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Program



53rd Annual Meeting Swiss Society of Nephrology

Congress Centre Kursaal Interlaken
December 9-10, 2021

**COVID
certificate mandatory
(QR-code)**

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

December 9, 2021

Pflege in der Nephrologie
Soins en Néphrologie
Cure in Nefrologia



www.swissnephrology.ch



Benlysta is
Designed for



Lupus

New
Indication

Benlysta is now indicated for patients with
Lupus Nephritis¹

Benlysta is indicated

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

Benlysta has not been studied in patients with severe, active lupus of the central nervous system.¹

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 \geq 5 years, LN patients \geq 18 years): 10 mg/kg on Days 0, 14, 28, and at 4-weeks intervals thereafter. **Solution for subcutaneous injection (patients \geq 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) \times 1 and \times 4. **DC:** Vial: A. Autoinjector: B. **Last updated:** May 2021. GlaxoSmith-Kline AG, 3053 Munchenbuchsee. Detailed information you can find under www.swissmedicinfo.ch. Please report adverse drug reactions under pv.swiss@gsk.com.

Reference: 1. Fachinformation Benlysta, www.swissmedicinfo.ch.



Benlysta
(belimumab)

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Invitation 2021

Dear Colleagues,

It is our pleasure to invite you to the 53rd annual meeting of the Swiss Society of Nephrology in Interlaken.

The corona virus pandemic is still a challenge for all of us. Last year's congress had to be cancelled due to COVID regulations and we very much hope that with ongoing vaccination we will be able to meet in person this year.

The traditional CME course is not part of this year's annual meeting. It has been organized by the scientific committee and will be held in Aarau on 3rd and 4th of September 2021.

The satellite symposium for nurses will traditionally be held in parallel to the main program on Thursday 9th December 2021.

For the main program two speakers that were planned for last year's meeting are scheduled to address relevant clinical issues: Prof. Fadi Fakhouri (Lausanne) on the role of complement in glomerular diseases and Prof. Wim van Biesen (Gent) on transition to peritoneal dialysis. Prof. Thomas Fehr (Chur) will talk on SGLT2-inhibitors and their important role in non-diabetic kidney diseases. Dr. Christoph Stein (Heidelberg) will lecture on the microbiome, a field that is gaining more and more importance. The key lecture by Dr. Aitana Lebrand (Genf) will address the use of Artificial Intelligence (AI) in different fields in medicine. Finally, Dr. Urs Stoffel (FMH Olten) will discuss future cost models.

We are very happy to welcome the Young Nephrologists, our next generation of nephrologists and a key to the future of nephrology. This new group will present themselves on Thursday evening.

Come and join us for interesting discussions and networking!

Looking forward to seeing you in Interlaken,



Ann-Kathrin Schwarzkopf

Co-congress presidents SGN-SSN 2021



Stephan Segerer

Organization

Congress Presidents

Ann-Kathrin Schwarzkopf, Bern
Stephan Segerer, Aarau

Scientific Committee

Eric Feraille, Geneva
Daniel Fuster, Bern
Andreas Kistler, Frauenfeld
Johannes Loffing, Zurich (President)
Johan Lorenzen, Zurich
Stefan Schaub, Basel
Stephan Segerer, Aarau
Grégoire Wuerzner, Lausanne

Board of the SGN-SSN

President 2020-2021

Rudolf P. Wüthrich, Zurich

President-elect 2020-2021

Olivier Bonny, Lausanne

Secretary

Hans-Rudolf Rätz, Baden

Treasurer

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(President of the Swiss Kidney Foundation)
Pietro Cippà, Lugano
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Maja Klein Lüthi, Burgdorf
(Delegate to the FMH Medical Association)
Johannes Loffing, Zurich
Belen Ponte, Geneva
Stephan Segerer, Aarau
(Delegate Tariff system)
Sibylle Tschumi, Bern (Pediatric Nephrologist)
Dominik Uehlinger, Bern (Dialysis Commission)
Seraina von Moos, Zurich
Grégoire Wuerzner, Lausanne (Delegate to the SIWF)

General information

Congress venue

Congress Centre 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
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 (& Pflege in der Nephrologie)

Early bird fee
(before Nov. 7, 2021)

Late fee
(Nov. 8-Dec. 8, 2021)

Onsite fee
(From Dec. 9, 2021)

Member SGN	<input type="checkbox"/> CHF 260.00	<input type="checkbox"/> CHF 300.00	<input type="checkbox"/> CHF 350.00
NON-member SGN	<input type="checkbox"/> CHF 380.00	<input type="checkbox"/> CHF 420.00	<input type="checkbox"/> CHF 470.00
Residents*	<input type="checkbox"/> CHF 150.00	<input type="checkbox"/> CHF 180.00	<input type="checkbox"/> CHF 210.00
Young Swiss Nephrologists (YSN)	<input type="checkbox"/> CHF 120.00	<input type="checkbox"/> CHF 150.00	<input type="checkbox"/> CHF 180.00
Doctoral Students (NCCR)*	<input type="checkbox"/> CHF 100.00	<input type="checkbox"/> CHF 130.00	<input type="checkbox"/> CHF 160.00
Spezialisierte Pflege	<input type="checkbox"/> CHF 120.00	<input type="checkbox"/> CHF 150.00	<input type="checkbox"/> CHF 180.00

for the YSN, the Apéro riche is included, but a confirmation of participation is requested (below)

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

Apéro riche (9.12.21) CHF 30.00

Apéro riche (9.12.21) participation YSN (free of charge)

Included in the registration fees

Access to the scientific sessions, congress documents, certificate of participation, coffee breaks, light lunches. The Apéro riche on 9.12.21 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 with 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 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.

Full virtual event

In case of full virtual event, the registration costs will remain the same in order to cover the online webplatform and technical costs.

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.
Speaking time : 8 min and 2 min discussion.

Posters

The abstracts accepted as poster will be presented in the poster exhibition. The poster needs to be written in English.
The poster format is DIN A0 (portrait – 120 cm height x 85 cm width).

General information

Posterwalk

There will be an organized Posterwalk on Thursday, December 9, 2021, from 18.00 to 19.15 where the highest rated posters in each category will be selected for the Poster Prize Award:

- Basic Science / Genetics / Experimental Nephrology
- Transplantation
- Clinical Nephrology / Hypertension / Mineral / Electrolytes
- Hemodialysis (HD) / Peritoneal Dialysis (PD)

We ask each author to be present near his / her poster during the posterwalk.

SGN/SSN Publication Award

2020 : given on Friday, December 10 at 08.45

2021 : given on Friday, December 10 at 11.15



SGN Poster Prize Awards

The four highest rated posters will receive a poster award during the Apéro riche on December 9, 2021 at 19.30.



Young Swiss Nephrology Award

For Young (< 40 yrs) Swiss Nephrologists – given during the Apéro riche on December 9, 2021 at 19.30.



Registration

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

Credits

Credit points will be given by the following societies :

SGN-SSN Congress, 9-10.12.21

SGN-SSN 16 credits

SGAIM-SSMIG 10 credits

Language

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

General information

COVID certificate (QR-Code)

Please, take note that due to the pandemic, the Board Committee of the SGN has decided that a **COVID certificate (QR-code)** will be mandatory for the 53rd Annual Meeting of the Swiss Society of Nephrology.

All participants (attendees, speakers & moderators, committees, industry partners, stand constructors, congress center staff, MC staff, catering staff, etc.) who enter the building of the Kursaal Interlaken during the SGN annual congress must be able to present a valid Swiss COVID certificate, or an EU/non-EU equivalent.

This will be checked at the entrance

The COVID certificate provides documentary evidence of

RECOVERY

must have been no longer than 6 months ago ;

VACCINATION

completed for at least 14 days is necessary ;

TESTED

a PCR test must not be older than 72 hours, an antigen test not older than 48 hours. After the expiration of the validity period a new test must be submitted on the third day ;

EU COUNTRY

a valid EU certificate, this will be accepted ;

Non-EU COUNTRY

presentation of a negative result.

Kindly take note that there will be no possibility to being tested at the entrance of the Kursaal.

Program at a glance

Thursday, December 9, 2021

Schedule	Room A	Room B	Room Brünig
From 08.00	Registration		
09.40-09.45	Welcome Address		
09.45-10.45	State of The Art Lecture		10.00-10.45 PflegeSymposium
10.45-11.15	Coffee break – Visit of the exhibition – Poster viewing		
11.15-12.00	Parallel Symposium Sponsored by Otsuka	Parallel Symposium Sponsored by Sanofi Genzyme	
12.00-12.15	Short break		
12.15-13.15	Oral Parallel Presentations Basic Science / Genetics / Experimental Nephrology & NCCR Kidney.CH	Oral Parallel Presentations Transplantation	11.15-12.45 PflegeSymposium
13.15-14.00	Lunch snacks in the exhibition – Poster viewing		
14.00-14.45	Parallel Symposium Sponsored by Fresenius Medical Care	Parallel Symposium Sponsored by Vifor	14.00-15.30 PflegeSymposium
14.45-15.30	State of The Art Lecture		
15.30-16.00	Coffee break – Visit of the exhibition – Poster viewing		
16.00-16.45	State of The Art Lecture		16.00-17.00 PflegeSymposium
16.45-17.00	Young Swiss Nephrology Session (YSN)	Swiss Stone Cohort	
17.00-17.30		Swiss Dialysis Registry	
17.30-18.00			
18.00-19.15	Posterwalk in the Poster area		
19.30	WELCOME RECEPTION – APÉRO RICHE SGN Poster Prize Awards – Young Swiss Nephrology Award		

Program at a glance

Friday December 10, 2021

Schedule	Room A	Room B
From 07.00	Registration	
07.45-08.45	General Assembly SGN-SSN	
08.45-09.00	Publication Award 2020	
09.00-09.45	State of the Art Lecture	
09.45-10.00	Short break	
10.00-10.45	Parallel Symposium Sponsored by Bayer	Parallel Symposium Sponsored by GSK
10.45-11.15	Coffee break – Visit of the exhibition – Poster viewing	
11.15-11.30	Publication Award 2021	
11.30-12.15	State of the Art Lecture	
12.15-12.30	Short break	
12.30-13.15	Parallel Symposium Sponsored by AstraZeneca	Parallel Symposium Sponsored by Kyowa Kirin
13.15-14.00	Lunch snacks – Visit of the exhibition – Poster viewing	
14.00-15.00	Oral Parallel Presentations Clinical Nephrology / Hypertension / Mineral / Electrolytes	Oral Parallel Presentations Hemodialysis (HD) / Peritoneal Dialysis (PD)
15.00-15.30	Coffee Break – Visit of the exhibition – Poster viewing	
15.30-17.00	Hot Topics / Update 2021	
17.00	Farewell	

Thursday, December 9

Special Satellite Symposium

Room Brünig

Pflege in der Nephrologie / Soins en Néphrologie / Cure in Nefrologia

Sprache: Deutsch, Französisch und Italienisch
(Slides und Fragen: in den anderen zwei Sprachen)

10.00-10.15

Begrüssung

Claudia Studer, Prisca Coduri, Ursula Dietrich

10.15-10.45

Dialyseabbruch / Lebensqualität bis zum Tod

Tanja von Arx, Aarau

10.45-11.15

Coffee break – Visit of the exhibition – Poster viewing Exhibition space

11.15-11.45

Sexualität, Kinderwunsch und Schwangerschaft an der Dialyse

Samantha Chase, Winterthur

11.45-12.15

Il paziente anziano in dialisi: identificazione dei bisogni di cura per una presa in carico globale

Francesca Tartaglia, Bellinzona

12.15-12.45

La qualité de la relation infirmière-patient en hémodialyse: résultats prometteurs du projet exp.care Philippe Delmas, Matteo Antonini, Tanja Bellier-Teichmann, Lausanne

13.15-14.00

Lunch snacks – Visit of the exhibition – Poster viewing Exhibition space

Thursday, December 9

Special Satellite Symposium

Room Brünig

14.00-14.30

Patientenschulung Peritonealdialyse kritisch betrachtet – Eine Fallanalyse

Ilonka Lees, Bern

14.30-15.00

L'organizzazione del Servizio Infermieristico di Emodialisi dell'Ospedale Regionale di Locarno «La Carità» durante la pandemia COVID-19

Nadine Poletti Cacio, Locarno

15.00-15.30

Être en deuxième ligne (Equipe de recherche ProH-COVID)

Matteo Antonini, Margaux Perriraz, Philippe Delmas, Claudia Ortoleva Bucher, Tanja Bellier-Teichmann, Isabelle Peytremann Bridevaux, Ingrid Gilles*, Lausanne

15.30-16.00

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

16.00-17.15

Interprofessionelle Zusammenarbeit im Setting der Hämodialyse - ein Vorzeigebispiel für gelungene Interprofessionalität zwischen Pflegenden und Ärzten?

Christina Venzin, Davos

17.15

Verabschiedung

Claudia Studer, Prisca Coduri, Ursula Dietrich

Thursday, December 9

From 8.00	Registration	
09.40-09.45	Opening of the 53rd Annual Meeting of the Swiss Society of Nephrology & Welcome Address Ann-Kathrin Schwarzkopf, Bern ; Stephan Segerer, Aarau	Room A
09.45-10.45	STATE OF THE ART LECTURES <i>Chairs: Harald Seeger, Zurich ; Stephan Segerer, Aarau</i>	Room A
09.45-10.15	SGLT-2 Inhibition in kidney disease and beyond Thomas Fehr, Chur	
10.15-10.45	Transition in renal replacement therapy Wim van Biesen, Gent (BE)	
10.45-11.15	Coffee break – Visit of the exhibition – Poster viewing	Exhibition space
11.15-12.00	PARALLEL SYMPOSIUM Sponsored by OTSUKA (How) can we reduce corticosteroid exposure in Lupus Nephritis ? <i>Chair: Uyen Huynh-Do, Bern</i> Speaker: Andreas Kistler, Frauenfeld	 Room A
11.15-12.00	PARALLEL SYMPOSIUM Sponsored by SANOFI GENZYME New Insights for Nephrologists on Diagnosis and Therapy: Tracking down aTTP and Fabry disease <i>Chair: Fadi Fakhouri, Lausanne</i> Fabry disease: Phenotype, genotype and their impact on treatment decisions Albina Nowak, Zurich Acquired thrombotic thrombocytopenic purpura – from evidence to clinical practice Mario Bargetzi, Aarau	 Room B
12.00-12.15	Short break	

Thursday, December 9

12.15-13.15	6 ORAL PARALLEL PRESENTATIONS	Room A
	Basic Science / Genetics / Experimental Nephrology & NCCR Kidney.CH <i>Chairs: Eric Feraille, Geneva ; Grégoire Wuerzner, Lausanne</i>	
OC 01 (12.15-12.25)	Interim analysis of a Phase 2 dose ranging study to investigate the efficacy and safety of iptacopan in primary IgA nephropathy – Matthias Meier, Basel	
OC 02 (12.25-12.35)	24p3 receptor (24p3R) knockout reduces kidney fibrosis and inflammation during proteinuric kidney disease* – Thomas Verissimo, Geneva	
OC 03 (12.35-12.45)	Fetuin-A attenuates fibrotic remodeling and improves renal function in a mouse model of ischemia reperfusion injury – Stefan Rudloff, Bern	
OC 04 (12.45-12.55)	Claudin-4 is involved in chloride retention of nephrotic syndrome (NCCR project) * – Ali Sassi, Geneva	
OC 05 (12.55-13.05)	Urinary cystathionine protects from calcium oxalate nephropathy – Dusan Harmacek, Lausanne	
OC 06 (13.05-13.15)	Glomerular proteomic profiling of kidney biopsies with hypertensive nephropathy reveals a signature of disease progression – Hans-Peter Marti, Bergen, Norway	

* YSN paper

Thursday, December 9

12.15-13.15	5 ORAL PARALLEL PRESENTATIONS	Room B
	TRANSPLANTATION	
	<i>Chairs: Stefan Schaub, Basel; Thomas Müller, Zurich</i>	
OC 07 (12.15-12.25)	Successful tolerance induction by combined kidney and hematopoietic stem cell transplantation – Kerstin Hübel, Zurich	
OC 08 (12.25-12.35)	Functionalised magnetic nanoparticles remove donor-specific antibodies (DSA) from patient blood. Preliminary data of an ex vivo feasibility and proof-of-principle study* – Francis Lauener, Zurich	
OC 09 (12.35-12.45)	Outcome of husband-to-wife kidney transplantation with mutual children: single center experience using T cell-depleting induction – Lisa Senn, Basel	
OC 10 (12.45-12.55)	Comparing methods for donor-derived cell-free dna quantification in plasma and urine from kidney and liver transplant recipients – Nicholas Küng, Bern	
OC 11 (12.55-13.05)	Outcome of patients transplanted for glomerulonephritis in the Swiss kidney transplant cohort* – Mathieu Halfon, Lausanne	

*YSN paper

Thursday, December 9

13.15-14.00	Lunch break – Visit of the exhibition – Poster viewing	Exhibition space
14.00-14.45	PARALLEL SYMPOSIUM	Room A
	Sponsored by FRESENIUS MEDICAL CARE	
	Membrane Innovation from Bench to Bedside	
	<i>Chair: Patrice M. Ambühl, Prof., Head Department Medical Institutes, Head Institute of Nephrology, Stadtspital Zurich</i>	
	How can membrane innovation improve outcomes?	
	Bernard Canaud, Prof., Senior Medical Scientist, Global Medical Office EMEA Fresenius Medical Care France / Germany	
	Nano-controlled membrane surface architecture leads to reduced hemoreactivity and increased toxin removal	
	James Kennedy, Dr, Global Director for New Product Development Fresenius Medical Care USA	
14.00-14.45	PARALLEL SYMPOSIUM	Room B
	Sponsored by VIFOR PHARMA	
	Silent killers in CKD: how can prevention revert tendency?	
	<i>Chair: Felix Burkhalter, KS Baselland</i>	
	Optimal management of CKD patients with RAAS inhibitors through long-term K+ control: case discussions	
	Nora Schwotzer, CHUV, Lausanne	
	Early management of secondary hyperparathyroidism in non-dialysis CKD	
	Spyridon Arampatzis, Nierenzentrum Bern and Lindenhofspital Dialyse Bern)	
14.45-15.30	STATE OF THE ART LECTURE	Room A
	<i>Chairs: Michael Dickenmann, Basel; Ann-Kathrin Schwarzkopf, Bern</i>	
	AI: Nephrology goes digital	
	Aitana Lebrand, SIB Genf	
15.30-16.00	Coffee break – Visit of the exhibition – Poster viewing	Exhibition space
16.00-16.45	“STATE OF THE ART LECTURE” roundtable	Room A
	<i>Chairs: Dominik Uehlinger, Bern; Stephan Segerer, Aarau</i>	
	The nephrologists dilemma	
	Urs Stoffel, FMH Olten	

Silent killers in CKD: how can prevention revert tendency?

SGN/SSN Congress - Kursaal Interlaken
Thursday, December 9th, 2021, 14.00-14.45 h

CHAIR


Dr. med. Felix Burkhalter, Leiter Nephrologie, KS Baselland

PART I Optimal management of CKD patients with RAAS inhibitors through long-term K⁺ control: case discussions

Dr méd. Nora Schwotzer (CHUV, Lausanne)

PART II Early management of secondary hyperparathyroidism in non-dialysis CKD

Prof. Dr. med. Spyridon Arampatzis
(Nierenzentrum Bern and Lindenhofspital Dialyse Bern)

 **Request the presentation slides**
sgncongress@viforpharma.com or simply scan here:



This satellite symposium is sponsored by Vifor AG, Route de Moncor 10, 1752 Villars-sur-Glâne,
53rd Annual Meeting of Swiss Society of Nephrology, Interlaken, December 9th-10th, 2021

E 11/2021 CH-NA-2100011



Thursday, December 9

16.45-18.00	YOUNG SWISS NEPHROLOGY SESSION (YSN) <i>Chairs: Dusan Harmacek, Nora Schwotzer, Seraina von Moos</i>	Room A
16.45-16.50	Presentation of the YSN Group	
OC 23 (16.50-17.00)	Humoral and cellular responses to mRNA vaccines against SARS-CoV2 in patients receiving anti-CD20 therapy* – Matthias Moor, Bern	
OC 24 (17.00-17.10)	Relevance of Deceased Donor Urine Findings for Kidney Transplantation: a Comprehensive National Cohort Study* – Christian Kuhn, Bern	
OC 25 (17.10-17.20)	Treatment of acidosis in hemodialysis patients is biased by the type of vascular access* – Lukas Bock, Frauenfeld	
17.20-18.00	Picture Challenge	
17.00-17.30	SWISS STONE COHORT Olivier Bonny, Lausanne	Room B
17.30-18.00	SWISS DIALYSIS REGISTRY Patrice Ambühl, Zürich	Room B
18.00-19.15	POSTERWALK IN THE POSTER AREA Basic science / Genetics / Experimental Nephrology & NCCR.Kidney.ch Pietro Cippà, Lugano ; Nilufar Mohebbi, Zurich Transplantation Stefan Schaub, Basel ; Daniel Sidler, Bern Clinical Nephrology / Hypertension / Mineral / Electrolytes Fabien Stucker, Neuchâtel ; Min-Jeong Kim, Aarau Hemodialysis (HD) / Peritoneal Dialysis (PD) Catherine Stoermann-Chopard, Geneva ; Clemens Jäger, St.Gallen	POSTER AREA
19.30-21.00	Welcome reception, Apéro riche SGN Poster Prize Awards sponsored by Vifor Young Swiss Nephrology Award sponsored by Baxter	BALLSAL

Friday, December 10

From 07.00	Registration	
07.45-08.45	SGN GENERAL ASSEMBLY	Room A
08.45-09.00	SGN/SSN PUBLICATION AWARD 2020 Sponsored by Otsuka <i>Chairs: Rudolf Wüthrich, Zurich; Johannes Loffing, Zurich</i> A late B lymphocyte action in dysfunctional tissue repair following kidney injury and transplantation Cippà, P.E. , Liu, J., Sun, B. et al. Nat Commun 10 , 1157 (2019). https://doi.org/10.1038/s41467-019-09092-2	Room A
09.00-09.45	STATE OF THE ART LECTURE <i>Chairs: Sophie de Seigneux, Geneva; Maja Klein Lüthi, Burgdorf</i> Microbiome: Does it matter Christoph Stein-Thöringer, Heidelberg (D)	Room A
09.45-10.00	Short break	
10.00-10.45	PARALLEL SYMPOSIUM Sponsored by BAYER Treatment perspectives for patients with chronic kidney disease and type-2 diabetes Harald Seeger, Zurich; Grégoire Wurzner, Lausanne	 Bayer Room A
10.00-10.45	PARALLEL SYMPOSIUM Sponsored by GSK Treatment of lupus nephritis <i>Chair: Carlo Chizzolini, Geneva</i> Speakers: Uyen Huynh-Do, Bern; Denis Comte, Lausanne	 Room B
10.45-11.15	Coffee break – Visit of the exhibition – Poster viewing	Exhibition space

Friday, December 10

11.15-11.30	SGN/SSN PUBLICATION AWARD 2021 Sponsored by Otsuka <i>Chairs: Rudolf Wüthrich, Zurich; Johannes Loffing, Zurich</i> Altered glycosylation of IgG4 promotes lectin complement pathway activation in anti-PLA2R1-associated membranous nephropathy George Haddad, 1, 2 Johan M. Lorenzen, 1, 2 Hong Ma, 3 Noortje de Haan, 4 Harald Seeger, 1, 2 Christelle Zaghrini, 5 Simone Brandt, 6 Malte Kölling, 1 Urs Wegmann, 1 Bence Kiss, 7 Gábor Pál, 7 Péter Gál, 8 Rudolf P. Wüthrich, 1, 2 Manfred Wuhrer, 4 Laurence H. Beck, 3 David J. Salant, 3 Gérard Lambeau, 5 and Andreas D. Kistler 1, 2, 9 <i>J Clin Invest.</i> 2021;131(5):e140453 https://doi.org/10.1172/JCI140453	Room A
11.30-12.15	STATE OF THE ART LECTURE <i>Chairs: Pierre-Yves Martin, Geneva; Menno Pruijm, Lausanne</i> Complement in kidney disease: where do we stand Fadi Fakhouri, Lausanne	Room A
12.15-12.30	Short break	
12.30-13.15	PARALLEL SYMPOSIUM Sponsored by ASTRAZENECA Taking the lead in CKD: DAPA-CKD implications for Nephrologists Roger Lehmann, Zurich; Sophie de Seigneux, Geneva	 AstraZeneca Room A
12.30-13.15	PARALLEL SYMPOSIUM Sponsored by KYOWA KIRIN New perspectives in the treatment of X-linked hypophosphatemia <i>Chair: Dagmar L'Allemand, Kinderspital St.Gallen</i> Speakers: Daniel Fuster, Marco Janner; Inselspital Bern	 Kyowa Kirin Room B
13.15-14.00	Lunch break – Visit of the exhibition – Poster Viewing	Exhibition space

Friday, December 10

14.00-15.00 6 ORAL PARALLEL PRESENTATIONS **Room A**

CLINICAL NEPHROLOGY

Chairs: Olivier Bonny, Lausanne; Isabelle Binet, St.Gallen

OC 12 (14.00-14.10)

Uromodulin, Blood Pressure and Chronic Kidney Disease: Assessing Causality Using Mendelian Randomization – Bélen Ponte, Geneva

OC 13 (14.10-14.20)

Cardiovascular outcomes associated with achieved haemoglobin level and preliminary rate of rise of haemoglobin in pooled phase 3 studies of roxadustat in non-dialysis-dependent patients with anaemia – Nada Dimković, Belgrade, Serbia

OC 14 (14.20-14.30)

Urinary tetrahydroaldosterone is associated with circulating FGF23 in kidney stone formers – Matthias Moor, Bern

OC 15 (14.30-14.40)

Characteristics and outcomes of pregnancy-triggered atypical hemolytic-uremic syndrome (aHUS): global aHUS registry analysis – Fadi Fakhouri, Lausanne

OC 16 (14.40-14.50)

Predictors of bone mineral density in kidney stone formers – Nasser A. Dhayat, Bern

OC 17 (14.50-15.00)

Hypertensive patients have a decreased microperfusion response during a cold pressure test compared to healthy participants – Marielle Hendriks-Balk, Lausanne

Friday, December 10

14.00-15.00 5 ORAL PARALLEL PRESENTATIONS **Room B**

DIALYSIS

Chairs: Hans-Rudolf Rätz, Baden; Stefan Farese, Solothurn

OC 18 (14.00-14.10)

Seroconversion, cellular response and persistence of immunogenicity following COVID-19 mRNA vaccination in a cohort of swiss hemodialysis patients – Stefan Farese, Solothurn

OC 19 (14.10-14.20)

COVID-19 pandemic in dialysis patients: the Swiss experience – Rebecca Guidotti, Zurich

OC 20 (14.20-14.30)

Peritoneal dialysis (PD)-related peritonitis rate and microbiology spectrum: a ten-year single center cohort-study – Raphael Korach, St.Gallen

OC 21 (14.30-14.40)

Management and outcomes of patients on maintenance dialysis during the first and second wave of the COVID-19 pandemic in Geneva, Switzerland – Ido Zamberg, Geneva

OC 22 (14.40-14.50)

Computational nephrology part 1: hemodialysis* – Edward Pivin, Sion

*YSN paper

Friday, December 10

15.00-15.30	Coffee break – Visit of the exhibition – Poster viewing	Exhibition space
15.30-17.00	HOT TOPICS / UPDATE 2021 <i>Chairs: Ann-Kathrin Schwarzkopf, Bern; Stephan Segerer, Aarau</i>	Room A
15.30-16.00	CKD Sophie de Seigneux, Geneva	
16.00-16.30	Transplantation Caroline Wehmeier, Basel	
16.30-17.00	KidneyImmune Study: Immune response to vaccines in dialysis patients Olivier Giannini, Mendrisio	
17.00	Farewell Ann-Kathrin Schwarzkopf, Bern; Stephan Segerer, Aarau	Room A



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CKD: chronischer Niereninsuffizienz, HFrEF: Herzinsuffizienz mit reduzierter Auswurfraction, T2D: Typ-2-Diabetes, CV: kardiovaskulär, LVEF: Linksventrikuläre Auswurfraction, NYHA: New York Heart Association. *Noch nicht kassenzulässig.³ ¹Behandlung der Herzinsuffizienz mit reduzierter Auswurfraction (LVEF ≤ 40%, NYHA Klasse II-IV) in Ergänzung zu anderen medikamentösen Therapien der Herzinsuffizienz bei erwachsenen Patienten.¹ ^{##}Kassenzulässigkeit: in geeigneter Kombination mit einer bereits zuvor stabil eingestellten Dosis eines ACE-Hemmer oder Angiotensin-II-Rezeptorantagonisten sowie anderen Therapien für Herzinsuffizienz (z.B. Betablocker, Diuretika und Mineralokortikoidantagonisten) für die Behandlung erwachsener Patienten mit Herzinsuffizienz der NYHA Klassen II-IV, deren Ejektionsfraktion der linken Herzkammer (LVEF) vor Behandlung mit Forxiga® 10 mg ≤ 40% beträgt. Nicht in Kombination mit der Fixkombination aus Sacubitril/Valsartan.² [£] Patienten ohne CV Vorerkrankung mit folgenden Risikofaktoren: Alter ≥ 55 (Männer), ≥ 60 Jahre (Frauen) sowie Dyslipidämie, Hypertonie oder Rauchen oder Patienten mit manifestester CV Erkrankung. **Referenzen:** 1. Fachinformation Forxiga®, www.swissmedicinfo.ch. Stand der Information: August 2021. 2. Metra et al., Heart Failure Guidelines 2021: pharmacological treatment. A Joint ESC/HFA Session. The treatment recommendations and their clinical implications. Oral presentation, Heart Failure Online Congress, 29 June to 1 July 2021. Virtual Congress. 3. Spezialitätenliste. www.spezialistenliste.ch. Letzter Abruf: 1.08.2021. 4. Wiviott SD et al. Dapagliflozin and Cardiovascular Outcomes in Type 2 Diabetes. N Engl J Med. 2018; DOI: 10.1056/NEJMoa1812389. **Kurzfachinformation: Forxiga® Z:** Dapagliflozin (5mg, 10mg 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 Herzinsuffizienz mit reduzierter Auswurfraction (LVEF ≤ 40%, NYHA Klasse II-IV) in Ergänzung zu anderen medikamentösen Therapien der Herzinsuffizienz bei adulten Patienten. Indiziert zur Senkung des Risikos der Progression einer chronischen Nierenerkrankung bei adulten Patienten mit chronischer Nierenerkrankung. D: Diabetes mellitus: Anfangsdosis: 1 x täglich 5mg; bei guter Verträglichkeit und ungenügender glykämischer Kontrolle Erhöhung auf 1 x täglich 10mg. Herzinsuffizienz & Chronische Nierenerkrankung: 1 x täglich 10mg. 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, Polyurie, erhöhter Hämatokrit, Dyslipidämie. Gelegentlich, selten, sehr selten: siehe www.swissmedicinfo.ch. Nach Zulassung: Diabetische Ketoazidose, Fournier's Gangrän, Urosepsis, Pyelonephritis. **Stand der Information:** August 2021. Weitere Informationen: www.swissmedicinfo.ch oder AstraZeneca AG, Neuhofstrasse 34, 6340 Baar. www.astrazeneca.ch

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1) Fachinformation Magnesium-Diasporal® 100 CitraCaps unter www.swissmedinfo.ch 2) Spezialitätenliste des BAG unter www.spezialitaetenliste.ch
3) Walker AF et al. Mg citrate found more bioavailable than other Mg preparations in a randomised, double blind study. Mag Research 2003;16:183-191
Gekürzte Fachinformation: Magnesium-Diasporal® 100 CitraCaps, Kapseln / Magnesium-Diasporal® 300, Granulat / Magnesium-Diasporal® 300 zuckerfrei, Granulat. **Wirkstoff:** Magnesium ut Magnesii citras; 100 mg Magnesium (= 4.0 mmol) pro Kapsel bzw. 301 mg Magnesium (= 12.4 mmol) pro Sachet. **Indikation:** Prophylaxe und Therapie tachykarder Herzrhythmusstörungen, bei koronarer Herzkrankheit, bei neuromuskulärer Übererregbarkeit, tetanisches Syndrom, muskuläre Krampfzustände, Myositis ossificans, Rezidivprophylaxe der Calcium-Oxalat-Urolithiasis, Präeklampsie, Eklampsie, Magnesiummangelzustände; bei erhöhtem Magnesiumbedarf. **Dosierung:** Für Erwachsene und Jugendliche ab 12 Jahren 1 x 3 Kapseln bzw. 1 Sachet pro Tag. Anwendungsdauer: mind. 6 Wochen. **Kontraindikationen:** Akute oder chronische Niereninsuffizienz, Magnesium-Ammoniumphosphat-Steindriehese, Exsikkose. **Vorsichtsmassnahmen:** bei bradykarden Störungen der Erregungsleitung im Herzen, bei eingeschränkter Nierenfunktion. **Interaktionen:** Tetracycline, Fluoride, Cholecalciferol. **Schwangerschaft/Stillzeit:** kann eingenommen werden. **Unerwünschte Wirkungen:** gelegentlich: weicher Stuhl. **Packungen:** Packung zu 120 Kapseln bzw. 20 und 50 Sachets; Abgabekategorie: B; kassenzulässig; Doetsch Grether AG, 4051 Basel; Stand der Informationen: August 2017. Ausführliche Informationen siehe www.swissmedinfo.ch. Doetsch Grether AG, 4051 Basel, www.doetschgrether.ch



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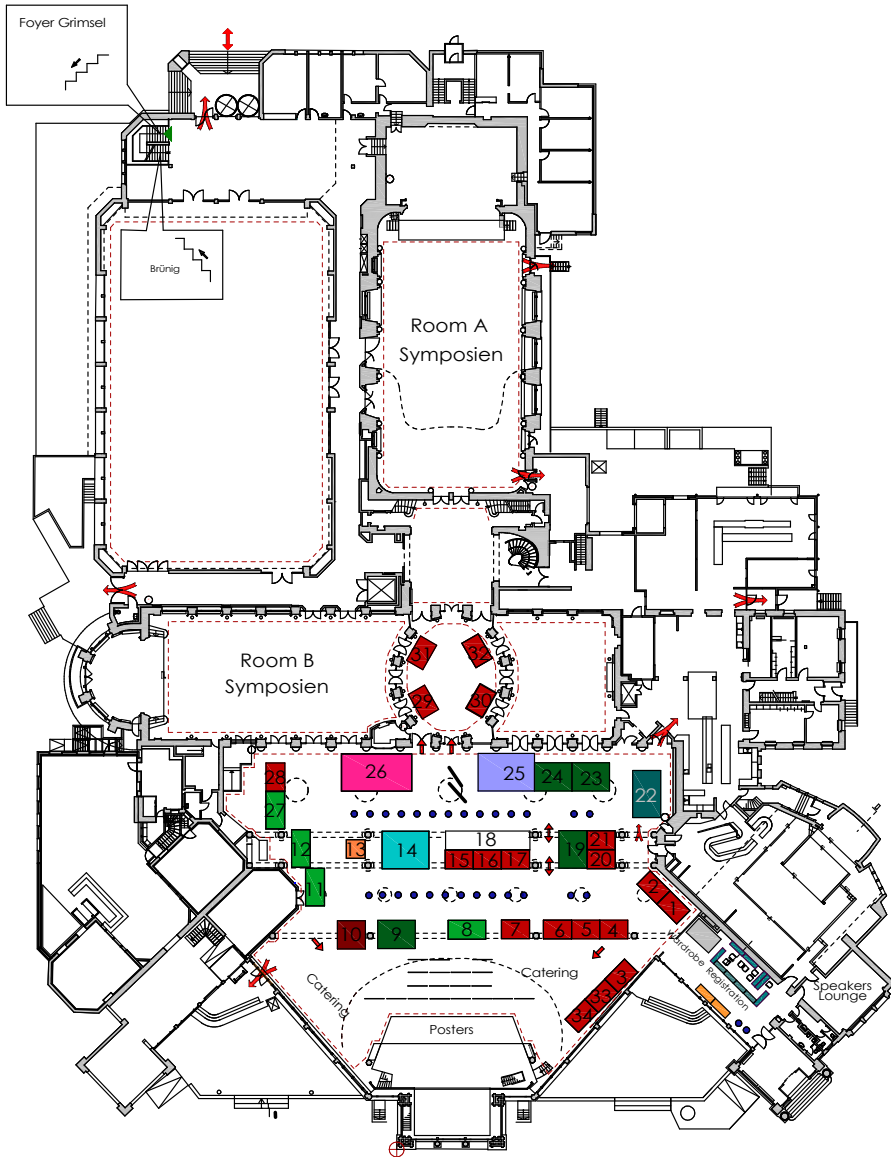
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 - Verbesserung des Allgemeinbefindens gemäss SF-12 Fragebogen¹
 - Verkürzung des Krankenhausaufenthalts¹ (Post-hoc-Analyse)



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 Dosisstärkenphase mit engmaschiger Überwachung des Serumnatriumspiegels und des Volumenstatus notwendig ist, muss die Behandlung mit Samsca im Krankenhaus eingeleitet und wieder aufgenommen 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 Titrationsphase 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, verminderter 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 Swissmed unter www.swissmedinfo.ch publiziert ist. **Abgabekategorie: B, Zulassungsinhaber:** Otsuka Pharmaceutical (Switzerland) GmbH, Sägereistrasse 20, 8152 Glattbrugg. **Stand:** Nov 2019 (v002).

Plan of exhibition



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PARALLEL SYMPOSIUM

Friday, December 10, 2021 – 12.30-13.15 / Room A



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Friday, December 10, 2021 – 10.00-10.45 / Room A



Fresenius Medical Care

PARALLEL SYMPOSIUM

Thursday, December 9, 2021 – 14.00-14.45 / Room A



GlaxoSmithKline SA

PARALLEL SYMPOSIUM

Friday, December 10, 2021 – 10.00-10.45 / Room B



Kyowa Kirin Sàrl

PARALLEL SYMPOSIUM

Friday, December 10, 2021 – 12.30-13.15 / Room B



Otsuka Pharmaceutical (Switzerland) GmbH

PARALLEL SYMPOSIUM

Thursday, December 9, 2021 – 11.15-12.00 / Room A



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† Severe thrombocytopenia (typically $<30 \times 10^9/L$).

1. Peyvandi F. et al., Caplacizumab for Acquired Thrombotic Thrombocytopenic Purpura. N Engl J Med 2016; 374:511-522.

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