

Registration : www.meeting-com.ch

Final Program



46th Annual Meeting Swiss Society of Nephrology

Interlaken, Kursaal
December 4-5, 2014

Schweizerische Gesellschaft für Nephrologie
Société Suisse de Néphrologie
Società Svizzera di Nefrologia
Swiss Society of Nephrology



Die Kunst der sHPT-Kontrolle

Durch die gleichzeitige Senkung aller drei biochemischen Schlüsselparameter (PTH, Kalzium und Phosphat),^{1,2} verbessert Mimpara® die Kontrolle des sekundären Hyperparathyreoidismus (sHPT).³⁻⁵

Mimpara®
cinacalcet

Mimpara® (Cinacalcet): Calcimimetikum. Es senkt direkt die Parathormonspiegel indem es die Empfindlichkeit des Kalziumsensitiven-Rezeptors auf extrazelluläres Kalzium erhöht. Die Reduktion der Parathormonspiegel ist mit einer gleichzeitigen Abnahme der Serumkalziumspiegel verbunden. **Indikationen:** Zur Behandlung von sekundären 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® wird oral gegeben. PHT: Empfohlene Anfangsdosis für Erwachsene ist 30 mg zweimal täglich. Die Dosis von Mimpara® kann ausgehend von zweimal täglich 30 mg, alle 2–4 Wochen auf 60 mg zweimal täglich, 90 mg zweimal täglich, bis zu 90 mg 3–4 × täglich erhöht werden, abhängig von der Normalisierung der Serumkalziumspiegel. Der Serumkalziumspiegel sollte innerhalb der ersten Woche nach Beginn der Therapie oder Dosisanpassung von Mimpara® gemessen werden. Nachdem die Erhaltungsdosis festgelegt wurde, sollte der Serumkalziumspiegel alle 2–3 Monate gemessen werden. sHPT: Empfohlene Anfangsdosis für Erwachsene ist 30 mg einmal täglich. Alle 2–4 Wochen aufzutitrieren, bis zur Erreichung des iPTH Wert von 150–300 pg/ml. Serumkalziumspiegel während der Titrationsphase häufig, in der Erhaltungsphase monatlich kontrollieren. Parathormon 1–4 Wochen nach Therapiebeginn oder Dosisanpassung messen, in der Erhaltungsphase alle 1–3 Monate kon-

trollieren. **Kontraindikationen:** Überempfindlichkeit gegenüber dem Wirkstoff oder einem der Hilfsstoffe gemäß Zusammensetzung. **Warnhinweise und Vorsichtsmassnahmen:** Anfälle: Die Schwelle für die Auslösung von Anfällen ist bei einer signifikanten Reduktion der Serumkalziumspiegel herabgesetzt. Serumkalzium: Da Cinacalcet das Serumkalziumspiegel erniedrigt, sollten Patienten auf Hypokalzämsymptome überwacht werden. Fälle von QT-Verlängerung und ventrikulärer Arrhythmie sekundär zu einer Hypokalzämie wurden angegeben. Bei mit Mimpara® behandelten Patienten, einschließlich pädiatrischen Patienten, wurde im Zusammenhang mit Hypokalzämie von lebensbedrohlichen Ereignissen und Todesfällen berichtet. Der Serumkalziumspiegel sollte innerhalb von 1 Woche nach dem Beginn der Behandlung oder einer Dosisanpassung von Mimpara® gemessen werden. Wenn die Erhaltungsdosis eingestellt ist, sollte das Serumkalzium ungefähr monatlich bestimmt werden. Bei Hypokalzämie sollten geeignete Massnahmen gemäß vollständiger Fachinformation ergriffen werden. Falls die PTH-Spiegel bei mit Mimpara® behandelten Patienten tiefer als die unteren empfohlenen Zielwerte sinken, sollten die Dosierung der Vitamin-D-Sterole oder von Mimpara® 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 2-fachen Erhöhung der Cinacalcet-Spiegel. Arzneistoffe, die durch CYP2D6 metabolisiert werden: Es konnten keine Interaktionen beobachtet werden, wenn

MN-CHE-AMG-241-2014-September

Mimpara® gleichzeitig mit folgenden Arzneimitteln zusammen gegeben wurde: Sevelamer, Kalziumkarbonat, Warfarin und Pantoprazol. **Unerwünschte Wirkungen:** Immunsystem: Häufig: Hypersensitivitätsreaktionen. Stoffwechsel und Ernährung: Häufig: Anorexie, verminderter Appetit, Hypokalzämie. Nervensystem: Häufig: Krampfanfälle, Schwindel, Parästhesien, Kopfschmerzen. Gefäße: Häufig: Hypotonie, Atmungsorgane: Häufig: Infektion der oberen Atemwege, Dyspnoe, Husten. Gastrointestinaltrakt: Sehr häufig: Übelkeit, Erbrechen. Haut: Häufig: Rash, Muskelskelettsystem: Häufig: Myalgie, Muskelspasmen. Allgemeine Erkrankungen: Häufig: Asthenie. Untersuchungen: Häufig: Hypokalzämie, Hyperkalämie, verringerte Testosteronwerte. **Packungen:** Filmtabletten mit 30, 60 und 90 mg Mimpara® in Blisterpackungen à 28 Stück. Ausführliche Angaben entnehmen Sie bitte der Fachinformation unter www.swissmedicinfo.ch. **Zulassungsinhaberin:** Amgen Switzerland AG, Zug. **Verkaufs kategorie B.** MN-CHE-AMG-033-2014-February-P

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.

AMGEN Switzerland AG, Dammstrasse 21
6301 Zug, www.amgen.ch

Invitation 2014

Dear Colleagues, Friends and Guests

Meeting in Interlaken in December has become a great tradition for all Swiss Nephrologists. We are proud to invite you to the 46th annual meeting of the Swiss Society of Nephrology.

This year, we have chosen to condense the meeting into two full days – Thursday and Friday – to make it easier for all of you to attend the entire meeting. As in previous years, the continuous medical education (CME) and the Nephrology Nurses' symposia will be held on Wednesday afternoon.

We decided to dedicate this years' congress to "real world" nephrology.

Key subjects therefore include:

- Prevention of vascular calcification and stroke in patients with chronic kidney disease
- The role of renal artery interventions: Revascularisation, denervation or what have you else
- The roles of (old and new) anticoagulants in renal disease
- The value of blood pressure measurements on hemodialysis
- What to do after transplant failure
- The Pros and Cons of a Living Donor Exchange Program

We also look forward to several State of The Art lectures on pathophysiological concepts which may importantly shape how we treat patients in the future. These include:

- Inflammation and the role of inflamasome
- Glomerular permeability and the glycocalyx
- Cilia and the kidneys

Oral and poster presentations, NCCR slots (Swiss National Centres of Competence in Research) and satellite symposia will cover the entire range of nephrology. The CME course on Wednesday will be dedicated to Genetics for the Clinical Nephrologist.

The final symposium on Friday afternoon has been labelled "The really tough cases: who cares and who pays?" Starting with a few short case reports, an interdisciplinary panel including nephrologists, social workers, and representatives from politics and insurance companies will discuss (often) unsolved issues of "difficult" patients, e.g. immigrants, patients falling through the social net) and the special situation, where the choice of dialysis mode may have huge implications.

As Congress presidents of the SGN-SSN 2014, we look forward to meeting all of you in Interlaken in December! It will be a great opportunity to share your research, to exchange views, and to meet old and new friends.

A. Bock

Prof. Dr. Andreas Bock

T. Neuhaus

Prof. Dr. Thomas J. Neuhaus

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Organization

Congress Presidents	Andreas Bock, Aarau Thomas J. Neuhaus, Luzern
Scientific Committee	Olivier Bonny, Lausanne Olivier Devuyst, Zürich Andreas Fischer, Luzern Stefan Schaub, Basel Stephan Segerer, Zürich
Board of the SGN-SSN	
President	Jürg Steiger, Universitätsspital, Basel
President-elect	Pierre-Yves Martin, HUG, Genève
Past President	François Verrey, Physiolog. Institut Universität, Zürich
Secretary	Olivier Bonny, CHUV, Lausanne
Treasurer	Patrick Wilson, Hôpital du Jura, Delémont
FMH-Delegate	Felix Brunner, Basel
Paediatric Nephrologist	Thomas J. Neuhaus, Kinderspital LUKS, Luzern
Dialysis Committee	Denes Kiss, Kantonsspital, Liestal
Assessors	Luca Gabutti, Ospedale Regionale, Locarno Daniel Fuster, Inselspital Universitätsspital, Bern Andreas Bock, Kantonsspital, Aarau

General information

Congress venue	Congress Centre Kursaal Interlaken Strandbadstrasse 44 3800 Interlaken		
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 fee for congress	Early fee (before Oct. 31, 2014)	Late fee (Nov. 1-27, 2014)	Onsite fee (From Nov. 28, 2014)
Member SGN-SSN	CHF 180.00	CHF 220.00	CHF 250.00
Non-member	CHF 230.00	CHF 270.00	CHF 300.00
Trainees / Residents / Students*	CHF 130.00	CHF 170.00	CHF 200.00
NCCR-Member	CHF 130.00	CHF 170.00	CHF 200.00
	<i>Online registration under www.nccr-kidney.ch / News&Events</i>		

The registration fee includes: access to the scientific sessions, congress documents and lunches. The Congress 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 2014 Congress Management by fax or email within 7 days from the date of registration.

Registration fee for parallel symposia	Early fee (before Oct. 31, 2014)	Late fee (Nov 1-27, 2014)	Onsite fee (from Nov. 28, 2014)
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.

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

General information

Cancellation	Written notification is required for all cancellations and changes. Cancellations of registrations should be sent to the Congress Secretariat. Before October 31, 2014, 50% refund of the registration fee. Thereafter no refunding.
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 online on www.meeting-com.ch when registering.
Congress management	Meeting.com 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 sabine.gisler@meeting-com.ch , www.meeting-com.ch
Abstracts	The abstracts must be submitted until September 14, 2014, only via Internet on: www.swissnephrology.ch The Scientific Committee will select a number of abstracts which will be presented as oral presentations. Speaking time: 8 min and 2 min discussion. 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 will receive the SGN-SSN Poster Award during the Congress Dinner on December 4, 2014. Scientific contributions (oral presentations and posters) will be reviewed and confirmed by e-mail by beginning of October, 2014. Authors presenting an accepted paper or poster must register to attend the meeting and pay the appropriate registration fee.
Confirmation	

General information

Credits

Credits points will be given by the following societies:

SGN-SSN Congress, December 4-5, 2014

SGN-SSN: 12 credit points

SGIM / SGAM: 8 credit points

Basics in nephrology, December 3, 2014

SGN-SSN: 4 credit points

SGIM / SGAM: 4 credit points

Language

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

The Symposium «Pflege in der Nephrologie» will be held in German.

Program at a glance

Wednesday, December 3, 2014

	Time	Special Satellite Symposium Pflege in der Nephrologie	Special CME Symposium Basics in Nephrology
		Room A	Room B
	12.30-13.30		Registration
	13.30-15.30	Pflege in der Nephrologie	Plenary session
	15.30-16.00	Kaffeepause	Coffee break
	16.00-18.00	Pflege in der Nephrologie	Plenary session
	18.00	Ende des Symposiums	End of Basics in Nephrology Course

Program at a glance

Thursday, December 4, 2014

Time	Room A	Room B
08.00-10.00		Registration
10.00-10.05	Welcome Address	
10.05-11.00	State of the Art Lectures	
11.00-11.30		Coffee break – Visit of the Exhibition
11.30-12.15	Oral Parallel Presentations Clinical Nephrology	Oral Parallel Presentations Basic Science / Genetics
12.15-12.30		Break
12.30-13.15	Satellite Lunch Symposium Sponsored by BAXTER	Satellite Lunch Symposium Sponsored by FRESENIUS
13.15-14.00		Standing lunch at the Exhibition – Poster Viewing
14.00-15.00	Parallel Symposium Chronic Kidney Disease	Parallel Symposium Transplantation
15.00-15.30		Coffee break – Visit of the Exhibition – Poster Viewing
15.30-16.15	Satellite Symposium Sponsored by NOVARTIS	
16.15-16.30		Short Break
16.30-17.30	Oral Parallel Presentations Transplantation Gil Thiel Lecture	Oral Parallel Presentations NCCR / Experimental Nephrology Mini-Lecture
17.30-19.00		Main Poster Session – Apéro
From 19.30		Congress Dinner – Poster prize awards

Program at a glance

Friday December 5, 2014

Time	Room A	Room B
07.00-08.00		Registration
08.00-09.30	General assembly SGN-SSN	
09.30-09.45	SGN-SSN Publication Award 2014	
09.45-10.00		Break
10.00-11.00	State of the Art Lectures	
11.00-11.30		Coffee Break – Visit of the Exhibition – Poster Viewing
11.30-12.15	Satellite Symposium Sponsored by VIFOR	Satellite Symposium Sponsored by BAXTER
12.15-12.30		Break
12.30-13.15	Satellite Lunch Symposium Sponsored by AMGEN	Satellite Lunch Symposium Sponsored by LABORATOIRE BICHSEL
13.15-14.00		Standing lunch at the Exhibition – Poster Viewing
14.00-15.00	Oral Parallel Presentations Hypertension/Minerals/Electrolytes Mini-Lecture	Oral Parallel Presentations Dialysis Mini-Lecture
15.00-15.30		Coffee Break – Visit of the Exhibition
15.30-16.30	Final Symposium: The really tough cases Who cares and who pays?	
16.30	Farewell	

Mittwoch, 3. Dezember

Room A

Special Satellite Symposium:

Pflege in der Nephrologie / Soins en Néphrologie

(Symposiumssprache: Deutsch)

Vorsitz: Stephan Segerer, Zürich

Ab 12.30 Registration

Vorsitz: Patrick Witschi, Zürich

13.30-14.30 Podiumsdiskussion zur Ausbildung in der Pflege Nephrologie

13.30-13.35 Einführung

Patrick Witschi, Zürich

13.35-13.55 Der Weg zur Zulassung HFP (Höhere Fachschule Pflege) Nephrologie-Pflege

13.55-14.05 CAS (Certificate of Advanced Studies) Nephrologie Pflege

Ursina Baumgartner, Zürich

14.05-14.30 Roundtable Diskussion

Patrick Witschi, Zürich; Ursina Baumgartner, Zürich;
Ursula Dietrich, Bern; Claudia Studer, Zürich; Annemarie Bieri, Aarau

14.30-15.00 Pflegesprechstunde für Patienten mit chronischer Niereninsuffizienz und ihre Angehörigen – ein interdisziplinäres Projekt

Gisela Rütti, Bern

15.00-15.30 Lean Management und Workshop

Philipp Meyer Hänel, Zürich

15.30-16.00 Kaffeepause

Vorsitz: Stephan Segerer USZ, Zürich

16.00-16.30 Pflegeinterventionen bei psychischen Krankheiten:

Psychose, Bipolare Störung und Borderline Störung

Jan van Luijk, Aadorf

16.30-17.30 Wege zum perfekten Knopfloch

16.30-16.50 Theoretische Einleitung und Literaturübersicht

Walter Brunner, Chur

16.50-17.00 Das Zürcher Knopfloch

Robert Kistler, Zürich

17.00-17.10 Das Bieler Knopfloch

Martin Stuber, Biel

17.10-17.30 "Knopfloch – Diskussion"

17.30-18.00 Ethische Grenzfälle in der Nephrologie

Tatjana Weidmann, Zürich

18.00 Ende des Symposiums

Wednesday, December 3

Room B

Satellite CME Symposium: Basics in Nephrology

Genetics for the nephrologist: What you need to know in 2014

Chair: Thomas J. Neuhaus, Luzern

From 12.30 Registration

13.30-14.00 Genetic analysis in 2014

Benno Röthlisberger, Aarau

14.00-14.30 Nephrotic Syndromes

Paloma Parvex, Genève

14.30-15.00 Polycystic Kidney Diseases

Olivier Devuyst, Zürich

15.00-15.30 Tubulopathy: Proximal tubules

Thomas J. Neuhaus, Luzern

15.30-16.00 Coffee Break

16.00-16.30 Hereditary Hypertension

Olivier Bonny, Lausanne

16.30-17.00 Tubulopathies: Distal tubules

Thomas J. Neuhaus, Luzern

17.00-17.30 Atypical haemolytic uraemic syndromes

Giuseppina Spartà, Zürich

17.30-18.00 Emerging therapies for TSC and PKD

Andreas Serra, Zürich

18.00 End of Basics in Nephrology Course

Thursday, December 4

Swiss Society of Nephrology Congress

From 08.00	Registration	
10.00	Opening of the 46 th Annual Meeting of the Swiss Society of Nephrology	Room A
10.00-10.05	Welcome Address Andreas Bock, Aarau; Thomas J. Neuhaus, Luzern	
10.05-11.00	State of The Art Lectures <i>Chairs: Andreas Bock, Aarau and Thomas J. Neuhaus, Luzern</i>	
10.05-10.30	How to prevent ESRD related calcification in 2014 Jürgen Floege, Aachen (D)	
10.30-11.00	Burning kidneys - the inflammasome in renal inflammation Hans-Joachim Anders, München (D)	
11.00-11.30	Coffee Break – Visit of the Exhibition	Exhibition space
11.30-12.15	Oral Parallel Presentations Clinical Nephrology <i>Chairs: Andreas Fischer, Luzern and Daniel Varga, Zug</i> 4 oral presentations	Room A
	Basic Science / Genetics <i>Chairs: Olivier Devuyst and Giuseppina Spartà, Zürich</i> 4 oral presentations	Room B
12.15-12.30	Break	

Oral communications

Oral Parallel Presentations

11.30-12.15	Clinical Nephrology <i>Chairs: Andreas Fischer, Luzern and Daniel Varga, Zug</i>	Room A
OC 01	A Registry of Patients with Autosomal Dominant Tubulointerstitial Kidney Disease (NCCR project) Eric Olinger ¹ , Karin Dahan ² , Olivier Bonny ³ , Olivier Devuyst ¹ ¹ Zürich, ² Gosselies / BE, ³ Lausanne	
OC 02	Long term outcome of membranous glomerulonephritis associated with anti-PLA2R antibodies Helmut Hopfer ¹ , Thomas Menter ¹ , Elion Hoxha ² , Michael Mihatsch ¹ , Felix Burkhalter ¹ ¹ Basel, ² Hamburg / DE	
OC 03	Sleep quality decreases with declining GFR in early stages of chronic kidney disease Adam Ogna, Valentina Forni Ogna, José Haba Rubio, Nadia Tobback, Murielle Bochud, Raphaël Heinzer Lausanne	
OC 04	A urine peptidome-based score accurately predicts the risk of reaching ESRD in ADPKD patients Andreas Kistler ¹ , Martin Pejchinovski ² , Harald Mischak ² , Arlene Chapman ³ ¹ Zürich, ² Hannover / DE, ³ Atlanta / US	

Oral communications

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Oral Parallel Presentations

11.30-12.15 Basic Science / Genetics

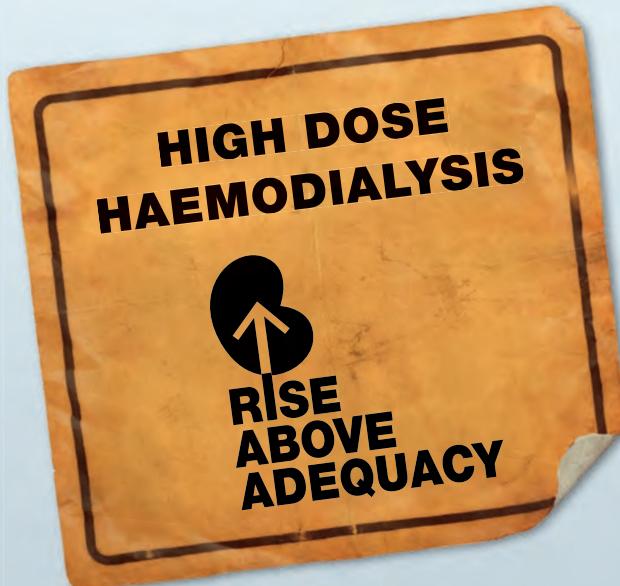
Room B

Chairs: Olivier Devuyst and Giuseppina Spartà, Zürich

- | | |
|-------|---|
| OC 05 | Correlation of Transcriptome Sequencing Data from Formalin-Fixed, Paraffin-Embedded vs. RNAlater® stored Kidney Biopsies
Hans-Peter Marti ¹ , Øystein Eikrem ¹ , Christian Beisland ¹ , Karin Hjelle ¹ , Arnar Flatberg ² , Andreas Scherer ³ , Heidrun Vethe ¹ , Trude Skogstrand ¹ , Sabine Leh ¹ , Vidar Beisvåg ²
¹ Bergen / NO, ² Trondheim / NO, ³ Kontiolahti / FI |
| OC 06 | Effect of SGLT-2 inhibitor Dapagliflozin on Cystic Disease Progression in PCK Rats with Autosomal Recessive Polycystic Kidney Disease (ARPKD)
Sarika Kapoor , Daniel Rodriguez, Meliana Riwanto, Ilka Edenhofer, Kathryn Mitchell, Colin Schwarzwald, Stephan Segerer, Rudolf P Wüthrich
Zürich |
| OC 07 | Calciprotein Particles Induce Calcification of Vascular Smooth Muscle Cells In vitro
Parisa Aghagolzadeh ¹ , Bijarnia Rakesh Kumar ¹ , Prakash Chandak ¹ , Matthias Bachtler ¹ , Edward R. Smith ² , Andreas Pasch ¹
¹ Berne, ² Melbourne / AU |
| OC 08 | The sodium/proton exchanger NHA2 is a novel regulator of sodium and calcium homeostasis in the distal convoluted tubule
Manuel Anderegg ¹ , Giuseppe Albano ¹ , Christine Deisl ¹ , Ganesh Pathare ¹ , Johannes Loffing ² , Alain Vandewalle ³ , Daniel Fuster ¹
¹ Berne, ² Zürich, ³ Paris / FR |

Individualized Therapy

because every patient is different



Lunch Symposium

BRINGING THE BENEFITS OF HIGH DOSE HAEMODIALYSIS HOME

Thursday, December 4, 2014, 12.30-13.15 – Theatersaal (Room A), Kursaal Interlaken

Chair: **Prof. Dr. Dominik Uehlinger**, Inselspital Bern

- **Clinical Benefits of High-Dose Haemodialysis**

Dr. Tom Cornelis, Maastricht University Medical Center, Maastricht

- **How to run a successful Home Dialysis Program**

Dr. Eero Honkanen, Helsinki University Central Hospital, Helsinki

Thursday, December 4

12.30-13.15	Satellite Lunch Symposia Sponsored by BAXTER Bringing the Benefits of High-dose Hemodialysis Home with a Novel System <i>Chair: Dominik Uehlinger, Bern</i>	Room A 
13.15-14.00	Standing Lunch at the Exhibition – Poster Viewing	Exhibition space
14.00-15.00	Parallel Symposia Symposium Chronic Kidney Disease <i>Chairs: Daniel Ackermann and Robert Kalicki, Bern</i>	Room A 
14.00-14.30	Preventing stroke in patients with chronic kidney disease and atrial fibrillation: Benefits and risks of old and new oral anticoagulants <i>Wolf-Rüdiger Schäbitz, Bielefeld (D)</i>	
14.30-15.00	Revascularisation of renal artery stenosis: Any indications left? <i>Philip Kalra, Salford and Manchester (UK)</i>	
14.00-15.00	Symposium Transplantation <i>Chairs: Stefan Schaub, Basel and Thomas Müller, Zürich</i>	Room B
14.00-14.35	A Swiss Living Donor Exchange Program: Pros and Cons Advantages: Karine Hadaya, Genève Limitations: Michael Dickenmann, Basel	
14.35-15.00	Optimal Management after Transplant Failure <i>Georg Böhmig, Wien (A)</i>	
15.00-15.30	Coffee Break – Visit of the Exhibition – Poster Viewing	Exhibition space



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INVITATION NOVARTIS SYMPOSIUM

04. December 2014 15:30–16:15 h

**Impact of humoral alloimmunity vs. CNI nephrotoxicity
on kidney transplant long-term outcomes**

Chair: Prof. Dr. Manuel Pascual, Lausanne

Speakers: Dr. Alexander Loupy, Paris
Dr. Federico Oppenheimer, Barcelona

Thursday, December 4

15.30-16.15	Satellite Symposium Sponsored by NOVARTIS Impact of humoral alloimmunity vs CNI nephrotoxicity On kidney transplant long-term outcomes <i>Chair:</i> Manuel Pascual, Lausanne Alexander Loupy, Paris (F) Federico Oppenheimer, Barcelona (E)	Room A
16.15-16.30	Short Break	
16.30-17.30	Oral Parallel Presentations Transplantation <i>Chairs:</i> Patrizia Amico, Basel and Dela Golshayan, Lausanne 4 oral presentations Gil Thiel Lecture Risks of Living Donation Jürg Steiger, Basel	Room A
16.30-17.15		
17.15-17.30		
16.30-17.15	NCCR / Experimental Nephrology <i>Chairs:</i> François Verrey and Nilufar Mohebbi, Zürich 4 oral presentations	Room B
17.15-17.30	Mini-Lecture Serum Calcification Propensity – from Research to Clinical Practice Andreas Pasch, Bern	
17.30-19.00	Main Poster Session – Apéro	Poster Area
19.30	Congress Dinner – Poster prize awards	Room B / Ballsaal

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- Wirksam u.a. bei Kalziumoxalat-, Kalziumphosphat- und Harnsäuresteinen²
- Abnahme der Steinbildungsrate bei 94% und komplett Remission bei 72% der Patienten³
- Kontinuierliche und verzögerte Freisetzung der Wirksubstanz dank WAX-MATRIX-System¹

Urocit® Tablettens Z: Kalii citras 1080 mg (10 mEq). Tablettens 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. Kt: Hyperkalämie, Patienten mit erhöhtem Risiko für eine Hyperkalämie, beeinträchtigter Magendartritansit, Ösophagus- bzw. Darmobstruktion oder -strukturen, Magen-Darm-Ulzer, 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, die weitgehend vermieden werden können, wenn das Präparat mit genügend Flüssigkeit eingenommen wird. IA: Kalium-sparende Diuretika, ACE-Hemmer, nicht-steroidale Antiphlogistika, peripherer Analgetika, Digitalisglykoside, aluminiumhaltige Präparate, Präparate, die eine Verlangsamung der gastrintestinalen Transitzeit bewirken (wie z.B. Anticholinergika). P: Urocit® 100 Tabletten, Abgabeartegorie B. Kassenzulässig (BAG LIM). Ausführliche Informationen siehe www.swissmedicinfo.ch Referenzen: 1. Urocit® (Kaliumcitrat); aktuelle Fachinformation auf www.swissmedicinfo.ch 2. Tiselius HG et al. Guidelines on Urolithiasis. European Association of Urology, Update March 2008. 3. Robinson MR et al. Impact of long-term potassium citrate therapy on urinary profiles and recurrent stone formation. J Urol. 2009;181(3):1145-50.

Zulassungsinhaberin: Pro Farma AG, Lindenstrasse 12, CH-6340 Baar, www.profarma.ch

Oral communications

Oral Parallel Presentations

16.30-17.15

Transplantation

Chairs: Patrizia Amico, Basel and Dela Golshayan, Lausanne

Room A

OC 09

Calcification propensity after kidney donation:
a one year prospective study

Sophie de Seigneux¹, Belen Ponte¹, Karine Hadaya¹,
Pierre-Yves Martin¹, Andreas Pasch²

¹Geneva, ²Berne

OC 10

Final Results from the Long-term Extension (LTE) of the Belatacept Phase 2 Study in Kidney Transplantation

Flavio Vincenti¹, Christian Larsen², Josep Grinyó³, Ferdinand Mühlbacher⁴, Gilles Blancho⁵, Gerrit Grannas⁶, Ulf Meier-Kriesche⁷, Bernard Charpentier⁸

¹San Francisco / US, ²Atlanta / US, ³Hospitalet de Llobregat / ES,

⁴Vienna / AT, ⁵Nantes / FR, ⁶Hannover / DE, ⁷New York / US,

⁸Le Kremlin-Bicêtre / FR

OC 11

Why are potential living kidney donors declined?

Dimitrios Tsinalis, Aurelia Schnyder, Wolfgang Ender, Jutta Thierbach, Urs Stillhard, Isabelle Binet
St. Gallen

OC 12

The C1q-binding assays and clinical outcomes in kidney transplantation

Gideon Hönger¹, Helmut Hopfer¹, Stefan Schaub¹, Robert Liwski²,
Patrizia Amico¹

¹Basel, ²Halifax / CA

Individualized Therapy because every patient is different



Satellite Symposium

INDIVIDUALIZATION OF HEMODIALYSIS THERAPY

Friday, December 5, 2014, 11.30-12.15

Ballsaal (Room B), Kursaal Interlaken

Speaker: **Prof. Dr. Antonio Santoro**

University Hospital of Bologna, Bologna

Chair: **Prof. Dr. Michel Burnier**

CHUV, Lausanne



Oral Parallel Presentations

16.30-17.15

NCCR / Experimental Nephrology

Chairs: François Verrey and Nilufar Mohebbi, Zürich

Room B

OC 13

Fetal hypoxia induces ectopic Fetuin A expression in renal tubular cells

Stefan Rudloff¹, Stephane Rodriguez², Uyen Huynh-Do¹

¹Berne, ²Rennes / FR

OC 14

Human Proximal Tubule Cells Form Functional Microtissues

Jenny Kürth, Manuela Bieri, Wolfgang Moritz, Olivier Devuyst

Zürich

OC 15

A role for hypoxia-inducible cytoglobin in chronic kidney disease?

Elisa Randi¹, Sara Santambrogio¹, Maja Lindenmeyer¹, Federica Storti¹,

Clemens Cohen¹, Olivier Devuyst¹, Andreas Kistler¹, Roland Wenger¹,

David Hoogewijs²

¹Zürich, ²Essen / DE

OC 16

Mechanism of coupling between tracellular sodium transport and paracellular permeability in renal collecting duct cells

Eric Feraille, Yubao Wang, Isabelle Roth, Thomas Hernandez,

Eva Bernabeu

Geneva

FINDing the balance

Iron and phosphate management in CKD patients

Friday, December 5, 2014, 11.30 – 12.15 h

Room A, Kursaal Interlaken



The future of anemia management in ND-CKD

Prof. Pierre Yves Martin, HUG Genève

Less is more: improving compliance to optimize phosphate control

PD Dr Menno Pruijm, CHUV Lausanne

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

Friday, December 5

From 07.00 Registration

08.00-09.30 GENERAL ASSEMBLY SGN-SSN

Room A

09.30-09.45 SGN-SSN Publication Award 2014
Chair: Jürg Steiger, Basel



09.45-10.00 Break

10.00-11.00 State of the Art Lectures

Chairs: Thomas J. Neuhaus, Luzern and Andreas Bock, Aarau

10.00-10.30 Glomerular albumin handling: Endothelial glycocalyx or podocyte slit diaphragm?
Simon Satchell, Bristol (UK)

10.30-11.00 To beat or not to beat: The cilia in renal diseases
Heymut Omran, Münster (D)

11.00-11.30 Coffee Break – Visit of the Exhibition – Poster Viewing Exhibition space

11.30-12.15 Satellite Symposia

Sponsored by VIFOR

Chair: Rudolf P. Wüthrich, Zürich

Room A



1. The future of anemia management in ND-CKD

Pierre-Yves Martin, Geneva

2. Less is more: improving compliance to optimize phosphate control

Menno Pruijm, Lausanne

Sponsored by BAXTER

Individualization of Hemodialysis Therapy

Chair: Michel Burnier, Lausanne

Room B



Antonio Santoro, Bologna (I)

12.15-12.30 Break



invites you to a Scientific Symposium

Bone Disorders in CKD Patients: Targets and Therapeutics

Friday December 5th, 2014
from 12.30 pm – 1.15 pm

Session Chair/Speaker:

Professor Dr Rudolf Wüthrich
USZ, Switzerland

Session Speaker:

Professor Dr René Rizzoli
HUG, Switzerland



Friday, December 5

12.30-13.15

Satellite Lunch Symposia

Sponsored by AMGEN

Bone Disorders in CKD Patients:
Targets and Therapeutics

Chair: Rudolf P. Wüthrich, Zürich

René Rizzoli, Geneva

Room A



Sponsored by LABORATOIRE BICHSEL

Room B



13.15-14.00

Standing Lunch at the Exhibition – Poster Viewing

Exhibition space

14.00-15.00

Oral Parallel Presentations

Hypertension / Minerals / Electrolytes

Chairs: Olivier Bonny and Olivier Phan, Lausanne

4 oral presentations

Room A

14.45-15.00

Mini-Lecture

Is renal denervation dead?

Grégoire Wuerzner, Lausanne

Room B

14.00-14.45

Dialysis

Chairs: Stephan Segerer, Zürich and Ann-Kathrin Schwarzkopf, Bern

4 oral presentations

14.45-15.00

Mini-Lecture

Blood pressure on dialysis

Florian Buchkremer, Aarau

15.00-15.30

Coffee Break – Visit of the Exhibition

Exhibition space

NEW ADVANCES IN PD THERAPY

INVITATION SYMPOSIUM 8

5. December 2014, 12.30 – 13.15

Advances and literature update in peritoneal dialysis therapy
Prof. Dr. med. Stephan Segerer

A new therapeutic platform in peritoneal dialysis therapy
Dr. med. Arduino Arduini



bichsel



Laboratorium Dr. G. Bichsel AG, Weissenaustrasse 73, 3800 Interlaken

Oral communications

Oral Parallel Presentations

14.00-14.45 Hypertension / Minerals / Electrolytes
Chairs: Olivier Bonny and Olivier Phan, Lausanne

Room A

- OC 17 Stone formers with the V-ATPase B1 subunit polymorphism p.E161K have a mild urinary acidification deficit with an increased prevalence of CaP containing kidney stones
Nasser Dhayat¹, John Poindexter², Giuseppe Albano¹, Andreas Pasch¹, Bruno Vogt¹, Orson W. Moe², Daniel Fuster¹
¹Berne, ²Dallas / US
- OC 18 Dietary phosphate intake increases blood pressure via the NCC cotransporter (NCCR Project)
Arezoo Daryadel, Isabel Rubio Aliaga, Johannes Loffing, Carsten Wagner
Zürich
- OC 19 Chronic hydrochlorothiazide treatment up-regulates sodium chloride co-transporter (NCC) expression within urinary exosomes
Ganesh Pathare¹, Omar A.Z. Tutakhel¹, Mark C. van der Wel¹, Jaap Deinum¹, Jacques W. Lenders^{1,2}, Joost G.J. Hoenderop¹, René J.M. Bindels¹
¹Nijmegen / NL, ²Dresden / DE
- OC 20 Activation of the transcription factor Nrf2 attenuates the pro-inflammatory response of mouse macrophage following CPP exposure: Potential therapeutic target in vascular calcification (NCCR Project)
Adam Lister¹, Philippe Marbet¹, Thomas Hammond¹, Ian Copple², Prakash Chandak³, Andreas Pasch³, Christopher Goldring², Alex Odermatt¹
¹Basel, ²Liverpool / GB, ³Bern

Oral communications

Friday, December 5

Oral Parallel Presentations

14.00-14.45	Dialysis <i>Chairs: Stephan Segerer, Zürich and Ann-Kathrin Schwarzkopf, Bern</i>	Room B
OC 21	Abdominal CT scan in 30 EPS patients prior to surgery: a tool to predict the intraoperative findings? Joerg Latus¹, Daniel Kitterer¹, Wolfgang Steuerer¹, Peter Fritz¹, Angela Geissler¹, M. Dominik Alscher¹, Stephan Segerer², Christoph Ulmer¹, Niko Braun¹ ¹ Stuttgart / DE, ² Zürich	
OC 22	Validation of a specific screening score for sleep disordered breathing in patients undergoing chronic intermittent hemodialysis Valentina Forni Ogna¹, Adam Ogna¹, Menno Pruijm¹, Isabelle Bassi¹, Georges Halabi², Thierry Gauthier³, Roberto Bullani⁴, Olivier Phan⁵, Anne Cherpillod¹, Claudine Mathieu¹, Daniel Teta¹, Alexandra Mihalache¹, Michel Burnier¹, Raphaël Heinzer¹ ¹ Lausanne, ² Yverdon, ³ Vevey, ⁴ Morges, ⁵ Payerne	
OC 23	Trice weekly post-dialysis Cefepime prescription in patients on maintenance hemodialysis Filipe Martins, Ould Maouloud Hemett, Veronique Erard, Christian Chuard, Eric Descombes Fribourg	
OC 24	Calcitriol concentrations increase significantly in patients on maintenance hemodialysis (HD) receiving long-term cholecalciferol supplementation Eric Descombes¹, Benoit Fellay¹, Yann Guillod², Ould Maouloud Hemett¹, Jean-Luc Magnin¹, Gilbert Fellay¹ ¹ Fribourg, ² Niederwangen	

15.30-16.30	Final Symposium: The really tough cases Who cares and who pays? <i>Chairs: Andreas Bock, Aarau and Thomas J. Neuhaus, Luzern</i>	Room A
15.30-15.40	The 16 year old Somali immigrant Thomas J. Neuhaus, Luzern	
15.40-15.50	Falling through the social net Mira Hintermann, Aarau	
15.50-16.00	The peritoneal dialysis „quota“ patient Carlo Schönholzer, Lugano	
16.00-16.30	Round table discussion Olivier Bonny, Lausanne Ulrich Tanner, Head Tariffss and Performance Controlling Concordia, Luzern and Speakers	
16.30	Farewell Thomas J. Neuhaus, Luzern; Andreas Bock, Aarau	

Poster presentations

Clinical Nephrology

- P 01 Implementation of nutritional risk screening in daily clinical routine and evaluation of clinical outcome in a tertiary nephrology department
Spiridon Arampatzis, Vasileios Devetzis, Susanne Gerber, Sibylle Eicken, Bruno Vogt, Uyen Huynh-Do
Berne
- P 02 Anthropometric measurements and mortality events in chronic kidney disease patients; A decade follow-up in Tehran Lipid and Glucose Study
Amirali Simforoosh, Reza Mohebi, Farzad Hadaegh, Fereidoun Azizi
Tehran / IR
- P 03 FGF_23 or PTH: which comes first in CKD?
Hans Freudiger
Geneva
- P 04 Clinical course and long-term outcome in 456 patients with Hantavirus-induced Nephropathia epidemica, Germany, 2001-2012
Joerg Latus¹, Daniel Kitterer¹, M. Dominik Alschner¹, Stephan Segerer², Niko Braun¹
¹Stuttgart / DE, ²Zürich
- P 05 New anthropometry-based age- and sex-specific reference values of the urinary 24-h creatinine excretion based on the adult Swiss population
Valentina Forni Ogna¹, **Adam Ogna**², Menno Pruijm¹, Philippe Vuistiner¹, Belen Ponte¹, Daniel Ackermann³, Luca Gabutti², Nima Vakilzadeh¹, Markus Mohaupt³, Pierre-Yves Martin⁴, Idris Guessous⁴, Antoinette Pechère-Bertschi⁴, Fred Paccaud¹, Murielle Bochud¹, Michel Burnier¹
¹Lausanne, ²Locarno, ³Berne, ⁴Genève
- P 06 Primary antiphospholipid syndrome presenting as renal vein thrombosis and membranous nephropathy
Katrin König, Caroline Wehmeier, Helmut Hopfer, Theresia Klima, Min Jeong Kim
Basel

Poster presentations

- P 07 The changing pattern of postinfectious glomerulonephritis
Andreas Fischer¹, Walter Arnold¹, Helmut Hopfer²
¹Lucerne, ²Basel
- P 08 Renal tissue oxygenation as measured with BOLD-MRI in children with vesico-ureteral reflux or a solitary kidney in comparison with healthy controls
Menno Pruijm¹, Hassib Chehade¹, Maciej Piskunowicz², Bastien Milani¹, Isabelle Bassi¹, Christiane Anex¹, Matthias Stuber¹, Bruno Vogt³, Michel Burnier¹
¹Lausanne, ²Gdansk / PL, ³Berne
- P 09 Should we care about the sequela of preeclampsia?
Michael Girsberger¹, Catherine Wiesner², Irene Hösl², Michael Dickenmann²
¹Liestal, ²Basel,
- P 10 Transjugular renal biopsy in high-risk patients. Experience in 138 cases
Etienne Monnard, Ruben Lopez-Benitez, Johannes Heverhagen, Dominik Uehlinger, Markus Mohaupt, Spyridon Arampatzis
Berne
- P 11 Prevalence and predictors of sleep disordered breathing in early stages of chronic kidney disease
Valentina Forni Ogna, **Adam Ogna**, José Haba Rubio, Nadia Tobback, Murielle Bochud, Raphaël Heinzer
Lausanne
- P 12 Screening for sleep disordered breathing in ESRD patients scheduled for renal transplantation
Adam Ogna, **Valentina Forni Ogna**, José Haba Rubio, Nadia Tobback, Isabelle Bassi, Jean Pierre Venetz, Delaviz Golshayan, Ghaleb Nseir, Maurice Matter, Manuel Pascual, Raphaël Heinzer
Lausanne

Poster presentations

- P 13 Outcome of acute kidney injury in a base hospital in Ticino, Southern Switzerland: Experience of a single center
Claudia Ferrier, Curzio Solca
Lugano
- P 14 Extragradient in the electrophoresis of a patient with ARF caused by penicilline-overdosing
Stefan Kalbermatter¹, Thomas Menter², Helmut Hopfer², Carmen Volken², Denes Kiss¹
¹Liestal, ²Basel
- P 15 Kidneys On Strike
Caroline Wehmeier, Julia Wallner, Min Jeong Kim
Basel
- P 16 A Fribourg case of IgG4-RD (related disease) revealed by IgG4-RKD (related kidney disease), Switzerland
Ould Maouloud Hemett¹, Eric Descombes¹, Samuel Rotman², Marc Künig¹, Dominique Hennion¹, Daniel Betticher¹, Daniel Hayoz²
¹Fribourg, ²Lausanne
- P 17 Hyperprolactinemia in ANCA-Vasculitis
Ineke Grendelmeier¹, Helmut Hopfer², Denes Kiss¹
¹Liestal, ²Basel
- P 18 Living without ADAMTS13: Hereditary TTP in a 56-year-old kidney transplant recipient
Florian Buchkremer¹, Corinne Eschler², Johanna Kremer Hovinga², Andreas Bock¹
¹Aarau, ²Berne
- P 19 Severe cobalamine deficiency mimicking thrombotic microangiopathy – a sheep in wolf's clothing?
Christian Bucher, Carola Epp, Isabelle Binet
St. Gallen

Poster presentations

- P 20 Progressive renal failure after resection of a neuroendocrine tumor of the small intestine
Michael Girsberger¹, Stefan Kalbermatter¹, Thomas Menter², Helmut Hopfer², Denes Kiss¹
¹Liestal, ²Basel
- P 21 Renal tubulopathies: rare patients, typical patterns
Mario Beck¹, Benno Röhlisberger², Thomas J Neuhaus¹
¹Lucerne, ²Aarau
- P 22 Simply medullary cystic kidney disease ?!
Matthias Zobrist¹, Nilufar Mohebbi²
¹Wetzikon, ²Zürich
- Basic Science / Genetics**
- P 23 C3 glomerulonephritis in a patient with Down's syndrome: clinicopathological and genetic findings
Maria Kosmidis, Albin Schwarz, Patrice Ambühl, Ariana Gaspert
Zürich
- P 24 Calciprotein particles induce an inflammatory response in macrophages
Prakash Chandak¹, Rakesh Bijarnia¹, Edward Smith², Andreas Pasch¹
¹Berne, ²Melbourne / AU
- P 25 The Lymphotoxin β receptor is a therapeutic target in renal inflammation
Gitta Seleznik¹, Harald Seeger¹, Adrian Papandile², Kai Fu², Urvana Poreci², Julie Czerkowicz², Dania Rabah², Ann Ranger Ranger², Clemens Cohen¹, Maja Lindenmeyer¹, Jin Chen¹, Ilka Edenhofer¹, Hans-Joachim Anders³, Maciej Lech³, Rudolf P Wüthrich¹, Nancy H. Ruddle⁴, Marcus J. Moeller⁵, Jeffrey L. Browning⁶, Judith Bauer³
¹Zürich, ²Cambridge / US, ³Munich / DE, ⁴New Haven / US, ⁵Aachen / DE, ⁶Boston / US

Poster presentations

- P 26 Comparative effects of aliskiren and hydrochlorothiazide on renal tissue oxygenation in patients with arterial hypertension: a bold MRI study
Nima Vakilzadeh¹, Menno Pruijm¹, Valentina Forni Ogna¹, Marie-Eve Muller¹, Marc Maillard¹, Matthias Stuber¹, Lucie Hofmann², Bruno Vogt², Michel Burnier¹
¹Lausanne, ²Berne
- P 27 ENaC activity in collecting ducts modulates NCC in cirrhotic mice
David Mordini¹, Dominique Loffing-Cueni², Johannes Loffing², Beatrice Rohrbach¹, Marc Maillard³, Michel Burnier³, Edith Hummler³, Genevieve Escher¹, Bruno Vogt¹
¹Berne, ²Zürich, ³Lausanne
- P 28 High level of dephospho-uncarboxylated matrix GLA protein (dp-ucMGP) is associated with arterial stiffness and kidney vascular resistance
Edward Pivin¹, Belen Ponte², Menno Pruijm¹, Daniel Ackermann³, Idris Guessous², Georg Ehret^{2,4}, Cees Vermeer⁵, Jan Staessen⁶, Antoinette Pechère-Bertschi², Fred Paccaud¹, Markus Mohaupt³, Bruno Vogt³, Pierre-Yves Martin², Michel Burnier¹, Murielle Bochud¹
¹Lausanne, ²Geneva, ³Berne, ⁴Baltimore / US, ⁵Maastricht / NL, ⁶Leuven / BE
- P 29 Identification of renal celltype-specific dysregulation of hypoxia-associated transcripts by transcriptome-based network analysis
Maja Lindenmeyer¹, Natalia Shved¹, Gregor Warsow², David Hoogewijs¹, Clemens Cohen¹
¹Zürich, ²Greifswald / DE
- P 30 Improvements in angio- μ CT: What the kidney morphometry will look like
Ruslan Hlushchuk, Carlos Correa Shokiche, Laura Schaad, Monika Wnuk, Cédric Zubler, Sébastien Barré, Stefan Tschanz, Mauricio Reyes, Valentin Djonov
Berne

Poster presentations

- P 31 Inhibition of aerobic glycolysis with 2-deoxyglucose retards polycystic kidney disease progression in Han: SPRD rats
Meliana Riwanto, Sarika Kapoor, Daniel Rodriguez, Ilka Edenhofer, Stephan Segerer, Rudolf P Wüthrich
Zürich
- P 32 Inhibition of sodium-glucose cotransporter 2 with Dapagliflozin in Han-SPRD rats with polycystic kidney disease
Daniel Rodriguez, Sarika Kapoor, Ilka Edenhofer, Stephan Segerer, Meliana Riwanto, Rudolf P. Wüthrich
Zürich
- P 33 Kappa Light Chains Associated with Fanconi Trigger Aberrations of Endolysosomal Compartment in Proximal Tubule Cells
Alessandro Luciani¹, Claudia Raggi², Jenny Kürth¹, Vincent Javaugue³, Christophe Ssirac⁴, Olivier Devuyst¹
¹Zürich, ²Brussels / BE, ³Poitiers / FR, ⁴Limoges / FR
- P 34 Mediator of ErbB2 Induced Cell Motility in Mineral Homeostasis
Matthias Moor¹, Nancy E. Hynes², Olivier Bonny¹
¹Lausanne, ²Basel
- P 35 Neuropilin1 as a novel regulator of glomerular basement membrane
Monika Wnuk, Jean-Baptiste Dubuis, Valentin Djonov
Berne
- P 36 Oncostatin M receptor is a sensitive and early marker of kidney injury
Thomas Mueller¹, Barbara Pedrycz², Pang Young², Catherine Compston², Valerie Luyckx², Julie Ho³, Valeria Mas⁴, Lin-Fu Zhu², Donald Grynoch², Rachel Khadaroo²
¹Zürich, ²Alberta / CA, ³Manitoba / CA, ⁴Virginia / US
- P 37 Pathophysiology of Chronic Kidney Disease in Methylmalonic Aciduria (MMA)
Anke Schumann, Alessandro Luciani, Matthias Baumgartner, Andrew Hall, Olivier Devuyst
Zürich

Poster presentations

P 38	Proteomic Signature of Hypertension-induced Damage in the Two-Kidney, One-Clip (2K1C) Rat Model Hans-Peter Marti¹ , Heidrun Vethe ¹ , Kenneth Finne ¹ , Trude Skogstrand ¹ , Marc Vaudel ¹ , Bjørn Egil Vikse ¹ , Michael Hultström ² , Sandrine Placier ³ , Andreas Scherer ⁴ , Olav Tenstad ¹ ¹ Bergen / NO, ² Uppsala / SE, ³ Paris / FR, ⁴ Kontiolahti / FI	P 43	Non-invasive kidney fibrosis assessment using optimized diffusion MRI Lena Berchtold , Iris Friedli, Lindsey Crowe, Karine Hadaya, Solange Moll, Pierre-Yves Martin, Jean- Paul Vallée, Sophie de Seigneur Geneva
P 39	Sex-specific expression of genes involved in uric acid handling in mice Muriel Auberson , Candice Stoudmann, Olivier Bonny Lausanne	P 44	Outcome of transitional cell cancer in renal transplant recipients Felix Burkhalter , Peter Ardel, Jan Ebbing, Gernot Bonkat, Jürg Steiger, Alexander Bachmann Basel
P 40	Renal sensitivity to orthostatic stress: a comparison of neurol-hormonal and renal hemodynamic responses between obese patients and healthy volunteers Nima Vakilzadeh¹ , Yann Vuignier ² , Marc Maillard ¹ , Eric Grouzmann ¹ , Vittorio Giusti ³ , Michel Burnier ¹ , Grégoire Wuerzner ¹ ¹ Lausanne, ² Valais, ³ Broye	P 45	Outcomes at 3-years in EBV+ Recipients of Deceased Donor Kidneys from Two Randomized Trials (BENEFIT and BENEFIT EXT) Comparing Belatacept vs Cyclosporine Ferdinand Mühlbacher¹ , Antoine Durrbach ² , Sander Florman ³ , José Medina Pestana ⁴ , Mary Beth Harler ³ , Christian Larsen ⁵ ¹ Vienna / AT, ² Le Kremlin-Bicêtre / FR, ³ New York / US, ⁴ Sao Paulo / BR, ⁵ Atlanta / US

Transplantation

P 41	ABO incompatible kidney transplantation from an anti- hepatitis C virus antibody positive- RNA negative donor into an anti- hepatitis C virus antibody negative recipient Yassine Bouatou , Francesco Negro, Karine Hadaya Geneva	P 46	Outcomes at 3-years in EBV+ Recipients of UNOS Criteria ECD Kidneys from a Randomized Trial (BENEFIT-EXT) Comparing Belatacept vs Cyclosporine Ferdinand Mühlbacher¹ , Antoine Durrbach ² , Sander Florman ³ , José Medina Pestana ⁴ , Martin Polinsky ³ , Bernard Charpentier ¹ ¹ Vienna / AT, ² Le Kremlin-Bicêtre / FR, ³ New York / US, ⁴ Sao Paulo / BR
P 42	Distinct radiological CT-patterns of Pneumocystis jirovecii pneumonia between Renal transplant recipients and HIV-positive patients Spiridon (Spiros) Arampatzis , Lukas Ebner, Andri Rauch, Hansjakob Furrer, Stefan Weiler, Johannes Heverhagen, Uyen Huynh-Do, Andreas Christe Berne	P 47	Prevention of bone mineral density (BMD) loss after kidney transplantation with the RANK ligand inhibitor denosumab (POSTOP study): baseline data, biomarker response and initial safety Marco Bonani , Thomas Fehr, Thomas Mueller, Markus Blum, Jens Brockmann, Diana Frey, Rudolf Wüthrich Zürich
		P 48	Risk stratification for rejection and infection after kidney transplantation Pietro Cippà¹ , Marc Schiesser ¹ , Teun Van Gelder ² , Nicolas Müller ¹ , Claude Cao ¹ , Corrado Bernasconi ¹ , Thomas Fehr ¹ ¹ Zürich, ² Malmö / SE

Poster presentations

P 49

Role of lymphotoxins in renal allograft rejection

Harald Seeger¹, Gitta Seleznik¹, Maja Lindenmeyer¹, Clemens Cohen², Carsten Jäckel², Peter Nelson², Jin Chen¹, Ilka Edenhofer¹, Nicolas Kozakowski³, Heinz Regele³, Georg Böhmig³, Judith Bauer², Rudolf P Wüthrich¹, Thomas Fehr⁴, Mathias Heikenwälder², Stephan Segerer¹
¹Zürich, ²Munich / DE, ³Vienna / AT, ⁴Chur

P 50

Sarcopenic obesity in male renal transplant recipients

Vasileios Devetziis, Uyen Huynh-Do, Spyridon Arampatzis – Berne

P 51

Severe calciphylaxis in a renal transplant patient after denosumab administration: causal relationship or mere coincidence?

Argyrios Georgalis, Katja Ivanova, Vera Frauenknecht, Patrizia Amico, Jürg Steiger
Basel

P 52

The inflammatory burden determined by urinary CXCL10 chemokine levels predicts long-term renal allograft outcome

Patricia Hirt-Minkowski¹, Julie Ho², Ang Gao², Patrizia Amico¹, Michael T. Koller¹, Helmut Hopfer¹, David Rush², Peter Nickerson², Stefan Schaub¹
¹Basel, ²Manitoba / CA

P 53

What should the post-transplant creatinine be? An approach to better assess kidney transplant function

Thomas Mueller¹, Scott-Oliver Grebe², Riyad Ylsehl³, Valerie Luyckx⁴, Zija Jacaj⁵
¹Zürich, ²Witten / DE, ³Riyadh / SA, ⁴Edmonton / CA, ⁵Athabasca / CA

Hypertension / Mineral / Electrolytes

P 54

A rare cause of kidney stones or just coincidence?

Harald Seeger, Nilufar Mohebbi – Zürich

P 55

Renal Stone Clinic – How do patients perceive our explanations and recommendations?

Bernhard Hess – Zürich

Poster presentations

P 56

FGF23 and markers of phosphate and calcium homeostasis in subjects with preserved renal function

Nasser Dhayat¹, Daniel Ackermann¹, Menno Pruijm², Belen Ponte³, Idris Guessous², Philippe Vuistiner², Georg Ehret³, Fred Paccaud², Markus Mohaupt¹, Michel Burnier², Antoinette Pechère-Bertschi³, Pierre-Yves Martin³, Murielle Bochud², Bruno Vogt¹, Daniel Fuster¹
¹Berne, ²Lausanne, ³Geneva

P 57

Proton-pump inhibitor associated hypomagnesemia: a systematic review

Sebastiano A.G. Lava¹, Simone Janett², Giacomo D. Simonetti², Barbara Goeggel Simonetti², Mario G. Bianchetti²
¹Berne, ²Bellinzona

P 58

Why muscle cramps occur at night: Circadian rhythm and factors associated with fractional excretion of magnesium in a population based study

Daniel Ackermann¹, Menno Pruijm², Belen Ponte², Idris Guessous³, Georg Ehret^{3,4}, Bernhard Dick¹, Claudia D'uscio¹, Genevieve Escher¹, Markus Mohaupt¹, Michel Burnier², Pierre-Yves Martin³, Fred Paccaud², Bruno Vogt¹, Olivier Devuyst⁵, Murielle Bochud²
¹Berne, ²Lausanne, ³Geneva, ⁴Baltimore / US, ⁵Zürich

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Angiotensinergic innervation of the human right atrium, atrial angiotensins and implications for baroreceptor control of blood pressure

Jürgen Bohlender¹, Jürg Nussberger², Hendrik Tevaeearai¹, Hans Imboden¹
¹Berne, ²Lausanne

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Cytochrome P450 3A 4 / 5 (CYP3A4 / 5) activity is associated with white coat blood pressure in a Swiss population based study (SKIPOGH Study)

Yassine Bouatou¹, Belen Ponte¹, Daniel Ackermann², Menno Pruijm³, Idris Guessous¹, Georg Ehret^{1,4}, Fred Paccaud³, Antoinette Pechère-Bertschi¹, Bruno Vogt², Michel Burnier³, Markus Mohaupt², Pierre-Yves Martin¹, Murielle Bochud³
¹Geneva, ²Berne, ³Lausanne, ⁴Baltimore / US

Poster presentations

P 61	Taste acceptability of pulverized brand-name and generic drugs containing amlodipine or candesartan Sebastiano A.G. Lava ¹ , Peter Uestuenler ² , Alessandra Ferrarini ² , Maristella Santi ² , Chiara Mardegan ² , Mario G. Bianchetti ² , Giacomo D. Simonetti ² ¹ Berne, ² Bellinzona	P 67	Assessment of lean tissue mass (LTM) in maintenance hemodialysis (HD) patients Rebecca Winzeler ¹ , Hans-Rudolf Räz ² , Denes Kiss ³ , Thomas Kistler ⁴ , Agnes Kneubühl ⁵ , Johannes Trachsler ⁵ , Marco Miozzari ⁶ , Patrice Ambühl ¹ ¹ Zürich, ² Baden, ³ Liestal, ⁴ Winterthur, ⁵ Lachen, ⁶ Schaffhausen
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P 66	Demographic characteristics of maintenance hemodialysis (HD) patients in Switzerland Rebecca Winzeler ¹ , Hans-Rudolf Räz ² , Denes Kiss ³ , Thomas Kistler ⁴ , Agnes Kneubühl ⁵ , Johannes Trachsler ⁵ , Marco Miozzari ⁶ , Patrice Ambühl ¹ ¹ Zürich, ² Baden, ³ Liestal, ⁴ Winterthur, ⁵ Lachen, ⁶ Schaffhausen	P 72	The association between ultrafiltration volume and difference of the pre- and post-dialysis hemoglobin levels in maintenance hemodialysis patients Michael Moeddel Zürich

Poster presentations

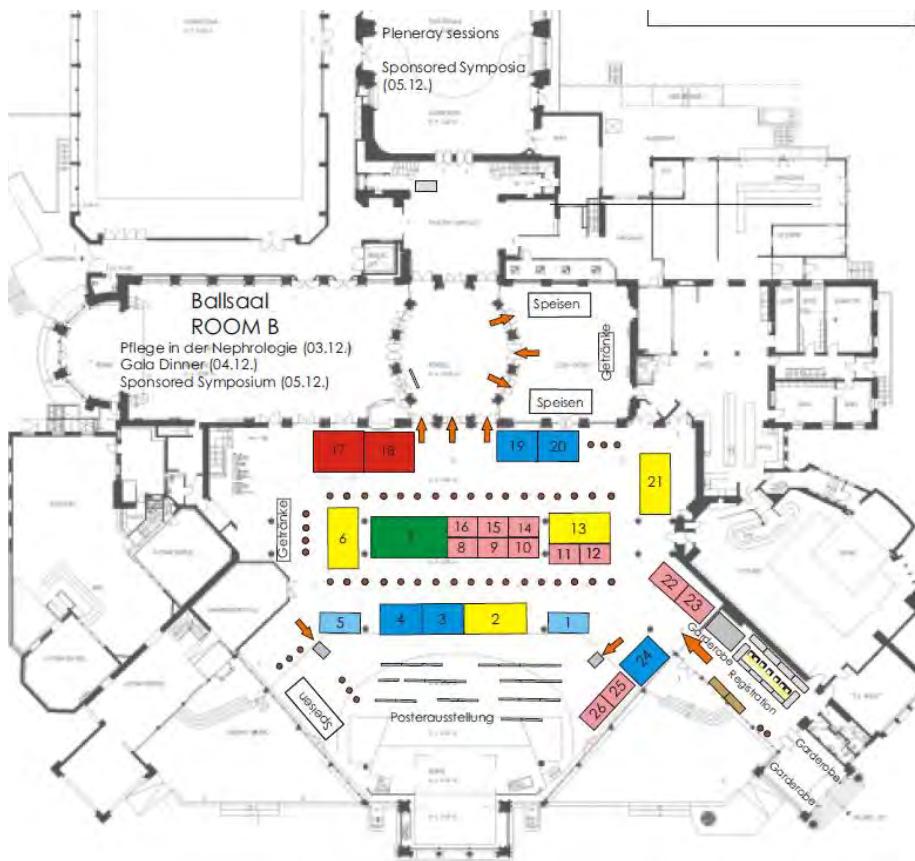
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- P 73 Large variations in pulse wave velocity and reflection patterns occur during a hemodialysis session and are not related to the degree of ultrafiltration
Menno Pruijm¹, Daniel Teta¹, Corina Rotaru¹, Valentina Forni Ogna¹, Georges Halabi², Bernard Waeber¹, Michel Burnier¹, Francois Feihl¹
¹Lausanne, ²Yverdon
- P 74 Poor correlation of 44h blood pressure measurements with in-center blood pressure in hemodialysis patients
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Sebastien Deglise, Thomas Holzer, Anne Cherpillod, Sebastien Kissling, Daniel Teta, François Saucy, Francesco Doenz, Beat Von Albertini, Jean-Marc Corpataux
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Celine Dubuis¹, Sébastien Deglise¹, Sotirios Popeskou², Sébastien Kissling¹, Francesco Doenz¹, François Saucy¹, Daniel Teta¹, Jean-Marc Corpataux¹
¹Lausanne, ²Lugano
- P 77 Is supplementation of water soluble vitamins justified in chronic hemodialysis patients?
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Albina Nowak¹, Ferruh Artunc², Andreas Serra¹, Emily Pollock¹, Pierre-Alexandre Krayenbuehl³, Christian Mueller⁴, Björn Friedrich⁵
¹Zürich, ²Tübingen / DE, ³Uznach, ⁴Basel, ⁵Herrenberg / DE

City map of Interlaken



Plan



Exhibitors

Firm	Booth
Abbvie	2
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Sponsored symposia in alphabetical order



Amgen Switzerland AG, Zug
Parallel Satellite Lunch Symposium
Friday, December 5, 2014
12.30-13.15 / Room A

Baxter-Gambro Renal, Volketswil
Parallel Satellite Lunch Symposium
Thursday, December 4, 2014
12.30-13.15 / Room A

Baxter-Gambro Renal, Volketswil
Parallel Satellite Symposium
Friday, December 5, 2014
11.30-12.15 / Room B

Fresenius Medical Care (Schweiz) AG, Oberdorf
Parallel Satellite Lunch Symposium
Thursday, December 4, 2014
12.30-13.15 / Room B

Laboratorium Dr. G. Bichsel AG, Unterseen
Parallel Satellite Lunch Symposium
Friday, December 5, 2014
12.30-13.15 / Room B

Novartis Pharma Schweiz AG, Rotkreuz
Satellite Symposium
Thursday, December 4, 2014
15.30-16.15 / Room A

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Parallel Satellite Symposium
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11.30-12.15 / Room A

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



MUNICIPALITY
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Thursday, December 4

Ballsaal / Room B

CONGRESS DINNER

17.30-19.00	Main Poster Session – Apéro	Poster area
19.30	Congress Dinner – Poster Prize Awards	Ballsaal



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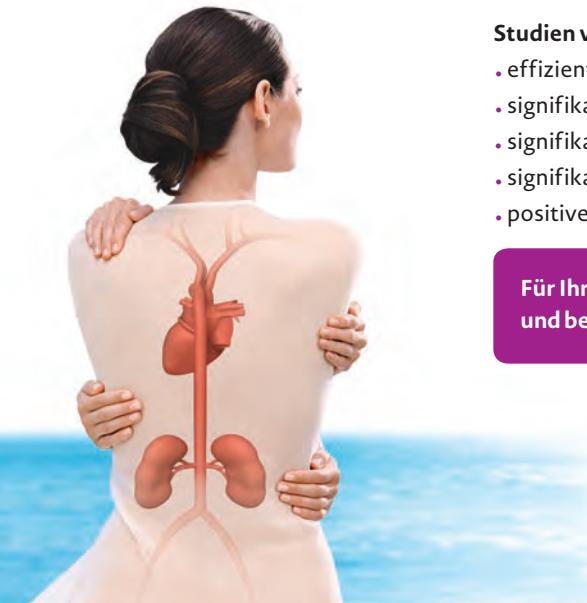
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1. Cannata JB, Navez-Diaz M. The Role of Paricalcitol in Chronic Kidney Disease. European Nephrology. (2011) 5(2):82-90. 2. Ketteler M et al.: Paricalcitol versus cinacalcet plus low-dose vitamin D therapy for the treatment of secondary hyperparathyroidism in patients receiving hemodialysis: results of the IMPACT SHPT study. Nephrol Dial Transplant. (2012) 27:3270-3278. 3. Sprague SM et al. Paricalcitol versus calcitriol in the treatment of secondary hyperparathyroidism. Kidney International. (2003) 63:1483-1490. 4. De Nicola L et al.: Antiproteinuric effect of add-on paricalcitol in CKD patients under maximal tolerated inhibition of renin-angiotensin system: a prospective observational study. BMC Nephrology. (2012) 13:150-5. Ronco C, Cozzolino M: Mineral metabolism abnormalities and vitamin D receptor activation in cardiorenal syndromes. Heart Fail Rev. (2011) 17(2):211-20. 6. Arzneimittel-Fachinformation für Zemplar®: www.swissmedicinfo.ch. Stand der Informationen: Ampullen, April 2011; Kapseln, Februar 2014.

Zemplar® Injektionslösung: IA: Sekundärer Hyperparathyreoidismus bei Patienten mit terminaler Niereninsuffizienz und chronischer Hämodialyse. **DA:** Intravenöse Bolusinjektion während der Dialyse; maximal alle zwei Tage. Anfangsdosis richtet sich nach den Basis-Serumspiegeln des intakten Parathyroidhormons (iPTH): Initialdosis (μg) = iPTH Basis-Serumspiegel ($\mu\text{g}/\text{ml}$) / 80. Falls keine zufriedenstellende Reaktion beobachtet wird, kann die Dosis in Schritten von 2–4 μg Paricalcitol in jeweils zwei- bis vierwöchigen Intervallen erhöht werden. Während Dosisanpassung engmaschige Überwachung von Serum-Kalzium und -Phosphor. Falls Serum-Kalzium über Norm ansteigend oder $\text{CaP} > 65 \text{ mg}^2/\text{dl}^2$, Dosisreduktion oder Therapieunterbrechung. **KI:** Nicht bei Patienten mit Hyperkalzämie oder Anzeichen von Vitamin D Toxizität verabreichen. Nicht bei Überempfindlichkeit gegenüber dem Wirkstoff oder einem der Hilfsstoffe. **IN:** Spezifische Interaktionsstudien wurden nicht durchgeführt. Nicht gleichzeitig mit Heparin, phosphathaltigen Arzneimitteln oder Vitamin D verwandten Präparaten einnehmen. Vorsicht bei Gabe von Paricalcitol zusammen mit Digitalis-Präparaten, Ketokonazol sowie anderen starken CYP3A-Hemmern, Thiazid-Diuretika oder Kalzium-, Magnesium- und Aluminiumhaltigen Arzneimitteln. **UW:** Häufig: Hyperkalzämie, Kopfschmerzen, Dysgeusie, gastrointestinale Blutung, Diarröhö, Verstopfung, Fieber, Schüttelfrost und Schmerzen an der Einstichstelle. **P:** 5 Ampullen (je 1 ml) à 2 bzw. 5 μg Paricalcitol. Liste B, Kassenzulässig. Limitatio beachten. **Zemplar® Kapseln:** IA: Behandlung des sekundären Hyperparathyreoidismus bei Patienten mit chronischer Niereninsuffizienz in der Prädialysephase (chronic kidney disease [CKD] Stufen 3 & 4), sowie Behandlung des sekundären Hyperparathyreoidismus bei Patienten mit terminaler Niereninsuffizienz (CKD Stufe 5) und chronischer Hämodialyse oder Peritonealdialyse. **DA:** 1 x pro Tag entweder täglich oder 3 x die Woche, d.h. jeden 2. Tag. CKD Stufen 3 & 4: Initialdosis basierend auf den Basis-Serumspiegeln des intakten Parathyroidhormons (iPTH); Anfangsdosis bei $\text{iPTH} < 500 \text{ pg}/\text{ml}$: 1 μg 1 x tgl. oder 2 μg 3 x pro Woche; bei $> 500 \text{ pg}/\text{ml}$: 2 μg 1 x tgl. oder 4 μg 3 x pro Woche. Dosisstirrung: Dosierung individuell dem iPTH anpassen. CKD Stufe 5: Initialdosis basierend auf den Basis-Serumspiegeln des iPTH (pg/ml) / 60; Dosisstirrung: Dosis (μg) = aktueller iPTH (pg/ml) / 60. Zu Beginn der Therapie, während der Dosisanpassungs-Phasen und bei gleichzeitiger Verabreichung von starken Cytochrome P450 3A Inhibitoren, Serumspiegel von Calcium und Phosphor engmaschig überwachen und Empfehlungen bei $\text{CaP} > 55 \text{ mg}^2/\text{dl}^2$ (CKD 3&4) bzw. $> 70 \text{ mg}^2/\text{dl}^2$ (CKD 5) beachten. Zemplar Kapseln können unabhängig von den Mahlzeiten eingenommen werden. **KI:** Nicht bei einer Hyperkalzämie oder Anzeichen von Vitamin D-Toxizität verabreichen. Nicht bei Überempfindlichkeit gegenüber dem Wirkstoff oder einem der Hilfsstoffe. **IN:** Nicht gleichzeitig mit phosphathaltigen Arzneimitteln oder Vitamin D verwandten Präparaten einnehmen. Vorsicht bei Gabe von Paricalcitol zusammen mit Digitalis-Präparaten, Ketokonazol sowie anderen starken CYP3A-Hemmern, Thiazid-Diuretika oder Kalzium-, Magnesium- und Aluminiumhaltigen Arzneimitteln. Mögliche Beeinträchtigung der Absorption von Paricalcitol mit Arzneimitteln wie Cholestyramin, welche die intestinale Absorption von fettslöslichen Vitaminen beeinflussen. **UW:** Häufig: CKD Stufen 3 & 4: abdominale Beschwerden und Ausschlag. CKD Stufe 5: Hyperkalzämie, Hypokalzämie, verminderter Appetit, Benommenheit, Diarröhö, gastro-oesophagealer Reflux, Akne und Spannungen in der Brust. **P:** je 28 Kapseln à 1 bzw. 2 μg Paricalcitol. Liste B, Kassenzulässig. Limitatio beachten. **ZI:** AbbVie AG, Neuhoefstrasse 23, CH-6341 Baar, Tel. 041 399 15 00. Ausführliche Informationen, siehe Arzneimittel-Fachinformation: www.swissmedicinfo.ch.