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Program



54th Annual Meeting Swiss Society of Nephrology

Congress Kursaal Interlaken
December 8-9, 2022

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



www.swissnephrology.ch

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Invitation 2022

Dear colleagues

With great pleasure we would like to invite you all to the 54th Annual Congress of the Swiss Society of Nephrology at the well-known venue in Interlaken. We all do not know how the Coronavirus pandemic will evolve, but we really hope that we will be able to meet you all in person this year. Individual and personal exchange has been lacking the last two years, and by this experience we have learnt how important and valuable it really is.

We have been working with a small group of colleagues including Sophie de Seigneux and Seraina von Moos to organize a congress fostering interactions and innovation. We are proud to announce a number of excellent keynote speakers : **Prof. David Cooper** will join us from Boston and give an update on the recent advances in xenotransplantation – he being one of the icons in this field for several decades. **Prof. Claudio Ronco** will give his new insights in renal replacement therapies in his talk “The promise of absorption – going from wearable devices to water-free dialysis”. **Prof. Pierre Delanaye** from Belgium will introduce us to his research on assessment of renal function and renal aging. Last, but not least, **Prof. Lauren Clark** will join us from the new Institute of implementation science at Zurich University and tell us, how we can do better in translating our research achievements in real advances for our patients.

We will introduce a number of novel presentation formats for abstracts and case reports – moving away from traditional poster walks. Join us for the innovative pecha-kucha sessions and elevator pitches and help to choose the prize winners together with us! Also, the Young Swiss nephrologist’s picture challenge will again be part of the program, and our young colleagues will also present a special attraction during the Aperó on Thursday evening.

So, many surprises are awaiting you. Just join in and enjoy this year’s SGN/SSN meeting!

Kind regards

Thomas Fehr & Pietro Cippà
Co-presidents of the congress

Organization

Congress Presidents

Thomas Fehr, Chur
Pietro Cippà, Lugano

Scientific Committee

Johannes Loffing, Zurich
Eric Feraille, Geneva
Daniel Fuster, Bern
Andreas Kistler, Frauenfeld
Thomas Schachtner, Zurich
Stefan Schaub, Basel
Stephan Segerer, Aarau
Grégoire Wuerzner, Lausanne

Sophie de Seigneux, Geneva
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Grégoire Wuerzner, Lausanne
Rudolf P. Wüthrich, Zurich (Past-President 2022)

54th Annual Meeting of the
Swiss Society of Nephrology
SGN – SSN 2022
Astellas Satellite Symposium

8th December 2022
Kursaal Interlaken
Plenary Room B
11:30 – 12:15

A Closer Look at Renal Anaemia: Exploring the Clinical Implications, Treatments, and Future Perspectives

Chair: Dr. Ann-Kathrin Schwarzkopf (Salem-Spital Bern)

Speakers: PD Dr. Menno Pruijm
(Centre hospitalier universitaire vaudois CHUV Lausanne)
Prof. Ciro Esposito
(Università degli studi di Pavia, Pavia Italy)

11:30 – 11:35 Introduction and Welcome
Dr. Ann-Kathrin Schwarzkopf

11:35 – 11:50 A Fresh Look at the Pathophysiology and Clinical Consequences of Renal Anaemia
PD Dr. Menno Pruijm

11:50 – 12:05 Clinical Management of Renal Anaemia: Current and Future Perspectives including Patient Cases
Prof. Ciro Esposito

12:05 – 12:15 Questions and Answers
All



Astellas Pharma AG
Richtiring 28, 8304 Wallisellen
www.astellas.ch

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INNOVATION IN DER THERAPIE

VON SCHWERER, AKTIVER ANCA-ASSOZIIERTER VASKULITIS (GPA/MPA)

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C5a: Komplementkomponente 5a; **GC:** Glukokortikoid; **GPA:** Granulomatose mit Polyangiitis; **MPA:** mikroskopische Polyangiitis.

Referenzen: **1.** TAVNEOS® Fachinformation, Stand September 2022, www.swissmedinfo.ch. **2.** Jayne D, et al. Avacopan for the Treatment of ANCA-Associated Vasculitis. *N Engl J Med* 2021;384(7):599–609. **3.** Bekker P, et al. Characterization of Pharmacologic and Pharmacokinetic Properties of CCX168, a Potent and Selective Orally Administered Complement 5a Receptor Inhibitor, Based on Preclinical Evaluation and Randomized Phase 1 Clinical Study. *PLoS One* 2016;11(10):e0164646.

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CH-AVA-2200045 | DE-AVA-2200082 | September 2022

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General information

Congress venue

Congress Kursaal Interlaken
Strandbadstrasse 44, 3800 Interlaken
www.congress-interlaken.ch

Registration & congress secretariat

Meeting-com Congress Organisation
Rue des Pâquis 1 • CP 100 • CH-1033 Cheseaux-sur-Lausanne
Online registration on : www.meeting-com.ch
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Onsite registration also possible (onsite fee)

Registration fees for SGN congress

	Early bird fee (before Nov. 7, 2022)	Late fee (Nov. 8-Dec. 7, 2022)	Onsite fee (From Dec. 8, 2022)
Member SGN	<input type="checkbox"/> CHF 300.00	<input type="checkbox"/> CHF 350.00	<input type="checkbox"/> CHF 400.00
NON-member SGN	<input type="checkbox"/> CHF 420.00	<input type="checkbox"/> CHF 470.00	<input type="checkbox"/> CHF 520.00
Young Swiss Nephrologists (YSN)	<input type="checkbox"/> CHF 180.00	<input type="checkbox"/> CHF 210.00	<input type="checkbox"/> CHF 240.00
Residents/PhD Students /Post Docs	<input type="checkbox"/> CHF 180.00	<input type="checkbox"/> CHF 210.00	<input type="checkbox"/> CHF 240.00
Students*	free of charge		
Company participant who is not present as exhibitor	<input type="checkbox"/> CHF 2000.00	<input type="checkbox"/> CHF 2250.00	<input type="checkbox"/> CHF 2500.00

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

Networking dinner (8.12.22)

CHF 100.00 (TTC)

When registering, you will be asked whether you are participating in a face-to-face or live stream format.

Included in the registration fees

Access to the scientific sessions, congress documents, certificate of participation, coffee breaks, light lunches. The networking dinner on 8.12.22 is not included, and has to be booked separately (see above). Accommodation is not included. For participants following online, the registration fee includes the technical staff, the webplatform and all equipment necessary for the live streaming.

General information

Payment with

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

Certificate of participation

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

Cancellation

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

Format of the event

The event is held in person, with a possibility to follow online via a live streaming.

Industrial exhibition

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

Hotel booking

Hotel reservation possible with Interlaken Tourismus on www.interlaken.ch.

Oral Presentations

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

Power pitch format AND poster format

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

General information

Elevator pitch format	Selected case reports will be presented in the “ elevator pitch ” format , an innovative, dynamic presentation format aiming at the active interaction with the public.
Oral presentation	The time slot for classical oral presentation is 9 minutes (7-minute presentation and 2-minute discussion).
Pecha-Kucha storytelling format	Selected abstracts will be presented in the innovative Pecha-Kucha storytelling format (more about this format : www.pechakucha.com/about).
Language	All oral and poster presentations must be given in English.
Posterwalk	There will be no organized Posterwalk during the congress 2022.
SGN Awards	The SGN Awards will take place during the networking dinner on December 8, 2022 at 20.00.
Registration	Authors presenting an accepted paper must register and pay the appropriate registration fee.
Credits	Credit points will be given by the following societies : SGN-SSN Congress, 8-9.12.22 SGN-SSN 16 credits SGAIM-SSMIG 10 credits
Language	Lectures in English, discussion in German, French or English.w

ERA National Society of Nephrology Grant



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

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

This year the grant will be chosen during the Young Swiss Nephrologists' Award session on Thursday, 08.12.2022, 17.50-18.40.

Program at a glance

Thursday, December 8, 2022

Schedule	Room A	Room B	Room Brünig
From 07.30	Registration		
08.30-08.45	Welcome Address		
08.45-09.30	State of The Art Lecture 1		
09.30-10.10	Short Oral presentations 1	Short Oral presentations 2	09.30-11.00 Elevator pitch
10.10-10.20	Short break		
10.20-11.00	Short Oral presentations 3	Short Oral presentations 4	Phase 1 – Break – Phase 2
11.00-11.30	Coffee break – Visit of the Exhibition – Poster viewing		
11.30-12.15	Parallel Symposium Sponsored by Otsuka	Parallel Symposium Sponsored by Astellas	
12.15-12.45	Swiss Transplant Cohort	The Swiss Dialysis Registry	
12.45-13.45	Lunch snacks in the Exhibition – Poster Viewing		
13.45-14.30	State of the Art Lecture 2		
14.30-15.15	Parallel Symposium Sponsored by CSL Vifor	Parallel Symposium Sponsored by GSK	
15.15-15.45	Coffee break – Visit of the Exhibition – Poster viewing		
15.45-16.40	Long Oral presentations 1	Long Oral presentations 2	
16.40-17.35	Long Oral presentations 3	Long Oral presentations 4	
17.35-17.50	Short break		
17.50-18.40	Young Swiss Nephrologists' Award Best oral presentations		
18.40-19.30	YSN Aperó – «special attraction» (Club Casino)		
20.00-22.00	Networking Dinner SGN Awards		

Program at a glance

Friday, December 9, 2022

Schedule	Room A	Room B
From 07.00	Registration	
07.30-09.00	General Assembly SGN/SSN	
09.00-09.45	Parallel Symposium Sponsored by Baxter	Parallel Symposium Sponsored by Astrazeneca
09.45-10.00	SGN/SSN Publication Award 2022	
10.00-10.30	Coffee break – Visit of the Exhibition – Poster Viewing	
10.30-11.15	State of the Art Lecture 3	
11.15-12.00	Parallel Symposium Sponsored by Bayer	Parallel Symposium Sponsored by Medtronic
12.00-13.00	Lunch snacks – Visit of the Exhibition – Poster Viewing	
13.00-13.45	YSN – Picture challenges	Parallel Symposium Sponsored by Alnylam
13.45-14.30	State of the Art Lecture 4	
14.30-15.00	Coffee Break - Visit of the Exhibition – Poster Viewing	
15.00-16.00	Hot topics in 2022	
16.00-16.15	Farewell address	

Thursday, December 8

From 8.00 Registration

08.30-08.45 **Opening of the 54th Annual Meeting of the Swiss Society of Nephrology & Welcome Address** **Room A**
Thomas Fehr, Chur; Pietro Cippà, Lugano

08.45-09.30 **STATE OF THE ART LECTURE** **Room A**
Chair: Thomas Fehr, Chur
Recent advances in xenotransplantation and perspectives for the near future
David Cooper, Boston (US)

09.30-10.10 **SHORT ORAL PRESENTATIONS – SESSION 1** **Room A**
KIDNEY TRANSPLANTATION & DIALYSIS
Chairs: Isabelle Binet, St.Gallen; Menno Pruijm, Lausanne

OC 18 / P 01**** **Kidney Function, Outcome and Pill Burden of Belatacept-Conversion in kidney-transplant recipients**** – Sascha Neuenschwander, Bern

OC 19 / P 02 **Impact of marginal donor to marginal recipient kidney transplantation on delayed graft function and outcome** – Federica Bocchi, Bern

OC 20* / P 03* **Effect of 2021-2022 vaccination on the seroprevalence of antibodies to Influenza A and B strains in kidney transplant recipients and health-care workers** – Stephanie Zappi, Aarau

OC 21 / P 04 **Hemodialysis and spirituality: exploring spiritual expectations of hemodialysis patients in a University Dialysis Center**
– Simon Mastrangelo, Lausanne

OC 22 / P 05 **Gender differences in the dialysis population in Switzerland from 2014 to 2021** – Rebecca Guidotti, Zurich

OC 23 / P 06 **Real world (electronic) patient report outcome (ePROs): a quality tool for hemodialysis patients using Consilium Care Mobile App**
– Michael Moeddel, Zurich

OC 24 / P 07 **Complementary and alternative medicines, symptoms, and quality of life of patients undergoing haemodialysis: a complex relationship**
– Marie Kemnitz, Lausanne

OC 25 / P 08 **InterACTIVE-HD 2.0 – Patient-specific prediction of intradialytic multi-solute plasmatic trends: preliminary results** – Carlo Balsamello, Milan (IT)

* YSN paper / ** Student paper

Thursday, December 8

09.30-10.10 **SHORT ORAL PRESENTATIONS – SESSION 2** **Room B**

GENERAL NEPHROLOGY

Chairs: Andreas Kistler, Frauenfeld; Bruno Vogt, Bern

OC 26 / P 09 **Daprodustat is not associated with an increased risk of cancer: results from the ASCEND-D and ASCEND-ND trials**
– Christoph Wanner, Würzburg (DE)

OC 27 / P 10 **Iron Parameters in Patients Treated With Roxadustat for Anemia Associated With Chronic Kidney Disease: Post Hoc Analysis of the Non-Dialysis-Dependent or Incident Dialysis Population From Four Phase 3 Studies** – Ciro Esposito, Pavia (IT)

OC 28 / P 11 **SARS-CoV-2 breakthrough infections in patients with a history of anti-CD20 therapy during the Omicron variant waves in Switzerland (RituxiVac 3.0)** – Matthias Moor, Bern

OC 29/P 12**** **Swiss pre-approval process for pharmaceuticals and other medicinal products not covered by basic insurance: viewpoint of nephrologists** – Valerie Luyckx, Zurich

OC 30 / P 13 **Metabolic Acidosis in Cameroonian patients with Chronic Kidney Disease (CKD): preliminary results from an open-label randomised study** – Martial Tsiatzok, Yaoundé (CM)

OC 31 / P 14 **Low dose methadone for breathlessness in people with CKD≥ KDIG3b experiencing or at risk of morphine-neurotoxic effects – single-centre case series** – Piotr Sobanski, Schwyz

OC 32* / P 15* **Altered lipid metabolism in ADPKD patients treated with Tolvaptan**
– Matteo Bargagli, Bern

OC 33* / P 16* **Cancer and survival of patients transplanted for glomerulonephritis in the Swiss kidney transplant cohort** – Matthieu Halfon, Lausanne

10.10-10.20 Short break

* YSN paper / ** Student paper

Thursday, December 8

10.20-11.00	SHORT ORAL PRESENTATIONS – SESSION 3 EXPERIMENTAL & TRANSATIONAL NEPHROLOGY <i>Chairs: Fadi Fakhouri, Lausanne; Johannes Loffing, Zurich</i>	Room A
OC 34 / P 17	HLA antibody affinity determination: from HLA-specific monoclonal antibodies to donor-specific HLA antibodies (DSA) in patient sera – Gideon Hönger, Basel	
OC 35 / P 18	Influence of Immunosuppressive Regimen on Diffusivity and Oxygenation of Kidney Transplants-Analysis of Functional MRI Data from the Randomized ZEUS Trial – Laila Mani, Bern	
OC 36* / P 19*	SC5b-9 and Bb factor levels as potential novel biomarkers in crescentic IgA Nephropathy – Gabriella Guzzo, Sion	
OC 37 / P 20	Hot spot for aHUS of rare variant p.Ile357Met of complement factor I – Nora Schwotzer, Lausanne	
OC 38* / P 21*	The role of hypoxia-inducible factor asparaginyl hydroxylase (FIH) in chronic kidney Disease – Anna Faivre, Geneva	
OC 39* / P 22*	Immuno-metabolic and sex-specific responses to renal ischemia-reperfusion injury – Arnaud Lyon, Lausanne	
OC 40* / P 23*	A transfer learning framework for single cell transcriptomics reveals the role of altered proximal tubule cell states in kidney disease – Daniele Malpetti, Lugano	
OC 41 / P 24	Lectin-aided sorting of intact tubular nephron segments - a novel tool in kidney Research – Stefan Rudloff, Bern	

* YSN paper

Thursday, December 8

10.20-11.00	SHORT ORAL PRESENTATIONS – SESSION 4 HYPERTENSION & CARDIOVASCULAR RISK <i>Chairs: Belén Ponte, Geneva; Daniel Fuster, Bern</i>	Room B
OC 42* / P 25*	Circadian urinary excretion of water, and not salt, is affected by stress hypertension – Vanessa Gagliano, Bellinzona	
OC 43 / P 26	Prevalence of hypertension and uncontrolled hypertension after solid organ transplantation in the Swiss Transplant Cohort Study: a 5-year follow-up – Nora Schwotzer, Lausanne	
OC 44* / P 27*	Serum copeptin as a prognostic marker in pre-eclampsia – David Jaques, Geneva	
OC 45 / P 28	New therapeutic perspectives for blood pressure control: dexfadrostat phosphate, a novel aldosterone synthase inhibitor, in patients with primary aldosteronism – Bruno Vogt, Bern	
OC 46**/ P 29**	Living kidney donor evaluation and coronary risk assessment with low radiation dose computed tomography as a one-stop-shop examination – Daniel Sidler, Bern	
OC 47 / P 30	Cardiovascular Safety of Roxadustat Versus Erythropoiesis-Stimulating Agents for Treatment of Anemia in Patients With Chronic Kidney Disease Incident to or Not Receiving Dialysis: Pooled Subgroup Analysis of Four Phase 3 Studies – Ciro Esposito, Pavia (IT)	
OC 48 / P 31	Association of Renin Angiotensin System (RAS) Gene Polymorphisms in Type 2 Diabetic Subjects with Proteinuric and Non-proteinuric Nephropathy – Iqbal Masud, Nikdu (BD)	
OC 49 / P 32	Is nephrolithiasis a systemic disorder ? Evidence from a prospective cohort study – Bernhard Hess, Zurich	

* YSN paper / ** Student paper

Thursday, December 8

09.30-11.00	ELEVATOR PITCH <i>Chairs: Grégoire Wuerzner, Lausanne; Pietro Cippà, Lugano</i> PHASE 1: OC 01 to OC 17 short break – presentation rating by the audience PHASE 2: 5 selected long presentations	Room Brünig
List:		
OC 01	Complement C1s deficiency in a male caucasian patient with systemic lupus Erythematosus – Jessica Kleer, Basel	
OC 02	Treatment challenges of recurrent multiple myeloma after kidney transplantation: a case study – Anne-Catherine Saouli, Lausanne	
OC 03	Eculizumab in typical hemolytic uremic syndrome: a systematic review – Valerie Luyckx, Zurich	
OC 04	A Case of Minimal Change Disease (MCD) in combination with Lupus-like features – Claudia Beerli, Bern	
OC 05*	On target- an unexpected complication of a kidney allograft biopsy – Laila Mani, Bern	
OC 06*	An easy-to-perform assay to detect HLA-specific memory B cells: A missing tool in the HLA lab – Caroline Wehmeier, Basel	
OC 07	Zinc: A possible cause of acute tubulointerstitial nephritis? – Sarah Rosset, Lausanne	
OC 08	Acute kidney injury in diabetic ketoacidosis in children and adolescents – Katrina Evers, Zurich	
OC 09*	Coexistence of autosomal recessive distal renal tubular acidosis and Sjogren syndrome: a coincidental finding? – Alessio Raviola, Lugano	
OC 10*	Risk behaviors in teens can cause flank pain and acute kidney Injury (AKI) – Chiara Sonnessa, Zurich	

* YSN paper

Thursday, December 8

OC 11	PORTRAY Study: A non-interventional study to investigate the real-world effectiveness, safety and adherence to extended-release calcifediol in stage 3–4 chronic kidney disease patients with secondary hyperparathyroidism – Elodie Berger, Vifor Switzerland
OC 12*	Uromodulin-associated kidney disease a rare but relevant medical condition – Nathalie Merkel, Lugano
OC 13*	Glomerulocystic kidney disease – Marc Sheen, Geneva
OC 14	Identifying drivers of patients' and physicians' preferences for treatments of anaemia of chronic kidney disease: a qualitative study – Rodrigo Refoios Camejo, GSK, London (UK)
OC 15	Rare corrective measure for the treatment of symptomatic hypercalcemia – Michael Moeddel, Zurich
OC 16	Recurrent severe fluctuation of consciousness and cognition in a patient undergoing Hemodialysis – Agnes Kneubühl, Lachen
OC 17*	Epidemiology, thrombolytic management, and outcomes of acute stroke among patients with chronic kidney disease: a systematic review and meta-analysis – Ido Zamberg, McGill University (CA)

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

* YSN paper

Thursday, December 8

11.30-12.15 **PARALLEL SYMPOSIUM**  **Room A**

Sponsored by **OTSUKA**

Myths and the truth: Consequences of sodium disturbances on neurocognitive and neuromuscular function

Chair: Prof. Sophie de Seigneux, Geneva

Part 1 Hyponatremia: Update on diagnosis and management

Prof. Mirjam Christ-Crain, Basel

Part 2 Consequences of sodium disorders on the brain

Julie Refardt, M.D, Basel

11.30-12.15 **PARALLEL SYMPOSIUM**  **Room B**

Sponsored by **ASTELLAS**

A Closer Look at Renal Anaemia: Exploring the Clinical Implications, Treatments, and Future Perspectives

Chair: Dr. Ann-Kathrin Schwarzkopf, Bern

11.30-11.35 **Introduction and Welcome**

Dr. Ann-Kathrin Schwarzkopf

11.35-11.50 **A Fresh Look at the Pathophysiology and Clinical Consequences of Renal Anaemia**

PD Dr. Menno Pruijm (Centre hospitalier universitaire vaudois CHUV Lausanne)

11.50-12.05 **Clinical Management of Renal Anaemia: Current and Future Perspectives including Patient Cases**

Prof. Ciro Esposito (Università degli studi di Pavia, Pavia Italy)

12.05-12.15 **Questions and Answers – All**

12.15-12.45 **SWISS TRANSPLANT COHORT STUDY UPDATE** **Room A**

Chair: Aurélie Schnyder, St.Gallen

Déla Golshayan, Lausanne

12.15-12.45 **SWISS DIALYSIS REGISTRY UPDATE** **Room B**

Chair: Michael Dickenmann, Basel

Patrice Ambühl, Zurich

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

Thursday, December 8

13.45-14.30 **STATE OF THE ART LECTURE** **Room A**

Chair: Sophie de Seigneux, Geneva

CKD diagnosis in the aging population

Pierre Delanaye, Liège (BE)

14.30-15.15 **PARALLEL SYMPOSIUM**  **Room A**

Sponsored by **CSL Vifor**

New therapeutic developments for CKD patients

Innovations in the treatment of ANCA-Vasculitis

Prof. Dr. med. Uyen Huynh-Do, Leitende Ärztin Nephrologie, Inselspital Bern

Pruritus in hemodialysis: today's treatment options

Prof. Dr. med. Dominik Uehlinger, Chefarzt Nephrologie, Inselspital Bern

14.30-15.15 **PARALLEL SYMPOSIUM**  **Room B**

Sponsored by **GSK**

10 Years Anniversary Benlysta Switzerland - designed for Lupus

Chair: Sophie de Seigneux, Geneva

14.30-14.35 **Introduction**

Sophie de Seigneux, Geneva

14.35-14.50 **Insights and needs into lupus disease from the patient's perspective (Interview with a lupus patient)**

Harald Seeger, Zurich

14.50-15.10 **Thinking short- and long-term in lupus: is disease modification possible?**

Christof Iking-Konert, Zurich

15.10-15.15 **Questions and Answers – All**

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

Thursday, December 8

15.45-16.40	LONG ORAL PRESENTATIONS – SESSION 1 KIDNEY STONE & METABOLISM <i>Chairs: Carsten Wagner, Zurich; Daniel Teta, Sion</i>	Room A
OC 50	Hydrochlorothiazide for the prevention of kidney stone recurrence – Daniel Fuster, Bern	
OC 51	Monogenic Forms of Kidney Stone Disease in 800 adult Kidney Stone Formers from the Bern Kidney Stone Registry – Manuel Anderegg, Bern	
OC 52	Impact of alkali therapy on eGFR in kidney transplant recipients (Preserve-Transplant Study) – Nilufar Mohebbi, Zurich	
OC 53	Classifying hyponatremia by projected treatment effects - a new, quantitative approach for clinical practice and research – Florian Buchkremer, Aarau	
OC 54	Primary Hyperparathyroidism induces Erythropoietin resistance through FGF23 – Bélen Ponte, Geneva	

15.45-16.40	LONG ORAL PRESENTATIONS – SESSION 2 GENERAL NEPHROLOGY & DIALYSIS <i>Chairs: Stephan Segerer, Aarau; Andreas Fischer, Lucerne</i>	Room B
OC 55	Withdrawal from dialysis in Switzerland between 2014 and 2021 – Rebecca Guidotti, Zurich	
OC 56*	Performance of Synacthen test in chronic hemodialysis patients – Manuela Nickler, Basel	
OC 57	Hemoglobin efficacy and cardiovascular safety data from the ASCEND-ND, -D, and – ID trials – Christoph Wanner, Würzburg (DE)	
OC 58*	A population-based scoring system to assess the impact of individual risk factors on vascular health – Vanessa Gagliano, Bellinzona	
OC 59*	Prevalence and Consequences of Incidental Findings on Low Dose Native Abdominal Computed Tomography in a Population without History of Nephrolithiasis – Alexander Ritter, Zurich	

* YSN paper

Thursday, December 8

16.40-17.35	LONG ORAL PRESENTATIONS – SESSION 3 EXPERIMENTAL & TRANSLATIONAL NEPHROLOGY <i>Chairs: Nilufar Mohebbi, Zurich; Uyen Huynh-Do, Bern</i>	Room A
OC 60**	Adenine-Induced Nephropathy Reduces Atherosclerosis in ApoE Knockout Mice – Laeticia Scherler, Bern	
OC 61	An open-label, non-randomized extension study to evaluate the long-term efficacy, safety and tolerability of LNP023 in subjects with C3 glomerulopathy: Interim analysis of a Phase 2 study – Matthias Meier, Novartis Switzerland	
OC 62*	Determinants of renal microperfusion as assessed with contrast-enhanced ultrasound in healthy men and women – Antonio Ulpiano, Lausanne	
OC 63*	Intrinsic TGF-β Signaling Attenuates Proximal Tubule Mitochondrial Injury and Inflammation in Chronic Kidney Disease – Stellor Niandu Khodo, Zurich	
OC 64	Randomized trial to assess the clinical utility of renal allograft monitoring by urine CXCL10 chemokine – Patricia Hirt-Minkowski, Basel	

* YSN paper / ** Student paper

Thursday, December 8

16.40-17.35	LONG ORAL PRESENTATIONS – SESSION 4 KIDNEY TRANSPLANTATION <i>Chairs: Thomas Müller, Zurich; Daniel Sidler, Bern</i>	Room B
OC 65*	Kidney Transplantation and its outcomes in Switzerland – Yuansheng Zhang, Zurich	
OC 66	Donor-specific tolerance induction by combined kidney and hematopoietic stem cell Transplantation – Kerstin Hübel, Zurich	
OC 67*	Association of Kidney Graft Long Term Outcome with Recipient Hydrogen Sulfide Production and Cystathionine Gamma-Lyase Polymorphisms: a Cohort Study – Matthieu Halfon, Lausanne	
OC 68	Muscle mass in renal transplant recipients - a cross-sectional analysis within the RenOS single center cohort – Simeon Schietzel, Bern	
OC 69*	Serum creatinine increase after starting RAAS blockade has the potential to identify kidney transplant recipients at risk of hyperfiltration damage – Lukas Mosimann, Zurich	

17.35-17.50 Short break Exhibition space

* YSN paper

Thursday, December 8

17.50-18.40	YOUNG SWISS NEPHROLOGISTS' AWARD <i>Chairs: Jennifer Scotti Gerber, Lugano; Thomas Fehr, Chur</i>	Room A
	Best Oral Presentations – PECHA-KUCHA session	
OC 70*	Incidence of Glomerulonephritis after SARS-CoV-2 mRNA Vaccination – Matthias Diebold, Basel	
OC 71*	Clinical outcomes of SARS-CoV-2 infection in kidney transplant recipients in a Swiss University Hospital; role of anti-SARS-CoV-2 vaccination and monoclonal antibodies – Matthaios Papadimitriou-Olivgeris, Lausanne	
OC 72*	Soluble-Klotho derived from renal distal-convolution regulates calcium but not phosphate homeostasis – Ganesh Pathare, Zurich	
OC 73*	Impaired fatty acid metabolism perpetuates lipotoxicity along the transition to chronic kidney injury – Anna Rinaldi, Lugano	

18.40-19.30 **YSN APÉRO** **Club Casino**
“Special attraction”

20.00 **Networking Dinner** **Room B/Ballsaal**
SGN Awards:

- Poster Awards 
- YSN Award 
- ERA Award 

* YSN paper



SAMSCA® BEI SIADH* – BEFREIEND FÜR DIE WASSER- UND NATRIUMBILANZ

* Syndrom der inadäquaten Sekretion des antidiuretischen Hormons

Samsca® – selektive Aquarese-Regulation zur Korrektur des Serum-Natriumspiegels^{1,2}

- ◆ Samsca® – die einzige zugelassene Therapie der Hyponatriämie infolge eines SIADH*³
- ◆ Samsca® – einfache 1x tägliche orale Therapie³
- ◆ Samsca® – korrigiert die Hyponatriämie zuverlässig und anhaltend^{1,2}
 - Verbesserung des Allgemeinbefindens gemäss SF-12 Fragebogen¹
 - Verkürzung des Krankenhausaufenthalts¹ (Post-hoc-Analyse)



1. Verbalis JG, et al.; Efficacy and safety of oral tolvaptan therapy in patients with the syndrome of inappropriate antidiuretic hormone secretion.; Eur J Endocrinology. 2011; 164(5):725–732;
2. Berl T, et al.; Oral tolvaptan is safe and effective in chronic hyponatremia.; J Am Soc Nephrol. 2010 Apr;21(4):705-12;
3. Aktuelle Fachinformation Samsca® (www.swissmedinfo.ch)

Samsca® (Tolvaptan) Kurzfachinformation. Indikation: Samsca® wird angewendet bei Erwachsenen zur Behandlung von Hyponatriämie als sekundäre Folge des Syndroms der inadäquaten Sekretion des antidiuretischen Hormons (SIADH). Dosierung: Die Anwendung von Samsca erfolgt einmal täglich vorzugsweise morgens, unabhängig von Mahlzeiten. Da eine Dosisstärkungsphase mit engmaschiger Überwachung des Serumnatriumspiegels und des Volumenstatus notwendig ist, muss die Behandlung mit Samsca im Krankenhaus eingeleitet und wiederaufgenommen werden. Die Anfangsdosis beträgt 15 mg Tolvaptan einmal täglich. Die Dosis kann je nach Verträglichkeit auf maximal 60 mg einmal täglich erhöht werden. Bei Patienten, für die ein Risiko für eine zu rasche Korrektur des Natriumspiegels besteht, z. B. Patienten, die an onkologischen Vorerkrankungen leiden, die sehr niedrige Ausgangs-Natriumspiegel aufweisen, Diuretika einnehmen oder ergänzende Natriumpräparate einnehmen, sollte eine Dosierung von 7,5 mg in Betracht gezogen werden. In der Titrationphase sind die Patienten auf Serumnatrium und Volumenstatus zu überwachen. **Kontraindikation:** Überempfindlichkeit gegen den Wirkstoff, gegen Benzazepin- oder Benzazepinderivate oder sonstige Bestandteile; Volumendepletion; Hypovolämische Hyponatriämie; Hypernatriämie; Anurie; Unfähigkeit, Durst zu empfinden oder auf Durst zu reagieren; Schwangerschaft; Stillzeit. **Warnhinweise und Vorsichtsmassnahmen:** Tolvaptan wurde im Zusammenhang mit einer dringenden Notwendigkeit einer akuten Erhöhung des Serumnatriumspiegels nicht untersucht. Die Behandlung von Tolvaptan kann zu schwerer Dehydratation führen, weshalb der Volumenstatus der Patienten überwacht werden muss und Patienten in der Lage sein müssen, ausreichende Mengen Flüssigkeit zu trinken. Wenn eine Dehydratation bemerkt wird, müssen angemessene Massnahmen ergriffen werden, wie z. B. Unterbrechung der Behandlung oder Reduzierung der Dosis von Tolvaptan und Erhöhung der Flüssigkeitszufuhr. Der Flüssigkeits- und Elektrolytstatus muss bei allen Patienten und besonders bei Patienten mit Nieren- und Leberinsuffizienz überwacht werden; Tolvaptan kann einen zu raschen Anstieg des Serumnatriumspiegels verursachen (≥ 12 mmol/l pro 24 Stunden); deshalb muss die Überwachung des Serumnatriumspiegels bei allen Patienten spätestens 4-6 Stunden nach Einleitung der Behandlung begonnen werden. In den ersten 1-2 Tagen und bis zur Stabilisierung der Tolvaptan-Dosis müssen der Serumnatriumspiegel und der Volumenstatus mindestens alle 6 Stunden überwacht werden. Wenn die Natriumkorrektur 6 mmol/l in den ersten 6 Stunden nach Verabreichung bzw. 8 mmol/l in den ersten 6-12 Stunden übersteigt, ist die Möglichkeit einer zu raschen Natriumkorrektur in Erwägung zu ziehen. Der Serumnatriumspiegel dieser Patienten soll häufiger überwacht werden, und die Verabreichung einer hypotonen Flüssigkeit wird empfohlen. Wenn der Serumnatriumspiegel ≥ 12 mmol/l innerhalb von 24 Stunden oder ≥ 18 mmol/l innerhalb von 48 Stunden ansteigt, ist die Behandlung mit Tolvaptan zu unterbrechen oder zu beenden und anschliessend eine hypotone Flüssigkeit zu verabreichen; Harnwegsobstruktion; Anaphylaxie; Lactose; Diabetes mellitus; erhöhte Harnsäurewerte; Hepatotoxizität; CYP3A-Induktoren; Samsca® ist nicht zur Anwendung bei autosomal-dominanter polyzystischer Nierenerkrankung (ADPKD) indiziert. **Interaktionen:** Mässige oder starke CYP3A-Inhibitoren; starke CYP3A- und P-gp-Induktoren; andere Hyponatriämie-Therapien und Arzneimittel, die zu einer Erhöhung der Natriumkonzentration im Serum führen; P-gp- und Transporter-Substrate; Diuretika; Vasopressin-Analoga. **Unerwünschte Wirkungen:** sehr häufig: Übelkeit, Durst, rasche Hyponatriämiekorrektur, die manchmal zu neurologischen Symptomen führt. häufig: Polydipsie, Dehydratation, Hyperkaliämie, Hyperglykämie, vermindertes Appetit, orthostatische Hypotonie, Obstipation, Mundtrockenheit, Erythema, Pruritus, Pollakisurie, Polyurie, Asthenie, Pyrexie, Kreatinin im Blut erhöht, erhöhte Alanin-Aminotransferase, erhöhte Aspartat-Aminotransferase, Hypoglykämie, Hypernatriämie, Hyperurikämie, Synkope, Kopfschmerzen, Schwindelgefühl, Unwohlsein, Diarrhoe, Blut im Urin nachweisbar. **Packungen:** 10 Tabletten: 7.5mg Tolvaptan. 10 Tabletten: 15mg Tolvaptan. 10 Tabletten: 30mg Tolvaptan. Konsultieren Sie bitte vor einer Verschreibung die vollständige Fachinformation, die auf der Homepage von Swissmedic unter www.swissmedinfo.ch publiziert ist. **Abgabekategorie: B, Zulassungsinhaber:** Otsuka Pharmaceutical (Switzerland) GmbH, Sägereistrasse 20, 8152 Glattbrugg. **Stand:** Nov 2019 (v002).

TARGET LUPUS NOW WITH BENLYSTA¹

Benlysta is indicated¹

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

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

New: BAG Limitatio expanded to lupus nephritis²

BENLYSTA powder for making an infusion solution, solution for subcutaneous injection. **AI:** Belimumab. **I:** Reduction of disease activity in patients aged 5 years and older (infusion solution) and in patients aged 18 years and older (subcutaneous injection) respectively with active autoantibody positive systemic lupus erythematosus (SLE) who are receiving standard therapy. Treatment of lupus nephritis (LN) in adult patients receiving standard therapy. Belimumab has not been studied in patients with severe active central nervous system lupus. **D:** Infusion solution (SLE patients ≥ 5 years, LN patients ≥ 18 years): 10 mg/kg on Days 0, 14, 28, and at 4 weeks intervals thereafter. **Solution for subcutaneous injection (patients ≥ 18 years):** SLE: 200 mg once weekly (independent of body weight), LN: Patients initiating therapy with Benlysta for active LN: 400 mg once weekly for 4 doses, then 200 mg once weekly thereafter. Patients continuing therapy with Benlysta for active LN: 200 mg once weekly. **CI:** Hypersensitivity to one of the ingredients. **W/P:** Infusion-, injection- and hypersensitivity reactions are possible, which can be severe, or fatal (delay in onset, and recurrence after initial resolution possible). Increased risk of infection possible. Presenting neurological symptoms, possibility of progressive multifocal leukoencephalopathy (PML) should be considered. Increased potential risk for development of malignancies. Before treatment with belimumab, the patient's risk for depression or suicide must be carefully evaluated and the patient must be monitored accordingly during treatment. The physician must be contacted in the event of new or worsening psychiatric symptoms. Application in combination with other B-cell-targeted therapy was not studied. Live vaccines should not be given for 30 days before or concurrently with Belimumab. **IA:** No drug interaction studies have been conducted. Evidence of increased clearance of belimumab i.v. when co-administered with steroids and ACE inhibitors. **P/L:** Pregnancy: Belimumab should only be used if the potential benefit to the mother justifies the potential risk to the foetus. If indicated, women of childbearing age should use adequate contraceptive measures while being treated and for at least four months after the last treatment. **Lactation:** Safety not verified. In consideration of all aspects it is recommended to consider discontinuing breast-feeding. **UE:** Very common: Infections, nausea, diarrhoea. **Common:** Hypersensitivity-, infusion- and injection-related reaction, pyrexia, (rhino)pharyngitis, bronchitis, cystitis, gastroenteritis viral, pain in extremity, insomnia, depression, migraine, leukopenia; reactions at the administration site (s.c.-injection). **Uncommon:** a. o. bradycardia, anaphylactic reaction, angioedema, Suicidal thoughts, suicidal behavior, rash. **Store:** at +2 °C to +8 °C, do not freeze. **P:** Powder for making an infusion solution: 120 mg and 400 mg vial. Solution for subcutaneous injection: Autoinjector 200 mg (1 ml) x1 and x4. **DC:** Vial: A. Autoinjector: B. **Last updated:** April 2022. GlaxoSmithKline AG, 3053 Münchenbuchsee. Detailed information you can find under www.swissmedinfo.ch. Please report adverse drug reactions under pv.swiss@gsk.com. Specialised persons can request the mentioned references from GlaxoSmithKline AG.

Reference: 1. Fachinformation Benlysta, www.swissmedinfo.ch 2. www.spezialistaellenliste.ch, Stand 1.10.2022

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GlaxoSmithKline AG, Talstrasse 3, 3053 Münchenbuchsee.
PM-CH-BEL-JRNA-220004-10/2022



Friday, December 9

From 07.00 Registration

07.30-09.00 SGN GENERAL ASSEMBLY **Room A**

09.00-09.45 PARALLEL SYMPOSIUM **Room A**

Sponsored by BAXTER



Tomorrow Matters Today: Dialysis Modalities Before and After Transplantation

Chair: Dr Isabelle Binet, St.Gallen

Speakers:

Prof. Dr. Jernej Pajek, Ljubljana (SK) and Prof. Dr. Peter Rutherford, Zurich

09.00-09.45 PARALLEL SYMPOSIUM **Room B**

Sponsored by ASTRAZENECA



COVID-19 Prophylaxe in vulnearblen Patienten

PD Dr Fux, Infektiologie, Kantonsspital Aarau

09.45-10.00 SGN/SSN PUBLICATION AWARD 2022 **Room A**

Chairs: Sophie de Seigneux, Geneva; Johannes Loffing, Zurich

10.00-10.30 Coffee break – Visit of the exhibition – Poster viewing Exhibition space

10.30-11.15 STATE OF THE ART LECTURE **Room A**

Chairs: Jennifer Scotti Gerber, Lugano

Implementation Science - introduction and opportunities for nephrology research and practice

Lauren Clack, Zurich

11.15-12.00 PARALLEL SYMPOSIUM **Room A**

Sponsored by BAYER



How do guidelines translate into clinical practice?

Perspectives of Finerenone for patients with CKD and T2D

The nephrologist's point of view

Belén Ponte, Geneva

The diabetologist's point of view

Karim Gariani, Geneva

Friday, December 9

11.15-12.00 PARALLEL SYMPOSIUM **Room B**

Sponsored by MEDTRONIC



Are patients with hypertension and chronic kidney disease candidates for renal denervation?

Dr. Grégoire Wuerzner, Médecin Chef, Service de néphrologie et d'hypertension CHUV, President of the Swiss Society of Hypertension

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

13.00-13.45 YSN PICTURE CHALLENGES **Room A**

Chair: YSN team

13.00-13.45 PARALLEL SYMPOSIUM **Room B**

Sponsored by ALNYLAM



ILLUMINATE Primary Hyperoxaluria Type 1

Chair: Paloma Parvex, Geneva

Speakers:

Daniel Fuster, Bern and Sibylle Tschumi, Bern

13.45-14.30 STATE OF THE ART LECTURE **Room A**

Chair: Pietro Cippà, Lugano

The new frontier of adsorption from bench to bedside

Claudio Ronco, Padova (IT)

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

15.00-16.00 HOT TOPICS IN 2022 **Room A**

Chairs: Thomas Fehr, Chur; Pietro Cippà, Lugano

15.00-15.20 **General Nephrology**

Harald Seeger, Zurich

15.20-15.40 **Basic and Translational research**

Matthias Moor, Bern

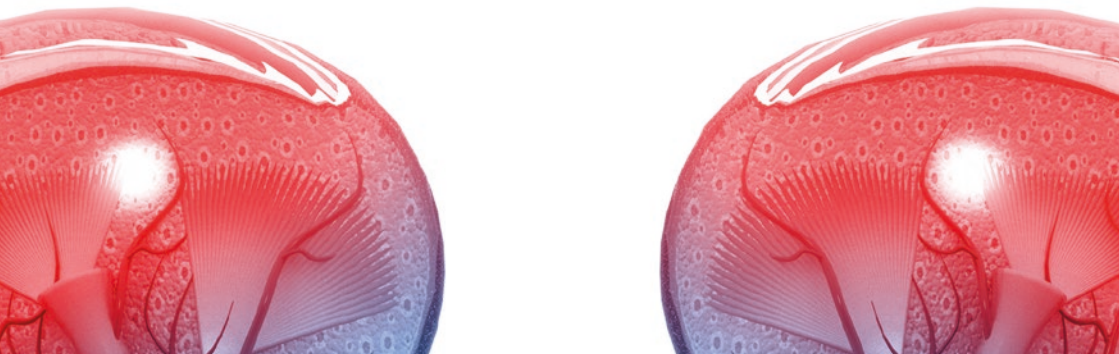
15.40-16.00 **Kidney Transplantation**

Fadi Haidar, Geneva

16.00 Farewell address **Room A**

Thomas Fehr, Chur; Pietro Cippà, Lugano

NEW THERAPEUTIC DEVELOPMENTS FOR CKD PATIENTS



Thursday, December 8th, 2022
14.30 – 15.15 h
Room A
Congress Centre Kursaal,
Strandbadstrasse 44, 3800 Interlaken



Innovations in the treatment of ANCA-associated Vasculitis
Prof. Dr. med. Uyen Huynh-Do

Pruritus in hemodialysis: today's treatment options
Prof. Dr. med. Dominik Uehlinger

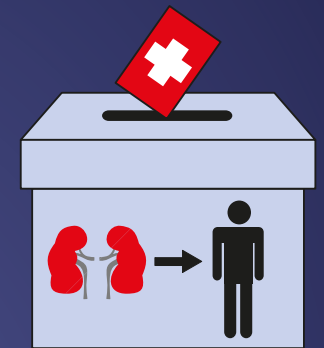
CSL Vifor

CH-AVA-2200059 Oktober 2022

Baxter

SAVE THE DATE

«Switzerland voted YES
to the Transplantation Act!»



SGN-SSN Annual Meeting 2022, Interlaken

Satellite Symposium December 9, 2022, Plenary Room A

TOMORROW MATTERS TODAY

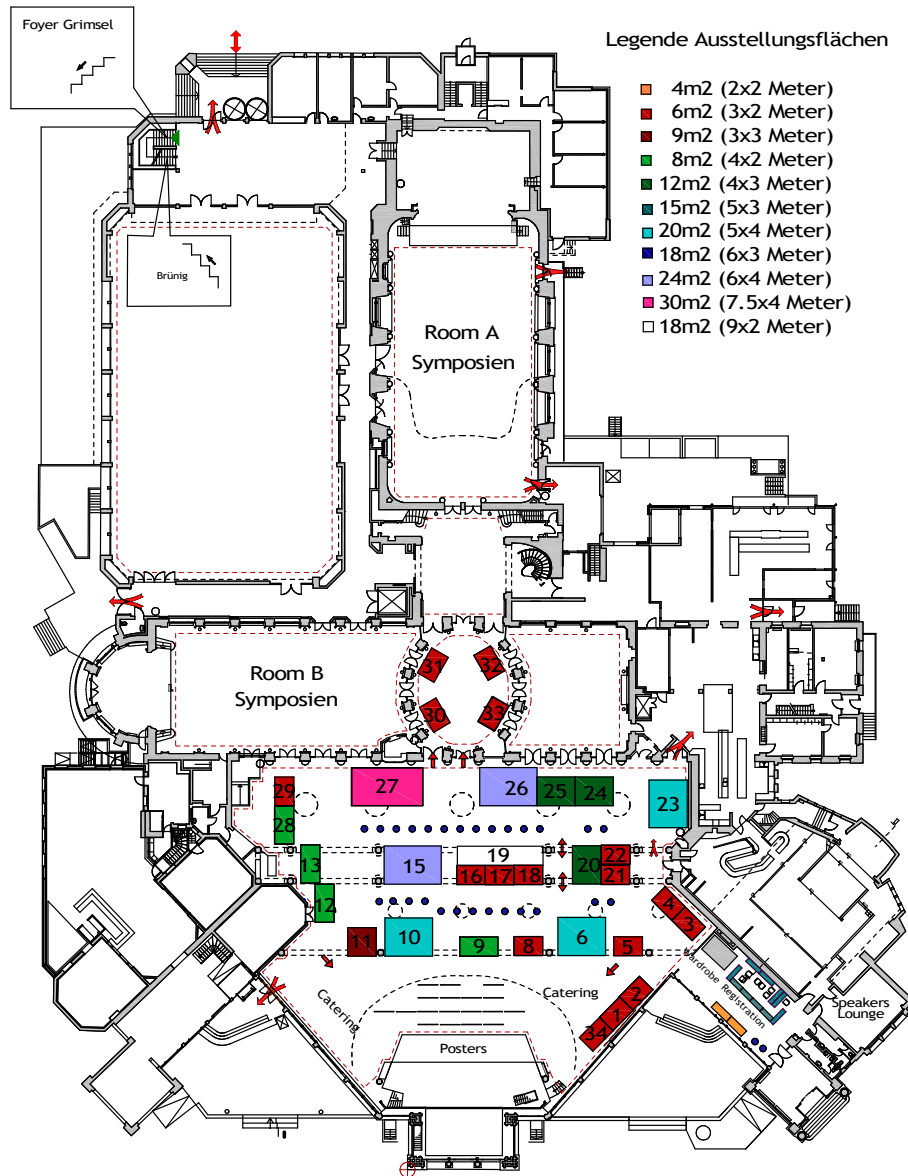
Chair: Dr. Isabelle Binet, Kantonsspital St. Gallen

- 9:00 – 9:10 Planning a Patient Journey:
Interactive Case Discussion
Prof. Dr. Peter Rutherford, Zurich
- 9:10 – 9:40 Dialysis Modalities Before and After Transplantation
Prof. Dr. Jernej Pajek, Ljubljana
- 9:40 – 9:45 Discussion

For interactive discussions, please log into
mentimeter.com through this QR Code



Plan of exhibition



Exhibitors

Company	Booth
MCM MEDSYS	1
ALEXION	2
SYNLAB	3
AMICUS	4
BRACCO	5
BAYER	6
GSK	8
MEDTRONIC	9
AMGEN	10
DIALYSEREGISTER	11
ASTELLAS	12
ASTELLAS	13
BAXTER	15
ALNYLAM	16
KYOWA KIRIN	17
CHIESI	18
OTSUKA	19
GSK	20
NEOVII	21
SALMON PHARMA	22
B.BRAUN	23
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beat4health	34
DEVATIS	35

Association

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



Verband Nierenpatienten Schweiz (VNPS)



Young Swiss Nephrology



Kind thanks to the City of Interlaken



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Sponsored parallel symposia in alphabetical order



Alnylam Pharmaceuticals
Friday, December 9, 2022 – 13.00-13.45 / Room B



Astellas Pharma AG
Thursday, December 8, 2022 – 11.30-12.15 / Room B



AstraZeneca SA
Friday, December 9, 2022 - 09.00 – 09.45/Room B



Baxter AG
Friday, December 9, 2022 – 09.00-09.45 / Room A



Bayer (Schweiz) AG
Friday, December 9, 2022 – 11.15-12.00 / Room A



CSL Vifor
Thursday, December 8, 2022 – 14.30-15.15 / Room A



GlaxoSmithKline AG
Thursday, December 8, 2022 – 14.30-15.15 / Room B



Medtronic
Friday, December 9, 2022 – 11.15-12.00 / Room B



Otsuka Pharmaceutical (Switzerland) GmbH
Thursday, December 8, 2022 – 11.30-12.15 / Room A

Kind thanks to all our sponsors



Save the date: SGN-SSN congress 2023

We would like to invite you to the

55th Annual Meeting of the Swiss Society of Nephrology SGN-SSN
on **December 7-8, 2023** – Congress Centre Beaulieu Lausanne



Please save the dates of December 7-8, 2023!

We look forward to welcoming you in Lausanne next year!



CURRENT POST-TRANSPLANT CMV TREATMENT

IS A BALANCING ACT BETWEEN SAFETY AND EFFICACY¹

and can lead to resistance², graft rejection³, neutropenia² and nephrotoxicity⁴



If you have any questions, contact us at info@takeda.ch

CMV = Cytomegalovirus

REFERENCES: 1. Khurana MP, et al. Risk Factors for Failure of Primary (Val)ganciclovir Prophylaxis Against Cytomegalovirus Infection and Disease in Solid Organ Transplant Recipients. *Open Forum Infect Dis.* 2019;6.doi:10.1093/ofid/ofz215.; 2. Kotton CN, et al. The Third International Consensus Guidelines on the Management of Cytomegalovirus in Solid-organ Transplantation. *Transplantation.* 2018;102:900-931.; 3. Felipe CR, et al. The current burden of cytomegalovirus infection in kidney transplant recipients receiving no pharmacological prophylaxis. *J Bras Nephrol.* 2017;70:515-523.; 4. Razonable RR, et al. Cytomegalovirus in solid organ transplantation. *Am J Transplant.* 2013;13(suppl 4):93-106.

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

C-ANPROM/CH/MARI/0017-08/2022



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

Eröffnen Sie Perspektiven für Ihre Patienten mit CKD und T2D

Mit dem 1st nicht-steroidalen MRA¹⁻⁵



CKD: Chronische Nierenerkrankung, MRA: Mineralokortikoid-Rezeptor-Antagonist, T2D: Typ 2 Diabetes mellitus

Referenzen: 1. Schweizer Fachinformation Kerendia®: www.swissmedinfo.ch. 2. Frampton JE. Finerenone: First Approval. *Drugs* 2021;81:1787-1794. 3. Bakris GL, et al. Effect of Finerenone on Chronic Kidney Disease Outcomes in Type 2 Diabetes. *N Engl J Med* 2020;383:2219-2229. 4. Pitt B, et al. Cardiovascular Events with Finerenone in Kidney Disease and Type 2 Diabetes. *N Engl J Med* 2021;385:2252-2263. 5. Agarwal R, et al. Cardiovascular and kidney outcomes with finerenone in patients with type 2 diabetes and chronic kidney disease: the FIDELITY pooled analysis. *European Heart Journal*, 2021; ehab777, <https://doi.org/10.1093/eurheartj/ehab777>.

Die referenzierten Daten, resp. Publikationen werden auf Anfrage zur Verfügung gestellt.

▼ Dieses Arzneimittel unterliegt einer zusätzlichen Überwachung. Für weitere Informationen siehe Fachinformation/Patienteninformation Kerendia® auf www.swissmedinfo.ch.
Gekürzte Fachinformation Kerendia® (Finerenon): Nicht-steroidaler, selektiver Mineralokortikoid-Rezeptor Antagonist (MRA) **Z:** Filmtabl. à 10 mg und 20 mg Finerenon **I:** Kerendia® ist indiziert zur Verzögerung der Progression einer chronischen Nierenerkrankung bei erwachsenen Patienten mit Typ-2-Diabetes mellitus. Für Studienergebnisse zur Auswirkung auf kardiovaskuläre Ereignisse siehe Rubrik «klinische Wirksamkeit» in der Kerendia® Fachinformation. **D:** Therapieeinleitung mit Kerendia® wird empfohlen bei Serumkalium ≤ 4.8 mmol/l. Bei Serumkalium $> 4.8-5.0$ mmol/l kann eine Behandlung mit Kerendia® in Betracht gezogen werden mit zusätzlicher Überwachung des Serumkaliums in den ersten 4 Wochen. Bei Serumkalium > 5.0 mmol/l wird eine Behandlung mit Kerendia® nicht empfohlen. Kerendia® Anfangsdosis: 20 mg 1x/Tag bei eGFR ≥ 60 ml/min/1.73m² und 10 mg 1x/Tag bei eGFR 25-59 ml/min/1.73m². Fortsetzung der Therapie mit Kerendia® 4 Wochen nach Einleitung, Wiederbeginn oder Auftitration: 20 mg 1x/Tag bei Serumkalium ≤ 4.8 mmol/l und keiner Abnahme der eGFR um $> 30\%$ gegenüber der vorherigen Messung bzw. Beibehaltung der Dosis (10 mg oder 20 mg) bei Serumkalium $> 4.8-5.0$ mmol/l. Bei Serumkalium > 5.5 mmol/l Gabe von Kerendia® aussetzen und mit 10 mg 1x/Tag wiederaufnehmen, wenn Serumkalium ≤ 5 mmol/l. Bei bestehender Behandlung mit einem mässigen CYP3A4-Inhibitor: Therapieeinleitung mit 10 mg 1x/Tag. **KI:** Gleichzeitige Behandlung mit einem starken CYP3A4-Inhibitor, Morbus Addison, Überempfindlichkeit auf den Wirkstoff oder Hilfsstoffe. **W/VM:** Es besteht ein erhöhtes Hyperkaliämierisiko unter der Therapie mit Kerendia®, daher ist eine periodische Messung des Serumkaliums empfohlen und die Therapie mit Kerendia® bei Serumkalium > 5.5 mmol/l auszusetzen und bei einem Serumkalium ≤ 5 mmol/l mit 10 mg 1x/Tag wiederaufzunehmen (siehe D). Das Hyperkaliämierisiko kann auch bei Einnahme von Begleitmedikamenten, die das Serumkalium erhöhen, ansteigen. **SS:** Kerendia® soll nicht während der Schwangerschaft angewendet werden, es sei denn, es ist aufgrund des klinischen Zustands der Frau erforderlich. In der Stillzeit muss entschieden werden, ob das Stillen oder die Therapie mit Kerendia® zu unterbrechen ist. **Sehr häufige und häufige UAW:** Hyperkaliämie, Hyponatriämie, Hypotonie, GFR verringert. **IA:** Gleichzeitige Anwendung mit mässigen und schwachen CYP3A4-Inhibitoren führt zu einer erhöhten Finerenon-Exposition. Da das Serumkalium damit ansteigen kann, steigt das Hyperkaliämierisiko. Daher muss das Serumkalium überwacht werden. **Packg.:** 10 mg à 28, 98 Filmtabl. und Spitalpackg. à 100 Filmtabl.; 20 mg à 28, 98 Filmtabl. und Spitalpackg. à 100 Filmtabl. (B). Für weitere Informationen siehe www.swissmedinfo.ch. Vertrieb: Bayer (Schweiz) AG, Uetlibergstrasse 132, 8045 Zürich.



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