physicians and assistants 234

NURSING & MEDICO-TECHNICAL STAFF 1 832

EDUCATIONAL & SOCIAL 35

TECHNICAL & SUPPORT STAFF 428

ADMINISTRATIVE 358

NON-MEDICAL & MEDICAL STAFF TOTAL
2 887

GEOGRAPHICAL ORIGIN OF PATIENTS IN 2025

Other than 06 or Monaco

5 707 - 6,49%

Neighbouring Communes

18 313 - 20,84%

Menton residents
16 306 - 18,55%

Monaco
19 615 - 22,32%

Villefranche, Beaulieu, Èze, Peille
4 365 - 4,97%

Remaining 06, including Nice
23 577 - 26,83%

HOSPITALISED PATIENTS IN 2025



52,96%
FEMALE



47,04%
MALE

CHPG ACTIVE FILES



NEW PATIENTS*

Patients absent from the CHPG in the last 5 years

2024 : 23 142

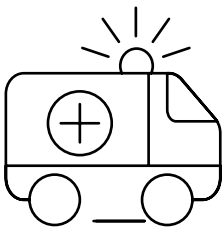
2025 : 21 340

Active patient files

2024 : 89 693

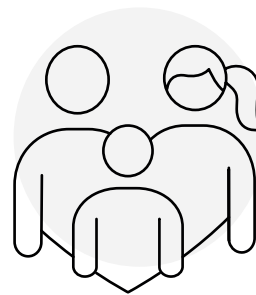
2025 : 87 883

ACCIDENT AND EMERGENCY VISITS



Total number of visits	2024 46 687	2025 42 636
Of which pediatric emergencies	12 531	9 375
Number of patients hospitalised following an A&E visit	5 880	5 964

NUMBER OF BIRTHS



2024
740

2025
743

EXTERNAL CONSULTATIONS

	2024	2025
TOTAL	172 211	171 539

KEY FIGURES

OPERATING THEATRE ACTIVITY IN 2025

Number of Operating Theatre Procedures by Medical Team

VISCERAL, DIGESTIVE, AND VASCULAR SURGERY

2024 2 376
2025 2 219



GYNAECOLOGY (excluding Caesarean Sections)

2024 437
2025 456



ENT

2024 1 576
2025 1 716



DVI PLACEMENT (ANAESTHETISTS)

2024 277
2025 260



OPHTHALMOLOGY

2024 1 763
2025 1 705



UROLOGY

2024 1 201
2025 1 132



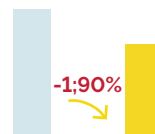
ORTHOPÉDICS

2024 1 510
2025 1 478



TOTAL

2024 9 140
2025 8 966



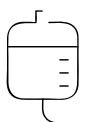
ONCOLOGY ACTIVITY

Number of patients treated



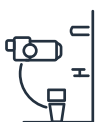
ONCOLOGY SURGERY

2024 1 107
2025 1 108



DAY HOSPITAL CHEMOTHERAPY

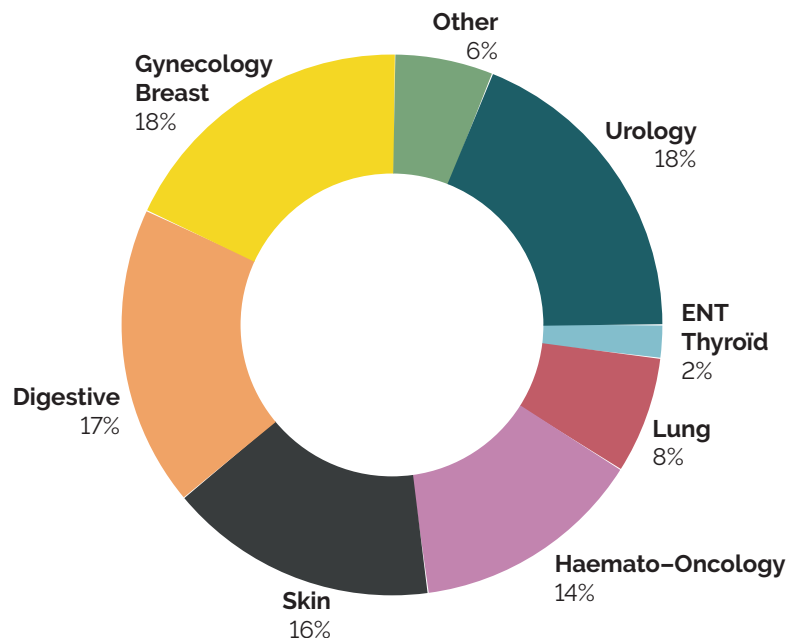
2024 811
2025 794



RADIOTHERAPY

2024 671
2025 689

PATIENTS TREATED BY ORGAN IN 2025



HOSPITAL STAYS IN 2025



Full Admissions

2024	17 329
2025	17 831

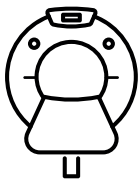


Outpatient Admissions

	Oncologie	Médecine	Chirurgie	Endoscopies
2024	9 849	3 022	3 670	3 841
2025	9 687	3 500	3 786	3 858

IMAGERY

Number of Examinations



MRI

2024	5 877	2025	6 392
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SCANNER

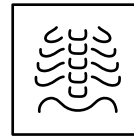
of which diagnostic scans

of which therapeutic scans

18 737	19 461
16 534	17 550
2 203	1 911

NUCLEAR MEDICIN

Number of Examinations



PET SCAN

2024	4 976	2025	5 117
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ROBOTIC SURGERY 2025

UROLOGY

2024	152	2025	114
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DIGESTIVE

2024	214	2025	204
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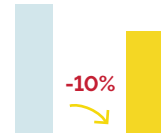
GYNECOLOGY

2024	106	2025	105
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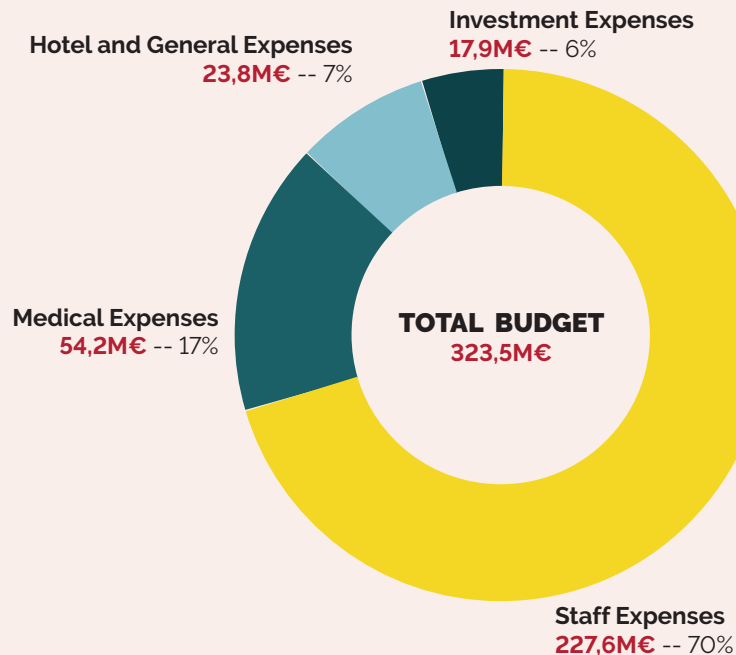
TOTAL

2024	472	2025	423
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CHPG BUDGET 2025

*in millions of Euros



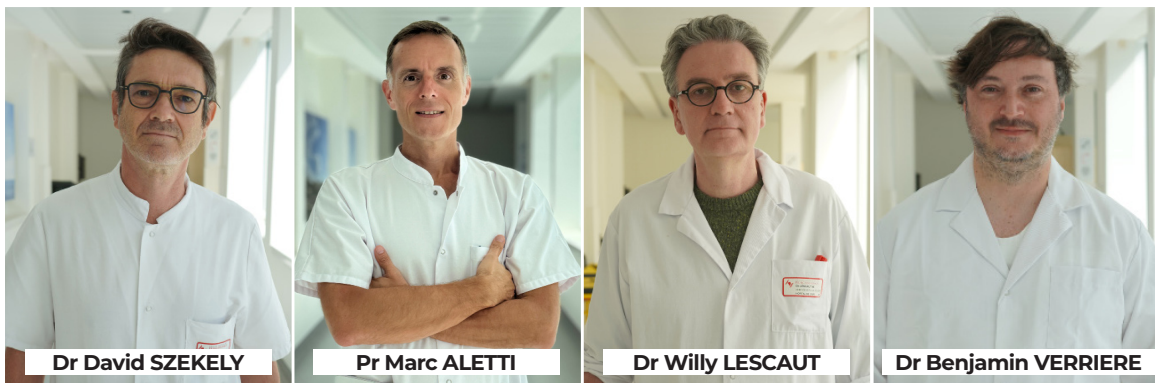
THE CHPG, A CENTRE FOR PREVENTION & CARE

The Princess Grace Hospital offers a comprehensive range of care, thanks to the expertise of its medical teams and state-of-the-art equipment across numerous specialties.

It serves the health and social needs of 125,000 people between Italy and Nice through a commitment to care, innovation, and therapeutic and diagnostic research.

- 21 medical specialties
- Multidisciplinary medical and surgical activity
- A bespoke Check-up unit
- Expertise in the early detection of cardiovascular diseases and certain cancers, enabling treatment before symptoms appear
- A modern, high-level technical platform

The year 2025 was marked by a generational renewal, with the arrival of nine new department heads and new nursing managers and senior nursing managers.



New Department Heads

Psychiatry

Dr David SZEKELY

Pharmacology

Dr Benjamin VERRIERE

Urology

Dr Xavier CARPENTIER

Internal Medicine

Pr Marc ALETTI

Physical and Rehabilitation Medicine

Dr Alain ALVADO

General and Visceral Surgery

Pr Fabrizio PANARO

Day Care Unit

Dr Willy LESCAUT

Pediatrics

Dr Stéphane LILLE

Nuclear Medicine

Dr Benoît PAULMIER





SUSTAINABLE DEVELOPMENT OVERVIEW AND KEY FIGURES ◇

The year 2025 confirms CHPG's strong commitment to a structured environmental approach.

Resources and Energy

Water consumption reached 60,516 m³, **a decrease of 4%** compared to 2024.

Waste Recycling

Infectious healthcare waste (DASRI): reduced by around 60% between 2021 and 2025

Medical metal: 652 probes (+106%) and 75 kg of scalpel wires (+15%) recycled

Stretch film: 4.8 tonnes (+28%)

Cigarette butts: 122,257 recycled (+93%)

Batteries: 1,280 recuperated (-32%, due to some batteries being replaced with rechargeable ones)

Red Cross collections: 2,764 clothing items collected (+89%)

Highlights

- Commitment to Level 3 of the Energy Transition Pact
- MODD evaluation (Mon Observatoire du Développement Durable) by ANAP: score of 76/100
- Completion of 20 projects selected under the "Sustainable Development Challenge"

Training

- Addition of a "Climate-Health" module to the training programme
- Waste sorting awareness workshops in the day care centre

The year concluded with better waste sorting, the rollout of fabric hair covers in two additional units, and the establishment of new recycling and recovery pathways. (bio-waste, gadolinium, PPE).

CHPG thus confirms its continued progress in sustainable development.

L'ANNÉE 2025 EN IMAGES



JANUARY

Director's New Year Staff Address



FEBRUARY

L'AS Monaco decorates the Pediatrics Department

Inauguration of the Brainlab and Skin Tumor care in Radiotherapy



MARCH

Visit by the French Haute Autorité de Santé assessors for the hospital's certification

Inauguration of Smartspeed



JULY

CHPG certified by the Haute Autorité de Santé, awarded the 'Haute Qualité des Soins' distinction, with the maximum score of 100% achieved across all three criteria



AUGUST

Visit by H.E. Mr Christophe Mirmand



SEPTEMBER

Visit by H.S.H. Princess Charlene to the Maternity Ward

Inauguration of the Connected Housing Simulator at the Rainier III Centre

3rd Edition of the Alzheimer Rally

Certif' Awards Evening



APRIL

Inauguration of the Belvédère Building, which houses the Blood Donation Centre and the Pathology Department



MAY

Presentation of the Reception and Care Charter for Patients with Disabilities

Marcel Ravin, Michelin-starred chef at the CHPG for the day, thanking the teams for their commitment



JUNE

Official presentation of the hospital's strategic plan, "Ambition 2025–2030"



OCTOBER

Elevation works on the Parvis Albert Ier (Maternity Tower) to connect it to the new hospital promenade



NOVEMBER

The A Qietüdine Residence once again obtains the Gault & Millau label



DECEMBER

Fire drill conducted with the Monaco Fire Brigade



INAUGURATION OF THE BELVÉDÈRE ◆

A key milestone towards the New CHPG, housing the ‘Maison du Don’ (blood donation centre) and the anatomical pathology department.

A new building accommodating two hospital departments was inaugurated on Wednesday 23rd April 2025 at the CHPG by HSH Prince Albert II.

The “Belvédère”, whose construction began in 2023, represents the first “interim” operation within the broader framework of the New CHPG project.

The Blood Transfusion Centre and the Department of Anatomical Pathology have now relocated there until completion of the overall project, scheduled for 2032, enabling the demolition of the Princess Charlotte building.

This modern facility was constructed using various prefabricated components, allowing

for improved control of the construction timetable while minimising disruption for patients, staff and local residents along Avenue Pasteur. Located along the Promenade Sud, between the Tamaris and Louis II buildings, the Belvédère building offers 1,300m² of space across five levels. The two lower floors are dedicated to the activities of the Blood Transfusion Centre: donor reception, blood collection, blood unit processing and distribution to the hospital departments. The two upper floors house the Anatomical Pathology laboratory, where tissue analyses are carried out, particularly for cancer detection.

The CHPG now equipped for molecular biology

The completion of these new facilities allows the CHPG to expand its range of services to include an activity that has become essential in cancer care: molecular biology. The department is now equipped with a fully automated molecular diagnostics platform, enabling faster cancer profiling (see page 42).



‘Maison du Don’: A new home for a vital act

The CHPG Blood Transfusion Centre organises all blood collections in the Principality; it manages the processing of donations and the distribution of blood units for all patients receiving care across Monaco.

As a certified centre for transfusion activities, it relies in particular on a 24/7 immuno-haematology laboratory, essential for transfusion safety. The centre is also COFRAC accredited, validating the quality of its services.

Located in the Belvédère building, the Blood Transfusion Centre remains in close proximity to care services, ensuring that blood products can be made available as quickly as possible to patients requiring a transfusion.

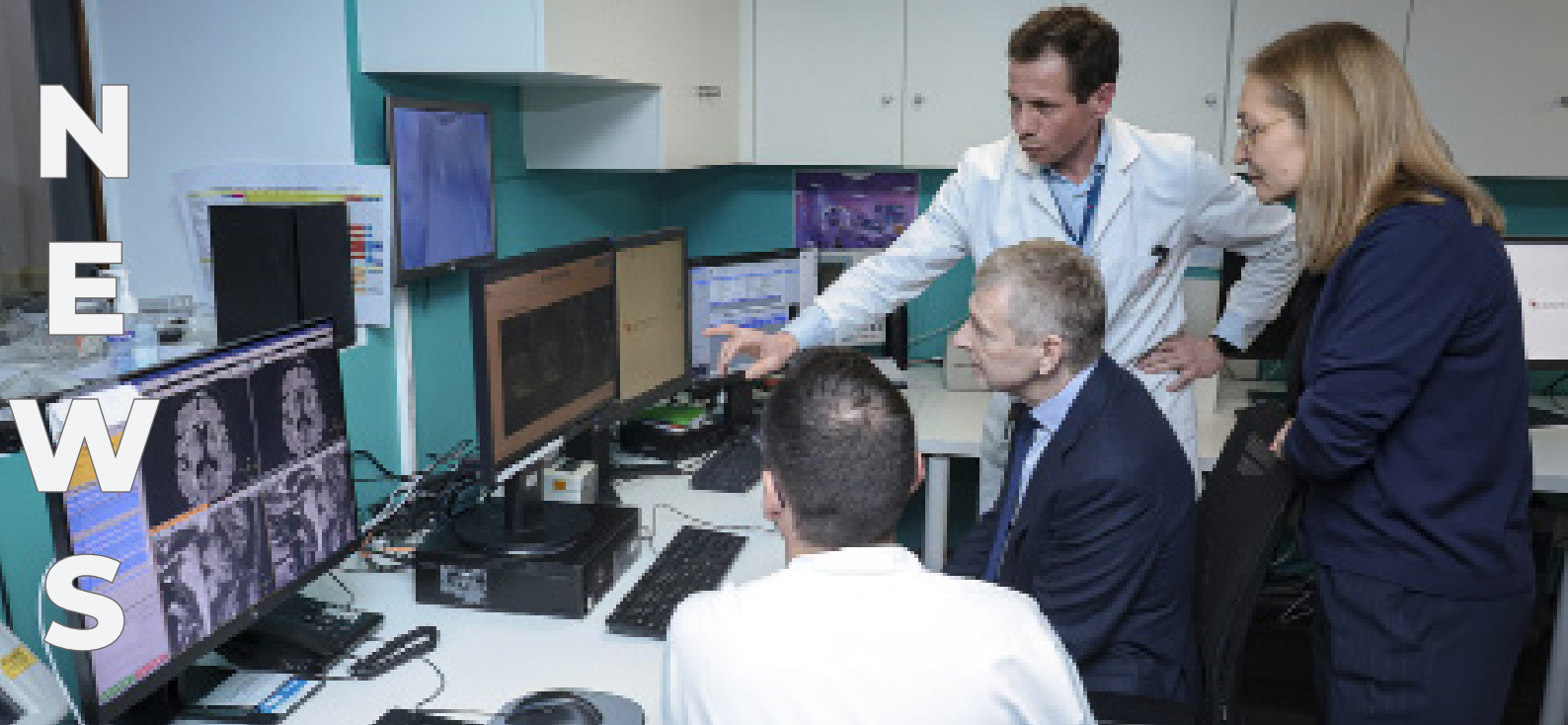
As in most Western countries, the Principality of Monaco does not collect enough blood to meet its needs, which gives rise to significant ethical, medical and economic challenges.

For this reason, the CHPG has long been committed to campaigns and initiatives promoting blood donation and attracting new donors.

The opening of the ‘Maison du Don’ provides a completely redesigned space to welcome donors in a warm and calming environment, encouraging friendliness and solidarity. To facilitate visits from donors across the Principality, a chauffeur service is available; an initiative that is particularly appreciated and actively contributes to donor loyalty and engagement in this vital act.

2025: new visual identity for blood donation in the Principality





THE CHPG MODERNISES ITS MRI THANKS TO AN ARTIFICIEL INTELLIGENCE MODULE ◇

The CHPG is accelerating its digital transformation with the integration of the Smartspeed artificial intelligence module, which improves the performance of its MRI scanner. This advancement significantly reduces examination times while increasing image resolution, providing faster and more accurate diagnoses.

In cases of a suspected stroke, this tool is particularly valuable for angio-MRI sequences (for the diagnosis of stenosis or occlusion of a distal arteriole) and ASL sequences (to study parenchymal perfusion and detect non-perfused areas), thus reducing delays in stroke patient care and improving patient prognosis.

«Thanks to this innovative solution, and thanks to the generosity of Mr Dmitry Rybolovlev, the hospital will be able to treat a larger number of patients by reducing MRI waiting times and optimising the patient pathway. This acquisition fits perfectly within our approach to improving the patient experience,» explains Benoîte Rousseau de Sevelinges, Director of the hospital.

This innovative module was acquired thanks to a generous donation from Mr Dmitry Rybolovlev

and inaugurated on 12 March in the MRI department.

« I thank the Princess Grace Hospital and its Director, Madame Benoîte Rousseau de Sevelinges, for allowing me to contribute to the modernisation of the CHPG's technical equipment. As a trained doctor, interested in new technologies, I know how important rapid and accurate diagnosis of medical conditions are. It is wonderful that Monaco now has new equipment capable of detecting various diseases, including serious ones such as strokes. I am pleased to be able once again to support the Princess Grace Hospital and the residents of the Principality,» says Mr Dmitry Rybolovlev.

A unique MRI configuration

This new SmartSpeed module is a real asset for the CHPG imaging department and complements the MRI's technological arsenal, which has already been equipped since 2021 with HIFU, high-intensity focused ultrasound under MRI guidance for the non-invasive treatment of uterine fibroids, available in only two hospitals within the France–Monaco area.



Renovation of the berthing rooms

WHAT'S NEW WITHIN THE DEPARTMENTS



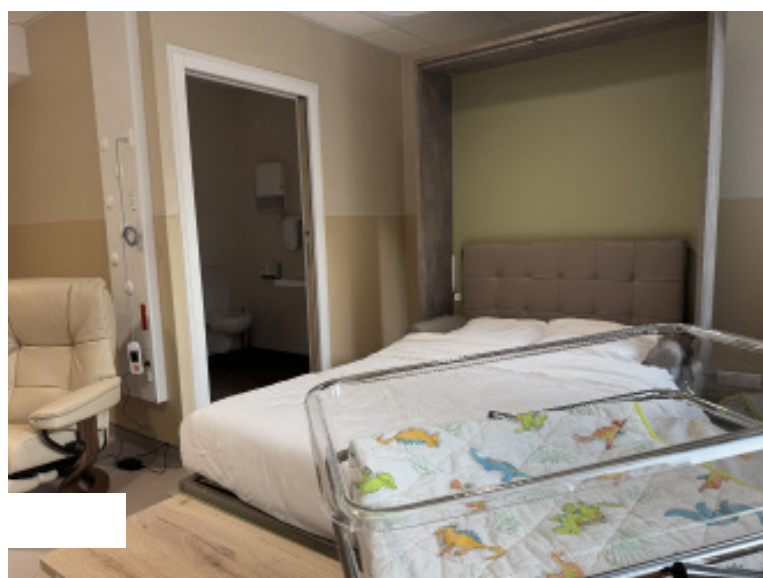
Renovation of the Neurology Department



Installation / Commissioning of the two new gamma cameras in Nuclear Medicine



Parent-Child Unit





N
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SUPPORTING PATIENTS: PROMOTING INDEPENDENCE AND STAYING AT HOME

Innovation

A smart apartment at the service of independence

Inaugurated on 15 September 2025, the connected housing simulator at the Rainier III Centre represents a major step forward in supporting patients experiencing loss of autonomy and their caregivers.

Designed as a model apartment, it recreates a realistic home environment to assess functional abilities, teach adapted daily tasks, and prevent risks at home. This project was made possible thanks to a donation from Sir Stelios and forms part of the CHPG 2025–2030 institutional project.

An educational and practical tool

The apartment allows:

- Assessment of disability situations and support for returning home
- Proposal of personalised adaptations and strategies
- Raising awareness of domestic risks, such as falls

It also serves as a training tool for healthcare professionals, students, and caregivers.

Just like home

Containing two main rooms (bedroom, kitchen and bathroom), the space is modular and equipped for motor and sensory impairments. Home automation allows analysis of daily activity and adjustment of the adaptations to ensure safety and comfort at home.

Promoting Independence

Integrated into rehabilitation, physiotherapy, and therapeutic education programmes, this facility helps strengthen the autonomy of older adults and optimises their ability to remain at home under the best possible conditions.

Key Figures

144 patients cared for since the opening, of which:

- 26 frailty day care patients
- 47 memory day care patients
- 71 treatment day care patients



Opening of a medical and rehabilitation care unit within the A Qietüdine residence

Since the opening of the A Qietüdine Residence in 2010, the medico-social landscape in Monaco has evolved with the creation of new nursing homes (Centre Rainier III, Fondation Hector Otto, Cap Fleuri), the COVID crisis, the ability to maintain older adults at home, and is supported by the quality of Monaco's infrastructures and range of services.

These changes have led to a decrease in the occupancy rate of the Residence, which fell below 90% in October 2023, while the CHPG faces strong pressure in medicine, follow up care and rehabilitation Care (93% and 98% in 2024).

In response, the establishment converted 17 nursing home beds into Medical and Rehabilitation Care (MRC) beds. This unit welcomes elderly patients within the Monaco geriatric pathway who require post-acute care, with the goal of returning home under the best possible conditions, while remaining close to their loved ones.

The patients concerned are mainly those with locomotor or multiple pathologies following an acute episode. Admission is made after consultation with the medical team at Centre Rainier III.

The unit's mission is comprehensive rehabilitation – physical, cognitive, psychological, and social – to promote autonomy.

«We will have patients coming primarily from orthopaedics, for example those with a knee or hip prosthesis, an un-displaced pelvic fracture, or fractures of the upper limb, who will be admitted to the MRC unit to undergo rehabilitation with a view to returning home,» explains Dr Sandrine Louchart de la Chapelle.

« This unit is outside the hospital walls, which will support patients' return home, as we know from surveys that 85% of people want to go back home and regain their home life under the best possible conditions » adds Dr Serena Romani.

Key Figures

- Patient satisfaction rate : **97%**
- Occupancy rate : **70% on average**



ROBOTIC SURGERY, A MAJOR AREA OF DEVELOPMENT ◊

CHPG has become a reference centre for robotic surgery, equipped with two surgical robots (X₂X₁) and, above all, offering a comprehensive range of services covering all key specialties: gynaecology, digestive surgery, urology, and thoracic surgery, supported by expert surgeons and care teams.

Since 2021, CHPG has been strongly committed to the development of robotic surgery.

This ongoing investment, both in equipment and in practitioner training, has enabled the hospital to become an Expert Centre in surgery, now recognised at a European level.

True to its mission and tradition of excellence, CHPG intends to maintain its technological edge and continue providing some of the most innovative care in Europe.

+ 2 000

Digestive surgery procedures
in 10 years

+ 3 280

Robot-assisted
surgery procedures

+ 70%

Procedures (digestive, gynaecological, and thoracic)
are performed using minimally invasive techniques



What is your vision for robotics at the CHPG?

Fabrizio Panaro: Robotics clearly represents the future... and already the present. The CHPG is among the most active centres, with over 3,280 procedures already performed with robotic assistance. We are fortunate to have two robots and we are acquiring the Da Vinci 5, the latest generation.

Today, more than 70% of procedures in our digestive, gynaecological, and thoracic specialties are performed using minimally invasive techniques, bringing significant benefits: less pain, faster recovery, and improved oncological outcomes.

How would you describe the department you have just joined?

F.P: The department runs very well. The surgeons are specialised and highly skilled, and the administrative and paramedical organisation is excellent. This overall quality plays a crucial role in patient care.

Are there any new developments underway?

F.P: Yes. The arrival of Dr Tayeb Benkiran, the first permanent position thoracic surgeon at the CHPG, opens up new possibilities, particularly for oesophageal surgery. In collaboration with Prof. Berthet, who also operates at the CHPG, we are working together to develop robotic thoracic surgery. We are also pleased to welcome Dr Anne Dubois to the team, a specialist in robotic colorectal surgery.

What are the ambitions for the coming years?

F.P: The goal is to move towards a model in which all procedures are performed using minimally invasive techniques.

Any final words?

F.P: We already perform over 400 robotic digestive procedures per year. The aim is to reduce conventional surgery in favour of minimally invasive approaches, which are more comfortable for patients and allow for shorter hospital stays.



PR FABRIZIO PANARO

Head of the General and Abdominal Surgery Department

The future of robotic surgery in urology



DR XAVIER CARPENTIER

Head of the Urology
Department

The year 2025 was a year of transition for the Urology Department. Can you tell us more?

Xavier Carpentier: Indeed, our team evolved this year with the retirement of Dr Hervé Quintens, whom I succeeded. Dr Patrick-Julien Treacy has joined us to strengthen our robotic surgery activity, which is already well established but which we wish to continue developing in the years ahead.

What role does robotic surgery play today in urology at the CHPG?

X.C: It plays a central role. Robotic surgery aligns with the current focus on minimally invasive care: it allows for more precise procedures, with smaller scars, less pain, and much faster recovery. Today, patients often stay in hospital for barely two days.

Our goal is to optimise the entire care pathway, from preparation to discharge, to provide a comprehensive and seamless patient experience.

How do you see the future of prostate cancer surgery?

X.C: We are moving towards much more targeted treatments, known as focal therapies. Thanks to modern diagnostic tools, particularly high-precision MRI, we can now identify the affected areas and treat only those.

In the future, some cancers will be monitored rather than treated aggressively. This marks a real shift towards personalised medicine, where each patient receives the treatment best suited to their profile.

You often mention “comprehensive care.” What do you mean by that?

X.C: Treating cancer is not just about removing the tumour. We also need to preserve quality of life: sexual function, continence, and psychological well-being. That is why we systematically offer a sexual health assessment before any prostate intervention, as well as dietary, psychological, and rehabilitation support. The aim is to help patients recover better and return to as normal a life as possible after treatment.

In conclusion?

X.C: Robotic surgery is a tremendous opportunity to combine precision, safety, and patient comfort. But it only makes sense if it is integrated into a comprehensive care pathway focused on quality of life. This is the vision we pursue every day.



CHPG: A centre of expertise serving women's health

At the heart of the Principality, the Princess Grace Hospital has established itself as a reference point in the management of gynaecological cancers. Thanks to a multidisciplinary approach, patients receive comprehensive care, from diagnosis through to supportive treatments.

A multidisciplinary team for comprehensive care

The CHPG brings together digestive surgeons, urologists, gynaecologists, as well as specialists in chemotherapy, radiotherapy, and nuclear medicine. This close, cross discipline collaboration, allows each case to be considered globally ensuring the most appropriate treatment for each patient.

The presence of a high-level intensive care unit also enables the management of complex cases, guaranteeing safety and quality of care even in the most delicate situations.

The teams pay particular attention to supportive care and pain management, aiming to “cocoon” patients and provide a compassionate, human-centred approach throughout their care journey.

An expert centre in gynaecological surgery and oncology

With nearly 200 gynaecological cancers treated each year, the CHPG is one of the major reference centres in the region. The pathologies treated cover all of the most common female cancers: cervical, ovarian, and endometrial cancer.

One of the hospital's key commitments is rapid access to care. Under its quality charter, the CHPG undertakes to see patients within a week, whether for a first opinion or a second opinion.

The result: very short waiting times, a testament of responsiveness and efficiency.



DR ABDI BAFGHI

Gynaecological
Surgeon

THE CHPG, AN ONCOLOGY REFERENCE CENTRE ◇

What characterises the oncology department at the CHPG?

Marc Aletti: It is a transversal department, capable of managing a very wide range of cancers -digestive, gynaecological, pulmonary, and haematological. All decisions are discussed in multidisciplinary meetings, involving specialists in radiotherapy, interventional radiology, pharmacy, pathology, infectious diseases, and palliative care. This type of organisation is one of the cornerstones of a reference centre.

Willy Lescaut: A reference centre is not defined solely by its activity, but by its ability to offer the most innovative treatments. That is why we actively develop clinical trials. They provide access to the latest therapies in collaboration with other expert centres such as the Centre Antoine-Lacassagne in Marseille or Paris. The CHPG is consulted by patients across the eastern region, demonstrating its appeal and its role as a local and regional reference centre.

What are the main current developments?

W.L: We are experiencing a major transformation: immunotherapy, antibody-drug conjugates (ADCs), and targeted therapies are gradually replacing conventional chemotherapy. These personalised approaches, based on the molecular abnormalities of tumours, are already available at the CHPG.

How is patient care organised?

M.A: It relies on true coordination: doctors, nurses, radiotherapists, physiotherapists, dietitians, pain management teams, and palliative care... A wide range of expertise comes together around each patient to ensure tailored and responsive treatments.

W.L: This dynamic is coupled with great responsiveness, one of our key strengths. The direct communication between specialties allows therapeutic decisions to be adjusted immediately.

What is the outlook with the new CHPG?

W.L: Bringing hospitalisation and day-hospital units together on the same floor will allow for smoother care pathways. The arrival of a new oncologist will further strengthen organ-specific specialisation, enhancing clinical responsiveness.

M.A: Our activities will be organised into two units: one dedicated to haematology-oncology, the other to internal medicine and infectious diseases. This clarified structure will enhance expertise and optimise the patient care pathway. The new CHPG also embodies innovation, as patients benefit from the latest protocols validated by expert authorities.

Patients also benefit from the excellence of the technical platform, which is essential for managing these complex cases.



Pr Marc Aletti
Head of Department
*Internal Medicine
Haemato-Oncology*



Dr Willy Lescaut
Head of Department
Day Hospital - Haemato-Oncology

Nuclear Medicine of the Future

Can you describe your role and background at CHPG?

Benoît Paulmier : I have been head of the Nuclear Medicine department since early July 2025, after nearly fifteen years at CHPG. I am backed by three experienced nuclear medicine doctors, Drs. Florent Hugonnet, Nicolas Balamoutoff, and Laurence Champion (who joined in early January 2026), as well as a dynamic and motivated paramedical team.

What were the significant developments in Nuclear Medicine in 2025?

B.P : The year 2025 was a major year for our department. We renewed our gamma cameras this summer thanks to the support of management and the Princely Government, with very innovative equipment that required an adaptation phase for the teams. We managed to maintain scintigraphy activities, particularly in nuclear cardiology, without interruption for patients, thanks to close collaboration with the Cardiology department.

What about oncology activity ?

B.P : Our two PET scanners focus primarily on oncology. This activity benefits from close collaboration with oncologists, radiotherapists, and hematologists. We offer various tracers to cover as many indications as possible. We also plan to renew our PET scanners within the next two years to remain at the forefront of innovation.

Is nuclear medicine also developing in treatment, not solely diagnosis ?

B.P : Absolutely. Our specialty is going through an exciting period with the arrival of the theranostic approach, which combines therapeutic and diagnostic activities. We are developing this through internal vectorized radiotherapy, or metabolic radiotherapy. It uses radiopharmaceuticals coupled with high-energy isotopes to directly target and destroy tumors. Pluvicto, used in prostate cancer, is an example: it uses PSMA as a vector and represents a therapeutic option which is complementary to other treatments. This innovation offers hope and allows patients to access therapies that were previously unavailable locally.

How is the department organized to integrate these new activities?

B.P : Our team includes radiopharmacists, Drs. Valérie Nataf and François Mocquot, who are essential for the preparation and quality control of our innovative tracers. We also work closely with the CHPG radiophysics division, led by Dr. Benjamin Serrano, to oversee radiation protection and patient dosimetry, especially in therapeutic activities.

What is distinctive about the Nuclear Medicine department at the CHPG ?

B.P : Our strength lies in being part of a complete, multidisciplinary team at the CHPG. We collaborate with radiologists and all services involved in the oncology care pathway. This synergy not only enables precise diagnosis but also opens the door to innovative treatments directly at the CHPG.

What are the challenges for the coming years ?

B.P : We need to continue developing our expertise in metabolic radiotherapy, integrate these treatments into coordinated care pathways, and remain innovative while maintaining quality care. Our goal is for Monaco's nuclear medicine to strategically embrace theranostics, which appears to be a promising path in oncology



DR BENOÎT PAULMIER

Head of the Nuclear
Medecine Department

Personalised Radiotherapy



DR CÉCILE ORTHOLAN

Head of the Radiotherapy Department

How would you characterise 2025 at the CHPG in radiotherapy?

Cécile Ortholan: 2025 was a significant year, particularly due to the rapid developments in radiotherapy techniques. Patients are living longer and require several treatments over time. As a result, we have many more patients to treat. However, thanks to new techniques, each patient now requires fewer sessions, which has considerably changed our activity.

What are the main transformations in clinical practice?

C.O.: We have adopted hypo-fractionated treatments, meaning higher-dose and more precise sessions, enabling the overall duration of treatment to be reduced. For example:

- Breast cancers are treated in 15 sessions instead of 30.
- Prostate cancers have been reduced from 40 to 20 sessions.
- Metastases, which previously required 10 sessions, are now treated in 3 to 5 sessions.

This progress offers real comfort for patients: fewer hospital visits, less fatigue, and reduced toxicity, while maintaining optimal effectiveness.

What initiated this change?

CO: Covid-19 acted as a catalyst. It became necessary to reduce the duration of treatments in order to limit health risks. Radiotherapy departments around the world therefore adopted these more condensed techniques. They proved to be very well tolerated, which accelerated their wider adoption.

Is the CHPG able to absorb this increase in activity?

C.O.: Yes. The faster patient turnover, combined with the reduced number of sessions per patient, enables the department to manage the workload efficiently. The two factors balance each other out: more patients, fewer sessions, making the activity entirely manageable.

And looking ahead, concerning the new hospital?

C.O.: We are actively preparing the technical platform for the new hospital. Radiotherapy requires specific infrastructure, such as bunkers, which cannot easily be modified later. It is therefore crucial to size the department appropriately in order to anticipate technological needs for the next 20 to 50 years, while remaining flexible in the face of rapid technical developments.

How does radiotherapy fit within oncology at the CHPG?

C.O.: Radiotherapy is a team effort. Patients are referred to us by surgeons, gastroenterologists, oncologists... We must coordinate our actions and follow patients jointly with the other specialties. This collaboration is essential and works very well at the CHPG.

We continue to develop our department by maintaining a highly technical service, acting as a regional reference centre for certain rare techniques. We make our technical platform available to other radiotherapy departments, thereby promoting expertise and inter-institutional collaboration.

Improving the Precision and Effectiveness of Radiotherapy Treatments

The Radiotherapy Department has equipped itself with a new surface-guided radiotherapy system, increasing exposure precision in radiotherapy and thereby providing patients with safer care.

This innovative system, combining a thermal and 4D surface camera, enables patient positioning and monitoring during radiotherapy, ensuring enhanced exposure accuracy.

Surface-guided radiotherapy simplifies patient positioning procedures, particularly in anatomical areas where movement is frequent and difficult to control (thorax, abdomen).

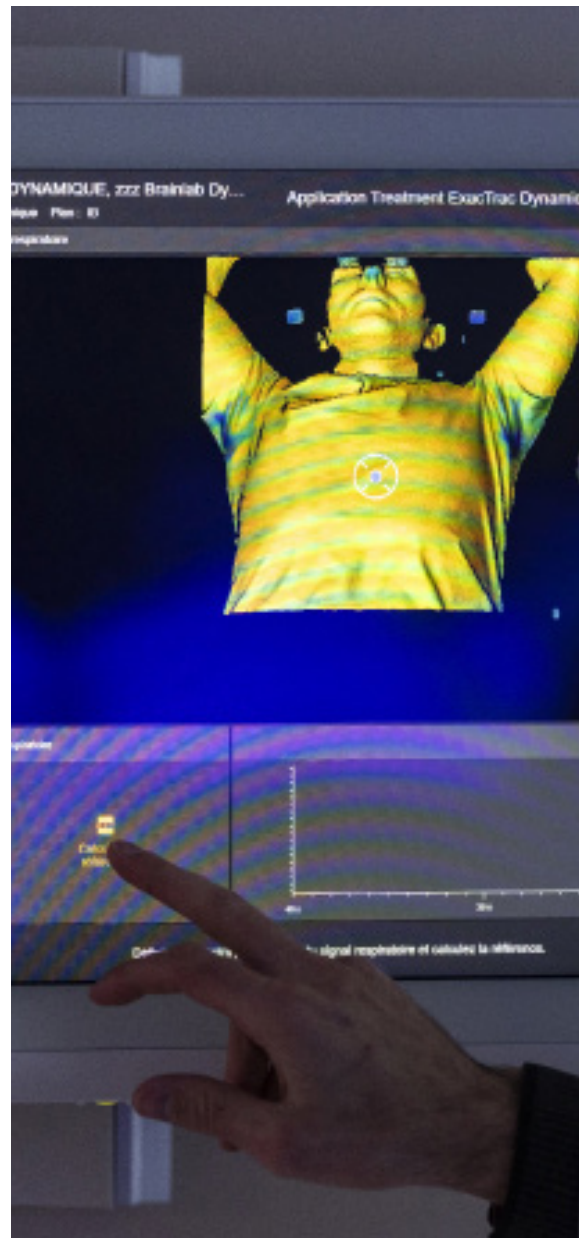
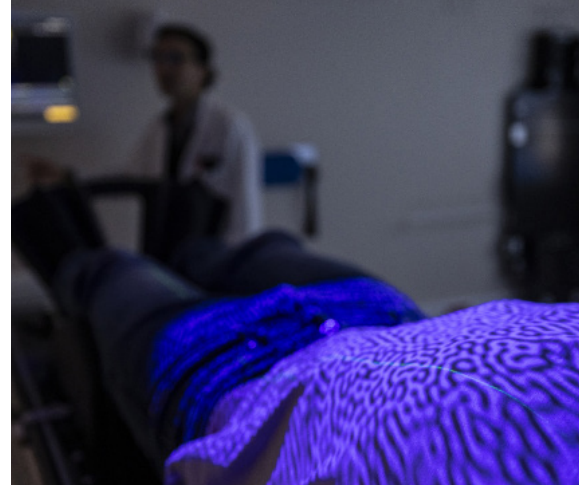
This technique is particularly useful in the case of left-sided breast irradiation, performed whilst the breath is held, in order to protect the heart. The system provides patients with visual feedback on the breathing amplitude required, thereby improving the effectiveness of their treatment.

The system allows continuous monitoring of patient positioning throughout the entire treatment, automatically interrupting the beam in the event of movement. Irradiation is therefore more precise, which increases treatment effectiveness, reduces exposure of healthy tissues (and thus side effects), and improves patient comfort.

In 2024, Sir Lord Laidlaw enabled the acquisition of this surface-guided radiotherapy system for both linear accelerators.

Cancer Treatment at the CHPG

The CHPG plays a leading role in cancer treatment thanks to the expertise of its teams and the quality of its technical platform, notably including radiotherapy, nuclear medicine, MRI, CT scanning, and interventional radiology.





THE CHPG NOW EQUIPPED FOR MOLECULARE BIOLOGY ◇

Anatomical pathology plays a central role in the diagnosis of diseases through macroscopic and microscopic analysis. It is within this department that biopsies, particularly those performed for the detection of cancer, are analysed.

With growing activity and the transition to the digital platform completed in 2023, all that was missing was a new setting to enable the deployment of new analytical techniques: molecular biology.

New molecular biology equipment for tumour typing

As part of its commitment to innovation and continuous improvement in patient care, the department has acquired the latest-generation automated system: the Idylla system, a rapid and fully automated molecular diagnostic system.

Thanks to this technology, it is now possible to obtain an initial partial typing of tumour samples in under three hours, whereas previously this required several days, with samples being sent to various platforms in France.

In addition to providing a faster diagnosis, clinicians are able to implement the most appropriate treatments more rapidly, for the benefit of all CHPG patients. This rapid analysis makes it possible to determine the diagnosis more quickly and, in some cases, to initiate treatment earlier while awaiting full molecular typing, which the CHPG will continue to send to more specialised platforms.

This new equipment marks an important step in the modernisation of diagnostic tools for patients with cancer, particularly in the management of lung, breast, brain, colorectal cancers and melanomas.

This acquisition forms part of a broader strategy: as in early 2011 CHPG management included the creation of a molecular biology laboratory in the plans for the new hospital.

Pending the full completion of the new facilities, the CHPG is continuing its partnership policies with specialised analytical platforms, training through the qualification of two practitioners in oncogenetics, and cooperation with the Nice University Hospital.

THE CANCER COORDINATION CENTRE AT THE HEART OF MULTIDISCIPLINARY CARE



DR AURÉLIE GINOT

Radiotherapy
Department

Could you introduce the 3C and its role at the CHPG?

Aurélie Ginot: The 3C, or Cancer Coordination Centre, is an entity that has existed for nearly twenty years and is inspired by French regulatory requirements. Its main role is to organise multidisciplinary team meetings, which are mandatory when deciding on a patient's cancer treatment. Each meeting brings together at least one surgeon, an oncologist, and a pathologist in order to determine the best therapeutic plan.

What are the other roles of the 3C?

A.G: The 3C ensures administrative coordination and the transmission of decisions to general practitioners and the various professionals involved. The structure also responds to calls from patients who have questions or difficulties, manages oncogenetics, and facilitates the transfer of medical records and imaging to other institutions, particularly in cases of rare or complex conditions.

How does the 3C integrate into the regional network?

A.G: The 3C collaborates with the Onco PACA centres (Provence-Alpes-Côte d'Azur and Corsica) to follow treatment protocols, share statistics, and take part in regional meetings on specific topics such as returning to work after cancer, disability, or access to care. This helps to improve quality and harmonise practices.

How long have you been responsible for the 3C?

A.G: I have been in charge since January 2021. It is a significant administrative responsibility, but absolutely essential to ensure coordinated and effective cancer care.

How would you describe oncology activity at the CHPG?

A.G: It is highly collaborative and human-centred. Treatments are decided as a team, and patients benefit from personalised support, which is not always the case elsewhere. Professional relationships are straightforward, allowing decisions to be made quickly and in a well-coordinated manner. This structure also promotes a human approach to treatment, as each patient is given time and attention.

In conclusion, what does the 3C bring to patients and to the CHPG?

A.G: The 3C ensures effective coordination between all those involved, guarantees compliance of medical decisions, facilitates dialogue with patients and partner institutions, and contributes to treatment that is both professional and compassionate. It is a real asset for oncology at the CHPG.

INSTITUTIONAL STRATEGIC PLAN

A COLLECTIVE DYNAMIC ◊

The 2025–2030 institutional strategic plan defines, in line with our mission and values, our priorities for the coming years, both for patients and for our partners and teams.

These ambitions have been translated into concrete projects, identified and proposed through a participatory approach combining collective and multidisciplinary workshops, study visits, and discussions with all those involved around us.

2025–2030 Institutional Strategic Plan: a shared vision

Benoîte Rousseau de Sevelinges, Director



« The institutional strategic plan is above all a collective endeavour, and I would like to thank everyone who helped build it. The hospital's five-year strategy has been built on foundations shared across the hospital community, through multidisciplinary and multigenerational groups. Ideas, visions, ambitions, and objectives were shared and discussed collaboratively to shape the future of the CHPG.. »

Common objectives

Dr Mathieu Liberatore, President of the MEC



« The shared objectives of the hospital community for the coming years are to maintain a high standard of patient care, to uphold the human values of welcome and compassion, and to support the spirit of innovation that defines the CHPG.»

A special moment to outline our ambitions

Stéphane Sweertvaegher, Operations Director



« The development of the 2025–2030 institutional strategic plan was a special moment in which, collectively, we defined the ambitions of our hospital for 2030 and the concrete actions that will allow us to achieve them. These ambitions naturally focus first and foremost on patients' care, as well as their families, but also extends to the entire hospital community and our social and environmental responsibilities. »

2030 AMBITION

The CHPG structures its future with an ambitious institutional strategic plan

A collective effort made up of workshops and study visits

Pr Guillaume Benoist, Associate Head of the Maternity Ward



« We were given a fairly defined roadmap, but at the same time one that left enough room for expression and for development, in fact, the desire to design a collaborative institutional strategic plan. All the workshop activities culminated in a one-day seminar. This allowed exchanges between the different members, workshops, discussions, and each group was able to present to their colleagues the outcome of their creativity. »

« Each group consisted of around ten professionals, and the aim was to address a question moving from the general to the specific, with four main work streams gradually leading to the development of a coherent project within each of these areas. Then, we had to provide actions that proposed how to carry these projects through to completion. »

« On a personal level, I visited the Geneva Hospital, which made a lot of sense, simply because we have a relatively similar population. Also, one of the key features of the Geneva Hospital was that it was rebuilt in phases, partially reconstructed within the city, much like in Monaco. This allowed us to see the tools that had been developed to build a new hospital while continuing normal operations without complete interruption, since the reconstructed hospital was built adjacent to the old one, which is exactly our case. »

Optimising our work tool

Dr. Diane Lazard, ENT Department Head



« It is an exceptional opportunity to work with colleagues from all specialties and all professions, to look ahead and envision the future of our hospital, our work tool which is already a very, very fine facility and will become even better. Thanks to this project, it will continue to improve.»

«The CHPG is already a wonderful work tool, and the workshops highlighted both the high level of technical expertise present in the hospital and its human dimension. It will only shine even more in its new facilities.»

A PROJECT BUILT AROUND 4 AMBITIONS

Acting to Improve public health

Innovating and striving for excellence in patient care

Standing out through the quality of patient and professional experiences

Affirming our social and environmental commitment

For further information
about the institutional strategic plan



CONTINUING THE TRANSFORMATION OF OUR HEALTHCARE SERVICES ◇

In what way does 2025 mark a key milestone in the transformation of healthcare services at the CHPG?

Malik Albert: 2025 represents a key milestone because it is part of a dynamic transformation that is already underway, which we are continuing and intensifying. The transition to the new hospital requires us to fundamentally rethink our organisation, our care pathways, and the way we work together.

At the same time, we are continuing to modernise healthcare services, both technologically and in terms of quality, coordination, and clarity for patients. This development is also supported by the renewal of medical teams, with the arrival of new department heads in major disciplines such as surgery and oncology, further strengthening the CHPG's expertise.

In practical terms, how is this transformation reflected in patient care?

M.A: The transformation of clinical services is first and foremost reflected in more structured, personalised, and anticipatory patient pathways. In surgery in particular, we prepare examinations in advance, organise hospital care, and quickly define the most appropriate therapeutic strategy. The objective is clear: to reduce unnecessary back-and-forths, streamline pathways, and improve coordination between teams. Today, more than

800 day-hospitalisations are dedicated to these pathways, compared with only 22 in 2022.

This represents considerable time saving for both patients and professionals, and a crucial factor for improving the quality of medical decision-making.

What are the main drivers for continuing this transformation of the healthcare services?

M.A: Therapeutic and technological innovation remains an essential driver, with the development of robotic surgery, the modernisation of interventional cardiology, electrophysiology, and nuclear medicine, as well as consideration as to the contribution of artificial intelligence.

However, transformation also relies on a strong collective force.

The new hospital will support this evolution by promoting smoother care pathways, specialised tracks, and improved coordination, at the service of a modern, humane, and patient-centred healthcare system.



“2025, a key step”

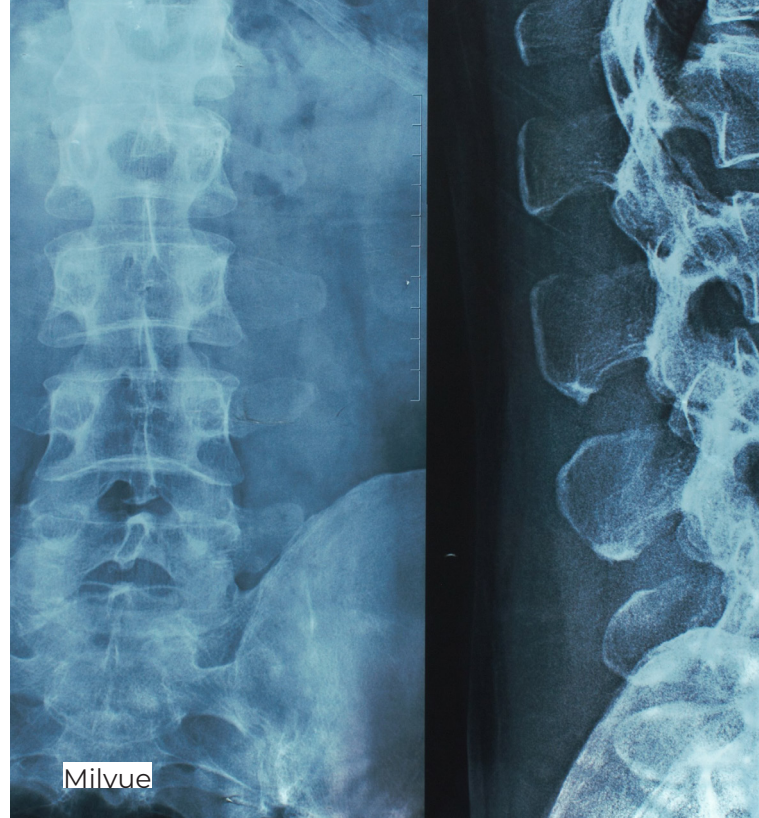
Malik ALBERT

Assistant Director

Department of Financial Affairs



Decibel monitor



Milvue

How artificial intelligence supports healthcare

Our primary ambition is to improve the quality of patient care, while supporting our professionals in their daily challenges.

Artificial intelligence represents in this case, a major opportunity: it allows us to optimise care pathways, streamline logistical processes, and reduce administrative tasks such as scheduling or procurement management.

The context of the new CHPG, designed to encourage innovation, provides an ideal opportunity to integrate AI into our tools and organisational processes to meet these challenges.

Several concrete solutions are already deployed in the CHPG:

- **“Decibel monitor”**: a non-intrusive monitoring system for long-stay patients that automatically alerts caregivers in case of falls or abnormal situations
- **Diagnostic support tools in imaging**, particularly for analysing MRI scans, fractures, and mammograms
- **Automatic document translation** into five languages (English, Spanish, Italian, Portuguese, and Russian), helping to reduce anxiety and improve prescription understanding...
- **Sphinx AI**, which analyses verbatim and answers from patient satisfaction surveys
- **SMARTOP**, for operating theatre planning and skills management within surgical blocks

Consequently, artificial intelligence has very promising prospects in healthcare. However, its deployment must be accompanied by constant vigilance regarding ethical issues and data protection, as well as support for staff to understand and adopt AI-based digital tools.

To this end, we work closely with:

- the Data Protection Officer (DPO), in liaison with the Data Protection Authority,
- and the Chief Information Security Officer, in connection with the Monaco Digital Security Agency, to ensure the highest level of security for health data and to guarantee that every solution deployed strictly complies with applicable laws and regulations.



EQUIPEMENT & INNOVATION

Can you tell us about the biomedical acquisitions in 2025?

Habib Benhama: 2025 was a particularly dynamic year in terms of biomedical acquisitions. We crossed an important milestone in nuclear medicine this summer with the installation of two new gamma cameras, one of which was 3D. They are distinguishable by their high-performance imaging, combining precision, speed, and patient comfort. These next-generation devices optimise image quality while reducing radiation doses and significantly shortening examination times—sometimes by a factor of three for certain pathologies.

We have also undertaken the modernisation of the mother-child unit, particularly in neonatology and maternity, through the renewal of monitoring devices, delivery beds, and neonatal resuscitation tables. These structural investments illustrate our commitment to maintaining a high technological standard across all departments.

2025 was a transitional year ahead of the opening of the NCHPG: the equipment plan focused on departments not involved in the first phase of the move, while services included in phase 1 of the NCHPG move will benefit from a major renewal of their medical equipment upon integration into the new building.

Why are these acquisitions important?

H.B: They are essential for maintaining a high

technological standard at the CHPG. They directly contribute to the quality of care by providing teams and patients with cutting-edge technologies that are more efficient, safer, and more comfortable.

What are the main innovations planned for the NCHPG?

H.B: The NCHPG will benefit from numerous technological innovations:

- A 3 Tesla “helium-free” MRI. This equipment requires only 7 litres of helium compared to the usual 1,500 litres, this significantly reduces environmental impact. The CHPG will be among the very first sites worldwide to use this innovative equipment.
- A spectral CT scanner in the emergency department, improving image quality while reducing the use of contrast agents and shortening examination times.
- In interventional cardiology, our theatres will be equipped with AI-assisted systems designed to optimise procedures, reduce radiation doses, and enhance procedural efficiency.

These innovations will also benefit the laboratory and operating theatres, which will have a state-of-the-art technical platform. The NCHPG will thus be a hospital at the forefront of technology, serving both patients and healthcare professionals.

The NCHPG is an ambitious, collective project that involves all teams. It is a major challenge but the result will live up to expectations: a modern, high-performance hospital, turned towards the future.

Innovations at the NCHPG?

Yann Morvezen: This year, we carried out a major project in collaboration with the Information Systems Department and the Biomedical Service for the acquisition of a video management solution for all operating theatres ready for the opening of the new hospital. This is a particularly innovative project, providing an all-in-one integrated solution for video management in the operating theatre.

This system will offer numerous benefits: real-time access to video streams and patient information, displayed on large screens installed in each theatre, and secure recording and archiving of procedures. Practitioners will also be able to review images afterward for training, analysis, or research purposes.

The system also includes a communication component: it will be possible to broadcast an operation live (via streaming or videoconference) to an amphitheatre or to other hospitals. This educational dimension opens up interesting prospects for teaching and inter-hospital collaboration.

How does it work in practice?

Y.M: The system is based on cameras mounted on the surgical lights, complemented by large screens and secondary monitors attached to mobile arms. This allows surgeons to have constant access to the images, no matter where they are in the theatre. Special cameras will also be deployed depending on the specialty. Overall, the system remains consistent and user-friendly, with a common interface adapted to the needs of each discipline.

Which areas will be equipped?

Y.M: All 15 operating theatres in the new hospital will be fitted. Until now, only the endoscopy unit had a similar setup. The opening of the new hospital allows us to extend this technology to all theatres, representing a major advancement in our technical and digital environment.



Habib BENHAMA
Hospital Engineer
Biomedical Department



Yann MORVEZEN
Assistant Director
Material Ressource Department

Is this technology common today?

Y.M: Video management is gradually being adopted in new hospital architectural programmes in France. The NCHPG will be among the pioneering institutions with full coverage of its operating theatres. Few hospitals in France currently have such comprehensive equipment – it is still an emerging market but one expected to grow rapidly.

In future, this technology could also open opportunities in medico-legal applications, allowing traceability and secure storage of recordings, though we are not yet at that stage.

What is the demand from practitioners?

Y.M: It is very high. Surgeons express a real need for reliable, integrated video tools, whether for ease of use in the operating theatre, traceability, or the ability to analyse and make the most of images after procedures.

Which disciplines will be involved?

Y.M: All surgical disciplines operating in the theatres.

In summary

Y.M: This video management project represents a major advancement for the NCHPG. It positions the hospital among the most innovative institutions in operating theatre technologies, serving the quality of care, medical training, and the safety of surgical practices.



TESTING, COMPARING, DECIDING ◇

An active testing and selection phase for the future building

The past year marked an important milestone in the furnishing of the new NCHPG building. After several months of preparation, a particularly active phase of demonstration and equipment trials took place, involving all practitioners and staff across the hospital.

Following 57 tenders issued by the Equipment Resource Department, 32 suppliers responded positively and provided their equipment for evaluation.

The management team wanted to involve the relevant staff in selecting the equipment and furniture that will make up their future work environment. As such, items — including stretchers, patient room furniture, small medical devices, and office furniture — were displayed in the NCHPG staff parking area, allowing everyone to see and test them.

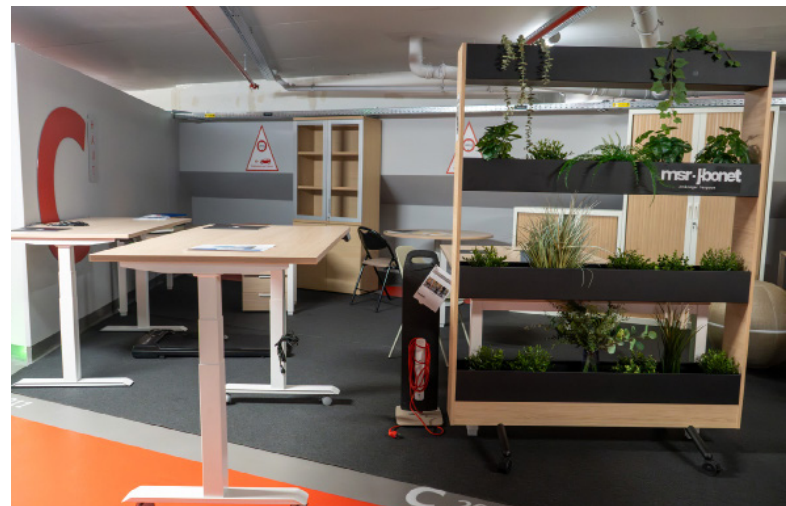
In parallel, additional trials were conducted directly within care units, particularly for

hospital beds, outpatient chairs, medication carts, and emergency trolleys.

A model treatment room was also used as an experimental space to replicate real working conditions.

The goal of this participatory approach was clear: to involve all teams in the selection of equipment for the new building, ensuring comfort, efficiency, and ergonomics for both staff and patients.

Finally, a dedicated review committee, made up of around twenty professionals who had been involved in the project since the drafting of the specifications, carried out a thorough evaluation of the furniture in their areas of expertise, contributing to collaborative and sound decisions for the future of the NCHPG.



CLINICAL RESEARCH

Clinical research is one of the core missions of the Princesse Grace hospital. It may take several forms:

- Patient participation in interventional studies with a direct individual benefit
- Patient participation in studies without direct benefit, but with expected benefits for future patients with similar conditions
- Patient participation in observational studies, such as cohort studies or registries
- Indirect patient participation through retrospective data collection

The clinical research team, composed of a physician and four clinical research associates, works in close collaboration with CHPG professionals as well as numerous external collaborators, including the Monegasque regulatory authorities, study sponsors, and a wide range of academic and industrial partners.

In 2025, our team worked on 52 studies (41 academic and 11 industry-sponsored).

Among these, 13 were launched in 2025, 18

were initiated prior to 2025 and still include patients, 11 completed their inclusion phase and are currently in the follow-up stage, and 10 are pending closure or were closed during this year. In total, more than 200 patients were enrolled in our studies this year.

For many years, the CHPG has collaborated with the Centre Scientifique de Monaco (CSM), which annually organises a clinical research call for proposals open to all healthcare institutions in Monaco.

In 2025, the CSM awarded €100 375 in funding for the upcoming ENDOTEP project, which will evaluate an additional preoperative assessment tools to better target lesions prior to endometriosis surgery.

The CSM also provided €34 961 to support the CHPG's participation in the international multicentre study CIRCULATE III, which aims to refine decision making regarding adjuvant chemotherapy by using circulating tumour DNA in patients with stage III colorectal cancer.

Clinical research in the spotlight

The CHPG applauded the publication of the international ALCHEMIST trial in The Lancet, led by Professor Patrick Rossignol, Head of the Department of Medical Specialties.

Initiated by Brest University Hospital and later extended to Belgium and the Principality of Monaco, this study demonstrates the feasibility of conducting such trials in haemodialysis patients who are at a high cardiovascular risk.

This project, conducted for more than ten years at the CHPG by the teams from the Medical Specialties Department and Clinical Research, received support from the Centre Scientifique de Monaco.

According to Professor Rossignol, the results highlight *"the need to continue randomised trials with a high level of evidence"*. ALCHEMIST demonstrates that such trials are feasible, including in haemodialysis patients at high cardiovascular risk, within an academic framework supported by the FCRIN INI-CRCT network.»

The topics selected for study opened in 2025 are very diverse:

Cardiology:

- Evaluation of a mapping system used with a specific ablation catheter in the treatment of atrial fibrillation
- Evaluation of clinical experience using a new mapping system in patients with persistent atrial fibrillation

Digestive Surgery:

- Evaluation of robotic surgery practices

Dermatology:

- Evaluation of real-world effectiveness of Deucravacitinib in patients with moderate-to-severe psoriasis plaques
- Evaluation of systemic treatment for moderate-to-severe atopic dermatitis

Geriatrics:

- Evaluation of the effects of DCS on psychotic symptoms in Lewy body disease and the impact on the burden of caregivers.

Haematology:

- Evaluation of real-world use and effectiveness of Zanubrutinib in the treatment of chronic lymphoid leukaemia

Neurology:

- Description of patients presenting serum IgG-MOG and criteria suggestive of multiple sclerosis

Psychiatry:

- Evaluation of the effectiveness of repetitive transcranial magnetic stimulation combined with traumatic memory reactivation in patients with treatment-resistant post-traumatic stress disorder

Radiotherapy:

- Study of the impact of individual radiosensitivity on late toxicities of radiosurgery in essential trigeminal neuralgia.

Rheumatology:

- Study on the initiation of Bimekizumab in patients with spondyloarthritis
- Study on the initiation of Bimekizumab in patients with axial spondyloarthritis
- Evaluation of intra-articular platelet-rich plasma injections in symptomatic knee osteoarthritis

INTERNATIONAL COOPERATION



This programme, launched in 2010 between the healthcare institutions of Monaco and the Princely Government through its Directorate of International Cooperation (DCI), aims to establish structured partnerships with public healthcare institutions in countries aligned with Monaco's cooperation policy. It fits within the overall strategy of Monegasque Cooperation in support of Health.

MISSIONS UNDERTAKEN IN 2025

Agynaecological and breast laparoscopic surgery mission at the Centre Hospitalier National de Pikine in Dakar from 23rd to 28th June 2025 with Dr Marie-Christine Missana, Dr Jacques Raïga, Mr Manuel Schnitzer, and Ms Bénédicte Delaboudinière. Surgeries were performed alongside their Dakar-based counterparts, with the highlight being the launch ceremony of the breast surgery sentinel lymph node project in partnership with Monaco, held at the Faculty of Medicine in the presence of the Dean.

A biomedical equipment maintenance mission in Madagascar with Mr David Derache (biomedical technician) and Ms Fanny Bertrand

(biomedical technician) unfortunately had to be postponed to 2026 due to social unrest (demonstrations).

HEALTH PROFESSIONAL HOSTING DURING 2025

Mr Moussa LY, a biomedical technician from the CHN de Pikine (Senegal), visited in July 2025. This placement allowed him to become familiar with the organisation and working methods of the CHPG (formerly GMAO), to promote exchanges and skills transfer. Particular attention was given to the endoscopy towers in preparation for the sentinel lymph node project in Dakar.

ASSOCIATIONS PARTNERS CLOSE TO HEART





First aid training workshops for infants and young children

As part of its commitment to family safety and prevention, the Monégasque Red Cross, under the vice-presidency of H.S.H. Princess Charlene, launched in partnership with the CHPG, a programme of first aid workshops aimed at parents of infants and young children.



All united in the fight against cancer

In celebration to Pink October, breast cancer awareness month, the longstanding partner associations : Ecoute Cancer Réconfort Monaco, Jatalv and Pink Ribbon Monaco, hosted information stands every Wednesday alongside CHPG professionals, in addition to their year-round support and activities with patients.



L'AS Monaco supports the CHPG

Both the football and basketball clubs provide support throughout the year, whether for the Paediatrics department or blood donation drives.



Chien de coeur

The association's volunteers, accompanied by their dogs, visit the residents of A Quietüdine and Cap Fleuri each week, as well as the patients at the Rainier III Centre.



Entre Parents : Monaco's first network created by parents for parents

This parenting network is a key partner of the CHPG, working hand in hand with the Maternity and Paediatrics departments to strengthen the connection between the community and the hospital.



Les smileys

The association "Les Smileys Monaco", highly committed to supporting children and individuals, is present in the paediatric emergency department one Wednesday each month.

Through fun and friendly activities, the association's volunteers help facilitate communication between the healthcare team and patients/families.



Monaco Liver Disorder

The association provides essential support to children and their families, particularly during festive periods, by giving gifts to hospitalised children.



THANK YOU TO OUR BENEFACTORS

Thanks to their steadfast support, 2025 saw the various private funded projects come to fruition

Thank you to Mr and Mrs Jean and Angela Garavagno

Their donation enabled the creation of a terrace for patients in palliative care.

This outdoor space, much appreciated by both patients and their families, offers a moment of respite during their care. It also allows the staff of the four-bed unit to support the patients and spend time with them, providing opportunities for informal exchanges.

The generous donors, Mr and Mrs Garavagno, attended the inauguration on 25th June 2025 and shared a convivial moment with the teams.



The CHPG wishes to pay tribute to Mr Jean Garavagno, who passed away in November 2025.

A devoted benefactor, his commitment and generosity contributed significantly to the development and mission of our hospital.



Mr Dmitry Rybolovlev funded the acquisition of the Smartspeed artificial intelligence module, which enhances the performance of the CHPG's MRI. This advancement significantly reduces examination times while increasing image resolution, thereby enabling faster and more accurate diagnoses.

Sir Lord Laidlaw financed two innovative pieces of equipment for cancer care:

- A surface-guided radiotherapy system, improving exposure precision during patient treatment.
- Equipment enabling the treatment of skin cancers that were previously inoperable due to patients' medical restrictions.

Sir Stelios Haji-Ioannou, President and Founder of the Stelios Philanthropic Foundation, funded the creation and fitting of a connected housing simulator for maintaining independence.

Save Us and Children & Future financed the acquisition of two essential pieces of equipment for the Paediatric Department : a vein detector and a double cot, designed to facilitate the care of newborns.

TEAM LAFAGE for Les Marinières en Rose

The 4th edition of Les Marinières en Rose brought together nearly 500 participants and enabled the presentation of a cheque to the CHPG, which will help fund supportive care for women undergoing cancer treatment, including psychological support, adapted physical activity, and aesthetic and well-being care.

We sincerely thank all our donors for their generosity this year.

The funds raised will help finance projects essential to the development and improvement of CHPG services, including:

Femmes Leader Mondiales Monaco

Mme Wilma Laemmle-Steimetz

M. et Mme Amedeo et Petrina Tedeschi

M. Matteo de Nora

M. le Consul Général Honoraire Jean-françois Noaro

Madame Tina Zegg

SUPPORT OUR PROJECTS

Through the foundation Les Amis du CHPG, whose mission is to make the latest medical innovations accessible and to enable:

- Access to cutting-edge equipment
- Access to therapeutic innovations

fondationdesamischpg@chpg.mc

Through a direct donation to the CHPG in order to:

- Support the quality of care and the comfort of patients and staff
- Provide targeted assistance to specific departments or for the management of particular conditions
- Support research
- Support training and medical education
- Make a legacy gift

direction.chpg@chpg.mc

Our donation register is available to allow you to view and choose to dedicate your gift to one of the many innovative projects selected by our medical teams.



FOUNDATION DES AMIS DU CHPG

Founded in 2013, this association, presided over by H.S.H. Princess of Hanover, aims to support the implementation of innovative solutions in patient care and medical services at the CHPG, specifically by:

- Promoting the development of new techniques,
- Supporting the acquisition of state-of-the-art equipment,
- Participating in the funding of projects and innovations aligned with its mission, either directly or indirectly through the engagement of donors or sponsors.

GRACE PENN MEDICINE PARTNERSHIP

In April 2013, Patrick BINI, Director of the Princesse Grace hospital and the Dean of the University of Pennsylvania* (UPENN), Larry Jameson, signed a partnership agreement aimed at developing exchanges between the two institutions across various medical specialties (notably cardiology, surgery, and oncology).

The purpose of the agreement is to promote mutual cooperation in education, research, and clinical care programmes, specifically in the following areas:

- Exchanges of students and physicians for training or advanced knowledge acquisition;
- Transfer of expertise and technology;
- Exchange of research information, potentially extending to the implementation of joint research protocols.

For further information:

Dr Gilles CHIRONI

GRACE – PENN MEDICINE

1 avenue Pasteur - 98012 MONACO

Pour en savoir plus : <http://www.upenn.edu/>

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