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Program



55th Annual Meeting Swiss Society of Nephrology

Beaulieu Lausanne

December 7-8, 2023

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



www.swissnephrology.ch

December 7, 2023

Journée Romande
de l'Hypertension

December 7, 2023

Pflege in der Nephrologie
Soins en Néphrologie
Cure in Nefrologia

NEW.
THE ONLY APPROVED
TREATMENT FOR
REFRACTORY
CMV INFECTION
POST-TRANSPLANT¹

LIVTENCITY®
(maribavir) film-coated tablets
200 mg

REDEFINING POST-TRANSPLANT CMV TREATMENT



LIVTENCITY® (maribavir) is superior to conventional treatments for refractory CMV infection post-transplant in adults:²

• **Low neutropenia**

treatment-related neutropenia occurred in **1.7 %** of LIVTENCITY® treated patients and in **25 %** of valganciclovir/ganciclovir treated patients.²

• **Low nephrotoxicity**

treatment-related nephrotoxicity occurred in **1.7 %** of LIVTENCITY® treated patients and in **19.1 %** of foscarnet treated patients.²

• **2× the efficacy**

55.7 % of transplant recipients receiving LIVTENCITY® had confirmed CMV viremia clearance at week 8 (vs 23.9 % receiving conventional treatments; $p < 0.001$).²

LIVTENCITY® is indicated for the treatment of cytomegalovirus (CMV) infection and/or disease that are refractory (with or without resistance) to one or more prior therapies, including ganciclovir, valganciclovir, cidofovir or foscarnet in adult patients who have undergone a hematopoietic stem cell transplant (HSCT) or solid organ transplant (SOT).¹

CMV viremia clearance = plasma CMV DNA < lower limit of quantification (i.e. <137 IU/mL) in two consecutive tests ≥5 days apart; conventional treatments = one or a combination of ganciclovir, valganciclovir, foscarnet or cidofovir.

Healthcare professionals may request a complete copy of the cited literature from the pharmaceutical company. **References:** 1. Product Information LIVTENCITY®, available at www.swissmedicinfo.ch. 2. Avery RK, et al. Maribavir for Refractory Cytomegalovirus Infections With or Without Resistance Post-Transplant: Results From a Phase 3 Randomized Clinical Trial. Clin Infect Dis 2022;75(4):690–701.

LIVTENCITY® 200 mg (maribavir). **GF:** film-coated tablets. **I:** For the treatment of cytomegalovirus (CMV) infection and/or disease refractory (with or without resistance) to one or more prior therapies, including ganciclovir, valganciclovir, cidofovir, or foscarnet in adult patients who have undergone hematopoietic stem cell transplantation (HSCT) or solid organ transplantation (SOT). **D:** The recommended dose is 400 mg (two 200 mg tablets) twice daily, equivalent to a daily dose of 800 mg for 8 weeks. Treatment duration should be individualized based on each patient's clinical and virologic characteristics. **CI:** concomitant use with ganciclovir or valganciclovir. Hypersensitivity to the active ingredient or any of the excipients. **W&P:** CMV disease with CNS involvement, virologic failure during treatment and relapse after treatment, risk of adverse reactions or decreased therapeutic effect due to drug-drug interactions, use with immunosuppressive agents. **IA:** Effect of other drugs on LIVTENCITY: Avoid concomitant use with strong CYP3A inducers (rifampicin, rifabutin, and St. John's wort). Dose increase is recommended with concomitant use with carbamazepine, phenobarbital, and phenytoin. No dose adjustment is required for concomitant use with CYP3A inhibitors. **Effect of LIVTENCITY on other drugs:** Do not use concomitantly with valganciclovir/ganciclovir. Use with caution when used concomitantly with immunosuppressants (tacrolimus, ciclosporin, everolimus, and sirolimus), sensitive P-gp substrates (digoxin), and rosuvastatin. **P:** The use of LIVTENCITY during pregnancy and in women of childbearing potential who are not using contraception is not recommended. Breastfeeding should be discontinued during treatment with LIVTENCITY. **ADR:** Very common (≥ 1/10): Taste disturbance, nausea, diarrhea, vomiting, fatigue. **P:** Packs of 28 or 56 film-coated tablets. **Sales Category:** A. **Marketing Authorization Holder:** Takeda Pharma AG, 8152 Opfikon, Switzerland. **Detailed information:** www.swissmedicinfo.ch. C-APROM/CH/LIV/0011

▼ This drug product is subject to additional monitoring. For more information, see the LIVTENCITY® Product Information/Patient Information at www.swissmedicinfo.ch.

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



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Invitation 2023

Dear colleagues

In the name of the Scientific Committee, we are pleased to invite you to the 55th Annual Congress of the Swiss Society of Nephrology, which will be held at **Beaulieu Convention Centre, in Lausanne, on December 7-8, 2023.**

The scientific committee has been working on a **very interesting and various program, with excellent keynote speakers.** Also this year, the Symposium **Pflege in der Nephrologie/Soins en Néphrologie/Cure in Nefrologia** will be held **on December 7, 2023.**

The SGN annual conference is also pleased to be hosting «**La 18^e Journée Romande d'hypertension artérielle 2023**» on the subject «Hypertension, rein et nouvelles recommandations Européens» **on December 7, 2023,** leading by Pr. Grégoire Wuerzner and his committee.

As last year, the format of the presentations for **abstracts and case reports** is moving away from the traditional poster walk. Don't miss the innovative short oral presentations and **elevator pitches**, and help to choose the prize winners together!

On Thursday December 7 evening, the **Young Swiss nephrologist's picture challenge** will again be part of the program, following by a **special attraction.**

There will also be innovative talks and great discussions during the day **on Friday 8 December, 2023.**

We are awaiting you to join and enjoy this year's SGN/SSN meeting in Lausanne!

Kind regards,
For the Scientific Committee
SGN-SSN Congress Management

Organization

Congress President

Olivier Bonny, Fribourg-Lausanne

Scientific Committee

Olivier Bonny, Fribourg-Lausanne, President SGN
Fadi Fakhouri, Lausanne
Johannes Loffing, Zurich
Jérôme Pays, Lausanne, Head of the Pflege Symposium
Jennifer Scotti Gerber, Lugano
Grégoire Wuerzner, Lausanne, President of the Swiss Society of hypertension

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Daniel Sidler, Bern
Sybille Tschumi, Bern
Pierre-Yves Martin, Geneva
François Verrey, Zurich

Astellas Satellite Symposium
Thursday, 7th December 2023,
11:30 – 12:15, Room A (Barcelone)

ADVAGRAF™ de novo use in renal transplantation – What do the data and experience tell?

- 11:30** **Welcome**
Dr. med. Isabelle Binet, KSSG
- 11:35** **Potential benefits on tacrolimus prolonged-release initiated directly
after kidney transplantation – from reaching target trough levels to
long-term results**
Prof. Lluís Guirado, MD PhD, Fundació Puigvert Hospital, Barcelona (virtual)
- 11:50** **Implementation of tacrolimus prolonged-release de novo use
in St. Gallen**
Dr. med. Isabelle Binet, KSSG
- 12:05** **Discussion & conclusion**
Dr. med. Isabelle Binet, KSSG and
Prof. Lluís Guirado, MD PhD, Fundació Puigvert Hospital, Barcelona (virtual)



General information

Congress venue

Beaulieu Lausanne
Avenue Bergières 10, 1004 Lausanne
www.beaulieu-lausanne.com

Registration & congress secretariat

Meeting-com Congress Organisation
Rue des Pâquis 1 • CP 100 • CH-1033 Cheseaux-sur-Lausanne
Online registration on : www.meeting-com.ch
T +41 21 312 9261 • F +41 21 312 9263 • E info@meeting-com.ch
Onsite registration also possible (onsite fee)

Registration fees for SGN congress

	Early bird fee (before Nov. 5, 2023)	Late fee (Nov. 6-Dec. 6, 2023)	Onsite fee (From Dec. 7, 2023)
Member SGN	☐ CHF 300.00	☐ CHF 350.00	☐ CHF 400.00
NON-member SGN	☐ CHF 420.00	☐ CHF 470.00	☐ CHF 520.00
Young Swiss Nephrologists (YSN)	☐ CHF 180.00	☐ CHF 210.00	☐ CHF 240.00
Residents/PhD Students /Post Docs	☐ CHF 180.00	☐ CHF 210.00	☐ CHF 240.00
Students*	free of charge		
Spezialisierte Pflege	☐ CHF 120.00	☐ CHF 150.00	☐ CHF 180.00
Hypertension participants (Thu, 7.12.23)	☐ CHF 50.00	☐ CHF 50.00	☐ CHF 80.00
Company participant who is not present as exhibitor	☐ CHF 2000.00	☐ CHF 2250.00	☐ 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 (7.12.23)

☐ CHF 100.00 (TTC)

Included in the registration fees

Access to the scientific sessions, congress documents, certificate of participation, coffee breaks, light lunches. The networking dinner on 7.12.23 **is not included**, and has to be booked separately (see above). Accommodation is not included.

General information

Payment	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 no 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 Lausanne Tourisme on www.lausanne-tourisme.ch .
Oral Presentations	The Scientific Committee will select a number of abstracts which will be presented as oral presentations as such :
Oral presentation	The time slot for classical oral presentation is 10 minutes (8-minute presentation and 2-minute discussion).
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.
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 2023.
SGN Awards	The SGN Awards will take place during the networking dinner on December 7, 2023 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, 7-8.12.23 SGN-SSN 16 credits SGAIM-SSMIG in demand
Language	Lectures in English, discussion in German, French or English.
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, 07.12.2023, 17.50-18.45.

Program at a glance

Thursday, December 7, 2023

	BARCELONE Room A	ST-MORITZ Room B	TURIN BCD	ROME	LONDRES ABC
08.30-08.45	Welcome address				
08.45-09.30	State of the Art 1				
09.30-10.10	Short orals 1	Short orals 2			
10.10-10.20	Short break		Elevator pitch session		10.00-11.00 Pflege in der Nephrologie
10.20-11.00	Short orals 3				
11.00-11.30	Coffee break – Visit of the Exhibition – Poster viewing				
11.30-12.15	Parallel Symposium Sponsored by Astellas	Parallel Symposium Sponsored by AstraZeneca			11.30-12.45 Pflege in der Nephrologie
12.15-12.45	Swiss Transplantation Cohort	Plenary session	EPA Session		
12.45-13.45	Lunch break – Visit of the Exhibition – Poster viewing				
13.45-14.30	Parallel Symposium Sponsored by Bayer	Parallel Symposium Sponsored by CSL Vifor		Hypertension	13.45-15.15 Pflege in der Nephrologie
14.30-15.15				State of the Art 2	
15.15-15.45	Coffee break – Visit of the Exhibition – Poster viewing				
15.45-16.40	Long orals 1	Long orals 2			
16.40-17.35	Long orals 3	Long orals 4		15.15-18.00 Hypertension	15.45-18.00 Pflege in der Nephrologie
17.35-17.50	Short break				
17.50-18.15	YSN Award	Plenary session			
18.15-18.45		Plenary session			
19.00-19.45	YSN apero (Hall 3)				
20.00	Networking Dinner – Awards (Hall 3)				

Program at a glance

Friday, December 8, 2023

	BARCELONE Room A	ST-MORITZ Room B
07.30-08.45	General Assembly SGN/SSN	
08.45-09.00	Publication Award 2023 SGN/SSN	
09.00-09.15	Short break	
09.15-10.00	Parallel Symposium Sponsored by Otsuka	Parallel Symposium Sponsored by Boehringer Ingelheim
10.00-10.30	Coffee break – Visit of the Exhibition – Poster viewing	
10.30-11.15	State of the Art 3	
11.15-12.00	Parallel Symposium Sponsored by Chiesi	Parallel Symposium Sponsored by GSK
12.00-13.00	Lunch break – Visit of the Exhibition – Poster viewing	
13.00-13.45	YSN Picture Challenge	Parallel Symposium Sponsored by Novartis
13.45-14.30	State of the Art 4	
14.30-15.00	Coffee break – Visit of the Exhibition – Poster viewing	
15.00-16.30	Interactive cases	
16.30-16.40	Farewell address	

Thursday, December 7

PFLEGE IN DER NEPHROLOGIE – SOIN EN NÉPHROLOGIE – CURE IN NEFROLOGIA

Auf Deutsch, en français, in Italiano

07.30 Anmeldung / inscription / registrazione **FOYER HALL 1**

09.30 Mot de bienvenue **LONDRES**
Jérôme Pays, Lausanne

09.30-10.00 MAPA/Aktiia Mesure de la pression artérielle en ambulatoire (FR)
Vitor Nunes, Monica Tavares, Lausanne

10.00-10.30 Journée de prévention de l'insuffisance rénale (FR)
Pascale Lefuel, HUG, Genève

10.30-11.00 Phosphatmanagement bei dialysepflichtiger Niereninsuffizienz – wie kann die Adhärenz gefördert werden ?
Esther Salzgeber, Spitalzentrum Biel

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

11.30-12.00 Adhärenz im nephrologischen Kontext Aspekte, welche die Therapietreue Beeinflussen (DE)
Marianne Griesser, Expertin Pflege, Nephrologie & Dialyse, GZO Spital Wetzikon

12.00-12.45 Etude prurit dialysé (FR)
Nancy Helou, PhD, Professeure HES ordinaire, Soins infirmiers et Dina Nobre, infirmière clinicienne en néphrologie

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

Thursday, December 7

13.45-14.15 Heimhämodialyse – Fokus auf Pflegende Angehörige « Was benötigen Angehörige von Heimhämodialyse-Patient: innen um sich im Management der HDD sicher zu fühlen und um die Betroffenen angemessen in der Durchführung zu unterstützen ? (DE)
Nishkalayini Sriranganathan, Expertin Pflege, Universitätsklinik für Nephrologie und Hypertonie Inselspital Bern

14.15-14.45 L'importance de la formation infirmière pour le team d'hémodialyse (IT)
Doris Stocker, Eric Correa, EOC Lugano

14.45-15.15 Prozess Nierentransplantation « von der Anmeldung bis zur Transplantation »
Mr Tobias Kunz, Leiter Transplantationskoordination UEMS, Basel

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

15.45-16.30 Interaction objective avec patient greffé (FR)
Jean-Pierre Venetz, Lausanne

16.30-17.15 Développement d'une unité de dialyse péritonéale multicentrique au Tessin (IT)
Marta Aramini, EOC Lugano

17.15-17.20 Mot de la fin
Jérôme Pays, Lausanne

18^e Journée Romande d'hypertension artérielle 2023

THEMATIQUE

Hypertension, rein et nouvelles recommandations Européens

ORGANISATION

Prof A. Péchère-Bertschi (HUG), Prof Belen Ponte (HUG), Prof Grégoire Wuerzner (CHUV)

DATE

Jeudi 07.12.202

12.00 Inscription

12.45-13.45 Repas de midi (debout) & visite de l'exposition et des posters

13.45-14.30 SESSION HYPERTENSION – PARTIE 1 ROME

Modération : Antoinette Pechère-Bertschi ; Georg Ehret

13.45-14.00 Quoi de neuf dans les recommandations 2023 de l'ESH ?

Michel Burnier, Lausanne

14.00-14.15 Dernières recommandations de la prise en charge de l'hypertension dans la maladie rénale chronique (ESH2023)

Belen Ponte, Genève

14.15-14.30 Place de la dénervation rénale en 2023

Grégoire Wuerzner, Lausanne

14.30-15.15 STATE OF THE ART LECTURE 2 ROME

Chairs tbd

Rare forms of HTA

Alexandre Persu, Louvain (BE)

15.15-15.45 Pause-café & visite de l'exposition et des posters

18^e Journée Romande d'hypertension artérielle 2023

15.45-18.00 SESSION HYPERTENSION – PARTIE 2 ROME

Modération : Belen Ponte ; Grégoire Wuerzner

15.30-15.45 Hypertension et personnes âgées : nouveautés ESH 2023

Georg Ehret

15.45-16.30 Antoinette Pechère 30 ans d'hypertension : place de la femme en hypertension

16.30-16.45 La MAPA: Mise en place d'un dispositif de mesure de la pression artérielle de 24 heures

16.45-17.00 La MAPA: interprétation d'une mesure de 24 heures

17.00-17.30 La MAPA Exercices pratiques sur la base de cas

17.30-18.00 Wrap up + remise des diplômes MAPA + remise des crédits CME

Supported by



Thursday, December 7

7.30 Registration **FOYER HALL 1**

08.30-08.45 Opening of the 55th Annual Meeting **BARCELONE – ROOM A**
of the Swiss Society of Nephrology & Welcome Address

08.45-09.30 **STATE OF THE ART LECTURE 1** **BARCELONE – ROOM A**
Chairs tbd

Rare and genetic disorders
Friedheim Hildebrandt, Boston (US)

09.30-10.10 **PARALLEL SHORT ORAL PRESENTATIONS** **BARCELONE – ROOM A**
SESSION 1
Chairs tbd

09.30-09.35 Plasma untargeted metabolomics characterizes residual kidney
OC 25*/P 01* function in chronic hemodialysis patients – David Jaques, Geneva

09.35-09.40 Minimal Change Glomerular Disease associated with solid neo-
OC 26*/P 02* plasms: a systematic review – Domenico Cozzo, Locarno-Lugano

09.40-09.45 Natural Killer Cell Receptor NKG2C Encoding KLR2C Gene and
OC 27*/P 03* Kidney Transplant Outcome – Matthias Diebold, Basel

09.45-09.50 Age-adapted Chronic Kidney Disease Definition and long-term
OC 28*/P 04* impact on renal function and Mortality in a population based-study
– Delal Dalga, Geneva

09.50-09.55 HLA-specific memory B cell detection in kidney transplantation:
OC 29*/P 05* First results from a prospective explorative study
Caroline Wehmeier, Basel

09.55-10.00 Five scenarios across the AMR continuum: the added value of
OC 30*-/**/ MMDx confirmed by follow-up biopsies – Raphael Korach, Zurich
P 06*-/**

10.00-10.05 Intrauterine hypoxia promotes premature placental senescence:
OC 31*/P 07* role of Klotho – Stefan Rudloff, Bern

10.05-10.10 The impact of the molecular HLA-epitope mismatch load on
OC 32*-/**/ allosensitization after kidney transplantation is most pronounced
P 08*-/** in childhood, adolescence, and early adulthood
Kai Castrezana Lopez, Zurich

*YSN submission / ** Student submission

Thursday, December 7

09.30-10.10 **PARALLEL SHORT ORAL PRESENTATIONS** **ST-MORITZ – ROOM B**

SESSION 2

Chairs tbd

09.30-09.35 Prospective assessment of the need, discrepancies, and added
OC 33*-/**/ value of molecular diagnostics of kidney allograft biopsies – An
P 09*-/** evaluation in clinical practice – Nicolas Schmid, Zurich

09.35-09.40 Peripheral blood mitochondrial DNA fraction as a biomarker of
OC 34*/P 10* renal involvement in systemic lupus erythematosus
Matthieu Halfon, Lausanne

09.40-09.45 Proteinuria and type of allograft injury identify kidney transplant
OC 35*-/**/ recipients benefiting most from Belatacept conversion
P 11*-/** Lukas Weidmann, Zurich

09.45-09.50 High rate of assisted Peritoneal Dialysis in an aging dialysis popu-
OC 36*/P 12* lation: A single center observation – Stefan Achermann, Liestal

09.50-09.55 Ventricular hypertrophy and stroke risk in chronic haemodialysis: a
OC 37*/P 13* single-center study at the western French Guiana hospital
Ariel Makembi Bunkete, French Guiana

09.55-10.00 Loss of TrkC in the nephron aggravates tubular kidney injury in
OC 38*/P 14* mice – Carolin Eul, Münster, Germany

10.00-10.05 mTOR inhibitors in combination with calcineurin inhibitor after
OC 39*/P 15* lung transplantation: a real-life experience with focus on kidney
function – Katja Schmucki, Zurich

10.05-10.10 Decline of living kidney donors: a Swiss monocentric study
OC 40*/P 16* Alexander Ritter, Zurich

10.10-10.20 Short break

*YSN submission / ** Student submission

Thursday, December 7

10.20-11.00	PARALLEL SHORT ORAL PRESENTATIONS	BARCELONE – ROOM A
	SESSION 3	
	<i>Chairs tbd</i>	
10.20-10.25 OC 41/P 17	Overview of Covid-19 vaccinations in dialysis patients in Switzerland Rebecca Guidotti, Zurich	
10.25-10.30 OC 42*-**/ P 18*-**	The Molecular Microscope Diagnostics System does not identify molecular TCMR in cases with isolated tubulitis, borderline changes, or isolated intimal arteritis in the absence of microvascular inflammation – Lukas Weidmann, Zurich	
10.30-10.35 OC 43/P 19	Association of ACE Gene Polymorphism with Retinopathy in Type 2 Diabetic Nephropathy Patients of Bangladesh Iqbal Masud, Nikdu, Bangladesh	
10.35-10.40 OC 44*/P 20*	Quantification of ionized and total magnesium in kidney transplant patients – Federica Bocchi, Bern	
10.40-10.45 OC 45*-**/ P 21*-**	Use of Patient-Centered Dialysis in Switzerland: A Rarity or Common Practice? – Katarina Benackova, Bern	
10.45-10.50 OC 46*-**/ P 22*-**	Structural and functional echocardiographic changes after renal transplantation (NCCR project) – Yuansheng Zhang, Zurich	
10.50-10.55 OC 47*/P 23*	Antibody Response at 6, 24 and 36 Weeks after 2 Doses of Vaccine Against COVID-19 and its Association with Cardio-Renal Risk Factors among Health Care Workers of Bangladesh Iqbal Masud, Niku, Bangladesh	
10.55-11.00 OC 48/P 24	Rogue docking - theoretical considerations for cardio-renal syndromes – Mark Christopher Arokiaraj, Pondicherry, India	

*YSN submission / ** Student submission

Thursday, December 7

09.30-11.00	ELEVATOR PITCH	TURIN
	<i>Chairs tbd</i>	
	PHASE 1: all authors	
OC 49*-**/ P 25*-**	Pregnancy after kidney transplantation: an observational study on maternal, graft and offspring outcomes in view of current literature Louis Stavart, Lausanne	
OC 50*/P 26*	Women have a higher renal perfusion index, but their renal circulatory response to a cold pressor test is similar to men Mariëlle Hendriks-Balk, Lausanne	
OC 51*/P 27*	A case of thrombotic microangiopathy as an initial presentation of HIV Infection – Edita Poskaite, Bern	
OC 52*/P 28*	A case of new-onset nephrotic syndrome due to suspected transient receptor potential cation channel subfamily C member 6 mutation in a first pregnancy – Heidi Sarrašin, Bern	
OC 53*-** / P 29*-**	Overlapping pathologic findings in the kidney allograft biopsy: pitfalls for the Molecular Microscope Diagnostics System (MMDx) Elena Rho, Zurich	
OC 54/P 30	A case of focal segmental glomerulosclerosis (FSGS) caused by autosomal-dominant Alport syndrome – Mélanie Salamin, Aarau	
OC 55*-**/ P 31*-**	A case report of Atezolizumab therapy induced PR3 ANCA vasculitis Laura Gosztonyi, Bern	
OC 56/P 32	Iagnosis of C3 glomerulonephritis in a first pregnancy Ayuna Asoyan, Bern	
OC 57*/P 33*	Unexpected cause of a generalized seizure Katarzyna Szajek, Chur; Fabienne Umbricht, Chur	
OC 58*/P 34*	A case of idiopathic nodular Glomerulosclerosis Claudia Landry, Bern	
OC 59*/P 35*	Tetany and Hypomagnesemia Bujana Batusha-Sopi, Zurich	

*YSN submission / ** Student submission

Thursday, December 7

- OC 60*/P 36*** Outcome of patients transplanted for C3 glomerulopathy and idiopathic immune-complex-mediated membranoproliferative glomerulonephritis: a cohort based study – Mathieu Halfon, Lausanne
- OC 61*-**/P37*-**** Isolated glomerulitis is associated with the absence of molecular AMR in cases with histologically suspected and confirmed AMR
Nicolas Schmid, Zurich
- OC 62/P 38** Is there excess mortality in dialysis patients in Switzerland after the COVID-19 pandemic? – David Jaques, Geneva
- OC 63/P 39** The challenging diagnosis of hyperaldosteronism in Polycystic ovary syndrome: A case-report – Domenico Cozzo, Locarno-Lugano

Short break – presentation rating by the audience

PHASE 2: 5 selected long presentations

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

- 11.30-12.15** **PARALLEL SYMPOSIUM**  **BARCELONE – ROOM A**
Sponsored by **ASTELLAS**
ADVAGRAF™ de novo use in renal transplantation – What do the data and experience tell?
- 11.30** **Welcome**
Dr. med. Isabelle Binet, KSSG
- 11.35** **Potential benefits on tacrolimus prolonged-release initiated directly after kidney transplantation – from reaching target trough levels to long-term results**
Prof. Lluís Guirado, MD PhD, Fundació Puigvert Hospital, Barcelona (virtual)
- 11.50** **Implementation of tacrolimus prolonged-release de novo use in St. Gallen**
Dr. med. Isabelle Binet, KSSG
- 12.05** **Discussion & conclusion**
Dr. med. Isabelle Binet, KSSG and
Prof. Lluís Guirado, MD PhD, Fundació Puigvert Hospital, Barcelona (virtual)

*YSN submission / ** Student submission

Thursday, December 7

- 11.30-12.15** **PARALLEL SYMPOSIUM**  **ST-MORITZ – ROOM B**
Sponsored by **ASTRA-ZENECA**
The cardio-renal patient battle: “Who is the victim & who is the offender – The kidney or the heart”
Chair: Sophie de Seigneux, Geneva
- 11.30-11.35** **The cardio-renal connection – Setting the scene**
Sophie de Seigneux, Geneva
- 11.35-12:50** **The heart is the offender, and the kidney the victim**
Uyen Huynh-Do, Bern
- 11.50.12.05** **The kidney is the offender, and the heart the victim**
François Mach, Geneva
- 12.05-12.15** **Panel discussion – All**

- 12.15-12.45** **SWISS TRANSPLANT COHORT STUDY UPDATE** **BARCELONE – ROOM A**
Chair tbd

Jürg Steiger, Basel

- 12.15-12.45** **How do I treat IgA Nephropathy?** **ST-MORITZ – ROOM B**
Chair tbd

Jonathan Barratt, Leicester (GB)

- 12.15-12.45** **EPA** **TURIN**
Chair tbd

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

Thursday, December 7

13.45-14.30

PARALLEL SYMPOSIUM

Sponsored by BAYER



BARCELONE – ROOM A

Finerenone – a therapeutic pillar for cardiorenal protection in patients with CKD and T2D

An interactive panel discussion about the first swiss experience with finerenone with focus on practical aspects and interdisciplinary collaboration

Sophie de Seigneux, Geneva, Nephrology, Chair and panelist

Harald Seeger, Baden, Nephrology, Panelist

Romeo Providoli, Sion, General internal medicine, Panelist

13.45-14.30

PARALLEL SYMPOSIUM

Sponsored by CSL Vifor



ST-MORITZ – ROOM B

Advances in nephrology : alternative way to slow down progression to ESRD

Potassium dietary intake and pharmacological management in CKD progression : old problem, new solutions

Prof. Daniel Teta, Hôpital de Sion

SHPT and 25(OH)D : What evidence supports the recommendation of specific cut-offs for CKD patients?

Dr. James Tataw, Hôpital du Jura Bernois, Moutier

Thursday, December 7

14.30-15.15

STATE OF THE ART LECTURE 2

Chairs tbd

Rare forms of HTA

Alexandre Persu

ROME

15.15-15.45

Coffee break – Visit of the Exhibition – Poster viewing

15.45-16.40

PARALLEL LONG ORAL PRESENTATIONS

BARCELONE – ROOM A

SESSION 1

Chairs tbd

15.45-15.54
OC 01*

Effect of hydrochlorothiazide on bone mineral density in patients with kidney stones : a post-hoc analysis of the NOSTONE trial

Matteo Bargagli, Bern

15.54-16.03
OC 02

Lymphocele formation after living donor kidney transplantation negatively affects mid-term allograft function

Christian Kuhn, St.Gallen

16.03-16.12
OC 03*

Thrombotic microangiopathy associated with metastatic prostate cancer

Céline Tümay, Aarau

16.12-16.21
OC 04*-**

Tacrolimus monitoring in hair samples of kidney transplant recipients

Alexander Born, Bern

16.21-16.30
OC 05*

Prevalence of chronic kidney disease associated pruritus among hemodialysis patients in the French-speaking part of Switzerland

Nancy Helou, Lausanne

16.30-16.39
OC 06*

Selective V2R blockade with Tolvaptan increases urinary exosome Pendrin expression in patients with Autosomal Dominant Polycystic Kidney Disease

Matteo Barbagli, Bern

*YSN submission / ** Student submission

Thursday, December 7

15.45-16.40	PARALLEL LONG ORAL PRESENTATIONS SESSION 2 <i>Chairs tbd</i>	ST-MORITZ – ROOM B
15.45-15.54 OC 07	Functional characterization of claudin-3 in renal cortical collecting duct – Ali Sassi, Geneva	
15.54-16.03 OC 08*	Monogenic disease variants in the Swiss Kidney Stone Cohort and stone-free controls (NCCR project) – Johannes Münch, Zurich	
16.03-16.12 OC 09	Computer based nutritional training in dialysis patients Rolf Pachlatko, Zurich	
16.12-16.21 OC 10	Residual kidney function at one-year in diabetic and non-diabetic incident patients treated with incremental hemodialysis Patrick Saudan, Geneva	
16.21-16.30 OC 11	The urine-to-plasma urea concentration ratio : a new marker of kidney function decline in three independent studies Lise Bankir, Paris (FR)	
16.30-16.39 OC 12	Apixaban drug level monitoring in hemodialysis Simeon Schietzel, Bern	

*YSN submission / ** Student submission

Thursday, December 7

16.40-17.35	PARALLEL LONG ORAL PRESENTATIONS SESSION 3 <i>Chairs tbd</i>	BARCELONE – ROOM A
16.40-16.49 OC 13*	The Swiss Kidney Biopsy Registry - rationale and design Andreas Kistler, Frauenfeld	
16.49-16.58 OC 14*	The Molecular Microscope Diagnostic System (MMDx®) does not identify ABMR in the presence of DSA but absence of histological antibody-mediated changes – Dusan Harmacek, Zurich	
16.58-17.07 OC 15*-**	First successful treatment of a patient with a primary immune complex-MPGN with iptacopan – a selective inhibitor of factor B Simone Arnold, Basel	
17.07-17.16 OC 16*-**	The Molecular Microscope Diagnostics System (MMDx) may have the potential to differentiate molecular T Cell-mediated rejection among kidney transplant recipients with chronic-active T cell-mediated rejection – Nicola Bortel, Zurich	
17.16-17.25 OC 17*	Acute post-renal kidney graft dysfunction due to cytomegalovirus-positive nephrogenic adenoma after deceased donor kidney transplantation – Nicola Hosek, Chur	
17.25-17.34 OC 18*	Machine Learning Models for the Prediction of Kidney Stone Composition and Recurrence – Matteo Bargagli, Bern	

*YSN submission / ** Student submission

Thursday, December 7

16.40-17.35	PARALLEL LONG ORAL PRESENTATIONS SESSION 4 <i>Chairs tbd</i>	ST-MORITZ – ROOM B
16.40-16.49 OC 19*	Impact of natural killer cell functional genetics on microvascular inflammation in the presence of donor-specific antibodies Mathias Diebold, Basel	
16.49-16.58 OC 20*	RapGEF1 (C3G) is necessary for intact podocyte foot processes in mice – Carolin Eul, Münster, Germany	
16.58-17.07 OC 21*	Frequency and Impact on Renal Transplant Outcomes of Urinary Tract Infections Due to Extended-Spectrum Beta-Lactamase-Producing Escherichia coli and Klebsiella species Jakob E. Brune, Basel	
17.07-17.16 OC 22*	Natural history of patients with familial focal segmental glomerulosclerosis associated with TRPC6 mutations Heidi Sarrasin, Bern	
17.16-17.25 OC 23*-**	Interleukin 6 blockade reduces age-related sensitivity to renal ischemia-reperfusion injury – Arnaud Lyon, Lausanne	
17.25-17.34 OC 24*-**	The effect of dark and white chocolate on renal perfusion as assessed with Doppler ultrasound in healthy volunteers Louise Gargiulo, Lausanne; Menno Pruijm, Lausanne	
17.35-17.50	Short break	

*YSN submission / ** Student submission

Thursday, December 7

17.50-18.45	YOUNG SWISS NEPHROLOGISTS' AWARD <i>Chairs: Jennifer Scotti Gerber, Lugano & Lena Berchtold, Geneva</i>	BARCELONE – ROOM A
	Best Oral Presentations – PECHA-KUCHA session	
17.50-17.58 OC 64*	CYP24A1 activity associates with phenotypic traits of idiopathic hypercalciuria – Matteo Bargagli, Bern	
17.58-18.06 OC 65*	Spatiotemporal landscape of kidney tubular responses to glomerular proteinuria – Anna Faivre, Geneva	
18.06-18.14 OC 66*	Identification of a novel senolytic compound to prevent chronic kidney injury and fibrosis – Anna Rinaldi, EOC Bellinzona	
18.14-18.22 OC 67*-**	Spatial RNA sequencing and mass cytometry identify estrogen-dependent control of neutrophils activation as a protective mechanism in renal ischemia-reperfusion injury – Arnaud Lyon, Lausanne	
18.22-18.30 OC 68*	PCK1 plays a pivotal role in controlling the metabolic and mitochondrial activities of renal tubular cells – Delal Dalga, Geneva	
18.30-18.45	Conclusion	

*YSN submission / ** Student submission

Thursday, December 7

17.50-18.15	RARE AND GENETIC DISORDERS (KOSEK) <i>Chairs: tbd</i>	ST-MORITZ - ROOM B
18.15-18.45	HOW I RUN A PEDIATRIC TO ADULTHOOD TRANSITION CLINIC <i>Chairs: tbd</i>	ST-MORITZ - ROOM B
19.00-19.45	YSN APÉRO "Special attraction"	HALL 3
20.00	Networking Dinner Awards:	HALL 3
	• Poster Awards CSL Vifor • YSN Award Baxter • ERA Award ERA	

Book of Abstracts

Supplement swiss medical weekly, December 2023
For the 55th Annual Meeting of the Swiss Society of Nephrology



NEU KASSENZULÄSSIG

auch für **HFmrEF** & **HFpEF**
und somit für Herzinsuffizienz über
den gesamten Bereich der LVEF^{1,2}

FORXIGA® IST DER EINZIGE SGLT2i:

welcher die **Mortalität**
bei **Herzinsuffizienz**
und **Niereninsuffizienz**
signifikant reduziert^{3,4}

HFmrEF: Herzinsuffizienz mit leicht reduzierter Auswurfraction. **HFpEF:** Herzinsuffizienz mit erhaltener Auswurfraction.
LVEF: linksventrikuläre Auswurfraction. **SGLT2i:** Natrium-Glucose-Cotransporter-2 Hemmer.

Referenzen: 1. Fachinformation Forxiga®, www.swissmedicinfo.ch. Stand der Information: November 2022. 2. Spezialitätenliste, www.spezialitätenliste.ch. Letzter Abruf am 01.10.2023. 3. Jhund PS et al. Dapagliflozin across the range of ejection fraction in patients with heart failure: a patient-level, pooled meta-analysis of DAPA-HF and DELIVER. Nat Med 2022; 28:1956–1964. 4. Heerspink HJL et al. Dapagliflozin in Patients with Chronic Kidney Disease N Engl J Med 2020; 383:1436–1446.

Kurzfachinformation: Forxiga® Z: Dapagliflozin (5 mg, 10 mg Filmtabletten) Liste B. I: Forxiga® ist in Ergänzung zu Diät und körperlicher Betätigung bei Erwachsenen (ab 18 Jahren) mit unzureichend kontrolliertem Diabetes mellitus Typ 2 indiziert: Als Monotherapie; Als Add-on-Kombinationstherapie mit anderen blutzuckersenkenden Arzneimitteln; Als initiale Kombinationstherapie mit Metformin. Informationen zu Kombinationsbehandlungen und Auswirkungen auf kardiovaskuläre Ereignisse siehe www.swissmedicinfo.ch. Behandlung der chronischen symptomatischen linksventrikulären Herzinsuffizienz in Kombination mit anderen medikamentösen Therapien der Herzinsuffizienz bei erwachsenen Patienten. Indiziert zur Senkung des Risikos der Progression einer chronischen Nierenerkrankung bei adulten Patienten mit chronischer Nierenerkrankung. **D:** Diabetes mellitus: Anfangsdosis: 1 x täglich 5 mg; bei guter Verträglichkeit und ungenügender glykämischer Kontrolle Erhöhung auf 1 x täglich 10 mg. Herzinsuffizienz & Chronische Nierenerkrankung: 1 x täglich 10 mg. **KI:** Überempfindlichkeit gegenüber dem Wirkstoff oder einem der Hilfsstoffe. **V:** Nicht empfohlen bei: Diabetes mellitus Typ 1 oder diabetischer Ketoazidose, hereditäre Galactose-Intoleranz, Lactase-Mangel oder Glucose-Galactose-Malabsorption. Begrenzte Erfahrung bei eGFR < 25 ml/min/1.73 m², bei eGFR anhaltend < 45 ml/min/1.73 m² nicht zur Behandlung des Diabetes. Keine Erfahrungen für die Behandlung der chronischen Nierenerkrankung bei Patienten ohne Diabetes mellitus, die keine Albuminurie haben. **IA:** Dapagliflozin kann den diuretischen Effekt von Diuretika verstärken. **UAW:** Sehr häufig: Hypoglykämie (bei Anwendung mit SU oder Insulin). Häufig: Vulvovaginitis, Balanitis und verwandte Infektionen des Genitalbereichs, Harnwegsinfektionen, Volumenmangel, Rückenschmerzen, Dysurie, Polyurie, erhöhter Hämatokrit, Dyslipidämie. Gelegentlich, selten, sehr selten: siehe www.swissmedicinfo.ch. Nach Zulassung: Diabetische Ketoazidose, Fournier's Gangrän, Urosepsis, Pyelonephritis. **Stand der Information:** November 2022. Weitere Informationen: www.swissmedicinfo.ch oder AstraZeneca AG, Neuhoferstrasse 34, 6340 Baar. www.astrazeneca.ch. Fachpersonen können die genannten Referenzen bei AstraZeneca AG anfordern.

Friday, December 8

From 07.00	Registration	FOYER HALL 1
07.30-08.45	GENERAL ASSEMBLY/SGN-SSN	BARCELONE – ROOM A
08.45-09.00	PUBLICATION AWARD 2023/SGN-SSN <i>Chairs: Johannes Loffing, Zurich; Olivier Bonny, Fribourg and Lausanne</i> Hypomagnesemia, Hypocalcemia, and Tubulointerstitial Nephropathy Caused by Claudin-16 Autoantibodies Fadi Fakhouri, Lausanne	BARCELONE – ROOM A
09.00-09.15	Short break	
09.15-10.00	PARALLEL SYMPOSIUM Sponsored by OTSUKA Role of CNI in Lupus Nephritis from the guidelines' and clinical perspective <i>Chairs: Prof. Fadi Fakhouri MD, PhD, Chef du service de néphrologie et hypertension, CHUV, Lausanne</i> Prof. Dr. med. Jörg Latus, Ärztlicher Leiter, Allgemeine Innere Medizin und Nephrologie, Robert-Bosch-Krankenhaus, Stuttgart	BARCELONE – ROOM A
09.15-10.00	PARALLEL SYMPOSIUM Sponsored by BOEHRINGER INGELHEIM Looking beyond glycemic control: Cardio-Renal-Metabolic benefits of SGLT2i" <i>Chair: Dr. Harald Seeger</i>	ST-MORITZ – ROOM B
09.15-09.25	"SGLT2i - a game changer" Drsse Anne Zanchi, Lausanne	
09.25-09.35	"The unraveled secrets of SGLT2i" Dr. Harald Seeger, Zurich	
09.35-09.50	"3D dialogue in modern patient management" Drsse Anne Zanchi, Lausanne; Dr. Harald Seeger, Zurich	
09.50-10.00	Discussion – All	
10.00-10.30	Coffee break – Visit of the Exhibition – Poster viewing	

Friday, December 8

10.30-11.15 **STATE OF THE ART LECTURE 3** **BARCELONE – ROOM A**
Chairs tbd
Pregnancy and CKD
 Dr. Giuseppina Piccoli, Le Mans (FR)

11.15-12.00 **PARALLEL SYMPOSIUM** **BARCELONE – ROOM A**
 Sponsored by **CHIESI** 
CYSTINOSIS AND CYSTINURIA: TWO RARE DISEASES DESERVING RECOGNITION
Chair: Prof. Fadi Fakhouri, Lausanne
Speakers: Dr. Aude Servais, Paris (FR) and Prof. Daniel Fuster, Bern

11.15-12.00 **PARALLEL SYMPOSIUM** **ST-MORITZ – ROOM B**
 Sponsored by **GSK** 
Treatment Options in Lupus and Herpes Zoster Vaccination for Risk Patients
Chair: Prof. Uyen Huynh-Do, Bern

11.15 **Welcome & Opening Remarks**
 Uyen Huynh-Do, Bern

11.20 **Treatment Options in Lupus from Rheumatology Perspective**
 Diana Dan, Lausanne

11.40 **Herpes Zoster Vaccination for High Risk Patients**
 Ulrich Heininger, Basel

12.00 **End and Closing Remarks**
 Uyen Huynh-Do, Bern

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

13.00-13.45 **YSN PICTURE CHALLENGES** **BARCELONE – ROOM A**
Chair: YSN team

Friday, December 8

13.00-13.45 **PARALLEL SYMPOSIUM** **ST-MORITZ – ROOM B**
 Sponsored by **NOVARTIS** 
C3G and IC-MPGN: From unmet needs to improving outcomes

13.00 **Welcome**
 Chair: Uyen Huynh-Do, Bern

13.00 **Current state of evidence – understanding disease, molecular mechanisms and implications for disease management**
 Fadi Fakhouri, Lausanne

13.15 **Recent advances in the clinical development of complement inhibitors in C3G and IC-MPGN**
 Uyen Huynh-Do, Bern

13.30 **Diagnosing and treating C3G & IC-MPGN in Switzerland – A patient case**
 Patricia Hirt-Minkowski, Basel

13.40 **Discussion**
 Chair: Uyen Huynh-Do, Bern

13.45-14.30 **STATE OF THE ART LECTURE 4** **BARCELONE – ROOM A**
Chairs tbd
 Prof. Anna Köttgen, Freiburg (DE)

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

15.00-16.30 **CLINICO-PATHOLOGY INTERACTIVE CASES** **BARCELONE – ROOM A**
Chairs: tbd

15.00-15.20

15.20-15.40

15.40-16.00

16.00-16.20

16.20-16.30

16.30 **Farewell address** **BARCELONE – ROOM A**

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Novartis Satellite Symposium
Friday, 8th December 2023
13:00 – 13:45, Room B, St. Moritz

C3G and IC-MPGN: From unmet needs to improving outcomes

13:00 **Welcome**
Chair: Prof. Uyen Huynh-Do, Bern

13:00 **Current state of evidence – understanding disease, molecular mechanisms and implications for disease management**
Prof. Fadi Fakhouri, Lausanne

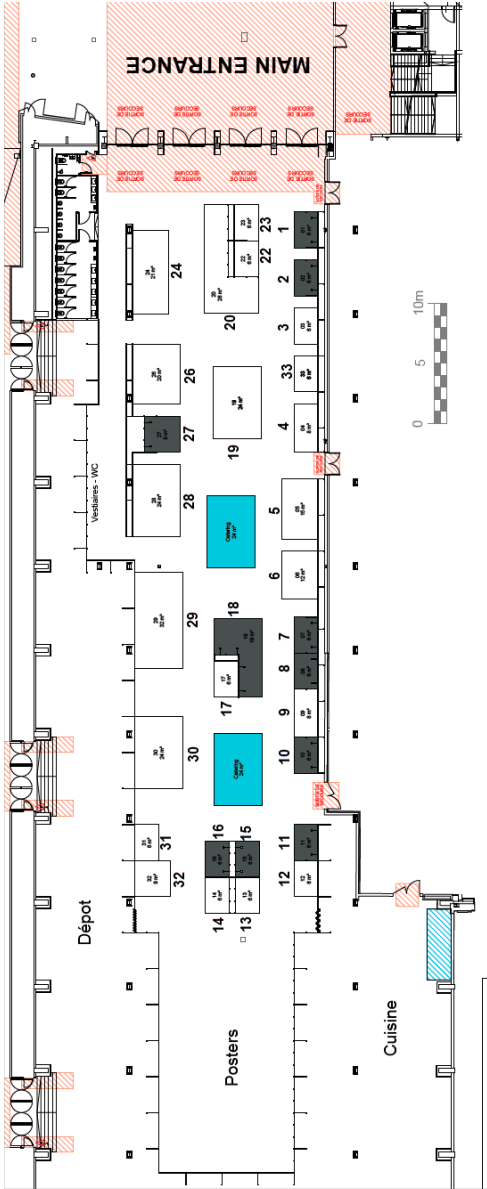
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13:30 **Diagnosing and treating C3G & IC-MPGN in Switzerland – A patient case**
PD Dr. Patricia Hirt-Minkowski, Basel

13:40 **Discussion**
Prof. Uyen Huynh-Do, Bern

 NOVARTIS **Novartis Pharma Schweiz AG**, Suurstoffi 14, 6343 Rotkreuz, tel. 041/763 71 11, www.novartispharma.ch

Plan of exhibition



Exhibitors

Company	Booth
SALMON	1
ALNYLAM	2
VNPS	3
MEDTRONIC	4
THERAMED	5
AMGEN	6
ASTELLAS medical	7
MCM MEDSYS	8
ASTELLAS commercial	9
NOVA BIOMEDICAL	10
CHIESI	11
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Association

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



Verband Nierenpatienten Schweiz (VNPS)



Swiss **KIDNEY** Foundation
Schweizerische **NIEREN**stiftung
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Young Swiss Nephrology



Kind thanks to the City of Lausanne



Ville de Lausanne

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Sponsored parallel symposia in alphabetical order



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Thursday, December 7, 2023 – 11.30-12.15/BARCELONE-ROOM A



AstraZeneca SA

Thursday, December 7, 2023 – 11.30-12.15/ST-MORITZ- ROOM B



Bayer (Schweiz) AG

Thursday, December 7, 2023 – 13.45-14.30/BARCELONE-ROOM A



Boehringer Ingelheim (Schweiz) GmbH

Friday, December 8, 2023 – 09.15-10.00/ST-MORITZ- ROOM B



Chiesi SA

Friday, December 8, 2023 – 11.15-12.00/BARCELONE-ROOM A



CSL Vifor Pharma Switzerland AG

Thursday, December 7, 2023 – 13.45-14.30 /ST-MORITZ- ROOM B



GlaxoSmithKline AG

Friday, December 8, 2023 – 11.15-12.00/ST-MORITZ- ROOM B



Novartis Pharma Schweiz AG

Friday, December 8, 2023 – 13.00-13.45/ST-MORITZ- ROOM B



Otsuka Pharmaceutical (Switzerland) GmbH

Friday, December 8, 2023 – 09.15-10.00/BARCELONE-ROOM A

Publication Award 2023 / SGN-SSN



Otsuka Pharmaceutical (Switzerland) GmbH

Friday, December 8, 2023 – 08.45-09.00

Kind thanks to all our sponsors



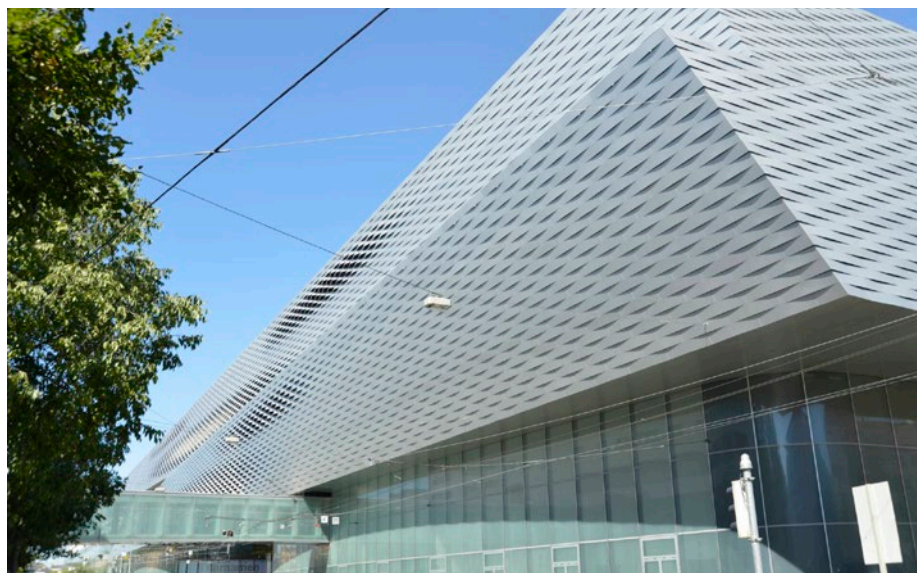
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Save the date: SGN-SSN congress 2024

We would like to invite you to the

56th Annual Meeting of the Swiss Society of Nephrology SGN-SSN
on **December 5-6, 2024** – Congress Center Basel



Please save the dates of December 5-6, 2024!

We look forward to welcoming you in Basel next year!



Benlysta
(belimumab)



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.

BAG Limitation expanded to lupus nephritis²

symbolic image

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-administrated 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.spezialtaetenliste.ch, Stand 1.6.2023

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GlaxoSmithKline AG, Talstrasse 3, 3053 Münchenbuchsee.
PM-CH-BEL-JRNA-220004-06/2023



Benlysta
(belimumab)

Otsuka unterstütztes Symposium am SGN
Role of CNI in Lupus Nephritis from the guidelines' and clinical perspective.
08.12.23 | 09:15 – 10:00 Uhr | Raum Barcelona

Lupkynis® zur Behandlung der Lupus-Nephritis^{a,1}



Signifikant überlegenes komplettes renales Ansprechen^{b,2}

• 41 % vs. 23 % nach 52 Wochen^c



Doppelt so schnelle Reduktion der Proteinurie^{b,2}

• 50 %ige UPCR-Reduktion: 29 vs. 63 Tage^d
• UPCR ≤ 0,5 mg/mg: 169 vs. 372 Tage^e



Rasche und anhaltende Steroidreduktion auf ≤ 2,5 mg/Tag^{b,f,2,3}



3-Jahres-Daten bestätigen Sicherheits- und Wirksamkeits-Profil von Lupkynis^{® b,3}

^aLupkynis® ist in Kombination mit einer immunsuppressiven Basistherapie zur Behandlung von erwachsenen Patienten mit aktiver Lupusnephritis der Klassen III, IV oder V (einschliesslich deren Mischformen III/V und IV/V) indiziert.¹ ^bVoclosporin vs. Placebo, jeweils kombiniert mit MMF und niedrig dosierten Steroiden; angewendet in AURORA 1 (Monat 1 bis 12) sowie in der Fortsetzungsstudie AURORA 2 (Monat 13 bis 36)^{2,3}; -OR: 2,65 [95%-KI: 1,64; 4,27], p < 0,0001²; -HR: 2,05 [95%-KI: 1,62; 2,60], p < 0,001²; -HR: 2,02 [95%-KI: 1,51; 2,70], p < 0,001²; Reduktion der oralen Steroiddosis auf ≤ 2,5 mg/Tag in Woche 16 bei > 80 % der Patient:innen aus beiden Behandlungsgruppen in AURORA 1; > 75 % der Patient:innen in AURORA 2 behielten diese niedrige Steroiddosis bis zum Monat 36 bei^{1,2}

HR: Hazard Ratio; KI: Konfidenzintervall; MMF: Mycophenolat-Mofetil; OR: Odds Ratio; UPCR: Protein/Kreatinin-Verhältnis im Urin.

Referenzen (Literatur auf Anfrage bei Otsuka Pharmaceutical (Switzerland) GmbH erhältlich): 1. Fachinformation Lupkynis®, www.swissmedinfo.ch, Stand September 2023. 2. Rovin BH et al. Efficacy and safety of voclosporin versus placebo for lupus nephritis (AURORA 1): a double-blind, randomised, multicentre, placebo-controlled, phase 3 trial. Lancet 2021; 397:2070–2080. 3. Saxena A et al. Safety and Efficacy of Long-Term Voclosporin Treatment for Lupus Nephritis in the Phase 3 AURORA 2 Clinical Trial Arthritis Rheumatol 2023; doi: 10.1002/art.42657 incl. supplementary appendix to: Saxena A et al.

▼ Dieses Arzneimittel unterliegt einer zusätzlichen Überwachung. Für weitere Informationen, siehe Fachinformation/Patienteninformation Lupkynis auf www.swissmedinfo.ch.

Lupkynis (Voclosporinum) Kurzfachinformation. Indikation: Lupkynis ist in Kombination mit einer immunsuppressiven Basistherapie zur Behandlung von erwachsenen Patienten mit aktiver Lupusnephritis der Klassen III, IV oder V (einschl. Mischformen III/V und IV/V) indiziert. **Dosierung:** Empfohlene Dosis beträgt 23,7 mg [3 Weichkapseln à 7,9 mg] 2x täglich. Basis-Therapie in den klinischen Studien waren Mycophenolat Mofetil (MMF) und Kortikosteroide. Die Behandlung sollte von einer Ärztin/Arzt eingeleitet / überwacht werden, der Erfahrung mit der immunsuppressiven Therapie zur Behandlung von Systemischen Lupus Erythematoses bzw. Lupusnephritis hat. **Kontraindikation:** Überempfindlichkeit gegen den Wirkstoff / sonstige Bestandteile, Starke CYP3A4 Inhibitoren. **Warnhinweise / Vorsichtsmassnahmen:** Erhöhtes Risiko für das Auftreten von Lymphomen und anderen malignen Erkrankungen insbesondere der Haut unter Immunsuppressiva; ungeschützte Exposition gegenüber Sonnenlicht / UV-Strahlung vermeiden. Das Risiko für das Auftreten von bakteriellen, viralen, Pilz- und Protozoeninfektionen kann unter Immunsuppressiva, einschliesslich Voclosporin erhöht sein, ebenso das Risiko einer Neurotoxizität. Im Zusammenhang mit Calcineurin-Inhibitoren wurde über eine akute Verschlechterung der Nierenfunktion oder Abnahme der eGFR berichtet – regelmäßige Überwachung der eGFR empfohlen. Ebenso wurde über Fälle von Aplasie der roten Blutkörperchen (pure red cell aplasia, PRCA) oder Hyperkalämie berichtet. Voclosporin kann Hypertonie verursachen oder verschlimmern, der Blutdruck ist zu kontrollieren. In Kombination mit anderen Arzneimitteln, die bekanntermassen das QTc-Intervall verlängern, kann es zu einer klinisch signifikanten QTc-Verlängerung kommen. Bei Patienten mit erhöhtem Risiko einer QT-Verlängerung, ist ein EKG in Betracht zu ziehen und die Elektrolyte sind zu überwachen. Bei Leberfunktionsstörung (Child-Pugh-Klasse C) soll Voclosporin nicht angewendet werden. Impfungen beachten. Eine Lupkynis Weichkapsel enthält 21,6 mg Ethanol -die geringe Alkoholmenge hat keine wahrnehmbaren Auswirkungen-, und 28,7 mg Sorbitol. Ebenso kann es Spuren von Sojalecithin enthalten (mögliche Rückstände aus der Herstellung). **Interaktionen:** Siehe Kontraindikationen. Dosierungsdosis bei mittelstarken CYP3A4-Inhibitoren. Gleichzeitige Anwendung mit starken und mittelstarken CYP3A4-Induktoren nicht empfohlen. Einfluss von Voclosporin auf die Pharmakokinetik von P-gp & OATP1B1/OATP1B3. Substrate. Anwendung von Voclosporin mit Mycophenolat Mofetil (MMF) ohne klinisch bedeutsame Auswirkungen auf die Konzentration von Mycophenolsäure (MPA). **Schwangerschaft/Stillzeit:** Lupkynis soll während der Schwangerschaft nicht angewendet werden, es sei denn, der erwartete Nutzen überwiegt das potenzielle Risiko, ebenso beim Stillen. **Unerwünschte Wirkungen: sehr häufig:** Infektion der oberen Atemwege, Anämie, Kopfschmerz, Hypertonie, Husten, Diarrhö, Bauchschmerzen, verminderte Glomeruläre Filtrationsrate **häufig:** Grippe, Herpes Zoster, Gastroenteritis, Harnwegsinfektion, Hyperkalämie, verminderter Appetit, Kampanfälle, Tremor, Übelkeit, Zahnfleischhyperplasie, Dyspepsie, Alopecie, Hypertrichose, akute Nierenerkrankung, akute Nierenschädigung. **Packungen:** 180 Weichkapseln. 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 Opfikon. **Stand:** September 2023 (v002).