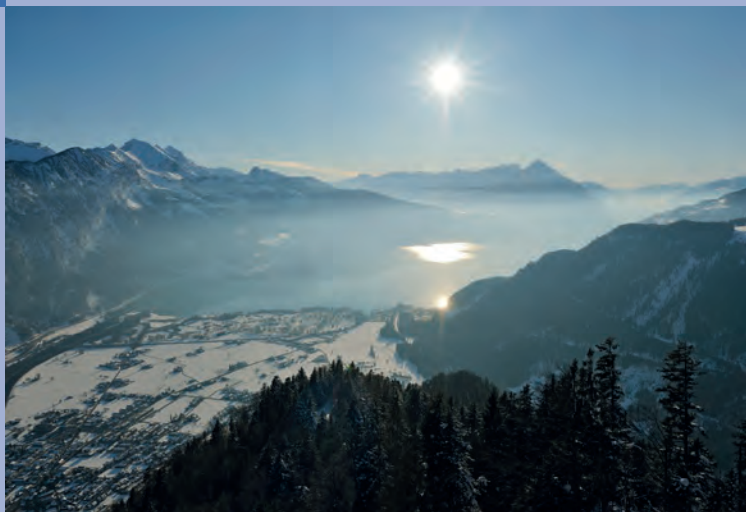


Registration : [www.meeting-com.ch](http://www.meeting-com.ch)

# Final Program



## 45th Annual Meeting Swiss Society of Nephrology

Kursaal Interlaken  
December 4-6, 2013

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

**NEPHRO**  
SWISS SOCIETY OF NEPHROLOGY  
[www.swissnephrology.ch](http://www.swissnephrology.ch)

Basics in Nephrology  
Pflege in der Nephrologie  
December 4, 2013

# Bei ANCA-Vaskulitis mit MabThera zur Remission:

**ANCA**  
Vaskulitis

- mindestens gleich wirksam wie CYC<sup>1</sup>
- nach Relapse wirksamer als CYC<sup>1</sup>

ANCA = anti-neutrophile zytoplasmatische Antikörper; CYC = Cyclophosphamid

**MabThera® (Rituximab):** Monoklonaler chimärer Antikörper gegen das Antigen CD20. **Ind:** Rheumatoide Arthritis (RA); MabThera in Kombination mit Methotrexat (MTX) ist zur Behandlung erwachsener Patienten mit mittelschwerer bis schwerer aktiver RA indiziert nach Versagen einer oder mehrerer Therapien mit Tumornekrosefaktor- (TNF-) Hemmern. ANCA-assoziierte Vaskulitis (AAV); MabThera in Kombination mit Kortikosteroiden ist zur Behandlung von Patienten mit schwerer aktiver AAV (Granulomatose mit Polyangiitis (auch bekannt als Morbus Wegener) und mikroskopische Polyangiitis) indiziert. **D:** Es soll stets eine Prämedikation verabreicht werden. RA: Ein Behandlungszyklus besteht aus zwei i.v. Infusionen zu je 1000 mg im Abstand von 2 Wochen. AAV: Die empfohlene Dosierung beträgt 375 mg/m<sup>2</sup> Körperoberfläche, einmal wöchentlich i.v. während 4 Wochen. **KI:** Überempfindlichkeit gegen Bestandteile des Arzneimittels. Aktive Infektionen. Schwere Herzinsuffizienz (NYHA Klasse IV). In Kombination mit Methotrexat während der Schwangerschaft und Stillzeit. **VM:** Bei vorbestehender respiratorischer Insuffizienz, Herzerkrankungen, Schwangerschaft, stark eingeschränkter Immunabwehr. **IA:** Keine IA mit MTX. **UAW:** Infusionsreaktionen, Infektionen (insbesondere der oberen Atemwege und Harnwege), Bronchospasmus/Stenoseatmung, Ödeme, Urtikaria, Alopezie, reversible Hypotonie oder Hypertonie. **P:** 2 Amp. MabThera zu 100 mg/10ml und 1 Amp. zu 500 mg/50l Infusionskonzentrat. Verkaufskategorie A. Weitere Informationen, u.a. zu onkologischen Indikationen, entnehmen Sie bitte der publizierten Fachinformation unter [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch). Juni 2013.

**Referenz:** (1) Stone JH et al. Rituximab versus cyclophosphamide for ANCA-associated vasculitis. *New Engl J Med* 2010;363:221-232.

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## Invitation 2013

Dear Colleagues  
Dear Friends

Interlaken is a beautiful venue and we will certainly enjoy it, but the scientific program is the true heart of our Annual Meeting. If Interlaken will enchant you, the scientific program will satisfy your interest about nephrology today.

Historically this is an important year for nephrology and especially for dialyses in Switzerland. Fifty years ago the first home hemodialysis on continental Europe was performed in Lauterbrunnen. Dr. Guido Bichsel from Interlaken together with Dr. Cottier played a key role for the success of this risky and courageous challenge for the time. Dr. Guido Bichsel is invited as honorary guest to this meeting. To celebrate this historic event an exhibition of old dialysis machines and devices will be shown in the exhibition area.

This year the real gem will be lectures from swiss nephrologists working in university clinics, in research and in private practice. We tried to make a balanced program with topics of general interest, general nephrology, pediatric nephrology, dialysis, transplantation, hypertension, basic research and renal pathology. The highlights of the meeting will be the opening lecture, the special session on pregnancy and kidney diseases, the NCCR renal physiology lectures, and the "news and updates" session at the end of the meeting.

Following the last year's success, we organized again the important and interesting symposium on nursing and research in nursing, a topic getting more and more important in nephrology today. Parallel to this session will be the CME (continuous medical education), this year on renal replacement therapies. This CME will be organized by Prof. D.E. Uehlinger and the dialysis committee of our society.

The opening session will differ from last years'. This years' opening session will include the nurses and health specialists. For this reason, a multi-language approach was chosen with French, German and English presentations. Three distinguished speakers will treat three hot topics in nephrology: salt in Switzerland, multimedia, and therapy of glomerulonephritis. The opening session will be closed by the poster session joined by the traditional aperitif; we hope that great discussions and networking will close this evening.

Pregnancy and nephrology is closely related. In Switzerland we have internationally recognized research on pregnancy related problems such as hypertension and preeclampsia. Together with Prof. M.G. Mohaupt, we organized a special session on pregnancy related disorders, including clinical presentations and a panel discussion to clarify important points.

## Invitation 2013

It is a privilege for the society that this year again two special NCCR lectures will be given on Friday. Swiss nephrology has always been linked to excellent and internationally recognized basic research. The society is grateful to Prof. F. Verrey and Prof. J. Loffing who continue this important tradition. On behalf of the NCCR kidney.ch, they organized the main physiology session of this meeting.

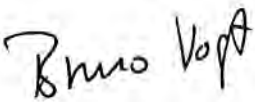
In renal pathology, we are committed to follow the Swiss tradition and created a new session on renal pathology with the hope that in the following years this topic will get a strong place in the annual meeting, a platform for discussion of news in renal pathology and clinical-pathological confrontations.

This year's dinner will be in the beautiful congress venue followed by dance because we will be in the historical dance room « Ballsaal », and by that reactivate an old tradition in Swiss nephrology: long time ago Swiss nephrologists needed to know three to four languages for the annual meeting – and they needed to know dancing for the gala evening!

And for the first time, we introduced a "news and updates" session to close the meeting.

Join us in Interlaken for such an outstanding annual meeting of the Swiss Society on Nephrology!

Kind Regards



Prof. Dr. B. Vogt  
Congress president SGN-SSN 2013



Prof. Dr. U. Huynh-Do  
Co-congress president SGN-SSN 2013

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## Urocit® Tabletten

**Z:** Kalii citras 1080 mg (10 mEq), Tabletten. **I:** Zur Alkalisierung des Harnes bei Patienten mit Nierensteinen in der Anamnese, zur Rezidivprophylaxe. **D:** Im Allgemeinen ist für die Anhebung des Urin-pHs auf einen Wert von 6–7 eine Dosis von 30–60 mEq/Tag erforderlich. **KI:** Hyperkaliämie, Patienten mit erhöhtem Risiko für eine Hyperkaliämie, beeinträchtigter Magendarmtransit, Ösophagus- bzw. Darmobstruktion oder -strikturen, Magen-Darm-Ulzera, aktive Harnwegsinfektion, eingeschränkte Nierenfunktion (GFR < 0.7 ml/kg/min), Komedikation mit kaliumsparenden Diuretika oder ACE-Hemmern. **VM:** Ausreichende Flüssigkeitszufuhr. Vor Therapiebeginn Elektrolyte im Serum bestimmen und Nierenfunktion kontrollieren. Bei Herzinsuffizienz oder anderen schweren Myokardschädigungen möglichst nicht anwenden. Vorsicht bei Myotonia congenita. **UW:** Häufig gastrointestinale Störungen, welche weitgehend vermieden werden können, wenn das Präparat mit genügend Flüssigkeit eingenommen wird. **IA:** Kaliumsparende Diuretika, ACE-Hemmer, nicht-steroidale Antiphlogistika, periphere Analgetika, Digitalisglykoside, Aluminiumhaltige Präparate, Präparate, die eine Verlangsamung der gastrointestinalen Transitzeit bewirken (wie z.B. Anticholinergika). **P:** Urocit 100 Tabletten. Abgabekategorie B. Kassenzulässig (BAG LIM). Ausführliche Informationen siehe [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch)

1. Urocit® (Kaliumcitrat): aktuelle Schweizer Fachinformation auf [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch)

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CH-6340 Baar, [www.profarma.ch](http://www.profarma.ch)



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# Urocit. Rezidivprophylaxe des Nierensteins.<sup>1</sup>



06:13

## Organization

**Congress president** Prof. Bruno Vogt, Inselspital, Bern

**Co-congress president** Prof. Uyen Huynh-Do, Inselspital, Bern

### Board of the SGN-SSN

**President**  
Prof. François Verrey, Zurich

**President-elect**  
Prof. Jürg Steiger, Basel

**Secretary**  
Prof. Olivier Bonny, Lausanne

**Treasurer**  
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**Delegates FMH and medical association**  
Prof. Felix Brunner, Basel

**Members**  
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Prof. Luca Gabutti, Lugano  
PD Daniel Fuster, Bern  
Prof. Pierre-Yves Martin, Geneva

**Dialysis Committee**  
Dr. Denes Kiss, Liestal



## General information

<b>Congress venue</b>	<b>Congress Centre Kursaal Interlaken</b> Strandbadstrasse 44 3800 Interlaken		
<b>Registration &amp; congress secretariat</b>	<b>Meeting-com Sàrl</b> Rue des Pâquis 1, CP 100, CH-1033 Cheseaux-sur-Lausanne Online registration on: <a href="http://www.meeting-com.ch">www.meeting-com.ch</a> T +41 21 312 9261 – F +41 21 312 9263 – E <a href="mailto:info@meeting-com.ch">info@meeting-com.ch</a> Onsite registration also possible (onsite fee)		
<b>Registration fee for congress</b>	<b>Early fee</b> (before Oct. 31, 2013)	<b>Late fee</b> (Nov 1-27, 2013)	<b>Onsite fee</b> (From Nov. 28, 2013)
Member SGN-SSN	CHF 180.00	CHF 220.00	CHF 250.00
Non-member	CHF 230.00	CHF 270.00	CHF 300.00
Residents/Students*	CHF 130.00	CHF 170.00	CHF 200.00

The registration fee includes: access to the scientific sessions, congress documents and lunches. The Gala Dinner is not included and has to be booked separately when registering (CHF 70.00). Places are limited and a reservation is required.

\*In order to benefit from the reduced fee, students or residents are required to send a document confirming their status to the SGN-SSN 2013 Congress management by fax or scanned within 7 days from the date of registration.

<b>Registration fee for parallel symposia</b>	<b>Early fee</b> (before Oct. 31, 2013)	<b>Late fee</b> (Nov 1-27, 2013)	<b>Onsite fee</b> (From Nov. 28, 2013)
Basics in Nephrology	CHF 80.00	CHF 100.00	CHF 120.00
Pflege in der Nephrologie	CHF 60.00	CHF 80.00	CHF 100.00

Separate registration is required using the online-registration on [www.meeting-com](http://www.meeting-com).

<b>Payment</b>	Upon registration you will receive a confirmation by email together with the banking details for the payment. Payment by credit card upon registration possible.
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## General information

<b>Cancellation</b>	Written notification is required for all cancellations and changes. Cancellations of registrations should be sent to the congress secretariat. Before October 31, 2013, 50% refund of the registration fee. Thereafter no refund.
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<b>Industrial exhibition</b>	An industrial exhibition will take place at the Congress Venue. It will be open throughout the congress. Coffee breaks will be offered on each booth.
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<b>Hotel booking</b>	Hotel reservation possible online on <a href="http://www.meeting-com.ch">www.meeting-com.ch</a> when registering.
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<b>Congress management</b>	Meeting-com Sàrl Congress Organisation Mrs Sabine Gisler Rue des Pâquis 1, CP 100, 1033 Cheseaux-sur-Lausanne T +41 21 312 9161, F +41 21 312 9263 <a href="mailto:sabine.gisler@meeting-com.ch">sabine.gisler@meeting-com.ch</a> , <a href="http://www.meeting-com.ch">www.meeting-com.ch</a>
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<b>Abstracts</b>	The abstracts must be submitted until September 23, 2013, only via Internet on: <a href="http://www.swissnephrology.ch">www.swissnephrology.ch</a>
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The abstracts accepted as poster will be presented in the poster exhibition. Dimensions of posters: height 120 cm and width 90 cm.



The two highest rated posters and the highest rated oral presentation on a case report will receive a poster award during the cocktail on December, 5th, 2013.

The scientific committee will select a number of abstracts which will be presented as oral presentations. Speaking time: 8 mn and 2 mn discussion.

<b>Confirmation</b>	Scientific contributions (oral presentations and posters) will be reviewed and confirmed by e-mail by beginning of October, 2013.
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Authors presenting an accepted paper or poster must register to attend the meeting and pay the appropriate registration fee.

## General information

### Credits

Credits points will be given by the following societies:

#### SGN-SSN Congress, December 4-6, 2013

SGN-SSN: 16 credit points  
SSGIM: 16 credit points  
SGAM: full length of the continuous education is creditable (1h = 1 credit): 15.5 credit points  
SSGO: 2 credit points  
SSP: 1.5 credit points

#### Basics in nephrology, December 4, 2013

SGN-SSN: 3.5 credit points  
SGAM: full length of the continuous education is creditable (1h = 1 credit): 4 credit points

### Language

Lectures in English, discussion in German, French or English.  
**The Symposium «Pflege in der Nephrologie» will be held in German.**



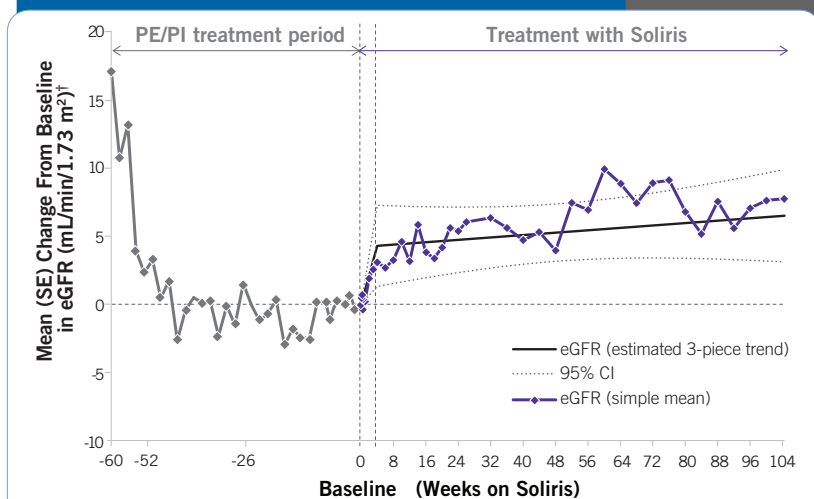
# Chronic SOLIRIS® treatment improves renal function in aHUS patients<sup>1</sup>

Despite long duration of renal impairment and PE/PI, 40% (n=8/20) patients experienced a significant improvement in eGFR ( $\geq 15$  mL/min/1.73m<sup>2</sup>) over 2 years.<sup>2</sup>

Study C08 - 003: Patients with long duration of aHUS and chronic kidney disease (n=20).

7 mL/min/1.73m<sup>2</sup> mean improvement in eGFR at 2 years<sup>2</sup>

Secondary endpoint



Primary endpoint : TMA event free status

†Mean eGFR (SE) at baseline was 22.8±3.8 mL/min/1.73 m<sup>2</sup>. 100% of patients had eGFR <60 mL/min/1.73 m<sup>2</sup> at baseline.<sup>1</sup>

1. Legendre CM *et al.* *N Engl J Med* 2013;368:2169-81. 2. Licht C *et al.* Poster presented at 54th ASH Annual Meeting and Exposition. December 8-11, 2012; Atlanta, GA.

**Active substance: Eculizumab.** Soliris (eculizumab) is indicated for the treatment of patients with atypical Haemolytic Uraemic Syndrome (aHUS). The aHUS dosing regimen for adult patients ( $\geq 18$  years of age) consists of a 4-week initial phase followed by a maintenance phase:

- Initial phase: 900 mg of Soliris via a 25 - 45 minute intravenous infusion every week for the first 4 weeks
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Hypersensitivity to eculizumab, murine proteins or to any of the excipients mentioned in the paragraph "composition". Do not initiate Soliris therapy in aHUS patients:

- with unresolved *Neisseria meningitidis* infection.
- who are not currently vaccinated against *Neisseria meningitidis* or do not receive prophylactic treatment with appropriate antibiotics until 2 weeks after vaccination

Due to its mechanism of action, Soliris increases the patient's predisposition to meningococcal infection (*Neisseria meningitidis*). These patients might be at risk of disease by uncommon serogroups (particularly Y, W135 and X), although meningococcal disease due to any serogroup may occur. To reduce the risk of infection, all patients must be vaccinated at least 2 weeks prior to receiving Soliris. Patients less than 2 years of age and those who are treated with Soliris less than 2 weeks after receiving a meningococcal vaccine must receive treatment with appropriate prophylactic antibiotics until 2 weeks after vaccination. Patients must be re-vaccinated according to current medical guidelines for vaccination use. tetravalent vaccines against serotypes A, C, Y, and W135 are strongly recommended, preferably conjugated ones.

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Tél: +41 21 318 43 00 - Fax: +41 21 318 43 01 **Authorisation Number:** Swissmedic 59 282 **Prescription Category:** List A

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## Program at a glance

### Wednesday, December 4, 2013

	Satellite symposium Basics in nephrology	Special Satellite Symposium Pflege in der Nephrologie
Time	Plenary A	Plenary B
10.00-10.30	Registration	
10.30-11.30	Plenary session	Eröffnung Forschung in der Pflege
11.30-12.00	Coffee break	Kaffeepause
12.00-13.00	Plenary session	Pflege und Patient
13.00-14.00	Lunch	Mittagspause
14.00-15.30	Plenary session	Pflege und Wissenschaft
15.30-16.00	Break – Visit of the exhibition	

### Annual meeting of the Swiss Society of Nephrology

Time	Plenary A	Plenary B
16.00-16.10	Congress opening	
16.10-17.20	Opening keynote lectures 1 and 2	
17.20-18.00	Opening special lecture	
18.00-19.00	Main poster session with aperitif at the exhibition	

## Program at a glance

### Thursday, December 5, 2013

Time	Plenary A	Plenary B
07.00-08.00	Registration	
08.00-08.45	Keynote lecture	
08.45-09.15	Special lecture	
09.15-09.30	Break	
09.30-10.15	Satellite symposium sponsored by VIFOR	
10.15-10.45	Coffee break – Visit of the exhibition – Poster viewing	
10.45-11.45	Oral presentations Transplantation	Oral presentations Clinical nephrology/Hypertension
11.45-12.00	Break	
12.00-12.45	Satellite lunch symposium sponsored by NOVARTIS	
12.45-13.45	Standing lunch	
13.45-15.15	General & pediatric nephrology	
15.15-15.45	Coffee break – Visit of the exhibition – Poster viewing	
15.45-17.20	Special symposium on pregnancy & Kidney diseases	
17.20-17.30	Break	
17.30-18.30	General assembly SGN-SSN	
18.30-19.15	Cocktail – Poster prize awards	
From 19.30	Gala dinner (Ballsaal)	

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2013 Interlaken.

 **FRESENIUS  
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## Program at a glance

### Friday December 6, 2013

Time	Plenary A	Plenary B
07.00-08.00	Registration	
08.00-08.30	Keynote lecture	
08.30-09.15	Special lecture	
09.15-09.30	Break	
09.30-10.15	Satellite symposium sponsored by AMGEN	
10.15-10.45	Coffee break – Visit of the exhibition – Poster viewing	
10.45-11.45	Oral presentations Dialysis	Oral presentations NCCR/Experimental nephrology
11.45-12.00	Break	
12.00-12.45	Parallel satellite lunch symposia by BAXTER-GAMBRO RENAL	Parallel satellite lunch symposia by ABBVIE
12.45-13.30	Standing lunch	
13.30-14.30	Parallel symposia NCCR	Parallel symposia pathology
14.30-14.40	Break – Visit of the exhibition – Poster viewing	
14.40-16.30	Closing Session	
16.30	Farewell Address	



### Satellite CME symposium: basics in nephrology Hemodialysis: slightly beyond basics

Chair: Dominik Uehlinger, Bern; Luca Gabutti, Locarno

From 10.00	Registration
10.30-11.00	<b>Intradialytic hypotension</b> Georges Halabi, Yverdon
11.00-11.30	<b>Intra- and interdialytic Hypertension</b> Pascal Meier, Sion
11.30-12.00	Coffee break
12.00-12.30	<b>Dialysate: optimal sodium concentration</b> Andreas Bock, Aarau
12.30-13.00	<b>Dialysate: optimal calcium and magnesium concentrations</b> Stefan Farese, Solothurn
13.00-14.00	Lunch break
14.00-14.30	<b>Sodium and ultrafiltration profiling, CritLine, BVM &amp; Co: useful tools or fancy toys?</b> Patrice Ambühl, Zürich
14.30-15.00	<b>Dialysis water quality: does it really matter with today's inline water filters?</b> Denes Kiss, Liestal
15.00-15.30	<b>Online Kt/V measurements: do they replace pre and postdialysis blood sampling?</b> Dominik Uehlinger, Bern
15.30	<b>End of the basics in nephrology course</b>
15.30-16.00	Break – Visit of the exhibition

### Special Satellite Symposium: Pflege in der Nephrologie Soins en néphrologie / Nephrology nursing

(Symposiumssprache: Deutsch)

Vorsitz: Ursula Dietrich, Bern; Gisela Rütli, Bern

Ab 10.00	Registration
10.30-10.45	<b>Eröffnung</b> Bruno Vogt, Bern
10.45-11.30	<b>Forschung in der Pflege</b> Elisabeth Spichiger, Bern
11.30-12.00	Kaffeepause
12.00-12.30	<b>Empfehlungen zur Erfassung der Mangelernährung bei Hämodialyse-Patientinnen und-Patienten</b> Lea-Angelica Zürcher, Bern; Sonja Schönberg, Bern
12.30-13.00	<b>Informations- und Beratungsbedürfnisse von CKD I-V Patienten (ohne Ersatztherapie)</b> Gisela Rütli, Bern
13.00-14.00	Mittagspause
14.00-14.30	<b>Leitfaden zur Entscheidungsfindung bei der Frage nach einem Dialyseabbruch</b> Claudia Studer, Zürich
14.30-15.00	<b>Aromatherapie auf der Dialysestation</b> Silvana Tenini, Zürich
15.00-15.30	<b>Adhärenz bei Dialysepatienten</b> Hanna Burkhalter, Basel
15.30	<b>Ende des Symposiums</b>
15.30-16.00	Pause – Besuch der Ausstellung
16.00-18.00	<b>Alle Teilnehmer sind herzlich eingeladen, an den nachfolgenden Sitzungen in Room A teilzunehmen.</b>

# FINDing the balance

Iron and phosphate management in CKD patients

Thursday, December 5, 2013, 9.30–10.15 h

Room A, Kursaal Interlaken



## New perspectives for the treatment of hyperphosphatemia

Prof. Dr. med. Rudolf P. Wüthrich, Universitätsspital Zürich

## Optimal iron treatment in CKD: The FIND-CKD study

Prof. Dr. med. Andreas Bock, Kantonsspital Aarau

Chairman: Prof. Dr. med. Rudolf P. Wüthrich

## Wednesday, December 4

Room A

### Swiss Society of Nephrology Congress

16.00	Opening ceremony of the 45th Annual Meeting of the Swiss Society of Nephrology
16.00-16.10	<b>Welcome address</b> François Verrey, Zurich Bruno Vogt, Bern Uyen Huynh-Do, Bern
16.10-16.40	<b>Opening keynote lecture 1</b> Chair: Bruno Vogt, Bern; Uyen Huynh-Do, Bern  <b>Sel et hypertension</b> Murielle Bochud, Lausanne
16.40-17.20	<b>Opening keynote lecture 2</b> Chair: Bruno Vogt, Bern; Uyen Huynh-Do, Bern  <b>Internet und Medizin</b> Andrea Belliger, Lucerne
17.20-18.00	<b>Opening special lecture</b> Chair: Bruno Vogt, Bern; Uyen Huynh-Do, Bern  <b>Targeting B-cells in the treatment of glomerular diseases</b> Fernando Fervenza, Rochester (USA)
18.00-19.00	<b>Main poster session with aperitif at the exhibition</b>

From 07.00 Registration

**08.00-08.45 Keynote lecture on transplantation**  
*Chair: Jürg Steiger, Basel; Thomas Fehr, Zurich*  
**ABO incompatible renal transplantation**  
 Karine Hadaya, Geneva  
**Donor specific antibodies in renal transplantation**  
 Patrizia Amico, Basel

**08.45-09.15 Special lecture: G. Thiel Memorial lecture**  
*Chair: Jürg Steiger, Basel; Thomas Fehr, Zurich*  
**Tolerance in solid organ transplantation**  
 Déla Golshayan, Lausanne

09.15-09.30 Break

**09.30-10.15 Satellite symposium**  
 Sponsored by VIFOR PHARMA:   
**FINDing the balance**  
 Iron and phosphate management in CKD patients  
*Chair: Rudolf P. Wüthrich, Zürich*  
**New perspectives for the treatment of hyperphosphatemia**  
*Rudolf P. Wüthrich, Zürich*  
**Optimal iron treatment in CKD: The FIND-CKD study**  
*Andreas Bock, Aarau*

10.15-10.45 Coffee Break – Visit of the exhibition-poster viewing

**10.45-11.45 Oral parallel presentations:**

- **Transplantation** **Room A**  
*Chair: Rudolf P. Wüthrich, Zurich; Daniel Ackermann, Bern*
- **Clinical nephrology / Hypertension** **Room B**  
*Chair: Michael Dickenmann, Basel; Patrick Saudan, Geneva*

11.45-12.00 Break

Oral parallel presentations:

**10.45-11.45 Transplantation** **Room A**  
*Chair: Rudolf P. Wüthrich, Zurich; Daniel Ackermann, Bern*

**OC 01 Targeting apoptosis to induce tolerance across memory T cell barriers**  
**Gabriel S.S.**, Chen J., Wüthrich R.P., Fehr T., Cippà P.E. – **Zurich**

**OC 02 Potential role of T cell and platelet microvesicles in mediating anti-thymocyte-globulin-induced hypercoagulability in transplant patients**  
**Zecher D.**, Cumpelik A., Jin J., Gerossier E., Dickenmann M., Schifferli J. – **Basel**

**OC 03 Impact of donor secretor status in ABO-incompatible living donor kidney transplantation**  
**Drexler B.**<sup>1</sup>, Holbro A.<sup>1</sup>, Sigle J.<sup>2</sup>, Gassner C.<sup>3</sup>, Schaub S.<sup>1</sup>, Amico P.<sup>1</sup>, Infanti L.<sup>1</sup>, Stern M.<sup>1</sup>, Buser A.<sup>1</sup>, Dickenmann M.<sup>1</sup>  
<sup>1</sup>Basel, <sup>2</sup>Aarau, <sup>3</sup>Zurich

**OC 04 Patient's cooperation has a critical impact on kidney transplant waitlisting**  
**Bruni J.**, Tsinalis D., Binet I. – **St. Gallen**

**OC 05 Acute and six months mineral metabolism adaptation in living kidney donors: a prospective study**  
**De Seigneux S.**, Ponte B., Trombetti A., Hernandez T., Hadaya K., Martin P.-Y. – **Geneva**



## INVITATION

# ABBVIE LUNCH SYMPOSIUM

Friday, December 6<sup>th</sup>, 2013  
12.00–12.45 Room B

## MANAGEMENT OF CKD – WHAT IS CLINICALLY RELEVANT?

Prof. Dr. David Goldsmith,  
Renal and Transplantation Department, Guy's Hospital, London  
Chairman: PD Dr. Andreas Pasch, Inselspital Bern

## Oral communications

Oral parallel presentations:

- |             |  |               |
|-------------|--|---------------|
| 10.45-11.45 | <b>Clinical nephrology / Hypertension</b><br><i>Chair: Michael Dickenmann, Basel; Patrick Saudan, Geneva</i>   | <b>Room B</b> |
| OC 06       | <b>Albuminuria is associated to increased phosphate level independently of GFR</b><br><b>De Seigneux S.M.</b> , Courbebaisse M., Wagner C., Sherrer P., Houiller P., Martin P.-Y., Feraille E. – Geneva  |               |
| OC 07       | <b>Impact of proton-pump inhibitors and diuretics on the risk of hypomagnesemia in patients admitted to the emergency department</b><br><b>Arampatzis S.</b> <sup>1</sup> , Lindner G. <sup>1</sup> , Funk G.-C. <sup>2</sup> , Leichtle A. B. <sup>1</sup> , Fiedler G.-M. <sup>1</sup> , Pasch A. <sup>1</sup> , Mohaupt M. <sup>1</sup> , Exadaktylos A. <sup>1</sup><br><sup>1</sup> Berne, <sup>2</sup> Vienna/AT |               |
| OC 08       | <b>Serum galactose-deficient IgA1 level changes depending on the degree of immunosuppression in IgA nephropathy patients after kidney transplantation</b><br><b>Kim M.J.</b> <sup>1</sup> , Schaub S. <sup>1</sup> , Molyneux K. <sup>2</sup> , Barratt J. <sup>2</sup> , Koller M. <sup>1</sup> , Jehle A. <sup>1</sup> , Steiger J. <sup>1</sup><br><sup>1</sup> Basel, <sup>2</sup> Leicester/UK                    |               |
| OC 09       | <b>Genetically high plasma angiotensinogen potentiates L-NAME induced hypertension and promotes cardio-vascular end-organ damage in transgenic rats</b><br><b>Bohlender J.</b> , Gudo B. – Freiburg  |               |
| OC 10       | <b>Leptin is associated with nighttime sodium excretion: a cross-sectional study in an African population</b><br><b>Wuerzner G.</b> <sup>1</sup> , Maillard M. <sup>1</sup> , Bovet P. <sup>1</sup> , Teta D. <sup>1</sup> , Reyna Carmona L.E. <sup>2</sup> , Bochud M. <sup>1</sup> , Burnier M. <sup>1</sup><br><sup>1</sup> Lausanne, <sup>2</sup> Seychelles/SC   |               |



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## INVITATION NOVARTIS SYMPOSIUM

05. December 2013 12:00–12:45

**Protection beyond rejection: Long term challenges for graft and patient in renal transplantation**

*Chair: Prof. J. Steiger, Basel*

**Thursday, December 5**

**Room A**

12.00-12.45

Satellite lunch symposium

Sponsored by NOVARTIS



**Protection beyond rejection Long term challenges for graft and patient in renal transplantation**

*Chair: Jürg Steiger, Basel*

**Graft protection through optimization of immunosuppressive regimens**

Bruno Watschinger, Vienna (AT)

**Malignancy in transplanted patient; the potential role of mTOR inhibitors in the prevention**

Günther Hofbauer, Zurich

12.45-13.45

Standing lunch at the exhibition

13.45-15.15

**General and pediatric nephrology**

*Chair: Olivier Devuyst, Zurich; Thomas Neuhaus, Lucerne*

13.45-14.15

**General nephrology: mechanism(s) of glomerulonephritis**

Uyen Huynh-Do, Bern

14.15-14.45

**Pediatric nephrology**

**Nephrotic syndrome resistant to steroids**

Georges Deschênes, Paris (F)

14.45-15.15

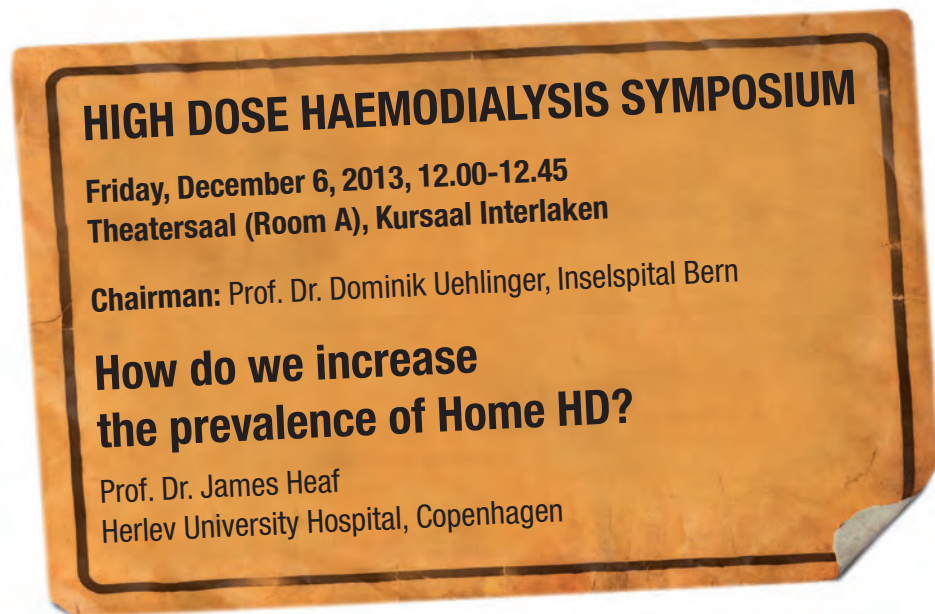
**Hypertension in children**

Giacomo Simonetti, Bern

15.15-15.45

Coffee break – Visit of the exhibition-poster viewing

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15.45-17.20	<b>Special symposium on pregnancy and kidney diseases</b> <i>Chair: Michel Burnier, Lausanne; Isabelle Binet, St.Gallen</i>
15.45-16.05	<b>Preeclampsia</b> Yvan Vial, Lausanne
16.05-16.25	<b>Hypertension in pregnancy</b> Antoinette Pechère, Geneva
16.25-16.45	<b>Aldosterone in preeclampsia</b> Markus Mohaupt, Bern
16.45-17.05	<b>The pregnant renal patient</b> Claudia Ferrier, Lugano
17.05-17.20	<b>Panel discussion</b>
17.20-17.30	Break
17.30-18.30	<b>GENERAL ASSEMBLY SGN-SSN</b> <i>New organization of the Swiss Dialysis Registry: Patrice Ambühl, Zurich</i>
18.30-19.15	Cocktail
From 19.30	<b>Gala Dinner – Poster prize awards</b>

**Room B/Ballsaal**



Pre-reservation is highly recommended. Price: CHF 70.00/ticket.

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**Cardio–Renal Cross Talk**  
**Improving the Cardio–Renal Dialogue**  
*What can we learn from the two specialties?*

Friday December 6<sup>th</sup>, 2013  
from 9.30 am to 10.15 am

**Session Chair:**

Professor Dr Michel Burnier  
CHUV Lausanne, Switzerland

**Session Speakers:**

Professor Philip A Kalra  
Salford Royal NHS Foundation Trust and  
University of Manchester, UK

Dr Paul R Kalra  
Portsmouth Hospitals NHS Trust, Portsmouth, UK

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**Friday, December 6**

**Room A**

From 07.00 Registration

**08.00-08.30 Keynote lecture dialysis**  
*Chair: Denes Kiss, Liestal; Pierre-Yves Martin, Geneva*  
**High-efficiency dialyses: past, present, future!**  
Beat von Albertini, Lausanne

**08.30-09.15 Special lecture**  
*Chair: Denes Kiss, Liestal; Pierre-Yves Martin, Geneva*  
**RAAS and hypertension**  
Michel Burnier, Lausanne

09.15-09.30 Break

**09.30-10.15 Satellite symposium**  
Sponsored by **AMGEN**  
*Chair: Michel Burnier, Lausanne*  
**Improving the renal – cardio dialogue –  
what can we learn from the two specialties?**  
Philip Kalra, Manchester, UK  
Paul Kalra, Southampton, UK

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10.15-10.45 Coffee break – Visit of the exhibition-poster viewing

**10.45-11.45 Oral parallel presentations:**  
– **Dialysis**  
*Chair: Daniel Teta, Lausanne; Pascal Meier, Sion*  
– **NCCR / Experimental nephrology**  
*Chair: Carsten Wagner, Zürich; Olivier Bonny, Lausanne*

**Room A**

**Room B**

11.45-12.00 Break

## Oral communications

### Oral parallel presentations:

10.45-11.45

Dialysis

Chair: Daniel Teta, Lausanne; Pascal Meier, Sion

Room A

- OC 11      **Prevalence and predictors of sleep apnea in patients undergoing chronic intermittent hemodialysis**  
**Forni Ogna V.**<sup>1</sup>, Ogna A.<sup>1</sup>, Bassi I.<sup>1</sup>, Prujim M.<sup>1</sup>, Halabi G.<sup>2</sup>, Gauthier T.<sup>3</sup>, Bullani R.<sup>4</sup>, Phan O.<sup>5</sup>, Cherpillod A.<sup>1</sup>, Mathieu C.<sup>1</sup>, Von Albertini B.<sup>1</sup>, Teta D.<sup>1</sup>, Mihalache A.<sup>1</sup>, Burnier M.<sup>1</sup>, Heinzer R.<sup>1</sup>  
<sup>1</sup>Lausanne, <sup>2</sup>Yverdon, <sup>3</sup>Vevey, <sup>4</sup>Morges, <sup>5</sup>Payerne
- OC 12      **Intermittent hemodialysis reduces the severity of obstructive sleep apnea in patients with end stage renal disease by decreasing nocturnal rostral fluid shift**  
**Ogna A.**<sup>1</sup>, Forni Ogna V.<sup>1</sup>, Mihalache A.<sup>1</sup>, Halabi G.<sup>2</sup>, Prujim M.<sup>1</sup>, Cornette F.<sup>1</sup>, Rubio J.H.<sup>1</sup>, Burnier M.<sup>1</sup>, Heinzer R.<sup>1</sup>  
<sup>1</sup>Lausanne, <sup>2</sup>Yverdon
- OC 13      **Walking capacity improves survival in a large prospective swiss dialysis cohort**  
**Winzeler R.**<sup>1</sup>, Rätz H.-R.<sup>2</sup>, Kiss D.<sup>3</sup>, Kistler T.<sup>4</sup>, Kneubühl A.<sup>5</sup>, Trachsler J.<sup>5</sup>, Miozzari M.<sup>6</sup>, Ambühl P.<sup>1</sup>  
<sup>1</sup>Zurich, <sup>2</sup>Baden, <sup>3</sup>Liestal, <sup>4</sup>Winterthur, <sup>5</sup>Lachen, <sup>6</sup>Schauffhausen
- OC 14      **A multicentric prospective observational study analysing arterial stiffness in a hemodialysis cohort**  
**Salvadé I.**<sup>1</sup>, Schättli-Stählin S.<sup>1</sup>, Cereghetti C.<sup>2</sup>, Schönholzer C.<sup>3</sup>, Violetti E.<sup>3</sup>, Zwahlen H.<sup>4</sup>, Berwert L.<sup>4</sup>, Burnier M.<sup>5</sup>, Gabutti L.<sup>1</sup>  
<sup>1</sup>Locarno, <sup>2</sup>Mendrisio, <sup>3</sup>Lugano, <sup>4</sup>Bellinzona, <sup>5</sup>Lausanne
- OC 15      **Efficient removal of  $\beta$ 2-microglobulin and leptin by online hemodiafiltration: comparison of three state of the art dialyzers**  
**Paul. B.**, Bock A. – Aarau

## Oral communications

### Oral parallel presentations:

10.45-11.45

NCCR / Experimental nephrology


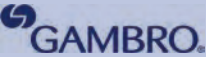

Chair: Carsten Wagner, Zürich; Olivier Bonny, Lausanne

Room B

- OC 16      **The sodium/proton exchanger NHA2 is a novel regulator of sodium and calcium homeostasis in the distal convoluted tubule**  
**Anderegg M.A.**, Albano G., Deisl C., Fuster D.G. – Berne
- OC 17      **Ureteric bud branching is suppressed by the loss of Trps1 due to the activation of TGF- $\beta$  signaling**  
**Gui T.**<sup>1</sup>, Yujing S.<sup>2</sup>, Zhibo G.<sup>2</sup>, Aiko S.<sup>2</sup>, Gengyin Z.<sup>1</sup>, Yasuteru M.<sup>2</sup>  
<sup>1</sup>Jinan/CN, <sup>2</sup>Kimiidera/JP
- OC 18      **Role of the Na/Ca exchanger NCX1 in osteoclasts: in vitro and in vivo studies**  
**Albano G.**<sup>1</sup>, Mercier Zuber A.<sup>2</sup>, Siegrist M.<sup>1</sup>, Dolder S.<sup>1</sup>, Stoudmann C.<sup>2</sup>, Hofstetter W.<sup>1</sup>, Bonny O.<sup>2</sup>, Fuster D.G.<sup>1</sup>  
<sup>1</sup>Berne, <sup>2</sup>Lausanne
- OC 19      **The renal and systemic response to an acute phosphate load: evidence against the existence of a gut-derived regulatory mechanism in humans**  
**Scanni R.**, Von Rotz M., Krapf R.
- OC 20      **Calciprotein particles induce an inflammatory response in macrophages**  
**Chandak P. G.**, Bijarnia R.K., Pasch A. – Berne



## Friday, December 6

12.00-12.45	<p><b>Parallel satellite lunch symposia</b></p> <p>Sponsored by <b>BAXTER-GAMBRO RENAL</b>  <i>Chair: Dominik Uehlinger, Bern</i></p> <p><b>High Dose Haemodialysis</b>  <b>How do we increase the prevalence of Home HD?</b>          James Heaf, Copenhagen, DK</p> <p>Sponsored by <b>ABBVIE</b>  <i>Chair: Andreas Pasch, Bern</i></p> <p><b>Management of CKD-          What is Clinically relevant?</b>          David Goldsmith, London, UK</p>	<p><b>Room A</b></p>   <p><b>Room B</b></p> 
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12.45-13.30 Standing **lunch** at the exhibition

13.30-14.30	<p><b>Parallel symposium NCCR</b>  <i>Chair: Johannes Loffing, Zurich; Eric Féraille, Genève</i></p>	<b>Room A</b>
13.30-14.00	<p><b>Physiology and pathophysiology of K<sup>+</sup> homeostasis</b>          Jens Leipziger, Aarhus (DK)</p>	
14.00-14.30	<p><b>A difficult task-the control of adrenal aldosterone secretion</b>          Richard Warth, Regensburg (D)</p>	

13.30-14.30	<p><b>Parallel symposium pathology</b>  <i>Chair: Solange Moll, Geneva</i></p>	<b>Room B</b>
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14.30-14.40 Break

## Friday, December 6

14.40-16.30 **Closing session**  
*Chair: François Verrey, Zurich; Bruno Vogt, Bern*



**Room A**

14.40-14.50 **SGN-SSN Publication Award 2013 presentation and short address**  
 Astrid Starke and Alf Corsenca, Zurich

### Updates in Nephrology

14.50-15.10 **Physiology**  
 Daniel Fuster, Bern

15.10-15.30 **General nephrology**  
 Sophie de Seigneux, Geneva

15.30-15.50 **Hemodialysis**  
 Stephan Segerer, Zurich

15.50-16.10 **Peritoneal dialysis**  
 Isabelle Binet, St. Gallen

16.10-16.30 **Kidney transplantation**  
 Stefan Schaub, Basel

16.30 **Farewell address**  
 Bruno Vogt, Bern  
 François Verrey, Zurich

## Poster presentations

### Transplantation

- P 01 **Generation of angiotensin-receptor and anti-perlecan antibodies: allo- or autoimmunity?**  
**Hönger G.**<sup>1</sup>, Cardinal H.<sup>2</sup>, Dieudé M.<sup>2</sup>, Buser A.<sup>1</sup>, Höfli I.<sup>1</sup>, Dragun D.<sup>3</sup>, Hébert M.-J.<sup>2</sup>, Schaub S.<sup>1</sup>  
<sup>1</sup>Basel, <sup>2</sup>Montréal/CA, <sup>3</sup>Berlin/DE
- P 02 **Socioeconomic effects of kidney transplantation**  
**Eppenberger L.**, Dickenmann M. – Basel
- P 03 **Prevalence, etiology, therapy and implications of anemia after kidney transplantation (PTA) in a large prospective swiss transplant cohort**  
**Winzeler R.**<sup>1</sup>, Neusser M.A.<sup>1</sup>, Dickenmann M.<sup>2</sup>, Kruse A.<sup>3</sup>, Hadaya K.<sup>4</sup>, Golshayan D.<sup>5</sup>, Wüthrich R.P.<sup>1</sup>, Ambühl P.<sup>1</sup>  
<sup>1</sup>Zurich, <sup>2</sup>Basel, <sup>3</sup>Berne, <sup>4</sup>Geneva, <sup>5</sup>Lausanne
- P 04 **Serum CXCL10 chemokine and correlation with subclinical vascular rejection**  
**Hirt-Minkowski P.**<sup>1</sup>, Ho J.<sup>2</sup>, Gao A.<sup>2</sup>, Amico P.<sup>1</sup>, Hofper H.<sup>1</sup>, Nickerson P.<sup>1,2</sup>, Schaub S.<sup>1</sup>  
<sup>1</sup>Basel, <sup>2</sup>Manitoba/CA
- P 05 **Excellent allograft survival (and improvement of lung function parameters) in patients receiving kidney after lung transplantation**  
**Schleich A.**, Heeringa S., Benden C., Brockmann J., Rüsli B., Fehr T., Schuurmans M.
- P 06 **Late antibody-mediated rejection and transplant glomerulopathy: how to avoid chronic rejection?**  
**Ferrari-Lacraz S.**, Bouatou Y., Ponte B., Moll S., Martin P.-Y., Villard J., Hadaya K. – Geneva

## Poster presentations

- P 07 **Urinary stone disease after kidney transplantation: how we manage it**  
**Keller E.-X.**, Mohebbi N., Müller A., Fehr T. – Zurich
- P 08 **Correlation of serum and urinary matrix metalloproteases/tissue inhibitors of metalloproteases with subclinical allograft fibrosis in renal transplantation**  
**Hirt-Minkowski P.**<sup>1</sup>, Marti H.-P.<sup>2</sup>, Hönger G.<sup>1</sup>, Grandgirard D.<sup>3</sup>, Leib S. L.<sup>3,4</sup>, Amico P.<sup>1</sup>, Schaub S.<sup>1</sup>  
<sup>1</sup>Basel, <sup>2</sup>Bergen/NO, <sup>3</sup>Berne, <sup>4</sup>Spiez

### Clinical nephrology, hypertension and case reports

- P 09 **Recurrent bone fractures due to tenofovir induced renal phosphate wasting**  
**Koenig K.F.**<sup>1</sup>, Kalbermatter S.<sup>1</sup>, Menter T.<sup>2</sup>, Graber P.<sup>1</sup>, Kiss D.<sup>1</sup>  
<sup>1</sup>Liestal, <sup>2</sup>Basel
- P 10 **Lithium poisoning at normal serum levels in a 70-year-old patient with acute kidney failure**  
**Hennemann J.**, Kneubühl A., Bregenzer T. – Lachen
- P 11 **Mycobacterium Haemophilum – cutaneous and pulmonary manifestation in a renal transplanted patient – diagnosis and treatment**  
**Anghel C.**<sup>1</sup>, Kamarachev J.<sup>2</sup>, Aerne D.<sup>3</sup>, Bregenzer T.<sup>1</sup>, Kneubühl A.<sup>1</sup>  
<sup>1</sup>Lachen, <sup>2</sup>Zurich, <sup>3</sup>Tuggen
- P 12 **Digital necrosis and renal failure**  
**Kalbermatter S.**<sup>1</sup>, Menter T.<sup>2</sup>, Hopfer H.<sup>2</sup>, Kiss D.<sup>1</sup>  
<sup>1</sup>Liestal, <sup>2</sup>Basel
- P 13 **First Switzerland confirmed case of acute kidney injury associated with metamizol sodium therapy**  
**Hemett O. M.**, Descombes E. – Freiburg

## Poster presentations

- P 14 **It's not always diabetic nephropathy**  
**Grendelmeier I.**<sup>1</sup>, Hopfer H.<sup>2</sup>, Kiss D.<sup>1</sup>  
<sup>1</sup> Liestal, <sup>2</sup> Basel
- P 15 **Renal failure associated with ureaplasma urealyticum ureteritis**  
**Wallner J.**, Tozakidou M., Hopfer H., Jehle A.W. – Basel
- P 16 **Allele-specific human leukocyte antigen alloantibody causing unexpected AMR after kidney graft transplantation**  
**Wehmeier C.**, Amico P., Hönger G., Schaub S. – Basel
- P 17 **Successful treatment of a pacemaker infection with intraperitoneal daptomycin dosed according to systemic serum drug concentrations**  
**Kononowa N.**, Taegtmeier A., Burkhalter F. – Basel
- P 18 **C3 rapidly progressive glomerulonephritis as aHUS/CD46 mutation recurrence: graft loss 5 years after renal transplantation**  
**Bouatou Y.**<sup>1</sup>, Fremeaux-Bacchi V.<sup>2</sup>, Villard J.<sup>1</sup>, Moll S.<sup>1</sup>, Martin P.-Y.<sup>1</sup>, Hadaya K.<sup>1</sup>  
<sup>1</sup> Geneva, <sup>2</sup> Paris/FR
- P 19 **PEG Interferon-Alfa 2A causing minimal change disease in a patient on hepatitis C therapy**  
**Shailesh K.**, Jason C.P.E – Singapore/SG
- P 20 **First simultaneous liver-kidney transplantation for atypical hemolytic uremic syndrome due to a factor H double mutation**  
**Mohebbi N.**, Schanz U., Schadde E., Spartà G., Bonani M., Dutkowski P., Müllhaupt B., Wüthrich R.P., Fehr T. – Zurich
- P 21 **Eosinophilia in a Kidney Transplant Recipient with Allograft Failure**  
**Hübel K.**<sup>1</sup>, Berwert L.<sup>2</sup>, Brockmann J.<sup>1</sup>, Zwahlen H.<sup>2</sup>, Mohebbi N.<sup>1</sup>, Fehr T.<sup>1</sup>, Gaspert A.<sup>1</sup>  
<sup>1</sup> Zurich, <sup>2</sup> Bellinzona

## Poster presentations

- P 22 **Polyomavirus nephropathy caused by JCV in renal allograft recipients**  
**De Marchi S.**<sup>1</sup>, Zuliani E.<sup>1</sup>, Cereghetti C.<sup>2</sup>, Gaspert A.<sup>3</sup>, Fehr T.<sup>3</sup>, Chönholzer C.<sup>1</sup>  
<sup>1</sup> Lugano, <sup>2</sup> Mendrisio, <sup>3</sup> Zurich
- P 23 **A new mutation in CLCN5 causing Dent's disease and its clinical expression**  
**Buchkremer F.**, Röthlisberger B., Bock A. – Aarau
- P 24 **Anti-GBM disease and the nephrotic syndrome**  
**Grosse P.**, Klima T., Bernarconi L., Yurtsever H., Bock A. – Aarau
- P 25 **Osteoanabolic treatment for severe renal osteopathy after combined kidney-liver transplantation: a case report**  
**Arampatzis S.**, Bertke P., Pasch A., Huynh-Do U. – Berne
- P 26 **Prevalence and risk factors for chronic kidney disease in a rural region of Haiti**  
**Burkhalter F.**<sup>1</sup>, Sannon H.<sup>2</sup>, Mayr M.<sup>1</sup>, Dickenmann M.<sup>1</sup>, Ernst S.<sup>2</sup>  
<sup>1</sup> Basel, <sup>2</sup> Haiti/HT
- P 27 **Undergoing a renal biopsy: how bad is it?**  
**Matheis E.**, Tsinalis D., Binet I. – St. Gallen
- P 28 **Urinary uromodulin as a marker of renal function and mass: data from a population-based study**  
**Pruijm M.**<sup>1</sup>, Burnier M.<sup>1</sup>, Ponte B.<sup>2</sup>, Ackermann D.<sup>3</sup>, Paccaud F.<sup>1</sup>, Guessous I.<sup>1,2</sup>, Ehret G.<sup>2</sup>, Vogt B.<sup>3</sup>, Mohaupt M.<sup>3</sup>, Martin P.-Y.<sup>2</sup>, Devuyst O.<sup>4</sup>, Bochud M.<sup>1</sup>  
<sup>1</sup> Lausanne, <sup>2</sup> Geneva, <sup>3</sup> Berne, <sup>4</sup> Zurich

## Poster presentations

- P 29 **Caffeine levels are inversely associated with kalemia in women: a population based Study**  
**Alwan H.<sup>1</sup>**, Pruijm M.<sup>1</sup>, Ackermann D.<sup>3</sup>, Guessous I.<sup>1,2</sup>, Ehret G.<sup>2</sup>, Vuistiner P.<sup>1</sup>, Paccaud F.<sup>1</sup>, Pechère- Bertschi A.<sup>2</sup>, Mohaupt M.<sup>3</sup>, Vogt B.<sup>3</sup>, Martin P.-Y.<sup>2</sup>, Burnier M.<sup>1</sup>, Ansermot N.<sup>1</sup>, Eap C. B.<sup>1</sup>, Bochud M.<sup>1</sup>, Ponte B.<sup>2</sup>  
<sup>1</sup> Lausanne, <sup>2</sup> Geneva, <sup>3</sup> Berne
- P 30 **Parathyroid hormone, hyperparathyroidism and chronic kidney disease in primary care**  
**Tomonaga Y.<sup>1</sup>**, Szucs T.D.<sup>2</sup>, Risch L.<sup>3</sup>, Ambühl M.<sup>1</sup>  
<sup>1</sup> Zurich, <sup>2</sup> Basel, <sup>3</sup> Schaan
- P 31 **Copeptin is associated with the presence of cysts and renal function in the general population**  
**Ponte B.<sup>1</sup>**, Pruijm M.<sup>2</sup>, Ackermann D.<sup>3</sup>, Guessous I.<sup>1,2</sup>, Ehret G.<sup>1</sup>, Vuistiner P.<sup>2</sup>, Alwan H.<sup>2</sup>, Paccaud F.<sup>2</sup>, Pechere-Bertschi A.<sup>1</sup>, Mohaupt M.<sup>3</sup>, Vogt B.<sup>3</sup>, Burnier M.<sup>2</sup>, Devuyst O.<sup>4</sup>, Martin P.-Y.<sup>1</sup>, Bochud M.<sup>2</sup>  
<sup>1</sup> Geneva, <sup>2</sup> Lausanne, <sup>3</sup> Berne, <sup>4</sup> Zurich
- P 32 **Community- acquired acute kidney injury: a prospective observational study**  
**De la Fuente V.**, Stucker F., Alves C., Carballo S., Ponte B., Vuilleumier N., Rutschmann O., Martin P.- Y., Saudan P.
- P 33 **Microhematuria in ADPKD**  
**Krauer F.**, Serra A. L., Kistler A., von Eckardstein A., Wüthrich R.P., Poster D. – Zurich
- P 34 **Hyponatremia, hypokalemia, hypochloremia or metabolic alkalosis in cystic fibrosis: systematic review of the literature**  
**Scurati-Manzoni E.**, Lava S.A.G., Simonetti G.D, Zanolari-Calderari M., Bianchetti M.G.
- P 35 **Hyperchloremic metabolic acidosis induced by the iron chelator deferasirox (Exjade®): a case report and review of the literature**  
**Dell'Orto V.G.**, Brazzola P., Lava S.A.G., Bianchetti M.G.

## Poster presentations

- P 36 **Severe signs of dilutional hyponatremia secondary to desmopressin treatment for nocturnal enuresis: a systematic review of the literature**  
**Lucchini B.**, Simonetti G.D., Ceschi A., Lava S.A.G., Bianchetti M.G.
- P 37 **Metabolic disturbances and renal stone promotion on treatment with topiramate: a systematic review of the literature**  
**Dell'Orto V.G.**, Belotti E.A., Goeggel-Simonetti B., Simonetti G.D., Ramelli G.P., Bianchetti M.G., Lava S.A.G
- P 38 **Contrast-enhanced ultrasound in the diagnosis of acute pyelonephritis – an interim-analysis**  
**Buchkremer F.<sup>1</sup>**, Albrich W.<sup>2</sup>, Drozdov D.<sup>1</sup>, Müller B.<sup>1</sup>, Bock A.<sup>1</sup>  
<sup>1</sup> Aarau, <sup>2</sup> St. Gallen
- P 39 **Continuous subcutaneous magnesium infusion by portable pump for severe congenital hypomag- nesaemia**  
**Bock A.**, Roth S. – Aarau
- P 40 **Serum calcification propensity predicts all-cause mortality in chronic kidney disease stages 3 & 4**  
**Pasch A.<sup>1</sup>**, Farese S.<sup>2</sup>, Holt S.<sup>3</sup>, Smith E.R.<sup>3</sup>  
<sup>1</sup> Berne, <sup>2</sup> Solothurn, <sup>3</sup> Victoria/AU
- P 41 **Association of ambulatory blood pressure with 17 $\alpha$ -hydroxylase activity in the general population**  
**Ackermann D.<sup>1</sup>**, Pruijm M.<sup>2</sup>, Ponte B.<sup>3</sup>, Dick B.<sup>1</sup>, Al-Ahwan H.<sup>2</sup>, Vuistiner P.<sup>2</sup>, Guessous I.<sup>2</sup>, Ehret G.<sup>3</sup>, Paccaud F.<sup>2</sup>, Burnier M.<sup>2</sup>, Martin P.-Y.<sup>3</sup>, Vogt B.<sup>1</sup>, Mohaupt M.<sup>1</sup>, Bochud M.<sup>2</sup>  
<sup>1</sup> Berne, <sup>2</sup> Lausanne, <sup>3</sup> Geneva
- P 42 **Local aldosterone production in Human Umbilical Vein Endothelial Cells (HUVEC)**  
**Jain K.**, Eisele N., Escher G., Gennari-Moser C., Baumann M., Albrecht C. Mohaupt M. – Berne

## Poster presentations

- P 43 **Another unexpected role of aldosterone in pregnancy: placental angiogenesis via PIGF induction**  
**Eisele N.**, Jain K., Gennari-Moser C., Escher G., Albrecht C., Baumann M., Surbek D., Mohaupt M. – [Berne](#)
- P 44 **Normotensive blood pressure in pregnancy – the role of salt and aldosterone**  
**Gennari-Moser C.**, Escher G., Kramer S., Dick B., Eisele N., Baumann M., Raio L., Frey F. J., Surbek D., Mohaupt M. – [Berne](#)

## Dialysis

- P 45 **Outcome of dialysis patients above and below seventy years of age – a retrospective matched-pair analysis**  
**Scholl L.F.**, Dickenmann M., Hirt-Minkowski P. – [Basel](#)
- P 46 **Comparison of two different cholecalciferol supplements (multivitamin tablets versus oil-based droplets) in patients on long-term hemodialysis (HD)**  
**Descombes E.**, Fellay B., Hemett O. M., Magnin J.-L., Fellay G. – [Freiburg](#)
- P 47 **Large variations in pulse wave velocity and reflection patterns occur during a hemodialysis session and are not related to the degree of ultrafiltration**  
**Prujim M.**, Teta D., Rotaru C., Waeber B., Burnier M., Feihl F. – [Lausanne](#)
- P 48 **Assessment of subjective and hemodynamic tolerance of different high- and low-flux dialysis membranes in patients undergoing chronic intermittent hemodialysis: a randomized controlled trial**  
**Bianchi G.**<sup>1</sup>, Salvadé V.<sup>1</sup>, Lucchini B.<sup>1</sup>, Schätti-Stählin S.<sup>1</sup>, Salvadé I.<sup>1</sup>, Burnier M.<sup>2</sup>, Gabutti L.<sup>1</sup>  
<sup>1</sup>Locarno, <sup>2</sup>Lausanne

## Poster presentations

- P 49 **Cinacalcet based management of secondary hyperparathyroidism in Swiss hemodialysis patients: 12 months data of the TRANSIT observational study**  
**Bock A.**<sup>1</sup>, Meier P.<sup>2</sup>, Tsinalis D.<sup>3</sup>  
<sup>1</sup>Aarau, <sup>2</sup>Sion-Hérens-Conthey, <sup>3</sup>St. Gallen

## Experimental nephrology

- P50 **Sodium thiosulfate may prevent vascular calcifications via its metabolite H<sub>2</sub>S**  
**Aghagolzadeh P.**, Bachtler M., Kumar B.R., Pasch A. – [Berne](#)
- P 51 **Effect of PA21, a new iron-based phosphate binder on FGF23 and vascular calcifications in uremic rats**  
**Phan O.**, Maillard M.P., Funk F. W., Bonny O., Burnier M. – [Lausanne](#)
- P 52 **Beta-oxidation affects the susceptibility of podocytes to palmitic acid: critical role of acetyl-CoA carboxylase 1 and 2**  
**Kampe K.**<sup>1</sup>, Sieber J.<sup>1,2</sup>, Orellana J.<sup>1</sup>, Mundel P.<sup>2</sup>, Jehle A.W.<sup>1</sup>  
<sup>1</sup>Basel, <sup>2</sup>Boston/US
- P 53 **Sodium thiosulfate prevents the formation of mineral matrix vesicles in uremic rats**  
**Bijarnia R.K.**, Niklaus M., Chandak P.G., Pasch A. – [Berne](#)
- P 54 **Modern MicroCT: analysis of whole mouse kidney down to capillary level**  
**Hlushchuk R.**, Correa Shokiche C., Schaad L., Wnuk M., Zubler C., Barré S., Tschanz S., Djonov V.
- P 55 **Physiological role of the mediator of ErbB2 induced cell motility (Memo) in mice**  
**Moor M.B.**<sup>1</sup>, Hänzi B.<sup>2</sup>, Hynes N.E.<sup>2</sup>, Bonny O.<sup>1</sup>  
<sup>1</sup>Lausanne, <sup>2</sup>Basel

## Poster presentations

### Renal pathology

- P 56 TREX1 mutations – one of the genetic causes for renal vascular diseases in younger patients  
**Menter T.<sup>1</sup>**, Winkler D.T.<sup>1</sup>, Isimbaldi G.<sup>2</sup>, Hopfer H.<sup>1</sup>, Mihatsch M.J.<sup>1</sup>  
<sup>1</sup>Basel, <sup>2</sup>Monza/IT
- P 57 Fibrosis of solid organs: towards a common classifier across species  
**Marti H.-P.<sup>1</sup>**, Fuscoe J.C.<sup>2</sup>, Kwekel J. C.<sup>2</sup>, Scherer A.<sup>3</sup>  
<sup>1</sup>Bergen/NO, <sup>2</sup>Jefferson/US, <sup>3</sup>Kontiolahti/FI
- P 58 The spectrum of renal pathology findings in armenian and swiss children: differences and similarities – comparison of two decades  
**Laube G.F.<sup>1</sup>**, Sarkissian A.<sup>2</sup>, Nazaryan H.<sup>2</sup>, Sparta G.<sup>1</sup>, Sanamyan A.<sup>2</sup>, Babloyan A.<sup>2</sup>, Leumann E.<sup>1</sup>, Gaspert A.<sup>1</sup>  
<sup>1</sup>Zurich, <sup>2</sup>Yerevan/AM

### NCCR kidney.ch

- P59 Uninephrectomy of HFD-induced obese mice greatly accelerates proteinuria, fibrosis and changes in gene expression  
**Gai Z.**, Kullak-Ublick G.A. – Zurich
- P 60 Coupling between transcellular Na<sup>+</sup> transport and paracellular permeability in collecting duct cells  
**Wang Y.-B.**, Hernandez T., Féraille E. – Geneva
- P 61 Furosemide stimulation of parathyroid hormone in humans: role of the calcium-sensing receptor and renin-angiotensin system  
**Forni Ognà V.**, Müller M.-E., Maillard M., Zwiackner C., Wuerzner G., Bonny O., Burnier M. – Lausanne
- P 62 V-ATPase B1 subunit polymorphism p.E161K affects urinary acidification in vivo  
**Dhayat N.**, Pasch A., Fuster D. – Berne

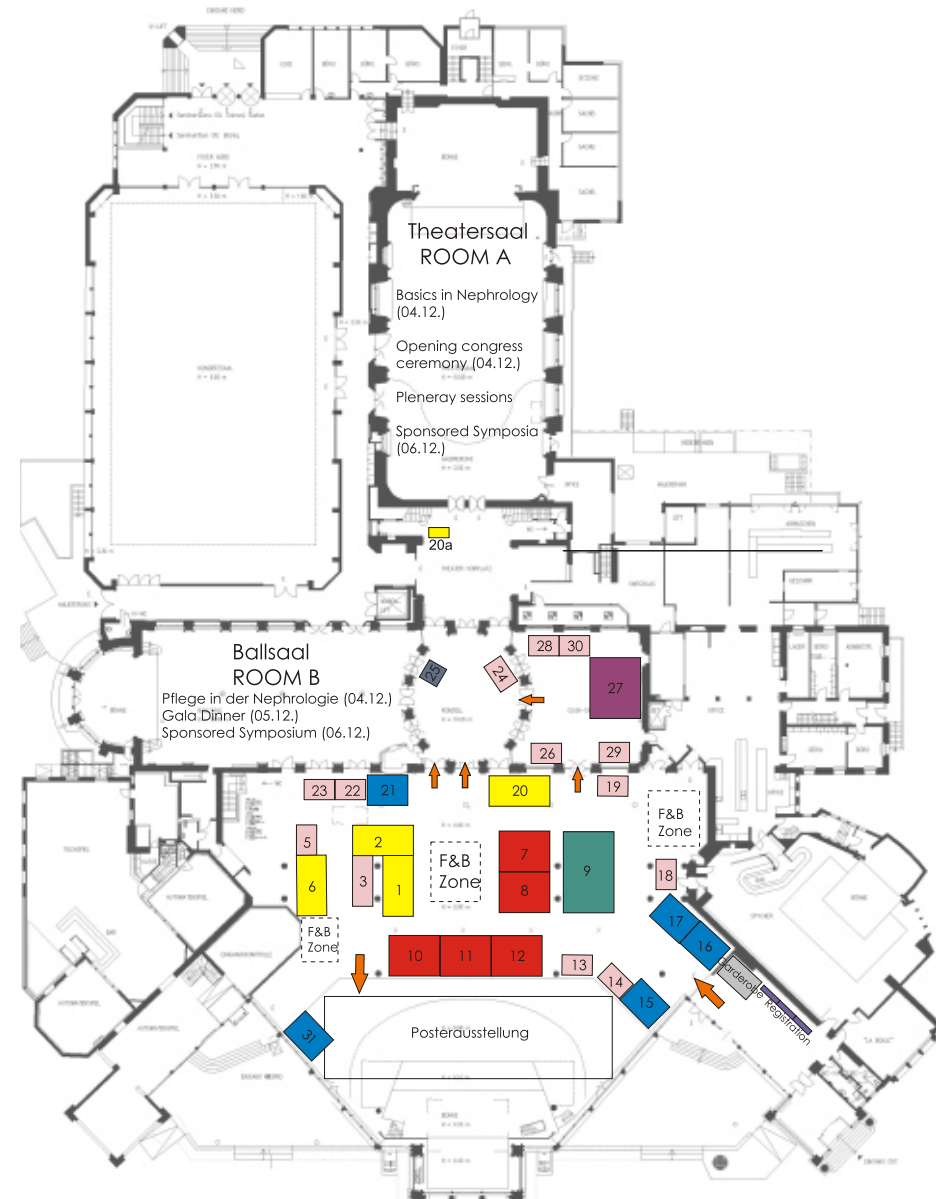
## Poster presentations

- P 63 Flow-mediated regulation of sodium transport in the collecting duct  
**Ernandez T.**, Chassot A., Avila Y., Martin P.-Y., Féraille E. – Geneva
- P 64 Impact of uninephrectomy on body L-arginine homeostasis and blood pressure control in mice  
**Pillai S.M.**, Verrey F. – Zurich
- P 65 Comprehensive analysis of hypoxia-regulated gene transcripts in chronic kidney disease and renal cells  
**Shved N.**, Lindenmeyer MT., Brandt S., Hoogewijs D., Wenger R., Kretzler M., Wild P., Cohen CD. – Zurich, Michigan/US
- P 66 Very early exposure of fetal kidneys to chronic hypoxia triggers upregulation of genes involved in glucose and fatty acid metabolism  
**Rodriguez S.<sup>1</sup>**, Janot M.<sup>2</sup>, Rudloff S.<sup>1</sup>, Huyn-Do U.<sup>1</sup>  
<sup>1</sup>Berne, <sup>2</sup>Nancy/FR
- P 67 Proteomic study of FFPE IgA nephropathy biopsy tissue by using OSDD and SWATH-MS methods  
**Xu B.<sup>1,2</sup>**, Zhang Y.<sup>2</sup>, Liu Y.<sup>1</sup>, Rosenberger G.<sup>1</sup>, Wild P.J.<sup>1</sup>, Kistler A.<sup>1</sup>, Yamamoto T.<sup>2</sup>, Aebersold R.<sup>1</sup>  
<sup>1</sup>Zurich, <sup>2</sup>Niigata/JP
- P 68 Recurrent transient renal Fanconi syndrome: adverse effect of the artificial sweetener cyclamate  
**Kürth J.<sup>1</sup>**, Prader S.<sup>2</sup>, Rentsch KM.<sup>1</sup>, Devuyst O.<sup>1</sup>, Neuhaus T.J.<sup>2</sup>  
<sup>1</sup>Zurich, <sup>2</sup>Lucerne
- P 69 Oxygenation of the renal cortex: computational modeling and anatomical observations  
**Olgac U.**, Kurcuoglu V. – Zurich
- P 70 Role of sodium-dependent phosphate transport protein 2C (NaPi2c) in osteoclasts  
**Albano G.<sup>1</sup>**, Moor M.B.<sup>2</sup>, Hernando N.<sup>3</sup>, Hofstetter W.<sup>1</sup>, Biber J.<sup>3</sup>, Bonny O.<sup>2</sup>, Fuster D.G.<sup>1</sup>  
<sup>1</sup>Berne, <sup>2</sup>Lausanne, <sup>3</sup>Zurich

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# Plan



## Sponsored symposia in alphabetical order

**abbvie**

Abbvie AG, Baar  
Parallel satellite lunch symposium  
Friday, December 6, 2013  
12.00-12.45 / Room B

**AMGEN**<sup>®</sup>

Amgen Switzerland AG, Zug  
Satellite symposium  
Friday, December 6, 2013  
09.30-10.15 / Room A

**Baxter**

**GAMBRO**<sup>®</sup>

Baxter – Gambro Renal, Volketswil  
Parallel satellite lunch symposium  
Friday, December 6, 2013  
12.00-12.45 / Room A

**NOVARTIS**

Novartis Pharma Schweiz AG, Rotkreuz  
Satellite lunch symposium  
Thursday, December 5, 2013  
12.00-12.45 / Room A

**Vifor Pharma**

Vifor Pharma, Villars-sur-Glâne  
Satellite symposium  
Thursday, December 5, 2013  
09.30-10.15 / Room A

### Sponsored congress items

Pfizer AG, Zurich  
Badges and Lanyards

Sandoz Pharmaceuticals AG, Rotkreuz  
Poster prize awards

Sanofi-aventis (Schweiz) AG, Vernier  
Congress bags

Vifor Pharma, Villars-sur-Glâne  
Welcome aperitif, signage onsite

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*Kind thanks to the municipality of Interlaken for its financial support and welcome*



# City map of Interlaken



Thursday, December 5

Ballsaal / Room B

## GALA DINNER



19.30 Aperitif  
20.00 Dinner

The magnificent rooms of the Casino Kursaal Interlaken date from the 19th century and provide a perfect setting for the Gala Dinner of the Swiss Society of Nephrology.

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**46th Annual Meeting of the Swiss Society of Nephrology (SGN-SSN)  
On December 3-5, 2014 – Congress Centre Kursaal Interlaken**



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

## Notes

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# Notes

AMGEN  
Nephrology



## Die Kunst der sHPT-Kontrolle

Durch die gleichzeitige Senkung aller drei biochemischen Schlüsselparameter (PTH, Kalzium und Phosphat),<sup>1,2</sup> verbessert Mimpara<sup>®</sup> die Kontrolle des sekundären Hyperparathyreoidismus (sHPT).<sup>3-5</sup>

Mimpara<sup>®</sup>  
cinacalcet

**Kurzfachinformation: Mimpara<sup>®</sup> (Cinacalcet):** Calcimimetikum. Es senkt direkt die Parathormonspiegel indem es die Empfindlichkeit des Calciumsensitiven-Rezeptors auf extrazelluläres Calcium erhöht. Die Reduktion der Parathormonspiegel ist mit einer gleichzeitigen Abnahme der Serumcalciumspiegel verbunden. **Indikationen:** Zur Behandlung von sekundärem Hyperparathyreoidismus bei dialysepflichtigen Patienten mit chronischer Nierenerkrankung. Zur Behandlung der Hyperkalzämie bei Patienten mit Nebenschilddrüsenkarzinom und bei Patienten mit primärem Hyperparathyreoidismus, bei denen die Entfernung der Nebenschilddrüse keine Behandlungsmöglichkeit darstellt. **Dosierung/Anwendung:** Mimpara<sup>®</sup> wird oral gegeben. PHPT: Empfohlene Anfangsdosis für Erwachsene ist 30mg zweimal täglich. Die Dosis von Mimpara<sup>®</sup> kann ausgehend von zweimal täglich 30mg, alle 2-4 Wochen auf 60mg zweimal täglich, 90mg zweimal täglich, bis zu 90mg 3-4x täglich erhöht werden, abhängig von der Normalisierung der Serumcalciumspiegel. Der Serumcalciumspiegel sollte innerhalb der ersten Woche nach Beginn der Therapie oder Dosisanpassung von Mimpara<sup>®</sup> gemessen werden. Nachdem die Erhaltungsdosis festgelegt wurde, sollte der Serumcalciumspiegel alle 2-3 Monate gemessen werden. SHPT: Empfohlene Anfangsdosis für Erwachsene ist 30mg einmal täglich. Alle 2-4 Wochen auf-  
titrieren, bis zur Erreichung des iPTH Zielwert von 150-300pg/ml. Serumcalciumspiegel während der Titrationsphase häufig, in der Erhaltungsephase monatlich kontrollieren. Parathormon 1-4 Wochen nach Therapiebeginn oder Dosisanpassung messen, in der Erhaltungsephase alle 1-3 Monate kontrollieren. **Kontraindikationen:** Überempfindlichkeit gegenüber dem Wirkstoff oder einem der Hilfsstoffe gemäss Zusammensetzung. **Warnhinweise und Vorsichtsmassnahmen:** Anfälle: Der Schwellenwert für Anfälle ist bei einer signifikanten Reduktion der Serumcalciumspiegel herabgesetzt. Serumcalcium: Da Cinacalcet die Serumcalciumspiegel erniedrigt, sollten Patienten auf Hypokalzämiesymptome überwacht werden. Bei mit Mimpara<sup>®</sup> behandelten Patienten, einschliesslich pädiatrischen Patienten, wurde im Zusammenhang mit Hypokalzämie von lebensbedrohlichen Ereignissen und Todesfällen berichtet. Falls die PTH-Spiegel bei mit Mimpara<sup>®</sup> behandelten Patienten tiefer als die unteren empfohlenen Zielwerte sinken, sollten die Dosierung der Vitamin-D-Steroide oder von Mimpara<sup>®</sup> reduziert bzw. die Behandlung abgebrochen werden. **Interaktionen:** Ketoconazol: Cinacalcet wird teilweise durch das Enzym CYP3A4 metabolisiert. Die gleichzeitige Verabreichung von Ketoconazol resultiert in einer ungefähr 2fachen Erhöhung der Cinacalcet-Spiegel. Arzneistoffe, die durch CYP2D6 metabolisiert werden: Es konnten keine Interaktionen beobachtet werden, wenn Mimpara<sup>®</sup> gleichzeitig mit folgenden Arzneimitteln zusammen gegeben wurde: Selvelamer, Calciumcarbonat, Warfarin und Pantoprazol. **Unerwünschte Wirkungen:** Stoffwechsel und Ernährungsstörungen: Häufig: Anorexie, Hypokalzämien. Nervensystem: Häufig: Schwindel, Parästhesien. Gastrointestinale Störungen: Sehr häufig: Übelkeit, Erbrechen. Haut: Häufig: Rash, Muskelskelettsystem: Häufig: Myalgie. Reaktionen an der Applikationsstelle: Häufig: Astenie. Untersuchungen: Häufig: Verringerte Testosteronwerte. **Packungen:** Filmtabletten mit 30, 60 und 90mg Mimpara<sup>®</sup> in Blisterpackungen à 28 Stück. Ausführliche Angaben entnehmen Sie bitte der Fachinformation unter [www.swissmedinfo.ch](http://www.swissmedinfo.ch). **Zulassungsinhaber:** Amgen Switzerland AG, Zug. **Verkaufskategorie B.**

AMGEN Switzerland AG, Dammstrasse 21  
6301 Zug, [www.amgen.ch](http://www.amgen.ch)

Referenzen:  
1. Messa P et al. Clin J Am Soc Nephrol 2008;3(1):36-45.  
2. Frazão JM et al. Clin Nephrol 2011; 76(3): 233-243.  
3. Ureña-Torres PA et al. Nephrol Dial Transplant 2013; 28(1):146-152. 4. The EVOLVE trial investigators. N Engl J Med 2012;367(26):2482-2494. 5. Block G et al. Kidney Int. 2010;78:578-589.

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**Referenzen:** 1. Wick M et al. Eisenstoffwechsel, Anaemien. Diagnostik und Therapie 2002; Springer-Verlag Wien New York: ISBN3-211-83802-3 2. Breymann C, Gliga F, Bejenariu C, Strizhova N. Comparative efficacy and safety of intravenous ferric carboxymaltose in the treatment of postpartum iron deficiency anaemia. Int J Gynaecol Obstet 2008; 101(1):67-73 3. Anker SD, Comin CJ, Filippatos G et al. Ferric carboxymaltose in patients with heart failure and iron deficiency. N Engl J Med 2009;361(25):2436-2448 4. Qunibi WY, Martinez C, Smith M, Benjamin J, Mangione A, Roger SD. A randomized controlled trial comparing intravenous ferric carboxymaltose with oral iron for treatment of iron deficiency anaemia of non-dialysis-dependent chronic kidney disease patients. Nephrol Dial Transplant (2011) 26: 1599-1607.

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