

PROGRAM

ANNUAL CONGRESS OF THE SWISS SOCIETY OF SENOLOGY



Thursday
24.09.2026

MIBB Symposium
Messe & Congress Center Basel

Friday
25.09.2026

Congress of the Swiss
Society of Senology
Messe & Congress Center Basel

Congress Secretariat
nicole@meetingcom.ch

Registration open on
www.meetingcom.ch/Conferences & Meetings

1 TABLET ONCE DAILY

ORSERDU®
elacestrant

**SL/LS
listed⁴**



#1 in ESR1m

ORSERDU® is the first new-generation oral SERD approved für ESR1 mutations^{1,6}

Exploratory post-hoc analysis:

8,6 months of mPFS

in patients with ER+/HER2- mBC with an ESR1 mutation following ≥ 12 months of prior ET + CDK4/6 inhibitor therapy (n=159)^{2}**

* Swissmedic approval June 2024. ORSERDU® is used as monotherapy for the treatment of postmenopausal women with estrogen receptor (ER)-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1 mutation whose disease has progressed after at least one line of endocrine therapy combined with a CDK 4/6 inhibitor.¹

** mPFS ORSERDU® vs. SOC of 8.6 vs. 1.9 months (HR=0.41; 95% CI: 0.26-0.63). Exploratory post-hoc analysis of the mPFS of the EMERALD study² based on the duration of the prior CDK4/6i treatment (n=159).² The results are descriptive in nature, but do not provide conclusive evidence with regard to efficacy. They are not controlled for type I errors and require careful interpretation. Low patient numbers can limit subgroup analyses and could represent incidental findings.

Primary endpoint of the EMERALD study in patients with an ESR1 mutation (n=228): mPFS ORSERDU® vs. SOC of 3.8 vs. 1.9 months (HR=0.55; 95% CI: 0.39-0.77; p=0.0005).³ | § New generation defined by oral application: Compared to the i.m. injection of fulvestrant, ORSERDU® offers a tablet formulation that simplifies therapy.

1. **ORSERDU® (elacestrant)** Swiss Professional Information, <https://sm-ip.ch/p/69417001>. Status 01/2024. 2. **Bardia A** et al. Elacestrant in ER+, HER2- MBC with ESR1-mutated tumors: Subgroup Analyses from the Phase III EMERALD Trial by Prior Duration of Endocrine Therapy Plus CDK4/6 Inhibitor and in Clinical Subgroups. Clin Cancer Res 2024;30(19):4299-4309 (incl. Suppl.). 3. **Bidard FC** et al. Elacestrant (oral selective estrogen receptor degrader) Versus Standard Endocrine Therapy for Estrogen Receptor-Positive, Human Epidermal Growth Factor Receptor 2-Negative Advanced Breast Cancer: Results From the Randomized Phase III EMERALD Trial. J Clin Oncol 2022;40(28):3246-3256. 4. **Specialties list (SL/LS)** of the Federal Office of Public Health (BAG), <https://sl.bag.admin.ch/sl>. **Literature on request.**

Swiss Professional Information¹
ORSERDU® (elacestrant)



**Learn
more**



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Stemline®

A Menarini Group Company

Stemline Therapeutics Switzerland GmbH
Grafenaustrasse 3, CH-6300 Zug
phone: +41 41 710 01 16
medicalinformation@menarinistemline.com

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Invitation

Welcome to the 2026 Annual Congress of the Swiss Society of Senology!

It is our great pleasure to invite you to the 2026 the Annual Congress of the Swiss Society of Senology. As in previous years, this event will bring together the MIBB Practical Course, the MIBB Symposium, and the Annual Congress within a single, comprehensive meeting.

The scientific program has been carefully designed to foster interdisciplinary exchange and open dialogue, addressing the latest developments and challenges in breast cancer care. A distinguished panel of international speakers, alongside leading Swiss experts, will share their insights and present the most recent advances, offering participants a truly engaging and globally oriented learning experience.

The meeting will commence on September 23 with the MIBB Practical Course at Universitätsspital Basel. The following day will feature the MIBB Symposium, focusing on advances in radiological assessment, minimally invasive breast procedures, and pharmacoprevention following a B3 diagnosis.

The main congress will then take place over two days, covering a broad spectrum of topics, including current issues in breast radiology, novel neoadjuvant treatment strategies, the management of rare tumors, de-escalation approaches in loco-regional therapy, and cost-effectiveness in breast cancer care.

We look forward to welcoming colleagues from across the breast care community to what promises to be an engaging and inspiring meeting.



Prof. Dr. med. Zsuzsanna Varga



PD Dr. med. Simone Schiaffino

General information

Congress venue MIBB Symposium & SSS congress

Thursday 24 & Friday 25 September 2026

Messe & Congress Centre Basel

Messepl. 21, 4058 Basel

Registration & Congress Secretariat

Meeting.com Congress Organisation

Rue des Pâquis 1

CH-1033 Cheseaux-sur-Lausanne

T 021 312 92 62

nicole@meetingcom.ch

Online registration on www.meetingcom.ch



Certificate of attendance

The certificate of attendance together with the link for the authorized lectures will be sent by mail after the congress.

Language/Lectures

The language of the congress is **English**

General information

Credits in demand to

Swiss Society of Radiology (SSR)

Swiss Society for Gynaecology and Obstetrics (SGGG)

Swiss Society of Surgery (SSC)

Swiss Society for plastic, reconstructive and aesthetic surgery (SGPRAC)

Swiss Society of Pathology (SGPath) as expanded continuing education

Swiss Society of Medical Oncology (SSMO)

Swiss Society for Radiation Oncology (SSRO)

Posters

The abstracts accepted as posters will be presented during the congress

Dimensions of posters: height 120 cm x width 90 cm (portrait)

Deadline: August 23, 2026

SGS/SSS Poster Award

Poster presentations will take place on Thursday, September 24, 2026 from 15.00-16.00, during the coffee break.

The Awards Ceremony will take place during the Networking Dinner on Thursday evening 24 September 2026.

Industrial Exhibition

An industrial exhibition will take place at the Congress venue on Thursday 24 and Friday 25 September 2026.

General information

Registration fees

Early

until 30.06.26

Regular

until 01.09.26

Late & Onsite

as from 02.09.26

MIBB & CONGRESS SSS

September 24-25, 2026

Messe & Congress Centre Basel

SSS MEMBER	CHF 360.00	CHF 420.00	CHF 490.00
*Young SSSenologists Members	CHF 260.00	CHF 320.00	CHF 360.00
SSS NON-MEMBER	CHF 450.00	CHF 510.00	CHF 590.00
Assistant Doctor	CHF 260.00	CHF 320.00	CHF 380.00
Student/BCN	CHF 220.00	CHF 270.00	CHF 320.00

*** Prerequisite is membership of the SSS with indication of date of birth (under 40 years old)**

1 day participation : 50 % of the above-mentioned fees / registration **onsite** only

NETWORKING DINNER – September 24, 2026, 18.30

Volkshaus Basel

Rebgasse 12-14

4058 Basel

CHF 120.00

Registration fees include

Attendance & certificate of participation for the chosen events; coffee breaks & lunch according to the program. In case of cancellation 30 days prior to the event, course costs will be refunded, minus an administration fee of CHF 60.00. Thereafter no refund is possible. Please remember to pay the “early bird fee” by the 30th of June, otherwise the invoice will automatically update to the price valid as of 1st July onwards.

Workshop – Endomag

NAVIGATING THE FUTURE: MAGTRACE – A SIMPLE SOLUTION FOR SENTINEL NODE DETECTION IN BREAST CANCER

Discover how Magtrace simplifies sentinel lymph node biopsy in breast surgery. Dr. Stefan Paepke will share his clinical experience with the latest generation of Sentimag and Magtrace and demonstrate how magnetic tracer technology enables flexible, radiation-free, and patient-friendly staging.

During this interactive workshop, you'll also have the opportunity to test the system yourself and gain hands-on experience with Magtrace and Sentimag. Take this chance to exchange ideas with colleagues and learn more about integrating the technology into your daily clinical practice.

Registered conference attendees are cordially invited to participate in the Hologic Hands-On Workshop:

Thursday, September 24, 2026, 12:30–1:15 p.m.
“Boston 3” Room

Scan the QR code to register for the workshop.
<https://cvent.me/w0D13Z>



MIBB Symposium

MESSE & CONGRESS CENTRE BASEL

Thursday, September 24, 2026

08.00 **Registration**

09.00-09.05 **Welcome**
Nadja Mamisch-Saupe, Zurich

09.05-12.00 MIBB Symposium ROOM BOSTON 1-2
PART 1 Chairs: Nadja Mamisch-Saupe, Zurich; Martina Maranta, Chur

09.05-09.25 [Traditional vs AI imaging-based stratification tools](#)
Simone Schiaffino, Lugano

09.25-09.45 [A personalized approach to breast cancer screening](#)
Corinne Balleyguier, Villejuif (FR)

09.45-10.10 [The future breast cancer screening in Switzerland](#)
David Ehlig, St. Gallen

10.10-10.40 Coffee break

PART 2 Chairs: Constanze Elfgen, Zurich; Noemi Schmidt, Basel ROOM BOSTON 1-2

10.40-11.00 [CEM-guided MIBB procedures](#)
Chiara Bellini, Florence (IT)

11.00-11.20 [Patients selection for cryoablation](#)
Irene Winzeler-Joerger, Winterthur

11.20-11.40 [Pharmacoprevention after a B3 diagnosis](#)
Rosaria Condorelli, Locarno

11.40-12.00 [Endoscopic minimally invasive breast surgery](#)
Christoph Tausch, Zurich

12.00-13.25 Lunch

Thursday, September 24, 2026

12.30-13.20 Young Senologist Network Lunch

ROOM BOSTON 1-2

Chair: Liliana Castrezana, Baden

12.30-12.50 **Beyond the Operating Table: Mastering the Mentee-Mentor Relationship**
Isabella Karat, Frimley (UK)

12.50-12.55 **Discussion**

12.55-13.15 **Breast cancer care in a resource limited setting: a Malaysian perspective**
Visalini Sanmuganchandran, Putrajaya (MY)

13.15-13.20 **Discussion**

12.30-13.15 Workshop Endomag

ROOM BOSTON 3

Navigating the Future: Magtrace – A Simple Solution
for Sentinel Lymph Node Detection in Breast Cancer



Registration:

<https://cvent.me/w0D13Z>

endomag
A Hologic Company

Thursday, September 24, 2026

13.25-13.30 **Welcome**
Zsuzsanna Varga, Zurich

13.30-15.00 SESSION 1

ROOM BOSTON 1-2

Hot topics in breast radiology

Chairs: Gunilla Müller, Zurich; Noemi Schmidt, Basel

13.30-13.50 What is the prize of Breast Cancer and what is the consequence of not doing Breast Cancer Screening?
Andreas Gutzeit, Schaffhausen

13.50-14.10 ACR d: «Risk-Diagnostics, what is the actual state of the art?»
Daniela Schwegler, Aarau

14.10-15.00 Oxford debate: MRI or CEM preoperatively?

14.10-14.30 **Pro MRI**
Pascal Baltzer, Vienna (AT)

14.30-14.50 **Pro CEM**
Chiara Bellini, Florence (IT)

14.50-15.00 Panel discussion & voting

15.00-16.00 Coffee break and poster walk

Thursday, September 24, 2026

16.00-17.30 **SESSION 2**

ROOM BOSTON 1-2

Novel neoadjuvant strategies and impact on locoregional treatments

Chairs: Claudia Rauh, Zurich; Khalil Zaman, Lausanne

- | | |
|-------------|---|
| 16.00-16.18 | Practice-Changing Evidence? What NSABP B-51 Means for Our Patients
Paula Tsoutsou, Geneva |
| 16.18-16.36 | Clinical Trial Landscape in Breast Cancer: 2026 Update from Switzerland
Marcus Vetter, Basel |
| 16.36-16.54 | Assessing Minimal Residual Disease in the Axilla: Evidence and Evolving
Isabell Witzel, Zurich |
| 16.54-17.12 | From Scan to Strategy: Using Imaging to Tailor
Neoadjuvant Treatment Intensity
Rami Hajri, Lausanne |
| 17.12-17.30 | Post-Neoadjuvant Biomarkers: Integrating Dynamic Ki-67
into Risk Stratification
Oleg Gluz, Mönchengladbach (DE) |

17.45-18.15 **General Assembly SSS/SGS**

ROOM BOSTON 1-2

As of 18.30 **Networking Dinner & Awards Ceremony**

VOLKSHAUS BASEL

Friday, September 25, 2026

07.30

Registration

08.30-10.00 SESSION 3

ROOM BOSTON 1-2

Diagnostic and management of rare tumors

Chairs: Tatjana Vlajnic, Basel; Rosaria Condorelli, Locarno

08.30-08.48 Role of molecular pathology in rare tumors

Simone Müntz, Basel

08.48-09.07 ALCL update and challenges

Sora Linder, Zollikerberg

09.07-09.25 Non-epithelial solid malignances of the breast: sarcomas and beyond

Nickolas Peradze, Lugano

09.25-09.42 Apocrine carcinoma - nightmare for oncologists

Anton Oseledchyk, Basel; Yasmine Lahoubi, Basel

09.42-10.00 «ER low» How to treat?

Benedetta Campana, Lucerne

10.00-10.30 Coffee break

10.30-12.00 SESSION 4

ROOM BOSTON 1-2

De-escalation of loco-regional therapy in breast cancer

Chairs: Cornelia Leo, Baden; Kavitha Däster, Zurich

10.30-10.55 Omitting Sentinel Lymph Node Surgery: The Surgeon's Perspective

Thorsten Kühn, Filderstadt-Bonlanden (DE)

10.55-11.20 De-escalation of radiotherapy in light of recent studies

Günther Gruber, Zurich

11.20-12.00 Oxford debate: Are there still indications for mastectomy in 2026?

11.20-11.35 Pro

Alessia Lardi, Chur

11.35-11.50 Contra

Andreas Karakatsanis, Uppsala (SE)

11.50-12.00 Discussion & voting

Friday, September 25, 2026

12.00-13.30 Lunch break

12.30-13.15 Sponsored satellite by AstraZeneca

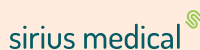
ROOM BOSTON 1-2



Endocrine Sensitivity and Resistance in
HR+/HER2- Metastatic Breast Cancer: Where are we (going)?
Elena-Diana Chiru, Basel

12.30-13.15 Workshop Sirius Medical

ROOM BOSTON 3



From breast biopsy to surgery: Optimizing the patient
journey with contrast-enhanced mammography (CEM)

12.30-13.00 CEM Before Neoadjuvant Therapy: Who, When and Why?

Malwina Kaniewska, Zurich

Targeted axillary management: The value of early Pintuition marker placement
Thorsten Kühn, Filderstadt-Bonlanden (DE)

Breast surgery: Enhancing navigation and margin assessment with Pintuition
Cornelia Leo, Baden

13.00-13.15 Hands-on workshop covering biopsy techniques, marker placement, and marker-guided breast surgery using breast models

13.30-15.00 SESSION 5

ROOM BOSTON 1-2

Cost effectiveness

Chairs: Alessia Lardi, Chur; Martina Maranta, Chur

13.30-13.52 Cost effectiveness of hypofractionation

Marcela Blatti, Bern

13.52-14.14 Cost effectiveness in breast reconstruction

Dorrit Winterholer, Lucerne

14.14-14.36 Cost effectiveness in new oral SERDs and CDK inhibitors in the adjuvant setting

Thomas Ruhstaller, St. Gallen

14.36-15.00 Day case breast cancer management, is it the future?

Isabella Karat, Frimley (UK)

15.00

Farewell

MACHEN SIE AUS ..
*Was wäre
wenn ...*

... WISSEN
WAS IST

Fragen Sie sich nicht mehr
„**Was wäre wenn**“ und finden Sie
heraus „**Was ist**“, indem Sie die
individuelle Tumorbiologie Ihrer
Patientin verstehen.



Personalisieren Sie
jede Chemotherapie-
Entscheidung¹⁻⁹

Mehr Informationen:
oncotypedxtest.ch

Der Oncotype DX Breast Recurrence Score® Test
Klarheit bei der Therapieentscheidung

Referenzen:

1. Sparano et al. *N Engl J Med*. 2018. 2. Sparano et al. *NEJM Evidence*. 2024. 3. Paik et al. *N Engl J Med*. 2004. 4. Paik et al. *J Clin Oncol*. 2006. 5. Geyer et al. *npj Breast Cancer*. 2018. 6. Kalinsky et al. *N Engl J Med*. 2021. 7. Albain et al. *Lancet Oncol*. 2010. 8. Dowsett et al. *J Clin Oncol*. 2010. 9. Sparano et al. *N Engl J Med*. 2019.

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**EXACT
SCIENCES**

Notes

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A strong first move

Itovebi® in der 1. Linie*

**INAVO120: Signifikanter
Überlebensvorteil durch Itovebi® 2,3,****

+7 Monate mOS

34,0 vs. 27,0 Monate

HR = 0,67 (95 % KI: 0,48 – 0,94; $p = 0,0190$)

>2× mPFS

15,0 vs. 7,3 Monate

HR = 0,43 (95 % KI: 0,32 – 0,59; $p < 0,0001$)



HER2 = Humaner epidermaler Wachstumsfaktor-Rezeptor 2-negativ; **HR**: Hazard Ratio; **HR+**: Hormonrezeptor-positiv; **KI**: Konfidenzintervall; **mOS**: medianes Gesamtüberleben; **mPFS**: medianes progressionsfreies Überleben; **PIK3CA**: Phosphatidylinositol-4,5-Bisphosphat-3-Kinase Catalytic Subunit alpha.

* Zugelassen in Kombination mit palbociclib und fulvestrant in der ersten Linie im HR+/HER2- lokal fortgeschrittenen oder metastasierten Brustkrebs bei endokriner Resistenz und PIK3CA Mutation¹

** Vergleich zwischen Itovebi® + fulvestrant + palbociclib vs. Placebo + fulvestrant + palbociclib²

Referenzen: 1. Fachinformation Itovebi® unter www.swissmedicinfo-pro.ch, 2. Turner NC et al. N Engl J Med. 2024;391(17):1584–1596, 3. Jhaveri KL et al. N Engl J Med. 2025;393(2):151–161

Alle hier gelisteten Referenzen können von Fachpersonen bei Roche Pharma (Schweiz) AG angefordert werden.

▽ Dieses Arzneimittel unterliegt einer zusätzlichen Überwachung. Für weitere Informationen, siehe Fachinformation von Itovebi® auf www.swissmedicinfo-pro.ch.

Itovebi® (Inavolisib). **I** Itovebi wird in Kombination mit palbociclib und fulvestrant angewendet zur Behandlung erwachsener Patientinnen mit PIK3CA-mutiertem, HR(Hormonrezeptor)-positivem, HER2(humaner epidermaler Wachstumsfaktor-Rezeptor 2)-negativem, lokal fortgeschrittenem oder metastasiertem Brustkrebs nach Progression während oder innerhalb von 12 Monaten nach Abschluss einer adjuvanten endokrinen Therapie. **D**: 9 mg oral einmal täglich, unabhängig von den Mahlzeiten bis zum Fortschreiten der Krankheit oder bis zum Auftreten inakzeptabler Toxizität. Bei Patientinnen mit mittelschwerer Niereninsuffizienz beträgt die empfohlene Anfangsdosis von Itovebi 6 mg oral einmal täglich und bei Patientinnen mit schwerer Niereninsuffizienz 3 mg oral einmal täglich. **KI**: Überempfindlichkeit auf Inavolisib oder einen der Hilfsstoffe. **VM**: Hyperglykämie: Vor Beginn der Behandlung Messungen der Nüchternblutglukosewerte (NPZ und NBZ) (17) und HbA_{1c} -Werte, Optimierung der Nüchternblutglukosewerte bei allen Patientinnen. Vor Beginn und während der Behandlung Patientinnen hinsichtlich einer Nierenfunktionsstörung beurteilen. Patientinnen anweisen, auf Symptome einer Hyperglykämie zu achten und sich bei Auftreten dieser Symptome sofort an eine medizinische Fachperson zu wenden. Vor und während der Behandlung auf optimale Flüssigkeitszufuhr achten. Während Behandlung Nüchternblutglukosewerte und HbA_{1c} -Werte gemäss klinischer Indikation regelmässig messen. Je nach Bedarf eine Prophylaxe oder Behandlung mit Antihyperglykämika einleiten oder anpassen. Je nach Schwere der Hyperglykämie kann eine Unterbrechung, eine Reduzierung der Dosis oder ein Absetzen von Itovebi erforderlich sein. Stomatitis: Je nach Schwere, Dosierung von Itovebi unterbrechen, reduzieren oder absetzen. Patientinnen anweisen, bei ersten Stomatitis Anzeichen eine alkoholfreie, peroxidfreie, kortikosteroidhaltige Mundspülung zu verwenden. Diarrhö sowie Infektionen einschliesslich Covid-19, Harnwegsinfektionen und Lungenentzündung wurden bei Patienten unter Itovebi Behandlung berichtet. Je nach Schwere, Dosierung von Itovebi unterbrechen, reduzieren oder absetzen. Patientinnen sind auf Anzeichen von Infektionen zu überwachen. Die Anwendung von Itovebi kann bei schwangeren Frauen für den Fötus schädlich sein. Schwangere Frauen sind auf dieses Risiko hinzuweisen. Frauen im gebärfähigen Alter sollten während der Behandlung mit Itovebi und für 1 Woche nach der letzten Dosis eine zuverlässige Verhütungsmethode anwenden und nicht stillen. Spezifische Richtlinien zur Behandlung von Nebenwirkungen, sowie weitere Warnhinweise, sind in der Fachinformation beschrieben. **IA**: Es wurden keine pharmakokinetischen Arzneimittelinteraktionsstudien durchgeführt. **UW**: Sehr häufige unerwünschte Wirkungen (≥ 10%): Harnwegsinfekt, Covid-19, Thrombozytopenie, Anämie, Neutrophilie (gesamt, absolut) verringert, Hämoglobin verringert, Thrombozyten verringert, Lymphozyten (absolut) verringert, Hyperglykämie, verminderter Appetit, Hypokaliämie, Glukose (nüchtern) erhöht, Kalzium verringert, Kalium verringert, Natrium verringert, Magnesium verringert, Albumin verringert, Gewicht verringert, Lipase (nüchtern) erhöht, Kreatinin erhöht, Kopfschmerzen, Stomatitis, Diarrhö, Übelkeit, Abdominalschmerzen, Erbrechen, Dysgeusie, Dyspepsie, Hautausschlag, Alopezie, trockene Haut, Ermüdung, Alaninaminotransferase erhöht. Häufige unerwünschte Wirkungen (≥ 1%): Hypokaliämie, Glukose (nüchtern) verringert, Insulin im Blut erhöht, trockenes Auge. **P**: 3 mg Filmtabletten: 28 (4 Blister à 7 Filmtabletten); 9 mg Filmtabletten: 28 (4 Blister à 7 Filmtabletten). Abgabekategorie: A. Ausführliche Angaben entnehmen Sie bitte der publizierten Fachinformation unter www.swissmedicinfo-pro.ch. **Stand**: Mai 2026.