Program

55th Annual Meeting
Swiss Society of Nephrology

Beaulieu Lausanne
December 7-8, 2023

Schweizerische Gesellschaft für Nephrologie
Société Suisse de Néphrologie
Società Svizzera di Nefrologia

December 7, 2023
Journée Romande de l’Hypertension

December 7, 2023
Pflege in der Nephrologie
Soins en Néphrologie
Cure in Nefrologia
LIVTENCITY® (maribavir) is superior to conventional treatments for refractory CMV infection post-transplant in adults:2

- Low neutropenia
  Treatment-related neutropenia occurred in 1.7% of LIVTENCITY® treated patients and in 25% of valganciclovir/ganciclovir treated patients.2

- Low nephrotoxicity
  Treatment-related nephrotoxicity occurred in 1.7% of LIVTENCITY® treated patients and in 19.1% of foscarnet treated patients.2

- 2× the efficacy
  55.7% of transplant recipients receiving LIVTENCITY® had confirmed CMV viremia clearance at week 8 (vs 23.9% receiving conventional treatments; p<0.001).2

LIVTENCITY® is indicated for the treatment of cytomegalovirus (CMV) infection and/or disease that are refractory (with or without resistance) to one or more prior therapies, including ganciclovir, valganciclovir, cidofovir or foscarnet in adult patients who have undergone a hematopoietic stem cell transplant (HSCT) or solid organ transplant (SOT).1

CMV viremia clearance = plasma CMV DNA < lower limit of quantification (i.e. <137 IU/mL) in two consecutive tests ≥5 days apart; conventional treatments = one or a combination of ganciclovir, valganciclovir, foscarnet or cidofovir.

Healthcare professionals may request a complete copy of the cited literature from the pharmaceutical company.

References:

LIVTENCITY® 200 mg (maribavir). GF: film-coated tablets. I: For the treatment of cytomegalovirus (CMV) infection and/or disease refractory (with or without resistance) to one or more prior therapies, including ganciclovir, valganciclovir, cidofovir, or foscarnet in adult patients who have undergone hematopoietic stem cell transplantation (HSCT) or solid organ transplantation (SOT). D: The recommended dose is 400 mg (two 200 mg tablets) twice daily, equivalent to a daily dose of 800 mg for 8 weeks. Treatment duration should be individualized based on each patient's clinical and virologic characteristics. C: Concomitant use with ganciclovir or valganciclovir. Hypersensitivity to the active ingredient or any of the excipients. W&F: CMV disease with CNS involvement, virologic failure during treatment and relapse after treatment, risk of adverse reactions or decreased therapeutic effect due to drug-drug interactions, use with immunosuppressive agents. IA: Effect of other drugs on LIVTENCITY: Avoid concomitant use with strong CYP3A inducers (rifampicin, rifabutin, and St. John's wort). Dose increase is recommended with concomitant use of corticosteroids, phenobarbital, and phenytoin. P: The use of LIVTENCITY during pregnancy and in women of childbearing potential who are not using contraception is not recommended. Breastfeeding should be discontinued during treatment with LIVTENCITY ADR: Very common (≥ 1/10), Infrequent (≥ 1/100, < 1/10), Rare (≥ 1/1000, < 1/100), Very rare (< 1/10 000). I: This drug product is subject to additional monitoring. For more information, see the LIVTENCITY® Product Information/Patient Information at www.swissmedicinfo.ch.

Takeda Pharma AG, Thurgauerstrasse 130, 8152 Glattpark (Opfikon), www.takeda.ch.

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Dear colleagues

In the name of the Scientific Committee, we are pleased to invite you to the 55th Annual Congress of the Swiss Society of Nephrology, which will be held at Beaulieu Convention Centre, in Lausanne, on December 7-8, 2023.

The scientific committee has been working on a very interesting and various program, with excellent keynote speakers. Also this year, the Symposium Pflege in der Nephrologie/Soins en Néphrologie/Cure in Nefrologia will be held on December 7, 2023.

The SGN annual conference is also pleased to be hosting « La 18e Journée Romande d’hypertension artérielle 2023 » on the subject « Hypertension, rein et nouvelles recommandations Européens » on December 7, 2023, leading by Pr. Grégoire Wuerzner and his committee.

As last year, the format of the presentations for abstracts and case reports is moving away from the traditional poster walk. Don’t miss the innovative short oral presentations and elevator pitches, and help to choose the prize winners together!

On Thursday December 7 evening, the Young Swiss nephrologist’s picture challenge will again be part of the program, following by a special attraction.

There will also be innovative talks and great discussions during the day on Friday 8 December, 2023.

We are awaiting you to join and enjoy this year’s SGN/SSN meeting in Lausanne!

Kind regards,

For the Scientific Committee
SGN-SSN Congress Management
General information

Congress venue
Beaulieu Lausanne
Avenue Bergières 10, 1004 Lausanne
www.beaulieu-lausanne.com

Registration & congress secretariat
Meeting-com Congress Organisation
Rue des Pâquis 1 • CP 100 • CH-1033 Cheseaux-sur-Lausanne
Online registration on: www.meeting-com.ch
T +41 21 312 9261 • F +41 21 312 9263 • E info@meeting-com.ch
Onsite registration also possible (onsite fee)

Registration fees for SGN congress

<table>
<thead>
<tr>
<th></th>
<th>Early bird fee (before Nov. 5, 2023)</th>
<th>Late fee (Nov. 6-Dec. 6, 2023)</th>
<th>Onsite fee (From Dec. 7, 2023)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member SGN</td>
<td>CHF 300.00</td>
<td>CHF 350.00</td>
<td>CHF 400.00</td>
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<tr>
<td>NON-member SGN</td>
<td>CHF 420.00</td>
<td>CHF 470.00</td>
<td>CHF 520.00</td>
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<tr>
<td>Young Swiss Nephrologists (YSN)</td>
<td>CHF 180.00</td>
<td>CHF 210.00</td>
<td>CHF 240.00</td>
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<tr>
<td>Residents/PhD Students/Post Docs</td>
<td>CHF 180.00</td>
<td>CHF 210.00</td>
<td>CHF 240.00</td>
</tr>
<tr>
<td>Students*</td>
<td>free of charge</td>
<td></td>
<td></td>
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<tr>
<td>Spezialisierte Pflege</td>
<td>CHF 120.00</td>
<td>CHF 150.00</td>
<td>CHF 180.00</td>
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<tr>
<td>Hypertension participants (Thu, 7.12.23)</td>
<td>CHF 50.00</td>
<td>CHF 50.00</td>
<td>CHF 80.00</td>
</tr>
<tr>
<td>Company participant who is not present as exhibitor</td>
<td>CHF 2000.00</td>
<td>CHF 2250.00</td>
<td>CHF 2500.00</td>
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</tbody>
</table>

* Confirmation of status for student required to be sent to F 021 312 92 63 or to info@meeting-com.ch.

Networking dinner (7.12.23)
CHF 100.00 (TTC)

Included in the registration fees
Access to the scientific sessions, congress documents, certificate of participation, coffee breaks, light lunches. The networking dinner on 7.12.23 is not included, and has to be booked separately (see above). Accommodation is not included.

ADVAGRAF™ de novo use in renal transplantation – What do the data and experience tell?

11:35 Potential benefits on tacrolimus prolonged-release initiated directly after kidney transplantation – from reaching target trough levels to long-term results
Prof. Lluís Guirado, MD PhD, Fundació Puigvert Hospital, Barcelona (virtual)

11:50 Implementation of tacrolimus prolonged-release de novo use in St. Gallen
Dr. med. Isabelle Binet, KSSG

12:05 Discussion & conclusion
Dr. med. Isabelle Binet, KSSG and Prof. Lluís Guirado, MD PhD, Fundació Puigvert Hospital, Barcelona (virtual)
General information

Payment
Upon registration you will receive a confirmation by email together with the banking details for the payment. Payment by credit card upon registration is possible.

Certificate of participation
The certificate of participation will be sent by secure PDF to all participants after the event.

Cancellation
Written notification is required for all cancellations and changes. In case of cancellation 30 days prior the event, the refund of the amount paid will be done net of CHF 60.00 for administrative costs. Thereafter no refund is possible. Any registration made within the “early bird” time must be paid during this period. If not the case, the invoice is automatically updated at the current price. Administrative costs will be charged to no shows. Legal jurisdiction is Lausanne.

Format of the event
The event is held in person, with no possibility to follow online via a live streaming.

Industrial exhibition
An industrial exhibition will take place at the Congress Venue. It will be open throughout the congress. Coffee (breaks) will be offered by exhibitors.

Hotel booking
Hotel reservation possible with Lausanne Tourisme on www.lausanne-tourisme.ch.

Oral Presentations
The Scientific Committee will select a number of abstracts which will be presented as oral presentations as such:

Oral presentation
The time slot for classical oral presentation is 10 minutes (8-minute presentation and 2-minute discussion).

Power pitch format
The power pitch session is designated to stimulate the discussion on posters. Each speaker will present the essence of his work in 3-minute presentation, followed by 2-minute discussion. The abstracts selected for this session will be also presented as classical printed-out posters. The poster format is DIN A0 (120cm x 85cm) (height x width). The best posters will be awarded with a dedicated prize.

General information

Elevator pitch format
Selected case reports will be presented in the “elevator pitch” format, an innovative, dynamic presentation format aiming at the active interaction with the public.

Pecha-Kucha storytelling format
Selected abstracts will be presented in the innovative Pecha-Kucha storytelling format (more about this format: www.pechakucha.com/about).

Language
All oral and poster presentations must be given in English.

Posterwalk
There will be no organized Posterwalk during the congress 2023.

SGN Awards
The SGN Awards will take place during the networking dinner on December 7, 2023 at 20.00.

Registration
Authors presenting an accepted paper must register and pay the appropriate registration fee.

Credits
Credit points will be given by the following societies:

- SGN-SSN Congress, 7-8.12.23
  - SGN-SSN 16 credits
  - SGAIM-SSMIG in demand

Language
Lectures in English, discussion in German, French or English.

ERA National Society of Nephrology Grant

ERA is currently promoting an initiative that involves the National Societies of Nephrology.

Specifically, ERA is offering an opportunity for each National Society consisting in three years of free ERA membership (Junior membership) plus one free Congress Membership to the annual ERA Congress; this ERA National Society of Nephrology Grant is given to a young person (under 40 years old) by the Swiss Society of Nephrology.

This year the grant will be chosen during the Young Swiss Nephrologists’ Award session on Thursday, 07.12.2023, 17.50-18.45.
Thursday, December 7

PFLEGE IN DER NEPHROLOGIE – SOIN EN NÉPHROLOGIE – CURE IN NEFROLOGIA
Auf Deutsch, en français, in Italiano
Moderation / Modération / Moderazione: Marta Aramini, Lugano; Jérôme Pays, Lausanne

07.30 Anmeldung / inscription / registrazione
FOYER HALL 1
09.30 Mot de bienvenue
Jérôme Pays, Lausanne

09.30-10.00 MAPA/Aktiia Mesure de la pression artérielle en ambulatoire (FR)
Vitor Nunes, Monica Tavares, Lausanne

10.00-10.30 Journée de prévention de l'insuffisance rénale (FR)
Pascale Lefuel, HUG, Genève

10.30-11.00 Phosphatmanagement bei dialysepflichtiger Niereninsuffizienz – wie kann die Adhärenz gefördert werden?
Esther Salzgeber, Spitalzentrum Biel

11.00-11.30 Coffee break – Visit of the Exhibition – Poster viewing

11.30-12.00 Adhärenz im nephrologischen Kontext Aspekte, welche die Therapietreue Beeinflussen (DE)
Marianne Griesser, Expertin Pflege, Nephrologie & Dialyse, GZO Spital Wetzwil

12.00-12.45 Le rôle infirmier dans l’évaluation et la gestion du prurit chez les personnes en hémodialyse (FR)
Nancy Helou, PhD, Professeure HES ordinaire, Soins infirmiers et Dina Nobre, infirmière clinicienne en néphrologie

12.45-13.45 Lunch break – Visit of the Exhibition – Poster viewing

13.45-14.15 Heimhämodialyse – Fokus auf Pflegende Angehörige « Was benötigen Angehörige von Heimhämodialyse-Patient: innen um sich im Management der HHD sicher zu fühlen und um die Betroffenen angemessen in der Durchführung zu unterstützen? (DE)
Nishkalayini Siriranganathan, Expertin Pflege, Universitätsklinik für Nephrologie und Hypertonie Inselspital Bern

14.15-14.45 L’importance de la formation infirmière pour le team d’hémodialyse (IT)
Doris Stocker, Eric Correa, EOC Lugano

14.45-15.15 Prozess Nierentransplantation « von der Anmeldung bis zur Transplantation »
Mr Tobias Kunz, Leiter Transplantationskoordination UEMS, Basel

15.15-15.45 Coffee break – Visit of the Exhibition – Poster viewing

15.45-16.30 Interaction objective avec patient greffé (FR)
Jean-Pierre Venetz, Lausanne

16.30-17.15 Développement d’une unité de dialyse péritonéale multicentrique au Tessin (IT)
Marta Aramini, EOC Lugano

17.15-17.20 Mot de la fin
Jérôme Pays, Lausanne
**18e Journée Romande d’hypertension artérielle 2023**

**THEMATIQUE**
Hypertension, rein et nouvelles recommandations Européens

**ORGANISATION**
Prof A. Pechère-Bertschi (HUG), Prof Belen Ponte (HUG), Prof Grégoire Wuerzner (CHUV)

**DATE**
Jeudi 07.12.202

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12.00  Inscription
12.45-13.45  Repas de midi (debout) & visite de l’exposition et des posters

**13.45-14.30  SESSION HYPERTENSION – PARTIE 1**

**ROME**

- **13.45-14.00**  Quoi de neuf dans les recommandations 2023 de l’ESH ?
  Michel Burnier, Lausanne

- **14.00-14.15**  Dernières recommandations de la prise en charge de l’hypertension dans la maladie rénale chronique (ESH2023)
  Belen Ponte, Genève

- **14.15-14.30**  Place de la dénervation rénale en 2023
  Grégoire Wuerzner, Lausanne

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**14.30-15.15  STATE OF THE ART LECTURE 2**

**ROME**

- **14.30-15.15**  Fibromuscular dysplasia and other rare forms of reno-vascular hypertension
  Alexandre Persu, Louvain (BE)

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15.15-15.45  Pause-café & visite de l’exposition et des posters

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**15.45-18.00  SESSION HYPERTENSION – PARTIE 2**

**ROME**

- **15.45-15.45**  Hypertension et personnes âgées : nouveautés ESH 2023
  Georg Ehret

- **15.45-16.30**  Antoinette Pechère 30 ans d’hypertension : place de la femme en hypertension

- **15.30-15.45**  Hypertension et personnes âgées : nouveautés ESH 2023
  Georg Ehret

- **15.45-16.30**  Antoinette Pechère 30 ans d’hypertension : place de la femme en hypertension

- **16.30-16.45**  La MAPA : mise en place d’un dispositif de mesure de la pression artérielle de 24 heures

- **16.45-17.00**  La MAPA : interprétation d’une mesure de 24 heures

- **17.00-17.30**  La MAPA : exercices pratiques sur la base de cas

- **17.30-18.00**  Wrap up + remise des diplômes MAPA + remise des crédits CME

**Supported by**

- AstraZeneca
- Bayer
- Boehringer Ingelheim
- Medtronic
- Recor Medical
- Servier

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**18e Journée Romande d’hypertension artérielle 2023**
**Thursday, December 7**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7.30</td>
<td>Registration</td>
</tr>
<tr>
<td>08.30-08.45</td>
<td>Opening of the 55th Annual Meeting of the Swiss Society of Nephrology &amp; Welcome Address</td>
</tr>
<tr>
<td>08.45-09.30</td>
<td><strong>STATE OF THE ART LECTURE 1</strong>&lt;br&gt;Chair: Olivier Bonny, Fribourg &amp; Lausanne&lt;br&gt;Rare and genetic disorders&lt;br&gt;Friedheim Hildebrandt, Boston (US)</td>
</tr>
<tr>
<td>09.30-10.10</td>
<td><strong>PARALLEL SHORT ORAL PRESENTATIONS</strong>&lt;br&gt;SESSION 1&lt;br&gt;Chairs: Johannes Loffing, Zurich; Fabien Stucker, Neuchâtel</td>
</tr>
<tr>
<td>09.30-09.35</td>
<td>OC 25*/P 01*&lt;br&gt;Plasma untargeted metabolomics characterizes residual kidney function in chronic hemodialysis patients — David Jaques, Geneva</td>
</tr>
<tr>
<td>09.35-09.40</td>
<td>OC 26*/P 02*&lt;br&gt;Minimal Change Glomerular Disease associated with solid neoplasms: a systematic review — Domenico Cozzo, Locarno-Lugano</td>
</tr>
<tr>
<td>09.40-09.45</td>
<td>OC 27*/P 03*&lt;br&gt;Natural Killer Cell Receptor NKG2C Encoding KLR2C Gene and Kidney Transplant Outcome — Matthias Diebold, Basel</td>
</tr>
<tr>
<td>09.45-09.50</td>
<td>OC 28*/P 04*&lt;br&gt;Age-adapted Chronic Kidney Disease Definition and long-term impact on renal function and Mortality in a population-based-study — Delal Dalga, Geneva</td>
</tr>
<tr>
<td>09.50-09.55</td>
<td>OC 29*/P 05*&lt;br&gt;HLA-specific memory B cell detection in kidney transplantation: First results from a prospective explorative study — Caroline Wehrmeier, Basel</td>
</tr>
<tr>
<td>09.55-10.00</td>
<td>OC 30*/P 06*&lt;br&gt;Five scenarios across the AMR continuum: the added value of MMDx confirmed by follow-up biopsies — Raphael Korach, Zurich</td>
</tr>
<tr>
<td>10.00-10.05</td>
<td>OC 31*/P 07*&lt;br&gt;Intrauterine hypoxia promotes premature placental senescence: role of Klotho — Stefan Rudloff, Bern</td>
</tr>
<tr>
<td>10.05-10.10</td>
<td>OC 32*/P 08*&lt;br&gt;The impact of the molecular HLA-epitope mismatch load on allosensitization after kidney transplantation is most pronounced in childhood, adolescence, and early adulthood — Kai Castrezana Lopez, Zurich</td>
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*YSN submission / ** Student submission

**Thursday, December 7**

<table>
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<tbody>
<tr>
<td>09.30-10.10</td>
<td><strong>PARALLEL SHORT ORAL PRESENTATIONS</strong>&lt;br&gt;SESSION 2&lt;br&gt;Chairs: Daniel Sidler, Bern; Dusan Harmacek, Zurich</td>
</tr>
<tr>
<td>09.30-09.35</td>
<td>OC 33*/P 01*&lt;br&gt;Prospective assessment of the need, discrepancies, and added value of molecular diagnostics of kidney allograft biopsies — An evaluation in clinical practice — Nicolas Schmid, Zurich</td>
</tr>
<tr>
<td>09.35-09.40</td>
<td>OC 34*/P 02*&lt;br&gt;Peripheral blood mitochondrial DNA fraction as a biomarker of renal involvement in systemic lupus erythematosus — Matthieu Hallon, Lausanne</td>
</tr>
<tr>
<td>09.40-09.45</td>
<td>OC 35*/P 03*&lt;br&gt;Proteinuria and type of allograft injury indentify kidney transplant recipients benefiting most from Belatacept conversion — Lukas Weidmann, Zurich</td>
</tr>
<tr>
<td>09.45-09.50</td>
<td>OC 36*/P 04*&lt;br&gt;High rate of assisted Peritoneal Dialysis in an aging dialysis population: A single center observation — Stefan Achermann, Liestal</td>
</tr>
<tr>
<td>09.50-09.55</td>
<td>OC 37*/P 05*&lt;br&gt;Ventricular hypertrophy and stroke risk in chronic haemodialysis: a single-center study at the western French Guiana hospital — Arriel Makembi Bunkete, French Guiana</td>
</tr>
<tr>
<td>09.55-10.00</td>
<td>OC 38*/P 06*&lt;br&gt;Loss of TrkC in the nephron aggravates tubular kidney injury in mice — Carolin Eul, Münster, Germany</td>
</tr>
<tr>
<td>10.00-10.05</td>
<td>OC 39*/P 07*&lt;br&gt;mTOR inhibitors in combination with calcineurin inhibitor after lung transplantation: a real-life experience with focus on kidney function — Katja Schmucki, Zurich</td>
</tr>
<tr>
<td>10.05-10.10</td>
<td>OC 40*/P 08*&lt;br&gt;Decline of living kidney donors: a Swiss monocentric study — Alexander Ritter, Zurich</td>
</tr>
<tr>
<td>10.10-10.20</td>
<td>Short break</td>
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*YSN submission / ** Student submission
### Thursday, December 7

<table>
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<tr>
<th>Time</th>
<th>Session</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.20-10.25</td>
<td>OC 41/P 17</td>
<td>Overview of Covid-19 vaccinations in dialysis patients in Switzerland</td>
<td>Rebecca Guidotti, Zurich</td>
</tr>
<tr>
<td>10.25-10.30</td>
<td>OC 42*/P 18*</td>
<td>The Molecular Microscope Diagnostics System does not identify molecular TCMR in cases with isolated tubulitis, borderline changes, or isolated intimal arteritis in the absence of microvascular inflammation</td>
<td>Lukas Weidmann, Zurich</td>
</tr>
<tr>
<td>10.30-10.35</td>
<td>OC 43/P 19</td>
<td>Association of ACE Gene Polymorphism with Retinopathy in Type 2 Diabetic Nephropathy Patients of Bangladesh</td>
<td>Iqbal Masud, Nikdu, Bangladesh</td>
</tr>
<tr>
<td>10.35-10.40</td>
<td>OC 44*/P 20*</td>
<td>Quantification of ionized and total magnesium in kidney transplant patients</td>
<td>Federica Bocchi, Bern</td>
</tr>
<tr>
<td>10.40-10.45</td>
<td>OC 45*/P 21*</td>
<td>Use of Patient-Centered Dialysis in Switzerland: A Rarity or Common Practice?</td>
<td>Katarina Benackova, Bern</td>
</tr>
<tr>
<td>10.45-10.50</td>
<td>OC 46*/P 22*</td>
<td>Structural and functional echocardiographic changes after renal transplantation (NCCR project)</td>
<td>Yuansheng Zhang, Zurich</td>
</tr>
<tr>
<td>10.50-10.55</td>
<td>OC 47*/P 23*</td>
<td>Antibody Response at 6, 24 and 36 Weeks after 2 Doses of Vaccine Against COVID-19 and its Association with Cardio-Renal Risk Factors among Health Care Workers of Bangladesh</td>
<td>Iqbal Masud, Nikdu, Bangladesh</td>
</tr>
<tr>
<td>10.55-11.00</td>
<td>OC 48/P 24</td>
<td>Rogue docking - theoretical considerations for cardio-renal syndromes</td>
<td>Mark Christopher Arokiaraj, Pondicherry, India</td>
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</tr>
</thead>
<tbody>
<tr>
<td>09.30-11.00</td>
<td>OC 49*/P 25*</td>
<td>Pregnancy after kidney transplantation: an observational study on maternal, graft and offspring outcomes in view of current literature</td>
<td>Louis Stavart, Lausanne</td>
</tr>
<tr>
<td>10.45-10.50</td>
<td>OC 50*/P 26*</td>
<td>Women have a higher renal perfusion index, but their renal circulatory response to a cold pressor test is similar to men</td>
<td>Mariëlle Hendriks-Balk, Lausanne</td>
</tr>
<tr>
<td>10.55-11.00</td>
<td>OC 51*/P 27*</td>
<td>A case of thrombotic microangiopathy as an initial presentation of HIV Infection</td>
<td>Edita Poskaite, Bern</td>
</tr>
<tr>
<td>11.00-11.05</td>
<td>OC 52*/P 28*</td>
<td>A case of new-onset nephrotic syndrome due to suspected transient receptor potential cation channel subfamily C member 6 mutation in a first pregnancy</td>
<td>Heidi Sarrasin, Bern</td>
</tr>
<tr>
<td>11.00-11.05</td>
<td>OC 53*/P 29*</td>
<td>Overlapping pathologic findings in the kidney allograft biopsy: pitfalls for the Molecular Microscope Diagnostics System (MMDx)</td>
<td>Elena Rho, Zurich</td>
</tr>
<tr>
<td>11.05-11.10</td>
<td>OC 54/P 30</td>
<td>A case of focal segmental glomerulosclerosis (FSGS) caused by autosomal-dominant Alport syndrome</td>
<td>Mélane Salamin, Aarau</td>
</tr>
<tr>
<td>11.10-11.15</td>
<td>OC 55*/P 31*</td>
<td>A case report of Atezolizumab therapy induced PR3 ANCA vasculitis</td>
<td>Laura Gosztonyi, Bern</td>
</tr>
<tr>
<td>11.15-11.20</td>
<td>OC 56/P 32</td>
<td>Diagnosis of C3 glomerulonephritis in a first pregnancy</td>
<td>Ayuna Asoyan, Bern</td>
</tr>
<tr>
<td>11.20-11.25</td>
<td>OC 57*/P 33*</td>
<td>Unexpected cause of a generalized seizure</td>
<td>Katarzyna Szajek, Chur; Fabienne Umbricht, Chur</td>
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<tr>
<td>11.25-11.30</td>
<td>OC 58*/P 34*</td>
<td>A case of idiopathic nodular Glomerulonephrosis</td>
<td>Claudia Landry, Bern</td>
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<tr>
<td>11.30-11.35</td>
<td>OC 59*/P 35*</td>
<td>Tetany and Hypomagnesemia</td>
<td>Bujana Batusha-Sopi, Zurich</td>
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*YSN submission / ** Student submission
Thursday, December 7

| OC 60/P 36* | Outcome of patients transplanted for C3 glomerulopathy and idiopathic immune-complex-mediated membranoproliferative glomerulonephritis: a cohort based study – Mathieu Halfon, Lausanne |
| OC 61-**/P37-** | Isolated glomerulitis is associated with the absence of molecular AMR in cases with histologically suspected and confirmed AMR Nicolas Schmid, Zurich |
| OC 62/P 38 | Is there excess mortality in dialysis patients in Switzerland after the COVID-19 pandemic? – David Jaques, Geneva |
| OC 63/P 39 | The challenging diagnosis of hyperaldosteronism in Polycystic ovary syndrome: A case-report – Domenico Cozzo, Locarno-Lugano |

Short break – presentation rating by the audience

PHASE 2: 5 selected long presentations

11.00-11.30 Coffee break – Visit of the Exhibition – Poster viewing

11.30-11.50 PARALLEL SYMPOSIUM
Sponsored by ASTELLAS
ADVAGRAF™ de novo use in renal transplantation – What do the data and experience tell?

11.30 Welcome
Dr. med. Isabelle Binet, KSSG

11.35 Potential benefits on tacrolimus prolonged-release initiated directly after kidney transplantation – from reaching target trough levels to long-term results
Prof. Lluís Guirado, MD PhD, Fundació Puigvert Hospital, Barcelona (virtual)

11.50 Implementation of tacrolimus prolonged-release de novo use in St. Gallen
Dr. med. Isabelle Binet, KSSG

12.05 Discussion & conclusion
Dr. med. Isabelle Binet, KSSG and
Prof. Lluís Guirado, MD PhD, Fundació Puigvert Hospital, Barcelona (virtual)

11.30-12.15 PARALLEL SYMPOSIUM
Sponsored by ASTRA-ZENECA
The cardio-renal patient battle: “Who is the victim & who is the offender – The kidney or the heart”
Chair: Sophie de Seigneux, Geneva

11.30-11.35 The cardio-renal connection – Setting the scene
Sophie de Seigneux, Geneva

11.35-11.50 The heart is the offender, and the kidney the victim
François Mach, Geneva

11.50-12.05 The kidney is the offender, and the heart the victim
Uyen Huynh-Do, Bern

12.05-12.15 Panel discussion – All

12.15-12.45 SWISS TRANSPLANT COHORT STUDY UPDATE
Chair: Isabelle Binet, St.Gallen
Jürg Steiger, Basel

12.15-12.45 How do I treat IgA Nephropathy?
Chair: Fadi Fakhouri, Lausanne
Jonathan Barratt, Leicester (GB)

12.15-12.45 EPA
Chairs: Grégoire Wuerzner, Lausanne; Andreas Fischer, Lucerne & the EPA Committee
All you wanted to know about EPA, but were afraid to ask

12.45-13.45 Lunch break – Visit of the Exhibition – Poster viewing

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<td>13.45-14.30</td>
<td><strong>PARALLEL SYMPOSIUM</strong>&lt;br&gt;Sponsored by BAYER&lt;br&gt;Finerenone – a therapeutic pillar for cardiorenal protection in patients with CKD and T2D&lt;br&gt;An interactive panel discussion about the first Swiss experience with finerenone with focus on practical aspects and interdisciplinary collaboration&lt;br&gt;Sophie de Seigneux, Geneva, Nephrology, Chair and panelist&lt;br&gt;Harald Seeger, Baden, Nephrology, Panelist&lt;br&gt;Romeo Providoli, Sion, General internal medicine, Panelist</td>
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<tr>
<td>13.45-14.30</td>
<td><strong>PARALLEL SYMPOSIUM</strong>&lt;br&gt;Sponsored by CSL Vifor&lt;br&gt;Advances in nephrology: alternative way to slow down progression to ESRD&lt;br&gt;Potassium dietary intake and pharmacological management in CKD progression: old problem, new solutions&lt;br&gt;Prof. Daniel Teta, Hôpital de Sion&lt;br&gt;SHPT and 25(OH)D: What evidence supports the recommendation of specific cut-offs for CKD patients?&lt;br&gt;Dr. James Tataw, Hôpital du Jura Bernois, Moutier</td>
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<td>14.30-15.15</td>
<td><strong>STATE OF THE ART LECTURE 2</strong>&lt;br&gt;Chairs: Belen Ponte, Geneva; Grégoire Wuerzner, Lausanne&lt;br&gt;Fibromuscular dysplasia and other rare forms of renovascular hypertension&lt;br&gt;Alexandre Persu, Louvain (BE)</td>
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<td>15.15-15.45</td>
<td>Coffee break – Visit of the Exhibition – Poster viewing</td>
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<td>15.45-16.40</td>
<td><strong>PARALLEL LONG ORAL PRESENTATIONS</strong>&lt;br&gt;SESSION 1&lt;br&gt;Chairs: Harald Seeger, Zurich; Patricia Hirt-Minkowski, Basel&lt;br&gt;OC 01* Effect of hydrochlorothiazide on bone mineral density in patients with kidney stones: a post-hoc analysis of the NOSTONE trial&lt;br&gt;Matteo Bargagli, Bern&lt;br&gt;OC 02 Lymphocele formation after living donor kidney transplantation negatively affects mid-term allograft function – Christian Kuhn, St.Gallen&lt;br&gt;OC 03* Thrombotic microangiopathy associated with metastatic prostate cancer – Céline Tümay, Aarau&lt;br&gt;OC 04** Tacrolimus monitoring in hair samples of kidney transplant recipients&lt;br&gt;Alexander Born, Bern&lt;br&gt;OC 05* Prevalence of chronic kidney disease associated pruritus among hemodialysis patients in the French-speaking part of Switzerland&lt;br&gt;Nancy Helou, Lausanne&lt;br&gt;OC 06* Selective V2R blockade with Tolvaptan increases urinary exosome Pendrin expression in patients with Autosomal Dominant Polycystic Kidney Disease – Matteo Barbagli, Bern</td>
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*YSN submission / ** Student submission
### Thursday, December 7

**SESSION 2**

**15.45-15.54**

**OC 07**

Functional characterization of claudin-3 in renal cortical collecting duct – Ali Sassi, Geneva

**15.54-16.03**

**OC 08**

Monogenic disease variants in the Swiss Kidney Stone Cohort and stone-free controls (NCCR project) – Johannes Münch, Zurich

**16.03-16.12**

**OC 09**

Computer based nutritional training in dialysis patients – Rolf Pachlatko, Zurich

**16.12-16.21**

**OC 10**

Residual kidney function at one-year in diabetic and non-diabetic incident patients treated with incremental hemodialysis – Patrick Saudan, Geneva

**16.21-16.30**

**OC 11**

The urine-to-plasma urea concentration ratio: a new marker of kidney function decline in three independent studies – Lise Bankir, Paris (FR)

**15.45-16.05**

**SESSION 3**

Chairs: Harald Seeger, Zurich; Patricia Hirt-Minkowski, Basel

**16.40-16.49**

**OC 13**

The Swiss Kidney Biopsy Registry - rationale and design – Andreas Kistler, Frauenfeld

**16.49-16.58**

**OC 14**

The Molecular Microscope Diagnostic System (MMDx®) does not identify ABMR in the presence of DSA but absence of histological antibody-mediated changes – Dusan Harmacek, Zurich

**16.58-17.07**

**OC 15**

First successful treatment of a patient with a primary immune complex-MPGN with iptacopan – a selective inhibitor of factor B – Simone Arnold, Basel

**17.07-17.16**

**OC 16**

The Molecular Microscope Diagnostics System (MMDx) may have the potential to differentiate molecular T Cell-mediated rejection among kidney transplant recipients with chronic-active T cell-mediated rejection – Nicola Bortel, Zurich

**17.16-17.25**

**OC 17**

Acute post-renal kidney graft dysfunction due to cytomegalovirus-positive nephrogenic adenoma after deceased donor kidney transplantation – Nicola Hosek, Chur

**17.25-17.34**

**OC 18**

Machine Learning Models for the Prediction of Kidney Stone Composition and Recurrence – Matteo Bargagli, Bern

*YSN submission / ** Student submission
**Thursday, December 7**

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<td>16.49-16.58</td>
<td><strong>OC 20</strong> RapGEF1 (C3G) is necessary for intact podocyte foot processes in mice</td>
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<td>Carolin Eul, Münster, Germany</td>
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<td>16.58-17.07</td>
<td><strong>OC 21</strong> Frequency and Impact on Renal Transplant Outcomes of Urinary Tract Infections Due to Extended-Spectrum Beta-Lactamase-Producing Escherichia coli and Klebsiella species</td>
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<td>Jakob E. Brune, Basel</td>
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<td>17.07-17.16</td>
<td><strong>OC 22</strong> Natural history of patients with familial focal segmental glomerulosclerosis associated with TRPC6 mutations</td>
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<td>Heidi Sarrasin, Bern</td>
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<tr>
<td>17.16-17.25</td>
<td><strong>OC 23</strong> Interleukin 6 blockade reduces age-related sensitivity to renal ischemia-reperfusion injury</td>
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<td>Arnaud Lyon, Lausanne</td>
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<td>17.25-17.34</td>
<td><strong>OC 24</strong> The effect of dark and white chocolate on renal perfusion as assessed with Doppler ultrasound in healthy volunteers</td>
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<td>Louise Gargiulo, Lausanne; Menno Pruijm, Lausanne</td>
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<td>17.35-17.50</td>
<td>Short break</td>
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<td><strong>YOUNG SWISS NEPHROLOGISTS’ AWARD</strong></td>
<td>BARCELONE – ROOM A</td>
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<td>17.50-17.58</td>
<td>CYP24A1 activity associates with phenotypic traits of idiopathic hypercalciuria</td>
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<td>Matteo Bargagli, Bern</td>
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<td>17.58-18.06</td>
<td>Spatiotemporal landscape of kidney tubular responses to glomerular proteinuria</td>
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<td>Anna Faivre, Geneva</td>
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<td>18.06-18.14</td>
<td>Identification of a novel senolytic compound to prevent chronic kidney injury and fibrosis</td>
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<td>Anna Rinakdi, EOC Bellinzona</td>
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<td>18.14-18.22</td>
<td>Spatial RNA sequencing and mass cytometry identify estrogen-dependent control of neutrophils activation as a protective mechanism in renal ischemia-reperfusion injury</td>
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<td>Arnaud Lyon, Lausanne</td>
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<td>18.22-18.30</td>
<td>PCK1 plays a pivotal role in controlling the metabolic and mitochondrial activities of renal tubular cells</td>
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<td>Delal Dalga, Geneva</td>
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<td>18.30-18.45</td>
<td>Conclusion</td>
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Thursday, December 7

17.50-18.15  RARE AND GENETIC DISORDERS (KOSEK)  ST-MORITZ - ROOM B
Chairs: Paloma Parvex, Geneva; Stéphanie Sénéchal, Chamex
RARE-Kidney: the Swiss network for rare and inherited kidney disorders
Olivier Bonny, Fribourg & Lausanne

18.15-18.45  HOW I RUN A PEDIATRIC TO ADULTHOOD TRANSITION CLINIC  ST-MORITZ - ROOM B
Chair: Hassib Chehade, Lausanne
Paloma Parvex, Geneva; Hassib Chehade, Lausanne

19.00-19.45  YSN APÉRO  HALL 3
“Special attraction”

20.00  Networking Dinner  HALL 3

Awards:

• Poster Awards  CSL Vifor
• YSN Award  Baxter
• ERA Award
From 07.00 Registration

07.30-08.45 GENERAL ASSEMBLY/SGN-SSN
BARCELONE – ROOM A

08.45-09.00 PUBLICATION AWARD 2023/SGN-SSN
BARCELONE – ROOM A
Chairs: Johannes Loffing, Zurich; Olivier Bonny, Fribourg and Lausanne
Hypomagnesemia, Hypocalcemia, and Tubulointerstitial Nephropathy
Caused by Claudin-16 Autoantibodies
Fadi Fakhouri, Lausanne

09.00-09.15 Short break

09.15-10.00 PARALLEL SYMPOSIUM
BARCELONE – ROOM A
Sponsored by OTSUKA
Role of CNI in Lupus Nephritis from the guidelines’ and clinical perspective
Chairs: Prof. Fadi Fakhouri MD, PhD, Chef du service de néphrologie et hypertension, CHUV, Lausanne
Prof. Dr. med. Jörg Latus, Ärztlicher Leiter, Allgemeine Innere Medizin und Nephrologie, Robert-Bosch-Krankenhaus, Stuttgart

09.15-10.00 PARALLEL SYMPOSIUM
ST-MORITZ – ROOM B
Sponsored by BOEHRINGER INGELHEIM
Looking beyond glycemic control:
Cardio-Renal-Metabolic benefits of SGLT2i
Chair: Dr. Harald Seeger

09.15-09.25 “SGLT2i - a game changer”
Drsse Anne Zanchi, Lausanne
09.25-09.35 “The unraveled secrets of SGLT2i”
Dr. Harald Seeger, Zurich
09.35-09.50 “3D dialogue in modern patient management”
Drsse Anne Zanchi, Lausanne; Dr. Harald Seeger, Zurich
09.50-10.00 Discussion – All

10.00-10.30 Coffee break – Visit of the Exhibition – Poster viewing
**Friday, December 8**

**10.30-11.15**  
**STATE OF THE ART LECTURE 3**  
BARCELONE – ROOM A  
**Chairs:** Claudia Ferrier, Lugano; Belen Ponte, Geneva  
Pregnancy and CKD  
Giorgina Piccoli, Le Mans (FR)

**11.15-12.00**  
**PARALLEL SYMPOSIUM**  
BARCELONE – ROOM A  
**Sponsored by CHIESI**  
**CYSTINOSIS AND CYSTINURIA: TWO RARE DISEASES DESERVING RECOGNITION**  
**Chair:** Prof. Fadi Fakhouri, Lausanne  
**Speakers:** Dr. Aude Servais, Paris (FR) and Prof. Daniel Fuster, Bern

**11.15-12.00**  
**PARALLEL SYMPOSIUM**  
ST-MORITZ – ROOM B  
**Sponsored by GSK**  
**Treatment Options in Lupus and Herpes Zoster Vaccination for Risk Patients**  
**Chair:** Prof. Uyen Huynh-Do, Bern

**11.15**  
**Welcome & Opening Remarks**  
Uyen Huynh-Do, Bern

**11.20**  
**Treatment Options in Lupus from Rheumatology Perspective**  
Diana Dan, Lausanne

**11.40**  
**Herpes Zoster Vaccination for High Risk Patients**  
Ulrich Heininger, Basel

**12.00**  
**End and Closing Remarks**  
Uyen Huynh-Do, Bern

**12.00-13.00**  
Lunch break – Visit of the Exhibition – Poster viewing

**13.00-13.45**  
**PARALLEL SYMPOSIUM**  
ST-MORITZ – ROOM B  
**Sponsored by NOVARTIS**  
**C3G and IC-MPGN: From unmet needs to improving outcomes**

**13.00**  
**Welcome**  
Chair: Uyen Huynh-Do, Bern

**13.00**  
**Current state of evidence – understanding disease, molecular mechanisms and implications for disease management**  
Fadi Fakhouri, Lausanne

**13.15**  
**Recent advances in the clinical development of complement inhibitors in C3G and IC-MPGN**  
Uyen Huynh-Do, Bern

**13.30**  
**Diagnosing and treating C3G & IC-MPGN in Switzerland – A patient case**  
Patricia Hirt-Minkowski, Basel

**13.40**  
**Discussion**  
Chair: Uyen Huynh-Do, Bern

**13.45-14.30**  
**STATE OF THE ART LECTURE 4**  
BARCELONE – ROOM A  
**Chairs:** Johannes Loffing, Zurich; Olivier Bonny, Fribourg & Lausanne  
**Using Population Studies to Investigate Kidney Function Genetics**  
Prof. Anna Köttgen, Freiburg (DE)

**14.30-15.00**  
Coffee break – Visit of the Exhibition – Poster viewing

**15.00-16.30**  
**CLINICO-PATHOLOGY INTERACTIVE CASES**  
BARCELONE – ROOM A  
**Chair:** Fadi Fakhouri, Lausanne  
**A case of AKI in a patient having a systemic disorder**  
Samuel Rotman, Lausanne; Sébastien Kissling, Lausanne

**15.45-16.05**  
**The future of dialysis in Switzerland: new developments and challenges**  
Menno Pruijm, Lausanne

**16.05-16.25**  
**How to reduce the ecological impact of your dialysis center? Tips and tricks**  
Elena Rho, Zurich

**16.30**  
**Farewell address**  
BARCELONE – ROOM A
Notes

C3G and IC-MPGN: From unmet needs to improving outcomes

**PROGRAM**

13:00 Welcome  
Chair: Prof. Uyen Huynh-Do, Bern

13:00 Current state of evidence – understanding disease, molecular mechanisms and implications for disease management  
Prof. Fadi Fakhouri, Lausanne

13:15 Recent advances in the clinical development of complement inhibitors in C3G and IC-MPGN  
Prof. Uyen Huynh-Do, Bern

13:30 Diagnosing and treating C3G & IC-MPGN in Switzerland – A patient case  
PD Dr. Patricia Hirt-Minkowski, Basel

13:40 Discussion  
Prof. Uyen Huynh-Do, Bern

**Abbreviations:** C3G = complement 3 glomerulopathy; IC-MPGN = immune-complex membranoproliferative glomerulonephritis.
Plan of exhibition

Exhibitors

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Association pour l’Information et la Recherche sur les maladies rénales Génétiques (AIRG)

Verband Nierenpatienten Schweiz (VNPS)

Young Swiss Nephrology

Kind thanks to the City of Lausanne

Ville de Lausanne

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Otsuka Pharmaceutical (Switzerland) GmbH
Novartis Pharma Schweiz AG
Takeda Pharma AG

Sponsored parallel symposia in alphabetical order

Astellas Pharma AG
Thursday, December 7, 2023 – 11.30-12.15/BARCELONE-ROOM A

AstraZeneca SA
Thursday, December 7, 2023 – 11.30-12.15/ST-MORITZ- ROOM B

Bayer (Schweiz) AG
Thursday, December 7, 2023 – 13.45-14.30/BARCELONE-ROOM A

Boehringer Ingelheim (Schweiz) GmbH
Friday, December 8, 2023 – 09.15-10.00/ST-MORITZ- ROOM B

Chiesi SA
Friday, December 8, 2023 – 11.15-12.00/BARCELONE-ROOM A

CSL Vifor Pharma Switzerland AG
Thursday, December 7, 2023 – 13.45-14.30/ST-MORITZ- ROOM B

GlaxoSmithKline AG
Friday, December 8, 2023 – 11.15-12.00/ST-MORITZ- ROOM B

Novartis Pharma Schweiz AG
Friday, December 8, 2023 – 13.00-13.45/ST-MORITZ- ROOM B

Otsuka Pharmaceutical (Switzerland) GmbH
Friday, December 8, 2023 – 09.15-10.00/BARCELONE-ROOM A

Publication Award 2023 / SGN-SSN

Otsuka Pharmaceutical (Switzerland) GmbH
Friday, December 8, 2023 – 08.45-09.00
Kind thanks to all our sponsors

...and members of SALMON PHARMA.
We would like to invite you to the

56th Annual Meeting of the Swiss Society of Nephrology SGN-SSN

on December 5-6, 2024 – Congress Center Basel

Please save the dates of December 5-6, 2024!

We look forward to welcoming you in Basel next year!

Benlysta is indicated:

• for reduction of disease activity in patients aged 5 years and older (infusion solution) and in patients aged 18 years and older (subcutaneous injection) respectively with active autoantibody positive systemic lupus erythematosus (SLE) who are receiving standard therapy.

• for treatment of lupus nephritis (LN) in adult patients receiving standard therapy.

Benlysta has not been studied in patients with severe active central nervous system lupus.

TARGET LUPUS NOW WITH BENLYSTA1

BENLYSTA powder for making an infusion solution, solution for subcutaneous injection. AB: Belimumab. A: Reduction of disease activity in patients aged 5 years and older (infusion solution) and in patients aged 18 years and older (subcutaneous injection) respectively with active autoantibody positive systemic lupus erythematosus (SLE) who are receiving standard therapy. Treatment of lupus nephritis (LN) in adult patients receiving standard therapy. Belimumab has not been studied in patients with severe active central nervous system lupus. D: Infusion solution (SLE patients ≥ 5 years, LN patients ≥ 18 years): 10 mg/kg on Days 0, 14, 28, and at 4-week intervals thereafter. Solution for subcutaneous injection (patients ≥ 18 years): SLE: 200 mg once weekly (independent of body weight). LN: Patients initiating therapy with Benlysta for active LN: 400 mg once weekly for 4 doses, then 200 mg once weekly thereafter. Patients continuing therapy with Benlysta for active LN: 200 mg once weekly.

CI:

Hypersensitivity to one of the ingredients.

W/P:

Infusion-, injection- and hypersensitivity reactions are possible, which can be severe, or fatal (delay in onset, and recurrence after initial resolution possible). Increased risk of infection possible. Presenting neurological symptoms, possibility of progressive multifocal leukoencephalopathy (PML) should be considered. Increased potential risk for development of malignancies. Before treatment with belimumab, the patient’s risk for depression or suicide must be carefully evaluated and the patient must be monitored accordingly during treatment. The physician must be contacted in the event of new or worsening psychiatric symptoms. Application in combination with other B-cell targeted therapy was not studied. Live vaccines should not be given for 30 days before or concurrently with Belimumab.

IA:

No drug interaction studies have been conducted. Evidence of increased clearance of belimumab i.v. when co-administered with steroids and ACE inhibitors.

P/L:

Pregnancy: Belimumab should only be used if the potential benefit to the mother justifies the potential risk to the foetus. If indicated, women of childbearing age should use adequate contraceptive measures while being treated and for at least four months after the last treatment. Lactation: Safety not verified. In consideration of all aspects it is recommended to consider discontinuing breast-feeding. SB: Very common: Infections, nausea, diarrhea. Common: Hypersensitivity-, infusion- and injection-related reactions, pyrexia, rhinopharyngitis, bronchitis, cystitis, gastroenteritis viral, pain in extremity, insomnia, depression, migraine, leukopenic reactions at the administration site (b. o. injection). Uncommon: a. o. bradycardia, anaphylactic reaction, angioedema, suicidal thoughts, suicidal behavior, rash: Store: at + 2 °C to + 8 °C, do not freeze. P: Powder for making an infusion solution: 120 mg and 400 mg vial. Solution for subcutaneous injection: Autoinjector 200 mg (1 ml) ×1 and ×4. DC: Vial: A. Autoinjector: B.

Last updated: April 2022. GlaxoSmithKline AG, 3053 Münchenbuchsee. Detailed information you can find under www.swissmedicinfo.ch. Please report adverse drug reactions under pv.swiss@gsk.com. Specialised persons can request the mentioned references from GlaxoSmithKline AG.


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GSK
Lupkynis® zur Behandlung der Lupus-Nephritis

1,64;4,27], p < 0,00012; d HR: 2,05 [95%-KI: 1,62;2,60], p < 0,0012; e HR: 2,02 [95%-KI: 1,51;2,70], p < 0,0012; f Reduktion der oralen Steroiddosis behielten diese niedrige Steroiddosis bis zum Monat 36 bei. Auf ≤ 2,5 mg/Tag in Woche 16 bei > 80 % der Patient:innen aus beiden Behandlungsgruppen in AURORA 1; > 75 % der Patient:innen in AURORA 2 dosierten Steroiden; angewendet in AURORA 1 (Monat 1 bis 12) sowie in der Fortsetzungsstudie AURORA 2 (Monat 13 bis 36). 2,3 OR: 2,65 [95%-KI: 1,98;3,56], HR: 2,05 [95%-KI: 1,59;2,62], p < 0,00012; d HR: 2,02 [95%-KI: 1,51;2,70], p < 0,0012; e HR: 2,02 [95%-KI: 1,51;2,70], p < 0,0012; f Reduktion der oralen Steroiddosis behielten diese niedrige Steroiddosis bis zum Monat 36 bei. HR: Hazard Ratio; KI: Konfidenzintervall; MMF: Mycophenolat-Mofetil; OR: Odds Ratio; UPCR: Protein/Kreatinin-Verhältnis im Urin.

Referenzen: (Literatur auf Anfrage bei Otsuka Pharmaceutical (Switzerland) GmbH erhältlich).

Dieses Arzneimittel unterliegt einer zusätzlichen Überwachung. Für weitere Informationen, siehe Fachinformation/Patienteninformation Lupkynis auf www.swissmedicinfo.ch. Lupkynis (Voclosporinum) Kurzfachinformation. Indikation: Lupkynis® in Kombination mit einer immunsuppressiven Basitherapie zur Behandlung von erwachsenen Patienten mit aktiver Lupusnephritis der Klassen III, IV oder V einschliesslich deren Missformen III/V und IV/V) indiziert. 2,3 Voclosporin vs. Placebo, jeweils kombiniert mit MMF und niedrig dosierten Steroiden; angewendet in AURORA 1 (Montag 1 bis 12) sowie in der Fortsetzungstudie AURORA 2 (Montag 13 bis 36). 2,3 OR: 2,65 [95%-KI: 1,98;3,56], HR: 2,05 [95%-KI: 1,59;2,62], p < 0,00012; d HR: 2,02 [95%-KI: 1,51;2,70], p < 0,0012; e HR: 2,02 [95%-KI: 1,51;2,70], p < 0,0012; f Reduktion der oralen Steroiddosis behielten diese niedrige Steroiddosis bis zum Monat 36 bei. HR: Hazard Ratio; KI: Konfidenzintervall; MMF: Mycophenolat-Mofetil; OR: Odds Ratio; UPCR: Protein/Kreatinin-Verhältnis im Urin.

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