Final Program

40th Annual Meeting
Swiss Society of Nephrology

OLMA St. Gallen
December 3–5, 2008

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

'Basics in Nephrology'
December 3, 2008

NEW

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Dear colleagues,

In 2008 we celebrate the 40th meeting of the Swiss Society of Nephrology (SSN-SGN) and I have the pleasure to invite you to St. Gallen on December 3-5, 2008 at the Olma Messen.

Recognising the success of the Basics in Nephrology, this CME course will again be held this year with special emphasis on dialytic renal replacement therapies. To allow for a balanced program we will start the annual meeting on Wednesday afternoon with a new Honorary Lecture delivered this year by Prof. Mihatsch and followed by the poster session with an aperitif.

For the first time we have allotted time for a Registry News session. The Dialysis Registry, the Living Donor Registry, the Swiss Transplant Cohort Study and the Lupus Registry will be invited to give an overview and when available the key data for the clinician and the scientist.

Third novelty will be the opportunity given to the Swiss Renal Physiologists to present their activities across Switzerland and the network between the labs. This will take place in form of three comprehensive mini-lectures just before the afternoon sessions.

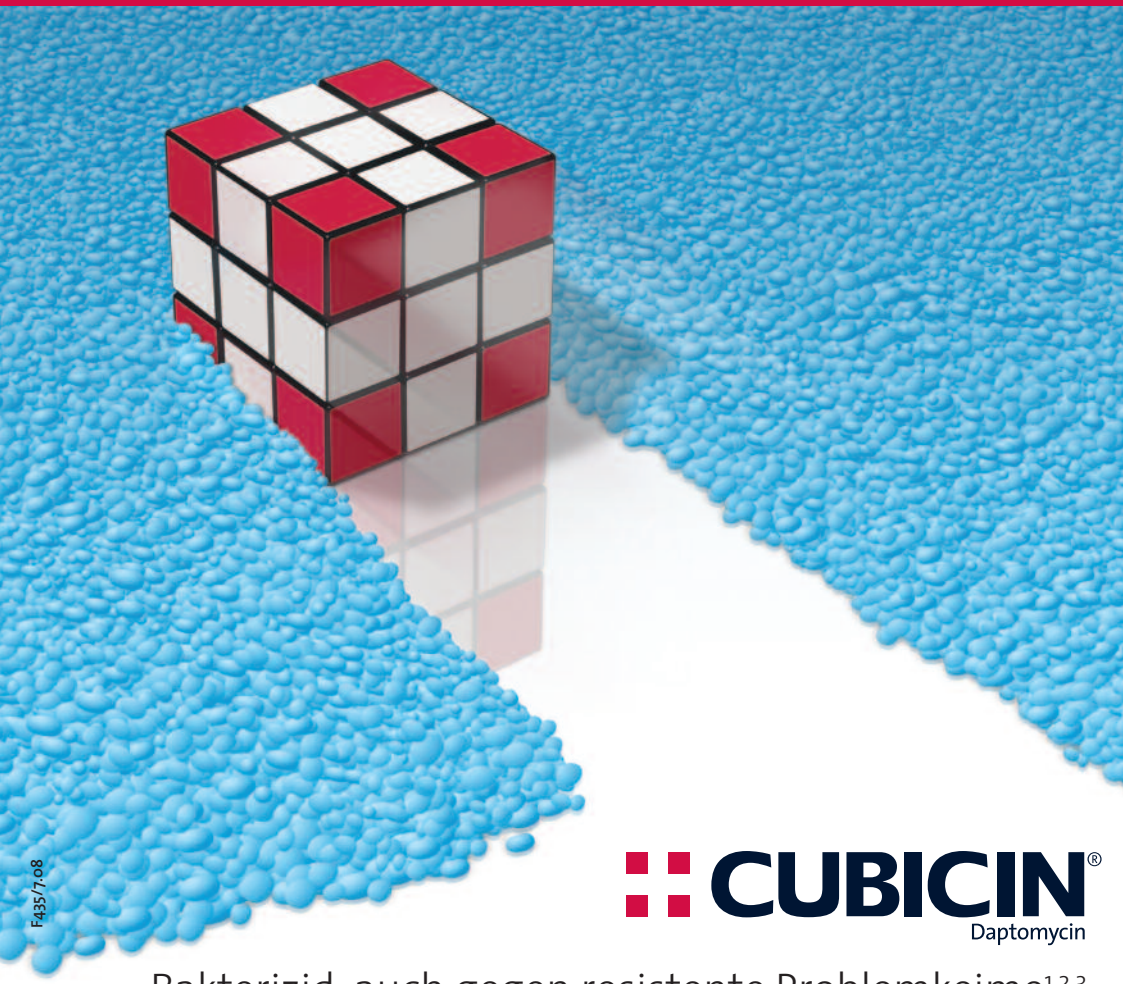
The sponsors' symposia will be held either in single or in parallel sessions. Particular care was taken to cover different areas of interest and be thus attractive to a large number of the attending nephrologists.

Finally I hope to welcome all of you in St. Gallen. Save the dates of December 3 – 5, 2008.
The opening ceremony will take place on Wednesday December 3 at 5 pm.

Sincerely,

Dr. med. Isabelle Binet
Congress President 2008 and President of the SSN-SGN

Schnell und gründlich gegen grampositive Kokken[1]
Rapide et radical contre les bactéries Gram positif[1]



F435/7.08

CUBICIN®
Daptomycin

Bakterizid, auch gegen resistente Problemkeime[1,2,3]
Bactéricide, également contre les germes résistants[1,2,3]

Referenzen: 1. Arbeit R et al. The Safety and Efficacy of Daptomycin for the Treatment of Complicated Skin and Skin-Structure Infections. Clinical Infectious Diseases. 2004;38:1673–81. **2.** Steenbergen JN et al. Daptomycin: a lipopeptide antibiotic for the treatment of serious Gram-positive infections. Journal of Antimicrobial Chemotherapy. 2005;55:283–288. **3.** Fowler VG et al. Daptomycin versus Standard Therapy for Bacteremia and Endocarditis Caused by Staphylococcus aureus. N Engl J Med. 2006;355(7):653–65.

Cubicin®. Z: Durchstechflaschen mit Pulver zu 350 mg und 500 mg Daptomycin zur Herstellung einer Infusionslösung. **I:** Behandlung komplizierter Haut- und Weichtelinfektionen (cSSTI) durch *Staphylococcus aureus, Streptococcus pyogenes, Streptococcus agalactiae, Streptococcus dysgalactiae susp. equisimilis* und *Enterococcus faecalis*. Behandlung von *Staphylococcus aureus* Bakteriämie (SAB). **D:** cSST: bei Erwachsenen 4 mg/kg alle 24 h während 7–14 d bzw. bis zum Abklingen der Infektion. SAB: bei Erwachsenen 6 mg/kg alle 24 h während 2–6 Wochen. Dosisanpassungen bei Niereninsuffizienz (Kreatinin-Clearance <30 ml/min) und/oder älteren Patienten s. Arzneimittel-Kompendium der Schweiz. **KI:** Überempfindlichkeit gegen den Wirkstoff oder einen der sonstigen Bestandteile. **VM:** Bei Therapie mit Cubicin Anstieg der Kreatininphosphokinase-Werte, assoziert mit Myopathien, berichtet. Daher sollten Plasma-CPK-Werte während Therapie regelmässig gemessen werden. Zeichen peripherer Neuropathien untersuchen und Absetzen von Daptomycin erwägen. Regelmässige Kontrolle der Nierenfunktion bei gleichzeitiger Anwendung potentiell nephrotoxischer Wirkstoffe. Einzelheiten s. Arzneimittel-Kompendium der Schweiz. **IA:** Während der Behandlung mit Cubicin ist empfohlen andere, mit Myopathie assozierte Medikationen, vorübergehend abzusetzen. Falls gleichzeitige Anwendung nicht vermeidbar, CPK-Werte häufiger als wöchentlich messen. Bei paralleler Anwendung von Daptomycin mit anderen Arzneimitteln, die die renale Filtration vermindern, ist Vorsicht geboten. Wechselwirkung zwischen Daptomycin und Reagens, das in Tests zur Bestimmung der Prothrombinzeit verwendet wird, führt fälschlicherweise zur PT-Verlängerung. Einzelheiten s. Arzneimittel-Kompendium der Schweiz. **UW:** *Häufig:* Pilzinfektionen, Kopfschmerzen, Übelkeit, Erbrechen, Durchfall, Ausschlag, Reaktionen an der Infusionsstelle, abnormale Leberfunktionswerte (AST, ALT und alkalische Phosphatase), erhöhte CPK. *Gelegentlich:* Harnwegsinfektionen, Thrombozytämie, Anämie, Eosinophilie, Anorexie, Hyperglykämie, Angst, Insomnie, Schwindel, Parästhesie, Geschmacksstörung, supraventrikuläre Tachykardie, Extrasystole, Gesichtsrötungen, Hypertonie, Hypotonie, Obstipation, Bauchschmerzen, Dyspepsie, Glossitis, Ikterus, Pruritus, Urtikaria, Myositis, Muskelschwäche, Muskelschmerzen, Arthralgie, Niereninsuffizienz, Vaginitis, Pyrexie, Schwäche, Erschöpfung, Schmerzen, Störung des Elektrolythaushalts, erhöhtes Serumkreatinin, erhöhtes Myoglobin, erhöhte Laktatdehydrogenase. *Selten und sehr selten:* s. Arzneimittel-Kompendium der Schweiz. **P:** 1 Durchstechflasche zu 350 mg bzw. 500 mg. Verkaufskategorie: **A.** Weitere Informationen entnehmen Sie bitte dem Arzneimittel-Kompendium der Schweiz. **Novartis Pharma Schweiz AG, Monbijoustrasse 118, Postfach, 3001 Bern, Tel. 031 377 51 11.**

NOVARTIS

Congress President

Dr. Isabelle Binet
Kantonsspital, St. Gallen
9000 St. Gallen

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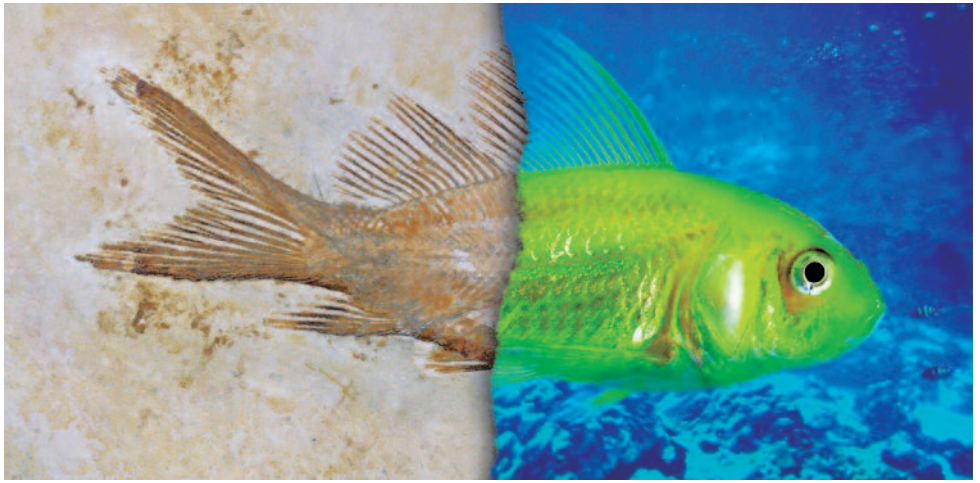
Kalzifizierung gestoppt – Leben verlängert[3–5]



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- Vermindert signifikant die Progression der Kalzifizierung[1–2].
- Senkt das Mortalitätsrisiko bei langfristigem Einsatz[3–5].

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[1] Chertow GM, et al., for the Treat to Goal Working Group. Sevelamer attenuates the progression of coronary and aortic calcification in hemodialysis patients. Kidney Int. 2002; 62: 245-252. [2] Block GA, et al., Effects of sevelamer and calcium on coronary artery calcification in patients new to hemodialysis. Kidney Int. 2005; 68: 1815-1824. [3] Suki WN, et al., Effects of sevelamer and calcium-based phosphate binders on mortality in hemodialysis patients. Kidney Int. 2007; 72: 1130-1137. [4] Block GA, et al., Mortality effect of coronary calcification and phosphate binder choice in incident hemodialysis patients. Kidney Int. 2007; 71: 438-441, [5] Borzecki A.M., Survival in end stage renal disease: calcium carbonate vs. sevelamer. Journal of Clinical Pharmacy and Therapeutics (2007); 32: 617-624.

RENA/CH/AD-SGN08/DE/0809/01

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Z: 800 mg Sevelamer und Hilfsstoffe pro Filmtablette. **I:** Behandlung von Hyperphosphatämie bei erwachsenen Hämodialysepatienten. **D:** 1 bis 5 Tabletten 3 Mal täglich mit den Mahlzeiten; Überwachung des Serumphosphatspiegels während der Behandlung. **KI:** Hypophosphatämie, Darmobstruktion. **IA:** Es wurden keine Untersuchungen bei Hämodialyse-Patienten durchgeführt. Crossover-Studien mit gesunden Probanden zeigten eine erniedrigte Bioverfügbarkeit von Ciprofloxacin. **UW:** Schmerzen, Magen-Darm-Trakt-Störungen, Hypertonie, Hypotonie, Pruritus, Pharyngitis **P:** 180 Filmtabletten, kassenzulässig, Liste B. Februar 2006. Ausführliche Informationen entnehmen Sie bitte dem Arzneimittelkompendium der Schweiz. Genzyme GmbH, 6340 Baar.

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Registration to "Basics in Nephrology"

Full day	CHF 80.00
Morning	CHF 50.00
Afternoon	CHF 50.00

Separate course registration is required using the online-registration on www.nephro.ch

Language
Lectures in English, discussions in German, English or French

CME Accreditation
SGN-SSN and SGIM: 5.5 points (full day)
Single parts: 3 points for the morning session and 2.5 points for the afternoon session
SGAM: full length of the education is creditable

Wednesday, December 3, 2008, 10.00–16.30 **Raum B**

From 09.00	Registration
1st part	Chairmen: I. Binet; A. Bock
10.00–10.45	D. Kiss: **Hemodialysis basics**
10.45–11.30	A. Bock: **How and how much to dialyse?**
11.30-12.00	Break
12.00–12.45	D. Teta: **Intradialytic complications**
12.45-13.45	Lunch
13.25–13.45	**Mini Lecture: Swiss Renal Physiology** Absorbing and retaining amino acids François Verrey, Zurich
2nd part	Chairmen: D. Uehlinger; U. Huynh-Do
13.45–14.30	D. Uehlinger: **Continous renal replacement therapy – acid–base and anticoagulation problems**
14.30–15.15	D. Tsinalis: **Plasma exchanges – when and how?**
15.15-15.45	Break
15.45–16.30	M. Pechula: **Frequent problems in peritoneal dialysis**
16.30	**End of the course**

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C: Ciclosporin. 10, 25, 50 and 100 mg per capsule (E307, Excip. per caps.). Drinkable solution containing 100 mg/ml (E307, Ethanol 12% V/V, Excip ad sol.) **I:** Organ transplantation: Prophylaxis of the rejection of allogenic transplants (kidney, liver, heart, comb. heart-lung, lung and pancreas). Treatment of rejection symptoms in patients who have already been treated with other immunosuppressive agents. Bone marrow transplantation: prophylaxis of transplant rejection. Prophylaxis and treatment of the GvHD. Endogenous uveitis, psoriasis, atopic dermatitis, chron. polyarthritis, rheumatoid arthritis, nephrotic syndrome. **D:** Organ transplantation: Initial dose 10 – 15 mg/kg within 12 h before transplantation divided into 2 single doses. After 1 – 2 weeks 2 – 6 mg/kg/d in 2 single doses as maintenance dose. Bone marrow transpl.: Initial (day before transpl.): 12.5 – 15 mg/kg/d. Maintenance: 12.5 mg/kg/d in 2 single doses for at least 3 – 6 months. Reduce dose stepwise to zero over one year. Further details and dosages: see Swiss compendium of drugs. **CI:** Hypersensitivity to ciclosporin or one of the inactive ingredients. According to the indication: renal insufficiency, inadequately controlled hypertension, inadequately controlled infections, case historical or diagnosed malignancy of every kind except pre-malignant or malignant skin lesions. **PM:** Sandimmun Neoral should be prescribed only by physicians who have experience in the field of immunosuppressive therapy. Appropriate monitoring of renal and hepatic function, blood pressure and the ciclosporin blood level. Determination of blood lipids before the treatment and after the first month of treatment. Monitoring of potassium and magnesium levels in the serum in patients with pronounced renal dysfunction. Exercise caution with patients with hyperuricemia. In long-term treatment monitor patients for early recognition of lymphoproliferative disorders and solid malignant tumours. Warn patients against excessive, unprotected exposure to solar radiation. In case of pregnancy only use Sandimmun Neoral if the potential benefit outweighs the possible risk for the fœtus. Women taking Sandimmun Neoral should not breast-feed. **UE:** Very frequent: Renal function disorders, hyperlipidemia, tremors, headache, hypertension. Frequent: liver function disorders, hyperuricemia, hyperkalemia, hypomagnesemia, parasthesia, fatigue, anorexia, nausea, vomiting, abdominal pain, diarrhoea, gingiva hyperplasia, hypertrichosis, muscle cramps, myopathy. Occasional and seldom: see Swiss compendium of drugs. **IA:** Food: fat-rich meals, grapefruit juice. Medicines: essential to consult brochure «Drug interaction» (obtainable from Novartis Pharma Switzerland AG, Bern) and Swiss compendium of drugs. **P:** 10 mg capsules: 60* lim. 25mg , 50 mg or 100 mg capsules: 50* lim. Drinkable solution 100 mg/ml: 50 ml* lim. Sales category: **B.** Further information can be found in the Swiss compendium of drugs. Novartis Pharma Switzerland AG, Monbijoustrasse 118, P.O. Box, 3001 Bern, Tel. 031 377 51 11. **References:** 1. Vincenti F et al. Results of an International, Randomized Trial Comparing Glucose Metabolism Disorders and Outcome with Cyclosporine Versus Tacrolimus. Am J Transplant 2007;7:1506 – 1514. 2. Kaplan B et al. Long-Term Graft Survival with Neoral and Tacrolimus: A Paired Kidney Analysis. J Am Soc Ne phrol 2003;14: 2980 – 2984. 3. Levy GA et al. 12-Month Follow-up Analysis of a Multicenter, Randomized, Prospective Trial in De Novo Liver Transplant Recipients (LIS2T) Comparing Cyclosporine Microemulsion (C2 Monitoring) and Tacrolimus. Liver Transplant 2006;12:1464 – 1472. 4. Levy GA et al. Results of LIS2T, a multicenter, randomized study comparing cyclosporine microemulsion with C2 monitoring and tacrolimus with C0 monitoring in de novo liver transplantation. Transplantation 2004; 77:1632 – 1638.

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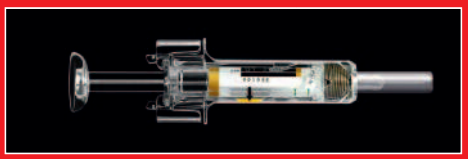
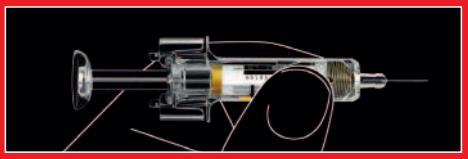
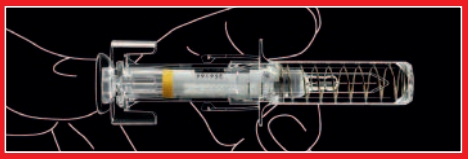
G158, May 2008

WEDNESDAY 03.12.2008	AUDITORIUM A	ROOM B	ROOM C
09.00 - 18.00	Registration		
09.55	WELCOME		
10.00-12.45		Basics in Nephrology	
12.45-13.45	STANDING LUNCH		
13.25-13.45		MINI LECTURE	
13.45-16.30		Basics in Nephrology	
17.00-17.30	OFFICIAL OPENING CEREMONY		
17.30-18.30	STATE OF THE ART LECTURE		
18.30-19.30	MAIN POSTER SESSION with aperitif		

THURSDAY 04.12.2008	AUDITORIUM A	ROOM B	ROOM C
07.30-18.00	Registration		
08.30-09.30	INVITED LECTURE 1		
09.30-10.30	SYMPOSIUM NOVARTIS		
	BREAK		
11.00-12.00	ORAL PRESENTATIONS		
12.00-13.00		LUNCH SYMPOSIUM AMGEN	LUNCH SYMPOSIUM ROCHE
	STANDING LUNCH		
13.40-14.00	MINI LECTURE		
14.05-15.00	REGISTRIES REPORTS		
15.00-16.00		SYMPOSIUM BAXTER	SYMPOSIUM BÖHRINGER INGELHEIM
	BREAK		
16.30-17.30	INVITED LECTURE 2		
17.30 - 18.30	ORAL PRESENTATIONS		
19.30	GALA DINNER		







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Eprex®: (Epoetin alfa) Rekombinantes humanes Erythropoietin **I:** Anämie bei chronischer Niereninsuffizienz (Prädialyse- und Dialysepat.); Anämiebehandlung und Reduktion des Transfusionsbedarfs bei erwachsenen Tumorpat. mit Hb <10,5 g/dl bei welchen eine Chemotherapie über mind. 2 Mt vorgesehen ist; Präoperativ zur Vermeidung von Fremdbluttransf. bei Pat. mit Hb 10–13 g/dl und erwartetem Blutverlust 900–1800 ml; Präoperativ mit Eigenblutspende bei Pat. mit Hb 10–13 g/dl und grossem geforderten Blutvolumenersatz. **D:** Vor der Behandlung ist eine andere Ursache der Anämie auszuschliessen. Eisen adäquat substituieren. Chronische Niereninsuffizienz: initial 3x/Woche 50 U/kg KGW. Bei Pat. mit i.v. Zugang: i.v. Verabreichung. Bei Pat. ohne i.v. Zugang: s.c. Verabreichung und Aufnahme in dazu bestimmtes Register. Die Weiterbehandlung richtet sich nach dem Hb-Anstieg des Pat. Maximaldosis 3x pro Woche 200 U/kg KGW. Tumoranämie: initial: 150 U/kg KGW, 3x/Woche s.c. oder 450 U/kg KGW 1x/Woche s.c.; die Weiterbehandlung richtet sich nach dem Hb-Anstieg des Patienten. Präoperativ zur Vermeidung von Fremdbluttransf.: 600 U/kg KGW 1x/Woche s.c. während 4 Wochen. Eigenblutspende: 2 x/Woche 150-300 U/kg KGW i.v. über 3 Wochen. **KI:** Erythroblastopenie, schwer kontrollierbare Hypertonie, Vorgeschichte thromboembolischer Ereignisse, maligne myeloische Erkrankungen. Präoperativ: Kardio- und cerebrovaskuläre Erkrankungen, Unmöglichkeit der Thrombose-Prophylaxe. **VM:** Dekompensierte Hypertonie, Epilepsie, Leberfunktionsstörungen, Krampfanfälle, Schwangerschaft und Stillzeit, thromboembolische Ereignisse. Ziel Hb-Wert der Indikation nicht überschreiten. Bei Niereninsuffizienz: seltene Fälle einer Erythroblastopenie. **UAW:** Häufig: unspez. Hautausschläge, grippeähnliche Symptome, Hypertonie, Thrombose von Gefässzugängen. Weitere UAW s. Kompendium. **IA:** verstärkte Wirkung bei Eisengabe, verzögerte oder abgeschwächte Wirkung bei Infektionen, verstärkte Wirkung von Substanzen gegen Angina pectoris, reduzierte Wirkung von Antihypertensiva, Cyclosporin A. **Packungen:** Spritzen mit PROTECS™ Sicherheitssystem; à 6 Stück: 1000, 2000, 3000, 4000, 5000, 6000, 8000, 10'000 IE, à 1 Stück: 20'000, 30'000, 40'000 IE, à 4 Stück: 30'000, 40'000 IE. Ampulle à 1 Stück: 40'000 IE. **Kassenzulässig** (L). **Abgabekat.:** Liste A. Ausführliche Informationen: Arzneimittel-Kompendium der Schweiz. Zulassungsinhaberin: JANSSEN-CILAG AG, Sihlbruggstrasse 111, 6340 Baar.

HCC 101768/082008

FRIDAY 05.12.2008	AUDITORIUM A	ROOM B	ROOM C
07.30-11.00	Registration		
08.30-09.30	INVITED LECTURE 3		
09.30-10.30	SYMPOSIUM VIFOR		
	BREAK		
11.00-12.00	ORAL PRESENTATIONS		
	STANDING LUNCH		
12.40-13.00	MINI LECTURE		
13.00-14.00	ORAL PRESENTATIONS		
14.00 - 15.00	INVITED LECTURE 4		
15.00-15.15	AWARD CEREMONY		
	BREAK		
15.30-17.00	GENERAL ASSEMBLY		

Wednesday, December 3, 2008

From 09.00	Registration	
17.00	**Opening ceremony of the annual meeting of the Swiss Society of Nephrology**	
17.15–17.30	Welcome Dr. I. Binet	
17.30–18.30	**Honorary Lecture** Chairmen: S. Moll, Geneva; I. Binet, St. Gallen **Virus and Kidney** *Prof. Michael Mihatsch, Basel*	**Auditorium A**
18.30–19.30	**Main Poster session with aperitif**	

Thursday, December 4, 2008

From 7.30	Registration	
08.30–09.30	**Invited Lecture 1** Chairmen: U. Huynh-Do, Bern; I. Binet, St. Gallen **Women with CKD: what's special?** *Prof. Adeera Levin, Vancouver (US)* Fresenius Medical Care	**Auditorium A**
09.30–10.30	**Satellite Symposium Novartis (s. page 32)**	**Auditorium A**
10.30–11.00	Break – visit of the exhibition – poster viewing	
11.00–12.00	**Oral presentations – Session I: Basic science** Chairmen: E. Feraille, Geneva; T. Fehr, Zurich	**Auditorium A**

1.1. Hypoxia-regulated gene expression in glomeruli from biopsies of patients with arterionephrosclerosis (ANS)
M.A. Neusser, M. Lindenmeyer, A. Moll, H.-J. Gröne, M. Kretzler, D. Schlöndorff, C.D. Cohen

1.2. Regulation of the renal Cl-/HCO3- exchangers AE1 and pendrin
N. Mohebbi, J. Vanderwijst, A. Perna, H. Becker, G. Capasso, C. Wagner

1.3. Alport's Syndrome: another inflammatory kidney disease?
S. Segerer, J. Jedlicka, A. Soleiman, O. Gross, H. Regele, H.-J. Anders

1.4. Proteomics for identifying mechanisms and biomarkers in acute kidney injury after extracorporeal circulation
F. Aregger, C. Pilop, D. Uehlinger, T. Carrel, R. Brunisholz, F.J. Frey, B. Frey

1.5. Induction of ER stress in Human Diabetic Nephropathy
M. Lindenmeyer, M.P. Rastaldi, M. Ikehata, A. Starke, M.A. Neusser, M. Kretzler, D. Schöndorff, C.D. Cohen

1.6. Proteomic analysis of a podocyte vesicles-enriched fraction from human normal and pathological urine samples
S. Moll, P. Lescuyer, A. Pernin, J. Schifferli, D. Hochstrasser

12.00–13.00 Parallel Satellite Lunch Symposia Amgen (s. page 32) Room B
Parallel Satellite Lunch Symposia Roche (s. page 32) Room C

13.00-13.40 Standing Lunch at the exhibition

13.40–14.00 Mini lecture: Swiss Renal Physiology Auditorium A
Aquaporin-2: a major player of the water saving team
Eric Féraille, Geneva

14.05–15.00 Registries reports: Auditorium A
Chairmen : R. Wüthrich, Zurich; G. Halabi, Yverdon

Dialysis registry – D. Uehlinger, Bern
Living Donor registry (SOLDHR) – G. Thiel, Basel
Swiss Transplant Cohort Study (STCS) - J. Steiger, Basel
Swiss SLE Cohort Study U. Eisenberger , Bern

15.00–16.00 **Parallel Satellite Symposia Baxter (s. page 32)** **Room B**
Parallel Satellite Symposia Boehringer Ingelheim (s. page 33) **Room C**

16.00-16.30 Break – visit of the exhibition – poster viewing

16.30–17.30 **Invited Lecture 2** **Auditorium A**
Chairmen: F. Verrey, Zurich; M. Burnier, Lausanne

Hypertension follows the kidney: lessons learned from physiological experiments

Prof. Jean-Pierre Montani, Freiburg

17.30–18.30 **Oral presentations – Session II: General nephrology** **Auditorium A**
Chairmen: A. Fischer, Luzern; U. Eisenberger, Bern

2.1. Histopathological patterns of nephrocalcinosis: the hyperphosphatemic type in acute phosphate nephropathy following colonoscopy can be distinguished from other types
T. Wiech, H. Hopfer, M. Werner, M. Mihatsch

2.2. Renal Amyloidosis Revisited: Relevance of Histomorphological Patterns, Amyloid Dynamics and Chemical Type
H. Hopfer, T. Wiech, M. Mihatsch

2.3. Left renal vein entrapment: a frequent feature in children with postural proteinuria
M. M. Ragazzi, E.F. Fossali, M.G. Bianchetti

2.4. Role of the antenatal and postnatal ultrasound in the diagnosis of vesicoureteral reflux
S. Grazioli, P. Parvex, L. Merlini, E. Antonelli, C. Delhumeau, E. Girardin

2.5.	Safety, tolerability and adherence of sirolimus in autosomal dominant polycystic kidney disease A. Serra, D. Poster, A. Kistler, F. Krauer, S. Raina, A. Voneckardstein, D. Weishaupt, R. Wüthrich
2.6.	Why do so many patients start haemodialysis without definitive vascular access? A. Schenk, I. Binet, I. Koneth, D. Tsinalis
19.30	**Gala dinner (see p. 35)**

Friday, December 5, 2008

08.30-09.30	**Invited Lecture 3** Chairmen: D. Teta, Lausanne; H.-P. Marti, Bern **Finding the right people with GN to have immunosuppression** *Prof. John Feehally, Leicester (UK)*	**Auditorium A**
09.30–10.30	**Satellite Symposium Vifor (s. page 33)**	**Auditorium A**
10.30-11.00	Break – visit of the exhibition – poster viewing	
11.00–12.00	**Oral presentations – Session III: Transplantation** Chairmen: J. Steiger, Basel; A. Bock, Aarau	**Auditorium A**
3.1.	Everolimus (RAD)/Enteric-coated Mycophenolate Sodium (EC-MPS) therapy after Calcineurin inhibitor (CNI) withdrawal in de novo renal transplant patients: Final outcomes of the ZEUS study U. Eisenberger, F. Pietruck, J. Klempnauer, W. Arns, T. Fehr, C. Sommerer, P. Reinke, S. Kramer, K. Budde	
3.2.	Clinical relevance of pre-transplant donor-specific HLA-antibodies detected by flow beads P. Amico, G. Hoenger, J. Steiger, H. Hopfer, S. Schaub	

3.3. Regulation of allo-reactive human CD8 T cell response by CD40 and PD-L1 expression on renal tubular epithelial cells
Y. Wäckerle-Men, A. Starke, T. Fehr, R. Wüthrich

3.4. Urinary CXCR3-binding chemokine levels correlate with the extent of subclinical tubulitis
S. Schaub, P. Nickerson, D. Rush, C. Hess, M. Mayr, W. Sfefura, K. Hayglass

3.5. In Vivo Mechanisms Leading to Transplantation Tolerance Induced by Regulatory T Cells
D. Golshayan, J-C. Wyss, C. Wyss, S. Schäfer, R. Lechler, H.-A. Lehr, M. Pascual

3.6. The Differential Expression of Metzincins and Related Genes in Renal Allograft Biopsies Discriminates Normal Histology, Acute Rejection and Chronic Dysfunction
S. Rödder, A. Scherer, F. Raulf, C. Berthier, A. Hertig, E. Rondeau, H. Marti

12.00-12.40 Standing Lunch at the exhibition

12.40–13.00 Mini-Lecture: Swiss Renal Physiology Auditorium A
Control of body phosphate
Jürg Biber, Zurich

13.00–14.00 Oral presentations – Session IV: Dialysis Auditorium A
Chairmen: D. Kiss, Liestal; C. Schönholzer, Lugano

4.1. Glycyrrhetinic acid food supplementation lowers plasma potassium concentrations in chronic hemodialysis patients
S. Farese, A. Kruse, A. Pasch, B. Dick, B. Frey, D. Uehlinger, F.J. Frey

4.2. Predicting the risk of severe falls in maintenance haemodialysis patients with Tinetti test
A.P.E. Rossier, D. Hannane, M. Pruijm, M. Burnier, D. Teta

4.3. Is PAPP-A a useful parameter to predict morbidity and mortality of patients on maintenance hemodialysis?
C. Etter, Y. Straub, H-R. Räz, T. Kistler, D. Kiss, R. Wüthrich, H. Gloor, D. Aerne, P. Wahl, P. Ambühl

4.4. Simple and effective treatment of 25-OH-Vitamin D3 deficiency in hemodialysis patients
A. Bock, L. Lüthi

4.5. Accuracy of an interferon-gamma release assay for the diagnosis of latent tuberculosis infection in haemodialysis patients
M. Hoffmann, D. Tsinalis, P. Vernazza, W. Fietz, I. Binet

4.6. A new measurement of energy expenditure and physical activity in patients treated by maintenance hemodialysis
P. Deléaval, C. Zweiacker, M. Bochud, M. Burnier, D. Teta

14.00–15.00 **Invited Lecture 4** **Auditorium A**
Chairmen: B. Vogt, Lausanne; P.-Y. Martin, Geneva

Vasculitis update

Prof. Charles Pusey, London (UK)

15.00–15.15 **Final Session** **Auditorium A**

Award Ceremony (Novartis Poster Prize) NOVARTIS

Invitation to the 41st meeting of the SGN-SSN 2009

15.15-15.30 Break – visit of the exhibition – poster viewing

15.30–17.00 **General Assembly SGN-SSN** **Auditorium A**

Satellite Symposium Roche
Thursday, December 4, 2008, 12:00 – 13:00
Room C, Hall 9.2, 1st Floor

Roche

New horizons for EPO: Neuroprotection Trials from ischemic stroke to chronic schizophrenia

Hannelore Ehrenreich, MD, DVM
Professor of Neurology and Psychiatry
Division of Clinical Neuroscience
Max Planck Institute of Experimental Medicine
Göttingen / Germany

Chairmen: Dr Denes Kiss, Liestal; Dr Nicola Marangon, Genève

Treatment of human brain disease with erythropoietin (EPO) in order to achieve neuroprotection and/or neuroregeneration represents a totally new frontier in translational neuroscience. Rather than specifically targeting the cause of a particular disease entity, EPO non-specifically influences components of the «final common pathway» that determine disease severity and progression in a number of entirely different brain diseases. In fact, EPO may be seen as the prototype of an endogenous neuroprotective system whose properties and mechanisms can be exploited for treating human brain diseases. EPO acts in an anti-apoptotic, anti-inflammatory, anti-oxidant, neurotrophic, angiogenetic, stem cell modulatory fashion. Importantly, it appears to profoundly influence neural plasticity. Most likely due to these properties, EPO has been found by many investigators to be protective or regenerative and to improve cognitive performance in rodent models of neurological and psychiatric disease. The «Göttingen EPO Stroke Study» has provided first promising data in humans on a neuroprotective therapy of an acute brain disease. The just unblinded «German Multicenter EPO Stroke Trial» essentially confirms the findings of the first proof-of-concept study and suggests EPO as effective treatment alternative for ischemic stroke patients, non-qualifying for thrombolysis therapy. Exploring EPO as neuroregenerative treatment strategy for chronic progressive brain diseases, we performed a double-blind, placebo-controlled, randomized multicenter trial in chronic schizophrenic patients. Treatment over 12 weeks with high-dose weekly EPO led to significant improvement of cognitive performance compared to placebo controls. Employing voxel-based morphometrical magnetic resonance imaging analysis, we obtained first evidence that EPO treatment delays progressive brain atrophy in chronic schizophrenia. The fact that EPO is the first compound ever to exert a beneficial effect on cognition and gray matter loss in schizophrenia, should encourage further work along these lines. An EPO treatment trial including patients with first episode schizophrenia has been initiated. Promising results have also been obtained with an exploratory study on EPO in chronic progressive multiple sclerosis. In addition to ours, there are several studies just concluded, still ongoing or planned worldwide, applying EPO for treatment of human nervous system diseases. These include e.g. trials on neurotrauma, neonate hypoxia, subarachnoid hemorrhage, spinal cord injury, cerebral malaria, optic neuritis, chemotherapy induced peripheral neuropathy and diabetes associated complications of the nervous system. Taken together, EPO has a great future as an old player in multiple new indications.

1

Hypoxia-regulated gene expression in glomeruli from biopsies of patients with arterionephrosclerosis (ANS)

M. A. Neusser[1], M. Lindenmeyer[1], A. Moll[1], H.-J. Gröne[2], M. Kretzler[3], D. Schlöndorff[4], C. D. Cohen[1] ([1]Zurich, [2]Heidelberg/DE, [3]Ann Arbor/US, [4]New York/US)

2

Regulation of the renal Cl-/HCO3 - exchangers AE1 and pendrin

N. Mohebbi[1], J. Vanderwijst[1], A. Perna[1], H. Becker[1], G. Capasso[2], C. Wagner[1] ([1]Zurich, [2]Naples/IT)

3

Alport's Syndrome: another inflammatory kidney disease?

S. Segerer[1], J. Jedlicka[4], A. Soleiman[2], O. Gross[3], H. Regele[2], H.-J. Anders[4] ([1]Zurich, [2]Wien/AT, [3]Göttingen/DE, [4]Munich/DE)

4

Proteomics for identifying mechanisms and biomarkers in acute kidney injury after extracorporeal circulation

F. Aregger[1], C. Pilop[1], D. E. Uehlinger[1], T. Carrel[1], R. Brunisholz[2], F. J. Frey[1], B. Frey[1] ([1]Berne, [2]Zurich)

5

Induction of ER stress in Human Diabetic Nephropathy

M. Lindenmeyer[1], M. P. Rastaldi[2], M. Ikehata[2], A. Starke[1], M. A. Neusser[1], M. Kretzler[3], D. Schlöndorff[4], C. D. Cohen[1] ([1]Zurich, [2]Milan/IT, [3]Ann Arbor/US, [4]New York/US)

6

Proteomic analysis of a podocyte vesicles-enriched fraction from human normal and pathological urine samples

S. Moll[1], P. Lescuyer[1], A. Pernin[1], J. A. Schifferli[2], D. Hochstrasser[1] ([1]Geneva, [2]Basel)

7

Everolimus pulse treatment halts polycystic kidney disease progression longlasting in the Cy/+ rat

M. Wu (Zurich)

8

Histopathological patterns of nephrocalcinosis: the hyperphosphatemic type in acute phosphate nephropathy following colonoscopy can be distinguished from other types

T. Wiech[1], H. Hopfer[2], M. Werner[1], M. J. Mihatsch[2] ([1]Freiburg/DE, [2]Basel)

9

Renal amyloidosis revisited: relevance of histomorphological patterns, amyloid dynamics and chemical type

H. Hopfer[1], T. Wiech[2], M. J. Mihatsch[1] ([1]Basel, [2]Freiburg/DE)

10

Left renal vein entrapment: a frequent feature in children with postural proteinuria

M. M. Ragazzi[1], E. F. Fossali[2], M. G. Bianchetti[1] ([1]Bellinzona and Mendrisio, [2]Milano/IT)

11

Role of the antenatal and postnatal ultrasound in the diagnosis of vesicoureteral reflux

S. Grazioli, P. Parvex, L. Merlini, E. Antonelli, C. Delhumeau, E. Girardin (Geneva)

12

Safety, tolerability and adherence of sirolimus in autosomal dominant polycystic kidney disease

A. Serra, D. Poster, A. Kistler, F. Krauer, S. Raina, A. Voneckardstein, D. Weishaupt, R. P. Wüthrich (Zurich)

13

Why do so many patients start haemodialysis without definitive vascular access?

A. Schenk, I. Binet, I. Koneth, D. Tsinalis (St. Gallen)

14

Implementation of a quality management system according to ISO 9001: 2000 in a public hemodialysis unit

H.-R. Räz[1], H.-U. Jehle[1], V. Christinat[1], M. Detemple[2] ([1]Baden-Dättwil, [2]Bad Homburg v.d.H/DE)

15

Volume progression in ADPKD is detectable within 6 months by serial magnetic resonance imaging without contrast media

A. Kistler, D. Poster, D. Weishaupt, R. P. Wüthrich, A. Serra (Zurich)

16

Comparison of urinary oxalate assessment between six international reference laboratories

O. Bonny[1], A. Pasch[2], B. Huet-Adams[3], F. J. Frey[2], N. M. Maalouf[3] ([1]Lausanne, [2]Berne, [3]Dallas/US)

17

Atheroembolic disease – a frequently missed diagnosis: results of a 12-year matched-pair autopsy study

C. Fries[1], S. Vavricka[1], A. Gaspert[1], F. Salomon[2], R. P. Wüthrich[1], T. Fehr[1] ([1]Zurich, [2]Lachen)

18

Blood pressure modifies the association between serum adiponectin and uric acid, in a sex-dependent manner

M. Bochud, P. Marques-Vidal, P. Vollenweider, V. Mooser, G. Waeber, F. Paccaud, M. Burnier, D. Teta (Lausanne)

19

Low adiponectin is associated with increased ambulatory pulse pressure and activation of the renin-angiotensin system in subjects of African descent

L. E. Reyna-Carmona, M. Bochud, M. Maillard, P. Bovet, J. Nussberger, M. Burnier, D. Teta (Lausanne)

20

Evaluation of a renal risk score in the Swiss population: results from a pilot screening project

I. Binet[1], M. Burnier[2], S. Favre[3], M. Wyler[3] ([1]St. Gallen, [2]Lausanne, [3]Berne-Liebfeld)

21

Hb Target Achievement with Darbepoetin Alfa at Extended Dosing Intervals – an Interim Analysis of FLEXTEND at 6 Months

A. Bock[1], D. Hertner[2], S. Farese[3], B. Huser[4], M. Brunisholz[5], H. Saxenhofer[3], D. Tsinalis[6], Z. Glück[7], J. A. Bleisch[8], M. Burnier[9] ([1]Aarau, [2]Schwyz, [3]Berne, [4]Olten, [5]Porrentruy, [6]Speicherschwendi, [7]Biel, [8]Zollikerberg, [9]Lausanne)

22
Kidney volume enlargement in unilateral autosomal dominant polycystic kidney disease (ADPKD)
D. Poster, F. Krauer, A. Kistler, D. Weishaupt, R. P. Wüthrich, A. Serra (Zurich)

23
Acute renal failure due to hypovolemia after construction of ileostomy
D. Ackermann, L. Bruegger, F. J. Frey (Berne)

24
Nephrology in Armenia 20 years later – the Zurich contribution. Unexpected results of an SSN initiative
A. Sarkissian[1], A. Babloyan[1], E. Leumann[2] ([1]Yerevan/AM, [2]Zurich)

25
Where has all that phosphate gone……., the answer my friend,……Phosphate nephropathy, a serious problem lurking out there?
H. Freudiger (Onex)

26
Immune-complex glomerulonephritis in patients with Waldenstöm's macroglobulinemia
T. Oettl, H. Hopfer, M. Mayr (Basel)

27
Safety and tolerability of ferric carboxymaltose (FCM) for treatment of iron deficiency in patients with chronic kidney disease and in kidney transplant recipients
A.-C. Grimmelt, C. D. Cohen, T. Fehr, A. Serra, R. P. Wüthrich (Zurich)

28
Improved management of secondary hyperparathyroidism based on repeated NKF/KDOQI targets measurements: data of 3 Swiss Dialysis Units
Z. Glück[1], M. Hugentobler[2], P.-Y. Martin[3] ([1]Biel, [2]Frauenfeld, [3]Geneva)

29
Effects of Aliskiren in a patient with severe hyperreninemic hyperaldosteronism: a case report
P. Amico, D. Kiss (Liestal)

30

Cinacalcet in Chronic Kidney Disease stage 4 - Case report

M. Möddel (Zurich)

31

Everolimus (RAD)/Enteric-coated Mycophenolate Sodium (EC-MPS) therapy after Calcineurin inhibitor (CNI) withdrawal in de novo renal transplant patients: Final outcomes of the ZEUS study.

U. Eisenberger[1], F. Pietruck[2], J. Klempnauer[3], W. Arns[4], T. Fehr[5], C. Sommerer[6], P. Reinke[7], S. Kramer[8], K. Budde[7] ([1]Berne, [2]Essen/DE, [3]Hannover/DE, [4]Koeln/DE, [5]Zurich, [6]Heidelberg/DE, [7]Berlin/DE, [8]Nuernberg/DE)

32

Clinical relevance of pre-transplant donor-specific HLA-antibodies detected by flow beads

P. Amico, G. Hoenger, J. Steiger, H. Hopfer, S. Schaub (Basel)

33

Regulation of allo-reactive human CD8 T cell response by CD40 and PD-L1 expression on renal tubular epithelial cells

Y. Wäckerle-Men, A. Starke, T. Fehr, R. P. Wüthrich (Zurich)

34

Urinary CXCR3-binding chemokine levels correlate with the extent of subclinical tubulitis

S. Schaub[1], P. Nickerson[2], D. Rush[2], C. Hess[1], M. Mayr[1], W. Stefura[2], K. Hayglass[2] ([1]Basel, [2]Winnipeg/CA)

35

In vivo mechanisms leading to transplantation tolerance induced by regulatory T cells

D.Golshayan[1], J.-C.Wyss[1], C.Wyss[1], S.Schaefer[1], R.Lechler[2], H.-A.Lehr[1], M.Pascual[1] ([1]Lausanne, [2]London/UK)

36

The differential expression of Metzincins and related genes in renal allograft biopsies discriminates normal histology, acute rejection and chronic dysfunction

S. Rödder[1], A. Scherer[2], F. Raulf[3], C. Berthier[4], A. Hertig[5], E. Rondeau[5], H. P. Marti[6] ([1]Berne, [2]Kontiolahti/FI, [3]Basel, [4]Ann Arbor/US, [5]Paris/FR, [6]Berne)

37

Persistent norovirus infection in renal allograft recipients – a new concern for hospital hygiene

R. Schorn, W. Bossart, N. Müller, R. P. Wüthrich, T. Fehr (Zurich)

38

An open, single centre, prospective study to investigate a steroid free immunosuppressive regimen for de novo renal transplant recipients followed by a two arm randomisation to a CNI-sparing and a CNI-free maintenance immunosuppression after 3 months

T. Oettl, B. Descoeudres, F. Burkhalter, A. Bachmann, L. Gürke, M. J. Mihatsch, M. Dickenmann, J. Steiger (Basel)

39

Rituximab and intravenous immunoglobulin treatment for chronic antibody-mediated renal allograft rejection

T. Fehr[1], A. Gaspert[1], B. Rüsi-Elsener[1], M. Weber[1], A. Fischer[2], R. P. Wüthrich[1] ([1]Zurich, [2]Luzern)

40

Does the addition of a mTOR inhibitor reduce the incidence of post-transplant skin cancers?

M. T. Tufail Hanel[1], P. Itin[1], J. Steiger[1], A. Bock[2] ([1]Basel, [2]Aarau)

41

Psychosocial evaluation of 189 consecutive potential living kidney donors in Basel

I. Geiger, M. Dickenmann, D. Garzoni, M. Mayr, J. Steiger, L. Grize, T. Voegele, A. Kiss (Basel)

42

FoxP3 positive T-cells in graft biopsies from living donor kidney transplants after donor-specific transfusions

U. Eisenberger[1], A. Seifried[1], N. Patey-Marriaud[2], A. Kappeler[1], L.-H. Noel[2], F. J. Frey[1], M. Koerner[1] ([1]Berne, [2]Paris/FR)

43

Prevalence, etiology and therapy of anemia after kidney transplantation in Switzerland: Results of a national survey

P. Ambühl[1], M. Dickenmann[2], D. Ackermann[3], A. Corsenca[1], K. Hadaya[4], E. Catana[5] ([1]Zurich, [2]Basel, [3]Berne, [4]Geneva, [5]Lausanne)

44

Protein A immunoadsorption for treatment of acute antibody-mediated renal allograft rejection

T. Fehr, G. Stüssi, H. Poque, A. Gaspert, B. Rüsi-Elsener, M. Weber, R. P. Wüthrich (Zurich)

45

Surveillance biopsies after steroid withdrawal in adult renal transplant recipients

I. Koneth, J. Neuweiler, D. Tsinalis, I. Binet (St. Gallen)

46

Switch to Sirolimus-Based immunosuppresion in Stable Renal Transplant Recipients

G. Nseir[1], J.-P. Venetz[1], K. Hadaya[2], L. Buhler[2], P.-Y. Martin[2], M. Pascual[1]; ([1]Lausanne, [2]Geneva)

47

Case report: Toxoplasmosis in kidney transplant recipients – Easily Missed Diagnose

H. Elsässer, D. Kiss (Liestal)

48

SOP DIDACT – a Swiss Survey on the Practicability of DIDACT

K. Hadaya[1], C. Cao[2], P.-Y. Martin[1] ([1]Geneva, [2]Reinach)

49

Thrombotic microangiopathy in renal transplantation: is single kidney transplantation an option for patients with hemolytic uremic syndrome caused by factor H gene mutation?

P. Hirt-Minkowski, M. Dickenmann, M. Mayr, S. Schaub, J. A. Schifferli, J. Steiger (Basel)

50

Glycyrrhetinic acid food supplementation lowers plasma potassium concentrations in chronic hemodialysis patients

S. Farese, A. Kruse, A. Pasch, B. Dick, B. Frey, D. E. Uehlinger, F. J. Frey (Berne)

51

Predicting the risk of severe falls in maintenance haemodialysis patients with Tinetti test

A. P. E. Rossier, D. Hannane, M. Pruijm, M. Burnier, D. Teta (Lausanne)

52

Is PAPP-A a useful parameter to predict morbidity and mortality of patients on maintenance hemodialysis?

C. Etter[1], Y. Straub[1], H.-R. Räz[2], T. Kistler[3], D. Kiss[4], R. P. Wüthrich[1], H. J. Gloor[5], D. Aerne[6], P. Wahl[1], P. Ambühl[1] ([1]Zurich, [2]Baden-Dättwil, [3]Winterthur, [4]Liestal, [5]Schaffhausen, [6]Lachen)

53

Simple and effective treatment of 25-OH-Vitamin D3 deficiency in hemodialysis patients

A. Bock[1], L. Lüthi[2] ([1]Aarau, [2]Frauenfeld)

54

Accuracy of an interferon-gamma release assay for the diagnosis of latent tuberculosis infection in haemodialysis patients

M. Hoffmann[1], D. Tsinalis[2], P. Vernazza[1], W. Fierz[3], I. Binet[4] ([1]St.Gallen, [2]Speicherschwendi, [3]Kilchberg, [4]St. Gallen)

55
A new measurement of energy expenditure and physical activity in patients treated by maintenance hemodialysis
P. Deléaval, C. Zweiacker, M. Bochud, M. Burnier, D. Teta (Lausanne)

56
Prognostic potential of B-type natriuretic peptide in unselected hemodialysis patients
S. Kalbermatter[1], T. Breidthardt[2], S. Lingenhel[2], C. Mueller[2], D. Kiss[1] ([1]Liestal, [2]Basel)

57
Validity of conventional scoring systems assessing nutritional status of hemodialysis patients
C. Krauer[1], M. Dorfschmid[1], H.-R. Räz[2], A. Corsenca[1], R. P. Wüthrich[1], P. Wahl[1], P. Ambühl[1] ([1]Zurich, [2]Baden-Dättwil)

58
Decrease of time averaged B-type natriuretic peptide improves prognosis in unselected hemodialysis patients
T. Breidthardt[1], S. Kalbermatter[2], J. Manggold[2], C. Mueller[1], D. Kiss[2] ([1]Basel, [2]Liestal)

59
Quality of vascular access on chronic haemodialysis
K. Stoeter, C. Bucher, T. Wolff, C. Thalhammer, D. Garzoni, M. Aschwanden, T. Eugster, T. Breidthardt, J. Steiger, L. Gürke, M. Mayr (Basel)

60
Altered proteasome activity plays a key role in CD4+/CD25+ treg apoptosis in patients with end-stage kidney disease
P. Meier (Sion)

61
Incidence of catheter-related bloodstream infections (CR-BSI) in patients treated with hemo(dia)filtration in intensive care units
M. Schoenenberger, A. Widmer, M. Dickenmann (Basel)

62

Optimizing peritoneal dialysis (PD) outcome with a tungsten-containing "self-locating" PD catheter

B. Bergamin, A. Corsenca, P. Dutkowski, S. Wildi, M. Weber, R. P. Wüthrich, M. Pechula Thut (Zurich)

63

Patient survival on chronic haemodialysis: a retrospective analysis from the Basel Dialysis Unit 1995-2006

T. Breidthardt, C. Bucher, D. Garzoni, T. Wolff, K. Stoeter, M. Dickenmann, J. Steiger, M. Mayr (Basel)

64

Interferon-release assays vs. tuberculin skin testing for detecting latent tuberculosis infection in hemodialysis patients

P. Saudan[1], P. A. Triverio[2], P. Brideveaux[1], L. Niksic[1], P. Roux-Lombard[1], J.-P. Jansens[1], P.-Y. Martin[1] ([1]Geneva, [2]Sierre)

65

Efficacy of intravenous CERA administered once monthly compared with epoetin beta administered once weekly in patients with end-stage kidney disease on hemodialysis: A randomized trial

P. Meier (Sion)

66

Management of Secondary Hyperparathyroidism in 21 Swiss dialysis units and the achievement of NKF/KDOQI targets: A Benchmark Analysis with International Data

T. Kistler[1], Z. Glueck[2], H. Saxenhofer[3], N. Höfliger[4], M. Klein[5], M. Burnier[6], P.-Y. Martin[7] ([1]Winterthur, [2]Biel, [3]Berne, [4]Zug, [5]Burgdorf, [6]Lausanne, [7]Geneva)

67

Effect of L-carnitine administration on post-dialysis symptoms in erythropoietin era

P. Meier (Sion)

68

Efficacy of pegylated epoetin-beta (Mircera) in peritoneal dialysis patients

A. Corsenca[1], M. Pechula Thut[2], R. P. Wüthrich[1] ([1]Zurich, [2]Widen)

69

Development of dose and costs after conversion to CERA in hemodialysis patients

S. Franz[1], E. Cynke[2] ([1]Reinach ,[2]Münchenstein)

70

The real important key in phosphate-binding therapy is adherence. A single centre observation

C. Jäger, H. Heule (Altstätten)

71

Bariatric surgery in a chronic hemodialysis patient

Y. El-Housseini, M. Pruijm, V. Giusti, J.-M. Calmes, J.-P. Venetz, M. Burnier, D. Teta (Lausanne)

Thursday, December 4, 2008

09.30–10.30 **Satellite Symposium** sponsored by **Novartis**

Chairs: I. Binet, St. Gallen; H.-P. Marti, Bern
"Balancing efficacy and toxicity in kidney transplantation"

1. **"Proliferation Signal Inhibitor (PSI) in de novo use"**
   Prof. C. Ponticelli, Milan (IT)
2. **"Early intervention with a PSI – the ZEUS study"**
   Dr. U. Eisenberger, Bern

12.00–13.00 **Parallel Lunch Symposia**

Amgen:
Chair: R. Wüthrich, Zurich; P.-Y. Martin, Geneva
"Control of SHPT: EU/CH benchmark and future trends"
Prof. P.-Y. Martin, Geneva
Prof. M. Ketteler, Coburg (DE)

Roche:
Chairs: D. Kiss, Liestal; N. Marangon, Geneva
"New horizons for EPO: Neuroprotection
Trials from ischemic stroke to chronic schizophrenia"
Prof. H. Ehrenreich, Göttingen (DE)

15.00–16.00 **Parallel Satellite Symposia**

Baxter:
Chair: D. Uehlinger, Berne; G. Halabi, Lausanne
"Peritoneal Dialysis"

1. **"Choice or Chance? Decision making for dialysis"**
   Dr. P. Rutherford, Wallisellen
2. **"Predialysis – peritonealdialysis candidates identification"**
   Dr. N. Marangon, Geneva

Boehringer Ingelheim:

Chairs: P.-Y. Martin, Geneva; R. Wüthrich, Zurich
"ONTARGET: what is the impact for the nephrologist"

1. **Telmisartan an outstanding ARB: pharmacology and outcome in ONTARGET**
   Prof. M. Burnier, Lausanne
2. **Renal effects of telmisartan outside and inside of ONTARGET**
   Prof. J. Mann, Munich (DE)

Friday, December 5, 2008

09.30–10.30 **Satellite Symposium** sponsored by **Vifor**:
Chair: M. Burnier, Lausanne
"Iron deficiency in renal insufficiency: what's new?"

1. **"Ferric Carboxymaltose (ferinject) – a new i.v. iron and its impact on anaemia treatment in the renal patient"**
   Prof. R. Wüthrich, Zurich
2. **"Hepcidine – a key regulator of iron metabolism and its (potential) role in CKD associated iron deficiency"**
   Dr. S. Vaulont, Paris (FR)

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myfortic®
enteric-coated mycophenolate sodium

C: Gastro-resistant film-coated tablets containing 180 mg or 360 mg mycophenolic acid per tablet. **I:** Prophylaxis of acute transplant rejection in adult patients receiving allogenic renal transplants, in combination with ciclosporin and corticosteroids. **D:** 720 mg twice daily (1440 mg daily dose). Initiation of therapy within 48 hours of transplantation. **CI:** Hypersensitivity to mycophenolate sodium, mycophenolate mofetil or any of the excipients. Pregnancy and lactation. **PM:** Myfortic should not be used in patients with hypoxanthine-guanine phosphoribosyltransferase (HGPRT) deficiency, as seen in the rare Lesch-Nyhan syndrome and Kelly-Seegmiller syndrome. Do not administer Myfortic until a negative pregnancy test has been obtained. Due to the risk of lymphoma and malignant disease (esp. of skin): limit exposure to sunlight and UV light. Sever suppression of the immune system increases susceptibility to infection (incl. opportunistic infections, fatal infections and sepsis). Monitor for neutropenia. Perform full blood count weekly in the first month, twice monthly in the 2nd and 3rd months, then monthly through the 1st year. If neutropenia develops (absolute neutrophil count $<1.5x10^3/\mu l$), interrupt or withdraw treatment. Instruct patients to immediately report any evidence of infection, inexplicable bruising, bleeding or any other manifestation of bone marrow depression. Avoid the use of live attenuated vaccines (exception: influenza vaccination). Caution in patients with severe, active gastrointestinal disease. Do not administer concomitantly with azathioprine. For further details, see Compendium of Drugs. **IA:** Antacides containing magnesium and aluminium hydroxide, colestyramine and other drugs that affect enterohepatic circulation, tacrolimus, ciclosporin A, aciclovir, ganciclovir, oral contraceptives. For further details, see Compendium of Drugs. **UE:** *Very common*: Opportunistic infections, leucopenia, diarrhoea. *Common*: Malignancies, urinary tract infection, herpes zoster, oral candidiasis, sinusitis, upper respiratory infection, gastroenteritis, herpes simplex, nasopharyngitis, anaemia, thrombocytopenia, headache, cough, abdominal distension, abdominal pain, abdominal tenderness, constipation, dyspepsia, flatulence, gastritis, loose stools, nausea, vomiting, abnormal liver function tests, rise in blood creatinine, fatigue, fever. *Uncommon*: Wound infections, sepsis, osteomyelitis, skin papilloma, basal cell carcinoma, Kaposi's sarcoma, lymphoproliferative disorders, squamous cell carcinoma, lymphocele, lymphopenia, neutropenia, lymphadenopathy, loss of appetite, hyperlipidaemia, diabetes mellitus, hypercholesterolaemia, hypophosphataemia, tremor, insomnia, conjunctivitis, blurred vision, tachycardia, pulmonary oedema, ventricular extrasystoles, pulmonary congestion, wheezing, pancreatitis, eructation, halitosis, ileus, oesophagitis, peptic ulcer, subileus, tongue discolouration, gastrointestinal haemorrhage, dry mouth, gastro-oesophageal reflux disease, gingival hyperplasia, peritonitis, alopecia, contusion, arthritis, renal tubulary necrosis, urethral stricture, impotence, influenza-like illness, lower limb oedema, pain, weakness. For further details, see Compendium of Drugs. **P:** Gastro-resistant film-coated tablets of 180 mg: 120. Gastro-resistant film-coated tablets of 360 mg: 120. Sale category: B. For further information, please consult the Swiss Compendium of Drugs.

References: 1. Salvadori M et al. Enteric-coated mycophenolate sodium is therapeutically equivalent to mycophenolate mofetil in *de novo* renal transplant patients. *Am J Transplant*. 2003;4:231-236. **2.** Salvadori M et al. Long-term administration of enteric-coated mycophenolate sodium (EC-MPS; myfortic) is safe in kidney transplant patients. *Clin Nephrol*. 2006;66(2):112-119. **3.** Bolin P et al. Improvement in 3-month patient-reported gastrointestinal symptoms after conversion from mycophenolate mofetil to enteric-coated mycophenolate sodium in renal transplant patients. *Transplantation*. 2007;84(11). **4.** Chan L et al. Patient-reported gastrointestinal symptom burden and health-related quality of life following conversion from mycophenolate mofetil to enteric-coated mycophenolate sodium. *Transplantation*. 2006;81(9):1290-1297.

G349, 2008

NOVARTIS **Novartis Pharma Schweiz AG,** Postfach, 3001 Bern, Tel. 031 377 51 11, www.novartispharma.ch

Thursday, December 4, 2008

19.30 Aperitif

20.00 Dinner

The brewery restaurant is the meeting point of the bon vivant. The cook, Köbi Nett with his team, create Mediterranean, Far East as well as traditional dishes, which are a symbiosis of creativity and culinary art.

The Nett's family are happy to welcome the Swiss Society of Nephrology and will care for your well-being.

Situated near the Olma Messe St. Gallen, Netts can be easily reached from the train station within 10 minutes walk or 5 minutes by public transport (Bus No 3).

Reservation is required. Additional tickets will be available at the registration desk on a first come first served basis (CHF 50.-/ticket).

netts schützengarten
st. jakobstrasse 35
9004 st. gallen
tel: +41 71 242 66 77

Congress Venue

Olma Messen St. Gallen
Splügenstr. 12 / Halle 9.1
9007 St. Gallen
Buslinie Nr. 3 "Bahnhof-Heiligkreuz"

Registration

Only online registration is accepted on www.nephro.ch Registrations will be confirmed shortly after your payment. Onsite registration is possible.

Registration fee	**Before November 24, 2008**	**Onsite**
Members SGN-SSN	CHF 100.00	CHF 200.00
Non-members	CHF 150.00	CHF 250.00
Residents/Students	CHF 50.00	CHF 80.00

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. A reservation is mandatory.

Payment

After the registration you will receive a written confirmation together with the banking details for the payment.

Payment can be mode by credit card. Please note that only Visa or Mastercard are accepted.

Cancellation

Written notification is required for all cancellations and changes. Cancellations of registrations should be sent to the Congress Management. 50% refund of the registration fee before November 03, 2008. Thereafter no refund.

Credits

Credit points will be given by the following societies:
SGN-SSN: 15 points
SGIM: 15 points
UEMS: tba

Industrial Exhibition

An industrial exhibition will take place at the Congress Venue. It will be open throughout the congress

Abstract

All accepted abstracts will be presented as poster in the poster exhibition. Dimensions of posters: height 120 cm and width 80 cm. Your poster should be legible from a distance of 1-2 meters. Use letters of approx. 2 cm height for the poster title and 1-2 cm height for the authors' names and addresses.

The three highest rated posters will receive a poster award in the Award Ceremony during the Final Session.

The Scientific Program Committee has selected a number of posters which will be presented in special sessions (oral presentations). Speaking time: 8 minutes and 2 minutes discussion.
All session rooms are equipped with computer projection. All presenters are requested to bring their PowerPoint presentations on a CD-Rom or USB stick and to check in at the AV-Center at least one hour before the presentation.

Authors presenting an accepted paper or poster must register to attend the meeting and pay the appropriate registration fee.

Hotel Booking

Information about hotels:
www.st.gallen-bodensee.ch

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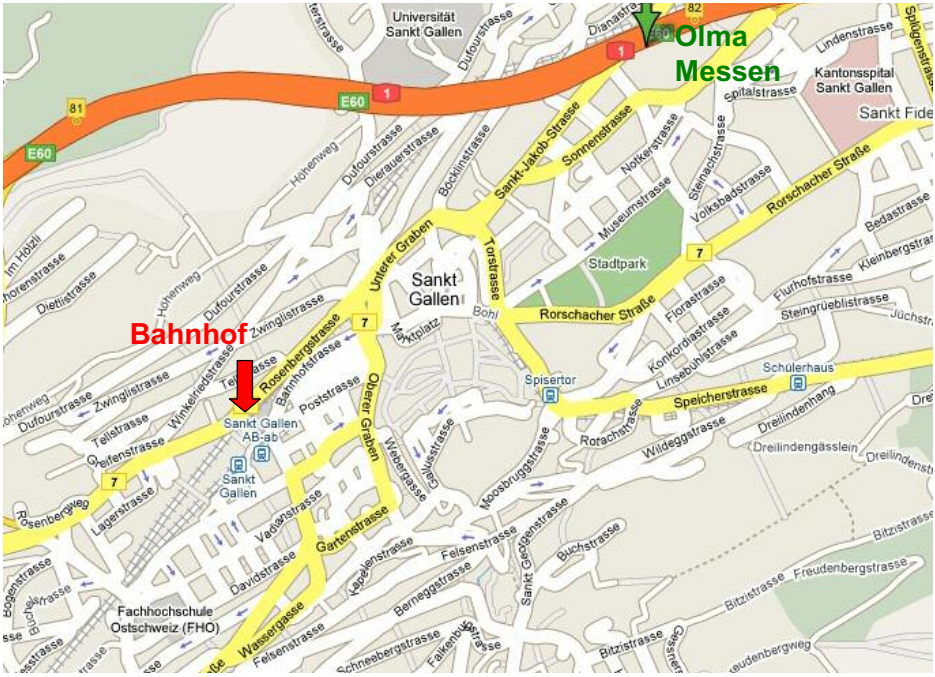
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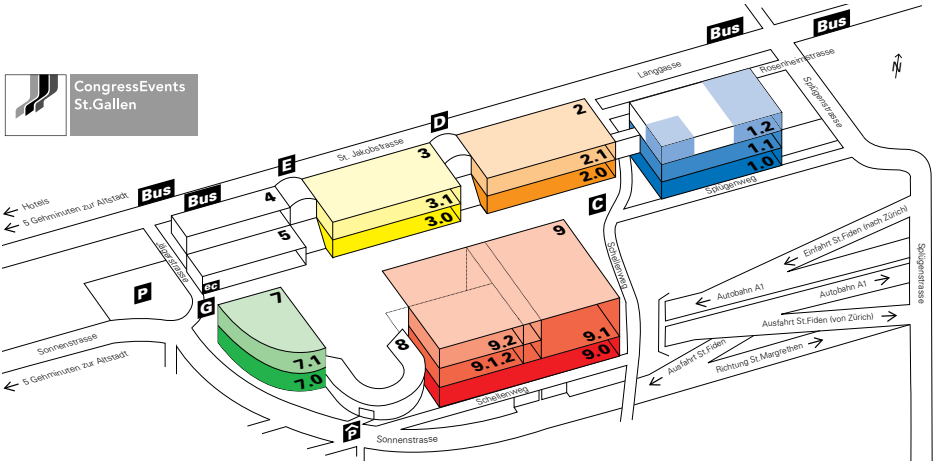
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St. Gallen, the UNESCO World Heritage Site and University City is waiting for you!

The metropole of St.Gallen in the east of Switzerland has an enormous past. It was founded and was named after the wandering Irish monk Gallus, who founded a monastery on the site in the year 612 a.C. The past confronts you with every step during a stroll through the magical old town: the world famous oriels, the cozy lanes, the lively squares with their friendly street cafés. The enormous past has produced a blooming present: St.Gallen is modern and cosmopolitan. Watching over the town is an imposing baroque cathedral, the heart of the Abbey District, which has been placed under the protection of UNESCO as a World Heritage Site.

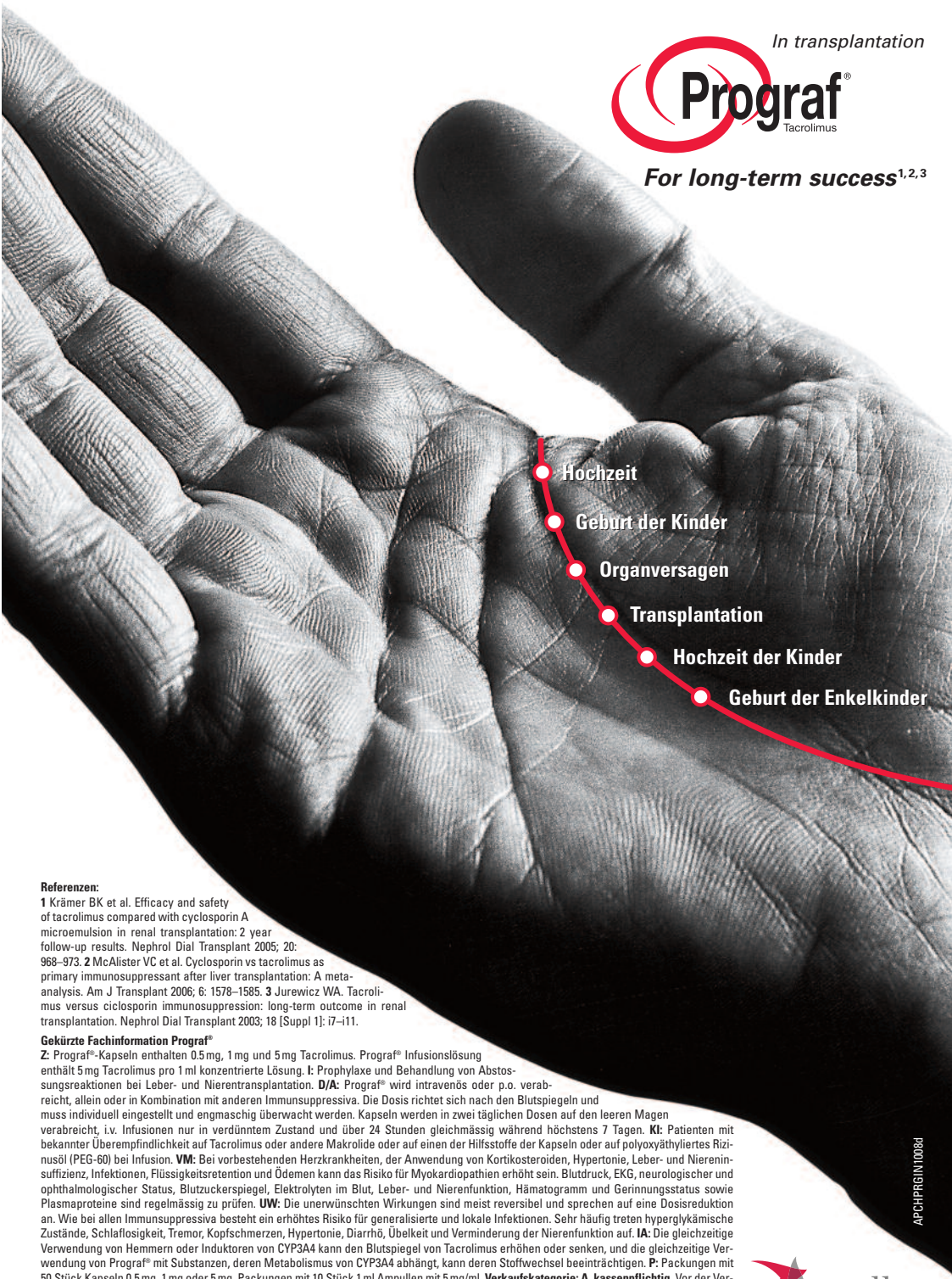
To visit:

Abbey library (Stiftsbibliotek)
The Abbey library is one of the oldest and most beautiful libraries in the world. The changing exhibits of valuable manuscripts and unique specimens give a lasting impression of the St.Gallen monastery culture.

The Cathedral
It stands as one of the last monumental monastery construction works of the baroque period in the Occident. It was built from 1755 to 1767. The interior of the church is opulently painted, decorated with stucco works, and the interior decorations are richly furnished with carvings.

The "Mussel" (Emergency Call center)
Nestled on the old city wall, this building by Santiago Calatrava - with its moveable roof - adds its own unique accent to the city.
All emergency calls from the entire Canton are taken here and the required deployment of emergency services coordinated.

Please find more information about St. Gallen on **www.st.gallen-bodensee.ch**



Referenzen:
1 Krämer BK et al. Efficacy and safety of tacrolimus compared with cyclosporin A microemulsion in renal transplantation: 2 year follow-up results. Nephrol Dial Transplant 2005; 20: 968–973. **2** McAlister VC et al. Cyclosporin vs tacrolimus as primary immunosuppressant after liver transplantation: A meta-analysis. Am J Transplant 2006; 6: 1578–1585. **3** Jurewicz WA. Tacrolimus versus ciclosporin immunosuppression: long-term outcome in renal transplantation. Nephrol Dial Transplant 2003; 18 [Suppl 1]: i7–i11.

Gekürzte Fachinformation Prograf®
Z: Prograf®-Kapseln enthalten 0.5 mg, 1 mg und 5 mg Tacrolimus. Prograf® Infusionslösung enthält 5 mg Tacrolimus pro 1 ml konzentrierte Lösung. **I:** Prophylaxe und Behandlung von Abstossungsreaktionen bei Leber- und Nierentransplantation. **D/A:** Prograf® wird intravenös oder p.o. verabreicht, allein oder in Kombination mit anderen Immunsuppressiva. Die Dosis richtet sich nach den Blutspiegeln und muss individuell eingestellt und engmaschig überwacht werden. Kapseln werden in zwei täglichen Dosen auf den leeren Magen verabreicht, i.v. Infusionen nur in verdünntem Zustand und über 24 Stunden gleichmässig während höchstens 7 Tagen. **KI:** Patienten mit bekannter Überempfindlichkeit auf Tacrolimus oder andere Makrolide oder auf einen der Hilfsstoffe der Kapseln oder auf polyoxyäthyliertes Rizinusöl (PEG-60) bei Infusion. **VM:** Bei vorbestehenden Herzkrankheiten, der Anwendung von Kortikosteroiden, Hypertonie, Leber- und Niereninsuffizienz, Infektionen, Flüssigkeitsretention und Ödemen kann das Risiko für Myokardiopathien erhöht sein. Blutdruck, EKG, neurologischer und ophthalmologischer Status, Blutzuckerspiegel, Elektrolyten im Blut, Leber- und Nierenfunktion, Hämatogramm und Gerinnungsstatus sowie Plasmaproteine sind regelmässig zu prüfen. **UW:** Die unerwünschten Wirkungen sind meist reversibel und sprechen auf eine Dosisreduktion an. Wie bei allen Immunsuppressiva besteht ein erhöhtes Risiko für generalisierte und lokale Infektionen. Sehr häufig treten hyperglykämische Zustände, Schlaflosigkeit, Tremor, Kopfschmerzen, Hypertonie, Diarrhö, Übelkeit und Verminderung der Nierenfunktion auf. **IA:** Die gleichzeitige Verwendung von Hemmern oder Induktoren von CYP3A4 kann den Blutspiegel von Tacrolimus erhöhen oder senken, und die gleichzeitige Verwendung von Prograf® mit Substanzen, deren Metabolismus von CYP3A4 abhängt, kann deren Stoffwechsel beeinträchtigen. **P:** Packungen mit 50 Stück Kapseln 0.5 mg, 1 mg oder 5 mg. Packungen mit 10 Stück 1 ml Ampullen mit 5 mg/ml. **Verkaufskategorie: A, kassenpflichtig.** Vor der Verschreibung konsultieren Sie bitte das Arzneimittel-Kompendium der Schweiz. Stand: Februar 2006.

Office: Astellas Pharma AG, Grindelstrasse 6, 8304 Wallisellen

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The Swiss Society of Nephrology wishes to express its gratitude to all collaborators and volunteers for this meeting. Particulary the participation and contribution of the following companies is much appreciated and gratefully acknowledged.

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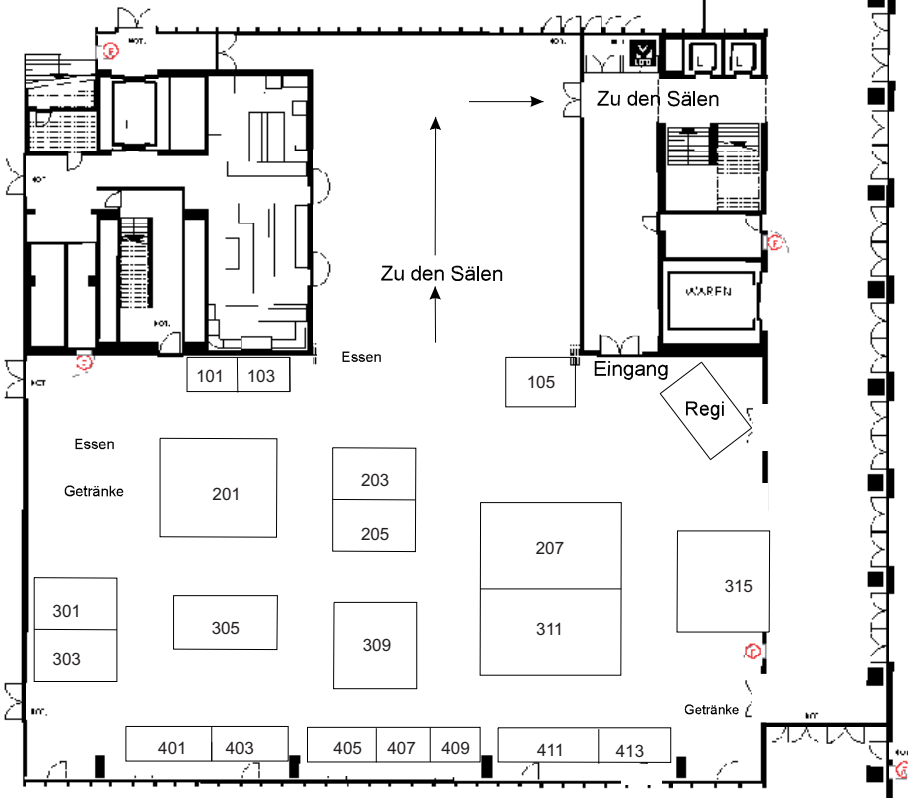

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References: 1. Swiss Compendium of Drugs. 2. Pascual J. Concentration-controlled everolimus (Certican): combination with reduced dose calcineurin inhibitors. Transplantation 2005; 79(3S): S76-S79. 3. Lehmkuhl H et al. Results of a 12-month, multicenter, randomized trial of everolimus with reduced-exposure cyclosporine versus MMF and standard-exposure cyclosporine in de nova cardiac transplant recipients. J Heart Lung Transplant 2008; 27(2S): S65, abstract 15. 4. Chan L et al. Multicenter, randomized study of the use of everolimus with tacrolimus after renal transplantation demonstrates its effectiveness. Transplantation 2008; 85: 821-826. *Calcineurin inhibitor.

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1) Macdougall, IC et al., C.E.R.A. Corrects Anemia in Patients with Chronic Kidney Disease not on Dialysis: Results of a Randomized Clinical Trial. Clin J Am Soc Nephrol, 3: 337-47, 2008.
2) Levin, NW et al., Intravenous methoxy polyethylene glycol-epoetin beta for haemoglobin co ntrol in patients with chronic kidney disease who are on dialysis: a randomized non-inferiority trial (MAXIMA). Lancet, 370: 1415-21, 2007.

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