



43rd Annual Meeting Swiss Society of Nephrology

Convention Centre Montreux
November 30 – December 2, 2011

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

'Basics in Nephrology'
November 30, 2011

2 Minuten- Injektion



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Daptomycin

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Referenzen: 1. Cubicin (Daptomycin). Swiss Compendium of Drugs (www.documed.ch). 2. Chakraborty A et al. Comparison of the pharmacokinetics, safety and tolerability of daptomycin in healthy adult volunteers following intravenous administration by 30 min infusion or 2 min injection. *J Antimicrob Chem.* 2009 July; 64(1): 151–158.

Cubicin®: Z: Durchstechflaschen mit Pulver zu 350 mg und 500 mg Daptomycin zur Herstellung einer Injektionslösung od. Infusionslösung. I: Behandlung komplizierter Haut- und Weichteilinfektionen (cSTI) durch *S. aureus*, *S. pyogenes*, *S. agalactiae*, *S. dysgalactiae* susp., *equisimilis* und *E. faecalis*. Behandlung von *S. aureus* Bakteriämie (SAB). Rechtssseitige infektiöse Endokarditis (RIE) durch methicillinempfindliche und methicillin-resistente Keime. D: cSTI bei Erw. 4 mg/kg alle 24 h während 7-14 d bzw. bis zum Abklingen der Infektion. SAB und RIE: bei Erw. 6 mg/kg alle 24 h während 2-6 Wochen. Dosisanpassungen bei Niereninsuff. (CrCl <30 ml/min) und/od. älteren Patienten; Vorsicht bei Patienten mit schwerer Leberinsuffizienz. S: schw. Arzneimittel-Kompodium. KI: Überempfindlichkeit gegen den Wirkstoff od. einen der sonstigen Bestandteile. VM: Bei Therapie mit Cubicin Anstieg der CPK-Werte, assoziiert 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 Nierenfunkt. bei gleichzeitiger Anw. potentiell nephrotoxischer Wirkstoffe. Alternative antibakt. Therapie erwägen, wenn nach Beginn einer Cubicin-Behandlung keine SAB vorliegt oder kein *S. aureus* Infektionsherd wie cSTI od. RIE identifiziert wird. Einzelheiten s. schw. Arzneimittel-Kompodium. IA: Während der Behandlung mit Cubicin ist empfohlen andere, mit Myopathie assoziierte Medikationen, vorübergehend abzusetzen. Falls gleichzeitige Anw. nicht vermeidbar, CPK-Werte häufiger als wöchentl. messen. Bei paralleler Anw. von Daptomycin mit anderen Arzneimitteln, die die renale Filtration vermindern, ist Vorsicht geboten. Wechselwirkung zw. Daptomycin und Reagens, das in Tests zur Bestimmung der Prothrombinzeit verwendet wird, führt falschlicherw. zur PT-Verlängerung. Einzelheiten s. schw. Arzneimittel-Kompodium. UW: Häufig: Pilzinfektionen, Kopfschmerzen, Übelkeit, Erbrechen, Durchfall, Ausschlag, Reaktionen an der Infusionsstelle, abnormale Leberfunktionswerte (AST, ALT und alkalische Phosphatase), erhöhte CPK. Geleg.: 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, Niereninsuff., Vaginitis, Pyrexie, Schwäche, Erschöpfung, Schmerzen, Störung des Elektrolythaushalts, erhöhtes Serumkreatinin, erhöhtes Myoglobin, erhöhte Laktatdehydrogenase. Selten und sehr selten: s. schw. Arzneimittel-Kompodium. P: Durchstechflasche zu 350 mg bzw. 500 mg; 1, 10x1. Verkaufskategorie: A. Weitere Infos entnehmen Sie bitte dem schw. Arzneimittel-Kompodium. Novartis Pharma Schweiz AG, Monbijoustr. 118, Postfach, 3001 Bern, Tel. 031 377 51 11

Dear Colleagues,

We would like to invite you to the 43rd meeting of the Swiss Society of Nephrology (SGN-SSN) from November 30 – December 2, 2011, for the first time in the beautiful city of Montreux.

This year, our Society is meeting together with the Swiss Society of Hypertension (SGH-SSH).

The traditional annual congress will be preceded by a half-day course "Basics in Nephrology" for our colleagues in training for Nephrology or Internal Medicine.

To allow for a balanced program we will start the annual meeting on Wednesday afternoon with two exciting Opening Lectures followed by the poster session with an aperitif.

The Abstract submission and the registration for the course and the annual meeting will be performed electronically via the congress homepage (www.nephro.ch).

We look forward to welcoming many of you in Montreux.

Please save the dates of November 30 – December 2, 2011.

Best regards



Prof. Michel Burnier
President SGN-SSN



PD Dr. Bruno Vogt
Secretary SGN-SSN



PD Dr. Antoinette Pechère Bertschi
President SGH-SSH

NEPHRO 



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Prof. M. Burnier
CHUV, Lausanne

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Page

General Information	8
Program at a Glance	10
Basics in Nephrology.....	14
Scientific program	15
Poster Presentations.....	35
Gala Dinner	44
City Map of Montreux.....	45
First Authors and Speakers.....	46
Acknowledgement	50
Exhibitors	52
Technical Exhibition.....	53
Notes.....	54

Congress Venue

Montreux Music and Convention Centre (2m2c)
Building Miles Davis
Grand Rue 95
1820 Montreux

Registration

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

Registration fee

	From Oct. 15, 2011	Onsite
Members	CHF 200.00	CHF 200.00
Non-members	CHF 250.00	CHF 250.00
Residents/Students	CHF 150.00	CHF 150.00
Day Ticket (Thursday)	CHF 95.00	CHF 95.00

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 (CHF 60.-). Places are limited and a reservation is mandatory.

Registration fee

Basics in Nephrology

From Oct. 15, 2011	Onsite
CHF 100.00	CHF 100.00

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

Payment

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

Payment by credit card is possible. 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. Before October 14, 2011, 50% refund of the registration fee. Thereafter no refund.

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

Hotel Booking Information on hotels: www.montreux-vevey.com

Congress Management SGN Congress Management
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MCI Schweiz AG
Flughofstr. 54, 8152 Glattbrugg
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Abstracts The abstracts accepted as poster will be presented in the poster exhibition. Dimensions of posters: height 120 cm and width 80 cm.

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

Speaking time for the abstracts accepted as oral presentations: 8 minutes and 2 minutes discussion.

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

Credits Credit points will be given by the following societies:

SGN-SSN:	17 credits for the congress and 5 credits for the Basics Course
SGIM:	17 credits for the congress and 5 credits for the Basics Course
SGAM:	full length of the education is creditable
UEMS:	17 credits

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

Wednesday, November 30, 2011

Time	ROOM A	ROOM B
		Basics in Nephrology Glomerulonephritis: From Pathology to Clinical Management
10.00–10.30		Plenary session
10.30–11.00		Plenary session
11.00–11.45		Plenary session
11.45–12.30		Plenary session
12.30–13.15	Lunch break	
13.15–14.00		Plenary session
14.00–14.45		Plenary session
14.45–15.15	Coffee break	
15.15–16.00		Plenary session
17.00	Opening Ceremony of the Annual Meeting of the Swiss Society of Nephrology	
17.10–17.50	Opening Lecture 1	
17.50–18.20	Opening Lecture 2	
18.20–19.30	Main Poster Session with Aperitif	

Thursday, December 1, 2011

Time	ROOM A	ROOM B	ROOM C
08.00–09.30	Invited Lecture 1		
09.30–10.30		Parallel Satellite Symposia Sponsored by Abbott	Parallel Satellite Symposia Sponsored by Bristol-Myers Squibb
10.30–11.00	Break / Posters / Technical Exhibition		
11.00–12.00		Oral Presentations Dialysis	Oral Presentations Hypertension
12.00–13.00		Parallel Lunch Symposia Sponsored by Amgen	Parallel Lunch Symposia Sponsored by Genzyme
13.00–14.00	Lunch break		
14.00–15.30	Joint Symposium SGN-SSN / SHG-SSH		
15.30–15.45	Break / Posters / Technical Exhibition		
15.45–16.45	Satellite Symposium Sponsored by Novartis		
16.45–17.45	Parallel Session Nephrology	Parallel Session Hypertension	
18.00–19.00	General Assembly		
	Gala Dinner		

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Ferinject®. **Z:** Eisencarboxymaltose. **I:** Eisenmangel, wenn orale Eisentherapie ungenügend wirksam, unwirksam oder nicht durchführbar ist. **D:** Die kumulative Gesamtdosis von Ferinject muss individuell berechnet werden. Ferinject kann als intravenöse Infusion (verdünnt in 0,9% NaCl) in wöchentlichen Einzeldosen von bis zu 15 mg/kg, maximal 1000 mg, bis zum Erreichen der berechneten kumulativen Gesamtdosis verabreicht werden. Als i.v. Bolusinjektion kann Ferinject (unverdünnt) in Dosen von bis zu 200 mg Eisen pro Tag verabreicht werden, jedoch nicht mehr als 3x/Woche. **KI:** Überempfindlichkeit gegenüber Wirkstoff oder Hilfsstoffen, Anämie ohne gesicherten Eisenmangel,

Eisenüberladung, erstem Schwangerschaftstrimester. **VM:** Vorrichtungen zur Behandlung einer anaphylaktischen Reaktion sollten verfügbar sein. Paravenöse Injektion kann eine braune Verfärbung und Reizung der Haut verursachen und ist deshalb zu vermeiden. Bei akuter oder chronischer Infektion nur mit Vorsicht anwenden. Natriumgehalt von bis zu 11 mg/ml berücksichtigen. **UW:** Hypersensitivität, Kopfschmerzen, Schwindel, Parästhesien, Tachykardie, Hypotonie, Erröten, gastrointestinale Beschwerden, Störung des Geschmackempfindens, Hautausschlag, Pruritus, Urticaria, Myalgie, Rückenschmerzen, Arthralgie, Hämaturie, Reaktionen an der Injektionsstelle, Phlebitis, Fieber, Müdigkeit,

Schmerzen im Brustkorb, Muskelsteifigkeit, Unwohlsein, peripheres Ödem, Schüttelfrost, transiente Serumphosphat-senkung, erhöhte Alanin-Aminotransferase, Aspartat-Aminotransferase, Gamma-Glutamyltransferase, Laktatdehydrogenase und alkalische Phosphatase. **IA:** Bei der gleichzeitigen Verabreichung von oralen Eisenpräparaten ist dessen Absorption reduziert. **P:** 5 Stechampullen zu 100 mg (2 ml) oder 500 mg (10 ml) und 1 Stechampulle zu 500 mg (10 ml). **Liste B.** Detaillierte Informationen: Arzneimittelkompendium der Schweiz oder www.documed.ch. Zulassungsinhaber: **Vifor (International) AG, CH-9001 St. Gallen;** Vertrieb: **Vifor AG, CH-1752 Villars-sur-Glâne.**



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Friday, December 2, 2011

Time	ROOM A	ROOM B	ROOM C
08.00–09.00	Invited Lecture 2		
09.00–10.00		Oral Presentations Basic Science	Oral Presentations Transplantation
10.00–10.30	Break / Posters / Technical Exhibition		
10.30–11.30	Satellite Symposium Sponsored by Baxter	Oral Presentations Clinical Cases Discussions	
11.40–12.30	Swiss Research News		
12.30–13.30	Lunch break		
13.30–14.30	Joint Satellite Symposium Sponsored by Vifor and Roche		
14.30–16.00	Symposium on Obesity, Hypertension and Renal Function		
16.00–16.15	Poster Awards Ceremony		
16.15–16.30	Farewell Address		

Wednesday, November 30, 2011

From 09.00 Registration

Glomerulonephritis:

Room B

From Pathology to Clinical Management

Moderators: C. Stoermann, Geneva; U. Huynh-Do, Berne

10.00–10.30 When to Perform a Renal Biopsy

B. Vogt, Lausanne

10.30–11.00 How to Read a Renal Biopsy?

S. Moll, Geneva

11.00–11.45 Berne Case Presentation: Pathology and Clinical Discussion

11.45–12.30 Lausanne Case Presentation: Pathology and Clinical Discussion

12.30–13.15 Lunch break

Glomerulonephritis:

Room B

From Pathology to Clinical Management

Moderators: G. Halabi, Yverdon-les-Bains; I. Binet, St. Gallen

13.15–14.00 Zurich Case Presentation: Pathology and Clinical Discussion

14.00–14.45 Geneva Case Presentation: Pathology and Clinical Discussion

14.45–15.15 Coffee break

15.15–16.00 Basel Case Presentation: Pathology and Clinical Discussion

16.00 End of the Basics in Nephrology Course

Wednesday, November 30, 2011

From 09.00 Registration

**17.00 Opening Ceremony of the Annual Meeting
of the Swiss Society of Nephrology**

17.00–17.10 Welcome Address Room A
M. Burnier, Lausanne

17.10–17.50 Opening Lecture 1 Room A
Moderator: M. Burnier, Lausanne

**The Renin–Angiotensin System:
30 Years of a Personal Adventure**
H.R. Brunner, Basel

17.50–18.20 Opening Lecture 2 Room A
Moderator: B. Vogt, Lausanne

Glomerular Epithelial Stem Cells: A Promise for Repair?
P. Romagnani, Florence/IT

18.20–19.30 Main Poster Session with Aperitif

Thursday, December 1, 2011

08.00–09.30 Invited Lecture 1

Room A

Moderators: P.-Y. Martin, Geneva; D. Kiss, Liestal

BP in Dialysis: Which One is the Right One?

R. Agarwal, Indiana/US

Lipid Lowering Therapies in Chronic Kidney Diseases

Z. Massy, Amiens/FR

Presentations kindly sponsored by MSD-Chibret AG
and Fresenius Medical Care

09.30–10.30 Parallel Satellite Symposia

Room B

Sponsored by Abbott

Moderator: P.-Y. Martin, Geneva



Interdependency Between the Cardiovascular and the Renal System – New Insights

Is Selective Vitamin D Activation Beneficial for Cardiovascular Protection?

D. Zehnder, Warwick/UK

Thursday, December 1, 2011

09.30–10.30 Parallel Satellite Symposia

Room C

Sponsored by Bristol-Myers Squibb

Moderators: M. Pascual, Lausanne;

J. Steiger, Basel



Emerging Strategies to Optimize Long Term Outcome in Renal Transplantation

1. Choosing the Right Partner – What can we do Pre-transplant to Optimize Outcome in Renal TX

S. Schaub, Basel

2. Choosing the Right Treatment – What can we do Post-transplant to Optimize Outcome in Renal TX

D. Golshayan, Lausanne

3. Biological Based New Immunosuppressive Strategies for Preserving Renal Function and Improving Outcome

J. Grinyo, Barcelona/ES

10.30–11.00 Break / Posters / Technical Exhibition

Thursday, December 1, 2011

- 11.00–12.00 Oral Presentations – Session I: Dialysis Room B**
Moderators: D. Uehlinger, Berne; C. Schönholzer, Lugano
- OC01 Pioglitazone Improves Insulin Sensitivity, Reduces Visceral Fat and Stimulates Lipolysis in Non Diabetic Dialyzed Patients**
A. Zanchi¹, L. Tappy¹, N. Theumann¹, G. Halabi¹, C. Mathieu¹, T. Gauthier², S. Tremblay¹, P. Coti¹, M. Burnier¹, D. Teta¹;
¹Lausanne, ²Vevey
- OC02 Serum Ionized Calcium Levels Determine Arterial Stiffness in Dialysis with Regional Citrate Anticoagulation**
M. B. Moor, A. Kruse, D. E. Uehlinger, U. Eisenberger; Berne
- OC03 Is Urinary Calcium and Magnesium Excretion Related to Mineralocorticoid-Activating Steroid Hormones in Renal Stone Formers?**
M. Mohaupt, C. Gennari, N. Eisele, B. Dick, S. Arampatzis, A. Pasch; Berne
- OC04 Renal Ultrasound Findings in the Swiss Population**
M. Pruijm¹, B. Ponte², D. Ackermann³, S. Rodriguez¹, U. Eisenberger³, M. Burnier¹, P.-Y. Martin², F. Frey³; ¹Lausanne, ²Geneva, ³Berne
- OC05 Assessment of Glomerular Filtration Rate in Children: From the New Revised Schwartz Formula to a New Generalized Formula**
H. Chehade, A. Gao, F. Cachat, M. Faouzi, D. Bardy, D. Mosig, E. Girardin; Lausanne
- OC06 Low Klotho Levels in Autosomal Dominant Polycystic Kidney Disease: Potential Mechanism of Resistance to FGF23**
I. Pavik¹, P. Jaeger², A. Kistler¹, D. Poster¹, K. Rentsch¹, R. Wüthrich¹, C. Schmid¹, A. L. Serra¹; ¹Zurich, ²London/UK

Thursday, December 1, 2011

- 11.00–12.00 Oral Presentations – Session II: Hypertension Room C**
Moderators: G. Simonetti, Berne; G. Wuerzner, Lausanne
- OC07 The Impact of Central Obesity, Hypertension and Related Risk Factors on All-Cause Mortality Evolves with Age**
 F. Thomas¹, B. Pannier¹, A. Benetos², U. Vischer³;
¹Paris/FR, ²Nancy/FR, ³Thonex
- OC08 Prevalence Of Microalbuminuria In The Swiss Survey On Salt**
 P. Meier¹, T. Schoen², V. Forni³, A. Chappuis³, I. Binet⁴,
 A. Pechère Bertschi⁵; ¹Sion, ²Basel, ³Lausanne, ⁴St. Gallen, ⁵Geneva
- OC09 Normative Oscillometric Blood Pressure Values for Pre-School Children**
 G. D. Simonetti ^{1,2}, N. Jeck³, G. Klaus³, R. Schwertz², M. Klett²,
 A. Schroer³, C. Kuhnen³, F. Schaefer², E. Wühl²;
¹Bern, ²Heidelberg/DE, ³Marburg/DE
- OC10 Association Between Obesity and High Glomerular Filtration Rate in the Population-Based Swiss Survey on Salt**
 A. Ognal^{1,2}, V. Forni², P. Vuistiner², D. Hayoz³, P. Suter⁴;
¹Locarno, ²Lausanne, ³Fribourg, ⁴Zurich
- OC11 A Novel Mechanism Explaining Salt Sensitivity: Post-Transcriptional Regulation of 11-Hydroxysteroid Dehydrogenase Type 2 by Mirna**
 F. J. Frey, B. Frey, T. Andrieu, B. Dick, M. Rezaei; Berne
- OC12 Prevalence of Hypertension in the Swiss Survey on Salt Intake (SSS)**
 N. Glatz¹, D. Conen², F. Muggli³, A. Pechère Bertschi⁴, P. Suter⁵,
 M. Burnier¹; ¹Lausanne, ²Basel, ³Lugano, ⁴Geneva, ⁵Zurich

AMGEN[®]

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Bone Disease in CKD Patients

Thursday, December 1, 2011
from 12.00 to 13.00

Chair of Session:

Professor Uyen Huynh-Do (Bern)

Speakers:

Dr Andrea Trombetti (Geneva):
*Established and emerging assessments
of bone metabolism in CKD patients*

Professor Pierre-Yves Martin (Geneva):
*Current aspects of clinical management
of bone disease in CKD patients*



AMGEN[®]

Thursday, December 1, 2011

12.00–13.00 Parallel Lunch Symposia

Room B

Sponsored by Amgen

Moderator: U. Huynh-Do, Berne



Bone Disease in CKD Patients

1. Established and Emerging Assessments of Bone Metabolism in CKD Patients

A. Trombetti, Geneva

2. Current Aspects of Clinical Management of Bone Disease in CKD Patients

P.-Y. Martin, Geneva

12.00–13.00 Parallel Lunch Symposia

Room C

Sponsored by Genzyme

Moderators: M. Burnier, Lausanne;

R. Wüthrich, Zurich



Sevelamer Carbonat – a new Star?

A. Bock, Aarau; J. Floege, Aachen/DE

13.00–14.00 Standing lunch at the exhibition



43rd Annual Meeting Swiss Society of Nephrology, Montreux

Satellite Symposium

1 December 2011, 15h45-16h45

New Aspects in Therapy of Kidney Transplantation and Diabetic Nephropathy

Chair

Prof Michel Burnier – University hospital Lausanne, Switzerland

mTor: Controlling vital processes in malignancy, immunology and survival

Prof Edward Geissler – University hospital Regensburg, Germany

Prevention and treatment of diabetic nephropathy: impact of direct renin inhibition

Prof Hans-Henrik Parving – University hospital Copenhagen, Denmark

Thursday, December 1, 2011

14.00–15.30 Joint Symposium (SGN-SSN and SHG-SSH)

Room A

Renal Artery Stenosis

Moderators: A. Pechère Bertschi, Geneva; R. Wüthrich, Zurich

Renal Hemodynamics in Renal Artery Stenosis

M. Laville, Lyon/FR

Are RAS Blockers Really Contraindicated in Renal Artery Stenosis?

B. Waeber, Lausanne

Management of Renal Artery Stenosis in 2011

P.-F. Plouin, Paris/FR

15.30–15.45 Break / Posters / Technical Exhibition

15.45–16.45 Satellite Symposium

Room A

Sponsored by Novartis

Moderator: M. Burnier, Lausanne



New Aspects in Therapy of Kidney Transplantation and Diabetic Nephropathy

1. mTor: Controlling Vital Process in Malignancy, Immunology and Survival

E. Geissler, Regensburg/DE

2. Prevention and Treatment of Diabetic Nephropathy: Impact of Direct Renin Inhibition

H.-H. Parving, Copenhagen/DK

Thursday, December 1, 2011

16.45–17.45 Parallel Sessions

Nephrology

Room A

Moderators: U. Huynh-Do, Berne; P. Meier, Sion

Armenian Experience

Pathology Registry

Swiss Renal Registry

Hypertension: Case Discussion

Room B

Moderator: D. Evéquo, Brig; F. Muggli, Vezia

Resistant Hypertension

Hyperaldosteronism

HTA in Transplantation

18.00–19.00 General Assembly SGN-SSN

Room A

From 20.00 **Gala Dinner** (s. page 44)

Friday, December 2, 2011

08.00–09.00 Invited Lecture 2

Room A

Moderator: A. Pechère Bertschi, Geneva

**Renal Denervation and Carotid Stimulation
in the Management of Resistant Hypertension**

G. Parati, Milan/IT

Friday, December 2, 2011

09.00–10.00 Oral Presentations – Session III: Basic Science Room B
Moderators: E. Ferraille, Geneva; F. Verrey, Zurich

OC13 Targeting the Apoptosis Pathway to Prevent the Anti-Tolerogenic Effect of Calcineurin Inhibitors
P. E. Cippà¹, J. Chen¹, A. K. Kraus¹, P. D. Bardwell², R. P. Wüthrich¹,
T. Fehr¹; ¹Zurich, ²Worcester/US

OC14 Angiotensinergic Innervation of the Kidney: Localization and Relationship with Catecholaminergic Postganglionic and Sensory Nerve Fibers
J. Bohlender¹, B. Pfarrer², J. Patil², J. Nussberger¹, G. Thalmann²,
H. Imboden²; ¹Lausanne, ²Berne

OC15 Comparison of Renal Gene Expression Between Control and Cirrhotic Mice with Ascites
D. Mordasini, M. Maillard, E. Hummler, M. Burnier, B. Vogt;
Lausanne

OC16 NADPH-Oxidase 4 Knock-Out Mice Display Increased Tubular Apoptosis and Interstitial Fibrosis in the Unilateral Obstruction Model
S. Nlandu Khodo, E. Dizin, E. Ferraille, K. H. Krause, P.-Y. Martin,
S. De Seigneux; Geneva

OC17 Glut9 and Uric Acid Handling by the Kidney
M. Auberson, B. Thorens, O. Bonny; Lausanne

OC18 Dnm-1 – a New Player in Renal Allograft Rejection
A. K. Kraus¹, P. E. Cippà¹, J. Chen¹, A. Gaspert¹, R. P. Wüthrich¹,
G. Bernhardt², T. Fehr¹; ¹Zurich, ²Hannover/DE

Friday, December 2, 2011

09.00–10.00 Oral Presentations – Session IV: Transplantation Room C
Moderators: K. Hadaya, Geneva; T. Fehr, Zurich

OC19 A Multicentric Protocol Using Glycosorb® Immunadsorption for AbO-Incompatible Kidney Transplantation: The Swiss Experience

M. Schiesser¹, T. Fehr¹, I. Binet², U. Eisenberger³, K. Hadaya⁴, M. Dickenmann⁵; ¹Zurich, ²St. Gallen, ³Berne, ⁴Geneva, ⁵Basel

OC20 Diffusion-Weighted Mri-Imaging Reveals Longitudinal Functional Changes in the Remaining Kidney During the First Year After Living Donor Nephrectomy

U. Eisenberger, T. Binser, H. Thöny, C. Boesch, F. J. Frey, P. Vermathen; Berne

OC21 Non-Invasive Detection of Subclinical Tubulo-Interstitial Inflammation by the Urinary Cxcl10 Chemokine: Validation in a Real-Life Setting

P. Hirt-Minkowski¹, P. Amico¹, J. Ho², G. Ang², H. Hopfer¹, J. Steiger¹, D. Rush², P. Nickerson², S. Schaub¹; ¹Basel, ²Winnipeg/CA

OC22 BK Viremia is Independently Associated with Hla-Mismatches and Acute Rejection Episodes, but not with Type of Immunosuppression

A. Hässig, M. Roos, A. Etter, W. Bossart, N. Müller, M. Schiesser, R. Wüthrich, T. Fehr; Zurich

OC23 Pre-Transplant Hla-Dsa that Persist Post-Transplant Predict Increased Risk of Antibody-Mediated Rejection and Graft Loss in Renal Transplantation

P. Amico¹, N. Banuelos², G. Hönger¹, H. Hopfer¹, P. I. Terasaki², S. Schaub¹; ¹Basel, ²Los Angeles/US

OC24 Delayed Graft Function is not Associated with an Increased Incidence of Renal Allograft Rejection

P. Hirt-Minkowski, P. Amico, G. Hönger, C. Praehauser, J. Steiger, M. Mayr, S. Schaub; Basel

10.00–10.30 Break / Posters / Technical Exhibition



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Friday, December 2, 2011

10.30–11.30 Satellite Symposium

Room A

Sponsored by Baxter

Moderator: I. Binet, St. Gallen



**The future dialysis patient –
old with heart failure – is PD an answer?**

1. PD in Elderly

C. Verger, Paris/FR

2. PD in Patients with Cronical Heart Failure

M.D. Alscher, Stuttgart/DE

Friday, December 2, 2011

10.30–11.30 Oral Presentations: Clinical Cases Discussions Room B
Moderators: D. Teta, Lausanne; T. Fehr, Zurich

- CR1 Eculizumab Therapy in Acute Recurrence of Thrombotic Micro Angiopathy Associated with Anti-Phospholipid Antibodies after Renal Transplantation**
K. Hadaya, S. Ferrari-Lacraz, D. Fumeaux, F. Boehlen, C. Toso, S. Moll, P.-Y. Martin, J. Villard; Geneva
- CR2 Chronic Lymphocytic Leukaemia Associated with Paraneoplastic Mpo–Anca Positive Microscopic Polyangiitis**
K. Hübel, F. Hitz, I. Koneth, I. Binet; St. Gallen
- CR3 Hyponatremia and Hyperkalemia in a Newborn Boy as First Manifestation of a Complex Syndromal Disease**
B.S. Bucher, G. Simonetti, B. Goeggel Simonetti, J.-M. Nuoffer, J. Lemke, C. Flück, S. Tschumi; Berne
- CR4 Acute Kidney Injury Crossing the Border: Hantavirus Complicated with Acute Pancreatitis**
T. Oettl, D. Kiss; Liestal
- CR5 Severe Renal Failure Due to Adrenal Insufficiency**
H. Elsässer, W. Zimmerli, D. Kiss; Liestal

Friday, December 2, 2011

11.40–12.30 Swiss Research News Room A
Moderator: J. Steiger, Basel

National Centre of Competence in Research "Kidney.CH"
F. Verrey, Zurich

Special Program of University Medicine (SPUM)
M. Bochud, Lausanne

12.30–13.30 Standing **lunch** at the exhibition

13.30–14.30 Joint Satellite Symposium Room A

Sponsored by Vifor and Roche
Moderator: R. Wüthrich, Zurich



Optimizing Anemia Management in Dialysis Patients

1. Diagnostic Parameters, Erythropoiesis and Iron Metabolism
I. Macdougall, London/UK

2. Practical Aspects of Anemia Management
R. Wüthrich, Zurich

Friday, December 2, 2011

14.30–16.00 Symposium on Obesity, Hypertension and Renal Function Room A

Moderators: O. Bonny, Lausanne; A. Bock, Aarau

Nycthemeral Variations in Renal Function

D. Firsov, Lausanne

Obesity, Hypertension and the Kidney

J. Joles, Utrecht/NL

Sleep Apnea Syndrome, Hypertension and CKD

K. Narkiewicz, Gdansk/PL

Presentations kindly sponsored by the SHG-SSH and Opopharma AG

16.00–16.15 Poster Awards Ceremony Room A

Kindly sponsored by Sandoz



16.15–16.30 Farewell Address

M. Burnier, Lausanne

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¹ Braun-Dulau et al: First-time treatment with Aliskiren/Amlodipine combination provides robust blood pressure reduction in patients with severe hypertension. Journal of Hypertension, Vol 28, e-Supplement A, June 2010.

* Patienten mit schwerer Hypertonie (systolisch ≥ 180 mmHg / diastolisch < 200 mmHg) mit RasilAmlo 300 mg/10 mg nach 8 Wochen

Gekürzte Fachinformation RasilAmlo[®]: **Z:** Filmtabletten zu 150 mg Aliskiren und 5 mg resp. 10 mg Amlodipin, Filmtabletten zu 300 mg Aliskiren und 5 mg resp. 10 mg Amlodipin. **I:** Behandlung der essentiellen Hypertonie bei Patienten, deren Blutdruck durch eine Monotherapie mit Aliskiren oder Amlodipin nicht ausreichend kontrolliert ist; als Ersatztherapie bei Patienten, die bereits Aliskiren und Amlodipin als separate Tabletten in der gleichen Dosierungsstärke erhalten oder zur Initialbehandlung der Hypertonie unter Berücksichtigung des Nutzens/Risikos. **D:** Empfohlene Anfangsdosis 150 mg/5 mg, einmal täglich. Bei unzureichender Blutdrucksenkung nach 2-4 Wochen kann Dosis auf das Maximum von 300 mg/10 mg auftrifft werden. Ersatztherapie: Umstellung auf täglich 1 Tablette RasilAmlo mit der gleichen Dosis der Wirkstoffkomponenten. **K:** Überempfindlichkeit gegenüber Aliskiren oder Amlodipin (oder einem anderen Dihydropyridin-Kalziumkanal-Blocker) oder einem der Hilfsstoffe. Schwangerschaft und Stillzeit. **VM:** Natrium- und/oder Volumenmangel, schwere Niereninsuffizienz, Patienten mit Dialyse, nephrotischem Syndrom oder renovaskulärer Hypertonie in der Anamnese, Nierenarterienstenose, Leberinsuffizienz, Aorten- und Mitralklappenstenose, obstruktive, hypertrophe Kardiomyopathie, schwere Herzinsuffizienz, schwere koronare Herzkrankheit. **IA:** Mit Aliskiren: Gleichzeitige Verabreichung mit Ciclosporin nicht empfohlen. Bei Furosemid eventuell Dosisanpassung. Valsartan, Metformin, Amlodipin, Cimetidin, Atorvastatin, Ketoconazol oder Verapamil bewirken eine Änderung von C_{max} oder AUC von Aliskiren. Es ist keine Dosisanpassung notwendig. Vorsicht bei gleichzeitiger Verabreichung mit K-sparenden Diuretika, K-Präparaten od. K-haltigen Salzersatzmitteln. Zusätzliche IA mit Amlodipin: Theophyllin, Ergotamin, Grapefruitsaft. **UW:** Häufig: periphere Ödeme. Unter Aliskiren: Häufig: Diarrhoe. Gelegentlich: Hautausschlag. Zusätzlich unter Amlodipin: Häufig: Schwindel, Kopfschmerzen, Somnolenz, Müdigkeit, Palpitationen, Wärmungen, Abdominalschmerzen, Übelkeit. Gelegentlich: Gewichtszunahme und -abnahme, Insomnie, Stimmungsschwankungen, Tremor, Geschmackstörungen, Synkope, Hypoästhesie, Parästhesie, Sehstörungen, Tinnitus, Brustschmerzen, Hypotonie, Dyspnoe, Rhinitis, Erbrechen, Dyspepsie, veränderte Stuhlgewohnheiten, trockener Mund, Akroparästhesien, Purpura, Rash, Hautentfärbung, Hyperhidrose, Pruritus, Photosensibilisierungsreaktionen, Arthralgie, Myalgie, Muskelkrampf, Rückenschmerzen, Störungen beim Wasserlassen, Impotenz, Gynäkomastie, Asthenie, Schmerzen, Müdigkeit, Schwindel, Kopfschmerzen, Somnolenz, Müdigkeit, Palpitationen, Wärmungen, Abdominalschmerzen, Übelkeit. **P:** Kalenderpackung mit 28* u. 98* Filmtabl. **Verkaufskategorie:** B. Weitere Informationen entnehmen Sie bitte dem Arzneimittel-Kompendium der Schweiz. Novartis Pharma Schweiz AG, Monbijoustrasse 118, Postfach, 3001 Bern, Tel. 031/377 51 11.

Basic Science

- P1 A Label-Free Serum Test Measuring Overall Calcification Inhibition**
A. Pasch¹, S. Farese^{1,2}, J. Flöge³, W. Jahnén-Dechent³;
¹Berne, ²Solothurn, ³Aachen/DE
- P2 Paricalcitol Lowers Plasma Renin Activity and Improve Blood Pressure Control in the 2-Kidney, 1-Clip Hypertensive Rat Model**
O. Phan, M. Maillard, C. Perregaux, M. Burnier; Lausanne
- P3 Characterization of the Renal CD4+ T Cell-Response in Experimental Autoimmune Glomerulonephritis**
H. Hopfer¹, J. Holzer², S. Hünemörder², H.-J. Paust², M. Sachs², J.-E. Turner², U. Panzer², H.-W. Mittrücker²; ¹Basel, ²Hamburg/DE
- P4 Periostin – A Matricellular Protein Involved in Peritoneal Injury During Peritoneal Dialysis**
N. Braun¹, K. Sen², D.M. Alscher¹, P. Fritz¹, M. Kimmel¹, A. Jörres³, I. Edenhofer², R.P. Wüthrich², C. Cohen², S. Segerer²;
¹Stuttgart/DE, ²Zurich, ³Berlin/DE
- P5 Prevalence pf Reduced Renal Function in Switzerland – Results of a Multicenter, Cross-Sectional Study**
Y. Tomonaga¹, T. Szucs², L. Risch³; ¹Zurich, ²Basel, ³Schaan/FL
- P6 Comparison Between PA21, a New Iron-Based Non-Calcium Phosphate Binder and Lanthanum and Sevelamer Carbonate in Uremic Rats**
O. Phan¹, M. Maillard¹, F. Funk², M. Burnier¹; ¹Lausanne, ²St. Gallen
- P7 Selective Production of Hyaluronan by Epithelial Cells is Necessary but not Sufficient to Induce Tubulogenesis**
P. Soulie, A. Chassot, R. Montesano, P.-Y. Martin, E. Féraille; Geneva
- P8 Multiscale Hemodynamic Modeling of the Intrarenal Circulation**
K. M'Rabet Bensalah, J. Czerwinska, R.M. Kalicki, D.E. Uehlinger; Berne

P9 Evaluation of a Renal Risk Score in the Swiss Population: Consolidated Results from a Screening Project in Pharmacies in the Years 2008-2011
S. Favre¹, S. Liniger¹, A. Bock², P.-Y. Martin³, A. Fischer⁴, I. Binet⁵, F. Frey¹, P. Meier⁶, M. Magnin⁷, M. Burnier⁸; ¹Berne, ²Aarau, ³Geneva, ⁴Lucerne, ⁵St. Gallen, ⁶Sion, ⁷Zug, ⁸Lausanne

P10 Neutrophil-Gelatinase-Associated Lipocalin and Cystatin C vs. Creatinine-Based Estimates of the Glomerular Filtration Rate (EGFR)
Y. Tomonaga¹, T. Szucs², L. Risch³; ¹Berne, ²Basel, ³Schaan/FL

Transplantation

P11 Mycoplasma and Ureaplasma in Kidney Allograft Recipients: Innocent Bystanders or a Cause for Concern?
L. Gerber¹, A. Gaspert¹, N. Müller¹, H. Zwahlen², T. Fehr¹; ¹Zurich, ²Bellinzona

P12 Is There an Association Between HES Administration to Organ Donors and Delayed Kidney Graft Function?
C. Bucher, J. Neuweiler, I. Binet; St. Gallen

P13 Preserved Circannual Rhythm of Vitamin D in Kidney Transplant Patients
F. Burkhalter, M. Dickenmann; Basel

P14 A Phase III, Investigator-Initiated, Randomized, Open-Label Single-Center Study on the Effect of Denosumab on the Prevention of Bone Mineral Density Loss after Renal Transplantation (Postop Study; NCT01377467)
M. Bonani, J. Brockmann, C.D. Cohen, T. Fehr, D. Frey, A. Nocito, M. Schiesser, A. Serra, M. Blum, M. Strucker, R.P. Wüthrich; Zurich

P15 Oxalate Nephropathy in Kidney Allografts
A. Schleich, T. Fehr, A. Gaspert, R.P. Wüthrich, N. Mohebbi; Zurich

- P16** **Pharmacokinetic of Tacrolimus after Gastric Bypass Surgery**
S. Riethmüller, D. Tsinalis, I. Binet; St. Gallen
- P17** **Heart Failure and Mitral Insufficiency in a Renal Allograft Recipient**
A. Schleich¹, C. Kocher¹, S. Segerer¹, R. Caduff¹, L.G. Wyler¹,
V. Müller¹, B. Beck², J. Blum², J. Kamarchev¹, N. Müller¹;
¹Zurich, ²Basel
- P18** **Eculizumab Therapy in Acute Recurrence of Thrombotic Micro Angiopathy Associated with Anti-Phospholipid Antibodies after Renal Transplantation**
K. Hadaya, S. Ferrari-Lacraz, D. Fumeaux, F. Boehlen, C. Toso,
S. Moll, P.-Y. Martin, J. Villard; Geneva

Clinical Nephrology

- P19** **Effect of Blockers of the Renin-Angiotensin System on Renal Tissue Oxygenation in Type 2 Diabetics as Measured by Bold-MRI**
M. Pruijm, L. Hofmann, A. Zanchi, M. Maillard, V. Forni, M. Cassat,
G. Wuerzner, B. Vogt, M. Burnier; Lausanne
- P20** **Epidemiological Trends in Maintenance Dialysis Treatment: 40 Years of Single Center Experience**
P. Rhyn, M. Ambühl, D. Corleto, P.M. Ambühl; Zurich
- P21** **Effect of One Week Naproxcinod Treatment on Sodium Balance and Acute Natriuretic Effect of Furosemide: A Randomized Double-Blind Placebo and Naproxen-Controlled Trial in Healthy Volunteers**
N. Glatz¹, G. Wuerzner¹, M. Maillard¹, B. Vogt¹, C. Roger²,
M. Burnier¹; ¹Lausanne, ²Sophia Antipolis/FR

- P22 Renal Function Follow-Up Evaluation Measuring Cystatin C in Patients Prenatally Diagnosed for Congenital Kidney Malformation**
P. Parvex, C. Combescure, J. Birraux, M. Rodriguez, A. Whilelm-Bals, E. Girardin; Geneva
- P23 Ceftriaxone in Chronic Haemodialysis: Experience Fribourg Switzerland**
O.M. Hemett, E. Descombes, V. Erard, C. Chuard; Fribourg
- P24 Intracranial Arachnoid Cysts in Adpkd Patients**
D.B. Poster, F. Krauer, U. Ahmadli, J. Bleisch, S. Kollias, A.L. Serra; Zurich
- P25 Functional and Social Status, Actual and Perceived Social Support in a Population of Swiss Maintenance Haemodialysis (HD) Patients**
G. Herfs¹, P.M. Ambühl², H.R. Rätz¹; ¹Baden, ²Zurich
- P26 A Comparison between Pediatric Renal Biopsy Findings in Zurich and Armenia**
A. Sarkissian¹, G. Laube², H. Nazaryan¹, A. Sanamyan¹, A. Babloyan¹, E. Leumann², A. Gaspert¹; ¹Yerevan/AR, ²Zurich
- P27 Nutritional Counselling of Stone Patients by the Physician – Is it Worth the Hassle?**
K. Günther, D. Tsinalis, I. Koneth, S. Schultes, I. Binet; St. Gallen
- P28 A Prospective Analysis of Falls in Patients on Maintenance Haemodialysis (MHD)**
A. Rossier, R. Bullani, M. Silva Pereira, S. Dubrit, P. Viot, A. Van Ranst, M. Burnier, D. Teta; Lausanne
- P29 Immediate Peritoneal Dialysis (PD) After PD Catheter Placement and/or Abdominal Hernia Operation: Is There Still a Need for Temporary Haemodialysis**
R. Chautems, V. Reinmann; Solothurn

- P30** **Small Solute and Ultrafiltration Kinetic Modelling in Capd Patients Using the Three-Pore Membrane Model – A Population Approach**
R.M. Kalicki, D.E. Uehlinger; Berne
- P31** **Determinants of Bone Specific Alkaline Phosphatase, an Alternative Marker of Bone Turnover in Hemodialysis Patients**
M. Tufail Hanel, A. Bock; Aarau
- P32** **Cardiac Function during Hemodialysis**
S.A. Kalbermatter, D. Kiss; Liestal
- P33** **Enhanced Suppressive Function of Tregs from ESKD Patients Using a New a High Cutoff HD Technique**
P. Meier; Sion
- P34** **Estimation of Dehydration with the Bioimpedance Technique in Children with Gastroenteritis**
L. Dunkelmann, S. Tschumi, I. Pegiazoglu, A. Duppenhaler, G.D. Simonetti; Berne
- P35** **An Integrated Care Approach Using Electronic Compilation of Cinacalcet Adherence Data to Reach IPTh Targets in Hemodialysis Patients: A Multicenter, Randomized Trial**
V. Forni¹, M. Pruijm¹, E. Tousset², G. Wuerzner¹, C. Zweiacker¹, I. Menetrey¹, L. Berwert³, R. Bullani¹, A. Cherpillod⁴, G. Halabi⁵, L. Gabutti⁶, C. Mathieu⁴, T. Gauthier⁷, P. Meier⁸, O. Phan⁹, S. Pianca¹⁰, C. Schoenholzer¹⁰, D. Teta¹, E. Violetti¹⁰, B. von Albertini⁴, B. Vrijens², H. Zwahlen³, M. Burnier¹;
¹Lausanne, ²Visé/BE, ³Bellinzona, ⁴Lausanne, ⁵Yverdon, ⁶Locarno, ⁷Vevey, ⁸Sion, ⁹Payerne, ¹⁰Lugano
- P36** **High Prevalence of Anti-Apolipoprotein A-1 Autoantibodies in Maintenance Haemodialysis and Associations with Dialysis Vintage**
M. Pruijm¹, J. Schmidtke¹, A. Aho¹, S. Pagano², P. Roux-Lombard³, D. Teta¹, M. Burnier¹, N. Vuilleumier²; ¹Lausanne, ²Geneva

- P37** **Impact of Systemic Inflammation on Anemia Status and Management in Hemodialysis Patients – A 12 Months Interim Analysis of the Swiss “Motion” Survey**
P. M. Ambühl¹, P. Meier², Z. Fumeaux³, L. Gabutti⁴;
¹Zurich, ²Sion, ³Nyon, ⁴Locarno
- P38** **Migraine Induced Kidney Stones?**
L. Gerber, R.P. Wüthrich, N. Mohebbi; Zurich
- P39** **A Curious Case of Acute Renal Failure (ARF) After Enteroclysis**
T. Perrin, O.M. Hemett, M. Menth, E. Descombes; Fribourg
- P40** **Hyponatremia and Hyperkalemia in a Newborn Boy as First Manifestation of a Complex Syndromal Disease**
B.S. Bucher, G. Simonetti, B. Goeggel Simonetti, J.-M. Nuoffer, J. Lemke, C. Flück, S. Tschumi; Berne
- P41** **Iron Substitution in Absolute and Functional Iron Deficiency: Effect on Erythropoietin Resistance and Iron Parameters**
J. Trachsler, S. Dimitrijevic, P. Koch, P.M. Ambühl; Zurich
- P42** **Course of Hemoglobin and Iron Metabolism under Treatment with C.E.R.A. Once-Monthly. Twelve-Month Observational Analysis (RICH) of 22 Swiss Dialysis Centers**
A. Komarek¹, D. Tsinalis², C. Schönholzer³, O. Maurer⁴;
¹Reinach, ²St. Gallen, ³Lugano, ⁴Interlaken
- P43** **Heterogeneity of Target Values for IPTH and Phosphate in Hemodialysis Clinical Practice in Italian- and French-Speaking Switzerland**
V. Forni, M. Pruijm, I. Menetrey, C. Zweigacker, M. Burnier; Lausanne
- P44** **Hemoglobin and ESA Dose Values in CKD Patients not on Dialysis after Switching to C.E.R.A.: Results from the Multicenter Observational Last Study**
S. Franz¹, A. Corsenca², P. Meier³, O. Phan⁴, A. Komarek¹, G. Meffert⁵; ¹Reinach, ²Zurich, ³Sion, ⁴Payerne, ⁵Aarau

- P45** **A Very Atypical Pneumonia**
S.A. Kalbermatter¹, G. Mansella¹, W. Zimmerli¹, F. Jüngling²,
D. Kiss¹; ¹Liestal, ²Basel
- P46** **Patient Preferences on ESA Dosing Interval in Outpatient Treatment of Renal Anemia in Switzerland**
A. Kneubühl^{1,2}, I. Koneth³, D. Hertner⁴, S. Segerer¹, P. Meier⁵,
A. Komarek⁶; ¹Zurich, ²Lachen, ³St. Gallen, ⁴Schwyz, ⁵Sion, ⁶Reinach
- P47** **Chronic Lymphocytic Leukaemia Associated with Paraneoplastic MPO-ANCA Positive Microscopic Polyangiitis**
K. Hübel, F. Hitz, I. Koneth, I. Binet; St. Gallen
- P48** **Acute Kidney Injury Crossing the Border: Hantavirus Complicated with Acute Pancreatitis**
T. Oettl, D. Kiss; Liestal
- P49** **Ninety-Six Months of Peritoneal Dialysis – And Still Going on: A Single Case with a Favorable Long-Term Course on Peritoneal Dialysis**
S. Farese, V. Reinmann, P. Sandoz; Solothurn
- P50** **Silica and Glomerulonephritis, Just an Association?**
O. Phan, P. Gardiol, B. O'Callagan; Payerne
- P51** **Case Report: Severe Renal Failure Due to Adrenal Insufficiency**
H. Elsässer, W. Zimmerli, D. Kiss; Liestal
- P52** **Nephrotic Syndrome and Knee Pain**
I. Grendelmeier, M. Filipowicz, D. Kiss; Liestal
- P53** **Intraperitoneal Application of Ceftriaxone for Longterm Antimicrobial Treatment of Pulmonary Nocardiosis**
P. Grosse; Basel

Hypertension

- P54 11-Year Trends (1999–2009) in Major Modifiable Chronic Kidney Disease Risk Factors in the Geneva Population**
I. Guessous^{1,2}, M. Bochud², J.-M. Gaspoz¹, A. Pechère Bertschi¹;
¹Geneva, ²Lausanne
- P55 Palatability of Crushed Beta-Blockers, Converting Enzyme Inhibitors and Thiazides**
L. Zraggen¹, P.B. Faré¹, S.A.G. Lava^{1,2}, G.D. Simonetti²,
M.G. Bianchetti¹; ¹Bellinzona, ²Berne
- P56 Important Differences in Acid Uric Levels and Risk of Hyperuricemia in Linguistic Regions of Switzerland**
I. Guessous^{1,2}, D. Hayoz³, P. Greminger⁴, A. Gallino⁵, P. Erne⁶;
¹Geneva, ²Lausanne, ³Fribourg, ⁴St. Gallen, ⁵Bellinzona, ⁶Lucerne
- P57 Prevalence of Chronic Kidney Disease in the Population-Based Swiss Survey on Salt**
V. Forni¹, N. Glatz¹, D. Conen², H. Stettler³, F. Paccaud¹, M. Burnier¹;
¹Lausanne, ²Basel, ³Zurich
- P58 11-Year Trends (1999–2009) in Hypertension Awareness in the Geneva Population**
I. Guessous^{1,2}, M. Bochud², J.-M. Gaspoz¹, A. Pechère Bertschi¹;
¹Geneva, ²Lausanne
- P59 Estimation of Salt Intake in Switzerland Using 24-Hour Urine Collection**
A. Chappuis¹, L. Gabutti², I. Binet³, I. Guessous^{1,4}, P. Erne⁵,
M. Bochud¹; ¹Lausanne, ²Locarno, ³St. Gallen, ⁴Geneva, ⁵Lucerne
- P60 Knowledge on Salt-Related Health Conditions in Switzerland**
H. Stettler¹, A. Chappuis², P. Suter¹, P. Erne³, P. Meier⁴, F. Paccaud²;
¹Zurich, ²Lausanne, ³Lucerne, ⁴Sion

- P61** **Association between High Blood Pressure and Family History of Hypertension in Switzerland**
N. Glatz¹, P. Erne², R. Meier³, T. Schoen⁴, I. Binet⁵;
¹Lausanne, ²Luzern, ³Sion, ⁴Basel, ⁵St. Gallen
- P62** **The Influence of Dietary Salt Restriction on Renal Sodium, Urea and Potassium Excretion in Hypertensive Patients**
V. Sibalic^{1,2}, G. Stoffel³, S. Henzen⁴, D. Reuss¹, M. Zeppetzauer²;
¹St. Gallen, ²Triesen/FL, ³Winterthur, ⁴Sevelen
- P63** **Measurement of Renal Function in Hypertensive Patients with Cimetidine**
V. Sibalic^{1,2}, G. Stoffel³, S. Henzen⁴, D. Reuss¹, M. Zeppetzauer²;
¹St. Gallen, ²Triesen/FL, ³Winterthur, ⁴Sevelen
- P64** **Challenges in Recruiting Participants in a Population-Based Survey Including 24-Hour Urine Collection: Example from the Swiss Survey on Salt Intake**
A. Chappuis, N. Glatz, P. Vuistiner, V. Forni, F. Paccaud, M. Burnier, M. Bochud; Lausanne
- P65** **Regional Differences in Urine Flow Rate in the Population-Based Swiss Salt Survey**
T. Schoen¹, N. Bianda², P. Greminger³, M. Bochud⁴, P. Suter⁴, D. Conen¹; ¹Basel, ²Bellinzona, ³St. Gallen, ⁴Lausanne

Thursday, December 1, 2011



20.00 Aperitif
20.30 Dinner

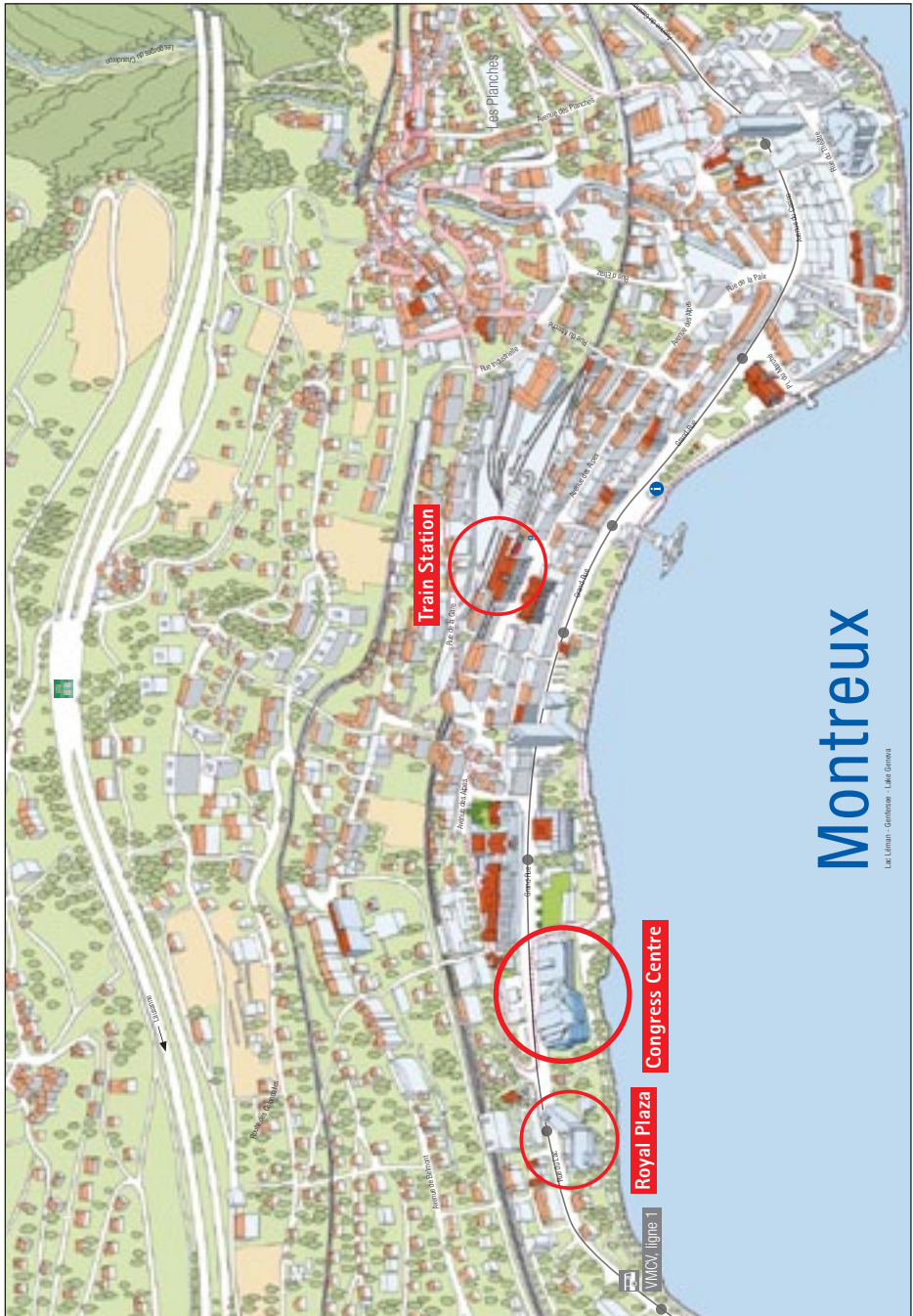
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Program/Poster-No.

A

Agarwal R, Indiana/US.....	Invited Lecture
Ambühl P.M, Zurich.....	P37
Amico P, Basel.....	OC23
Auberson M, Lausanne.....	OC17

B

Bochud M, Lausanne.....	Swiss Research News
Bohlender J, Lausanne.....	OC14
Bonani M, Zurich.....	P14
Braun N, Stuttgart/DE.....	P4
Brunner H.R, Basel.....	Opening Lecture
Bucher B.S, Berne.....	CR3; P40
Bucher C, St. Gallen.....	P12
Burkhalter F, Basel.....	P13

C

Chappuis A, Lausanne.....	P59; P64
Chautems R, Solothurn.....	P29
Chehade H, Lausanne.....	OC05
Cippà P.E, Zurich.....	OC13

D

Dunkelmann L, Berne.....	P34
--------------------------	-----

E

Eisenberger U, Berne.....	OC20
Elsässer H, Liestal.....	CR5; P51

F

Farese S, Solothurn.....	P49
Favre S, Berne.....	P9
Firsov D, Lausanne.....	Symposium
Forni V, Lausanne.....	P35; P43; P57
Franz S, Reinach.....	P44
Frey F.J, Berne.....	OC11

G

Gerber L, Zurich	P11; P38
Glatz N, Lausanne.....	OC12; P21; P61
Grendelmeier I, Liestal.....	P52
Grosse P, Basel	P53
Guessous I, Geneva.....	P54; P56; P58
Günther K, St. Gallen	P27

H

Hadaya K, Geneva.....	CR1; P18
Hässig A, Zurich.....	OC22
Hemett O.M, Fribourg.....	P23
Herfs G, Baden.....	P25
Hirt-Minkowski P, Basel	OC21; OC24
Hopfer H, Basel.....	P3
Hübel K, St. Gallen.....	CR2; P47

J

Joles J, Utrecht/NL.....	Symposium
--------------------------	-----------

K

Kalbermatter S.A, Liestal.....	P32; P45
Kalicki R.M, Berne	P30
Kneubühl A, Zurich.....	P46
Komarek A, Reinach	P42
Kraus A.K, Zurich.....	OC18

L

Laville M, Lyon/FR.....	Joint Symposium
-------------------------	-----------------

M

M'Rabet Bensalah K, Berne.....	P8
Massy Z, Amiens/FR	Invited Lecture
Meier P, Sion.....	OC08; P33
Mohaupt M, Berne.....	OC03
Moll S, Geneva	Basics Course
Moor M.B, Berne	OC02
Mordasini D, Lausanne.....	OC15

N

Narkiewicz K, Gdansk/PL.....	Symposium
Nlandu S, Geneva	OC16

O

Oettl T, Liestal.....	CR4; P48
Ogna A, Locarno.....	OC10

P

Parati G, Milan/IT	Invited Lecture
Parvex P, Geneva.....	P22
Pasch A, Berne	P1
Pavik I, Zurich	OC06
Perrin T, Fribourg	P39
Phan O, Lausanne	P2; P6; P50
Plouin P.F, Paris/FR	Joint Symposium
Poster D.B, Zurich	P24
Pruijm M, Lausanne	OC04; P19; P36

R

Rhyn P, Zurich.....	P20
Riethmüller S, St. Gallen.....	P16
Romagnani P, Florence/IT	Opening Lecture
Rossier A, Lausanne.....	P28

S

Sarkissian A, Yerevan/AR	P26
Schiesser M, Zurich	OC19
Schleich A, Zurich	P15; P17
Schoen T, Basel	P65
Sibalic V, St. Gallen	P62; P63
Simonetti G.D, Berne.....	OC09
Soulie P, Geneva	P7
Stettler H, Zurich.....	P60



T

Thomas F, Paris/FR.....	OC07
Tomonaga Y, Zurich.....	P5; P10
Trachsler J, Zurich	P41
Tufail Hanel M, Aarau	P31

V

Verrey F, Zurich	Swiss Research News
Vogt B, Lausanne	Basics Course

W

Waeber B, Lausanne.....	Joint Symposium
-------------------------	-----------------

Z

Zanchi A, Lausanne.....	OC01
Zraggen L, Bellinzona.....	P55

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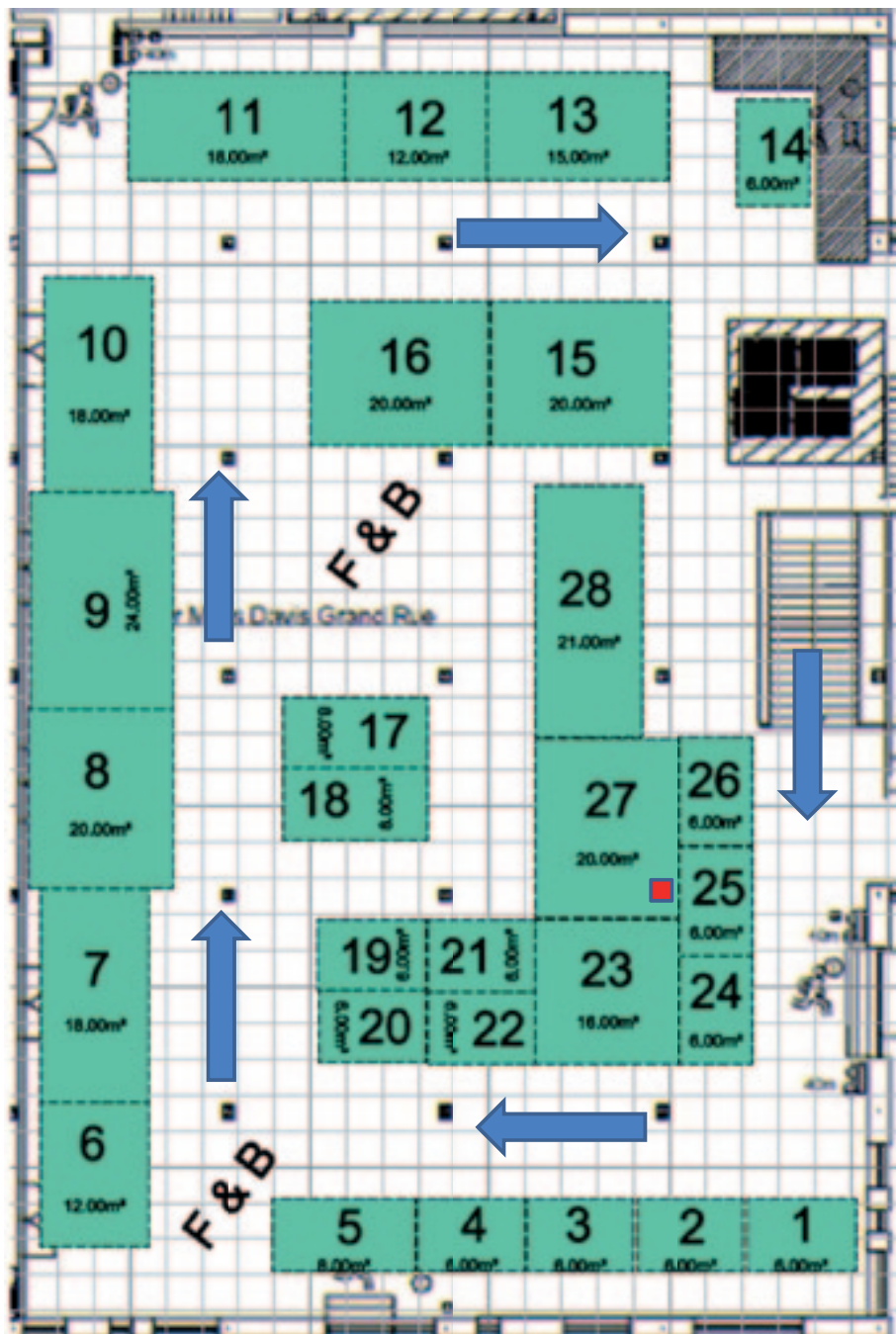
Page 34

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Referenzen: 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 control 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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